



# Reflections on attitudes, experiences, and vulnerability of intimate partner violence among Southeast Asian college women living in United States



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## ABSTRACT

To provide culturally sensitive intimate partner violence (IPV) prevention programs for ethnic groups, a basic foundational understanding of Southeast Asian (SEA) women living in the United States is vital. The purpose of this study was to describe SEA college women's perceptions of IPV and how the women recognize their vulnerability to such violent situations. Qualitative methods using focus group discussions were employed to elicit participants' perceptions. Participants included 18 SEA college women, ages 18–34 (Mean = 22; SD = 7.22). Transcriptions were analyzed using a content analysis approach. Five themes emerged: recognition of IPV; perception of individual vulnerability to IPV; experience and responses to IPV; help seeking and support system; and strategies used for prevention of IPV. Findings yielded an understanding of intertwined issues of cultural norms associated with IPV, social and economic disparities, and challenges for IPV prevention in SEA communities. Culturally sensitive prevention programs will be more effective by reforming cultural values, while at the same time promoting non-violent relationships and increasing access to services.

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## 1. Introduction

Intimate partner violence (IPV) among college students remains an important public health problem. Studies on the prevalence of IPV among college women suggest a variation in rates of occurrence of IPV and range between 12% and 48% (Amar, 2004; Coker et al., 2008; Lehrer et al., 2010; Luthra and Gidycz, 2006; Straus, 2004). Young females ages 16 to 25 years are at an increased risk for IPV (Edwards et al., 2012; Jain et al., 2010; U.S. Department of Justice, 2012). Among Asian populations in the U.S., Southeast Asians (SEA) have the highest rate of IPV (Chang et al., 2009; Leung and Cheung, 2008; Pho and Mulvey, 2003; Wong et al., 2011). Studies exploring IPV issues and how to adequately address these in U.S. SEA populations are sparse (Chang et al., 2009; Leung and Cheung, 2008; Wong et al., 2011; Yick and Oomen-Early, 2008). At many universities, programs on IPV prevention continue to be developed and implemented. However, a review of the literature found that many of these programs are limited in scope focusing primarily on sexual assaults using peer-based approach

and for the most part such programs fail to address the unique needs of ethnic minority groups (Amar et al., 2015; Centers for Disease Control and Prevention (CDC), 2007). To date, many of the IPV programs developed for ethnic minority groups are tailored toward women in community-based settings, thereby neglecting ethnic minority women in university settings (Barrick et al., 2013). Therefore, as a first step to developing culturally appropriate programs for SEA women in university settings, it is important to explore and understand their attitudes, experiences, and perceptions of vulnerability to IPV.

Young SEA women are particularly vulnerable to IPV due to multiple factors: stressors associated with immigration, acculturation, and cultural tolerance of IPV (Chang et al., 2009; Pho and Mulvey, 2003; Wong et al., 2011). Across SEA ethnic groups (e.g., Cambodian, Filipino, Hmong, Laotian, Thai, and Vietnamese), the family structure is male-dominated and hierarchical (Weil and Lee, 2004). Although IPV is a serious problem in many SEA communities, it is sometimes tolerated because of issues around gender inequality and social mores that place greater emphasis on the family unity (Bhuyan et al., 2005; Saengkhiew, 2006; Taft Angela et al., 2008; Wong et al., 2011). Paradoxically, young SEA women living in the U.S. (i.e., foreign or U.S. born) are growing up in a mixed culture, internalizing traditional gender roles of male

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dominance and paternal hierarchical family structure while embracing American value systems of independence and self-determination. While many SEA women acculturate to the American system of women's independence, influences from families and friends may create a situation where they may not readily be assertive and speak up when they begin to experience IPV. As immigrants, how the environments within which they were brought up shape perceptions of IPV, interactions with their partners and family members and recognition of personal vulnerability is unclear. Thus, in this study, we explored SEA college women's personal beliefs and cultural considerations related to IPV, recognition of personal vulnerability, and preferred coping methods.

