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Intimate Partner Violence Among Asian American and Pacific Islander Women

WHAT IS INTIMATE PARTNER VIOLENCE (IPV)?

- IPV describes physical, sexual, or psychological harm by a current or former partner or spouse.
- IPV exists on a continuum from episodic violence (single or occasional occurrence) to battering (frequent and intensive violence by one controlling partner).
- Physical violence can include grabbing, pushing, biting, burning, choking, punching, and use of a weapon or one's body against another person.
- Sexual violence can include abusive sexual contact, and the use of physical force or intimidation to compel a person to engage in sexual contact against his/her will or when a person is unable to understand the nature of the act.
- Psychological violence can include acts, threats of acts, or coercive tactics that cause psychological or emotional harm to a person. This may involve humiliation, control, isolation, and withholding of basic resources from a person.

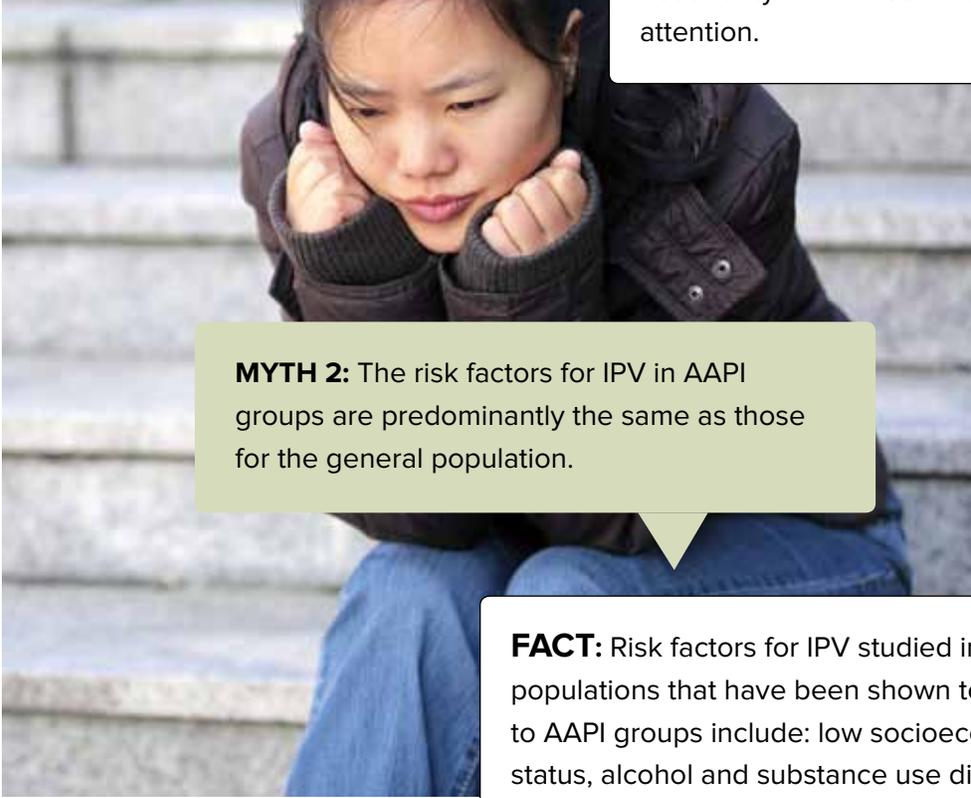


MYTHS ABOUT AAPI WOMEN AND IPV

MYTH 1A: AAPIs are a “model minority” characterized by harmonious relationships and smooth family functioning, and therefore do not experience significant levels of IPV.

MYTH 1B: Alternatively, AAPI women experience more IPV than other minority groups given traditional Asian cultural values that support patriarchal family structures, female submission, and conformity to social role expectations.

FACT: Although non-representative community samples often report elevated levels of IPV in some AAPI groups (60% of Korean women in Chicago², 40% of South Asian women in Boston³, 33% of Japanese women in Los Angeles⁴), national estimates of IPV prevalence from the National Latino and Asian American Study (NLAAS) indicate that 10.2% of AAPI women report minor violence (e.g., pushing, grabbing or shoving, throwing something) and 1.5% of AAPI women report severe violence (e.g., kicking, hitting with a fist, choking, threatening with a weapon)⁵. These estimates are lower than those for the general U.S. population and other ethnic minority groups, but they do suggest that IPV is not a rarity in AAPI communities and warrants attention.



