



# Hidden numbers, hidden people: Family violence among South Asian Australians

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## Abstract

International research suggests that migrants face additional challenges that may heighten their risk of experiencing family violence (FV). South Asians are one of Australia's fastest growing immigrant populations—yet relatively little is known about their experiences of FV. This study sought to address this research gap by ascertaining what could be gleaned about FV experiences of Australian South Asians the Australian Bureau of Statistic's 2016 Personal Safety Survey (PSS). While prior versions of the PSS have been deemed non-representative of minority cultural groups, it remains the largest FV victimisation dataset in Australia, and undoubtedly would include information about South Asian Australians. Specifically this study examined the lifetime prevalence and 10-year incidence of most recent FV among South Asian-born (SAB) immigrants and compared these figures to Australian-born (AB) individuals. SAB Australians included in the PSS reported lower lifetime prevalence of intimate partner violence (IPV) and a lower 10-year incidence of at least one type of FV (IPV and/or non-partner FV) than AB Australians. The sampling approach of the PSS was shown to have substantial methodological limitations that reduced the utility of these findings. Specifically, the sampling of South Asian immigrants in Australia was not demographically representative nor was the sample size sufficient for meaningful analysis. The implications of these limitations and recommendations to address them in future population-level FV surveys are explored.

**Keywords** South Asian · Migrants · Family violence · Partner violence · Australia

Family violence (FV) is behaviour towards a family member (or family-like member) that is physically, sexually, spiritually, emotionally, psychologically, or economically abusive, or coercive, or that makes the person feel fearful for their safety/wellbeing

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(State of Victoria, 2016). FV is a pervasive public health concern, costing the Australia economy up to \$26 million (KPMG, 2016). It contributed to 34% of Australia's homicides in the 12-month period from July 2018 to June 2019 (Bricknell et al., 2021). Due to the growing concern around FV and its fatal outcomes, a Royal Commission into Family Violence in the Australian State of Victoria (the Royal Commission) was conducted across 2015-16, to identify how to prevent family violence, improve early intervention, support victims, make perpetrators accountable and better develop/coordinate responses to FV. The Royal Commission acknowledged that migrants are disproportionately impacted by FV which resulted in a recommendation for policy and action to reduce FV among culturally and linguistically diverse (CALD) populations (State of Victoria, 2016).

South Asian migrants form one of the largest and fastest growing CALD populations in Australia (Australian Bureau of Statistics, 2022a, 2022c). Despite South Asian migrants in other Western countries reporting experiencing specific forms of FV and additional barriers to obtaining help, there is very limited research into this phenomenon in Australia. Given the high rates of South Asian migration to Australia, it is important to ascertain the prevalence of FV in this population to help identify the nature and scope of FV amongst this community. Often what gets measured gets managed, therefore this paper hopes to initiate the empirical exploration of FV amongst South Asians Australians to overall facilitate the development of useful prevention, early intervention and responses for this population (Drucker, 1954).

## Family violence in the Australian South Asian immigrant community

South Asians (SA) are defined as those of Indian, Pakistani, Bangladeshi and Sri Lankan cultural background, although individuals of Bhutanese, Maldivian and Nepalese background can also be included under this descriptive term (Nagaraj et al., 2018). The term SA does not refer to a singular community, but one that represents countries and communities that share substantial cultural similarities. They are a recognised group for research in the United Kingdom (Cowburn et al., 2015; Harrison & Gill, 2018), Canada (Barrett et al., 2019; Madden et al., 2016) and the United States (Bhandari, 2018; Yoshioka et al., 2000).

In Australia, SA immigrants comprise 15.2% of the overseas-born residential population and 4.54% of Australia's estimated resident population (Australian Bureau of Statistics, 2021). Total immigration from South Asian countries increased from 80,000/year in 2015 to 120,000/year in 2020, the majority migrating from India and Sri Lanka (Australian Bureau of Statistics, 2021). A near three-fold increase across the 10-year period between 2011 and 2021 was observed in the number of individuals in Australia reporting a South Asian ancestry (Australian Bureau of Statistics, 2022b; SBS News, 2022). With an increasing SA population and increased political and media focus on family violence in Australia over recent years, anecdotal reports of FV in Australian SA communities have begun to emerge (Asher, 2020; Dunkley & McMillian, 2022; Evlin, 2020a, 2020b, 2021; Nino, 2012). In 2020 the Victorian Coroner highlighted the need for culturally appropriate FV supports for South Asian women after a cluster of FV related suicides (Coroners Court of Victoria, 2020).

