INTIMATE PARTNER VIOLENCE AMONG SOUTH ASIANS IN THE UNITED STATES: A CRITICAL REVIEW

By

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Abstract

Objective

The objective of this study is to understand what is known and highlight the gaps on intimate partner violence (IPV) among South Asians (SAs) in the United States (US) by conducting a critical review of the existing literature.

Methods

Search terms were used in 5 major databases to locate studies published in peer-reviewed journals; published within the past ten years; focused on South Asians; and conducted in the US.

Results

Of the five databases, nineteen articles studied aspects of IPV among South Asians in western countries. Nine of those articles met the inclusion criteria for this review.

Conclusions

Results indicate the need for consistent definitions across studies; use of larger sample sizes; focus on South Asian males in the US; and identification of cultural factors that perpetuate abuse.

INTRODUCTION

Intimate partner violence (IPV) is recognized as a major public health problem.[2,17,27] The National Institute of Justice defines IPV as "physical, sexual, or psychological harm by a current or former intimate partner or spouse."[10,27] A summary of evidence shows that experiences of IPV manifest as ether a single episode to ongoing violence, and can also fall on a spectrum in terms of severity. IPV encompasses 4 different forms of violence: physical, sexual, stalking, and psychological aggression.[28] Physical violence is the easiest to recognize and includes pushing, shoving, spitting, hitting, throwing objects, and threats of violence. Sexual violence includes non-consensual sexual acts and control over family planning and reproductive health (forced abortions, forced pregnancies, withholding birth control, not having a say in the amount of children). Stalking is also a form of IPV, and is defined as a pattern of continual, unwanted attention and contact by an individual causing fear and concern for safety. The fourth type of IPV, psychological aggression, refers to verbal, emotional, and psychological abuse. It is defined as the intent to harm an individual for the purposes of exerting control.[28] Married spouses, common-law spouses, civil union spouses, domestic partners, dating partners, and ongoing sexual partners are all considered intimate partner relationships.[2]

A global report published by the World Health Organization (WHO), the London School of Hygiene and Tropical Medicine, and the South African Medical Research Council concluded that 35% of women globally have experienced either physical and/or sexual IPV, or sexual violence from a non-partner. Intimate partners are responsible for 38% of murders of women worldwide.[7] IPV is responsible for a number of broad adverse health outcomes, both indirect and direct, for victims and, more specifically, maternal and child health. An indirect health outcome is the biological stress response, which can lead to chronic illness, mental disorders,

cardiovascular disease, hypertension, gastrointestinal disorders, chronic pain, and the development of insulin-dependent diabetes. A review of evidence compiled by the World Health Organization reports that during pregnancy, stress stemming from abuse has been associated with low-birth weight infants, premature labor, and premature birth.[7] Victims of IPV are at a higher risk of lifelong anxiety, depression, post-traumatic stress disorder (PTSD), and suicidal behavior. Development of certain high-risk behaviors like smoking, alcohol, and drug abuse are also associated with exposure to violence and are behaviors that can contribute to leading causes of death like liver disease, cancer, and cardiovascular disease.[28]. Direct adverse health outcomes stemming from physical and/or sexual IPV include serious injury and death.[2] Additionally, children who are exposed to IPV as witnesses or as victims face increased risk of either becoming perpetrators of (towards intimate partners and/or children) or victimized by abuse later in life.[28] This is alarming when considering that nearly 40% of IPV victims have children under the age of twelve.[7]

Given the magnitude of intimate partner violence on a global scale and considering the toll experiences of abuse have on individuals, it is not surprising to see that IPV also places a strain on health systems, criminal justice systems, and social and welfare services.[28] For example, the cost of child maltreatment in East Asia is estimated to be 1.9% of the region's gross domestic product ($206 US dollars).[28] In the United States (US), where over 10 million women and men are victims of IPV annually, the cost of stalking, physical assault, and intimate-partner rapes exceeds $5.8 billion dollars every year. Of that total, medical and mental health services account for $4.1 billion. Furthermore, the loss of lifetime earnings due to IPV-related homicides amount to nearly $0.9 billion.[4] Data from 2003 indicates that the estimated cost of IPV in the US related

to medical care, mental health services, and lost productivity for female victims amounted to $8.3 billion dollars.[28]

IPV is a global problem that affects individuals regardless of race, gender, ethnicity, sexual orientation, or socioeconomic status. In the US alone, 24 people are victims of rape, stalking, and physical violence every minute. And while women are predominantly victims of IPV (3 in 10 women in the US), approximately 1 in 10 men have also reported that the experiences of rape, physical violence, and/or stalking have had a long-term impact on their functioning.[28] Although these numbers are large and reflect the widespread nature of IPV, they are also underestimates.[28] Many victims never report experiences of abuse to law enforcement, friends, or family. This is especially true for cultural subsets of the US population that may face additional barriers in reporting abuse and seeking help.

