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INTIMATE PARTNER VIOLENCE AMONG ASIAN IMMIGRANT COMMUNITIES

Health/Mental Health Consequences, Help-Seeking Behaviors, and Service Utilization

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Intimate partner violence (IPV) is a serious epidemic among Asian immigrant communities. Yet little is known about the scope, nature, and related contextual, cultural, and social factors of IPV among this population. In particular, the lack of research has been evident in examining health and mental health outcomes of IPV and service utilization, revealing notable gaps in health disparities which result in a failure to provide relevant services and law enforcement protection for battered Asian immigrant women. This article examines critically the growing body of literature on IPV among Asian immigrant populations in several areas: (a) the context of IPV: cultural, social, and individual/familial, (b) prevalence of IPV, (c) physical health and increased risk for sexually transmitted disease and HIV/AIDS, (d) mental health consequences and substance use, (e) social support and help-seeking behaviors, and (f) barriers to service utilization. Future directions for practice, policy, and research are discussed.

Key words: *intimate partner violence; Asian immigrants; health/mental health; social support; service utilization*

INTIMATE PARTNER VIOLENCE (IPV) has captured a great deal of public attention in the United States.¹ Literature has documented the significant role alcohol and other drugs play in IPV and the adverse health and mental health outcomes. Yet our knowledge of related contextual risk factors, such as cultural beliefs, social norms, and acculturation, is still limited,

as is our understanding of what comprises appropriate prevention and intervention strategies among various racial and ethnic groups. Particularly scant attention has been paid to Asian immigrant families on these issues, contributing to health disparities as well as to the absence of appropriate services and legal protection. This article proposes to fill this gap.

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Every year, an estimated 1.5 to 3.9 million women in the United States are physically abused by their intimate partners, yielding incidence rates of 20% to 25% in the general population (Tjaden & Thoennes, 2000a). Among the groups disproportionately affected by this epidemic are Asian immigrant women. Estimated lifetime rates of partner violence reported by several community-based studies with nonrepresentative samples range from 24% to 60% (Raj & Silverman, 2003; Rhee, 1997; Song, 1996; Yoshioka & Dang, 2000). Although not directly comparable, these statistics are strikingly higher than those reported from two representative surveys conducted in the United States (Schaefer, Caetano, & Clark, 1998; Tjaden & Thoennes, 2000b as cited in Raj & Silverman, 2002b). Furthermore, Asian immigrant women are consistently overrepresented in intimate partner femicide (Asian and Pacific Islander Institute on Domestic Violence, 2005), clearly indicating a heightened risk of severe partner abuse.

Despite these alarming statistics and the growing number of Asian immigrants in the United States (U.S. Bureau of Census, 2000), very little is known about the extent and nature of such victimization among Asian immigrant women. Although considerable empirical research on IPV has been conducted with Whites, African Americans, and Hispanic Americans (Johnson & Ferraro, 2000; Schaefer, Caetano, & Cunradi, 2004; Tjaden & Thoennes, 1998), such progress has not been made in Asian immigrant groups. Moreover, numerous studies have shown that Asian immigrant women are less likely to report incidences of abuse and least likely to receive preventive care and treatment services, due largely to linguistic, cultural, social, and institutional barriers (Bhaumik, 1988; National Asian Women's Health Organization, 2002; Tjaden & Thoennes, 2000b). Taking into account the combined effects of the intersectionality of gender, race, and class, the marginalization of battered Asian women can best be described as "a multiple jeopardy." The purpose of this article is to conduct a critical examination of the growing body of literature on IPV among Asian immigrant women (Table 1). The existing literature was synthesized and analyzed in several areas: (a) the culture and contextual

factors of IPV in Asian immigrant communities;² (b) prevalence of intimate partner abuse; (c) physical and mental health consequences; (d) social support and help-seeking behaviors; and (e) barriers to service utilization. Future directions for practice, policy, and research are also proposed.

THE CONTEXT OF IPV IN ASIAN IMMIGRANT COMMUNITIES

The increased likelihood of IPV in the general population is consistently associated with a wide range of factors. At the individual level, these include experiencing child abuse (Simonelli, Mullis, Elliot, & Pierce, 2002; Wekerle & Wolfe, 1998), witnessing parental violence (Hotelling & Sugarman, 1986), alcohol or drug use (Brecklin, 2002; Kantor & Straus, 1989; Tolman & Bennett, 1990), subscribing to patriarchal values (Yllo & Straus, 1990), low self-esteem, low assertiveness, poor relationship adjustment/satisfaction, and marital conflict (Feldman & Ridley, 1995). At the community level, major factors are isolation, lack of social support (Dobash & Dobash, 1998), community wife-beating norms, and a community environment of violent crime (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006). At the societal level, among the strongest variables are poverty (Aldarondo & Sugarman, 1996; Bachman & Saltzman, 1995) and cultural norms that inscribe male dominance and rigid gender roles (Heise, 1998; Levinson, 1989; Oladeji & Adegoke, 2008). To acquire critical insight into the multifaceted nature of the Asian immigrant's experience of IPV, this section examines the ecological context using the most salient themes in the literature: cultural context (patriarchal ideology and gender norms), societal context (immigration and acculturative stress), and individual/familial context (status inconsistency and premigration trauma).

Cultural Context: Patriarchal Ideology and Gender Norms

Researchers have suggested that the acceptance or condoning of wife battering may be rooted in traditional patriarchal cultural

TABLE 1: Key Points of the Research Review

- IPV is a pervasive problem among Asian immigrants in the United States, yet little is known about the extent and nature of IPV in this population.
- The intersectionality of gender, race, and class plays a role in shaping the complexities of Asian immigrant women's experiences with IPV.
- Traditional culture, immigration pattern, acculturation process, and family structure/individual trauma affect the experiences of abused Asian immigrant women in the United States.
- The Asian immigrant community tends to minimize or ignore the problem of IPV because it is often considered to be a culturally acceptable, private matter.
- Asian women in the United States are less likely to report incidences of sexual and physical assault committed by intimates than other racial and ethnic groups.
- National data on violence against women in the United States may not adequately represent the experiences of Asian immigrant women; researchers often use inadequate sample sizes, culturally incongruent measures, and fail to recognize within-group heterogeneity.
- There is a paucity of research examining interethnic differences in IPV, which makes it difficult to compare prevalence, attitudes/perceptions, and unique cultural/social aspects that may contribute to IPV cross-culturally in Asian immigrant communities.
- Despite the high incidence of IPV among Asian immigrant women, their utilization of treatment services and law enforcement protection has been found to be relatively low.
- Despite the well-known negative consequences of IPV on women's physical and mental health in the general population, current knowledge about the physical/mental health ramifications of IPV among Asian immigrant women is limited.
- Although HIV/AIDS rates are still low in Asian Americans, available data demonstrate a fast increase in the incidence among this population. Combined with traditional gender norms that promote male dominance and Asian immigrant women's vulnerability to sexual assault within marriage, there is cause for concern about the potential for contracting STDs and HIV/AIDS associated with IPV. Preventive efforts are needed by the public health system.
- Asian immigrant women may experience a wide range of mental health outcomes related to IPV, but there may be some differences in their experiences and reporting of symptoms.
- Abused Asian immigrant women often confront unique, multiple barriers to obtaining help that hinders them from receiving appropriate services and law enforcement protection.
- Asian immigrant women may cope with IPV differently from other racial/ethnic groups and their help-seeking behaviors vary, depending on a number of factors. These include culture, country of origin, immigration status/history, adaptation level, perceptions of service provider, and prejudicial treatment women experience in the United States.

NOTE: IPV = intimate partner violence.

ideologies (Ahmad, Riaz, Barata, & Stewart, 2004; Kim, Lau, & Chang, 2007; Yoshioka, DiNoia, & Ullah, 2001). Most Asian cultures were largely influenced by Confucianism as political as well as religious ideologies that have deeply affected most aspects of human relations, social structure, and governance, with an emphasis on collectivist orientation, patriarchy, social hierarchy, and obedience—not to mention gender roles and relations (Hsu, 1970; Kitano & Kikumura, 1976; Lee, 1996; Shin & Shaw, 2003; Story & Park, 2001; Sung, 2003; Uba, 1994). Gender norms and gender division of labor are clearly predefined. Men are valued and expected to govern the family with great authority and power in all spheres of economic, social, and political life whereas women are viewed as inferior to men and must obey a sequence of men in their lifetime (Xu, Campbell, & Zhu, 2001). Their primary duties are to produce a son to extend the husband's patrilineage, take care of children, and perform domestic chores. The high value placed by Asian

cultures on female willingness to endure suffering (Ho, 1990) often inhibits women from disclosing family problems to the outside world. In this cultural context, wife-battering is often seen as a husband's prerogative to discipline his wife and is viewed as "culturally acceptable, normative behavior," not as an act of deviance in the social order (Dobash & Dobash, 1979). The deep sense of patriarchal norms and traditional values embedded in most Asian cultures may be conducive to male domination such that IPV is tolerated, sustained, and perpetuated (Baron & Straus, 1987; Kim et al., 2007; Yllo, 1984).

