



Intimate Partner Violence and Help-Seeking Behavior among Migrant Women in Australia

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Abstract

Intimate partner violence (IPV) is an issue of global concern and there is a dearth of research into the culture-specific barriers that migrant women in Australia face. Therefore, the purpose of this study was to determine the extent to which migrant women in Australia experience IPV, and to understand the factors that influence their help-seeking behavior. One hundred and thirty migrant women from the continents of Asia, Europe, South America, North America and Africa aged between 19 and 65 years ($M = 38.15$ years) reported their experiences of IPV and their preparedness to seek assistance through surveys. The results showed that over 50% of the participants experienced some form of IPV, with the most common type being verbal and emotional, followed by physical and psychological, and then financial. Most women indicated that they needed help, however, many refrained from seeking it; a range of barriers influenced their decision to not seek assistance. The findings have implications for future studies examining violence against culturally and linguistically diverse minority women, the barriers in them seeking assistance and their main sources of support.

Keywords Intimate partner violence · Domestic violence · Help-seeking behavior · Migrant women · Culture

The pervasiveness of intimate partner violence (IPV) has begun to be recognized around the world. The Australian government is taking a proactive approach by examining the country's policies, resources, and response procedure to the violence. However, the extent to which IPV affects migrant women, the resources available to them, and the limitations of existing policies have received little attention. Although there are statistics available about the overall prevalence of IPV, there are almost no statistics available specifically about migrant women. The World Health Organization (WHO 2013) estimated that globally 30% of all women aged over 15 years have been physically and/or sexually abused by an intimate partner; and in some parts of the world, including parts of Africa, South-East Asia, and in the Eastern Mediterranean, this figure rises to 38%.

A re-analysis of the ABS data from the 2012 Personal Safety Survey, the largest survey to examine the prevalence of violence in Australia, found that more women than men experienced violence at the hands of an intimate partner

(Australia's National Research Organization for Women's Safety [ANROWS] 2015). Specifically, 25% of all women had experienced physical or sexual assault by a male intimate partner, which equates to 2.2 million (ANROWS 2015). There is, however, no breakdown of statistics available for people from a culturally and linguistically diverse (CALD) or ethnic minority background. In Australia, people from an ethnic minority are referred to as being from a CALD community. It is acknowledged that all people belong to a culture, however, since this is an Australian-specific study, the term *culturally and linguistically diverse* or *CALD* will be used to identify people from an ethnic minority background.

Although IPV is also referred to as domestic violence, relationship violence, family violence, and gender-based violence (Morgan and Chadwick 2009; Rollings and Taylor 2008), for the purpose of this article, IPV is defined as violence that occurs when one partner uses physical or psychological means to dominate and control the other (Pink 2009). IPV includes physical and sexual abuse, psychological abuse, financial abuse, spiritual abuse, and social abuse (Morgan and Chadwick 2009; Rollings and Taylor 2008). IPV occurs in heterosexual and homosexual relationships, and between married, de facto, and separated adolescents and adults (Freedberg 2006).

The impact of IPV is entrenched and enduring, ranging from short-term, external, physical effects to severe, long-

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term, psychological effects such as depression, post-traumatic stress symptoms, and suicidal tendencies (Nelson and Spalding 2009; White and Satyen 2015). Although IPV is prevalent among women from different cultural backgrounds and socioeconomic classes, cultural and linguistic factors, religious beliefs, social networks, and degrees of acculturation all influence the manner of response by a woman in an abusive relationship (Bhuyan and Senturia 2005). According to the WHO (2013), women experience physical or sexual abuse in high proportions in South-East Asia (37.7%), Eastern Mediterranean region (37.0%), and Africa (36.6%), while the lowest rates are estimated in the Americas (29.8%), Europe (25.4%), and the Western Pacific (24.6%).

