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The impact of domestic violence exposure on South Asian children in the United States: Perspectives of domestic violence agency staff



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ABSTRACT

The South Asian community is the fastest growing ethnic group in the United States, and past research suggests that South Asian domestic violence (DV) survivors may require culturally-specific resources. Similarly, South Asian children in the US exposed to DV may have unique responses and needs, but this has not been explored to date. The objective of this study was to examine the specific needs of South Asian children exposed to DV from the vantage point of staff from South Asian DV agencies across the United States. Thirty interviews were conducted, with data coded and consolidated into larger themes using thematic analysis. Participants described several factors important to understanding the impact of DV on South Asian children including the role of the extended family, identifying with two cultures, fear about what the South Asian community will think, gender differences, and the importance of projecting an image of perfection. Participants also discussed development of culturally-tailored resources. This study suggests the importance of framing South Asian children's experiences within the context of interweaving South Asian and American cultural values, with careful attention paid to how potential culture clashes between parents and children may impact the way children process trauma. Further work should triangulate these themes with children, parents, and extended family, as well as collaborate with South Asian DV agencies to design child-focused programs.

1. Introduction

Domestic violence (DV), defined as any behavior within an adult intimate relationship that causes physical, psychological, or sexual harm, can profoundly affect children (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Children who have been exposed to DV are more likely than their non-exposed peers to experience depression, post-traumatic stress disorder, chronic pain, worse asthma symptoms, and anxiety (Bair-Merritt, Johnson, Okelo, & Page, 2012; Holt, Buckley, & Whelan, 2008; MacMillan & Wathen, 2014). They are also more likely to demonstrate developmental delays, be under-immunized, and have missed medical appointments (Bair-Merritt et al., 2008; Gilbert, Bauer, Carroll, & Downs, 2013). Therefore, researchers and practitioners have developed evidenced-based programs (e.g., trauma-based cognitive behavioral therapy, parent-child interaction therapy, and clinic and community based interventions) to support the physical and mental health of children exposed to DV (Borrego, Gutow, Reicher, & Barker, 2008; Chamberlain, 2014).

While DV exposure and the related trauma affect children of all ethnic and cultural backgrounds, an emerging area of interest is

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how to adapt evidence-based programs so they meet the needs of different communities (Gewirtz & Edleson, 2007; Serrata et al., 2017). One such community is South Asians,¹ defined to include individuals who trace their ancestry to Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka, as well as members of the diaspora – past generations of South Asians who settled in other parts of the world prior to immigrating to the United States (US; South Asian Americans Leading Together [SAALT], 2015). South Asians are the fastest growing population among all ethnic groups in the US. The South Asian population grew by nearly 97% from 2000 to 2013, exceeding that of the Asian-American population as a whole (SAALT, 2015).

Despite this rapid population growth, few studies have examined the prevalence of DV within the South Asian community in the US. Most national studies aggregate statistics for Asian participants without delineating prevalence of DV for South Asians. For example, the Centers for Disease Control's 2010 National DV and Sexual Violence survey reported a relatively low DV prevalence for Asians, but had a small number of Asian participants and did not present differences between Asian subgroups (Breiding, Chen, & Black, 2014). A few studies enrolling community-based samples have estimated the prevalence of DV within the South Asian community in the US. Raj and Silverman (2002) surveyed 160 South Asian women, 88% of whom were immigrants. They found that 40% had experienced physical or sexual DV. Robertson, Nagaraj, and Vyas (2016) surveyed 368 South Asian adults, 56% of whom were born in the US, and found that 24% had experienced DV and 41% had been exposed to DV as a child.

Extant research has explored factors that may impact South Asian DV survivors in the US, the majority of whom are women. These include abuse by other members of the family (especially the in-laws); dowry-related harassment; stigma or shame from the South Asian community; taboos associated with divorce; language barriers; and isolation (Abraham, 2000; Dasgupta, 2000; Kallivayalil, 2010; Raj, Livramento, Santana, Gupta, & Silverman, 2006). Traditional gender norms have also been described within the South Asian community, and may be associated with perceived acceptability of abuse (Ahmad, Driver, McNally, & Stewart, 2009; Ahmad, Riaz, Barata, & Stewart, 2004).