Research on the relationship between traditional gender roles and wife-battering in the U.S. mainstream population has yielded mixed and inconsistent findings (Feldman & Ridley, 1995; Hotaling & Sugarman, 1990). Although some studies report associations between IPV, rigid male-gender-role stereotypes, and traditional expectations about the division of labor (Bograd, 1988; Coleman, 1980; Hotaling &

Sugarman, 1990), others have failed to substantiate this association (Hotaling & Sugarman, 1986; Sedlak, 1988). Early research reviewing social and legal mechanisms as well as empirical studies reported that cultural norms support IPV (Straus, 1978). Using a sample of 300 college students in two Southern universities, one predominantly Black and the other predominantly White, Finn (1986) found that traditional sex-role attitudes were powerful predictors of attitudes approving marital violence. However, as sex-role attitudes became more egalitarian, attitudes legitimizing physical force diminished.

Unlike the general population, for Asian immigrants a consistently strong link has been demonstrated between traditional patriarchal norms and cultural acceptance of wife-battering (Dasgupta, 2000; Kim, 1997; Lee, 2007). In an early study of Korean immigrant families in Los Angeles, Yim (1978) found that two cultural patterns existed: (a) traditional acceptance of intimate partner abuse and (b) traditional male dominance and female subordination. Similarly, Song (1996) in a study of a Korean population found that Korean American women with more traditional Korean cultural values experienced more abuse by their husbands than those who were less traditional. In exploring spouse abuse in Korean American families, Kim and Sung (2000) conducted telephone interviews with a random sample of 256 Korean Americans in the city of Chicago and the New York area in 1993, all of whom were born in Korea. Using Conflict Tactic Scales (CTS) to assess conjugal violence, they found that male-dominant marriages had the highest level of violence, with 33% of them experiencing at least one incidence of physical assault within the past year, 4 times higher than that of egalitarian marriages. Likewise, Bui and Morash (1999) conducted in-depth interviews with 20 Vietnamese immigrant women in America (both abused and nonabused) and found that traditional gender norms of Vietnamese immigrants were significantly correlated with physical and emotional abuse by a husband. In a review of the literature on IPV among Chinese people, Xu, Campbell, and Zhu (2001) pointed out that the most common societal rationale for wife-battering is profoundly

rooted in traditional male chauvinism and sexism. For example, in a Chinese population, violence is commonly used as a means of making one's wife obey, with extremely injurious violence used even in trivial matters. In a study of perceptions of IPV in a Chinese American community, Yick and Agbayani-Siewert (1997) interviewed 31 Chinese households (16 men and 15 women) in Los Angeles County and found that almost 50% indicated that wife abuse was justified in certain situations. Older respondents as well as men reported greater tolerance for the use of force to resolve marital conflict. Similar cultural notions of male authority and privilege and approval of wife abuse were also documented in Cambodian and Middle Eastern immigrants (Huisman, 1996; Kulig, 1994; Kulwicky & Miller, 1999; Legerwood, 1990).

Despite their common values and beliefs, Asian immigrant subgroups also have pronounced interethnic differences in attitudes toward wife abuse. Yoshioka, DiNoia, and Ullah (2001) examined the attitudinal preferences toward marital violence of differing Asian subgroups by using the Revised Attitudes Toward Wife Abuse Scale (Yoshioka & DiNoia, 2001) with a sample of Chinese, Korean, Vietnamese, and Cambodian adults residing in the northeastern United States. Among a total of 507 participants, approximately 75% were foreign born and had been living in the United States for an average of 14 years. The findings showed that 24% to 36% of the respondents reported that violence is justified in specific situations, such as wife's sexual infidelity, her nagging, or her refusal to cook or clean. Nonetheless, in comparison with the East Asian groups, the Vietnamese and Cambodian samples were more strongly supportive of male privilege and of the use of violence in certain situations and were less likely to endorse alternatives to living with violence, such as moving away from or divorcing an abusive partner. Korean respondents were least likely to endorse violence in contrast to the remaining three groups. Generally, the research results were consistent in demonstrating patriarchal ideology and traditional gender norms as crucial factors that may increase Asian immigrant women's risk of partner abuse.

Societal Context: Immigration and Acculturative Stress

In the past decade, particular attention has been paid to the influence of immigration and acculturative stress on wife abuse in Asian immigrant communities. Most Asian immigrants are faced with a multitude of difficulties and stress created by immigration and adaptation to a new culture: language barriers, limited economic resources, downward mobility, discrimination and racism, clashing cultural values, and social isolation (Bui, 2003; Han, 1986; Kim, Lau, & Chang, 2007; Koh, Sakauye, & Koh, 1986; Kuo, 1984; Yu, 1987). Consequently, they may experience greater levels of distress, which may in turn, increase the families' vulnerability to conflict, such as IPV (Farrington, 1980; Gelles, 1985; Straus, 1990).

However, the role of acculturation in the etiology of spousal abuse is not exactly clear, and past studies with different populations have reported mixed results (Kasturirangan, Krishnan, & Riger, 2004). Some studies have found no relationship (Perilla, Bakerman, & Norris, 1994), whereas others have indicated that immigration-related stress aggravates the risk of both IPV and its negative sequelae (Chin, 1994; Erez, 2000; Narayan, 1995; Song, 1992). Kim and Sung's (2000) study found multiple stressors for Korean immigrants in the new cultural context (e.g., occupational and economic stress, language barriers, and discrimination). In their analysis, husbands who experienced higher levels of stress had a greater rate of assaulting their wives, with 38% of high-stress couples experiencing physical assault as compared to only 2% of the low-stress couples. Although acculturation level was found to be associated with partner abuse, more recently arrived Asian immigrant women were at heightened risk, even 3 to 5 years after immigrating to the United States (Song, 1996).

Individual/Familial Context: Status Inconsistency and Traumatic Experiences

Several researchers have suggested that the most prominent individual and familial factors

associated with IPV include premigration and migration trauma, migration history, status inconsistency, child abuse, child witnessing IPV, and marital dissatisfaction (Bui, 2003; Fleming, Mullen, Sibthorpe, & Bammer, 1999; Henning, Leitenberg, Coffey, Turner, & Bennett, 1996; Kim et al., 2007; Shiu-Thornton, Senturia, & Sullivan, 2005; Yick, 2001).

Studies on mental health and refugees have highlighted a possible link between the psychological sequelae of premigration trauma associated with war or political imprisonment and IPV (Archer & Gartner, 1976; Norton & Manson, 1992), particularly for Vietnamese (Shiu-Thornton, Senturia, & Sullivan, 2005), Cambodian (Yoshioka & Dang, 2000), and Chinese populations (Tan, 1997; Xu et al., 2001). As Yoshioka and Dang (2000) illustrated, stressors involved in the genocide experienced by Cambodians may increase their family's vulnerability to IPV. Similar findings have been reported in Native American studies (Allen, 1985; May, 1987; McEachern, Van Winkle, & Steiner, 1998; Wahab & Olson, 2004), confirming that traumatic experiences, such as a history of oppression, genocide, and the destruction of Native families have contributed to the higher likelihood of IPV in Native communities.

Status inconsistency theory, however, suggests that IPV is more likely to occur when an individual's premigration status, educational or occupational, is inconsistent with new norms or his or her current level (Campbell, 1992; Gelles, 1993; Kim et al., 2007; Kurz, 1989; Yick, 2001). For example, during the resettlement period, loss of socioeconomic status and financial instability leads Asian immigrant women to engage in a range of economic activities and to have greater power in economic contribution to the household (Kasturirangan et al., 2004; Yick, 2001). The shift in gender roles and power dynamics may challenge traditional male dominance and control, deepening the families' vulnerability to conflict and marital violence. This assertion has been supported by prior studies (Gold, 1989; Hornung, McCullough, & Sugimoto, 1981; Song, 1996; Steinmetz, 1987).

