

Breaking the Silence: Perspectives on Sexual Violence Among Indian American Women

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Sexual violence against women is a national and global public health concern that is understudied in immigrant communities. Specifically, little attention has been directed toward sexual violence against women within Indian American communities and toward the role of sociocultural experiences on conceptualizations of sexual violence among this subgroup of immigrant-origin women. The present study, guided by an integrative contextual framework (García Coll & Marks, 2012), aimed to gain in-depth understandings of perspectives and experiences of sexual violence among 1.5- and second-generation Indian American women. Semistructured interviews were conducted with 19 Indian American women, focusing on conceptualizations of sexual violence, socialization concerning gender and sexual violence, experiences of sexual violence and related coping, and views on help-seeking. Conventional content analysis used to analyze the interview data revealed various themes composing 4 broad domains: (a) socialization concerning gender roles, sexuality, and sexual violence; (b) role of immigration and acculturation in conceptualizing sexual violence; (c) psychological impact of sexual violence; and (d) barriers to seeking help. Perspectives on sexual violence and approaches to coping and help-seeking were shaped by interactions among several factors, including socialization within families and ethnic and/or religious communities, the process of acculturation within mainstream U.S. context, and acculturative stress. The findings call for clinical and community-based interventions that consider the complexity of the sociocultural context within which 1.5- and second-generation Indian American women experience and cope with sexual violence. The study underscores the importance of addressing silence regarding sexual violence and barriers to help-seeking among Indian American communities.

What is the public significance of this article?

This study advances knowledge concerning 1.5- and second-generation Indian American women's perspectives and experiences of sexual violence. The findings underscore the complexity of sociocultural context and socialization and their impact on traumatic stress, coping, and help-seeking. They also help in guiding culturally informed interventions with 1.5- and second-generation Indian American survivors of sexual violence.

Keywords: Indian American, women, sexual violence, immigration, acculturation

Although sexual violence against women and girls has been increasingly recognized as a national and global public health concern (Robertson, Chaudhary Nagaraj, & Vyas, 2016), there is a paucity of research focused on the perspectives of sexual violence

among racial minority immigrant-origin women in the United States. Among Asian American women, estimated rates of intimate partner violence (IPV) have ranged from 18% to 52% (Yoshihama, Blazeovski, & Bybee, 2014). Estimates of IPV and/or domestic violence against immigrant South Asian women in the United States, including Indian American women, are as high as 77% (Mahapatra, 2012; Raj & Silverman, 2007), and in one recent study with South Asian Americans, 25.2% of participants reported sexual abuse in childhood (Robertson et al., 2016).

Indian Americans compose the largest South Asian subgroup and the second largest Asian subgroup in the United States and represent broad diversity with regard to language, traditions, and religion (Inman, Tummala-Narra, Kaduvettor-Davidson, Alvarez, & Yeh, 2015). Although there is empirical evidence for relatively high rates of IPV within South Asian American and Indian American communities (Mahapatra, 2012), studies concerning violence experienced by Indian American women have focused almost

This article was published Online First April 15, 2019.

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exclusively on violence occurring within the context of IPV (Inman, Devdas, Spektor, & Pendse, 2014; Mahapatra, 2012; Raj & Silverman, 2007). Experiences of childhood sexual abuse, rape, and other forms of sexual violence occurring outside of IPV or domestic violence have been largely unexplored among Indian American women. In addition, previous research has focused primarily on the perspectives of immigrants, first-generation women (those who arrived to the United States as adults), and has not yet explored views of sexual violence among 1.5- and second-generation women.

The present study recognized the importance of examining perspectives on sexual violence of 1.5- and second-generation Indian American women, as they have distinct experiences of socialization in the United States and exposure to both U.S. mainstream and Indian American contexts at younger ages when compared with immigrant, first-generation women. In this study, 1.5 generation refers to individuals who were born in India and arrived to the United States by age 12, and second generation refers to individuals born and raised in the United States (Kim, Brenner, Liang, & Asay, 2003). Although 1.5- and second-generation Indian American women have unique experiences, as 1.5-generation women's early childhood is spent in India rather than in the United States, these two subgroups have in common the experience of being adolescents in the United States, a developmental period that is critical to socialization concerning gender roles, sexuality, and sexual violence (Inman, 2006; Kanukollu & Mahalingam, 2011). Further, 1.5- and second-generation Indian American adolescents have been found to have similar, shared experiences of acculturative stress and of navigating cultural norms and expectations across different contexts (e.g., family, school, and neighborhood; Tummala-Narra, Deshpande, & Kaur, 2016).

The existing literature provides broad understandings of sexual violence among immigrant-origin women, and there is a need to expand knowledge of more nuanced, personal conceptualizations of sexual violence based on diverse sociocultural experiences and relationships to social contexts (Tummala-Narra, Houston-Kolnik, Sathasivam-Rueckert, & Greeson, 2017). Research examining how sociocultural experiences, such as socialization in multiple cultural contexts, contribute to perspectives on sexual violence is sorely needed to develop culturally informed interventions with survivors of sexual trauma. The present study, using qualitative inquiry, aimed to gain an in-depth understanding of the influence of both Indian American and mainstream American contexts on 1.5- and second-generation women's views and experiences of sexual violence. These different contexts can have important functions for socialization concerning gender roles and attitudes toward sex and sexual violence, as there are multiple cultural and contextual forces that shape women's experiences (Leu, Walton, & Takeuchi, 2011).

An integrative contextual framework of minority youth development, which draws on a socioecological framework (Bronfenbrenner, 1979; García Coll et al., 1996; García Coll & Marks, 2012), offers an important lens for exploring how interactions within particular contexts such as family, school, and workplaces together shape psychological experiences. In this perspective, social position factors, such as gender, ethnicity, and race, interact with these different contexts in ways that either promote or inhibit positive developmental and mental health outcomes (García Coll et al., 1996). This developmental approach is well-suited to guide the present study, particularly as it recognizes the potential influ-

ence of multiple sociocultural contexts on the ways in which women and girls may experience socialization related to gender, sexuality, and sexual violence and develop unique conceptualizations of sexual violence and coping. In an effort to develop more clear understandings of sexual violence within the Indian immigrant context, the present study explored socialization around gender, sexuality, and sexual violence across different contexts (e.g., families, communities, and the broader U.S. society) and how this socialization and experiences of sexual violence can contribute to the ways that 1.5- and second-generation Indian American women conceptualize sexual violence, coping, and help-seeking. As scholarship concerning the experiences of 1.5- and second-generation Indian American women is limited, we review extant literature on sexual violence, and gender and sexuality, which consists primarily of studies with immigrant, first-generation South Asian American women.

Sexual Violence in the Indian American Context

Various studies, particularly with first-generation Indian American women survivors of IPV, have documented the negative physical and psychological effects of interpersonal violence, including feelings of betrayal by family members, self-blame, loss of reproductive control, disruptions in mothering, somatic symptoms, depression, anxiety, posttraumatic stress disorder, substance abuse, and suicidal ideation (Mitra, 2013; Raj & Silverman, 2007; Singh, Hays, Chung, & Watson, 2010). Some research with Indian American participants with histories of childhood sexual abuse has also indicated that traumatic stress encompasses relationship violence in adulthood and suicide attempts (Robertson et al., 2016). Despite the estimates of relatively high rates of IPV, Indian American women are less likely to report sexual assault and rape, when compared with women from other racial and ethnic backgrounds, and underutilize mental health services in coping with sexual trauma (Lee & Hadeed, 2009).