Migrant Women in Australia

Migrants constitute 28% of the Australian population (Australian Bureau of Statistics [ABS] 2016). Migrant women mostly enter Australia through the family stream visa; between 2008 and 2009 (a more recent breakdown of migration by gender and visa category was unavailable), partners accounted for 74.7% of the family stream visa and women accounted for the majority of this proportion (68.7%; Department of Immigration and Citizenship 2010). Migrant women therefore enter the country at a disadvantage, dependent on their spouses for financial resources with less knowledge about the foreign country they have entered compared to their spouse and relatively low social status (Ghafournia 2011). Moving to a different country can simultaneously increase the risk of IPV (Childress 2013) due to the social and cultural challenges in migrant women's ability to deal with the violence. However, there is limited research on the prevalence and characteristics of IPV amongst migrant communities in Australia.

The Help-Seeking Process

The consequences of IPV can be more serious for migrant women because of the greater number of obstacles that make it difficult for them to seek help. The theory of intersectionality (Crenshaw 1991) suggests the racial attributions of women may interfere with their ability to gain assistance when experiencing violence. It is therefore pertinent to investigate the nature and extent of IPV and the barriers to help-seeking amongst migrant communities.

The Theory of Help-Seeking Behavior

Help-seeking behavior reflects the methods in which abused women access support from formal sources such as hospitals,

general practitioners, mental health clinics and law enforcement agencies, and informal sources such as family and friends (Hyman et al. 2009). Many factors play a powerful role in a woman's decision to seek help or not (Liang et al. 2005). Liang et al. (2005) proposed a three-stage theory of help-seeking, including: problem recognition and definition, the decision to seek help, and the selection of a help provider. These stages are largely influenced by individual, sociocultural, and interpersonal factors.

Stage one of Liang et al.'s (2005) theory is based on a victim's definition of violence, which suggests that they compare themselves to others who are in worse situations and then they consider whether their situation is serious enough to report (Haggerty and Goodman 2003). They may believe the abuse to be their own fault and therefore not report it (Liang et al. 2005). Research suggests that migrant women are less likely to report cases of IPV because they do not perceive the violence against them as domestic violence (Ghafournia 2011). The second stage of Liang et al.'s (2005) theory identifies the decision-making process. For example, women with children in an abusive relationship fear losing custody of their children or a loss of financial stability and therefore do not report the abuse (Peckover 2003). This fear is heightened for migrant women who enter Australia on a spousal visa and are dependent on their spouse for financial and economic resources; they are reluctant to report instances of IPV for fear of not being able to survive without their spouse's financial stability (Liang et al. 2005). The third stage of Liang et al.'s (2005) theory describes the selection of a help provider and whether formal or informal sources are appropriate. A woman's coping and relational styles are at the center of their choice (Liang et al. 2005).

The literature posits that women utilize either a problem-focused or emotion-focused coping strategy. People who are problem-focused tend to seek help from sources such as legal services to actively manage the problem (Lazarus and Folkman 1984), whereas people who are emotion-focused tend to seek informal help such as social support (Goodman et al. 2003). Examining ways in which abused women interpret their abusive situations require authorities to recognize the overlapping influences of multiple factors in help-seeking behavior, particularly in the case of migrant women who are likely to live in isolation far from family and friends (Pierce and Elisme 2000; Ragusa 2012).

Barriers to Help-Seeking

The key issues that act as barriers for migrants in seeking help are: language problems; not gaining employment; poor knowledge about how to navigate existing social, judicial, and government systems (Vidales 2010); visa restrictions (Anitha 2011); low social status (Dasgupta and Warriar 1996); changes

to family dynamics and fear of social isolation and ostracisation from the community (Braaf and Meyering 2011; Dasgupta 1998; Kulwicki et al. 2010; Ting and Panchanadeshwaran 2009; Vidales 2010); financial dependence (McCart and Smith 2010); and a lack of knowledge about their civil rights (Cavallaro 2010; Kulwicki et al. 2010; McCart and Smith 2010; Ting and Panchanadeshwaran 2009).

Although family members are a common source of emotional support for migrant women (Meyer 2010), this source may not be relevant to women affected by violence as they might have been abused by a family member and may thus be reluctant to seek assistance from other family members (Hyman et al. 2009; West et al. 1998). Furthermore, some women may be isolated from their supportive family members who have not migrated with them, which limits their sources of support.

