Studying the Trends of Domestic Violence in the South Asian Communities of Shelby County

Ketaki Nandkishor Saokar

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STUDYING TRENDS OF DOMESTIC VIOLENCE AMONG SOUTH ASIAN COMMUNITIES IN SHELBY COUNTY

by

Ketaki Nandkishor Saokar

A Thesis
Submitted in partial fulfillment of the Requirements for the Degree of Master of Public Health Major: Epidemiology

The University of Memphis
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ABSTRACT

Abuse in South Asian countries is a significant problem, in large part due to cultural characteristics that support patriarchal views. Unfortunately, little is known about South Asian individuals once they move to the United States. One of the primary research questions was determining the most common form of domestic violence for a South Asian population living in the US, and the role of patriarchal views for DV experiences. Primary data were collected on basic demographics, religious background, country of origin, alcohol use, frequency of abuse, and patriarchal beliefs using Qualtrics. Data were collected between May and October 2022. Multiple imputations were run for the missing values on abuse and the patriarchal belief measures. A series of logistic regressions showed that the religious background, specifically being Hindu, significantly affects the risk of ever experiencing abuse. Patriarchal belief scale is a strong predictor of abuse, although not statistically significant. Finally, mental/emotional abuse is more commonly experienced in South Asian communities in Shelby County than any other abuse. These results are consistent with the current literature and thus, highlight the need for more research and domestic violence related culturally specific and relevant resources for the South Asian communities in the Shelby County area.
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CHAPTER 1: INTRODUCTION

Domestic violence/intimate partner violence (DV/IPV) impacts a large number of people all over the world. It is not only a major public health issue (Su et al., 2021), but a serious human rights violation (WHO, 2005) that has serious and irreversible effects on the survivor, their families, and society as a whole (Gong et al., 2022). Most studies conceptualize and measure domestic violence as a behavior of a person towards their partner that results in physical, sexual, emotional/psychological harm (Das et al., 2013; Su et al., 2021). A few describe these behaviors as “acts of aggression” (Das et al., 2013) or “controlling” or “acts of oppression” (Su et al., 2021). The Violence Against Women Act (VAWA) in the US, defines interpersonal violence (IPV) as felony or misdemeanor crimes of violence by a partner on their current or former intimate partner or by an adult against a child in the family that is under the protection of family violence laws.

Violence has, invariably, been used to exert power over the “weaker” party involved, which in turn puts gender at the center of the argument (Bardwaj et al., 2021). It is often considered a consequence of patriarchy (Dobash and Dobash, 2017) and men’s desire to exercise power and control over their female partners (Quek, 2019). According to the United Nations High Commissioner for Refugees (UNHCR), globally, gender-based violence is any act of harm directed towards an individual based on their gender. Forms of gender-based violence include physical, sexual, mental, and economic harm (Smith et al., 2018). Almost all studies report that women are at far greater risk for experiencing DV/IPV, compared to their male counterparts (Su et al., 2021). For example, the National Intimate Partner and Sexual Violence Survey (NIPSVS) (p.1-3) and the Control Division of Violence Prevention (2015) reported that 43.6% of women
were survivors of sexual violence compared to just 24.8% of males. This disparity is consistent across the world (Su et al., 2021).

Domestic violence has mostly been explored in heterosexual relationships, but recently scholars are focusing on risks for domestic violence in LGBTQIA relationships as well (Smith et al., 2018). According to the CDC’s Youth Risk Behavior Survey (2020), 22% of LGB students and 19% of students who were unsure of their sexual identity experienced intimate partner violence. For example, Smith et al. (2018) found that 44% of lesbian women, 61% bisexual women experienced violence at the hand of an intimate partner, compared to 35% of heterosexual women (Smith et al., 2018); furthermore, scholars are concerned that these rates are on the rise (Black et al., 2010). Similar to cis-gender women, LGBTQIA individuals experience violence in the form of sexual/emotional abuse, stalking and physical violence (Smith et al., 2018). Non-binary men experience domestic violence too (Black et al., 2010). This population experiences higher rates of DV compared to their cis-gender counterparts but at lower rates than non-binary women: 26% of gay men and 37% of bisexual men (Smith et al., 2018).

Finally, domestic violence/intimate partner violence is not restricted to just American culture. Research finds that DV/IPV is a serious problem in South Asian (SA) communities as well, but that it varies by country (Bhardwaj et al., 2021). For example, studies show that over half (54.2%) of the women in Bangladesh will experience DV/IPV at some point over their lifetime (Bhardwaj et al., 2021), while roughly a quarter of women in India (28.8%), Nepal (25%), and Pakistan (24.5%) will experience DV/IPV (Bhardwaj and Miller, 2021). Conversely less than 20% of women in Sri Lanka, Bhutan and Maldives will experience DV/IPV in their lifetime, highlighting the fact that possible cultural and socio-economic differences in each country is associated with differences in the risk of experiencing domestic violence.
LITERATURE REVIEW

According to the World Health Organization (2005), one in three women in the world experience domestic violence at some point in their life. Physical violence against women, across the world, ranges between 13% and 61% (WHO Multi-Country Study, 2005), where the differences are partially attributable to study type, population, and geographical area (Alhabib et al., 2009). Consistently across the globe, though, while men do experience domestic violence (NIPSVS, 2015; Smith et al., 2018) they make up a significantly smaller proportion of survivors than women (NIPSVS, 2015; Smith et al., 2018). Risk factors for women experiencing domestic violence include: country-specific cultural values/norms, socioeconomic demographics (i.e., employment, education, income), gender, and substance use/abuse (i.e., alcohol and drugs)(for review see Alhabib et al., 2009). Finally, while we know that DV/IPV occurs around the world (Garcia- Moreno et al., 2006), most of the research focuses on the United States, and even more, little is known about DV/IPV experiences for South Asian individuals living in the US (Sogllin et al., 2019).

Domestic Violence in the United States

Violence, in any form, was recognized in the United States as a public health issue starting roughly 30 years ago (Alhabib et al., 2009). According to the CDC (2021) nearly one in five women and one in seven men have experienced any form of violence from a partner at any point in their life. From 2016 until 2018, the national average of domestic violence incidence went up by 42% (National Coalition Against Domestic Violence, 2020), and in 2018, domestic violence accounted for 20% of total violent crimes across the U.S.

There are several demographics that impact the risk of experiencing domestic violence. For example, in the US, women are far more likely to experience DV/IPV than men (Smith et al.,
and half of domestic violence victims have their first direct encounter with DV before they are 18 years old. That number increases to 70% for those who 25 years old or younger (CDC, 2015; Smith et al., 2015). Researchers also find that unemployment and education are associated with domestic violence. For example, individuals who are unemployed or between jobs or who did not complete high school were more likely to experience domestic violence (Kyriacou et al., 2007). Smith et al. (2017) state that nearly half of the multi-racial women in the US experience domestic violence in their lifetime, and those most at risk are Black women. Finally, the risk of domestic violence increases when alcohol or drugs are involved in the relationship (Kyriacou et al., 2007).

Socio-cultural risks for women experiencing domestic violence in the United States include norms regarding hypermasculinity and male dominance that result in a culture of putting men “in-charge” and increase the risk of violent crimes committed by men (Hatty, 2000). Studies also suggest that there is a deep connection of wanting to be seen as more masculine and resorting to violence (Hatty, 2000). American culture heavily relies on raising young boys with extreme masculine values and idealization of masculinity, that manifests itself in later stages of life as a series of problematic behaviors leading to violence and disrespect towards women (Hatty, 2000). DV scholars conclude that a heavy focus on gender roles and power in social spaces are major contributors to the power dynamics between men and women in the US, and thus increasing the risk for women to experience domestic violence (Hatty, 2000).

**Domestic Violence in South Asian Countries**

According to the International Population Health Sciences organization (2017), one in three ever-married women in India have encountered IPV at least once in their life. Researchers have studied a variety of explanations for why DV/IPV occurs. This area of research has shed
light on very disturbing socio-cultural aspects of domestic violence. For example, Das et al. (2013) explored how individuals justified IPV among women living in Mumbai, India. They found that 35% of the survey participants, mainly women residing in Mumbai slums, expressed that IPV was justified against the women who fail to live up to the expectations as a “good wife” (Das et al., 2013). Additionally, participants have reported that a woman that failed to feed good food to the family or did not seek permission from either the husband or ‘in-laws’ before going out, was justifiably at risk of experiencing IPV (Das et al., 2013). Krauss’s (2006) research would suggest that one explanation for this justification is that the definition of what constitutes as “domestic violence” differs based on culture.