## 2. Methods

### 2.1. Participants

A qualitative focus group research design was employed to elicit participants' perceptions of IPV. The majority of Asians living in the area of the study are SEA with Hmong the majority (Wisconsin Department of Health Services, 2008). SEA young women attending the university were eligible for participating in the study. Inclusion criteria included (a) being adult female college students, aged 18–35 and (b) self-identified as having Southeast Asian origin (e.g., Thai, Hmong, Vietnamese, and Singaporean). Participants were recruited from a large Midwestern urban public university using a purposive, convenience sampling method. Recruitment strategies used were: (a) referrals; (b) flyers; and (c) announcements at students' organization meetings. Potential participants then contacted the first author on this study, and the purpose and procedures of the study were described. All study procedures were reviewed and approved by the appropriate university Institutional Review Board (IRB) committee. Participants were assured that their participation in the study was voluntary. After obtaining signed informed consent, participants completed a brief socio-demographic information form before the focus group was convened.

### 2.2. Data collection procedures

We conducted three focus group discussions in English (six participants per group) in a private room on the university campus at mutually agreed upon dates and times. These discussions lasted 60 to 70 min and were audiotaped. The first and third authors moderated the focus groups using a semi-structured focus group discussion guide on topic areas based on the IPV literature. The following are examples of questions used for discussion: "From your perspective, describe for me what do you consider as abusiveness in an intimate relationship?"; "Describe how the issues of IPV is handled in SEA communities."; and "Describe for me how SEA women living in the U.S. usually seek help when they experience IPV say from their own family, communities, or outside support."

The focus group discussions were also led by using a set of 40 statements that describes women's perceptions of vulnerability to IPV. These statements were generated from the existing literature on IPV among Southeast Asian and other minority groups. Some examples of statements include, "Women should put up with intimate partner violence to "save face" of the family." "Women without a job and money have a higher risk of relationship violence." "Violence can happen due to the disagreement of wives." The statements were not categorized as "yes" and "no" or "agree" and "disagree." Rather, participants were asked to select the five most relevant statements perceived as a common belief among SEA women supporting the occurrence of IPV in Southeast

Asian communities in the United States. Selected statements were used as prompts for stimulating deeper discussion during the focus groups. A debriefing occurred at the closure of each session. Each participant received an information sheet with numbers and addresses of different support local agencies, irrespective of whether participants actually reported violence experiences. A gift card of \$20 was given to each participant as a way of saying thank you for participation in the study.

### 2.3. Data analysis

The three audiotaped focus group discussions were transcribed verbatim and entered in NVIVO 10 to assist in the analytic process. The study team used qualitative content analysis methods to explore the key components of intimate partner violence perceptions as described by participants. Sandelowski (2000) described qualitative content analysis as a data-derived method, a dynamic form of analysis of data that is oriented toward summarizing the informational contents of those data. Analysis of the data involved four steps: First, focusing on the aim of the study, two of the researchers in the study read/re-read the transcripts separately. Each looked for and labeled texts with respect to definition of IPV, IPV experience, cultural perspectives on IPV, coping strategy, and vulnerability to violence. Second, both researchers generated new codes by searching for recurring regularities in the data and 48 codes were identified. Once these 48 codes were identified, both met to reconcile their coding of the passages. Third, Of the 48 codes, we formed 19 categories as having relevant information that was distinct from other categories. Finally, another meeting was held to label themes. Five themes emerged by making connections between codes. All transcripts were selected to perform coding comparisons between two researchers. The inter-coder reliability criterion was calculated by the formula: number of agreements divided by a total number of agreements and disagreements (Miles and Huberman, 1994). The inter-coder reliability of this study ranged from 0.82 to 0.90 indicating that the 80% inter-coder reliability criterion had been achieved. Consensus about any discrepancies in the themes and categories was achieved through research team meetings and discussions. We also calculated the percentage of participants who selected the same statement, and the result presented in Table 1.

## 3. Results

### 3.1. Study participants

Participants were 18 college women, ranging in age from 18 to 34 years old (mean = 22.11; SD = 7.22). Country of origin included: four Thais, 12 Hmong, one Vietnamese, and one Singaporean. Years of living in the US ranged from 1 to 34, average of 15.9. Undergraduate students comprised 83.2% of participants and graduate students 17%. One-third were not actively dating and did not have boyfriends/partners.

### 3.2. Major themes

Five major themes emerged representing perceptions of and vulnerability to intimate partner violence. Emerging themes are presented with excerpts to illustrate the theme.

#### 3.2.1. Recognition of intimate partner violence

When asked to describe their thoughts about IPV, participants mentioned a complex continuum of behaviors. Across all focus groups' discussions, physical abuse acts emerged first. Other thoughts were a collection of acts, including emotional, verbal, and sexual abuse noted in their definition of IPV: "It's probably just

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