Many communities also believe that conflict resolution should be conducted in an informal manner and this is usually mediated by the man's family, which can disempower the woman (Braaf and Meyering 2011; Ragusa 2012). A woman who leaves her abuser is often held responsible for the end of the marriage, even though she is the victim of the violence (Orloff and Kaguyutan 2002). Faith leaders also often discourage women from breaking up the home, which can put additional pressure on women to withdraw their legal complaint (Allimant and Anne 2008; Allimant and Ostapiej-Piatkowski 2011; Braaf and Meyering 2011; Cavallaro 2010; Lindhorst and Tajima 2008; Ting and Panchanadeshwaran 2009). This lack of emotional support and ostracisation of women when they report family violence discourages migrant women from taking legal action (Ragusa 2012). Perceptions of the violence as being normal, having an emotional investment in the relationship, or staying for the sake of the children (Fanslow and Robinson 2010) are also reasons why women may not want to report the abuse.

Overall, help-seeking pathways can be identified as multidetermined. By identifying and emphasizing the social and cultural factors that facilitate or deter health behaviors, authorities will be better able to implement health care interventions among different ethnic and cultural communities (Knipscheer and Kleber 2008; Kulwicki et al. 2010; Ting and Panchanadeshwaran 2009). People of different ethnicities may require greater assistance as a considerable proportion of resources may be required to handle problems other than the violence itself (Crenshaw 1991). In explaining the intersectionality between structural facets and violence against women, Crenshaw (1991) stressed, "The fact that minority women suffer from the effects of multiple subordination, coupled with institutional expectations based on inappropriate nonintersectional contexts, shapes and ultimately limits the opportunities for meaningful intervention on their behalf" (p. 1251). Therefore, it is necessary to determine: (a) the extent to which migrant women in Australia experience IPV, and (b) to understand the factors that influence migrant women's help-seeking behavior.

Methods

Research Design

A quantitative, cross-sectional research design was employed to examine experiences of IPV among migrant women in Australia. To be eligible to participate, the woman had to be: (a) over 18 years of age, (b) a migrant from any country, (c) in a current or past relationship, and (d) proficient enough in English to be able to complete the questionnaires, which were in English and self-administered. Participation was voluntary and anonymous.

Sample

One hundred and thirty women aged 19 years to 65 years ($M = 38.19$ years, $SD = 11.66$ years), who had been staying in Australia for varying lengths of time ($M = 17.28$ years, $SD = 11.98$ years) participated in the study. The sample was culturally heterogeneous, representing Asian (56.9%), European (24.6%), African (10.8%), North American (5.4%), and the South American (2.3%) continents. Participants were recruited from migrant resource centers, health services, and community support centers as well as via social media sites. Close to 100 organizations across the Australian states of Victoria, New South Wales, Queensland, the Northern Territory and Western Australia were contacted to promote the study over a 3-year period. Most of them consented to promote the study either on their notice board via a poster we supplied them or through their social media site. Those that did not consent did not have the resources to facilitate the distribution of surveys or had a range of other priorities that they needed to focus on. Those that did consent were provided with a display poster describing the aims of the study, eligibility for participation, the requirements of prospective participants, and the online link to the surveys. If the organization agreed to distribute hard copies of the surveys, envelopes with the surveys, 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 a reply-paid envelope were sent and usually kept in the reception area for interested participants to collect. Some 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 the online promotion included the organization's webpage, Facebook and Twitter. Out of the 130 women who took part in the study, approximately half completed the surveys online and the other half finished it via the hard copy. Further details on the sample's demographic characteristics are presented in Table 1.