These anecdotal accounts in suggest that FV amongst SA migrants in Australia warrant further investigation.

## Family violence risk factors in South Asian families

International literature highlights that challenges faced by some South Asian immigrants could heighten their risk of family violence relative to other groups.

### Migration challenges

The experience of migration itself may contribute to increased risk, as immigrants may feel isolated, lack a sense of belonging, feel socially excluded and overwhelmed while attempting to familiarise themselves with a new country and culture (Hulley et al., 2023; Yoshihama et al., 2014). In addition to migration acting as a discrete stressor, migration-related experiences (e.g., social isolation, stress, language barriers and unfamiliarity with available resources) are also recognised risk factors for FV more generally, potentially increasing the risk of FV amongst immigrant families (Erez et al., 2009; Ghafournia & Easteal, 2019; Kallivayalil, 2010; Menjivar & Salcido, 2002; Vaughan et al., 2016). This heightened risk of FV was also noted by Australian service providers who work with refugees. They have noted how families and individuals often deal with multiple stressors at once such as the lack of recognition towards their qualifications which reduces their employment opportunities and thus their socioeconomic independence in a new country (Block et al., 2022). Factors associated with migration may also exacerbate the severity of IPV, as demonstrated by Raj and Silverman (2003) in their sample of 160 SA immigrant women in greater Boston. They identified that women who had no family in the United States and so were socially isolated were at three times higher risk of being physically injured by their current partner compared to those who had family in the country (Raj & Silverman, 2002). Abraham (2000a) refers to isolation as “one of the most painful manifestations of marital abuse perpetrated” (pg. 69) against South Asian women who recently migrant to the United States. Isolation has often been used as a technique to increase control over an individual, Qualitative interviews with South Asian women have revealed how their husbands, or their in-laws have monitored and limited their contact with their family (Chaudhuri et al., 2014; Wendy, 2013), with one Indian migrant in Australia stating she could not contact her friends and family (Chaudhuri et al., 2014).

Furthermore, migration for many SA women is due to marriage to a partner who resides in a Western country, and as such, their immigration status is tethered to their husband, rendering them dependent (Abraham, 2000a, b; Dasgupta, 2000; Kallivayalil, 2010). Midlarsky and colleagues (2006), state that SA and Chinese immigrant women are frequently controlled through threats of deportation, believing that they are at the mercy of their male partners. Anitha (2023) reveals how in the UK a South Asian woman’s husband had deliberately limited her immigration status. Segrave (2017) illustrates this locally in their study of 300 women with temporary migration status in Australia (20% of whom were from India and Sri Lanka) who contacted a

Melbourne FV support service for migrants and refugees whereby 117 (39%) had been threatened by their partners with deportation, while 132 (44%) were told that their visa application will be withdrawn.

### Socio-cultural challenges

Some SA women may face additional socio-cultural challenges that could increase risk of FV victimisation. Several authors have observed that socio-cultural values, beliefs and practices from SA countries of origin may increase the risk of both FV victimisation and perpetration (Ahmad et al., 2013; Kallivayalil, 2010; Midlarsky et al., 2006; Rai & Choi, 2018; Sabri et al., 2018).

Traditionally, individuals within collectivistic communities (characteristic of SA communities) tend to see themselves as part of a collective self, with group needs prioritised over individual needs (Archer, 2006; Triandis, 1995). Individuals within such cultures often place a profound importance on family relationships, leading to an assumption that a/the relationship must be maintained through privacy, loyalty and solidarity at the sacrifice of the individual (Ahmad et al., 2009, 2013; Tonsing & Barn, 2017). The value placed on familism reinforces the prioritisation of family relationships (American Psychological Association, 2020). Accordingly, the extended family plays an important role in everyday life in SA communities, as evidenced by the common household arrangement of a joint or extended family household where two or more generations live under one roof (Ali et al., 2018; Gangoli & Rew, 2011). It is not uncommon in SA communities for a wife to move in with her new husband and his family post marriage (Ahmad-Stout et al., 2018; Ali et al., 2018; Gangoli & Rew, 2011).