South Asian women also face multiple help-seeking barriers. In a study comparing Hispanic, African American, and South Asian DV survivors, South Asian women were more likely to be told to stay in the relationship (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). Likewise, Raj and Silverman (2007) described that nearly 52% of a community-based sample of female South Asian immigrant DV survivors reported no previous help-seeking behaviors and 88% did not think seeking assistance was necessary. Additionally, South Asian DV survivors may be subject to the model minority stereotype, which presumes that Asian Americans have uniformly achieved educational, social, and economic success (Liu et al., 2012). This stereotype may make it challenging for South Asian DV survivors to seek help and utilize resources (Goel, 2005). Therefore, the unique sociocultural and immigration contexts that inform the lived experiences of South Asian women may also impact their attitudes and responses to violence.

Considering optimizing support for diverse survivors, the DV community recently has focused on the inter-relationship between gender norms, socioeconomic status, race, culture, and immigration disparities. Often referred to as an “intersectionality framework,” Sokoloff and Dupont (2005) describe this approach as one which “question[s] the monolithic nature of woman battering, expanding the definition... to include culturally specific forms of abuse... (page 40).” They describe that using an intersectional approach can give a voice to marginalized women, challenge stereotypes of the “typical” DV survivor, and highlight the need for culturally-tailored resources. In response to this less monolithic framework of viewing DV survivors’ experiences, culturally-specific DV agencies have been emerging over the past 10–20 years. Staff at these agencies provide culturally-tailored expertise to DV survivors who belong to marginalized, isolated, or otherwise hard to reach groups (Serrata et al., 2017).

For these reasons, South Asian specific DV agencies in the US were created. These agencies provide a variety of services—language, shelter, counseling, and legal advocacy—within a cultural and structural framework that meets the intersectional needs of South Asian survivors and their children (Kapur, Zajicek, & Gaber, 2017). Staff at these agencies, many of whom identify as South Asian themselves, also train mainstream organizations and provide awareness and education for the community. The Asian Pacific Institute on Gender Based Violence (2016) lists 30 South Asian specific DV agencies around the US. Qualitative studies have found that South Asian DV survivors often use these culturally-specific agencies, with some survivors describing reservations about approaching mainstream organizations (Jordan & Bhandari, 2016; Kallivayalil, 2010).

Although past research has examined the needs of South Asian women experiencing DV, there is a dearth of literature understanding how exposure to DV impacts South Asian children residing in the US. Children of immigrants, both who were born in the US (second generation) and who moved to the US as a child (1.5 generation), may acculturate differently than their parents who immigrated to the US as adults (first generation; Chandra, Arora, Mehta, Asnaani, & Radhakrishnan, 2016; Giguere, Lalonde, & Lou, 2010; Schwartz, Unger, Zamboanga, & Szapocznik, 2010; Waters & Pineau, 2015). Acculturation is a nuanced and multidimensional phenomenon, defined by Schwartz et al. (2010) as the process of potential changes in cultural practices (e.g. food, language), values (e.g. collectivism vs. independence), and identity. Therefore, South Asian children exposed to DV may have different needs as compared with adult survivors. It is unclear how some of the cultural influences described in prior literature focused on South Asian women may apply to children. Furthermore, although programs have been culturally-tailored for Latina and African American mothers and children who have experienced DV, to our knowledge, no such work exists for South Asian families (Chamberlain, 2014; Galano, Grogan-Kaylor, Stein, Clark, & Graham-Bermann, 2016). A better understanding of the specific needs of South Asian children exposed to DV is crucial to provide services to this growing, yet understudied community.

Therefore, we conducted a qualitative study examining the perspectives of staff working at South Asian DV agencies regarding the needs of South Asian children in the US who have been exposed to DV. We specifically focused on staff perspectives about: 1) whether (and how) DV affects South Asian children differently than other children; and 2) support systems and potential resources for South

¹ In this article, unless otherwise specified, when we use the term “South Asian” we are referring to South Asians living in the United States.

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