Table 1 Participant demographics

Demographic variable	<i>n</i>	%
Country of birth by region		
North America	7	5.4
South America	3	2.3
Europe	32	24.6
Asia	74	56.9
Africa	14	10.8
Category of visa upon entry to Australia		
Skilled Migrant	28	21.5
Family – Spouse	14	10.8
Family – Parent	32	24.6
Family – Other	17	13.1
Refugee	2	1.5
Business	1	0.8
Subclass 457 Temporary	5	3.8
Other – Student	23	17.7
Not Answered	8	6.1
Marital status		
Married	58	44.6
Defacto	17	13.1
Have partner, but not living with them	12	9.2
Divorced/separated	20	15.4
Widowed	3	2.3
Single, had partner	17	13.0
Other	3	2.3
Level of Education		
Secondary	16	12.3
Technical and Further Education (TAFE)	20	15.4
Undergraduate	40	30.8
Postgraduate	53	40.8
Annual Household Income		
\$25,000 or less	21	16.2
\$25,000 - \$50,000	26	20.0
\$50,000 or above	71	54.6
Don't know	11	8.4
Not Answered	1	0.8

N = 130

Data Collection

Prospective participants were provided with a Plain Language Statement inviting them to participate in the study along with a description of the study objectives and the eligibility criteria for participation. Confidentiality of their responses was assured due to the anonymous nature of the study that did not require their name or any contact detail to be provided. No record was made of where the participant collected the survey pack or any electronic information if they completed the survey online. They were specifically advised to complete the survey in a safe location at either the organization where they collected the

material, at a public library or at home only if they felt safe. They were further advised to maintain caution if using the Internet to complete the survey in case their partner saw their activity. They were informed of the risk of experiencing distress because of the personal nature of the questions related to their experiences. A helpline number was provided if they required support to manage their distress or discuss the violence they had experienced or were experiencing.

Participants were informed that they did not have to complete the survey even after collecting the pack and that they could simply return or discard the material. Online participants were informed that they could withdraw from the study by not ‘submitting’ their responses. Once participants submitted their responses online or returned the reply-paid envelopes, they were not able to withdraw because of the anonymity of their responses. All participants who encountered the survey material received an information sheet with a list of phone numbers and websites of services that could assist them in the event of an emergency, for violence, relationship counselling and migrant-related assistance. Specific information about each measure is provided in the ensuing section.

Demographics Information was obtained about the participant’s background such as 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 post code of area where they were currently residing. We also obtained information about the cultural group with which they identified themselves (i.e., only their original culture or only the Australian culture only or identifying with both their own and the Australian culture). Further, participants indicated the language they spoke at home, their marital status, their living situation, their education level, their employment, their income, and their English language proficiency by indicating how well they were able to read, write and speak the language. A majority of women (98.4%) indicated that they could read, write and speak well in English language.

Most of the participants were Australian citizens (69.0%) with the majority (64.6%) identifying as belonging to the Australian culture while a few (7.4%) identified as belonging only to their own culture and a quarter (26.0%) of them indicating they identified with the combination of their own and the Australian culture.

IPV Three forms of IPV were measured using selected subscales from the Types of Abuse Scale (TAS; Liptak and Leutenberg 2009). Three subscales consisting of 10 items with a ‘true’ or ‘false’ response option measured physical/psychological, verbal/emotional, and financial abuse. Sexual abuse was not measured as a pilot study revealed that migrant women would not be comfortable answering questions related to any sexual abuse they experienced. The physical/

psychological abuse subscale included items such as ‘throws object at me’ and ‘exhibits extreme jealousy’ and has high reliability ($\alpha = 0.87$; Liptak and Leutenberg 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 $\alpha = 0.91$, while the financial abuse asked 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 ($\alpha = 0.86$; Liptak and Leutenberg 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 and Leutenberg 2009). The scale was identified to have high overall internal consistency ($\alpha = 0.95$) and face validity was established by the pilot study.

Help-Seeking Behavior The Help-Seeking Behavior Scale (HSBS) was adapted from the Community Interaction Checklist (Wahler et al. 1979; Wahler and Afton 1980) and was designed to collect information regarding help-seeking behavior (e.g., be able to talk to someone about the situation, to obtain divorce, to protect children, or reasons for not seeking assistance because of a fear of an increase in violence, a belief that their partner will change, etc.). The scale measured four aspects of help-seeking: the services (e.g., lawyer, telephone counsellor, etc.) that women needed or asked for help from; the type of help sought (e.g., protection for their children); the barriers to seeking help (e.g., not knowing how to contact a woman’s shelter, a fear that they will be sent back to their home country, etc.); and their source of knowledge for IPV services (e.g., the newspaper, the police, or the radio). Participants were asked to tick as many items on the scale as relevant to their situation. The HSBS has been reported to have high reliability, with 0.81 in the original study and 0.79 in the replication study (Wahler and Afton 1980).