There are strengths in a large familial household bound together by collectivist familial values, but such values may also contribute to an increased risk of familial abuse. In-law abuse is well documented in SA communities (Gangoli & Rew, 2011; Mahapatra & Rai, 2019; Martin et al., 2013; Raj et al., 2006, 2011). For example, in a sample of 90 Indian women recruited from three FV help organisations in Chennai City, more than 46% stated that violence perpetrated against them by their husbands was instigated by their in-laws, with some stating their in-laws would also abuse them (Panchanadeswaran & Koverola, 2005). Similar findings were reported by Raj et al. (2006) in their mixed method approach (quantitative ( $n=169$ ) and qualitative ( $n=23$ )) with SA migrants in the United States. They found that women who reported IPV had almost six times greater odds of reporting in-law emotional abuse than those who did not report IPV (Raj et al., 2006). The qualitative follow-up study highlighted that abuse by in-laws includes both awareness and support of IPV by husbands, but can also involve the use of direct physical abuse themselves (Raj et al., 2006). The normalisation and the minimisation of IPV by in-laws and their participation in abuse, was also identified in qualitative research of 41 Pakistani women (some who were migrants and others United Kingdom-born) in the United Kingdom (Ali et al., 2018), and in interviews with 11 SA women in the United States (Ahmad-Stout et al., 2018). Midlarsky et al. (2006) describes that the “new wife becomes answerable to many people” (p. 289) in households that consist of extended multi-generational families, increasing opportunity for violence between a wider array of family mem-

bers. Preliminary Australian data is consistent with this research. A recent Australian study of 1,392 immigrant and refugee women (12.61% SA) identified that among the women who were abused by more than one perpetrator, 35% reported that the main perpetrator was a family member, 23% reported an in-law, 17% a former partner and 7% their current partner (Segrave et al., 2021). This demonstrates the importance of considering family rather than IPV alone, in CALD communities. This paper will therefore also examine non-partner family violence (NPFV) in addition to IPV.

## Prevalence of family violence amongst South Asians

The United Nations Population Fund (2020) indicates the lifetime prevalence of physical and/or sexual violence by an intimate partner for women in SA countries (India, Sri Lanka, Pakistan and Bangladesh) ranges from 25 to 54%; considerably higher than the 17% prevalence rate found amongst the overall population of women in Australian national prevalence surveys (Australian Bureau of Statistics, 2017a) as well as the national average for other Western countries (Finfgeld-Connett & Johnson, 2013; Raj & Silverman, 2002). At present, it is unclear whether these increased rates are reflected in SA migrant communities. It is possible that the above challenges may translate into heightened rates of FV, or alternatively it may be that those who voluntarily immigrate are at decreased risk compared to their countries of origin, leading to lower rates of FV in SA migrant communities.

Unfortunately research examining the prevalence of FV amongst South Asian migrants is limited. All quantitative attempts to examine family violence amongst this population have been based on non-representative samples. For example, Raj and Silverman (2003) found a prevalence rate for IPV amongst South Asian individuals in Boston was 40.8%. However, the 160 women who participated in this study were invited by word of mouth – a snowball recruitment strategy. Similarly, Mahapatra (2012) reported a prevalence rate of 38% amongst 215 South Asian women residing in New York, Chicago, San Francisco and Houston by using “flyers, women contacts in the community (known to the researcher), women’s groups, grocery stores, beauty salons, and emails to members of South Asian cultural associations, groups, or organizations” (p. 383). Although Madden et al. (2016) found a lower prevalence rate of 19.3% amongst 188 South Asian women in Southern Ontario, Canada, they engaged 188 women in their survey at a cultural event. More recently, Bhandari and Millner (2022) reported a prevalence of 31% amongst 155 South Asians in the US recruited through flyers and snowballing. These sampling strategies likely inflate the prevalence of FV within a community as participants self-select due to interest in FV, have more freedom to disclose (given their freedom to participate), and may be more willing to disclose their experiences.