According to data compiled from the 2010 American Community Survey and the Pew Research Center's 2012 Asian-American survey, Asian Americans have surpassed Hispanics to become the fastest-growing racial group in the US; in 2010, 36% percent of immigrants were Asians compared to Hispanics at 31%..[25] It is projected that Asian Americans will become the largest immigrant population by 2065. As defined by a Pew report, Asian Americans are those who originate from any of the countries in the Far East, Southeast Asia, and the Indian subcontinent. Although there are many distinctions among the various Asian populations, Asian Americans share many cultural similarities like a strong emphasis on family and marriage. 54% of surveyed Asian Americans stated that one of the most important things in life is having a successful marriage compared to 34% of non-Asian American adults. Living habits are a reflection of this cultural characteristic. For instance, they are more likely to be married (59% for Asian Americans versus 51% for American adults); Asian American babies are less likely to be

born to unwed mothers (16% Asian American versus 41% American adults); and Asian American children are more likely to live with both married parents (80% Asian American versus 63% American adults). Furthermore, Asian Americans are more likely to live in joint-family, multi-generational households, with an estimated 28% living in the same home with two adult generations. Finally, Asian Americans maintain strong respect for elders, namely their parents. 66% of Asian Americans reported that their parents should or have had influence in choosing a career; 61% reported the same parental influence in selecting a spouse.[25]

Based on a variety of studies, the Asian & Pacific Islander Institute on Domestic Violence estimated the prevalence of lifetime experiences of physical and/or sexual violence for Asian women to be anywhere between 21-55%. While the prevalence of intimate partner violence among Asians is considered to be comparable to rates faced by other women, a 2010 National Intimate Partner and Sexual Violence Study (NISVS) revealed that Asian women reported less experiences of rape, physical violence, and/or stalking during their lifetime (19.6%) compared to American Indians or Alaska native women (46%), Black women (43.7%), Hispanic women (37.1%), and White women (34.6%).[30] The National Latino and Asian American Study (NLAAS) concluded that a higher risk of experiencing IPV was associated with younger age, higher socio-economic status, alcohol and substance abuse, depression, and being born in the US.[29] Many researchers theorize that factors like high socio-economic status and being born in the US, which ordinarily would be considered as protective factors against victimization and/or perpetration of IPV and DV, are overwhelmed by adherence to cultural traditions and norms that normalize abuse.[8,11] In her piece entitled 'Sita's Trousseau,' Rashmi Goel explains that South Asian immigrants view changes in modern India as they relate to dress, politics, and behaviors as

the negative result of Westernization. Thus, South Asian immigrants in the US cling to cultural traditions as a reaction to living in the "...dragon's lair itself."[8]

This study focuses on a specific subset of the Asian American population: South Asians. According to the World Bank, the region of South Asia includes the countries of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. Thus, South Asian Americans are individuals whose origins are from those countries.[23] 2013 American Community Survey data reveals that nearly 4.3 million South Asians living in the US traced their roots to one of the aforementioned South Asian countries.[1] The states with the biggest South Asian populations are California, Illinois, New Jersey, New York, and Texas. The metropolitan areas with the biggest South Asian populations are Chicago, Washington DC, Los Angeles, New York City, and San Francisco-Oakland. Beyond these cities, which traditionally have held large South Asian populations, the metropolitan area that has seen the most growth between 2000 and 2010 is Charlotte, North Carolina, with a 187% increase in the South Asian population. Raleigh, North Carolina, is not much further down the list, with a growth of 173% (numbers specific to these percentages were not included in the summary of South Asian demographic information).[1]

Although obtaining a more detailed and current demographic breakdown of the South Asian population in both the US and in North Carolina has been problematic, a 2010 summary report by the United States Census reports that in North Carolina there are 57,400 Asian Indians; 854 Bangladeshis; 487 Bhutanese; 3,478 Burmese; 214 Malaysians; 875 Nepalese; 5,757 Pakistanis; and 612 Sri Lankans residing in North Carolina (total of 69,677; numbers for those from Afghanistan not included)'.[19] In addition to looking at resources like the U.S. Census summary report, the diversity of North Carolina's South Asian population can be gleaned from the amount

and variety of South Asian houses of worship, restaurants, non-profits, cultural events and festivals, and cultural/regional associations (10 in the Piedmont region).

SOCIOECOLOGICAL FRAMEWORK

Experiences of abuse themselves may not necessarily be different for this population, however, South Asians face a number of additional cultural pressures that further complicate and prevent victims from 1) accurately identifying abusive behaviors, and 2) seeking help. These cultural nuances are best explored through Bronfenbenner's 1979 socioecological framework. Originally developed for the purpose of studying human development, Bronfenbenner conceptualized that the influences on human development can be categorized in one of 4 concentric circles representing four different systems: the microsystem, mesosystem, exosystem, and the macrosystem. This framework has since been adapted by the Centers for Disease Control and Prevention (CDC) to better identify the factors contributing to and preventing IPV.[26]