Procedure

Ethics approval was obtained from the Deakin University Human Research Ethics Committee prior to recruitment. Relevant organizations that provided a range of services to migrant women in Australia were identified and approached with details about the study. Organizations that agreed to assist with recruitment were asked to promote the study at their physical site or on their social media platform such as Facebook or Twitter. They were provided with a survey pack that included: a recruitment poster advertising the study, hard copies of the Plain Language Statement and questionnaires, and a weblink for the online version of the surveys. An information sheet with a list of helplines and resourceful websites was also provided. The questionnaires took approximately

20 min to complete. All of the information collected remained anonymous, and the data was collated and analysed using SPSS Version 22.0 software.

Preliminary Analyses

Prior to conducting the main analyses, the data was screened for missing values. Values that were missing at random were replaced with the series mean. Levels of skewness and kurtosis were then examined to check for normality. Field (2013) suggests that any z -scores for skewness or kurtosis greater than ± 1.96 is significant at $p < .05$; greater than ± 2.58 is significant at $p < .01$; and greater than ± 3.29 is significant at $p < .001$. Following these guidelines, the TAS had significant positive skew, $Z = 9.23$, $p < .001$, and significant negative kurtosis, $Z = -3.91$, $p < .001$, indicating a build-up of low scores and a flat and light-tailed distribution. This was attributed to how the TAS was scored as women who experienced no IPV scored zero and this was the case for 31.1% of all participants. As skewness and kurtosis reflected the nature of the topic (i.e., examining those who did and did not experience IPV), the observed levels of skewness and kurtosis were deemed acceptable and transformation of the data was not required.

Results

Data Analyses

Several analyses were conducted to assess the extent to which migrant women had experienced IPV and needed and sought help. Descriptive statistics were examined to compare the women’s experience on each type of: (a) abuse, (b) help-seeking behavior, (c) barriers to seeking help based on partner-related and society-related issues and practical issues, and (d) help required. Percentages were calculated to compare the difference between those who indicated that they needed assistance from providers with those who actively engaged in help-seeking from service providers. Additionally, a series of standard regression analyses set with a 95% confidence interval examined the association between different types of abuse and help-seeking behavior (i.e., help needed and help asked) with the three types of abuse as the predictor variables.

Types of IPV Experienced

Physical and Psychological Abuse Physical and psychological abuse ($M = 2.70$, $SD = 3.01$) was a common experience among 59.2% of participants with 33.8% ($n = 44$) of them being punched, shoved, slapped or bitten, 35.4% ($n = 46$) being restricted from seeing family and friends, and a large proportion of them experiencing jealous behavior (40.8%; $n = 53$) or having to ask their partner for permission to undertake

various activities (37.7%; $n = 49$). A small proportion of them (6.2%) also reported being tied up by their partner.

Verbal and Emotional Abuse Emotional abuse ($M = 3.13$, $SD = 3.30$) was the most prevalent form of abuse with 61.5% of people experiencing this. Neglect was particularly an issue with 50.8% ($n = 66$) of participants reporting their partner ignored their feelings. In addition, ridicule (43.1%; $n = 56$), disapproval (34.6%; $n = 45$), and gender-directed insults (30.8%; $n = 40$) were common experiences reported by participants. Abuse of pets and other animals was reported by 10.0% of the participants.

Financial Abuse Financial abuse ($M = 2.14$, $SD = 2.94$) was experienced by 50.1% of the women with thirty-eight (29.2%) of them indicating their partners expected them to justify their expenses. Control of finances by their partner was prevalent among 25.4% ($n = 33$) of the participants while denial of gainful employment (13.1%; $n = 17$), withholding money (16.9%; $n = 22$), and being given an allowance (19.2%; $n = 25$) were some of other types of financial abuse they experienced.