Childhood trauma, as a result of childhood experiences of abuse or witnessing parental violence as children, has been shown to have a

strong influence on one's vulnerability to partner violence in later intimate relationships (Cappell & Heiner, 1990; Rosenbaum & O'Leary, 1981; Widom, 1989). The association between childhood exposure to parental violence and violent and violence-tolerant roles in later intimate relationships is commonly found in the general population (Boyd, 1993; Downs, Miller, Testa, & Panek, 1992; Miller, Handal, Gilner, & Cross, 1991). Nonetheless, the effects on children of witnessing parental violence appear inconclusive, and further exploration of this issue is needed. Yoshioka and Dang (2000) reported that 69% of the Asian participants reported being hit regularly by their parents as children, although the numbers varied slightly across ethnic groups: Koreans (80%), South Asians (79%), Vietnamese (72%), Cambodian (70%), and Chinese (61%). However, cultural differences in definitions of child abuse and in disciplinary practices make comparisons across these groups difficult. In the same study, about 27% of the Vietnamese respondents reported witnessing their fathers regularly hitting their mothers (as cited in Asian and Pacific Islander Institute on Domestic Violence, 2005). Shin (1995), using Korean immigrant samples, found that more than 80% of Korean immigrant batterers were exposed to parental violence in their childhood. Subsequently, in a study of domestic violence and risk factors among Korean immigrant women, Lee (2007) found that physical assault experienced in childhood is significantly correlated with partner violence in adulthood.

Conflict with in-laws or in-law abuse (e.g., mother-in-law) has been found to be an additional risk factor relating to IPV in South Asian (Dasgupta, 2000; Fernandez, 1997; Mehrotra, 1999) and Chinese communities (Lee, 2000; Liu, 1999). However, extended families in many Asian cultures may also serve as a buffer to partner violence, providing social support, financial resources, child care, and protection for women (Kasturirangan, Krishnan, & Riger, 2004; Sharma, 2001). Clearly, more research is needed on the role of family relationships in IPV among Asian immigrant subpopulations. It is also important to note that some studies found that partner abuse in Asian immigrant communities is

strikingly similar, whereas others found substantial interethnic differences in cultural values and women's perceptions.

PREVALENCE

To date, few nationally representative studies have examined prevalence rates of IPV among Asian immigrant communities (Table 2). According to data from the National Violence Against Women Study, the largest telephone survey of a nationally representative sample of men and women ($N = 16,000$) from November 1995 to May 1996, approximately 12.8% of Asian and Pacific Islander women were physically assaulted by an intimate partner during their lifetime (Tjaden & Thoennes, 2000a). The rate of physical assault was lower than those reported by Whites (21.3%); African Americans (26.3%); Hispanic, of any race (21.2%); mixed race (27%); and American Indians and Alaska Natives (30.7%). Researchers, however, believe that intimate partner victimization rates among Asian and Pacific Islander women are significantly underestimated because of underreporting. Traditional Asian values around the preservation of family harmony may prevent Asian women from disclosing IPV until it has reached severe or life-threatening proportions (Huisman, 1996; National Research Council, 1996; Tjaden & Thoennes, 2000a).

Nonetheless, community-based studies have consistently found high rates of IPV for Asian immigrant women and illustrate equally pervasive incidents across all racial/ethnic subgroups. Song (1992) conducted interviews with a community-based sample of 150 Korean immigrant women who had lived in the United States less than 10 years and found that 60% had been battered by their husbands. Lee (2003) conducted a questionnaire survey with 136 Korean immigrant women who lived in Texas to assess incidence of IPV in a Korean community, all of whom were first-generation immigrants who came to the United States after age 16. Using the CTS2, translated into Korean, the study found that 29.4% of the women experienced physical assault by their male partner in the past year, and 72.8% experienced psychological aggression in the same

TABLE 2: Prevalence of Intimate Partner Abuse in Asian Immigrant Communities

Author(s)	Sample and Race/Ethnicity	Study Design	Results	
			Current Percentage	Lifetime Percentage
Hicks (2006)	Community probability sample: 181 Chinese American women in Boston	Face-to-face or telephone interviews, June 1996-August 1997	3% in the total sample reported IPV in the previous year (physical and sexual assault & threat) 2% in the total sample in the current year	14% in the total sample had experienced IPV in their lifetime (8% severe & 6% minor) 17% IPV in those ever married
Hoagland and Rosen (1990)	54 undocumented Filipina women in the San Francisco Bay Area	Survey		20% experienced some form of domestic violence (e.g., physical, emotional, or sexual abuse, either in their country of origin or in the United States).
Hurwitz et al. (2006)	Convenience sample: 208 South Asian women in greater Boston (including Indian, Bangladeshi, & Nepali)	Survey or telephone interviews, August 2001-January 2002	15% of IPV in the past year from the current partner. Of those, <ul style="list-style-type: none"> • 55% of physical assault • 91% of sexual assault • 30% of injury from assault 	21% of physical or sexual abuse ever from the current partner
Kim and Sung (2000)	Random sample: 256 Korean American Couples in Chicago and New York	Telephone interviews, 1993	18% reported <i>at least one</i> act of physical assault by the husband within the past year (e.g., threw something, pushed, grabbed, shoved, or slapped) 6.3% reported <i>severe violence</i> by the husband (e.g., kicked, bit, or hit with a fist; hit or tried to hit with something; beat up the other one; threatened with a knife or gun; use knife or gun)	
Lee (2007)	Purposive sampling: 136 Korean immigrant women in Texas	Questionnaire survey	29.4% reported physical assault by male partner in the past year 72.8% experienced psychological aggression	
National Asian Women's Health Organization (2002)	336 Asian American women 18-34 living in San Francisco or Los Angeles	Telephone interview	16% have experienced "pressure to have sex without their consent by an intimate partner" 27% experienced emotional abuse by an intimate partner	
Raj and Silverman (2002a)	Convenience sample: 160 South Asian women (including Indian, Bangladeshi, Pakistani, Sri Lankan, or Nepalese) in greater Boston	Self-administered survey	From a current male partner (past year), <ul style="list-style-type: none"> • 36.9% some form of IPV in the past year • 26.6% of those reporting abuse ever reported physical abuse in the past year • 15% sexual abuse • 13.3% injury or the need for services in the past year 	From a current male partner (ever), <ul style="list-style-type: none"> • 40.8% physical or sexual abuse or injury/need for medical services due to that abuse • 30.4% physical abuse • 18.8% sexual abuse • 15.8% injury or the need for medical services due to IPV • 65.2% of those reporting physical abuse also reported sexual abuse

(continued)

TABLE 2: (continued)

Author(s)	Sample and Race/Ethnicity	Study Design	Results	
			Current Percentage	Lifetime Percentage
Rianon and Shelton (2003)	Convenience sample: 23 married Bangladesh female immigrants in Houston, Texas	Survey instrument, January-February 2000	10% of spousal abuse was revealed	Nearly 91% responded positively to the question about the existence of domestic abuse in the Bangladeshi community
Shin (1995)	Convenience sample: 99 Korean men in the Los Angeles area	Interviews	35% at least one incidence of wife abuse during the previous year 65% at least one incidence of verbal aggression during the previous year	
Song (1992)	Convenience sample: 150 Korean women in Chicago	Face to face interviews		60% experienced physical abuse by an intimate partner sometime in their lives 36.7% reported sexual violence by an intimate partner sometime in their lives
Tjaden and Thoennes (2000a)	Nationally representative random sample using random digit dialing of telephone number: 8,000 women and 8,000 men from all ethnic backgrounds	Telephone survey from November 1995 to May 1996		3.8% rape by an intimate male partner among Asian and Pacific Islander women 12.8% physical assault by an intimate male partner among Asian and Pacific Islander women at least once during their lifetime 53.3% IPV in the lifetime
Tran (1997)	Convenience sample: 30 Vietnamese refugee women from a civic association in Boston	Semistructured interview	36.7% IPV (physical and/or verbal) in the past year 30% reported each type of physical and verbal abuse in the past year	47% partner physical violence sometime in their lifetime 30% partner verbal abuse at sometime in their lifetime
Yick (2000)	Random sample: 262 Chinese men and women in LA county (133 males and 129 females)	Telephone survey	6.8% reported minor physical violence last 12 months by a spouse or intimate partner 1.6% severe physical violence	18.1% experienced "minor physical violence" by a spouse or intimate partner 8% experienced "severe physical violence"
Yim (1978)	150 Korean immigrant women in Los Angeles	Survey		60% reported being battered 90% reported other physical abuse
Yoshihama (1999)	Community-based random sample: 211 Japanese immigrant women and Japanese American women in LA county	Face to face interview		61% reported some form of physical, emotional, or sexual partner violence
Yoshioka and DiNoia (2000)	Convenience sample of 158 Chinese and 71 Cambodian adults in the Northeast	Survey		36% of Chinese men and 16% of Chinese women witnessed their mother being hit by a partner

NOTE: IPV = intimate partner violence.

period. Although both of these studies make important contributions, they are limited by (a) the use of small convenience samples, (b) the lack of cultural equivalence of the CTS2, and (c) the inadequacy of the CTS2 to capture the scope and context in which violence occurs (Breines & Gordon, 1983; Dobash, Dobash, Wilson, & Daly, 1992).