The 4 circles in the IPV socioecological model (SEM) are understood to represent the individual, relationships, community, and society. Each ring overlaps the preceding one to demonstrate the interplay between factors at each of the levels, and how factors at each level ultimately influence and impact the individual. Factors at the individual level focus on biological and personal factors that may contribute to either being a victim or perpetrator of IPV. Examples of this include history of abuse, socioeconomic status, education, and alcohol or substance abuse. The next level out is the relationship level. As the name indicates, this level identifies the close relationships that may contribute to experiences of IPV (either as a victim or a perpetrator). The third level represents the community. At this level, the settings where relationships occur and the

characteristics of those settings are examined. The fourth and final level, societal, explores factors such as policies and social norms that enable abuse to continue.[26]

Factors that perpetuate the cycle of violence for victims and perpetrators among South Asians in the US can be found at every level of the socioecological model (Figure 1). At the individual level, factors will include the same as those defined by the CDC's adaptation of the SEM: history of abuse, age, socioeconomic status, education, and substance/alcohol abuse. However, for the South Asian-specific SEM model, this level is expanded to include personal factors like gender identity, sexual orientation, and immigration status. The relationships contributing to experiences of IPV, either as a victim or perpetrator, include relationships with parents, grandparents, extended family members, and other South Asian friends. The setting at the community level would be the South Asian communities originally established in the US by immigrants. These communities include South Asian cultural associations, religious organizations, and South Asian dance communities; generally, the South Asian community is the context in which South Asians socialize and preserve cultural and religious traditions. The final level, which is the societal level, includes South Asian cultural traditions and stigmas, as well as the federal- and state-level laws and services related to domestic violence.

IPV is known to be vastly underreported by South Asian women.[3,8,18] Considering the drastic growth of the South Asian population since the 1960's (PEW article) in the US and in North Carolina, and knowing the immense health, economic, and social burden IPV places on individuals and national systems, it is crucial for us to gain a better understanding of IPV among the South Asian population. Therefore, the goal of this study is to critically review the existing literature on intimate partner violence among South Asians in the US in order to understand what is known and identify gaps in the research.

METHODS

In order to search for studies and research on IPV among South Asians in the US, searches were conducted online through PubMed, ProQuest, JSTOR, Google Scholar, and Web of Science. Search terms used for each of these databases included: South Asia* AND immigrant* AND abuse; South Asia* AND immigrant* AND domestic violence; South Asia* AND immigrant* and intimate partner violence; South Asian AND immigrant* and IPV; and South Asia* AND domestic violence. Articles included in this review must have been published in peer reviewed journals, published within the past ten years (no older than 2007), the study population must be referred to as 'South Asian', and the geographic location of the study or published region must be located within the US. Databases were made accessible to the author by the University of North Carolina at Chapel Hill.

RESULTS

The amount of returns provided by each database for the search terms is presented in Table 1. Google Scholar, JSTOR, and ProQuest Central provided the largest amount of returns. However, none of the articles in the resulting search through JSTOR were relevant to IPV among South Asians in the US. Among the remaining four databases, only twenty articles focused on experiences of domestic violence, IPV, or family abuse among South Asians in western countries. Seven articles were eliminated due to geographical reasons; 5 focused on South Asian women in Canada, 2 in the United Kingdom (UK). In total, out of the nine articles that met the criteria of a South Asian study-population, published in a peer-reviewed journal, US-based study, and published within the last 10 years, two were found through Web of Science, three

were found through PubMed, three were found through Google Scholar, and one was found through ProQuest. Since the study by Hurwitz et al was published only one year in 2006 before the cut-off year for inclusion, and due to the relevance of that study's research objective to understanding IPV among South Asians in the US, the author included it in this review.

Out of the nine articles reviewed in this study, one was a literature review of other articles exploring the risk factors of IPV. This was also the only article included for review that adopted a broader population focus study of Asian immigrants (including people from China, Cambodia, Vietnam, Korea, in addition to South Asian immigrants).[14] Because the literature review by Lee et al devoted a significant amount of attention to studies focused specifically on South Asians, the author found it relevant enough to include it in the review. Another article included in the review focused specifically on the development of an IPV-prevention campaign targeted towards the Gujarati population, a cultural subset of Indian-Asians, in the Midwest. The remaining seven articles were all original studies, five of which utilized a combination of qualitative and quantitative methods, one solely using quantitative methods (univariate and bivariate analyses), with the final article adopting an in-depth interview as the sole method of obtaining information about IPV among South Asians in the US. A comprehensive comparison chart of all nine articles is labeled as Table 2.