Help-Seeking Behavior

Table 2 illustrates the extent to which migrant women needed and asked for help. The results showed that few women asked for help in spite of a higher proportion who needed help, and that certain service providers are more likely to be used than others. Despite a large number of migrant women requiring relocation to a temporary shelter and the support of a domestic violence hotline, these services were not as actively sought after in comparison with other service providers.

Types of Abuse Predicting Migrant Women Needing Help The multiple regression analysis revealed that the type of abuse significantly predicted the need to seek help, $F(3, 125) 3.38$, $p < .05$, accounting for 7.5% (adjusted $R^2 = .53$) of the variance. Regression coefficients for the predictor variables are presented

Table 2 Proportion of participants who needed help and who asked for help

Service provider	%	
	Needed	Asked
Police	43.8	22.3
Counsellor or psychologist	40.8	22.3
Lawyer	34.6	18.5
Legal aid	38.5	15.4
Domestic violence helpline	40.8	13.8
Temporary shelter	40.8	11.5

in Table 3 and show that verbal and emotional abuse significantly predicted migrant women's perceptions of needing help.

Types of Abuse Predicting Migrant Women Asking for Help

The multiple regression analysis revealed that types of abuse significantly predicted migrant women asking for help, $F(3, 125) 16.56$, $p < .01$ accounting for 28.4% (adjusted $R^2 = .27$) of the variance. Regression coefficients for this analysis are presented in Table 4 and show that the only type of abuse that significantly predicted an increase in migrant women asking for help was physical and psychological abuse.

Barriers to Seeking Help The proportions of migrant women who were not able to seek help due to a host of reasons are presented in Table 5. A range of partner- and society-related reasons and other practical considerations were reported as barriers. Specifically, loving their partner (26.9%), believing their partner would change his behavior (24.6%) or because he had apologized (24.6%) were some of the main partner-related barriers. Nearly 27% of the women felt embarrassed by their situation or believed that their family would not understand them reporting the situation (22.3%), which were some of the main society-related barriers. Furthermore, in terms of practical barriers, several women were concerned about their finances (22.3%) or losing custody of their children (17.7%) and hence not prepared to take further action in relation to the abuse.

Type of Help Required Table 6 displays the proportions of types of help required by migrant women. Most women opted to speak with someone about their situation (53.8%) or needed to escape from the situation (39.2%), and few wanted their partner arrested (16.9%).

Discussion

The present study examined the IPV experiences of migrant women in Australia along with their help-seeking behavior. The findings show that a substantial proportion of migrant women experience physical/psychological, verbal/emotional and financial abuse. While a considerable number of them

Table 3 Regression coefficients for types of abuse predicting perceptions with needing help

Type of Abuse	<i>B</i>	<i>SE B</i>	β
Physical	-0.09	0.15	-.11
Emotional	0.35	0.14	0.47*
Financial	-0.16	0.11	-0.20

* $p < .05$; *B* = the unstandardized beta; *SE B* = the standard error for the unstandardized beta; β = the standardized beta; CI = confidence intervals

Table 4 Regression coefficients for types of abuse as predictors of seeking help

Type of Abuse	<i>B</i>	<i>SE B</i>	β
Physical	0.19	0.09	0.34*
Emotional	0.14	0.09	0.26
Financial	-0.04	0.07	-0.07

B = the unstandardized beta; *SE B* = the standard error for the unstandardized beta; β = the standardized beta. * $p < .05$, 95% CI

indicated that they needed assistance for their experience of violence, only a small proportion of them were willing to seek assistance for it. A range of partner, society, and practical barriers prevented them from procuring assistance. The findings also showed differences in help-seeking behavior based on the type of abuse experienced.