In a focus group study of four Southeast Asian groups—Laotians, Khmers, Vietnamese, and Southeast Asian Chinese—in Seattle, Washington, Ho (1990) found that 20% to 30% of the Chinese wives had been hit by their husbands. In a subsequent study, Yick (2000) used a telephone survey with randomly selected 262 Chinese men and women in Los Angeles (133 men and 129 women) to investigate prevalence of intimate physical assault in Chinese American families. Of this group, nearly 91% were born outside the United States and 21.6% constitutes recent immigrants living in the United States for less than 5 years. Lifetime prevalence rates of physical abuse by intimates, as defined by the Conflict Tactics Scale (CTS), were estimated at 18.1% for respondents, with rates in the last 12 months standing at 6.8%. Despite its significant attempt to investigate IPV among this population, this study was limited by (a) the inability to generalize due to the small number of participants in a telephone survey, (b) failure to differentiate between prevalence rates for men and women, and (c) questions regarding the cultural adequacy of the CTS. Yoshihama (1999), in a study of a random sample of 211 Japanese immigrant and Japanese American women in Los Angeles County, found that 61% reported some form of partner violence during their lifetime, including culturally demeaning practices, such as overturning a dining table or throwing liquid at a woman. The rates of lifetime physical and sexual violence victimization were 40% and 20%, respectively. Whereas the strength of this study lies in focusing on women's subjective perceptions about their partners' abusive behaviors, its limitations are due to the small sample size and little attention to the difference in perceptions of partner abuse among first-, second-, or third-generation women of Japanese descent.

South Asian immigrant women appear to be at particularly high risk for IPV. Raj and Silverman (2002a) studied the prevalence of male-perpetrated IPV among a convenience sample of South Asian women (including Indian, Pakistani, Bangladeshi, Sri Lankan, Bhutanese, Nepalese, and Maldivian Islanders) in Greater Boston. Of a total of 160 participants, 87.5% were immigrants, with 38.6% of U.S. citizens. Using the CTS2 to assess partner abuse, this study found that 40.8% of the participants experienced physical and/or sexual abuse from their current male partners during their lifetime. More than a third (36.9%) reported having been victimized in the past year. However, these results must be viewed with caution, given the study's use of a small, nonrepresentative sample (mostly Asian Indians of higher socioeconomic status), failure to differentiate between rates of IPV among disparate racial and ethnic subgroups, and use of a culturally inappropriate measure to assess IPV. Tran (1997) interviewed a convenience sample of 30 Vietnamese refugee women in Boston through a local Vietnamese civic association. Using CTS-Couple Form R, she found a prevalence rate of lifetime domestic violence for these women at 53.3%, with a current prevalence rate of 36.7%. Major shortcomings of this study are linked to (a) the nonrepresentative, small convenience sample, (b) the absence of clarity of operational definitions of the lifetime prevalence of abuse, and (c) a failure to present reliability, validity, and cultural validity of the measurement instrument among this population (e.g., CTS-Couple Form R and Hopkins Symptom Checklist-90). Rianon and Shelton's (2003) Bangladesh study revealed a prevalence rate of 10% for spousal abuse among a convenience sample of 23 married female immigrants living in Houston, Texas. Most common reasons given for spousal abuse in the Bangladesh home include dowry, finances, custody of children, and suspected adultery (Fischbach & Herbert, 1997 as cited in Rianon & Shelton, 2003). The major limitations of the study are (a) the use of a small convenience sample, (b) the collection of data during community social events where the presence of spouses and other

family members would have made women fearful of answering IPV questions, and (c) lack of explanation about the method of assessing the prevalence rate of IPV. Among 54 undocumented Filipinas in the San Francisco Bay Area who were surveyed by the Immigrant Women's Task Force of the Coalition for Immigrant and Refugee Rights and Services, 20% reported physical, emotional, or sexual abuse, in either the United States or their country of origin (Hoagland & Rosen, 1990 as cited in Asian and Pacific Islander Institute on Domestic Violence, 2005).

PHYSICAL HEALTH AND SEXUAL RISK BEHAVIORS/HIV

Not much is known about the effect of intimate partner abuse on Asian immigrant women's physical health. It has been well established that, in the United States, IPV is one of the leading causes of injuries, multiple health problems, and numerous chronic conditions, such as gastrointestinal, gynecological and cardiac health problems, vaginal bleeding and other genital-urinary related health problems, and sexually transmitted diseases (STDs) including HIV/AIDS (Bergman & Brismar, 1991; Campbell, 2002; Campbell & Lewandowski, 1997; Plichta, 1996; Plichta & Abraham, 1996; Saunders, Hamberger, & Hovey, 1993). The general IPV literature has documented that in comparison to nonabused women, abused women reported 60% higher levels of health problems, including physical disability, chronic stress-related, central nervous system, or other serious physical problems (Allard, Albelda, Colten, & Cosenza, 1997; Campbell, 2002).

Similarly, several studies on Asian communities provide preliminary data, indicating major ramifications of the consequences of IPV for Asian immigrant women. For instance, in a study in Boston, Hicks (2006) conducted face-to-face or telephone interviews with a community probability sample of 181 Chinese women to assess the prevalence and nature of IPV in Chinese Americans. Of the sample, 79% women were immigrants and 61% were interviewed in either Cantonese or Mandarin. Using the CTS, the study found that 14% had experienced IPV in their lifetime (8% severe and 6% minor), 3%

in the previous year, and 2% currently. As a consequence of abuse, 31% of women with IPV had physical injuries, higher than 27% of White American women (Thompson, Saltzman, & Johnson, 2003). Yoshihama's (1999) Japanese descent study in Los Angeles found that about 17% of respondents reported being physically injured at least once, and nearly 4% suffered injuries multiple times. Song (1986) also found the adverse effects of partner violence on women's health among a Korean population in Chicago, revealing that among women who experience partner violence, 70% of the abused women had bruises, 19% had broken bones or teeth, 9% had miscarriages, and 7% were hospitalized because of abuse. In a study of immigrant South Asian women, Raj and Silverman (2003) found that almost 16% reported being injured and needing medical services due to partner abuse.

Sexual Abuse, Sexually Transmitted Disease, and HIV/AIDS

In the past decade, partner abuse and sexually transmitted diseases including HIV/AIDS have emerged as interesting public health issues disproportionately affecting people of color. Prior research indicates that IPV is related to a multitude of sexual risk factors among abused women, including sexual abuse (e.g., partner rape, forced sex, etc), unprotected sex, higher rates of sexually transmitted diseases (STDs)/HIV, and having a risky sexual partner (Cunningham, Stiffman, Dore, & Earls, 1994; El-Bassel et al., 2004; Gilbert, El-Bassel, Schilling, Wada, & Bennet, 2000).

The general IPV literature consistently reports that an estimated 40% to 45% of all abused women have experienced forced sex by male partners (Campbell, 1989; Finkelhor & Yllo, 1985). Eby and Campbell (1995), using a shelter-based sample, found that about 67% of battered women reported using no protection during intercourse, mainly when sex was forced or because of their male partner's insistence, revealing the heightened risk for STDs and HIV/AIDS. Furthermore, forced sex has been found to be linked to increased severity and frequency of violent tactics and numerous risk factors for homicide (Campbell, 1989

as cited in Campbell & Soeken, 1999). The harmful health effects of sexual assault on battered women include vaginal and anal tearing, bruises or abrasions of the vulvar or perineal tissues, bladder infections, pelvic pain, sexual dysfunction, dysmenorrhea, and STD/HIV/AIDS (Campbell & Alford, 1989; Sugar, Fine, & Eckert, 2004).

However, the health effects of sexual abuse committed by intimate partners in Asian communities have been virtually untapped. According to the Office of Minority Health Resources Center (2007), the incidence of HIV/AIDS among Asian Americans was only about 1% of all HIV/AIDS cases in the United States in 2005, lower than that of other racial and ethnic groups. However, the number of cases has increased dramatically by nearly 160% from 2001 to 2005, the highest rate of increase among all American racial and ethnic groups.