Study Population

The definition of 'South Asian' among all nine published articles was generally found to be the same. However, the specific focus of each study was not generalizable to the South Asian population, which is meant to encompass people from the countries of Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka. Many studies instead chose to identify a particular subset of South Asians. Thapa-Oli et al focused on the experiences of Nepali

women; Yoshihama et al examined the success of the Shanti Project among Gujarati-South Asians (Gujarat is a state in the Western part of India); and Kapur et al emphasized interviews with advocates from Asian-Indian focused domestic violence (DV) organizations. Other studies may have sought to target the entirety of the South Asian population, however, due to limitations presented by recruiting strategies and response to surveys, participants were not generalizable to people from the diverse South Asian region. For example, Kallivayalil's in-depth interviews were arranged through a mental services and domestic violence organization in New York City. She interviewed 8 participants; 6 were from India, 1 was from Pakistan, and the final interviewee was from Bangladesh. The remaining four survey studies, which each had a large study population base and was intended to be spread across various South Asian nationalities, did not breakdown the respondents by South Asian country of origin.[9,15,20,22] Six of the studies included in this review focused on South Asian women aged 18 and up, who were either married or in long-term heterosexual relationships, and who had been or still were with their abusive partners. The Robertson et al article's study survey was intended for both men and women. None of the articles gave explicit focus on the perceptions or experiences of abuse among South Asian men or LGBT South Asians.

The locations of the studies were also scattered all over the US. The Shanti Project examined by Yoshihama et al was based in the Midwest (the authors referenced an urban area but did not specify the name of the city for the campaign). Thapa-Oli et al and Kallivayalil were both based in New York City. Two studies, Raj et al and Hurwitz et al, surveyed South Asians in the Greater Boston area, although a clear description of what was considered 'Greater Boston' was not provided. Finally, Kapur et al and Mahapatra chose geographic locations based off of states/cities known to have the largest South Asian communities: New York (New York City);

California (San Franciso-Oakland), Texas (Houston), and New Jersey. The cities of Austin and Dallas (due to proximity to researcher), and Chicago (a city with large South Asian population) were also included. An important note is that only one of the studies (Mahapatra) used a probability sample. Response rates were not available for all studies. However, the response rates included for three studies were high at 75% (Thapa-Oli et al), 80.2% (Mahapatra), and 86.5% (Robertson et al).

Outcomes of Interest, Methods, and Results

Excluding the literature review and campaign assessment by Lee et al and Yoshihama et al respectively, the remainder of the studies were similar in that their outcomes of interest were focused on understanding the prevalence and perceptions of IPV, and the cultural challenges of measuring the extent of the problem and providing services to South Asian victims of abuse. Robertson et al, which happens to be the most recent study having been published in 2016, also explored the little-understood and discussed experiences of child sexual abuse, a topic that was not broached in any of the other 8 articles.

Rates of IPV among South Asians showed variation from study to study. For instance, out of 44 survey respondents from the Raj et al study, 93% reported life-time experiences of sexual abuse, 55% reported physical abuse, and 52% reported that they did not seek help or support services. The Thapa-Oli et al study, which had a participation rate of 75% (N=60), found that reports of psychological abuse far outweighed those of physical abuse (54.1% reported experiencing some form of emotional or psychological abuse). 62.2% reported restrictions on mobility. Mahapatra's survey study (participation extending across 33 different states), which had a survey response nearly five times larger than that of the Raj et al article and Thapa-Oli et al (N=215), showed that 38% of respondents (N=82) reported experiences of abuse in the past year.

Among those who reported abuse within the past year, 77 reported psychological abuse, 27 reported sexual abuse, and 22 reported physical abuse. Finally, the Hurwitz et al study found that 22% (N=44) reported physical or sexual lifetime abuse while 15% had experienced either in the past year. There are a couple of reasons for the variation in IPV rates. First, participants may not have understood survey questions correctly or disclosed incorrect information, especially if they are interviewed face-to-face or solicit the help of a translator. For instance, some individuals may have felt more comfortable disclosing instances of sexual abuse versus others. Another reason could stem from the origin of the study population in question. Perhaps one form of abuse - psychological vs. physical - is more prevalent among certain subsets of South Asians.

The in-depth interviews conducted by Kallivayalil did not contribute towards an understanding of the prevalence of IPV among South Asians. However, Kallivayalil did unearth a number of themes consistent among all eight survivors of abuse: feelings of betrayal towards abusive partners and enabling family members; reflections on 'freedom'/life before marriage/abuse; self-blame and blame of others for the abuse; the intersection of abuse and reproduction/motherhood; and physical manifestations of psychological trauma (chronic chest pain, fainting, heart palpitations, and insomnia).

DISCUSSION

There are too few studies on the public health issue of IPV among South Asian communities in the US. According to the Directory of Domestic Violence Programs issued by the Asian Pacific Institute on Gender Based Violence, there are over 120 programs dedicated to the issue of IPV and domestic violence in the United States. Approximately 23 of these are dedicated to South Asian women. The amount of service providers available throughout the US indicates that this is a widespread issue, yet the lack of current studies using large sample sizes makes it

difficult to accurately assess the scope of the problem, best practices and methods for IPV and DV prevention, and ways to improve abuse-related services for people of South Asian descent.