MYTH 2: The risk factors for IPV in AAPI groups are predominantly the same as those for the general population.

FACT: Risk factors for IPV studied in general populations that have been shown to apply to AAPI groups include: low socioeconomic status, alcohol and substance use disorders, and other mental health issues (e.g., depression^{5, 6, 7}). However, these relationships are complex; for example, higher (not lower) socioeconomic status in the NLAAS study predicted more IPV⁵. Furthermore, there are additional risk factors for AAPIs that require further study and consideration, such as immigration and acculturation factors.

KEY FINDINGS ON AAPI WOMEN AND IPV

- **Relatively little research has been conducted on contexts of violence for AAPIs**, due in part to their small numbers and great within-group heterogeneity. Furthermore, methodological inconsistencies between studies (e.g., format of interview; recruitment procedures; the language the study was conducted in; measures used to assess violence) detract from clarity on this issue. Thus, there is a paucity of knowledge about IPV for AAPIs in general, and even less knowledge about specific AAPI sub-groups.
- **High levels of immigration and acculturative stress are key risk factors for IPV in AAPIs.** These include unemployment and under-employment, language barriers, loss of social networks, and immigration-related trauma^{8, 9}. In particular, perceived discrimination increases the risk for IPV¹⁰, which may be related to the finding that *more* acculturated AAPIs (measured by language proficiency, generational status) report higher rates of IPV^{5, 10, 11}.
- **AAPI women tend to under-report IPV victimization⁵.** This is related to cultural taboos regarding help-seeking, stigma related to mental health concerns, cultural values that prioritize the family and community over the self, as well as loss of face concerns and belief that family violence is a private matter. Poor access to services, especially culturally sensitive services, also serves as a barrier to help-seeking^{12, 13}. AAPI women are more likely to rely on informal sources of help (e.g., family members, friends) rather than use formal mental health services^{14, 15}.
- **Some culture-specific forms of abuse may not be captured by conventional measures of IPV.** For example, the threat of divorce as a way to jeopardize a woman's immigration status is a coercive tactic that may keep AAPI women in abusive relationships¹⁶. Thus, studies using traditional measures are likely to underestimate IPV given culturally biased definitions.
- **Patriarchal (male-dominant) family structures and traditional gender norms are linked with greater IPV, but in complex ways^{9, 16}.** Although this link has been demonstrated, and egalitarian relationship dynamics are linked with less IPV, immigration-related factors are implicated: traditional patriarchal power dynamics are challenged by the process of immigration and acculturation (e.g., women finding employment and becoming family breadwinners, women typically having better English proficiency), thus adding stress to the intimate relationship that then serves as a risk factor for IPV.

CLINICAL IMPLICATIONS

- **Outreach and education regarding resources and legal rights is greatly needed to provide accurate information to AAPI women.** These efforts and materials are best delivered in the heritage language(s) of the targeted group by cultural brokers in partnership with existing community networks and groups.
- **Community-based treatments are more effective when they capitalize on and incorporate the values and strengths common to AAPI cultures in a culturally-responsive way.** For example, community campaigns that use harmony/peace values to advocate for “a peaceful home” and stable communities help to build a collective sense of responsibility for supporting and educating families in maintaining healthy relationships¹⁷. Similarly, a focus on culturally significant negative consequences of being charged with IPV (e.g., breaking apart families, bringing shame on the community) may also serve as a more effective deterrent for IPV¹⁸.
- **Shelters, clinics, and centers for IPV victims should provide culturally sensitive services in order to best reach and serve their populations.** For example, helpline and direct services that are provided in Asian languages, shelters that accommodate extended family members and support cultural practices and foods, and the availability of legal and financial counsel on immigration matters may be particularly helpful for AAPI victims of IPV.

RESOURCES

National Coalition Against Domestic Violence—<http://www.ncadv.org>
Centers for Disease Control and Prevention—<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence>
Asian Family Support Services of Austin—<http://www.saheli-austin.org/d6>
Asian Task Force Against Domestic Violence (Boston)—<http://www.atask.org/site>
Asian Women’s Shelter (San Francisco)—<http://www.sfaws.org>
Asian Women United of Minnesota—<http://www.awum.org>
New York Asian Women’s Center—<http://www.nyawc.org>
Sakhi for South Asian Women (New York)—<http://www.sakhi.org>

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