Traditional gender norms legitimizing male dominance and sexual prowess as well as husbands' expectations of complete sexual access may increase Asian immigrant women's vulnerability to marital rape, condoned forced sex, or sexual assault within marriage (Abraham, 1998; Dasgupta, 2000; Morash, Bui, & Santiago, 2000; Raj & Silverman, 2002b). The National Asian Women's Health Organization (NAWHO, 2002) conducted telephone interviews with 336 Asian American women aged 18 to 34 who reside in the San Francisco and Los Angeles areas and found that 19% of the respondents reported having experienced pressure to have sex without their consent by an intimate partner. Of those, 44% experienced completed rape.

Raj and Silverman's (2002a) study further reveals a serious health risk confronted by South Asian immigrant women, indicating that 65% of the women reporting physical abuse also reported sexual abuse, and nearly a third (30.4%) of those reporting sexual abuse reported injuries, some requiring medical attention. The findings of Yoshihama's (1999) study also manifested that 7% of a sample of 211 women experienced their partners' refusal to use contraception, more than 5% were forced to have intercourse when drunk or drugged, and 2.4% were infected with a STD by a male partner. Despite this, Asian immigrant women are less

likely than women from other racial and ethnic groups to report rape and sexual assault victimization. Moreover, their utilization of preventive care and treatment services is extremely low. Information gleaned from the limited number of studies suggests the potential for an epidemic of STDs and HIV/AIDS in Asian immigrant communities and the need for rigorous prevention efforts by the public health system.

MENTAL HEALTH, ALCOHOL, AND SUBSTANCE USE

Research suggests that the experience of intimate partner abuse has profound effects on a woman's mental health in the U.S. general population, including symptoms of depression (Campbell & Soeken, 1999), posttraumatic stress (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), anxiety (Frisch & MacKenzie, 1991), suicidal ideation (Roberts, Klein, & Fisher, 2003), and alcohol and other substance abuse (El-Bassel et al., 2001; Stewart & Israeli, 2002). One study, for example, found that more than 50% of abused women and nearly two thirds of severely abused women met criteria for one or more disorders as described in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., revised) (Danielson, Moffitt, Caspi, & Silva, 1998). Prevalence of depression in battered women in the general population ranged from 10.2% to 21.3%, with the highest rates of 31.9% including anxiety diagnoses (Kessler et al., 1994; Plichta, 1996; Weissman & Klerman, 1992 as cited in Campbell & Soeken, 1999). The development of mental illness in connection with battering is correlated with the intensity and frequency of abuse (Houskamp & Foy, 1991; Mullen, Romans-Clarkson, Walton, & Herbison, 1988; Scott-Gliba, Minne, & Mezey, 1995). However, the research also reveals that several factors mediate mental health outcomes of abuse in women: childhood exposure to parental violence (Maker, Kimmelmeier, & Peterson, 1998; Widom & Maxfield, 2001), the experience of child neglect and abuse (Bennett, 1995; Roesler & McKenzie, 1994), and the availability of coping resources and social support (Mitchell & Hodson, 1983).

Due to differences in culture and social factors, it seems unclear whether Asian immigrant

women abused by intimates will have the same mental health consequences. Nonetheless, several studies have provided initial evidence on the detrimental effects intimate partner abuse has on women's mental health (Tang, 1997; Yick, Shibusawa, & Agbayani-Siewert, 2003). Hurwitz, Gupta, Liu, Silverman, and Raj (2006), in examination of the associations between IPV victimization and health outcomes of South Asian women, conducted a cross-sectional survey with a community-based sample of South Asian women ($N = 208$) in Greater Boston, most of whom were immigrants (91%) with median immigration years of 6.5. In this study, IPV in current relationship was assessed via items adapted from the Massachusetts Behavioral Risk Factor Surveillance System (Massachusetts Department of Public Health, 2005). The authors found that 21% of women reported physical or sexual abuse by their current partner, with 15% experiencing abuse in the past year by their current partner. Abused South Asian participants were nearly 3 times more likely than those with no history of partner abuse in their current relationship to report poor mental health in general (31.7% vs. 11.9%), including depression (31.8% vs. 10.2%), anxiety (34.1% vs. 20.1%), suicidal ideation (15.9% vs. 2.5%), and sleep disruption (39.5% vs. 27.3%). Qualitative analyses of in-depth interviews with a separate sample of South Asian women with a history of IPV ($n = 23$) demonstrate how victimization leads to injury and chronic health concerns and how IPV-related depression and anxiety affected their sleep, appetite, energy, and well-being. These findings are consistent with prior research with South Asian immigrants (Hicks & Bhugra, 2003; Patel & Gaw, 1996), suggesting an elevated risk for negative mental health consequences among this population. Hicks and Li (2003) conducted interviews (either face-to-face or telephone) with a community probability sample of 181 Chinese American women in Boston, 79% of whom constituted immigrants. Using the CTS, the study found that the lifetime prevalence of IPV was 14% and a history of partner violence was significantly related to higher rates of lifetime, 12-month, and current major depression in this population. Partner violence also showed a dose-response relationship with the severity of major depression episodes, indicating

that severity of the worst lifetime major depression was related to severity of lifetime IPV, increased with the number of threats, and increased with the number of physical violence events. Similar patterns of mental health issues relating to depression and anxiety were also found in battered Chinese women living in a shelter (Tang, 1997) and battered Vietnamese refugee women (Tran, 1997).

Somatization and Culture-Bound Syndrome

Two other mental health outcomes associated with IPV are somatization and culture-bound syndrome; little is known regarding the experiences of Asian immigrant women in these areas. Despite the paucity of information, the available research suggests that somatization, the presentation of medically unexplained physical symptoms related to psychiatric disorders, is significantly more common among Chinese Americans than White Americans and that complaints were mostly of cardiopulmonary and vestibular symptoms (Asian and Pacific Islander American Health Forum, 2006; Hsu, 1997).

For some battered immigrant women, psychological problems may be somatically expressed as physical symptoms such as fatigue, sleep, headache, pains in the chest and back, and menstrual difficulties (Lin, 1983; Lin et al., 1992; Sutherland, Sullivan, & Bybee, 2001; Ying, Jee, Tsai, Yeh, & Huang, 2000). Using a nonprobability telephone survey of 262 Chinese men and women residing in Los Angeles, Yick, Shibusawa, and Agbayani-Siewert (2003) examined cultural aspects, experiences, and mental health outcomes of partner violence among families of Chinese descent. The findings indicated a positive association between depression and partner violence among those who experienced verbal and physical aggression by intimate partners in the past 12 months; those who were victimized verbally in the last 12 months were more likely to exhibit somatic symptoms.

Somatization would appear to be prominent in Asian cultures because of the pressures to suppress or internalize conflict. Examples of related phenomena include *Hwa-Qi* (Neurasthenia identified in Chinese), *Latah* (an

exaggerated startle response to minimal stimuli in Japanese and Southeast Asian women), and *Amok* (sudden assaultive behaviors in Southeast Asian males) (Lin & Finder, 1983; Min, 1989; Nguyen, 1982; Tseng, 1975; Tung, 1994; Westermeyer, 1985; Yee-Melichar, 2004; Ying, 1990). *Hwa-Byung* (so-called *anger syndrome*) is frequently found among Koreans, which was categorized as a culture-bound syndrome unique to Koreans in *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., American Psychiatric Association, 1994). In many Asian cultures, individuals are prohibited from expressing anger and negative feelings for fear of disrupting social harmony (Park, Kim, Schwartz-Barcott, & Kim, 2002). Instead, they tend to internalize their raw emotions, accumulating discontent, and enduring a sense of injustice. This pattern of repressing emotional problems may lead to chronic disease (Midlarsky et al., 2006). A few studies to date indicate that somatization can be precipitated by marital conflicts, feeling victimized, poverty and hardship, and a sense of losses (Park, Kim, Kang, & Kim, 2001; Park et al., 2002), suggesting possible association between partner violence and somatization. Culture-bound syndrome can be viewed as “socially appropriate symptoms that can be communicated effectively” in the specific cultural context (Park et al., 2001, p. 116). That is, within a given cultural setting, physical affliction may be “a legitimate metaphor to indirectly express personal and interpersonal problems” (Kim-Koh, 1998, p. 230). The range of socially and culturally constructed problems experienced by battered Asian immigrant women may be manifested somatically. Further investigation is needed to examine dynamic mechanisms of cultural syndromes in understanding mental health conditions and the psychological impact of IPV among diverse Asian immigrant women.

IPV and Alcohol/Other Drug Use

Perpetration of IPV and alcohol/other drug use. In recent years, there has been growing attention to the significant role alcohol and other drugs play within violent relationships (Leadley, Clark, & Caetano, 1999; O’Leary &

Schumacher, 2003). According to the Bureau of Justice Statistics (1998), combined use of drugs and alcohol accounted for 18% of the rapes and sexual assaults, 36% of the robberies, and 24% of the aggravated assaults in which the perpetrator was drinking. One study on IPV among the general population showed that an estimated 45% of men were drinking at the time of the violent episode and women were drinking in about 20% of the cases (Roizen, 1993). In addition, women whose partners abused alcohol were 3.6 times more likely than other women to be assaulted (Kyriacou et al., 1999).