Consistent with the integrative contextual framework (García Coll & Marks, 2012), the effects of sexual violence can be amplified or diminished through sociocultural processes and contexts. As such, understandings of sexual violence among Indian American women should consider the complex ways in which families and ethnic and/or religious/spiritual communities can both contribute to stress and become sites of support and resilience for survivors (Mahapatra & DiNitto, 2013; Singh et al., 2010). Some literature has suggested that a rigid adherence to traditional gender roles is associated with a higher tolerance for IPV and that violence against women has at times been justified within families and communities when women are thought to challenge or not conform to expected gender roles and norms (Yoshihama, Ramakrishnan, Hammock, & Khaliq, 2012). Further exploration of women's relationships with families, communities, and the broader U.S. society can inform the ways in which women conceptualize and cope with violence.

Gender and Sexuality Among Indian American Communities

Asian Indian family structures tend to be based on a patriarchal hierarchy, encompassing specific gendered expectations (Tummala-Narra, Satiani, & Patel, 2015). Within the family context, men are

typically accorded economic power, authority, and primary decision-making power, and women are expected to physically and emotionally care for family members and carry forth cultural traditions (Yoshihama et al., 2012). Generally, across social class, religion, and caste, there are expectations of women's chastity and sexual purity or abstinence from premarital sex, all of which are connected with family reputation and honor (Gravel, Young, Darzi, Olavarria-Turner, & Lee, 2016).

Acculturation to the U.S. mainstream context has been found to influence attitudes toward gender roles among Indian American women. In recent studies, U.S.-born Indian American women held less traditional attitudes toward gender and sex roles when compared with foreign-born participants, and with men, respectively. However, a stronger ethnic identity has been associated with more traditional gender- and sex-role attitudes across gender and nativity status (Tummala-Narra et al., 2017; Yoshihama et al., 2014).

It has been noted that second-generation Indian American women experience gender- and sex-role conflicts to a greater degree than immigrant, first-generation Indian American women and may grapple with perceptions by others as overly Americanized, risking connections with families and/or ethnic/religious communities (Inman, 2006). Through the process of acculturation, 1.5- and second-generation Indian American women are exposed to various messages regarding gender, sexuality, and sexual violence across different contexts (e.g., family, community, and the broader U.S. society; Inman, 2006; Mehrotra & Calasanti, 2010). These messages may either promote or impede a sense of safety and access to help in the face of sexual violence (García Coll & Marks, 2012; Kanukollu & Mahalingam, 2011). In the present study, we explored women's experiences of sociocultural messages across different contexts with the aim of informing understandings of socialization relevant to sexual violence, coping, and help-seeking.

Present Study

Scholars have increasingly recognized the importance of investigating the ways in which sociocultural contexts and experiences influence conceptualizations of sexual violence and that approaches to sexual violence should be considered through indigenous, local perspectives (Kallivayalil, 2007; Robertson et al., 2016; Singh et al., 2010). Few empirical studies, either qualitative or quantitative, have focused specifically on the experiences of 1.5- and second-generation Indian American women and their perspectives on sexual violence and on experiences of sexual violence occurring outside of domestic violence and IPV. The present study aims to fill these gaps in research, as there may be important distinctions in the experiences of Indian American women who have been raised with multiple cultural contexts and messages in the United States, in contrast to women who arrived to the United States as adults.

In this study, guided by an integrative contextual framework of minority youth development (García Coll et al., 1996; García Coll & Marks, 2012), we used qualitative inquiry to gain an in-depth understanding of women's perspectives and experiences of sexual violence, and socialization within different sociocultural contexts (e.g., family, ethnic and/or religious community, and the broader U.S. society) that may shape women's conceptualizations and experiences of sexual violence, coping, and help-seeking. We

included 1.5- and second-generation Indian American women who either experienced sexual violence or knew someone who had experienced sexual violence as well as women who did not have personal experiences of sexual violence. We included each of these subgroups of women because one aim of the study was to gain an understanding of socialization processes concerning gender roles and expectations, sexuality, and sexual violence. Therefore, including women who were interested in sharing their experiences of these aspects of socialization within families, communities, and the broader U.S. context, even those who may not have been directly impacted by sexual violence, was an important step in learning about the sociocultural messages that 1.5- and second-generation Indian American women receive in different contexts and how these messages may contribute to their conceptualizations of sexual violence, coping, and help-seeking.

Our research questions included the following:

RQ: How do women define and conceptualize sexual violence?

RQ: In which ways do socialization and interactions within different contexts (e.g., families, ethnic and/or religious communities, and the broader U.S. society) influence conceptualizations of sexual violence?

RQ: What are women's experiences of sexual violence when they and/or someone they know had been victimized, and what are the psychological effects of violence?

RQ: How do women cope with sexual violence and conceptualize seeking help?

Method

Participants

The sample included 19 participants who identified as either 1.5- or second-generation Indian Americans ranging in age from 19 to 46 ($M = 34.84$; $SD = 8.83$). Fourteen participants were born in the United States, and five participants were born in India and arrived to the United States by the age of 6. All of the participants' parents were born and raised in India. Fifteen participants completed all or some postcollege degree work, two participants completed college, and two participants completed high school. Participants identified as middle class ($n = 12$) and upper-middle class ($n = 7$). Seventeen participants identified as heterosexual, one participant identified as queer, and one participant did not indicate her sexual orientation. Twelve participants identified as Hindu, two participants as Christian, one participant as Muslim, one participant as Pentecostal, and three participants identified as nonreligious or not practicing. Ten participants reported English as their first language, and the remaining participants reported a heritage Indian language, such as Gujarati, Kannada, Konkani, Tamil, Telugu, and Urdu, as their first language. At the time of the study, participants were residing in various regions of the United States: Midwest ($n = 7$), North East ($n = 4$), South East ($n = 5$), and West Coast ($n = 3$).

Recruitment and Procedure

Participants were recruited through e-mail and phone invitations to Indian American cultural and religious organizations, cultural

and religious clubs in colleges and universities, community centers, professional groups, and women's collectives in urban and suburban areas across the United States. The initial e-mail and phone invitations were sent to these groups in major cities in different regions of the United States, including the Northeast, Southeast, Mid-Atlantic, Midwest, Southwest, and West Coast. Additional invitations were sent to groups in suburban areas whose contact information was provided by individuals with whom we connected through the initial e-mail and phone invitations. In addition, we used a reputational snowball sampling approach, in which participants who completed the study recommended others who met the study's inclusion criteria (Hessler, 1992). This sampling approach has been used in previous qualitative research with immigrant, first-generation Indian Americans, particularly when examining topics, such as racism and violence, which are often stigmatized within Indian American communities (Inman et al., 2015; Mehrotra & Calasanti, 2010; Mukkamala & Suyemoto, 2018). Similar to these previous studies, reputational snowball sampling allowed for the researchers to establish trust and credibility with potential participants who may not otherwise have considered participating in the study. We used the following inclusion criteria: have at least one parent of Asian Indian ancestry, identify as female, be at least 18 years of age, have either been born and raised in the United States or born in India and arrived to the United States by age 12. A phone or in-person interview was arranged by a research team member at a time and place convenient to the participant. The study was approved by the authors' institution, and informed consent was obtained for all participants. No financial compensation was provided to participants.