All of the studies included in this critical review, and many others that did not meet the inclusion criteria for this study, have referenced a 2002 study conducted by Raj and Silverman on the prevalence of violence among 160 South Asian women in Boston. Two other studies by Raj and Silverman were published before 2007 and thus were not included in this paper. Raj and Silverman were also part of the research team for the Hurwitz et al study that examined the impact of IPV incidents on the health outcomes of South Asian women. It is apparent that both Raj and Silverman are pioneers in this field of research in the US. However, many of their studies, including both of the articles within this critical review, appear to be using the same survey responses/dataset to explore their research questions. This can be problematic considering that the answers provided to the original surveys may not be specific to the new research objective, potentially contributing to bias from the research team and skewing the results. Those studies would benefit from the inclusion of detailed information regarding the survey questions and the study population. More importantly, the most recent contributions of Raj and Silverman to this research topic is from 2007. The consistent growth of the South Asian community in the US and other factors, like the changing political climate both in the US and in countries of origin and changing attitudes on gender equality and gender roles, warrant up-to-date studies that track the changing patterns of IPV perpetration and victimization among South Asians in the US.

The studies that met this critical review's criteria for inclusion collectively had a number of limitations, the first of which was a focus on IPV versus the broader term of domestic violence. Many South Asian female victims of abuse have reported enduring abuse at the hands of extended family members related to the male spouse, particularly at the hands of female relatives

like the mother-and sister(s)-in-law. Close living arrangements adopted by many South Asian immigrants create environments that are also conducive to elder abuse. Additionally, child abuse and child sexual abuse are equally as unexplored, yet responses from the Robertson et al study indicate the widespread nature of child sexual abuse among South Asians.

The second limitation from the studies specific to the South Asian population in the US published within the last ten years is that only 3 out of 9 reviewed articles used a specific framework to help guide and inform their research. Use of a framework could strengthen studies in numerous ways. First, by grounding a study in a theoretical framework, research objectives and hypotheses are given a basis; the researcher(s) may uncover other phenomenon or factors that were not previously considered; and key variables to be included in the study may be identified.[21] Kallivayalil, Kapur et al, and Yoshihama et al, which are the three studies that did not have a quantitative arm, each conducted their research in the context of a cultural psychology framework; an intersectional feminist framework; and a framework combining feminist theory, social exchange theory, theory of planned behavior, and social cognitive theory, respectively.

The third limitation is the use of self-report surveys to obtain information regarding experiences of abuse. Considering the taboo nature of discussing abuse in South Asian communities, which is thought of as publicizing a private issue, surveys make sense in that victims may perhaps feel more inclined to disclose experiences of abuse. However, the use of surveys may present a limitation to the generalizability of the studies in that the respondents may share characteristics not present among the broader South Asian population. Moreover, many victims of abuse may be isolated and monitored to the point where they would not have the opportunity to participate in a survey study. Another limitation related to generalizability is the focus of South Asian IPV studies on Asian-Indians. Among the South Asian countries, India is

the largest and is the most diverse, which may explain the attention given to Asian-Indians in many of these studies. However, little attention is given to US-based South Asians who are from the surrounding countries of Afghanistan, Bhutan, the Maldives, Bangladesh, and Sri Lanka. Furthermore, all of these studies focus on South Asian immigrants; none devote attention to children of South Asian immigrants who, despite being raised in the US, may also be susceptible to becoming victims or perpetrators of abuse due to patriarchy and rigid gender roles that have become inherent in many South Asian cultures, traditions, and religions.

One strength of some of the survey studies, particularly those by Thapa-Oli et al, Mahapatra, and Robertson et al, is the use of well-established studies and scales to inform the surveys administered to South Asian victims. For instance, the Robertson et al study, which gave attention to experiences of child sexual abuse, used a survey that was adapted by the CDC's Adverse Childhood Experiences (ACE) study. Mahapatra used the Revised Conflict Tactics Scale in measuring domestic violence and/or partner abuse, which was the outcome of interest. Each of the four independent variables were also measured according to a scale: Multidimensional Scale of Perceived Social Support for the variable of social support; revised Husband's Patriarchal Beliefs Scale for patriarchy; the Marin and Marin Acculturation Scale (short version) for acculturation; and a revised version of a social isolation scale created by Stets to measure isolation. Similarly, Thapa-Oli et al also utilized the Revised Conflict Tactics Scale to measure experiences of abuse.

IMPLICATION FOR POLICIES & PROGRAMS

Intimate partner violence is a widespread public health problem and human rights violation that impacts every country in the world. IPV also has long-term impacts on women's health like poor mental health, asthma, diabetes, irritable bowel syndrome, chronic pain, and frequent

headaches.[7,17] Severe cases of IPV can result in injuries and even death.[17] In North Carolina in 2015, there were 53 homicides related to IPV.[5] According to the National Coalition Against Domestic Violence, 1,678 victims were served by domestic violence service providers in a single day in 2014 across North Carolina. The same report said that 860 domestic violence victims- 432 children and 428 adults- sought shelter through emergency shelters or transitional housing. Statistics compiled by the NC Council for Women showed that of those who reported incidents of domestic violence in North Carolina in 2014, 540 of them were Asian women.5