Past empirical studies have demonstrated the effects of alcohol use on the occurrence of IPV in different Asian ethnic groups, especially among Korean immigrant men where alcohol consumption is exceptionally high (Chi, Lubben, & Kitano, 1988; Lee et al., 1990a, 1990b; Shin, 1995). Some attributed this to relatively high cultural permissiveness and tolerance toward male drinking in Korean society (Johnson, 1989; Rhee, 1997; Yamamoto et al., 1986), whereas others underscored adjustment difficulties during resettlement and drinking as a means of coping with their stressful life situations (Rhee, 1997). In a survey of 136 Korean immigrant women in Texas areas, Lee (2007) found a strong link between male partner’s alcohol use and IPV, including physical assault, psychological aggression, and injury. Rhee (1997) indicated that “alcohol-related [wife] battering is one of the most significant correlates to separation and divorce among Korean immigrant families” (p. 72). Similarly, the strong relationship between partner abuse and alcohol consumption has been found in Chinese (Hicks, 2006; Xu et al., 2005), Vietnamese (Shiu-Thornton, Senturia, & Sullivan, 2005), as well as other ethnic groups (Krug, Dahlberg, Mercy, Zwi, & Lorenzo, 2002). Hicks’ (2006) study of 181 Chinese American women found that those with IPV reported a higher incidence of current male partner’s problem with alcohol as compared to those without IPV. Tran (1997) provides further empirical support for the role of alcohol use in contributing to IPV, presenting the positive association between partner drinking and severity of verbal abuse among Vietnamese refugee women.

Victimization of IPV and alcohol/other drug use. While studies on the relationship between partner violence and alcohol use have focused primarily on the perpetrator's alcohol consumption, there is no simple explanation for the link between a woman's intoxication and her victimization. Some studies show that women's intoxication or problem drinking may increase the likelihood of IPV in the general population (Miller & Downs, 1993; Miller, Downs, & Gondoli, 1989). Kantor and Straus (1989), examining data from the 1985 National Family Violence Survey, found that wives who experienced minor physical violence by their spouse in the past year were 3 times as likely to have been high on drugs and twice as likely to have been drunk than women who had not experienced IPV. In a study of 472 women between the ages of 18 and 45, Miller, Downs, and Testa (1993) found significantly higher reported levels of spousal violence in women with alcohol problems. Nonetheless, interpretation of these findings is difficult. Some researchers have suggested that the relationship between IPV and women's intoxication reflects the use of alcohol or substance as a means of self-medication in the context of victimization (Roberts, Lawrence, O'Toole, & Raphael, 1997; Testa & Leonard, 2001; Testa, Livingston, & Leonard, 2003), whereas others argue that the woman's use of alcohol or drugs is likely secondary to the husband's intoxication or other variables, such as violence in the family of origin (Kantor & Asdigian, 1997).

In the Asian immigrant community, current knowledge about the association between women's substance use and experiences of IPV is limited. Yet prevalence studies of alcohol use and drinking behavior have consistently found that Asian women have relatively low rates of alcohol use and problem drinking (National Institute on Alcohol Abuse and Alcoholism, 2002). Conversely, D'Avanzo, Frye, and Froman (1994) found high rates of alcohol use as self-medication for life stressors and pain among Cambodian refugee women. Similar attitudes about drinking were documented among Southeast Asians (Amodeo, Robb, Peou, & Tran, 1997; Makimoto, 1998; Yee & Thu, 1987),

most of whom considered alcohol use as an acceptable coping strategy to deal with stressful situations or traumatic experiences. It is possible that an Asian immigrant woman may drink alcohol as an alternative means of self-medication, or coping with stressful life events, which may, in turn, increase the likelihood of her experiencing partner violence. Due to the relative paucity of research demonstrating the direct relationship of an Asian immigrant woman's alcohol use to partner violence, one can only speculate at this stage. Understanding women's alcohol or other drug use and IPV in the Asian immigrant population will be greatly aided by future studies. Alcohol or substance use is influenced by cultural norms and practices of the ethnic backgrounds, for example, cultural permissiveness toward drinking, or socialization either to drink or to abstain from alcohol consumption (Collins & McNair, 2002; Makimoto, 1998; Nakawatase, Yamamoto, & Sasao, 1993). In light of this, measuring alcohol use and IPV in relation to socioculturally based variables (e.g., definitions of alcohol abuse or attitudes toward women's drinking) and ethnic cultural differences may be key elements in this field of study.

SOCIAL SUPPORT

There is a notable lack of studies detailing the contexts in which abused Asian immigrant women ask for help and whom they turn to for support. While cross-cultural research across Asian ethnic groups is limited, the available research suggests that immigrant women from different Asian subgroups respond to IPV differently (Abraham, 2000; Bui, 2003; Lee & Au, 1998). The literature also indicates that Asian immigrant women who experience intimate abuse are less likely than their counterparts from other racial/ethnic groups to use formal services, such as victim service agencies, women's shelters, police, hospitals, or lawyers (Bauer, Rodriguez, Quiroga, & Flores-Ortiz, 2000; Bui, 2003; Lee & Au, 1998). The cultural context has been shown to have a strong influence on perceptions both of options within marriage and of the credibility of potential sources of assistance (Dasgupta & Warrior,

1996; Rimonte, 1989; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). In addition, the process of immigration and acculturation is a critical factor that affects not only availability of personal and institutional resources but also perceived sense of self-efficacy and help-seeking behaviors of battered Asian immigrant women (Bui, 2003; Yoshioka et al., 2003). Over time, as battered Asian immigrant women adapt to mainstream norms and values of the United States, which generally involves changes in education and socioeconomic status and knowledge about institutional resources, they are more likely to modify their attitudes toward wife-beating and their help-seeking behaviors (Bui, 2003; Ganguly, 1998; Yoshioka et al., 2003).

Social/Cultural Isolation

Although it is common for abusive partners to attempt to isolate women from their families and friends, Asian immigrant women are particularly vulnerable to the deleterious effects of social isolation because they leave their networks of family and friends behind (Ho, 1990; Mehrotra, 1999). Prior to migration to the United States, many Asian women tend to live in extended families that may offer social support, including emotional comfort, material support, or the constant presence of a family network (Kasturirangan et al., 2004). In most Asian cultures, when marital conflicts occur, older family members frequently serve as mediators or inhibitors of violence (Ho, 1990; Kasturirangan et al., 2004; Yoshioka et al., 2001). As a result of migration, most Asian women lack the support of kin and nonkin social networks that would be available in their country of origin. With limited English skills and cultural barriers in the United States, women may experience heightened dependency, both economically and emotionally, on their spouses (Bui & Morash, 1999; Kasturirangan et al., 2004; Mehrotra, 1999). Several studies have indicated that immigration-related social isolation combined with the lack of awareness of IPV services prevent battered immigrant women from seeking help (Dasgupta & Warriar, 1996; George & Rahangdale, 1999; Yoshioka

et al., 2003). Economic hardship is another impediment to escaping abusive relationships for many battered Asian immigrant women (Bui & Morash, 1999). Moreover, low levels of education and language barriers may further restrict women's ability to be aware of resources available to them and thereby hinder them from seeking help (Bui, 2003; Krishnan, Baid-Amin, Gilbert, El-Bassel, & Waters, 1998; Patel & Gaw, 1996; Rasche, 1988). More often than not, culturally or linguistically appropriate services may not be available in the community, making women feel more isolated and trapped in intimate violence (Dasgupta, 2000; Xu et al., 2001).

In some cases, abusive partners forcibly isolate Asian immigrant women from family or friends they may have in this country (Midlarsky et al., 2006). An abuser frequently uses social isolation to keep women from understanding their abusive situations, from seeking help, and from leaving a violent relationship, in part, because self-sufficiency may challenge abusers' dominance and control (Dobash & Dobash, 1998; Dobash, Dobash, & Cavanagh, 1985). Such tactics may take many forms, such as hindering women from learning English, curtailing their activities, and controlling the amount of money available to them (Abraham, 2000; Dasgupta, 2000). In extreme cases, locking women in the home, or forbidding them from walking outside are tactics used (Abraham, 2000; Dasgupta, 2000). The additional isolation by the abuser aggravates women's feelings of helplessness and despair, leaving immigrant women with little accessibility to the outer world (Midlarsky, 2006; Orloff, Jang, & Klein, 1995). The findings of Song's (1996) study provide some empirical support for social isolation, showing that battered immigrant women are less likely than nonbattered immigrant women to go out, participate in clubs or organizations, and talk to friends and relatives.