Other studies have found that a majority of domestic violence in South Asian countries are aftereffects of colonization and resistance to it (Bhardwaj & Miller 2021). For example, when European monarchs colonized portions of South Asian, they imposed strict gender norms (i.e., that still impact women’s lives today (Chitnis & Wright, 2007). Women are expected to be caretakers of the family and put their husband’s needs above all else (Ashrafun, 2018). Additionally, the family law system restricts women’s ability to leave her husband and dictates what is deemed to be a “good wife” (Bhardwaj & Miller, 2021). Finally, violence within the marriage is considered and treated as a “private family matter” allowing for incidences of violence to occur and go unpunished (Hadi, 2017). Interestingly, in Maldives and Bhutan, researchers report low prevalence rates of DV/IPV cases and suggest this is due to the progressive nature of some policies that remove gender barriers from most social spaces (Bhardwaj & Miller, 2021). Additionally, the famous Gross National Happiness policy, which puts significant importance on preservation and “promotion of national culture, and environment”, helps to reduce such violence in their culture (Dayaram & Pick, 2011, p. 135).
Bhardwaj and Miller (2021) argue that the prevailing Buddhist philosophy in these countries stigmatizes interpersonal violence and promotes “calmness and rationality, rather than…aggression or violence” (Fulu, 2013, p. 61).

Cases in countries like Bangladesh, India and Pakistan often involve extreme forms of violence and are related to cultural practices in the different South Asian countries. For example, dowry related physical violence (Kaur & Byard, 2020) and honor killings where family disapproves of partners, acid attacks on young girls, and bride burning have all been witnessed on a large scale in India and Pakistan (Bhardwaj & Miller, 2021). The perpetrators of such violence often include the partner, partner’s family, young boys, their own families (Bhardwaj & Miller, 2021). Again, all of these extremely violent acts are justified in the name of family honor (Mayeda & Vijaykumar, 2016); while some of these countries have passed laws to support women’s rights and safety, the implementation and enforcement of the laws have proven difficult as they conflict with religious teachings (Shah, 2016).

Another explanation for why South Asian women experience domestic violence revolves around substance abuse. For example, Mishra et al. (2013) finds a strong association between alcohol use by the DV perpetrator and rates of domestic violence. 42 percent of their participants indicated that they experienced domestic violence when their partner was drunk (Mishra et al., 2013). Mahapatro et al. (2012) also find similar associations and report that the increased risk of DV/IPV cases in alcoholics is twice that of non-alcoholics. Finally, Das et al. (2013) finds a strong association between partner’s alcoholism and an increased risk of DV/IPV; even more troubling they also find increased justifiability of DV/IPV by women when the perpetrator is drunk.
Finally, several studies find that women with lower literacy levels, poor employment status, and lower SES had an increased risk of domestic violence (Mishra et al., 2013; Mahapatro et al., 2012; Das et al., 2013). These trends are highly associated with cultural laws and expectations that once a woman marries, her rights are curtailed (Hadi, 2017) and she is no longer in charge of her finances or has access to resources that would allow for financial benefit (Murshid & Critelli, 2020). Similarly, Mishra et al. (2013) found that certain problematic controlling behaviors, including limiting access to financial resources, meeting with family or friends, and questioning partner’s faithfulness, were common in households with reports of abuse, compared to those who are not abused. Conversely, being financially independent and living in close proximity to parents reduced the risk of domestic violence for South Asian women (Mishra et al., 2013), especially in countries like Maldives and Bhutan which foster cultural norms of interpersonal harmony and gender equity (i.e., no arranged marriages or dowery laws, married women retain rights to property) (Fulu, 2013).

Overall, similar to the United States, there are many reasons why women are at greatest risk for experiencing domestic violence; however, risk factors that are unique to South Asia typically involve family-dynamic culture, particularly around patriarchy. For example, Bhardwaj and Miller (2021) suggest that the diversity in South Asian countries, colonization and post-colonization economic and social struggle, social and cultural conditioning, paired with the sense of “man’s authority” and patronizing presence that limits women’s representation in various socio-political, justice and educational systems, has led to large gender inequity. This creates an environment for more intense forms of violence against women in some South Asian countries (Bhardwaj & Miller, 2021).
Types of Domestic Violence in South Asia versus the United States

While women are far more likely to be survivors of domestic violence (compared to men) in both South Asian countries and the United States (NIPSVS, 2015; Smith et al., 2018), the types of domestic violence experienced in different parts of the world, differ quite a bit. For example, as previously mentioned, in South Asian countries women are likely to experience intense forms of physical violence like being burned alive, honor killings, acid attacks, and dowry related violence (Bhardwaj & Miller, 2021; Das et al., 2013). There are multiple risk factors unique to the culture in South Asian countries that increase the risk of DV/IPV. For example, as previously mentioned, for South Asian countries that were colonized, the resistance to colonization and the nationalism that followed the resistance are contributing factors towards the place of women in the society that puts them in the weaker social standing compared to men. They argue that growing nationalism after colonization introduced patriarchal values in the South Asian countries, directly impacting women’s rights (Bhardwaj et al., 2021).

Domestic violence in the United States, on the other hand, tends to start with psychological abuse (i.e., stalking, verbal abuse, and economic abuse), which then can take the form of physical abuse and can lead to death (NIPSVS, 2015; Smith et al., 2018). For example, stalking is a very common form of abuse in the United States (NCADV, 2020). It is meant to be psychologically traumatizing and is defined as behavior that puts a person in reasonable fear of material harm to her health or safety, such as threats or surveillance (NCADV, 2020). According to the National Coalition of Domestic Violence (2011), 66.4 percent of women and 5.6 percent of males have been stalked. Unfortunately, a large number of those individuals who are stalked, end up experiencing more physical forms of abuse later. For example, 20% of stalking victims were physically assaulted by the stalker at some point after the stalking began (NIPSVS, 2015;
Smith et al., 2018). NCADV (2011) found that 76 percent of women who were murdered and 85% of women who survived such attempts by a boyfriend, were first stalked (NIPSVS, 2015; Smith et al., 2018).

Another type of domestic violence prevalent in the US (but not South Asia) is psychological or emotional abuse, which has long-term repercussions on one's mental health (Su et al., 2021). It includes trauma produced by verbal abuse, threats of abusive behavior, or coercive techniques, as well as ongoing attempts to frighten someone. Psychological abuse victims frequently experience despair, suicidal thoughts, low self-esteem, and difficulties trusting people, as well as nightmares, trembling at the lightest touch, intimacy issues, and post-traumatic stress disorder (Ali et al., 2021); all of which can culminate in physical or sexual abuse (Su et al., 2021). According to O'Leary and Mairuo (2005), subtle and prolonged psychological abuse is more detrimental than overt psychological abuse or outright hostility. Finally, 48.4% of women and 48.8% of male survivors of domestic abuse experienced at least one psychologically abusive behavior from an intimate partner throughout their relationship (O'Leary and Mairuo, 2005).

Finally, researchers in both South Asians countries and the US have recently started to explore economic abuse as a type of domestic violence (NCADV, 2017). Financial instability is one of the most frequent reasons (94-99%) why women who have experienced domestic violence report staying in the relationship (NCADV, 2017). Mishra et al. (2013) state that economic abuse entails denying the spouse access to financial resources, whether personal or familial riches, at his or her discretion. It also involves limiting one's "allowances" to the point that they are unable to leave an abusive relationship or seek help (Mishra et al., 2013). This is perhaps one of the most detrimental consequences of economic abuse, as one is unable to leave the dangerous situation even if they want to (NCADV, 2017).
Other forms of economic abuse include employment-related abuse, such as forcing a spouse to work at a specific job or harassing them at work (Ali et al., 2021). For example, Smith et al., 2018 found that between 2005 and 2006, 130,000 stalking victims were asked to leave their jobs because of being stalked and the disruption it caused at the place of business. Additionally, forced debt, which occurs when an abuser forces their partner to spend more than their economic means, is another way that abusers entrap their victims and make it harder for them to leave. Finally, economic abuse frequently combined with other forms of domestic violence. For example, the NCADV (2017) finds that 94 to 99% of domestic violence survivors also reported experiencing economic abuse during their physically violent relationship. Overall, a common result of these different types of economic abuse, is that it makes it difficult for the victims to leave the abusive relationship (Ali et al., 2021).