In order to effectively serve and empower North Carolina's South Asian victims of domestic violence and IPV, and in order to improve prevention programs for South Asians, it is vital that gaps in the currently published literature be addressed. First, various researchers and studies should utilize the same definitions and similar measures in their research to maximize the generalizability of study results. An example of this is the use of 'domestic violence' instead of 'intimate partner violence', specifically because South Asian victims are vulnerable to abuse from family members beyond intimate partners. This is important for many South Asian victims because in the US the traditional daughter-in-law dynamic is not understood. Therefore, this negatively impacts victims who seek judicial relief in the form of a Domestic Violence Protective Order or restraining order because other cultures, particularly those born and raised in the US, have immense difficulty understanding and believing the real threat that in-laws present to a female victim. Future studies should also pay closer attention to particular measures, like experiences of psychological, verbal, emotional, and financial abuse, and isolation among South Asian victims. Findings from recently published studies indicate that South Asian women are subjected to these forms of abuse at rates higher than other ethnicities. In order to gain a better understanding on the prevalence of these kinds of abuse and the impact on victims, studies

should give equal attention to these other forms of abuse as well as experiences of physical and sexual abuse.

Second, studies on domestic violence among South Asians should attempt to use a larger sample size to increase the significance level of the findings, as confidence has a positive association with increasing sample sizes. Although this author proposes that future studies increase the size of the study population, a large sample size does not necessarily improve generalizability and can in fact increase the potential for different kind of biases and measurement error.[12] Limitations from funders and logistical challenges (funding, manpower) may prohibit studies on IPV and DV among South Asians from utilizing a larger sample size. Researchers should devote attention to securing the appropriate sample size in order to avoid the dangers of using a sample size that is too small, putting the internal and external validity at risk; or too large, introducing the potential for bias, measurement error, and misleading results (small differences may be falsely identified as statistically significant).[6,12] The lack of consistent numbers regarding the prevalence of abuse; the dearth of information regarding how abuse tends to play out among South Asian perpetrators and victims; and the failure of past studies in providing accurate breakdowns of survey respondents' countries of origin, all negatively impact the ability to secure funding for the myriad of South Asian domestic violence organizations located throughout the country. This ultimately hurts the South Asian victims of domestic violence even further because many of them rely on the direct services of domestic violence organizations. Furthermore, due to added vulnerabilities for immigrants like threats by the abuser to interfere with residency (which, in many cases, they do not have the power to do), and not being able to work or have a social security card due to H-4 status (spouse visa for H-1B employment visa holders), many South Asian victims who eventually seek help will require a

longer amount of intensive case management time compared to clients served by mainstream organizations. Lastly, results from bigger generalizable studies could eventually be used in trainings for law enforcement, lawyers, and judges, and healthcare providers.

Third, studies should focus on the attitudes and perceptions on IPV and domestic violence of US-based South Asian men. Every piece of research on this topic that has been published within the past ten years has focused exclusively on women. Evidence suggests that men also suffer from many of the root causes of domestic violence like rigid gender roles and expectations and the South Asian-specific value of collectivism. Research focused on South Asian men could help enlighten advocates and academics on the scope of violence against men, as well as guide advocates on how to better target and implement IPV prevention campaigns and batterer intervention programs.

Finally, future studies on IPV and domestic violence should pay particular attention to the South Asian cultural traditions that normalize abuse and keep victims silent. Many activists and organizations attempt to challenge abusive behaviors without addressing beliefs and practices that help abusive behaviors and mentalities take root. However, behaviors are unlikely to change as long as the systems and schools of thought enabling them are still in place. Thus, studies should focus on these traditions and practices and offer tactics and ways for advocates to redefine them. This would help organizations to remain culturally-sensitive while challenging unhealthy attitudes that perpetuate the cycle of violence.

CONCLUSION

It is widely understood among South Asians that there is still a significant amount of stigma in addressing issues like gender equality, mental illness, substance abuse, sexual assault, child

abuse, and intimate partner violence. The research specific to this population has been informative and enlightening. However, knowing the scope of IPV and domestic violence, the burden it places on individuals and systems, and considering that South Asians are the fastest-growing immigrant group in the US, more research needs to be devoted to gaining a better understanding of the short- and long-term impacts of abuse on South Asians in the US. Results from any future studies would benefit the South Asian population throughout the US, including the diverse and vibrant South Asians that reside here in North Carolina. Without better research, North Carolina advocates and policy makers will not have evidence-based knowledge necessary to guide prevention efforts and improve outreach and help-seeking by victims.