Social Support and Help-Seeking Behaviors

Numerous studies have shown the beneficial influence of social support on the adaptation of abused women in the general population

(Caplan, 1974; Cohen & Wills, 1985; El-Bassel et al., 2001; Kessler & McLeod, 1985). Past research has indicated that instrumental and material support from family or friends is critical to battered women's maintenance of psychological health (Bowker, 1984; Mitchell & Hodson, 1983). More formal and informal supports help battered women to overcome apprehension about escaping, and they are, therefore, more likely to leave the abusive relationship (Donato & Bowker, 1984; Mitchell & Hodson, 1983). Consistent with results found in the general population, positive social support is a strong predictor in alleviating the occurrence of marital conflict and violence among Asian immigrants. Lee (2005) pointed out that marital conflict and IPV were closely associated with stressful life situations in Korean immigrant population (Chun, 1990; Rhee, 1997; Shin, 1995). She argues that positive social support from families, relatives, and friends is more likely to reduce life stress and distress symptoms and, hence, spousal violence in Korean immigrant communities. In a recent investigation on help-seeking behaviors among 34 abused Vietnamese immigrant women, Bui (2003) found that the personal network (relatives, friends, or religious leaders) was often the first place for 21 women participants to reach out for help, seek emotional support, or advice in resolving problems. Nearly one third of the abused women received support from friends and siblings who encouraged or helped them contact victim services agencies. Some received shelter from friends as they attempted to leave the abusive relationship. Conversely, some Vietnamese participants reported not receiving helpful responses from friends and relatives. Although they sympathized, friends and relatives sometimes did not want to intervene because they saw IPV as "a private matter," and some even advised the abused women to "accept the abuse or try not to make her husband or partner angry" (p. 218). Several factors worked as barriers to accessing informal and formal support among Asian immigrant population: notably, shame and fear of the abuser (Bui, 2003), cultural expectations of keeping family affairs private (Lee, 2005; Yoshioka, DiNoia, & Ullah, 2001), and women's responsibility for

maintaining domestic harmony (Kibria, 1993; Shiu-Thornton, Senturia, & Sullivan, 2005).

Religious Involvement

The literature on Asian immigrants shows the powerful role religion and spiritual leaders play in providing social support (Jeung, 2004). Many Asian immigrants tend not only to engage in diverse religious activities to seek faith but also to build their social networks in a new country and receive a range of formal and informal social services, such as food, housing, or employment (Guest, 2003; Lee, 2007). For example, Asian Americans have high rates of religious affiliation, including Protestant (27%), Catholic (17%), Hindu (14%), Buddhist (9%), Muslim (4%), other (6%), and unaffiliated (23%) (Pew Forum on Religion and Public Life, 2008). Catholic churches, Buddhist temples, and Islamic mosques are influential religious and social institutions in most Asian immigrant communities, and the sharing of language, ethnic customs, and group solidarity within them often creates a safe haven in which problems can be disclosed (Cadge & Ecklund, 2007; Kim, 1997). Studies on the effects of religious involvement on IPV show mixed results. Research conducted with the general population has shown that religious attendance is positively associated with marital quality as well as paternal involvement with children (Petts, 2007; Wilcox & Nock, 2006), suggesting that the likelihood of domestic violence may be buffered by religious involvement. In contrast, scholarship on Asian immigrants has found that religious involvement increases the risk for partner violence. Lee's (2003) study with 142 Korean American immigrant women in Texas found that religious affiliation and involvement were significant predictors of physical assault by their male partner. She attributed this positive relationship to differences in religion between Korean men and Korean women and discrepancies in gender roles, housework, and child rearing. Furthermore, religious belief about preserving the family has been found to be a driving force for many Asian immigrant women to stay in an abusive relationship (Kim, 1998; Shiu-Thornton, Senturia, & Sullivan, 2005).

BARRIERS TO SERVICE UTILIZATION

Studies have identified several factors that are decisive influences on battered women's disclosure of abuse in the general population: frequency and severity of violence, perceived sense of self-efficacy, availability of socioeconomic resources, social support and social network, and the sensitivity of formal support systems (Gelles & Harrop, 1989; Rhodes & McKenzie, 1998 as cited in Yoshioka et al., 2003). Major differences that distinguish battered Asian immigrant women from other racial/ethnic groups have been documented: foremost, underreporting and underutilization of institutional services. According to data from McDonnell and Abdulla (2001), of 134 women living in Washington, D.C., nearly one-half of the participants reported that they or other abused women they knew did not do anything. The study further indicated that only about 16% reported that they or the abused person they knew called the police whereas 9% actually received help from an agency. Bui (2003) noted that "estimates by victim service providers in Boston and Houston were that only 10% to 15% of intimate abuse incidents among Vietnamese Americans were reported to the police" (p. 218). Battered women commonly face tremendous barriers in seeking help, such as shame/stigma, fear of retaliation from partners, concern for their children, and isolation from support systems (McDonnell & Abdulla, 2001; Rhodes & McKenzie, 1998). Although such barriers are strikingly similar, abused Asian immigrant women confront a multitude of additional obstacles in accessing services: cultural norms and beliefs, language barriers, immigration status, lack of familiarity with existing service systems, and the absence of culturally/linguistically sensitive services (Bui, 2003; Dasgupta, 2000; Raj & Silverman, 2002b; Xu et al., 2001; Yoshihama, 1999).

One of the major barriers affecting abused Asian immigrant women concerns cultural values and behavioral norms (Xu, 1998). In many Asian countries, it is culturally acceptable for a man to use physical abuse to discipline his wife or to take his frustration out on his wife (Xu et al., 2001). The wife, in turn, is expected to

endure the abuse (Rimonte, 1991). Past studies have shown that Asian immigrants may be less likely than other ethnic groups to recognize certain abusive actions due to cultural norms (Huisman, 1996; Kim et al., 2007; Moon & Williams, 1993). In addition, traditional norms to keep things within the family strongly discourage Asian immigrant women from disclosing the abuse. The results from Yoshioka and Dang's (2000) study corroborated the "culture of silence and shame" (NAWHO, 2002, p. 11) shared by many Asian immigrant groups. On the basis of a survey in Boston, the researchers found relatively high rates of disapproval of disclosing IPV across all Asian racial/ethnic groups: highest among Korean (29%), followed by Cambodian (22%), Chinese (18%), Vietnamese (9%), and South Asian (5%) respondents

A second barrier concerns immigration issues. Noncitizen immigrant women are at greater risk for IPV due to their lack of legal rights (Orloff, 2000; Raj & Silverman, 2002b). For illegal immigrant women in particular, deportation is a constant threat. Since many women are the secondary and dependent immigrants, abusers frequently use immigration status as a weapon to establish power and control over their victims, such as escalating fear of deportation, failing to file or delaying the filing of family-based immigration petitions, threatening to interfere with child custody, or calling the Immigration and Naturalization Service (INS; Dutton, Orloff, & Hass, 2000; Orloff & Kaguyutan, 2002). Moreover, legal restrictions, such as the 1996 Illegal Immigration Reform and Responsibility Act, may play a key role in restricting women's attempts to escape the abusive relationship, since the commission of domestic violence is now explicitly included among the grounds for deportation (Bui, 2003; Raj & Silverman, 2002b). As a result, battered Asian immigrant women whose husbands were non-American citizens were reluctant to become involved with the police and the legal system, primarily because the possible conviction and deportation of their husbands may affect their ability to obtain American citizenship (Bui, 2003; Raj & Silverman, 2002b).³

A third problem arises from broader institutional barriers. Along with the lack of culturally

and linguistically appropriate services, language barriers and unfamiliarity with the law and their rights in the United States prevent battered Asian immigrant women from calling the police, visiting emergency rooms, or seeking restraining orders. This may be especially true for Asian refugees, Chinese immigrants, and illegal immigrants (Xu, Campbell, & Zhu, 2001). Influenced by fear of authorities, battered Asian immigrant women are even less likely to report incidents of partner violence to the police (Abraham, 1998; Bui & Morash, 1999; Mehrotra, 1999). For many women, escaping an abusive relationship is limited by lack of access to social institutions and shelters that provide culturally appropriate, bilingual services to battered Asian immigrant women.