Representative samples reduce the biases of non-random sampling, however they come with their own limitations. Malley-Morrison and Hines (2007) explain how in the US many surveys engage in “ethnic lumping”. This can be seen in the National Intimate Partner and Sexual Violence Survey (NIPSVS) 2010 & 2016 survey, which groups South Asians within a larger group of “Non-Hispanic Asian or Pacific Islander” (Black et al., 2011; Leemis et al., 2022). The 2019 New Zealand

Family Violence Survey also reported a broad category of “Asian” without differentiating across this extremely large continent with a variety of cultures (Fanslow et al., 2021). Not only does this make it difficult to ascertain the specific prevalence rate for South Asians, but Malley-Morrison and Hines (2007) highlight that different national surveys may define ethnic groups differently, making it difficult to have a consistent view on prevalence rates.

Furthermore, the methodologies used in national prevalence studies may discourage reporting of family violence experiences. For example, the NIPSVS only interviewed individuals in English or Spanish and therefore were not able to collect data from those who did not speak either of these two languages fluently, which may have been the case for some South Asian Americans (Black et al., 2011; Leemis et al., 2022). These national surveys are therefore likely to underrepresent and underreport family violence amongst South Asians as a distinct minority group in the US.

In Australia, Vaughan and colleagues (2015) specifically critiqued the Australian Bureau of Statistics’ Personal Safety Survey 2012 for its non-representativeness of CALD populations, though they did not detail which populations specifically fall into this critique. The Personal Safety Survey is Australia’s nationally representative survey about the nature and extent of violence experienced by adults since the age of 15. It is the largest and most accessible source of information to examine FV in Australia. The survey collects information about victimisation experiences and information related to their sense of safety at home and in the community (Australian Bureau of Statistics, 2017d). The survey was conducted every four years across the life of Australia’s National Plan to Reduce Violence Against Women and their Children 2010–2022 and was a method of monitoring and measuring the successes of the plan’s ability to achieve six specific national outcomes (Australian Bureau of Statistics, 2013; Council of Australian Governments, 2011, 2019). The national outcome goals were to work towards (1) communities being safe and free from violence, (2) respectful relationships, (3) strengthening indigenous communities, (4) the needs of women and their children experiencing violence being met by services, (5) effective justice responses and (6) perpetrators stopping their violence and being held accountable (Council of Australian Governments, 2011). The latest National Plan continues to support the need for the collection of national surveys (Commonwealth Government, 2022).

## The current study

There is currently no data on the prevalence or incidence of FV in the SA Australian immigrant community. Given the rapid growth of the SA Australian community, and findings from international research, there is a strong argument to undertake exploratory research investigating the prevalence and incidence of FV among SA immigrants to Australia. Such information is essential to inform policy around service provision and community education.

Identifying prevalence rates are important as they indicate that violence is preventable. That is, that variation in prevalence rates between communities and countries, indicate that there are different factors at play. The variations therefore stimulate

efforts to identify factors related to family violence and illuminate areas for prevention, intervention and treatment. Prevalence data therefore raises awareness around the magnitude of the problem and facilitates appropriate action, such as through policy and strategies to address family violence (Ellsberg & Heise, 2005; World Health Organisation, 2013). Moreover, the ability to identify prevalence rates across time can help demonstrate the effectiveness of policies and measures put in place (Ellsberg & Heise, 2005). Identifying prevalence rates of family violence therefore have major implications for advocacy purposes, policy makers, researchers and service providers.

Despite Vaughan and colleagues' (2015) criticisms, there are ways to there are ways to improve the representativeness of national surveys such as the PSS. It is unclear whether the methodologies used in subsequent versions of the Australian Bureau of Statistics (2017b) have improved the ability of this survey to ascertain FV experiences of SA Australians. Therefore, this study examines whether a representative estimate of FV prevalence among South Asian born (SAB) immigrants to Australia could be derived from data from the 2016 Personal Safety Survey (Australian Bureau of Statistics, 2017b).

This study first examines lifetime prevalence of partner violence and the 10-year incidence of family violence among SAB immigrants responding to the PSS and compares these figures to their equivalents in Australian-born (AB) respondents. Based on the available literature it is unclear which population will have a higher prevalence or incidence rate. We then examine the extent to which the SA immigrant population captured by the 2016 PSS is representative of the Australian SA population to determine whether the PSS findings can be generalised and used to help guide policy decisions.