Measures

Qualitative methodology allows for an effective inquiry into the perspectives of racial and ethnic minorities, particularly those whose experiences are less visible in the broader U.S. context (Ponterotto, 2010). Individual narratives are a valuable source of knowledge concerning traumatic experience and mental health issues among Indian Americans (Inman et al., 2015). In this study, after completing a background information form, participants completed a semistructured interview that aimed to explore Indian American women's conceptualizations of and experiences with sexual violence, coping, and help-seeking.

Background information form. A background information form was completed by participants before the semistructured interview. The form included questions concerning age, ethnicity, education, social class, religious affiliation, first language, country of birth, age of arrival to the United States if born outside of the United States, parents' countries of origin, and current U.S. state of residence.

Semistructured interview. The semistructured interview was developed after reviewing existing literature concerning gender, sexuality, domestic violence, IPV, and sexual violence among South Asian Americans. Consistent with the integrative contextual framework (García Coll & Marks, 2012), the interview included questions regarding socialization experiences concerning gender, sexuality, and sexual violence within different contexts (e.g., family, ethnic and/or religious communities, and the broader U.S. context) and explored how women experienced interactions with others within each of these contexts. The interview consisted of

both broad, open-ended questions and probes to explore women's perspectives and experiences of sexual violence in a way that would attend to the depth of participants' narratives (Kang, Okazaki, Abelman, Kim-Prieto, & Lan, 2010). The interview consisted of questions exploring the following areas: (a) defining sexual violence, (b) socialization concerning gender and sexual violence, (c) personal experiences of sexual violence and coping, (d) experiences of sexual violence directed toward someone close to the participant and related coping, and (e) help-seeking in the face of sexual violence. Examples of broad, open-ended questions include "How do you define sexual violence or abuse?", "When you were growing up, how did people in your family approach the topic of sexual violence?", "Do you think that your cultural or religious background has influenced your views of sexual violence? If so, how?", "Have you ever experienced sexual violence?", "In what ways has this experience affected you and your life?", and "How do you think that someone who has experienced sexual violence should deal with it? What, if anything, should she do?" Examples of probes used to clarify and expand responses include "Tell me more about that" and "Can you share an example?" A complete list of interview questions can be obtained by contacting the first author.

Following an initial question regarding the participant's definition of sexual violence, the interviewer provided a definition of sexual violence described in the United Nations Declaration on the Elimination of Violence Against Women (United Nations, 1993), to serve as a reference point for the remaining questions in the interview. Although all participants were asked questions in all of the abovementioned areas (e.g., socialization, experiences of sexual violence, and help-seeking), the participants who reported having experienced sexual violence and/or knowing someone close to them who had experienced sexual violence were asked detailed questions regarding experiences of sexual violence and related coping.

The research team consisted of eight female interviewers, all of whom received training in administering the interview in a standard format. All interviews were conducted in English by the authors via phone, with the exception of one in-person interview, and ranged in duration from 30 to 75 min. The audio-recordings of the interviews were then transcribed verbatim by the members of the research team.

Data Analysis

Qualitative content analysis is a research method used to analyze text data in which the researcher focuses on "the characteristics of language as communication with attention to the content or contextual meaning of the text" (Hsieh & Shannon, 2005, p. 1278). Content analysis aims to link participants' language (e.g., words) with the broader context of the participant's experience (Downe-Wamboldt, 1992). Content analysis is similar to descriptive phenomenological approaches, in that it emphasizes the participant's description of a phenomenon and yet, unlike these approaches, does not aim to develop a specific theory (Hsieh & Shannon, 2005; Giorgi, 2009).

In this study, the interview data were analyzed through conventional content analysis, which is a form of qualitative content analysis used to describe a phenomenon when existing theory and/or empirical literature concerning the phenomenon is scarce or

limited (Hsieh & Shannon, 2005). This approach allowed for an exploration of the participants' direct descriptions or narratives by identifying patterns or themes, without assuming a prior theory or imposing preconceived categories (Hsieh & Shannon, 2005). It is well-suited to the present study because there is limited theory and research documenting the experiences of 1.5- and second-generation Indian American women. When conducting content analysis, the interview data are analyzed into content-related categories in which participants' narratives reflect common or shared meanings (Elo & Kyngäs, 2008). In contrast to other types of content analysis, such as directed content analysis, which aims to validate or extend existing theory or previous research and uses existing theory and research to develop a coding scheme before data analysis, in conventional content analysis, "categories are derived from data during data analysis" (Hsieh & Shannon, 2005, p. 1286). In conventional content analysis, broad categories and themes emerge directly from the participants' words, allowing for an in-depth understanding of experience, meanings, and the contexts within which these experiences and related meanings are situated (Downe-Wamboldt, 1992).

With regard to coding, each author read the transcripts independently multiple times, directing careful attention to the word-to-word responses of the participants. This was followed by regular team discussions, in which the authors developed an initial set of codes and themes that reflected shared themes and patterns emerging from the participants' narratives. The authors then reviewed the transcripts several more times, and through ongoing discussion with the research team, they categorized the data into broad content categories or domains and into specific themes describing each of these broader categories or domains in greater depth.

A codebook was developed in the initial stage of data analysis and then revised throughout the data analysis process, after multiple reviews of transcripts. The codebook initially contained five broad categories or domains and 18 themes, and at the completion of data analysis, the codebook included four broad categories or domains and 11 themes. The domains and themes were reviewed several times until the team reached consensus regarding the participants' conceptualizations and experiences of sexual violence, coping, and help-seeking. Reaching agreement or consensus concerning the domains and themes involved an extensive process of analysis and revision through discussion and deliberation (Downe-Wamboldt, 1992; Hsieh & Shannon, 2005). Any initial discrepancies in coding were resolved through additional review of transcripts and discussion among the research team. When there were discrepancies in coding, research team members described their rationale for their decisions concerning coding of a particular transcript, and then the team read the transcript again bearing in mind the rationale provided and the participants' words. Close attention was paid to the participants' words, and the potential influence of any preexisting biases or assumptions was discussed.

There are several aspects of qualitative inquiry, such as credibility and trustworthiness, which we recognized as essential to the process of collecting, analyzing, and interpreting the interview data (Morrow, 2005). We attended to the accuracy and adequacy of the data, the authors' self-reflexivity, and the process of interpreting the data (Inman et al., 2015; Morrow, 2005). The authors sent the participants whom they interviewed a copy of the interview transcription for review and requested that participants provide any feedback to secure the accuracy of the interview. Further,

the research team discussed saturation, including the point at which additional interviews would not add new information in the analysis. Saturation was reached by the 16th interview, although we completed three further interviews that did not reveal any new domains or themes. The final sample size was consistent with or larger than that in recent qualitative studies with Indian Americans (Mukkamala & Suyemoto, 2018; Tummala-Narra et al., 2016).

Attending to how the researcher's identity, including cultural experiences and perspectives, may shape evidence and interpretations in qualitative research involves situating the researcher's position in the research process (Yeh & Inman, 2007). In this study, the research team took measures to reflect on how our positions and identities may potentially influence how data are interpreted and represented (Yeh & Inman, 2007). In particular, we attended to self-reflexivity (Morrow, 2005) throughout the course of data collection and analysis, as we met regularly to discuss our assumptions, expectations, and biases concerning gender, ethnicity, and sexual violence, and their potential impact on data interpretation. All research team members were trained in multicultural research and qualitative methods and were immersed in reading and reviewing literature concerning Indian Americans and South Asian Americans both during the planning stages of the study and throughout the course of the study. In addition to regular team discussions regarding the existing literature, methodology, interview process, and data analysis, each member of the team kept a written record of personal reactions and impressions throughout the research process. These measures were taken in an effort to ensure that research team members examined potential biases, assumptions, and gaps in understanding and that the participants' narratives were at the core of data interpretation (Strauss & Corbin, 1998).