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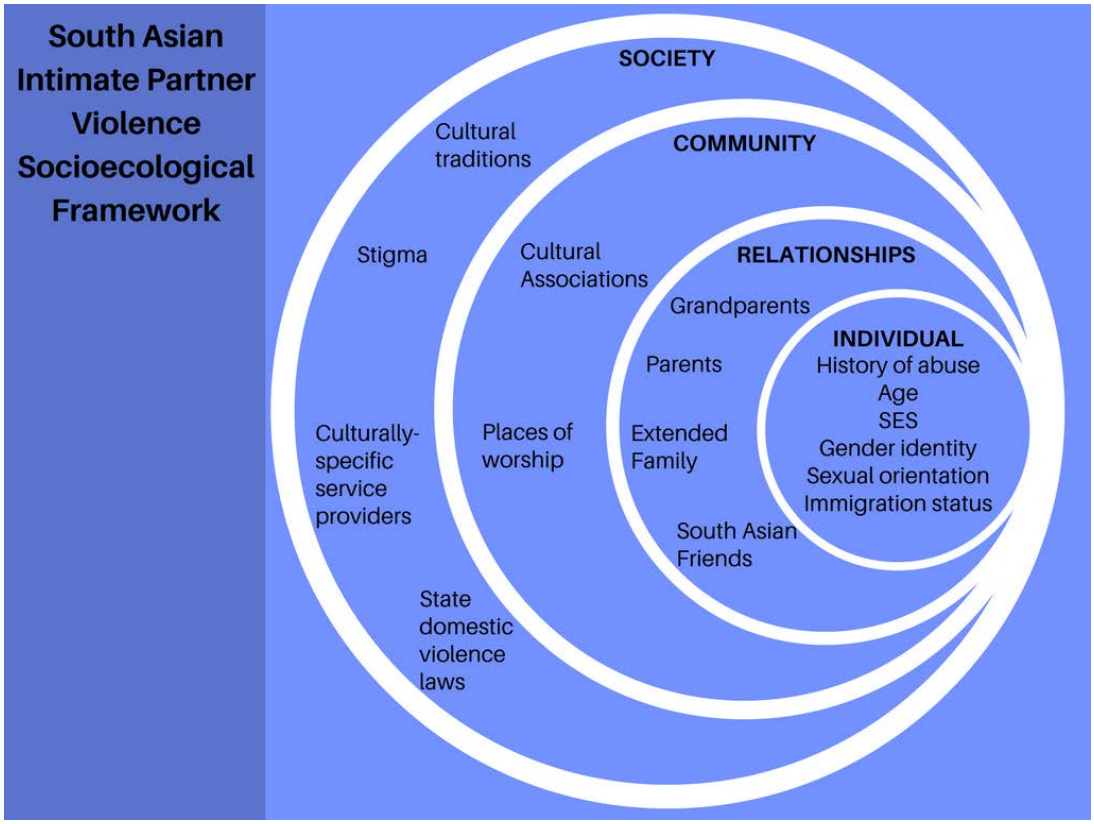

FIGURE 1: South Asian Intimate Partner Violence Socioecological Framework
**Adapted from Centers for Disease Control Framework for Violence Prevention*

DATABASE	SEARCH TERMS				
	South Asia* AND immigrant* AND abuse	South Asia* AND immigrant* AND domestic violence	South Asia* AND immigrant* AND intimate partner violence	South Asia* AND immigrant* AND IPV	South Asia* AND domestic violence
PubMed	26	22	18	6	71
ProQuest Central	23,909	18,857	4,997	336	80,980
JSTOR	13,237	36,265	30,300	38	255,044
Google Scholar	63,200	115,000	30,700	1,910	609,000
Web of Science	38	36	23	10	80

TABLE 1: Number of returns using search terms for each database

AUTHORS & DATABASE	YEAR	JOURNAL NAME	STUDY POPULATION, CHARACTERISTICS, & LOCATION	RESPONSE RATE	OUTCOME MEASURED	FRAMEWORK	METHODS	RESULTS
Thapa-Oli S, Dulal H, Baba Y PubMed	2009	Violence Against Women	Focus on Nepali people (SA defined as Indian, Pakistan, Bangladesh, Sri Lanka, Bhutan, Maldives, and Nepal) Age 18+; 97.8% married; women Metro New York	75% (N=60); 45 completed surveys	Prevalence of and vulnerabilities to intimate partner violence	N/A	Pen & Paper survey Respondent responsible for mailing in consent form & survey 20 quantitative questions, 2 qualitative; Used Revised Conflict Tactics Scale	54.1% reported some form of emotional/psychological abuse Participants indicated multiple restrictions on their mobility; 62.2% of respondents needed permission (visit friends/family, go to work, school, grocery store) All worked but 51.1% lacked access to resources
Kallivayalil D Google Scholar	2010	Violence Against Women	Women of SA origin in the US 6 from India, 1 from Bangladesh, 1 from Pakistan New York City	8 participants; participation rate could not be assessed due to recruitment strategy	Perceptions of abuse from narratives of SA survivors of abuse	Cultural Psychology	Qualitative interviews with victims; in-depth interviews with practitioners; coding and data analysis using principles of grounded theory and narrative analysis	5 themes emerged: Betrayal (faith placed in husbands, in-laws, institution of marriage; cheated of knowledge about abuse) Reflection (life before marriage; emphasis on 'freedom' before marriage) Self-blame; blaming others Abuse and reproductive health Psychological symptoms manifest through physical morbidities (chronic chest pain, fainting, heart palpitations, insomnia)
Mahapatra N Google Scholar	2012	Journal on Family Violence	Immigrants from Nepal, Bhutan, Sri Lanka, India, Pakistan, Bangladesh Women, aged 18+; currently in heterosexual relationship or in heterosexual relationship for past year New York, Chicago, San Francisco, Houston, Austin, and Dallas targeted for sampling	80.2% (N=215); participants from 33 states	Extent of DV and sociocultural factors associated with DV among South Asians	N/A	Paper and web surveys; Used scales to measure abuse, social support, patriarchy, acculturation, and isolation Binary logistic regression	38% reported experiencing abuse in the past year (N=82): 77 = Psychological abuse 27 = Sexual abuse 22 = Physical abuse 9 = Reported injury Results of binary logistic regression show that isolation and social support predicted whether or not women were abused
Raj A, Silverman J ProQuest	2007	International Review of Victimology	Asian Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali, Bhutanese, Maldive Islander ancestry;	Could not be assessed because of recruitment strategy	Analysis of DV help-seeking behavior, including those remaining with and separated	N/A	Anonymous quantitative cross-sectional survey assessment; interview w/	93% (38 out of 44) women surveyed reported sexual DV; 24 (55%) reported physical DV;