## Method

### Materials

Data was drawn from the Personal Safety Survey (PSS), a nationwide survey conducted by the Australian Bureau of Statistics (ABS) between November 2016 and June 2017. The PSS gathered information about men's and women's experiences of physical/sexual violence and emotional abuse by family members and intimate partners, as well as other forms of violent victimisation.

### Participants

One person in a household was selected to respond to the survey. Respondents aged 18 years or over who were a usual resident of a selected household (private dwellings only) were randomly selected to be interviewed face-to-face. The selected sample aimed to achieve around 22,000 fully responding households, with approximately 16,100 females (~73.2%) and 6,100 males (~27.7%). The sample of women aimed to reflect the population of each state and territory, whilst for men the aim was to

achieve a reliable national level estimate. All analyses in this study were conducted at a national level. Sampling took place across urban and rural, but not remote, areas.

Each participant has a single record, which has a weight attached, “signifying the number of population units that the respondent represents and needs to be used in order to produce estimates for the entire in-scope population” (Australian Bureau of Statistics, 2017a). For example, if there are 100 people in Australia and 20% are females residing in NSW, yet the sample only consists of 5 females from NSW then each female respondent from NSW will have a weighting of 4 to represent the actual proportion of the population in NSW. Additionally, to protect privacy, small random errors were introduced into the data (known as perturbation) to prevent identification of individuals due to small cell counts.

### Target populations

SAB were respondents that selected either Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan or Sri Lanka as their country of birth. AB were respondents that stated they and their parents were born in Australia.

### Design

A between-groups design was used comparing SAB participants to AB participants. The PSS identified violence as “any incident involving the occurrence, attempt or threat of either physical or sexual assault experienced by a person since the age of 15” (Australian Bureau of Statistics, 2017c). This was further broken down into physical assault, physical threat, sexual assault and sexual threat, followed by questions about the person’s relationship with the perpetrator of violence (see: Australian Bureau of Statistics, 2017d). Emotional abuse was defined for participants that “has experienced any manipulative or controlling behaviours from their current partner and/or from a previous partner since the age of 15” (Australian Bureau of Statistics, 2017e).

### Types of family violence

Two different contexts for FV could be investigated using the PSS data: lifetime prevalence of partner violence and 10-year incidence using data related to the most recent incident (MRI) of particular types of violence by specified perpetrators.

Lifetime prevalence of partner violence was specifically measured by the PSS as lifetime prevalence (since age 15) of physical or sexual violence or emotional abuse by an intimate partner. The PSS differentiated current and previous partners based on cohabitation status at the time of the survey, but for the purposes of this study ‘partner violence’ combined both current and previous partners that the participant had lived with in either a marriage or de facto relationship. When examining the reporting of all three types of violence experienced (physical, sexual and emotional), this was limited to reporting of current partner only via ‘Whether experienced both violence and emotional abuse by current partner since age 15’, this was labelled as “Violence and Emotional Abuse”.



When assessing 10-year incidence, FV was identified by determining the nature of participants' relationship with the person responsible for each type of MRI of violence. Family relationships were defined as both:

- intimate partners (IPV); current or previous partner, boyfriend or girlfriend, or dated.
- non-partner family violence (NPFV); parent, child, sibling, in-law or other-relative.

As a single incident could involve more than one type of violence, the ABS only coded one event based on most severe experience reported, with sexual assault coded over physical assault and all assaults being coded before threats.

### Statistics and analysis

Data was extracted using the ABS TableBuilder, which enables users to cross-tabulate aggregated information. Between-group frequency comparisons used  $\chi^2$  tests with odds ratios. Due to small sample sizes in some analyses, the results are subject to sampling error as they are less likely to reflect an outcome that would be reproduced in the total Australian population. When analyses showed a sampling error greater than 50%, results were not reported due to unreliability. Additionally, when data was too sparse, Tablebuilder suppressed the overall table to prevent interpretation. A Bonferroni correction was used to control error associated with a large number of comparisons occurring within each family of analyses.

## Results

### Characteristics of the sample

Among the 35,395 households surveyed, 21,242 participants were eligible and completed the survey questionnaire. Table 1 provides an overview of the characteristics relating to the overall sample and the weighted sample for both AB and SAB populations. AB participants had 1.44 greater odds of being female than SAB participants ( $\chi^2(1,13120.8)=24.76, p<.000, OR=1.44, 95\% CI [1.28,1.66]$ ).