Results

Seven participants reported experiencing sexual violence in childhood, adolescence, or adulthood, and six of these participants indicated that they also knew someone, such as a friend or family member, who experienced sexual violence. Eight other participants reported that they knew someone who experienced sexual violence, although they did not report being personally victimized by sexual violence. The forms of sexual violence reported by participants included sexual abuse in childhood and/or adolescence, rape, sexual assault and/or sexual molestation in adulthood by either an intimate partner or an acquaintance, female genital mutilation, and stalking. Four participants indicated that they had not been victimized by sexual violence and that they did not know anyone who experienced sexual violence.

All of the participants provided definitions of sexual violence that reflect various aspects of the definition described in the United Nations Declaration on the Elimination of Violence Against Women (United Nations, 1993), such as childhood sexual abuse, marital rape, sexual assault, and female genital mutilation. Their narratives moved beyond these definitions and provided more detail about their conceptualizations and experiences of sexual violence within an Indian American context. Although participants who are survivors of sexual violence and participants who knew someone that had experienced sexual violence described in detail specific incidents of sexual violence, traumatic stress, and strategies used to cope with traumatic stress, all of the participants

provided important information regarding socialization concerning gender, sexuality, and sexual violence within Indian American and the broader U.S. contexts, which informed their conceptualizations of sexual violence.

Data analyses revealed four domains or categories, reflecting these perspectives: (a) socialization concerning gender roles, sexuality, and sexual violence; (b) the role of immigration and acculturation in conceptualizing sexual violence; (c) the psychological impact of sexual violence; and (d) barriers to seeking help. We describe the four domains and related themes, along with illustrative responses from participants (e.g., quotes from interviews). The number of participants whose responses reflected a specific theme is noted in the “*n*” following each theme.

Domain 1: Socialization Concerning Gender Roles, Sexuality, and Sexual Violence

The first domain reflected participants’ experiences of socialization concerning gender roles, sexuality, and sexual violence. Participants described their socialization experiences within various contexts, including families, ethnic and religious communities, and the broader U.S. context.

Theme 1: Gendered expectations concerning sexual behavior (*n* = 16). Participants noted differential expectations regarding gender roles and appropriate sexual behavior of boys and girls, and how girls were more closely monitored than boys within their families. For example, they were told by their parents to limit time outside of the home, due to the fear that they would be in danger of being hurt physically or sexually.

The rules for my younger brother in terms of going out with his friends or doing things with his friends were very different from the rules for me. My parents were like, “If you go out, you are in more danger of something happening to you (reference to being physically or sexually assaulted),” than it was for my brother.

Some participants connected patriarchal views of gender roles with conceptualizations of sexual violence against girls and women within their families and ethnic and/or religious communities.

Because there is this idea of gender norms, there is a masculine figure that he is the head of the household. One of the reasons why my uncle and aunt do not talk about it (reference to rape) was because he was the head of the household and that it’s (reference to rape) sort of accepted in a way. (Participant’s aunt is a survivor of sexual violence)

Participants also reported receiving implicit and explicit messages from family and other members of their communities regarding strategies that girls and women can use to prevent sexual violence, such as avoiding alcohol use and dressing conservatively. These messages contributed to a belief that women hold some responsibility for protecting themselves from sexual violence.

My mom was so worried about where I was, and did I put myself into a situation that potentially might be more dangerous (reference to sexual violence)? “Don’t walk alone at night. Don’t go to places where there is a lot of drinking.”

It was important that I stayed away from certain areas or I dress conservatively. I just had to think “These shorts are too short. You can’t wear them.”

Some participants who were sexually assaulted in either childhood or adolescence reported that these messages fostered a sense of blame toward the victim while growing up, and they described how they attempted to shift this conceptualization in their adulthood.

Do not walk out late at night. Do not go to parties. Do not drink. All of that stuff is definitely messages that I internalized. If sexual violence happens, there’s something that you did to allow it or leave yourself open to that. Part of my personal journey of healing and growth is understanding that that’s not true, but it’s still hard. It’s still embedded into the way I think.

Theme 2: Lack of discussion of sex and sexual violence (*n* = 19). All of the participants recalled little to no discussion about topics related to sex, sexuality, and sexual violence within their families and their ethnic and religious communities. As these topics were stigmatized, the lack of discussion often contributed to a lack of knowledge regarding sex and sexuality and challenges in recognizing sexual trauma.

We (family) do not talk about going out and partying. We do not talk about sex. We do not talk about relationships as much. Those kinds of topics have always been sort of off limits.

I think it’s sort of the conservative nature of the South Asian community. There’s just certain like topics that are sort of taboo. They do not talk about sex at all.

Further, most participants reported gaining information about sex and sexual violence through exposure to media, peers, and school-based education. Participants contrasted the access to talking about sex and sexual violence in their schools and social networks with the lack of discussion on these topics within their homes and their ethnic and religious communities.

I learned it (sexual violence) probably as a teenager, not through family, more probably through film, through classes, courses at school and more from education outside.

Maybe I was in high school but I always sort of knew it existed and I had seen it in movies and things like that or in books. I learned about it in my health class in school.

Domain 2: The Role of Immigration and Acculturation in Conceptualizing Sexual Violence

The second broad domain reflects how immigration and acculturation influenced conceptualizations of sexual violence across context and time. Although participants reported that the messages they received about gender and sexual violence differed across their Indian heritage context and their U.S. mainstream context during their childhood and adolescence, they noted shifts in perspectives on sexual violence within their families and other immigrant, first-generation Indian Americans across time. Participants who are parents further indicated that they made active efforts to initiate discussions about sex and sexual violence with their own children.

Theme 1: Conflicting views of sexual violence ($n = 8$).

Messages concerning sexual violence in the heritage context often conflicted with the messages that participants received in the U.S. mainstream context. For many participants, they assessed how their views on sexual violence contrasted with older members of their families and ethnic and religious communities, contributing to stress of navigating across cultural contexts. They spoke about how their experiences of growing up in the United States contributed to worldviews on sexual violence that differed from those held by their parents and the challenges involved with shifting back and forth between contexts with divergent perspectives on sexual violence.

They (parents and parents' immigrant, 1st generation Indian American friends) do not question it (sexual violence), because they grew up in India. Me and my friends were born and raised here in the U.S. There are two different worlds that we are juggling. They are so different, and we are supposed to live in one but still embrace the other.

Some participants who are survivors of sexual violence indicated that they distanced themselves from other Indian Americans and South Asian Americans to cope with their traumatic stress. The experience of being marginalized or silenced within their ethnic or religious communities contributed to challenges to cultural and/or religious identity and to a sense of connection to these communities.

I have moved away from my South Asian identity because I just didn't agree with a lot of the things that were projected onto people who were victims of a power dynamic. That's why I started shifting away from my own identity as a South Asian person because I didn't quite understand how to exist in both worlds. I didn't know how to be South Asian and be this person that has had these experiences (of sexual violence).