**The impact of COVID-19 on DV/IPV reporting and prevalence**

One particular risk factor that scholars have been monitoring closely is the Coronavirus pandemic (Piquero et al., 2021; Su et al., 2021; Miller et al., 2022). The relationship between COVID-19 and domestic violence potentially exists for several reasons. For example, Sharma and Borah (2020) suggest that the COVID-19 pandemic has resulted in an economic crisis with stricter movement restrictions, screening policies, and additional mandates that led to lay-offs, or more “work from home” policies during the pandemic. This forced a major portion of the population to stay at home. Researchers argue that this change can dramatically increase the rate of DV/IPV because abusive partners are now at home where once they could have been avoided for most of the day while they worked outside of the home (Sharma and Borah, 2020). Furthermore, the economic insecurities due to the pandemic can put strain on relationships which might lead to domestic violence (Piquero et al., 2021).
Scholars also note that high levels of stress created by the pandemic have increased risk of domestic violence by 3.5 times regardless of the pervious history of abuse (Sharma and Borah, 2020). Talevi et al. (2020) argue that COVID-19, and related lockdowns, led to higher levels of stress and zero to minimum social contact. These restricted social spaces, in turn, led to higher instances of getting abused at home while at the same time limiting the ability to access resources or seek help (Ali et al., 2021). Finally, it is suggested that women within ethnic minority groups were more likely to be impacted by pandemic related restrictions (Morgaine 2011; Ali et al., 2021). This is likely due to social and lingual barriers, constant presence of their partner at home, etc. that make it difficult to accessing support resources, marginalization of communities with ethnic backgrounds, higher rates of arrests, and hesitancy to seek help from justice system (Morgaine, 2011). A systematic review of trends in DV/IPV cases during the pandemic found strong associations between COVID-19 related restrictions and increased rates of DV/IPV cases in the US (Piquero et al., 2021).

**Domestic Violence in Tennessee and Shelby County**

Tennessee ranks in the top 15 states in regard to domestic violence against women. Tennessee Bureau of Investigation (TBI) reports that nearly 70,000 incidences of domestic violence occurred in 2020 (Rausch, 2021). DV/IPV in Tennessee includes a number of offenses ranging from stalking and harassment to physical and sexual assault (Henning & Feder, 2005). Tennessee, intimate partner violence accounts for 15% of all violent crimes, and in the vast majority of those cases women are the survivors (Tennessee Bureau of Investigations, 2015).

More specifically, in Memphis/Shelby County, Better Tennessee (2020) reports that Shelby County’s domestic violence rate is 2,949 cases per 100,000 residents, which is more than twice the state average (1,323 cases per 100,000 residents). Unfortunately, data broken down by
demographics within Shelby County are not available. The Memphis Police Department and Shelby County courts only collect data on the perpetrator when a domestic violence case is reported (Miller, 2003). They do not record information about the victim unless the incident resulted in murder. Therefore, this study, while based on a convenience sample, will provide new information about domestic violence incidents, specifically focusing on South Asian Shelby County residents.

Finally, similar to the rest of the country and the state, Shelby County experienced an increase in DV/IPV reports during the summer of 2020, when the pandemic started (Soucheck, 2020). The rate in Shelby County increased by 30% during the first year of the pandemic, and according to the Domestic Violence Shelter and Services (2021), DV/IPV incidents increased by another 2.7% in Shelby County in 2021.

South Asian Communities in Shelby County, TN

The South Asian population in Shelby County might be small, but it has been growing over the last 15 years. This is likely due to increases in corporate jobs and prestigious local educational institutes (Charlier, 2016). For example, the U.S. Census in 2020 found that 2.7% of the population in Shelby County identifies as Asian, and of those, nearly 22% were born in either South Central Asian or Southeastern Asian (US Census Bureau ACS, 2020). Other basic characteristics of this community include 54.2 percent of the local South Asian population is female, 28% have a college degree (whereas 12% have only a high school degree), 61.5% are employed, and more than 70% are married.

Despite of the growing South Asian population, and the troubling demographics of this community in the Shelby County, there is no publicly accessible data that shows any reports of DV/IPV among South Asian communities in Shelby County. This study attempts to fill this gap
by: (1) Collecting general information about the number of South Asian individuals living in Shelby County who have experienced domestic violence, (2) Gathering data regarding possible risk exposures for this specific community based on socio-cultural demographics, and (3) Exploring the impact of the Coronavirus pandemic on South Asian individuals’ risk of experiencing domestic violence. This study is important because we know that 21% to 40% of South Asian immigrant women are victims of intimate relationship abuse (Soglin et al., 2019), but we also know that this is vastly underreported in South Asian communities in the USA due to socio-cultural differences in family dynamics in the South Asian community (Shankar et al., 2013).

**Current Study**

Prior research demonstrates that the intensity of physical form of domestic violence (e.g., burning, choking, slapping, beating, etc.) is higher in South Asian countries, as compared to the United States (Bhardwaj and Miller, 2021). While we do have broader national statistics, there is a huge gap in the data regarding domestic violence in our local South Asian community in Shelby County. Furthermore, local demographic data is messy. For example, for MPD data, it is primarily collected on the perpetrator and little to no data are collected on the victim (per correspondence with UofM faculty in Criminology and Criminal Justice). Furthermore, survivors’ race is not always accurately reported due to some individuals’ physical features (i.e., ability to “pass as white” or similarity with LatinX populations) (per correspondence with local legal experts). This study aims to collect primary data about the prevalence of domestic violence in the South Asian communities in Shelby County, Tennessee. Prior research demonstrates unique experiences for individuals in South Asian community, however there is no data in Memphis. Furthermore, we have very little information about the impact of COVID-19 on
domestic violence experiences, prevalence, risk factors, cultural barriers, and changed risk of domestic violence since the beginning of pandemic and during the pandemic in the South Asian communities in Shelby County. This study was designed to understand the lived experiences of the survivors of domestic violence which will contribute to the literature about the South Asian population in the US more broadly and was intended to help us understand culture-specific problems in Shelby County and help in making better policies related changes to resources available for domestic violence survivors.

The broad research questions for this study were:

Research Question 1: What is the prevalence of domestic violence in South Asian communities in Shelby County, Tennessee?

Research Question 2: What are the most common types of domestic violence reported by South Asian individuals living in Shelby County?

Research Question 3: How does traditional South Asian patriarchal beliefs impact risk of domestic violence?

Research Question 4: What has been the impact of the Coronavirus pandemic on domestic violence for South Asian individuals living in Shelby County, Tennessee?

No data was found that described the prevalence of domestic violence in Shelby County for individuals who identify as South Asian; therefore, this study aimed to give us a better idea of how many South Asian Memphians are impacted by domestic violence and the possible explanations for domestic violence in our local South Asian community. Given prior research outlined in the literature review, we were unsure what the results would find regarding different types of domestic violence and the impact of traditional South Asian familial culture (i.e., patriarchal beliefs). First, there was a possibility that South Asian individuals living in Shelby
County would still ascribe to their native culture, which would increase the risk of experiencing more violent forms of domestic violence (i.e., physical abuse); however, it was also possible that these individuals were assimilated to US culture, which would mean they could be more likely to experience emotional and psychological abuse. Finally, we expected that the participants would report an increase in DV/IPV experiences during COVID-19 pandemic (Jan 2020-Dec 2021) compared to the previous year (2019), and that having to quarantine at any point during the pandemic (from January 2020 to now), would increase the risk of experiencing domestic violence.
CHAPTER 3: METHODS

Study design and purpose

A cross-sectional survey study was conducted, utilizing an online anonymous survey. The online survey was created in Qualtrics, an online survey platform available to students and faculty at the University of Memphis. Qualtrics allowed the survey to be anonymous and participants completed the survey on their computer, a tablet, or a cellphone, increasing privacy and confidentiality. The decision to do primary data collection was made because little publicly accessible data on current DV/IPV rates and prevalence in the Shelby County existed. More specifically, no data were found that captured DV/IPV cases in South Asian communities in Shelby County, Tennessee.