**Table 1** Characteristics of the sample

	Weighted Sample		
	Total Sample (%)	Australian Born (%)	South Asian Born (%)
Total Number	21,242 (100)	12,306.4 (66.9)	807.2 (4.4)
Male	5,653 (27)	6,027 (49)	472.8 (58.6)
Age			
18–44	9,320 (43.9)	5889 (47.9)	584(72.3)
45–65	7,382 (34.8)	4050.1 (32.9)	149.2 (18.5)
65–99	4,540 (21.4)	2361.8 (19.2)	58.5(7.2)
Mean	45.5	46.7	38.8
Median	45	46	35

## Lifetime prevalence of IPV

Table 2 demonstrates that a significantly lower proportion of SAB than AB participants reported lifetime experiences of physical and/or sexual partner violence (92% lower odds, however this should be interpreted with caution due to high relative standard error) and emotional abuse by an intimate partner (66% lower odds). There was also a lower proportion of SAB than AB participants reported all three types of abuse (physical, sexual and emotional) by a current partner; however, there were no statistically meaningful differences in the prevalence of all three types of abuse by a current partner.

## Sex

As shown in Table 2, SAB participants had significantly lower odds of reporting a male perpetrator of emotional abuse by an intimate partner in their lifetime compared to AB participants (60% lower odds). Additionally, SAB women were significantly less likely than AB women to report experiencing emotional abuse by an intimate partner (59% lower odds). SAB participants also had 33% lower odds of reporting all three types of violence by a current partner than AB participants in their lifetime. SAB women were also less likely to report all three types of violence by a current partner in their lifetime than AB women (76% lower odds). Unfortunately, the sex of the victim and perpetrator for lifetime experiences of physical/sexual violence by an intimate partner could not be reported for SAB participants because the relative standard error (RSE) was too high due to small sample size.

## Most-recent incident (MRI) of family violence and type of violence experienced

Table 2 shows analyses of the 10-year incidence of FV. SAB individuals had 54% lower odds of experiencing at least one type of FV in the last 10-years compared to AB individuals. Results that broke down the perpetrator type within FV perpetrators (intimate vs. NPFV) were uninterpretable due to the high RSEs for the latter group.

## Discussion

As no prevalence or incidence data is available for South Asian Australians, this study sought to address this gap by ascertaining what could be gleaned about FV experiences of Australian South Asians through the Australian Bureau of Statistics's 2016 Personal Safety Survey (PSS). We found that SAB Australians responding to the PSS reported lower lifetime prevalence of IPV compared to AB Australians; both in terms of physical and sexual violence and emotional abuse. Of participants who reported emotional abuse, a higher proportion of SAB participants than AB participants reported female perpetration and male victimisation. Proportionally fewer SAB Australians than AB Australians reported all three types of abuse by a current partner, though this difference was not statistically significant. Significantly more male SAB victims reported all three experiences of violence by a current partner compared to

**Table 2** Partner violence

Lifetime Prevalence of Partner Violence	SAB <sup>1</sup> N (%)	AB N (%)	$\chi^2$ (p value)	Odds ratio (95% CI Upper-Lower)
Physical & Sexual violence (SAB <i>n</i> =655.9, AB <i>n</i> =9614.8)	23.6 (3.62 <sup>a</sup> )	1648.1 (17.13)	82.64 (**)	0.18 (0.12–0.27)
Emotional abuse (SAB <i>n</i> =648.3, AB <i>n</i> =9627.9)	72.6 (11.2)	2610.1 (27.1)	79.71 (**)	0.34 (0.26–0.43)
Male perpetrator of Emotional abuse (SAB <i>n</i> =72.6, AB <i>n</i> =2610.1)	28.7 (39.53)	1606.7 (61.61)	14.48 (**)	0.40 (0.25–0.66)
Female victim of Emotional abuse (SAB <i>n</i> =72.6, AB <i>n</i> =2610.1)	28.7 (39.53)	1606.3 (61.59)	14.45 (**)	0.41 (0.22–0.66)
Violence by Current Partner <sup>2</sup>				
Violence and Emotional abuse (all three types) (SAB <i>n</i> =614.7, AB <i>n</i> =7384.5)	52 (8.46)	792.7 (10.73)	3.11 (=0.078)	0.77 (0.57–1.03)
Female Victim of Violence and Emotional abuse (all three types) (SAB <i>n</i> =52, AB <i>n</i> =792.7)	16.7 (32.12)	454.8 (57.37)	12.62 (**)	0.34 (0.19–0.62)
Most Recent Incidents of Family Violence				
Family Violence Perpetrators (SAB <i>n</i> =135.6, AB <i>n</i> =3462.3)	31.7 (23.38 <sup>a</sup> )	1385.0 (40.00)	15.11 (**)	0.46 (0.30–0.68)