Participants also noted different responses to sexual violence in the U.S. and Indian contexts. Specifically, they believed that there is a higher likelihood of negative consequences to perpetrators in the United States, as compared to India.

We were in a Greyhound (bus) going somewhere and actually some guy reached over and was touching her (a woman) while she was asleep, and she woke up and just stood up and told the bus driver. She was Caucasian. I do not know if I would've had the courage to do what she did. She yelled at the bus driver, "You need to stop the bus right now. This man is touching me!" The whole bus ganged up on him and pulled him aside. The bus driver kicked him out and just drove away. I've never seen that in India. I think you can only see it in the U.S.

Theme 2: Shifting conceptualizations among immigrant, first generation Indian Americans across time ($n = 9$).

Participants noticed that over time, older immigrant, first-generation Indian Americans, including their parents, gradually became more willing to talk about sexual violence, as a result of living in the United States for longer periods. They attributed this shift to interactions with people of different cultural backgrounds and to gradual exposure to different perspectives on sexual violence in the United States. In addition, participants indicated that having children and grandchildren who are growing up in the United States posed new opportunities for older family members to consider new perspectives on sexual violence, which helped these

participants, in adulthood, to speak more openly about sexual violence with their family members.

Most of them now (parents' generation), having lived in America for 20 to 30 years, are not as conservative about it anymore. My parents and their friends have a view now on sexual violence that's more in line with what I think. Their viewpoint as a community has also shifted the longer they've spent in the U.S.

My husband is White and American. There are a lot of people who have married into our community, and are not Indian. It introduces a different perspective on things and I think at least in my husband's family, these things are talked about more openly. It's probably an influence both of time passing, plus having kids grow up in this country and sort of becoming totally Americanized, that have made my parents and their friends more open to all of these topics.

Theme 3: Engaging in discussions concerning sexual violence with children ($n = 5$).

Some participants who are mothers initiated discussions concerning sexual violence with their children as a way to counter the lack of discussion in their own upbringing. They stressed the importance of developing an open dialogue with their children and informing them about sex and sexual violence, in contrast to their own experiences as children and adolescents. These participants emphasized that they did not want to avoid or minimize discussions regarding sex and sexual violence with their children in the hope of providing clarity about what constitutes sex and sexual violence, and protecting their children from stigma against speaking openly about these topics, which participants had experienced from their family members and other Indian Americans while growing up.

I think it's important to bring it up if they talk about it in school. It's important to just tell your kids "do you know what these terms mean?" and "you know it's inappropriate for guys, for anyone, to touch you inappropriately."

Participants also noted the importance of actively protecting their children from potential violation, redefining cultural norms concerning children's interactions with adults. Specifically, they indicated not wanting their children to conform to adults' wishes for physical contact when these children did not feel comfortable with them. As such, these participants made conscious efforts to "break the cycle" and end the silence on sexual violence, in contrast to their parents and older members of their families, who had not wanted to openly address the problem of sexual violence.

I think this is a bigger issue for me now that I'm a mother, like telling my parents, "No my kids don't have to give so and so a hug." And saying that's okay and not shaming them or making them feel bad. In the last years, it has been a transition to seeing myself as an adult and a leader in the community and in the family and trying to change the tone around these things around consent. Because how do you break the cycle?

Domain 3: Psychological Impact of Sexual Violence

The third domain concerned participants' descriptions of survivors' traumatic stress. Participants also described survivors' experiences of marginalization and isolation within the family and the Indian American community.

Theme 1: Experience of traumatic stress ($n = 9$). Many participants described traumatic stress resulting from sexual vio-

lence, including depressive symptoms, anxiety, nightmares, flashbacks, suicidal ideation, experiences of guilt, self-blame, and shame, and relational challenges (e.g., trust in others, and sexual and emotional intimacy).

I was actually suicidal (following sexual violence).

If someone else sexually harassed her (a friend or family member who was sexually assaulted) later, that triggered her to be really traumatized. She would like randomly think of things and it would kind of trigger her and she will not be able to eat and she will just be in her room for a while.

I think the shame was around the idea that I brought it on myself, that I was receptive to it, that I wanted, that somehow, even though I was eight years old or nine years old at the time, I did something to deserve it.

It must have been my fault. It must have been something I did. It must have been something I wore. You know, it's ridiculous, even if you're six years old.

I did start engaging in sexual acts with men (in late adolescence and early adulthood), and I just felt it was something promiscuous. I do believe I was being very unhealthy. I do believe that it was an actual reaction to what had happened (reference to sexual abuse in childhood). It was very emotional for me and when I would engage in acts, it was just very void of emotion.

Participants who experienced sexual violence expressed the difficulty of bearing others' reactions to sexual violence. Most of these participants did not disclose their traumatic experience to family members, as they had concerns that their trauma would either be minimized or that they would be blamed for the traumatic event(s).

At the time when it happened, I felt like it was completely my fault. I felt like I was responsible. The one thing I knew for sure was that I couldn't tell my parents. I knew enough not to tell my teachers at school because I attended a public school, and I knew if I told them they would have to tell my parents or tell the authorities. There was not any place to talk about it.

Some survivors, rather than disclosing their trauma to anyone, drew on their spiritual faith as a way of coping with trauma.

I was having suicidal ideation but because of my faith, I couldn't do it (suicide) to myself, like I knew it was wrong.

Survivors who did disclose their experiences typically did so initially to a friend.

The first person I told was a friend of mine at school and the reason I told her was she was my closest friend outside of the community. The second person I told was another girl and we're family friends and she was in the community, and we've continued to talk about it in the years since. Just having those two people to tell was helpful because I was actually suicidal.

A few participants recognized the challenge of identifying some cultural and religious practices as sexual violation. For example, one participant's experience of genital cutting illustrates the complexity of defining what composes sexual violence and traumatic stress and the variations in how other women in her family and community conceptualized this practice. These variations in con-

ceptualizations contributed to the participant's challenges in being able to openly discuss traumatic stress with others.

There are many different justifications that are given for it (genital cutting) but the major justification was this idea of killing your sexual desires. This (genital cutting) is a form of sexual violence . . . I didn't think of it (genital cutting) as anything strange. It's something that was celebrated. In high school, I started learning about FGM (female genital mutilation) in other communities. This idea of sexual control and realizing that justifying everything we do in our tradition and kind of starting to question that in terms of how religion and tradition interfere with my reproductive organs. It's very nonconsensual because I was seven and didn't know what was happening to me. My younger sister underwent that later but we weren't really taught to talk about it in the open. My sister didn't feel the same as me. For her, obviously she wouldn't have wanted it, but I do not think it bothers her one way or the other . . . It's taken a lot of years to get to a place where I can feel comfortable talking about these things in the open and a lot of it is because I was taught not to talk about these things in the open.

Theme 2: Experience of marginalization and isolation within the family the and ethnic/religious community in the United States and India ($n = 7$). Participants reported that survivors of sexual violence experience marginalization and isolation within their families and Indian American communities, often diminishing the access to support in the aftermath of sexual violence. In particular, they noted how power differentials between the perpetrator and the survivor may impact the survivor's standing in their families and their ability to seek help.

There is unfortunately a lot of underreporting, due to the sensitivity, especially if there is sexual violence going on in the family. Oftentimes, in those types of situations, there's a power differential that takes place. That can often make it difficult for victims to get help, and to even reach out and let someone know that this is going.