			None of the participants interviewed were born in the US Greater Boston		from abusive partner		women reporting history of DV from male partner	13 (30%) reported injury/need for medical attention due to DV. 23 (52%) reported no help- or support-seeking
Hurwitz E, Gupta J, Liu R, Silverman J, Raj A. PubMed	2006	Journal of Immigrant and Minority Health	Indian, Pakistani, Bangladeshi, Nepali, Sri Lankan, Bhutanese, Maldivian ancestry SA women; age 18+; Boston residents for 3+ months; currently involved with male partner Greater Boston	Could not be assessed because of recruitment strategy	Association between female victims of and health outcomes	N/A	Quantitative: Survey assessment of SA women in heterosexual relationship Qualitative: In-depth interviews with SA women reporting history of abuse from male partner	22% (N=44) participants reported physical/sexual lifetime abuse from partner; 15% in the past year 10% (N=20) reported poor physical health; 16% (N=33) reported poor mental health
Kapur S, Zajicek A, Gaber J Web of Science	2015	Journal of Women and Social Work	Asian-Indian focused non-profits (South Asian defined as: persons from India, Pakistan, Bangladesh, Burma, and Nepal) Organizations located in states with highest population of Asian Indians California, New Jersey, New York, and Texas	26 advocates from 14 non-profit organizations	How unique needs of Asian Indian DV victims are met by non-profit organizations; Determine the challenges in using intersectional solutions for victims	Intersectional feminist framework	Interviews with SA DV advocates; 16 face-to-face, 5 face-to-face group; 5 phone interviews	Services offered using cultural competency model; Services: Language translation, targeted outreach, need for culturally-specific transitional housing, counseling services, policy advocacy. Consensus among interviewees for greater focus on other South Asian countries beyond India Challenge in gaining trust of victims from the same South Asian community
Lee Y, Hadeed L. PubMed	2009	Trauma, Violence, & Abuse	Asian immigrants (East Asian, South Asian: Chinese, Cambodian, Vietnamese, Korean, Indian, etc.)	N/A	Understanding of risk factors for IPV by reviewing existing surveys and studies	N/A	Method of search not specified; Articles pulled focus on IPV among Asian Americans	Minimal amount of reliable data on IPV among the Asian immigrant community
Robertson A, Nagaraj NC, Vyas AN Web of Science	2016	Journal of Immigrant Minority Health	Convenience sample of South Asians (Afghanistan, Bangladesh Bhutan, India, the Maldives, Pakistan, and Sri Lanka) in the US	86.5% (425 SAs recruited, 368 returned surveys)	Assess the prevalence of family violence and child sexual abuse among South Asian communities	N/A	Web-based survey adapted from Adverse Childhood Experiences (ACE) study from CDC Univariate and bivariate analyses used to describe study population and explore relationship between SES, violence variables, and suicide ideation	25.2% reported child sexual abuse; 4.5% reported attempted sexual intercourse; 3.5% reported forced sexual intercourse; 41.2% reported witnessing parental violence Participants predominantly women (77%) 74.2% of Indian origin; 90.8% US citizens; 71.6% have 4-year degree
Yoshihama M, Ramakrishnan A,	2012	Violence Against Women	Gujarati community (From India)	222 participants; rate could not be	Measure success of 'Shanti Project', a community-	Feminist theory, social exchange theory, theory	Community feedback obtained	Successful strategy of framing unintended effects on children in abusive relationships,

Hammock AC, Khaliq M Google Scholar			Midwest US	assessed because of recruitment strategy	based IPV program	of planned behavior, social cognitive theory	through concept testing	'role models' approach; Tagline tested with 'Shanti' ("peace" in Hindi/Gujarati/Punjabi) Internet found to be optimal source for dissemination

TABLE 2: Results from critical review

*SA: South Asian; DV: Domestic violence