The survey included both closed-ended questions as well as open-ended questions to allow participants to expand on some of their responses. The researchers began distributing the survey and recruiting participants in May 2022. Survey questions were taken from previous studies that focused on domestic violence experiences (Das et al., 2013; Bishwajit et al., 2016; Soglin et al., 2019; Piquero, A. R, 2021; Semahegan et al., 2019; WHO Multi-country study, 2005). Questions were compiled from these previous studies in order to ensure that the measures used were reliable and valid.

Data and Sample

Our research questions were specifically related to DV/IPV experiences in South Asian communities in the Shelby County, Tennessee. Therefore, the target population included any adult who was 18 years of age or older, resided in Shelby County, and who identified as South Asian.
We used a convenience sample, and participants were recruited in several ways. First, potential participants were identified and recruited through word-of-mouth. If a participant was told about the study and would like additional information, they had an option to email the primary researcher, and they responded to provide more information about the study and the link to the survey. Flyers were also posted around campus with information about the study and the anonymous survey link. Researchers sent out a request to the dean of the School of Public Health to distribute the recruitment email to all of the School of Public Health faculty, staff, and students. This email provided information about the study and the link to the anonymous survey. In the email, individuals were also informed that they were free to forward the study information along to anyone they thought might qualify. Finally, participants were also recruited from several social media sites like Facebook, Instagram, and WhatsApp for organizations that are directly connected to South Asian communities in Shelby County. In order to recruit from Facebook group pages, first permission to post the recruitment message was obtained from the page administrators. Then, a general post was created that provided a brief description of the survey and the anonymous link to the survey. Researchers’ email addresses were provided so that Facebook page members could email if they were interested in receiving additional information about the study. Once an email was received, one of the researchers responded with more information and provided the anonymous and confidential link to the survey. At that time participants were free to decide if they would like to complete the survey or not. Once they navigated to the survey, the first page was the consent document. If they clicked "Yes", the remainder of the survey was accessible. If they clicked "No" they were taken to a final page that thanked them for their time and their participation ended there. The online survey took approximately 12 minutes or less to complete and participants had the option to skip any
question or quit the survey at any time. A similar process was followed to recruit from WhatsApp and Instagram.

In October 2022, there were a total of 93 participants who responded to the survey and the data were cleaned. 36 respondents were included in the final sample. Data attrition occurred in the following ways. 46 responses were removed from the sample because the respondent did not live in Shelby County and because the respondent did not identify as South Asian; 7 responses were removed from the sample due to missing on the outcome of interest – ever experienced abuse; 4 responses were removed from the sample due to missing on any of the covariates. Once the final sample was cleaned, descriptive analyses and logistic regressions were run. Multiple imputation was used to retain a larger number of survey responses (N=48); however, the overall pattern in the results did not change, and therefore it was decided to report the results based on a sample created by listwise deletion for clarity.

**Outcome variable**

There was one outcome variable of interest. First, in order to estimate the prevalence of domestic violence in Shelby County South Asian communities, a dichotomous variable (*ever abused*) was created that measured any experience with domestic violence. Participants were asked a series of questions about different types of domestic violence (e.g., physical abuse, emotional abuse, sexual abuse, etc.). If a participant answered “Yes” or “Maybe” to at least one of the different types of domestic violence, they became a “1” in the variable *ever abused*.

To further explore the different prevalence rates for each type of abuse a series of individual variables were created for each type. To measure physical abuse, a dichotomous variable called *experienced physical violence* was created. Participants were asked about experiencing specific acts like slapping, dragging, kicking, and were assigned “1” if they selected “Yes” or “Maybe” to
any of the options. Similarly for emotional abuse, a variable called *experienced emotional abuse* was created and participants who selected “Yes” or “Maybe” to any of the options (e.g., humiliated in front of others, had things said to them that felt intimidating, or their access to their family or friends was limited), were coded as “1” in *experienced emotional abuse*. Stalking was measured by the questions that specifically ask about the type, either cyberstalked or physically. A “Yes” or “Maybe” to any of its specific forms was coded as a “1” in the dichotomous variable called *experienced stalking*. *Financial abuse* was measured by asking the participants if they ever experienced restricted access to their funds or resources (yes/no), and if they answered “Yes” or “Maybe”, they were assigned “1” in the variable *experienced financial abuse*. For sexual abuse, they answered if they ever experienced forceful sexual abuse and were assigned “1” for the variable *experienced sexual abuse*.

**Exposure variables**

There were three different exposure variables of interest for this study. First, we explored if native country and religion predicted DV/IPV risk. Prior research suggests that different South Asian cultures, including religion, have different effects on how they experience DV/IPV (Bhardwaj et al., 2021). *Country* was measured by asking participants “What is your native country?”. Most of our sample indicated that they were from India (89%); therefore, a dichotomous variable was created where “1” equaled India and “0” equaled all else. Similarly, we created a variable to measure religious background/affiliation to see if there was any relation between *religious background* and the risk of experiencing abuse. A dichotomous variable was created where if the respondent indicated that they were Hindu they became a “1” in the new variable, and if they indicated that they were Muslim or other, they became a “0”.

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To further explore possible cultural risk factors, a patriarchal belief scale was created. This scale was based on a series of questions developed and tested by Smith (1990). It consists of seven questions with response categories ranging from “strongly disagree” to “strongly agree”. Each question was averaged together to come up with a mean belief score. Those with a higher score had greater patriarchal beliefs found in traditional South Asian cultures, and those with a lower score had lower patriarchal beliefs (Mahapatra, 2012). Internal consistency of the items is high for the patriarchal belief scale (Cronbach alpha = 0.86).

Covariates

Five possible covariates were explored as in previous literature. The first covariate was education level. Participants were asked: “What is the highest level of educational you've completed?” to which they could select between “less than high-school” to “PhD or Equivalent”. We recoded this variable in order to treat it as a continuous variable ranging from 1 to 7. However, none of the respondents reported education below the bachelor’s level. So, we created a dichotomous variable for education in which anyone who selected bachelor’s degree became a “0” and those who selected master’s degree and anything higher, became a “1”. The second covariate, employment status, was measured using the question “Are you currently employed (either part or full-time)” (1=yes). The third covariate measured was Quarantined due to exposure to COVID-19. For this variable, participants were asked “Did you have to quarantine due to exposure to COVID-19 anytime between January 2020 to December 2021?”; those who responded “yes”, were assigned “1” in the data and if they answered “no”, they were a “0”. The fourth covariate measured participants’ gender; those who responded “female” were coded as “1” in the data and those who responded “male” became a “0” in the data. The final covariate
looked at the *age* of the participants at the time of the survey. This was a continuous variable where responses ranged from 19 to 44 years.

**Data Analysis**

Basic demographic analyses (i.e., means) were run to understand the percent of people in the sample who have experienced DV/IPV. Possible covariates namely quarantined, age, gender, education, and employment status were assessed. Bivariate associations between the exposure variables (i.e., native country, patriarchal belief scale, and religious background) and the outcome variable of interest (ever experienced abuse) were assessed using chi-square and t-tests based on appropriate variables. Confounding and effect modification were checked prior to running the final model. No effect modification was found and only gender and education were found to be confounders. Finally, in order to assess significant predictors of risk of abuse for South Asian individuals living in Shelby County, multivariate logistic regression models were run. Given the small sample size and increased variability in the data, the p-value was set at 0.1 and any analyses equal to or less than 0.1 was considered statistically significant.
CHAPTER 4: RESULTS

Basic demographic analyses were run in order to explore participants’ general characteristics. Table 1 presents the basic demographic distribution of the sample. Mean distributions of basic demographics show that 38.8% of participants (n=14) identified as female and 61.1% identified as male (n=22). Participants’ average age was 28.3 years but ranged from 19 years to 44 years. 80.6 percent of respondents (n=29) were employed at the time of the survey. 81 percent of respondents (n=29) had a master’s degree or higher and 19% (n=7) of the respondents had at least a bachelor’s degree.
Table 1. Descriptives table of all variables used in the analysis, *DV/IPV prevalence in South Asian communities in Shelby County, TN, N = 36.*