Note <sup>1</sup>Reference group,

<sup>2</sup>Participants were only asked about current partner, <sup>a</sup>RSE is between 25–50%, interpret with caution, \*\**p*<.001

male AB victims. Finally, SAB Australians reported a lower 10-year incidence of abuse of at least one type of FV (IPV and/or NPFV) than AB Australians.

We also examined the extent to which the SA immigrant population captured in the survey is representative of the actual population. To understand whether these findings are representative of the SAB Australian community, the 2016 PSS SAB sample was compared to the SAB population captured in the 2016 Australian Census. When considering the representativeness of the PSS sample it is important to consider both the size of the sample and demographic factors. The SAB sample made up 4.4% of the overall PSS sample, whilst the SAB Australians made up 3.1% of individuals residing in Australia in 2016. This is not necessarily an issue and in fact the larger number of SAB individuals increases the power in our analysis and thus the confidence we have in generalising to the true SAB Australian population. The proportion of the AB sample mirrored that of the AB population in the 2016 Census (66.7%).

The two samples were then compared on demographic factors such as sex, age, education level and employment levels. Sex distribution was significantly different (i.e. Census data indicating 54.8% SAB Males whilst PSS data indicated 58.6% of SAB Males). In addition to the lack of representativeness of the wider SAB population, when translated to the much smaller PSS this meant that the AB sample had significantly more female respondents than the SAB sample. This created problems for sex-based comparisons with the AB sample because there were so few female participants within the SAB sample that could report abuse by males. Given the gendered nature of FV we might expect FV victimisation to be more common among female PSS respondents than male respondents (as is found in the PSS overall). We were unable to control or account for participant sex in analyses due to the limitations of TableBuilder, meaning that the findings from comparisons of the SAB and AB groups in this study potentially reflect difference in sex distribution between samples rather than any other differences between the communities. In fact, the Australian Institute of Health and Welfare (2018) highlights that such sampling techniques in the PSS have made analysis of different male populations less reliable in identifying at-risk populations over time. That is, the smaller the male sample, the less meaningful analysis can be done to unpack which male subpopulations at risk, for example by males who identify as being part of the LGBTIQ+ community.

Other areas where the PSS SA sample differed from the census was the substantially higher proportion of those with a bachelor's degree or higher (73.5% vs. 55%), and a higher rate of employment than the Census population (78% versus 65%). The AB sample accurately reflected educational attainment and employment proportionately to the true AB population. Given that both education and employment are known to have a complicated relationship and influence with FV victimisation (Ackerson & Subramanian, 2008; Archer, 2006; Lawoko et al., 2007; Mondal & Paul, 2021; State of Victoria, 2016; Yodanis, 2004), these demographic differences mean that PSS estimates of FV among SA Australians cannot be considered representative of the SA Australian population as a whole.

The other significant problem with the PSS sampling method was of sample size. Although there was a slight over-representation of SAB Australians in the PSS, multiple FV analyses could not be interpreted as small samples sizes causing relative standard errors over 50%. This particularly affected analyses associated with abuse by non-partners. This means that findings cannot be compared to international (Ahmad-Stout et al., 2018; Ali et al., 2018; Mahapatra & Rai, 2019; Raj et al., 2011) and local research (Colucci et al., 2013; Segrave et al., 2021) using selective samples, which has found non-partner abuse to be common in SA communities.