They expect you to just walk it off. She (family member) was so overwhelmed with the expectations of her husband and realizing this is abuse and it was sexually demanding to have sex every night and not being able to perform. This is a state of abuse that I am expected to do things that are not healthy for me and that are hurtful to me mentally and physically.

Participants also reported that disclosing sexual violence can pose threats to a sense of unity of the family and a sense of belonging within ethnic and religious communities. Relationships with extended family and members of the Indian American community, including perpetrators, were often prioritized over survivors' emotional needs. In some cases, survivors were viewed as responsible for causing rifts within a family or community. These dynamics contributed to ongoing traumatic stress.

They (perpetrator) are either part of the family or a friend of the family. The repercussions that it would have for your family. That's the reason why I didn't tell anyone. If it's a family member, the woman would be held accountable for breaking up a family.

I didn't want my perpetrator at my wedding. The only reason I really had the courage to tell my parents was because of my fiancé. I told my parents this is what I want. You would've thought I told my parents I was going to press charges against him because my parents lost it.

Domain 4: Barriers to Seeking Help

The fourth domain encompassed barriers to seeking help, including stigma and silence, problems with recognizing sexual violence, threats to physical safety and security, and discrimination within the mainstream U.S. context. Although these barriers are faced by survivors of different racial and ethnic minority backgrounds in the United States, the participants described the unique ways in which these barriers were experienced within their specific bicultural contexts.

Theme 1: Stigma and silence ($n = 14$). Most participants identified the problem of stigma and silence associated with the topics of sex and sexual violence within families and communities as a significant barrier to coping with sexual violence and to seeking help. The secrecy of sexual violence was thought to contribute to ongoing traumatic stress.

Sexual abuse, the hiddenness and the secrecy of it. It really scars the recovery. It is the secrecy of it that festers it, perpetuates it, creates a lot of collateral damage.

Some participants reported the challenge of navigating the problem of stigma within Indian American communities, as they wished to openly discuss the problem of sexual violence and remain connected to their families and ethnic and religious communities. The ability to secure both open discussion and a connection with families and communities often felt untenable.

Sexual violence is one thing that I have not had a discussion about and I think it has to do with this incredible amount of stigma that still follows sexual violence around South Asian communities, and I'm not quite sure how to navigate that.

Theme 2: Problem with recognizing sexual violence and its impact on survivors ($n = 6$). Participants reported that problems in recognizing sexual violence and its enduring psychological effects contributed to a minimization of the significance of sexual trauma. They stated that it can be challenging to accept the label of sexual violence or abuse in describing what they had experienced because some family members did not conceptualize their experiences as violence or abuse. Further, some survivors reported that family members believed that survivors' experiences should not cause them significant distress. These dynamics contributed to barriers in a family's ability to recognize the impact of sexual violence and provide support to survivors.

In my conversations with (Indian) women, just even coming to the place to label what you experienced as abuse is a huge step. And I never thought about that for me. I knew what happened to me was wrong even when it happened to me. It was not right. It was not good.

For some people (Indian families), it was not that big of a deal to them. They do not see how it impacts their lives. They do not really label it as abuse. Maybe if they do, they think, "Oh well, it happened a long time ago. I don't need any help with that."

Theme 3: Concerns about safety and security ($n = 6$). A number of participants reported the potential for physical retaliation from the perpetrator, fear of losing financial security for oneself and one's children, and fear of losing connection to ethnic and/or religious communities as barriers to disclosing sexual vio-

lence. These participants indicated a lack of confidence and trust in family or community members to protect survivors.

I still feel that in the South Asian community, women cannot talk about these things because the fear of their own safety, the fear of that happening to them again and the fear of people harming them.

Women may not seek out help for the sake of their children. There's fear that they leave their spouse and then financially they cannot support their children.

There is the fear of how it's going to be perceived and the fear of being excommunicated from that community.

Theme 4: The role of minority status in disclosing violence ($n = 5$). Participants stated that their status as ethnic, religious, and racial minorities in the United States posed as a barrier to accessing appropriate help in the face of sexual violence. They were reluctant to disclose sexual violence to people outside of their ethnic and religious communities due to discrimination and concern that mental health service providers and law enforcement officials are not culturally informed. Specifically, participants were concerned that disclosing experiences of sexual violence to these providers would potentially pose more distress and isolation.

How is this White woman therapist going to understand me and my culture and my community? And just feeling safe in that environment.

They will not even consider going through the criminal justice system, especially when the situation is in the family or in a tight knit immigrant or ethnic minority community.

Discussion

The present study is among the few studies focused on investigating the perspectives of 1.5- and second-generation Indian American women concerning experiences of sexual violence. We examined how women conceptualize sexual violence and how socialization and interactions within multiple cultural contexts (e.g., Indian American and mainstream U.S. contexts) influence conceptualizations and experiences of sexual violence and approaches to coping and help-seeking. Consistent with the integrative contextual framework (García Coll & Marks, 2012), our findings suggest that women's perspectives and experiences of sexual violence are shaped by the interaction among various contextual factors, including socialization within the family and ethnic and religious communities, the process of acculturation to mainstream U.S. society, and acculturative stress. Participants' narratives reflected the ways in which they experienced and navigated socialization concerning gender, sexuality, and sexual violence across Indian American and U.S. contexts and how their conceptualizations of sexual violence may have shifted across time during the course of acculturation. Participants noted specific sources of stress and support within different cultural contexts. They identified interpersonal and contextual barriers to coping with traumatic stress, such as silence and stigma related to sexual violence within Indian American communities, and the importance of openly talking about sexual violence and seeking help from friends and other sources of support, in contrast to their immigrant, first-generation parents and older members of their families and ethnic and/or religious communities, who had not openly discussed or engaged with the problem of sexual violence. The findings challenge as-

sumptions regarding cultural influences on sexual violence as fixed. Rather, participants' narratives indicated the dynamic and complex nature of traumatic stress and resilience within the context of immigration and the importance of attending to the intersection of sociocultural experiences and sexual trauma (Ahmed, Reavey, & Majumdar, 2009; Kallivayalil, 2007; Leu et al., 2011; Mitra, 2013).

Although some of the perspectives reported by our participants share commonalities with immigrant-origin individuals from other ethnic backgrounds, the present study provides more detail concerning how Indian American women who are raised in the United States experience sociocultural messages regarding gender, sexuality, and sexual violence in their socialization and how they conceptualize sexual violence within an Indian American context. The findings also contribute new knowledge to the experiences of 1.5- and second-generation Indian American women as distinct in some important ways from those of immigrant, first-generation Indian American women. Specifically, previous research indicates a greater acceptance of traditional attitudes toward gender roles and higher tolerance for IPV among immigrant, first-generation Indian Americans (Kallivayalil, 2007; Tummala-Narra et al., 2015; Yoshihama et al., 2014). In the present study, 1.5- and second-generation participants reported feeling either conflicted or dissatisfied by traditional gender roles and by the silence concerning sexual violence in Indian American families and communities.