<table>
<thead>
<tr>
<th>Variable (add other variables)</th>
<th>Total Cohort (N=36)</th>
<th>Abuse (N=13)</th>
<th>No Abuse (N=23)</th>
<th>Test Stat (P-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Variable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever abused</td>
<td>13 (36%)</td>
<td>13 (36%)</td>
<td>23 (64%)</td>
<td></td>
</tr>
<tr>
<td><strong>Exposure Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patriarchy scale</td>
<td>1.55 (1.0 - 2.7)</td>
<td>1.60 (1.0 - 2.7)</td>
<td>1.53 (1.0-2.3)</td>
<td>6.5 (0.0002) ^</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>32 (89%)</td>
<td>12 (92%)</td>
<td>20 (87%)</td>
<td>0.24 (1.00) **</td>
</tr>
<tr>
<td>Other</td>
<td>4 (11%)</td>
<td>1 (8%)</td>
<td>3 (13%)</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>28 (78%)</td>
<td>8 (62%)</td>
<td>20 (87%)</td>
<td>3.10 (0.10) **</td>
</tr>
<tr>
<td>Other</td>
<td>8 (22%)</td>
<td>5 (38%)</td>
<td>3 (13%)</td>
<td></td>
</tr>
<tr>
<td>Covid-19 quarantine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>Freq (%)</td>
<td>11 (85%)</td>
<td>19 (83%)</td>
<td>0.024 (1.00) **</td>
</tr>
<tr>
<td>No</td>
<td>(83%)</td>
<td>2 (15%)</td>
<td>4 (17%)</td>
<td></td>
</tr>
<tr>
<td><strong>Covariates</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22 (61%)</td>
<td>7 (54%)</td>
<td>15 (65%)</td>
<td>0.45 (0.72)**</td>
</tr>
<tr>
<td>Female</td>
<td>14 (39%)</td>
<td>6 (46%)</td>
<td>8 (35%)</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>28.3 (sd=5.09)</td>
<td>29 (sd=6.95)</td>
<td>28 (sd=3.8)</td>
<td>3.35 (0.014) *</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s or less</td>
<td>7 (19%)</td>
<td>3 (23%)</td>
<td>6 (26%)</td>
<td>0.21 (1.00) **</td>
</tr>
<tr>
<td>Masters and higher</td>
<td>29 (81%)</td>
<td>10 (77%)</td>
<td>17 (74%)</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>29 (81%)</td>
<td>11 (85%)</td>
<td>18 (78%)</td>
<td>0.21 (1.00) **</td>
</tr>
<tr>
<td>No</td>
<td>7 (19%)</td>
<td>2 (15%)</td>
<td>5 (22%)</td>
<td></td>
</tr>
</tbody>
</table>

Note 1. *chi **Fisher ^sign

Table 1 also presents the average scores for the outcome variable (i.e., ever abuse) and the exposure variables of interest (i.e., patriarchy score, country, and religion). 36.1 percent (n=13) indicated that they had experienced some form of abuse. The average patriarchy score was 1.55 (range: 1.0 to 2.71), which indicates that most participants had a relatively low belief in a culture of patriarchy. 88.8 percent of participants (n=32) were from India and 11.1% (n=4)
were from some other south Asian country. 77.8 percent (n=27) of participants reported Hindu as their religious background and 22.2% (n=8) of participants said that they affiliated with some other religion (i.e., Muslim).

Table 2 presents the prevalence for each type of abuse recorded in the survey. Mental/emotional abuse (36.1%) was indicated the most, followed by physical abuse (19.4%), financial abuse (11.1%), and stalking (11.1%). No participants indicated that they had experienced sexual abuse. Interestingly, all participants who indicated that they had experienced some form of abuse, also indicated that they had experienced physical abuse. Additionally, all seven individuals who indicated physical abuse also indicated mental abuse (results not shown). Finally, males reported higher rates of mental abuse (M=53.8%, F=46.15%), stalking (M=75%, F=25%), and physical abuse (M=57.14%, F=42.86%); while female participants indicated higher rates of financial abuse (F=75%, M=25%).

Table 2. Prevalence of abuse by type, DV/IPV prevalence in South Asian communities in Shelby County, TN, N = 36.

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Number of people who indicated abuse</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical</td>
<td>7</td>
<td>19.4%</td>
</tr>
<tr>
<td>2. Mental/emotional</td>
<td>13</td>
<td>36.1%</td>
</tr>
<tr>
<td>3. Financial</td>
<td>4</td>
<td>11.1%</td>
</tr>
<tr>
<td>4. Stalking</td>
<td>4</td>
<td>11.1%</td>
</tr>
<tr>
<td>5. Sexual</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>6. Participant indicated more than one abuse</td>
<td>7</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Next, a series of correlation, t-tests, and chi-square tests were run in order to explore the relationship between the covariates, and outcome and exposure variables. Tables 3 through 6 present these results. Table 3 shows the correlation association between all continuous variables. Age and patriarchy score were negatively correlated with one another, suggesting that as

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1 Once listwise deletion was complete respondents only reported a religious affiliation as Hindu or Muslim.
someone’s age increases, their patriarchy beliefs decrease. This was not a significant correlation
\( r = -0.07, p = 0.68 \).

Table 3. Correlation association between patriarchy scale and age, DV/IPV prevalence in South Asian communities in Shelby County, TN, N = 36.

<table>
<thead>
<tr>
<th>Patriarchy scale</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.07</td>
</tr>
</tbody>
</table>

Note 1. *p < 0.05, **p < 0.01, ***p < 0.001, \( \psi \) p < 0.10

Tables 1 reports the association between the outcome measure (i.e., ever abuse) and two
categorical exposure variables: country and religion. The chi-square results show that ever
abused is marginally significantly associated with religion \( \chi^2 = 3.10; p < 0.10 \). Those who
indicated that they were Hindu were less likely to report that they had ever been abused,
compared to those who indicated that they were Muslim. Finally, Table 1 reports the chi-square
results between the outcome variable (i.e., ever abused) and the covariates (i.e., gender,
quarantine, and employment). Ever abuse did not significantly differ by any of the covariates.

Table 1 presents the chi-square results looking at the exposure variables of interest (i.e.,
Country and religion) and the covariates. None of the covariates differed by country (i.e., India
versus Other). One covariate – education – marginally differed by religion, where those who had
at least a master’s degree or more were more likely to indicate that they practiced the Hindu
religion, compared to those who only had a bachelor’s degree. All other covariates did not differ
by religious affiliation.

Table 4 presents the sign test results between average patriarchy score and the outcome
variable (i.e., ever abused), exposure variables of interest (i.e., country and religion) and
covariates (i.e., gender, employment, and quarantine). The difference of means for the patriarchy
score were found to be significant in most of the variables. The mean patriarchy score is same
between India and other countries. The religion Hindu have a slightly larger mean of patriarchy
score than the other religions. Males have a larger mean patriarchy score than females. Those
who are employed have a larger mean patriarchy score than those who were unemployed. Those
with a bachelor’s degree or less have a larger mean patriarchy score than those with a master’s
degree or higher. Those quarantined have a larger mean patriarchy score than those who did not
quarantine due to exposure to COVID-19. Finally, those who were ever abused have a bigger
mean patriarchy score than those who were never abused.