The Experience of IPV

Over half of the sample had experienced some type of abuse. Verbal and emotional abuse was the most common type followed by physical and psychological abuse and financial abuse. These findings are reflective of the WHO’s (2013)

Table 5 Reasons for not seeking help for IPV

Reasons	<i>n</i>	%
Partner-related		
Love your partner	35	26.9
Believe your partner will change	32	24.6
Partner apologised	32	24.6
Fear an increase in violence	25	19.2
Partner will harm you	24	18.5
Believe the violence was your fault	16	12.3
Society-related		
You are embarrassed	35	26.9
Family will not understand	29	22.3
Other people from culture will not respect you	21	16.2
Against religious/moral beliefs	17	13.1
Situation-related		
Do not have enough money to live on your own	29	22.3
Fear you would lose your children	23	17.7
Need help to care for your children	22	16.9
Do not know how to contact the women’s shelter	13	10.0
Do not know you can get protection	11	8.5
Do not know that domestic violence is illegal	9	6.9
Do not own a car	8	6.2
Fear that you will be sent back to your country	6	4.6
Don’t think you can get a visa to remain in this country	5	3.8

Reason “You are embarrassed” was categorized as society-related because women from an ethnic minority background do not seek help due to ostracization from their community

Table 6 Type of Help Needed for IPV

Type of help needed	<i>n</i>	%
Talk to someone about their situation	70	53.8
Escape situation	51	39.2
Protect children	44	33.1
Couples counselling	40	30.8
Intervention order	37	28.5
Divorce	36	27.7
Seek financial help	36	27.7
Partner removed	30	23.1
Seek shelter	28	21.5
Partner arrested	22	16.9
Other	5	3.8

N = 130

figures indicating a substantial proportion of people worldwide experience IPV. These findings suggest the pervasive nature of verbal and emotional abuse and complement other research that has mainly examined physical and sexual violence (e.g., WHO 2013). They are also similar to Australian studies that have found that at least 25% of women in the population have experienced violence (ANROWS 2015) but surpass this figure. It is possible that these findings do not present the true extent of abuse experienced by migrant women who may not recognize the abuse or perceive it differently depending on which cultural group they belong to; they may therefore not want to report any abuse due to cultural factors (Bhuyan and Senturia 2005). Still, the large proportion of women who have reported IPV across several Australian states is outstanding and emphasizes a need to continue to examine prevention and intervention methods.

Help-Seeking Behavior

The findings demonstrate that many migrant women who required assistance were reluctant to ask for it. For each IPV service that migrant women indicated they needed help from, only half of them had sought assistance from that service. This is concerning because it indicates that nearly one in two migrant women who require assistance with IPV services do not receive the help that they need and thus may continue to endure the ill effects of the violence. Liang et al.’s (2005) cognitive model of help-seeking is useful to examine the factors that contribute to the decision to seek or not seek help. According to the model, a situation must be recognized as a problem to initiate help-seeking; however, even if recognized as a problem, available resources for dealing with the situation as well as cultural and situational factors influence behavioral intention. As Liang et al. (2005) reiterated, the intersection between gender and culture coupled with immigration status

and available resources impact the woman's perception of the abuse and the directions on how to proceed with the matter.

When examining the relationship between the type of abuse and help-seeking behavior, the findings of the present study demonstrate that the kind of abuse women experience is related to their nature of help-seeking. When physically or psychologically abused, migrant women are most likely to seek assistance. However, in relation to the perception of needing assistance, migrant women who were verbally or emotionally abused believed they would require help. These findings are consistent with the notion that women from different cultural backgrounds will tolerate abuse until they have received physical injuries (Bhuyan and Senturia 2005). These findings also coincide with the reasons for migrant women *not* seeking help in the present study.

The findings show that a range of partner-related, society-related and practical concerns would prevent migrant women from seeking assistance. Specifically, loving their partner; the partner having apologized; belief that their partner would change his behavior; embarrassment; concerns that their family will not understand; and ostracisation from their community were prominent barriers related to their partner or community. While some of these barriers appear to be universal across all victims of IPV, feelings of embarrassment, concerns about the family, and ostracisation are particular to culturally diverse populations (Ragusa 2012). For instance, when victims feel embarrassed, they might be stigmatized by their situation because of cultural norms such as maintaining a family unit, not letting down the family, and not being on par with others in society in terms of being in conflict with one's spouse, and therefore not report the abuse to anyone. Liang et al. (2005) also observed that certain cultural traditions that emphasize family privacy, non-separation, and patriarchal gender roles prevent women from seeking help even when they can recognize the violence.