Further, although first-, 1.5-, and second-generation Indian American women share some common barriers to accessing help in coping with sexual violence, such as experiences of stigma and the fear of disrupting family relationships (Roy, 2012), 1.5- and second-generation Indian American women in the present study reported shifts in cultural and/or religious identity rooted in experiences of sexual violence and others' responses to the violence, and in exposure to multiple cultural contexts. For example, for many participants, socialization in the broader U.S. context facilitated changes in how they approached parenting their own children and how, over time, they conceptualized who is responsible for sexual violence, as they held the perpetrator and not the survivor responsible for sexual violence. As such, their conceptualizations of sexual violence diverged in some salient ways from those of their immigrant, first-generation parents. Yet, participants reported that messages related to gender, sexuality, and sexual violence within families and ethnic and religious communities carried over from the immigrant, first generation to the 1.5 and second generations. In the following sections, we examine the findings in more depth, particularly the role of patriarchy, acculturation, and acculturative stress in conceptualizations and experiences of sexual violence, coping, and help-seeking.

Patriarchy and Sexual Trauma in the Indian Immigrant Context

Participants' responses reflected the intertwined nature of socialization concerning gender, sexuality, and ethnicity within home and ethnic and religious community contexts (Mehrotra & Calasanti, 2010). Participants described family- and community-based expectations to adhere to traditional patriarchal norms concerning gender roles and sexual behavior. Previous research suggests that immigrant, first-generation Indian Americans tend to believe that women carry responsibility for preventing sexual

violence (Devdas & Rubin, 2007; Inman et al., 2014). Relatedly, in our study, participants and their families engaged in attempts to prevent sexual violence by avoiding situations perceived to be potentially dangerous. As such, participants' conceptualization of circumstances in which sexual violence occurs was influenced by differential expectations of sexual behavior of men and women (Gravel et al., 2016).

Consistent with previous studies with immigrant, first-generation South Asian American women (Kallivayalil, 2007; Roy, 2012), participants reported that women are expected to uphold family unity, even when they are victims of sexual violence. The lack of discussion about sex and sexual violence within families and ethnic and religious communities compounded the negative effects of the expectation of preserving family connections by either denying violence or minimizing its effects on survivors' lives. In addition, our findings highlight the difficulty of identifying or labeling sexual violence and openly discussing sexual violence when family members minimized the impact of sexual trauma. This type of challenge was clearly evident in the case of a participant who defined cutting of female genitals as mutilation and sexual violence, whereas other women in her family and cultural and religious community viewed this as acceptable practice that does not involve violence. In these instances, there are striking differences in the ways in which sexual violence is defined not only across immigrant generations (older and younger members of the family) but also within immigrant generations (among siblings, friends, and peers). These findings raise questions about how to address the problem of sexual violence within Indian American communities, in which there is a lack of common definition of sexual violence, at least with regard to certain types of sexual violence (Devdas & Rubin, 2007; Robertson et al., 2016; Tummala-Narra et al., 2015). Although a lack of consensus in defining sexual violence is not unique to Indian Americans, our findings highlight the role of specific sociocultural norms, expectations, and circumstances within the Indian American context in guiding conceptualizations of sexual violence and help-seeking.

Relatedly, although participants who are survivors of sexual violence reported experiencing traumatic stress that is shared with that of survivors across different racial and ethnic backgrounds, such as feelings of shame and guilt, self-blame, anxiety, depression, and suicidal ideation, they also reported some experiences that were uniquely embedded in their bicultural contexts. Specifically, most of these participants felt as though they could not report their experiences of sexual violence to family members or to members of their ethnic and religious communities, as they were concerned about their personal safety and about disrupting relationships among family members, especially when the perpetrator was an extended family member or family friend. The stigma and silence accompanying sexual violence against women further affected their ability to access adequate help in coping with traumatic stress (Roy, 2012). Participants spoke of how the decision to disclose sexual violence and seek help was marked by a fear of further isolation and marginalization from their families and communities. This finding is especially problematic considering the importance of family and community support in survivors' recovery from sexual trauma (Kaduvettoor-Davidson & Inman, 2012).

It is important to note that some participants drew support and strength from cultural and religious practices in coping with sexual violence, even when they were unable to draw support directly from family or friends. Consistent with previous studies with

immigrant, first-generation Indian American women, these findings suggest the importance of recognizing both the role of cultural and religious beliefs and practices in promoting a sense of resilience in the face of trauma and the ways in which patriarchal beliefs embedded in cultural and religious beliefs can impede survivors' ability to speak openly about sexual trauma and seek help from others (Mahapatra, 2012; Singh et al., 2010; Yoshihama et al., 2012). Participants whose connection to their ethnic and/or religious heritage was a source of strength also reported their distress related to silence concerning sexual violence within their families and communities. The findings expand previous research (Tummala-Narra et al., 2017) by indicating that a sense of connection to cultural and religious heritage can coexist with a sense of dissatisfaction with patriarchal structures in which some cultural and religious traditions and practices are embedded. Rather than suggesting that a particular cultural context supports "cultural justification" for sexual violence (Abraham, 1999, p. 614), the findings underscore the ways in which 1.5- and second-generation Indian American women contend with complex and contradictory aspects of their sociocultural contexts and how any one particular context (e.g., family, community, and the broader U.S. society) can both inhibit and promote growth and connection in different ways (García Coll et al., 1996).

Acculturation, Acculturative Stress, and Conceptualizations of Sexual Violence

Participants in the study struggled with reconciling messages which they received regarding sex and sexual violence from their families and ethnic and religious communities that contrasted with messages which they received within dominant U.S. society. Most survivors initially disclosed experiences of sexual violence to individuals outside of their families and ethnic and religious communities. Although they felt that accessing this support was helpful, they also felt that this support was limited, due to negative experiences such as discrimination and the lack of culturally informed providers. Our findings highlight the stress experienced by survivors who develop their sociocultural identities in the context of isolation or marginalization within each of their cultural contexts (e.g., Indian and American). Further, it is possible that the immigrant context exacerbates the problem of silence on sexual violence among Indian Americans. Scholars have suggested that immigrants, in an effort to preserve their connection to heritage culture and cope with discrimination within the broader U.S. society, may idealize aspects of their heritage culture (Kanukollu & Mahalingam, 2011). Such idealization can include beliefs concerning sexual behavior that contribute to silence and/or minimization of the impact of sexual violence on lives of women and girls.

Our findings further note shifts in conceptualizations of sexual violence across time among the participants and their families. They challenge the notion of culture as fixed or static and underscore the complex ways that heritage culture and the mainstream U.S. context interact to shape views of sexual violence (Ahmed et al., 2009). Cultural shifts concerning views of gender roles and sexual behavior contributed to changing subjectivities and conceptions regarding sexual violence. Specifically, participants reported that some family members were more likely to discuss the problem of sexual violence the longer that they had lived in the United

States. They attributed these shifts to becoming more "Americanized" over time and adopting new ways of conceptualizing gender roles, sexual violence, coping, and help-seeking.

Consistent with previous research, our findings suggest that Indian American women's negotiation of gender, ethnicity, and religion are intertwined aspects of identity development (Inman, 2006; Mehrotra & Calasanti, 2010) and that rape myth acceptance may vary across immigrant generations (Devdas & Rubin, 2007). Socialization in multiple contexts within the United States contributed to both conflict with family members concerning gender roles and sexual behavior and a growing sense of differentiation from the family with regard to views of sexual violence. Acculturation to the mainstream U.S. context influenced participants' views of sexual violence, which contrasted with their parents' views. For example, participants expressed the importance of speaking openly with others about sexual violence and of holding the perpetrator, not the survivor, responsible for violence. Participants also engaged in new ways of parenting their own children by initiating discussion about sex and sexual violence with them, in contrast to their own childhood and adolescence. At times, new ways of engaging with parenting and taking active measures to protect children involved coping with tension and conflict with others (Tummala-Narra et al., 2015). Specifically, some survivors encouraged their children to openly express their discomfort with hugging an extended family member, which posed tension among family members. The tensions that may arise in breaking silence should be considered in the context of the role that 1.5- and second-generation Indian American women continue to play in upholding a sense of family honor and in transmitting heritage culture to the next generation (Kanukollu & Mahalingam, 2011). Therefore, the task of negotiating these tensions can be a stressful experience for women, as they forge new ways of approaching sexual violence while maintaining their connections with family and heritage communities.