Table 4. Sign-test testing the mean differences of Patriarchal scale by ever abused, country,
religion, quarantine, gender, education, and employment, DV/IPV prevalence in South Asian
communities in Shelby County, TN, N = 36.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sign Test</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Abused</td>
<td>6.5</td>
<td>0.0002</td>
</tr>
<tr>
<td>India</td>
<td>2</td>
<td>0.125</td>
</tr>
<tr>
<td>Religion</td>
<td>4</td>
<td>0.008</td>
</tr>
<tr>
<td>COVID19 quarantine</td>
<td>15</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Employed</td>
<td>14.5</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Gender</td>
<td>11</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Education</td>
<td>3.5</td>
<td>0.02</td>
</tr>
</tbody>
</table>

Table 5 reports the logistic regression results for both the baseline model (i.e., exposure
variables regressed on outcome variable) and the full adjusted model (i.e., all variables included
in the model). Model 1 shows that patriarchy score is in the expected direction, but it is not
statistically significantly predicted risk of abuse (OR = 1.64, p=0.53, CI: 0.35, 7.71). For each
additional unit increase in the patriarchy belief score, the risk of experiencing abuse increased by
0.50. Country (i.e., being from India) was not statistically significant (OR = 10.37, p=0.15, CI:
0.42, 254.88), but was also in the expected direction, where those who were from India were
more likely to experience abuse compared to those who were from some other South Asian
country. Finally, religion was significantly associated with risk of abuse (OR = 0.09, p=0.04, CI:
0.01, 0.96). Those who indicated that they were Hindu were less likely to experience abuse
compared to those who indicated that they were Muslim.
Table 5. Logistic Regression exposure variables predicting risk of abuse, adjusted for confounders and covariates, *DV/IPV prevalence in South Asian communities in Shelby County, TN, N=36.*

<table>
<thead>
<tr>
<th></th>
<th>Exposure Variables</th>
<th>Confounders</th>
<th>Covariates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ß (p-value)</td>
<td>OR</td>
<td>CI</td>
</tr>
<tr>
<td><strong>Exposure Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patriarchy score</td>
<td>0.50</td>
<td>1.64</td>
<td>0.35, 7.71</td>
</tr>
<tr>
<td>Country</td>
<td>1.17</td>
<td>10.37</td>
<td>0.42, 254.88</td>
</tr>
<tr>
<td>Religion</td>
<td>-1.20**</td>
<td>0.09</td>
<td>0.01, 0.96</td>
</tr>
<tr>
<td><strong>Confounders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td><strong>Covariates</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Quarantine</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
</tbody>
</table>

Note 1. * p< 0.10, **p < 0.05, ***p < 0.01

Model 2 reports the fully adjusted model. After adjusting for gender, education, age, employment, and quarantine the risk of ever having experienced domestic violence for participants whose religious background was Hindu was lower than the risk for those among other religious backgrounds (OR= 0.04, p=0.03; 95% CI: 0.03, 0.81). This indicates that identifying as Hindu might be a protective factor from experiencing domestic abuse. The risk of experiencing abuse was significantly higher in participants who were from India, compared to participants from other countries (OR=55.09, p=0.07; 95% CI: 0.67, >999.999). Finally, we see that with each unit increase in the patriarchal belief score, the risk of experiencing abuse increased by 2.28 (p-value= 0.08; 95% CI: 0.72, 132.81). It is important to note that the predicted
effects for all of the exposure variables (i.e., country, religion, patriarchy belief score) from the baseline model to the fully-adjusted model increased in size, and became marginally significant. This suggests that there might have been a suppression effect that, once adjusted by the covariates, was accounted for. Finally, the only statistically significant covariate found in the model was gender. The risk for women experiencing abuse is greater than the risk for men (OR = 9.62; p=0.09, 95% CI: 0.72,128.99).
CHAPTER 5: DISCUSSION and CONCLUSION

This study was primarily aimed at examining the problem of domestic violence in the South Asian community of Shelby County, Tennessee. The overall focus on the study was to explore how culture (i.e., patriarchy beliefs, country, and religion) impact the risk of experiencing domestic violence/intimate partner violence. More specifically, I was interested in understanding how these cultural components work in the United States. Broadly, prior research that has explored these issues in South Asian countries finds that intense forms of physical abuse is more common in these countries (Bhardwaj & Miller, 2021; Das et al., 2013). Women are more likely to be the victims to these heinous acts (Smith et al., 2018). The patriarchal values play a major role in cultural conditioning and society (Bhardwaj et al., 2021). Conversely in the US, mental abuse, and stalking were highly prevalent (NCADV, 2020). One prominent US-based study showed that equal proportions of men and women survivors of domestic violence have reported having experienced at least one type of psychological abuse by their partner (48%) (O'Leary and Mairuo, 2005).

Not much research was found regarding South Asian communities in the US, and no research was found that specifically focused on Tennessee; therefore, the first two research questions focused on measuring the prevalence of DV/IPV within the South Asian community in Shelby County, Tennessee. The first research question in this study was: what is the prevalence of domestic violence or intimate partner violence in the South Asian community residing in Shelby County. I found 36.1% of my sample reported having experienced some form of domestic violence/intimate partner violence. The second research question focused on the types of domestic violence that South Asian individuals experience, and which is most common. The most prevalent form of domestic violence was mental/emotional abuse (36.1% of the sample),
which was followed by physical abuse (19.4% of the sample), and no participants reported sexual abuse. This result was slightly surprising given previous literature that finds that more extreme forms of DV/IPV are prevalent in South Asian countries (Kaur & Byard, 2020). One of the hypotheses for this study was that mental abuse would be more common than physical form of abuse in this population due to the stricter rules, visa regulations, and danger to immigration status in the US which was found to be true (36.1%), as opposed to the physical abuse (19.4%) that was found to be more common in South Asian countries according to the literature review.

As previously stated, the broader research question focused on cultural components as possible exposure risks for experiencing domestic violence/intimate partner violence. The exposure variables we used to establish a South Asian upbringing were country, religion, and patriarchal belief score. Once we adjusted for confounding and covariates, we found that all three measures associated with South Asian culture – country, religion, and patriarchy beliefs—were significantly associated with the risk of experiencing domestic violence. For example, practicing the Hindu faith was a protective factor against experiencing abuse, compared to practicing the Muslim faith. My results were contradictory to previous literature, where in Bangladesh, a majority Muslim population, had the most cases of domestic abuse, followed by India (Bhardwaj and Miller, 2021). One explanation for why my results might have varied is because a majority of participants who answered my survey were from India and indicated that they practiced the Hindu religion.

This study showed that mental/emotional abuse was indeed more common than any other forms of the abuse. However, an even interesting finding was that men reported experiencing mental abuse as much as females, if not more in most instances. This is a very important finding considering the culture of toxic masculinity in both the South Asian culture (Alhabib et al., 2009)
and US culture (Hatty, 2000). This culture promotes the idea that men are not supposed to share their emotions or experiences that might lend itself to emotions (Katz, 2013); yet our sample of men do not seem to participate in this toxic masculinity as they freely reported their experiences of abuse. This could be due to the fact that the sample was more educated than the national average (Kyriacou et al., 2007). Overall, trends in the reporting of abuse shows that men and women reported similar amounts of abuse across the different types, except for financial abuse. This was the only type of abuse where women reported higher rates of abuse, compared to men. One explanation for this could be that in South Asian cultures men assume the position of being the “head” of the family, thus controlling all the financial resources, while once a woman marries into a family, she is expected to serve the family’s needs and depend upon the husband to take care of the finances (Mishra et al. 2013, Hadi, 2017).

Finally, we also aimed at understanding the association between being quarantined due to exposure to Covid-19 and the risk of experiencing abuse. I found that 83.3% of the sample reported that they were quarantined due to exposure to COVID19. Of those who reported having to quarantine, more than a third (36.6%) reported also having experienced abuse at some point. Seven (of the 13) participants who indicated ever experiencing abuse indicated that the abuse started prior to the COVID19 pandemic, while three participants indicated that the abuse started during the pandemic, and one participant indicated that the abuse started after the pandemic (January 2022). All of those who indicated that the abuse started during the pandemic or after also indicated that they had been quarantined at some point due to exposure to COVID19. This is consistent with the current literature that found that DV/IPV cases increased during the times of COVID19. (Piquero et al., 2021). This is important because COVID19-related quarantine conditions forced families to stay indoors in close quarters, creating an especially risky situation.
in the families where survivors lived with abusive partners. This could have been an enabling factor for domestic violence (Ali et al., 2021). The stress, along with very minimal to no social contact could have been triggering for people with a history of abusive behaviors (Sharma and Borah, 2020, Talevi et al., 2020).