Studies on abused Hispanic women indicate that underutilization of services may be more associated with the absence of economic resources as well as culturally and financially accessible services than the cultural preference for family solutions (Pinn & Chunko, 1997; Tiago De Melo, 1998 as cited in Yoshioka et al., 2003). This may also be a case for Asian immigrant women. Currently, there are only a handful of shelters in the United States that offer a range of multicultural and multilingual services for battered Asian women, most of which are located in larger urban areas (McDonnell & Abdulla, 2001). Dasgupta (2000) noted many instances of abused South Asian women who were turned away from mainstream shelters because shelter staff did not speak the woman's language. Geographic distance and transportation are other impediments to utilizing services (Shiu-Thornton et al., 2005). Furthermore, women may confront cultural insensitivity, racism, xenophobia, classism, and ignorance about immigration policies from service providers that deter them from seeking assistance (Dasgupta, 2000; Lee, 2000; Midlarsky et al., 2006).

CONCLUSION

Despite significant national attention directed toward addressing issues and problems of IPV, a paucity of reliable data is available on abused Asian immigrant women. The literature reviewed suggests that IPV has significant

effects on Asian immigrant women's [day-to-day life (See Implications feature before the Notes section)]. Yet the true magnitude of its impact is still unclear. An understanding of cultural influences and the processes of immigration and acculturation is crucial. The research also suggests that the intersectionality of race, class, and gender insidiously influences the experience for battered Asian immigrant women on multiple levels (Kim, 1998), namely, socialization of patriarchy in the country of origin, lack of structural support and institutional protection in the United States, internalized oppression, and economic insecurity. The complexities of these women's experiences, therefore, cannot be fully understood until we adequately address "the multiple marginalization" resulting from the combined impact of gender, race, and class.

In Asian immigrant communities, like the general population, IPV is a serious public health concern. Health care professionals must be sensitive to the morays of their client population to conduct effective early identification of IPV, culturally congruent assessments, and culturally appropriate interventions. Given that many Asian immigrants participate in some type of religious services, health care experts and social service agencies may collaborate with religious institutions to study the roles they can play in relation to partner abuse and preventive as well as educational programs. The development of policies and programs that will lead to the provision of a full range of services for abused Asian immigrant women is dependent on the integration of all services and collaboration among all professionals in the field (social workers, health care providers, police, courts, immigration authorities, community members, and researchers; Yoshioka & Choi, 2005). Ultimately, this will lead to effective service provision and safety measures for abused Asian immigrant women. Attempts to eliminate barriers for these women should be the focus of a wide range of structural accommodations and social policy measures. Increased availability of linguistically and culturally appropriate services is essential (Bui, 2003), including access to interpreters to assist them in communicating with law enforcement and emergency services personnel, in legal proceedings, and in seeking

information about their rights (Orloff, Jang, & Klein, 1995). Social service agencies play a pivotal role in assisting women's decisions about using the criminal justice system and other supportive services (Bui, 2003). Policy initiatives must be put in place to guide institutional accommodations and long-term support for battered Asian immigrant women. These include shelters, language programs, health insurance and medical care, education and employment programs, housing services, child care, and public assistance. Particular consideration should be given to expansion of income maintenance programs for women who try to leave abusive partners, for example, emergency funds for victims of IPV (Shiu-Thornton, Senturia, & Sullivan, 2005). Such policies are essential in protecting battered Asian immigrant women and their children.

More research is needed about the context, nature, type, and scope of IPV among Asian immigrants to inform intervention strategies and public policy. Limitations in the existing studies include widely discrepant definitions

and methodologies; lack of culturally equivalent measurement instruments and research methods; a limited focus on health and mental health consequences; lack of representative sampling with large sample sizes; and the tendency to be more descriptive than inferential. Future research must consider the variations across Asian ethnic subgroups and address the differences in their definitions and understandings of partner abuse. Particular attention should be paid to the exploration of culture-related risk and resiliency factors in these different groups (Kasturirangan et al., 2004; Yoshioka & Choi, 2005). Other critical issues include the growing demands for cross-cultural studies examining interethnic differences in contextual factors associated with IPV, help-seeking behaviors, and needs for social services. Attention to the issues outlined above will provide the bases for the development of culturally sensitive prevention and intervention programs to meet the specific concerns of an increasingly diverse population of Asian immigrant women with IPV.

IMPLICATIONS FOR PRACTICE, POLICY, AND RESEARCH

- It is vital to conduct more empirical research on the epidemiology of IPV among Asian immigrant populations, particularly, in relation to nature, scope, type, and severity, possibly with nationally representative samples.
- Culturally appropriate instruments are needed to measure accurately prevalence and characteristics of IPV, which takes into account expressions and perceptions of IPV in unique sociocultural contexts.
- In addition to cultural factors, researchers need to consider the roles immigration patterns and acculturation processes play in their analysis of IPV among the Asian immigrant population.
- More cross-cultural research is essential to examine IPV among different ethnic groups within the same society. Research should assess specific social, economic, political, and cultural contexts.
- Researchers must investigate mental/physical health outcomes as a result of IPV among the Asian immigrant population.
- Further research is needed to explore the roles of acculturative stress and alcohol/other drug use in IPV and its effects on mental and physical health in this population.
- Researchers need to examine culture-related protective mechanisms and risk factors identified in the literature across the different Asian immigrant racial/ethnic groups.
- Service providers in various areas (i.e., social work, health, courts, & law enforcement) need to be aware the heterogeneity of Asian immigrant groups and must develop culturally valid instruments in early identification, assessment, safety plans, and intervention strategies.
- It is imperative for health care providers to develop more culturally and ethnically specific assessment and intervention protocols for the mental and physical health ramifications of IPV (i.e., cultural-bound syndrome).
- A strong commitment must be clearly directed toward the development of collaboration and continuum of services among all fields that work with abused Asian immigrant women (e.g., social service providers, health care providers, law enforcement, courts, religious institutions, & immigration authorities).
- Public education is the central pillar in raising community awareness of IPV and informing resources available in Asian immigrant communities. Various

educational outreach strategies can be utilized, including multilingual newspapers, radio programs, flyers, and free educational classes.

- Expansion of linguistically and culturally congruent programs and services is a key to meeting various needs of diverse Asian immigrant population: for example, shelters, court hearings, and mental/physical health services staffed with multilingual and multicultural personnel.
- It is imperative for government to take the initiative in developing and implementing a wide range of policies and programs designed to provide long-term support

NOTES

1. As defined by the Centers for Disease Control and Prevention (CDC), based on research conducted by Saltzman, Fanslow, McMahon, and Shelley (1999), this article defines IPV as "actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former dating partner." In this article, several terms are interchangeably used to describe IPV: *partner abuse, spousal abuse, marital violence, wife assault, and wife battering*.

2. According to the U.S. Bureau of Census (2003), *Asian* refers to "those having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam" (p. 1). However, there is no consensus on the term *Asian American* which is popularly used to mean different things in different contexts and may refer to citizenship, assimilation, immigration status, or all three. Contributing to the ambiguity is the lack of clarification of a term in many studies, reference articles, and official document. For example, if a person immigrates to the United States, obtaining citizenship, and resides in the United States for decades, he or she can be identified as either an Asian immigrant or an Asian American. In this article, the term *Asian immigrants* are used to refer to "Asian immigrants who are born outside of the U.S. and migrate to the U.S. (including first and 1.5 generation immigrants)." The term "Asian Americans" is used to describe "Americans of Asian ancestry," including second generation immigrants, who are the first generation born in the United States to these first generation parents, and those who are beyond second generation of immigrants. Due to the complexity and ambiguity of the terms, this article uses "Asian immigrants" and "Asian Americans," interchangeably, particularly where the definitions of Asian samples were not clearly stated in the reviewed literature. In this article, we review research literature on IPV that focuses on the populations as specified above.

3. Title VIII of Violence Against Women Act (VAWA) 2005 made significant strides, removing some of the systemic obstacles formerly confronting abused immigrants in their efforts to obtain legal immigration status and protection. It allows spouses and children of U.S. citizens or lawful permanent residents who have been "battered or subject to extreme cruelty" to self-petition for permanent resident status and work permits without help from their abuser and without the abuser's knowledge. The self-petition is confidential to ensure safe access to needed relief. This protection is also extended to the victims of incest and child abuse committed by a U.S. citizen or permanent-resident parent as well as to older parents abused by their adult U.S. citizen sons or daughters.

that helps abused Asian immigrant women achieve independence, for example, emergency funds.

- Funding needs to be increased to provide adequate services.
- Prevention efforts and intervention services must address various barriers abused Asian immigrant women face that prevents them from receiving appropriate services and law enforcement protection.
- The full range of policies and programs must be more accessible and available to all battered Asian immigrant women, regardless of immigrant status and geographic variations.

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