Limitations of the Study and Implications of the Findings

We recognize several limitations of our study. We used a convenience sample of women, all of whom are from well-educated, middle or upper-middle class backgrounds. The sample also consisted primarily of participants who identified as Hindu. A sample that included women from different educational and social class backgrounds and from other religious backgrounds such as Islam, Christianity, and Buddhism would provide additional valuable information regarding perspectives on sexual violence. We also recognize the potential for self-selection bias, as the study may have excluded women who may not have been interested in or willing to discuss experiences of sexual violence or their views on sexual violence. The semistructured interview focused primarily on questions related to socialization within family and ethnic and religious communities, experiences of sexual violence, and coping with sexual violence. We did not include specific questions regarding other factors that may have influenced participants' experiences of sexual violence, such as stereotyping and discrimination, acculturative stress, family's premigration experiences, other traumatic experiences (e.g., physical abuse, neglect, and political trauma), the role of extended family in the United States and in India, and certain aspects of identity and social location (e.g.,

social class and sexual orientation). We also did not examine specific forms of sexual violence, such as sexual abuse in childhood or rape in adulthood, and how they may have had differential impact on survivors, responses from family and community, and the recovery process. Despite these limitations, our findings offer new insights that can guide future research, training, and interventions with Indian American survivors of sexual violence.

Implications for research. Future research can examine the experiences of Indian American women from different educational and social-class backgrounds, to better understand the potential influence of these social position factors (García Coll & Marks, 2012) on experiences of sexual violence, family and community responses, and access to help. In addition, studies examining the psychological and social impact of specific types of sexual violence would provide more detailed information about the experiences of subgroups of survivors. Finally, the interviews were conducted before recent public discourse and social movements focused on eliminating sexual violence, such as the Me Too movement and the Time's Up movement. It would be important to investigate how these social movements and exposure to different types of media (e.g., mainstream and social media) may influence perspectives on sexual violence among 1.5- and second-generation Indian American women and girls.

Implications for training. Our findings have important implications for training in culturally informed interventions. This is especially important when considering barriers to help and the problem of underutilization of mental health services among Indian Americans (Inman et al., 2014; Lee & Hadeed, 2009; Roy, 2012). The findings indicate that it is critical for clinicians to avoid reductionistic or simplistic approaches to Indian American women's experiences of sexual violence. Rather, clinical conceptualizations should include more in-depth understandings of the influence of sociocultural context on survivors' perspectives (Tummala-Narra et al., 2015). Clinical inquiry further requires an examination of the counselor's or therapist's own assumptions, biases, stereotypes concerning Indian Americans (Kanukollu & Mahalingam, 2011). Clinicians would benefit from training in graduate education and in their work settings through coursework and supervision that provide opportunities for dialogue concerning the experiences of survivors who are immigrants or children of immigrants.

Implications for interventions. To date, psychological interventions have not adequately considered the complexity of 1.5- and second-generation Indian American women's experiences of family, community, and mainstream U.S. context, divergent messages concerning sexual behavior and sexual violence within each of these contexts, and shifts in perspectives over time. Consistent with multicultural and feminist approaches (Kallivayalil, 2007; Tummala-Narra et al., 2015), clinicians can help empower survivors by exploring survivors' definitions of what constitutes acceptable sexual behavior and sexual violence and how these definitions may either converge or contrast with those of family members, and the implications of these similarities and differences on the recovery process. Clinicians can also engage in discussions with clients about how specific contexts, such as families and ethnic and religious communities, either promote or inhibit recovery from trauma and access to help (García Coll & Marks, 2012; Mahapatra & DiNitto, 2013). It would also be important to recognize that survivors' expressions of resilience can vary across the multiple cultural contexts in which they interact (Tummala-Narra et al., 2015). Relatedly, the decision to not disclose violence should

not necessarily be interpreted as problematic but rather understood within a broader context with a unique set of demands. Further, clinicians can examine the implications of disclosing violence to family, friends, and significant others for survivors who are negotiating conflicting demands across these different contexts. When the family is a key source of support, it may be appropriate to include family members in counseling and psychotherapy to facilitate dialogue and understanding of the effects of sexual trauma on survivors (Kanukollu & Mahalingam, 2011). However, it is important to recognize that disclosure in many cases poses risk to one's sense of safety and connection to family and community.

In addition to clinical interventions, our findings indicate a clear need for outreach and education within Indian American communities. As participants described the detrimental effects of silence surrounding sexual violence, it would be important for community-based interventions to focus on developing awareness of sexual violence within the Indian American community, to emphasize the psychological and social impact of violence, and to create dialogue concerning community support for survivors (Kanukollu & Mahalingam, 2011). It is worth noting that such engagement can include both in-person and online spaces. Communities also play a critical role in supporting survivors to access medical, legal, and mental health services, and advocacy (Mahapatra & DiNitto, 2013; Yoshihama et al., 2012). The willingness for families and communities to collectively break the silence can facilitate safety for women and girls.

Conclusion

Overall, our findings, consistent with the integrative contextual framework (García Coll et al., 1996; García Coll & Marks, 2012), suggest that conceptualizations of sexual violence among 1.5- and second-generation Indian American women are dynamic, shaped through a number of cultural and contextual influences within and outside of their immigrant homes and communities. Experiences of sexual violence impacted the ways in which participants developed their ethnic and religious identities, as they negotiated a sense of connection and disconnection with their families and heritage communities. In addition, participants internalized aspects of multiple cultural contexts that may present contradictions and dilemmas concerning maintaining silence or speaking out about violence. The findings underscore the importance of researchers, educators, and clinicians attending to sociocultural influences on experiences of sexual trauma, responses to sexual violence, and access to appropriate help.

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Received July 25, 2018

Revision received March 2, 2019

Accepted March 5, 2019 ■

Correction to Kaholokula, Okamoto, and Yee (2019)

In the introduction “Special Issue Introduction: Advancing Native Hawaiian and Other Pacific Islander Health” by Joseph Keawe‘aimoku Kaholokula, Scott K. Okamoto, and Barbara W. K. Yee (*Asian American Journal of Psychology*, 2019, Vol. 10, No. 3, pp. 197–205. <http://dx.doi.org/10.1037/aap0000167>) the name of a scale and its citation was misidentified as Nā Mea Hawai‘i (Rezentes, 1993). The correct citation is,

Hishinuma, E. S., Andrade, N. N., Johnson, R. C., McArdle, J. J., Miyamoto, R. H., Nahual, L. B., . . . Yates, A. (2000). Psychometric properties of the Hawaiian Culture Scale—Adolescent version. *Psychological Assessment*, 12, 140–157. <http://dx.doi.org/10.1037/1040-3590.12.2.140>

The online version of this article has been corrected.

<http://dx.doi.org/10.1037/aap0000170>