Other concerns that acted as barriers to seek assistance for their abuse included financial consequences, fear of losing their children, and not having the capacity to care for their children. These barriers may be prevalent across all victims of IPV, however, these findings are particularly relevant among migrant women due to their economic dependence on their spouse when arriving in Australia on a spousal visa. Also, when restricted from gaining employment and not knowing their legal rights, the fear of losing their children and not knowing how to approach government services for financial assistance become larger barriers. These findings are similar to previous studies on barriers (e.g., Braaf and Meyering 2011; Dasgupta 1998; Kulwicki et al. 2010; Ragusa 2012; Ting and Panchanadeshwaran 2009; Vidales 2010) that found a range of culturally-intrinsic reasons prevent migrant women from seeking assistance when they experience abuse.

In contrast with the findings by Anitha (2011), neither residency issues nor not owning a vehicle were

reported as primary concerns. This could be due to 17 years being the average length of time our sample had been in the country, thus alleviating any concern regarding fear of losing residency when reporting the violence. Overall, the barriers suggest the influence of cultural norms on the help-seeking attitude of migrant women in Australia.

When women who were prepared to obtain help, they mainly needed assistance with speaking to someone about their circumstances; escaping a violent situation; protecting their children; and attempting relationship counselling. When women do seek assistance, it would be helpful if the counsellor or support worker is trained in recognizing the intersectionality between gender and race (Crenshaw 1991). Therefore, adequate resources and cultural sanctions denouncing violence could promote their help-seeking behavior. Indeed, resource organizations should recognize the intersectionality between gender, race and women's minority status and extend support proportional to their needs (Crenshaw 1991).

Limitations and Strengths

Although this study indicates that migrant women are vulnerable to abuse, we are not able to determine whether migrant women are more vulnerable than non-migrant women. Additionally, a larger sample of women from more varied countries could have allowed us to examine whether there are culturally-specific reasons for each region that exacerbate the experience of IPV or act as barriers to seeking assistance. Further, the exclusion of women who did not have sufficient English language skills to complete the survey individually prevents us from presenting a complete picture of *all* migrant women's experience of IPV. Despite these limitations, however, a major strength of this study is that it addressed the gap in the literature in exploring Australian migrant women's experience of abuse and their readiness to approach services for assistance. We have examined the interaction between type of abuse experienced and help-seeking behavior which will further inform relevant health services of who might most require help and how to encourage them to seek help if they are not doing so. The reluctance of the sample to seek assistance from professionals such as lawyers, psychologists, or police suggests more work needs to be done to educate women of their civil rights and access to services when abused.

Conclusion

This study illustrates the extent to which migrant women in Australia experience IPV and seek help in relation to the violence. The high levels of IPV experienced by the women is concerning and heightens the need to reduce the violence. The

study showed that migrant women experienced verbal and emotional abuse to a greater extent compared to physical and psychological abuse or financial abuse. Despite experiencing violence by their partners, migrant women reported a number of barriers that would restrict them from soliciting support. This suggests that migrant women in the community who experience IPV may tolerate it and not report it, thus further alerting us to the unreported abuse.

It is necessary to diminish cultural barriers and educate both men and women about the harmful nature of IPV and to seek assistance early. Further, support services should be made aware of the cultural barriers that prevent migrant women from seeking assistance and therefore develop culturally-intrinsic programs that will encourage migrants to approach them. By working together and recognizing the range of culturally-related issues, everyone can help reduce the violence against women in this population.

The current research has implications that can be applied at a population and a clinical level. Much of the current IPV research is still focused on only the non-migrant population while neglecting the culturally distinct experiences and obstacles of ethnic minority groups. It is imperative that more research is conducted in ethnically diverse Australia to examine the experiences and consequences of IPV among those who have been under-represented. Where resources permit, culture- and language-specific IPV service programs that target migrant populations should be implemented. Overall, we should aim to support safer relationships for migrant women.

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