**Limitations**

This study had several limitations. First, I had a very small sample size (N=36), that was not entirely representative of the target population. This is problematic because when trying to predict associations, highly reliable statistic could not be produced. For example, the strong associations had a wide range of confidence intervals except for religious affiliation (Hindu). Second, I used a convenience sampling design to recruit participants. This impacted the sample in different ways. First, one important factor that likely impacted the results of the study was having a language barrier. Due to limited time and resources, the survey could not be translated in other regionally specific languages and was only distributed in English. This created bias in the results which was due to inaccessibility to the survey and the potential that participants who could not understand English and who are vulnerable to abuse, could not be recruited. Second, recruitment was done on campus and in the surrounding area by posting flyers and using my social media accounts. This resulted in participants that were mostly from the researcher’s established social circle or acquaintances that included students and young professional. Convenience sampling is useful when you are trying to target a population that might be difficult to access or find (as with the South Asian community in Shelby County), but it does limit generalizability of the results, as seen with my study. Finally, I could not include some important risk factors that were seen in the previous literature, such as alcohol use, due to missing data for almost all of the cases.
Future Research Directions

There are a few ways in which this study can be expanded in the future. First, collecting a greater number of surveys across all of Shelby County would be beneficial. Preliminary results presented here demonstrate that there is some association between cultural characteristics (i.e., country, religion, and patriarchy beliefs) do seem to matter in regards to risk of abuse. In order to fully explore that association a larger number of participants in needed. Second, because we wanted to understand the prevalence of DV/IPV in a particular community (i.e., South Asian) other forms of domestic violence such as verbal abuse, cultural violence, religious/spiritual violence, and neglect should be included in future studies, as these types of abuse were found in prior research that explored DV/IPV experiences in South Asian countries (Sabri et al., 2018). Finally, future research should conduct qualitative interviews with the South Asian participants who are survivors of domestic abuse and reside in the Shelby County. This is important because this would provide a more comprehensive and direct perspective of the risk factors and provide more evidence for policy and programming needs developed to help support survivors with issues faced while formally reporting abuse.

To conclude, this study assessed the trends of domestic violence and provided primary data on the South Asian community living in Shelby County, where there is no publicly accessible data. It provides some evidence to suggest that even within the US, South Asian culture regarding gender norms and family dynamics impacts experiences of abuse. I find that individuals who are from Indian, practice the Muslim faith, and have higher patriarchy beliefs were at a greater risk of experiencing domestic violence, compared to those who were from other South Asian countries, practiced the Hindu faith, and had lower patriarchy beliefs. This study invites future research on the potential of these findings. It also successfully highlights the
importance on talking about abuse in men and gives us enough evidence to put resources in place to curb the mental/emotional abuse that is experienced by both men and women in the South Asian community living in the Shelby County.

Some research questions that can be examined in the future are: What the understanding of mental abuse is in the South Asian community and how can we address it? What are the areas that need most attention (zip-code) where the South Asian communities more commonly reside within Shelby County? What is the prevalence of domestic violence among the South Asian communities coming from countries other than India? What policies can be put in place to minimize the risk of domestic abuse? The limitations from this study reiterate the need for culturally specific resources and lingual support to the vulnerable communities. More research is needed to better understand this prevalence fully, reach more potential participants, and get more accurate data using a more representative sample.
REFERENCES


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based violence.


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https://worldpopulationreview.com/us-counties/tn/shelby-county-population


U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics- Criminal Victimization, 2018 https://www.bjs.gov/content/pub/pdf/cv18.pdf

Worldpopulationreview.com.
https://worldpopulationreview.com/us-cities/memphis-tn-population
Survey: Domestic Violence in South Asian Community in Shelby County

Domestic Violence in South Asian Community

Survey Flow

<table>
<thead>
<tr>
<th>Block: Default Question Block (42 Questions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page Break</td>
</tr>
</tbody>
</table>
Consent Statement

You are being asked to participate in a research study. Ketaki Nandkishor Saokar (PI) of the University of Memphis, Department Public Health is in charge of the study. She is being guided by Dr. Jennifer Turchi (Department of Public Health).

The purpose of this research is to determine the prevalence of domestic violence/intimate partner violence in Shelby County, Tennessee for the South Asian community. More specifically, we hope to understand how quarantine due to the COVID-19 pandemic might have increase the risk of experiencing domestic violence for South Asian individuals in Shelby County. You are being invited to participate because you are 18 years of age or older, live in Shelby County Tennessee, and identify as South Asian. You will be one of 250 to 500 subjects to participate in the research.

Should you agree to participate you will be asked to take a brief online survey that will ask a series of questions regarding your thoughts about domestic violence in the South Asian community, any experiences as a survivor of domestic violence or if you know someone who has experienced domestic violence. Questions will ask you about reporting of those experiences, and your thoughts regarding the impact of COVID-19 on domestic violence in the community. Your participation should take about 20 minutes, and once you complete the survey your participation in the study ends.

Participating in this study is completely voluntary and if you decide to participate now, you may change your mind and stop at any point. You may choose not to answer any question that makes you uncomfortable or you can quit the survey at any time. The survey can be taken on your computer, tablet, or cell phone.

As a participant in this research study, there are no direct benefits for you; however, it is possible that some participants may feel helpful in sharing their knowledge and experiences regarding domestic violence and the impact of COVID-19 in your community. The societal benefit is that we will develop a better knowledge of resources and policy options in Tennessee, and be able to provide more support, education, and access to those resources for survivors of domestic violence. The possible risk or discomforts of the study include feeling discomfort when answering questions about domestic violence experiences. You may feel uncomfortable or sad when answering these personal questions.

You will not be paid for taking part in this study.

If you have questions about the research you may contact Ketaki Nandkishor Saokar at ksaokar@memphis.edu or Dr. Jennifer Turchi at jturchi@memphis.edu. If you have questions about your rights as a research subject please contact the University of Memphis Institutional Review Board at 901.678.2705.
ELECTRONIC CONSENT

Please select your choice below. You may print a copy of this consent documents for your records.

Clicking on the “Agree” button indicates that you:
• Have read the above information
• Voluntarily agree to participate
• Are 18 years of age or older

  ○ Agree (1)
  ○ Do Not Agree (2)

Q2 What is your age?

________________________________________________________________


Q60 Are you a resident of Shelby County?

  ○ Yes (1)
  ○ No (2)

Skip To: End of Survey If Are you a resident of Shelby County? = No

Q61 Do you identify yourself as a South Asian?

  ○ Yes (1)
  ○ No (2)

Skip To: End of Survey If Do you identify yourself as a South Asian? = No
Q3 What is your marital status?

- Single, Never married (1)
- Divorced (2)
- Married (3)
- Separated (4)
- Widowed (5)
- Partnered but not married (6)

Q54 Were you born in the US?

- Yes (1)
- No (2)

Display This Question:

If Were you born in the US? = No
Q5 What is your native country?

- India (1)
- Nepal (2)
- Pakistan (3)
- Bangladesh (4)
- Bhutan (7)
- Maldives (8)
- Sri Lanka (9)
- Other, Specify: (5) __________________________________________________
- Prefer not to say (6)

Q6 What is your religious background?

- Hindu (1)
- Muslim (2)
- Christian (3)
- Other, Specify: (4) __________________________________________________
- Prefer not to say (5)
Q7 Which of the following **BEST** describes your gender identity?

- Male  (1)
- Female  (2)
- Other, please specify  (10) ____________________________________________

Q9 Are you currently employed (either part or full-time)?

- Yes  (1)
- No  (2)
- I don't know  (3)

**Display This Question:**

- If What is your marital status? = Divorced
- And What is your marital status? = Married
- And What is your marital status? = Separated
- And What is your marital status? = Widowed
- And What is your marital status? = Partnered but not married

Q53 Is your partner currently employed (either part or full-time)?

- Yes  (1)
- No  (2)
- I don't know  (3)
Q10 What is the highest level of educational you've completed?

- Less than high school (1)
- High school graduate or GED (2)
- Some college, but did not graduate (3)
- Bachelor's degree (4)
- Master's Degree (MS, MA, MPH, etc) (5)
- Professional degree (JD, MBA, PA) (6)
- PhD or equivalent (7)
- No educational background (8)

Display This Question:

If What is your marital status? = Divorced
And What is your marital status? = Married
And What is your marital status? = Separated
And What is your marital status? = Widowed
And What is your marital status? = Partnered but not married
Q59 What is the highest level of educational your partner has completed?

- Less than high school (1)
- High school graduate or GED (2)
- Some college, but did not graduate (3)
- Bachelor's degree (4)
- Master's Degree (MS, MA, MPH, etc) (5)
- Professional degree (JD, MBA, PA) (6)
- PhD or equivalent (7)
- No educational background (8)

Q11 Do you have children?