## Implications and recommendations

The Personal Safety Survey is currently Australia's richest source of quantitative information for examining violence experiences. The survey collects detailed information about an individual's experience of violence, asking for information about a range of details such as frequency, severity, actions taken as a consequence of FV experiences (e.g., injury, time off work and anxiety/fear). Due to the highly sensitive

nature of the information disclosed there is an ethical obligation that the data is used to inform and improve service provision (World Health Organisation, 2001).

The fact that the PSS methodology does not lead to a representative or reliable set of findings about FV in the Australian South Asian communities (and potentially other CALD communities; Vaughan et al., 2015), means that the benefits of participation for these communities are questionable and the research ethics of asking about sensitive personal information are more difficult to justify. It is not currently possible to use the PSS to develop knowledge that can inform targeted policy and practice for SA Australians, despite a clear need to do so. It is clear that the risks SA Australian populations take in disclosing their victimisation experiences are not balanced by research gains in the same way that is true for PSS participants who are born in Australia.

As the South Asian Australian community is one of Australia's largest immigrant communities, the PSS would benefit from amending their sampling strategy to accurately capture this important group. This would require over-sampling immigrant communities (SA and others) in future PSSs (similar to how the PSS currently oversamples females and Aboriginal and Torres Strait Islanders). Given the total size of the PSS sample, such oversampling would not jeopardise its representative nature, but would allow for meaningful research into smaller groups such as SAB immigrants. This would not only support Australia's plan to address FV in CALD communities (Commonwealth Government, 2022; Council of Australian Governments, 2019), it would overcome potential issues about the unequal risks and benefits to different groups associated with participation in research. Exactly this approach was taken in the 2009 National Survey on Community Attitudes to Violence Against Women, where an additional 2,500 interviews were conducted with a 'selected culturally and linguistically diverse' sample, targeting the five largest CALD groups in Australia (The Victorian Health Promotion Foundation, 2009). While still subject to unavoidable limitations, the National Survey was able to both increase representativeness of the overall sample and provide insights about a general CALD population (The Victorian Health Promotion Foundation, 2009). Another option for consideration would be to conduct a separate robust population survey for CALD Australians that mirrors the National Aboriginal and Torres Strait Islander Social Survey.

Overall, improving the ability to measure family violence amongst one of Australia's biggest migrant populations will help prevention, intervention and recovery efforts against family violence nationwide. Not only does identifying the prevalence of family violence amongst South Asian Australians provides an estimate of the scope of the issue, but also enables comparisons to take place between different populations. In addition to these comparisons benefiting advocacy and research efforts they will help inform policy initiatives, which may improve the effectiveness of services to Australia's diverse populations.

## Limitations

The design of this study presumes that both individuals in an intimate relationship belong to the same community and overlooks families that combine people of different cultural backgrounds. Equally there are undoubtedly people of South Asian

ethnicity in the AB population and whose experiences are not accounted for in the current design. The design of this research also assumes socio-cultural values, attitudes and practices are homogenous within populations. As with any population, South Asians are not a homogenous group, as their belonging to one identity is not mutually exclusive nor does it prescribe them to adhere to all the norms, beliefs and practices that dominate that group (Multicultural Centre for Women's Health, 2020).

## Conclusion

Currently, there is no available quantitative research on the prevalence of FV in Australian SA communities, limiting the ability to use regional data to inform regional solutions. This study investigated whether it is possible to use Australia's most representative survey to explore and compare FV experiences among SAB Australians and AB Australians. Similar to other national prevalence studies internationally, and to previous PSS, we found that the 2016 PSS did not produce representative and reliable results for FV experienced by SAB Australians. The survey sample was not demographically representative and did not produce a sufficient sample size to facilitate meaningful comparisons. Without an appropriate measure of FV experiences among SA Australians, it is not possible to develop evidence-based policies that address the level and nature of need in this community. We recommend that future similar surveys should oversample CALD groups, including SAB Australians, so that important information can be gathered to inform responses to this group, given the potential that their migrant status and cultural background may create distinct needs requiring specialist resources.

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## Declarations

**Ethical approval** All procedures performed in studies involving human participants were in accordance with the ethical standards of Swinburne's Human Research Ethics Committee (SUHREC) at Swinburne University of Technology, Ref: 20201266-3518, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Conflict of interest** The authors have no known conflict of interest to disclose.

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