- No (1)
- Yes (2)
Q12 Please select the scenario listed below that **BEST** describes your current living situation.

- I live alone (4)
- I live with just my partner (1)
- I live with just my children (5)
- I live with my partner and children (3)
- I live with my partner and other extended family members (i.e., parents, grandparents, etc) (6)
- I live with my partner, children, and other extended family members (i.e., parents, grandparents, etc) (2)

Q51 Did you have to stay at home because of lockdown regulations in your area or due to exposure to COVID-19 anytime between Jan 2020 and Dec 2021?

- Yes (1)
- No (2)

Q55 According to you, what is domestic violence or intimate partner violence?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Q14 How common do you think Domestic Violence/Intimate Partner Violence (DV/IPV) is in the South Asian community?

- Not at all common (1)
- A little common (2)
- Somewhat common (3)
- Very common (4)
- Extremely common (5)
- I don't know (6)
Q55 How much do you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Men should be the leaders in society.</td>
<td></td>
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<tr>
<td>2. Men should take the initiative in romantic relationships.</td>
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<tr>
<td>3. Wives should do most household chores.</td>
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<tr>
<td>4. The family’s economic decisions should be made by the husband.</td>
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<tr>
<td>5. Wives should follow their husbands’ opinions about the wife’s job.</td>
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<tr>
<td>6. The husband’s opinion is more important than the wife’s in making</td>
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<tr>
<td>important decisions about the children, school, work, and so on.</td>
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<tr>
<td>7. From time to time, it’s ok for husbands to use violence against their</td>
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<tr>
<td>wives to preserve the husband’s authority.</td>
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</tbody>
</table>
Q17 Do you think the COVID-19 pandemic has made DV/IPV rates worse for the South Asian community?

- Yes (1)
- No (2)
- I don't know (3)

Q54 This next section will ask sensitive questions about experiences with domestic violence or intimate partner violence and abuse. Please remember that you can skip any question that you are not comfortable answering, and you may quit the survey at any time. If you become uncomfortable here are a few resources that you might consider using:

Local to Memphis:

YWCA - Memphis non-profit organization that works with women to help them leave abusive relationships and provide supports as you transition. 24-hr shelter and hotline: 901-725-4277

You can also call the MPD domestic violence squad: 901-636-2950

Shelby County Crime Victims & Rape Crisis Center- 24/7 Sexual Assault hotline: 901-222-4350

National resource:
National Domestic Violence Hotline: 800-799-7233
Q13 Do you feel safe at home when alone with your partner?

- No (1)
- Maybe (2)
- Yes (3)

Q52 On average, how often does your partner get at least "somewhat" high or "somewhat" intoxicated from drinking alcoholic beverages?

- Never (1)
- Less than once a month (2)
- Once a month (3)
- Two times a month (4)
- Three times a month (5)
- Once or twice a week (6)
- Three or four times a week (7)
- Five to six times a week (8)
- Everyday (9)
Q19 Have you ever experienced any of the following types of abuse from your current partner or any other family member?

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>I don't know (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse (i.e., slapping, hitting, dragging) (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional / Mental abuse (i.e., name calling, humiliating in front of others, cold shoulder) (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse (i.e., forced sexual acts regardless of marital status) (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalking (i.e., intensive supervision, GPS tracking, keeping track of social media accounts) (4)</td>
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<td></td>
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<tr>
<td>Economic (Financial) abuse (i.e., controlling of family money, restricting access to family resources) (5)</td>
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</tr>
</tbody>
</table>

Display This Question:
If Have you ever experienced any of the following types of abuse from your current partner or any ot... = Yes

Q57 Did the abuse start...

- Prior to January 2020 (prior to COVID-19) (1)
- Between January 2020 and December 2021 (during COVID-19) (2)
- January 2022 or later ("post" COVID-19) (3)
Q15 What type of physical abuse did you experience?

- Slapping (1)
- Kicking (2)
- Dragging (3)
- Other, Specify: (4)

If Have you ever experienced any of the following types of abuse from your current partner or any other person? = Physical abuse (i.e., slapping, hitting, dragging) [ I don't know ]

And Have you ever experienced any of the following types of abuse from your current partner or any other person? = Physical abuse (i.e., slapping, hitting, dragging) [ Yes ]

And Have you ever experienced any of the following types of abuse from your current partner or any other person? = Sexual abuse (i.e., forced sexual acts regardless of marital status) [ Yes ]

And Have you ever experienced any of the following types of abuse from your current partner or any other person? = Sexual abuse (i.e., forced sexual acts regardless of marital status) [ I don't know ]
Q57 What kind of emotionally abusive behavior did you experience?

- ☐ Humiliated in front of family or friends (1)
- ☐ Stopped me from going out with my friends, family, or others (2)
- ☐ Threatened me verbally (3)
- ☐ Other, Specify: (4)

Q58 What kind of stalking did you experience?

- ☐ Physically followed me (1)
- ☐ Stalked me online/ Tracked my online activity (2)
- ☐ Used GPS tracking technology (4)
- ☐ Other, Specify: (3)
Q59 What type of financial abuse did you experience?

☐ Did not allow me to handle my finances  (1)

☐ Stopped me from accessing my money, jewelry, etc  (2)

☐ Other, Specify:  (3)

Display This Question:
If Have you ever experienced any of the following types of abuse from your current partner or any ot... = Yes

Q21 Do you feel that the abuse has gotten worse since the start of the COVID-19 pandemic?

☐ Yes  (1)

☐ Maybe  (2)

☐ No  (3)

Display This Question:
If Have you ever experienced any of the following types of abuse from your current partner or any ot... = Yes

Q22 Have you ever reported an incident to the authorities?

☐ Yes  (1)

☐ No  (2)

Display This Question:
If Have you ever reported an incident to the authorities? = Yes

Q23 How many times have you tried to report an incident? Please provide a whole number and not a range.
Q25 Are you still with the person that you reported?

- No (1)
- Yes (2)

Q30 How comfortable are you asking for help from your immediate family in this matter?

- Not at all comfortable (1)
- A little comfortable (2)
- Somewhat comfortable (3)
- Very comfortable (4)
- Extremely comfortable (5)

Q31 Do you have anyone you can talk to if you feel unsafe in your home?

- No (1)
- Maybe (2)
- Yes (3)
If Do you have anyone you can talk to if you feel unsafe in your home? = Yes
Or Do you have anyone you can talk to if you feel unsafe in your home? = Maybe

Q32 Who can you talk to? Please check all that apply.

☐ Family (1)
☐ Friend (2)
☐ Neighbor (3)
☐ Colleague (4)
☐ Doctor/Healthcare professional (8)
☐ Religious leader (5)
☐ Community organization that addresses DV/IPV (6)
☐ Other, Specify: (7)

Display This Question:
If Who can you talk to? Please check all that apply. = Family
Q33 Has any of those individuals ever recommended any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>Maybe (2)</th>
<th>No (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leave your partner (1)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Seek out counseling (2)</td>
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<tr>
<td>Report to the authorities (3)</td>
<td></td>
<td></td>
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<tr>
<td>Do nothing (4)</td>
<td></td>
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</tbody>
</table>

Q35 Do you know anyone who is South Asian and who has experienced abuse?

- O Yes (1)
- O No (2)

Display This Question:
If Do you know anyone who is South Asian and who has experienced abuse? = Yes
Q58 Did they experience any of the following types of abuse from their partner or other family member?

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>I don't know (3)</th>
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</tbody>
</table>

Display This Question:

If Do you know anyone who is South Asian and who has experienced abuse? = Yes

Q37 Did they report the abuse to authorities?

- Yes (1)
- No (2)
- I don't know (3)
Q38 Did you encourage them to do any of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes (1)</th>
<th>Maybe (2)</th>
<th>No (3)</th>
</tr>
</thead>
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<tr>
<td>Seek out counseling (2)</td>
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<tr>
<td>Report it to the authorities (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do nothing (4)</td>
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</tr>
</tbody>
</table>

Q39 Have you told anyone about the abuse they experienced?

- No (1)
- Yes (2)

End of Block: Default Question Block