Chai & Chat: Preventing Intimate Partner Violence within South Asian Communities

South Asian Public Health Association

OCTOBER 24, 2020 | 5 PM EDT

"Up to 2 CPH Recertification Credits may be earned at this event"
Agenda

• Welcome & Introductions
• SAPHA Overview
• Panel discussion
• Networking
• Plans for future
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History

• **1999**: SAPHA established to raise awareness of public health issues impacting the health and well-being of South Asians within the United States

• **2001**: Achieved 501(c)3 status

• **Serves**: individuals with ancestry from the following countries of origin: Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka
Overview

**Vision:** SAPHA envisions better health and well-being of South Asians and the communities in which they live.

**Values:** Equity, Justice, and Advocacy

**Mission:** To promote the health and well-being of South Asian communities in the United States through advocacy, collaboration, and communication.

**SAPHA Objectives:**
1) Advocate for the health priorities of the SA community
2) Fostering partnerships with organizations, professionals, and community stakeholders
3) Share relevant and current SA public health knowledge and gaps
Committees

- Communication
- Research
- Partnership
- Fundraising
Accomplishments

**Research**
- Forthcoming paper: "Unmasking an Invisible Community: Unique Influences on and Consequences of COVID-19 among South Asians in the United States"

**Advocacy**
- Joint letter with over 50 organizations on federal COVID-19 response in SA communities
- Published an organization letter at the beginning of the pandemic
- Media engagement

**Partnerships**
- SAPHA solidified partnerships with federal agencies, state, and local non-profit organizations, and coalitions that focus on AA and SA priorities

**Fundraising**
Creating a plan to sustain our work for the upcoming years and bring innovative programming for our communities

**Communication**
- Social media engagement resource lists
  - COVID-19 (economic impacts)
  - COVID-19 (chronic disease)
  - Mental health resource list/blog
  - LGBTQ resource list/blog
Get Involved

• Engage with SAPHA to develop new initiatives
• Access to an extensive network of health professionals
• Stay connected to the latest research and resources on South Asian health
• Run for the SAPHA Board of Directors
Panel Speakers

**Sabri Bushra, PhD, MSW,**
Assistant Professor, Johns Hopkins School of Nursing

**Filza Hussain, MD,**
Clinical Assistant Professor, Psychiatry and Behavioral Sciences, Stanford School of Medicine
Intimate partner violence among South Asian communities

Bushra Sabri
Johns Hopkins University
October 24th, 2020
Objectives of this Presentation

1. Background and career path
2. Discuss intimate partner violence and public health significance
3. Describe risk and protective factors for IPV among South Asians
4. Discuss implications for practitioners
Background and Career Path
Intimate Partner Violence

- 43.3 million foreign-born in the US (Census Bureau)
  - Prevalence rates of IPV 24%-60%
  - Prevalence among South Asians-40-50%
  - Foreign-born status to be the strongest risk factor for homicide of a female by a male partner (Sabri, Campbell & Messing, 2018)
Intimate Partner Violence

• Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship

• **Physical aggression**—slapping, hitting, kicking or beating

• **Psychological abuse**—intimidation, constant belittling and humiliating

• **Sexual coercion**—forced intercourse and other forms

• **Controlling behaviors**—isolating, monitoring, restricting

• **Battering**—when abuse occurs repeatedly in the same relationship

Risk factors for IPV among South Asians

- Patriarchal cultural norms and role in family support
- Gender role expectations/Culturally specific expectations of marriage & divorce
- Religious beliefs leading women to stay in abusive relationships
- Cultural Normalization of Abuse
- Emphasis on family honor and stigma of IPV
- Arranged marriage system-partners not familiar with each other and marriage at a younger age
- Forced marriages
- Dowry demands, preference for a male child, inability to be pregnant.
- Abusive partner characteristics
- Women’s fear of losing children and being on own.
- Financial- and immigration-related dependency on the abuser
- Rationalization of abusive situation and self blame
- Lack of knowledge about the laws in the United States
- Acculturation seen as a threat by the abuser
Protective factors for IPV among South Asians

- Help received from formal sources of help (police and the legal system)
- Culturally specific resources
- Support from South Asian immigrant community
- Education/Awareness; knowledge and access to resources
- Children in the family or family support
- Use of safety strategies
- Internal strengths (e.g., optimism, social, positive outlook)
- Faith/religious beliefs used for addressing or coping with abuse
Prevention and Intervention Strategies to Address IPV Among South Asian Communities

**SOCIETAL**
- Adequate state response to IPV-exposed immigrant and refugee women, particularly those with immigration status and other barriers;
- Awareness and advocacy campaign or sensitization programs aimed at authorities

**COMMUNITY**
- Availability of culturally appropriate resources - targeted cultural competency training at workplace, sensitization campaigns
- Community mobilization:
  - Awareness campaigns to raise awareness or increase knowledge about resources for IPV
  - Addressing stigma of IPV
  - Change community attitudes, gender stereotypes and norms; Engage men
- Organize programs empowering women

**RELATIONSHIP**
- Promoting non-violent norms around masculinity
- Workshops, counselling, critical awareness of gender roles and norms, programs promoting position of women- & addressing power differences between men and women

**INDIVIDUAL**
- Addressing adherence to traditional masculine and feminine gender norms (e.g., learned submissive roles that accept violent behavior or self-blaming attitudes), indifference to violence, and fear of seeking help/intervention,
- Awareness raising around women’s rights, access to services, how to keep safe;
- Empowering survivors

**SOCIETAL**
- Targeting laws & policies to reduce IPV & address cultural, economic & other factors contributing to the perpetuation of IPV

**COMMUNITY**
- Fostering collective action through education and capacity building to address inequitable norms and practices

**RELATIONSHIP**
- Interventions targeted at couple, and other members of the household such as in-laws, children

**INDIVIDUAL**
- Interventions targeted at men or women
## Delivery of Care

<table>
<thead>
<tr>
<th>Individual</th>
<th>IPV Assessment and Screening-Culturally Informed-Client-centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Education and Counseling</td>
</tr>
<tr>
<td>Community</td>
<td>• Check reporting laws for battered women</td>
</tr>
<tr>
<td></td>
<td>• Know community resources</td>
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<td></td>
<td>• Participate in research and continuing education</td>
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<tr>
<td>Societal</td>
<td>• Get involved with social policy (vote, write letters, get elected, know your representatives, serve on boards)</td>
</tr>
</tbody>
</table>

- Viewing battered women’s issues from ecological or cultural perspective
- Making safety and severity determination for woman and her children, assess risk for violence
- Assess multiple forms of violence and other perpetrators in the family
- Individualize care
It’s weWomen Plus Project

Email: bsabri1@jhu.edu for information
Website: https://itswewomenplus.org/
THANK YOU!
Panel Speakers

Mona Kafeel,  
Executive Director,  
Texas Muslim Women's  
Foundation

Krittika Ghosh, MSc,  
Executive Director,  
Asian/Pacific Islander  
Domestic Violence  
Resource Project
Trauma-Informed Care

FROM THE ROOTS OF TRAUMA TO THE FLOWERING OF TRAUMA-INFORMED CARE

Dheesha S. Jayasundara, Ph.D., Hind El-Jarrah, Ph.D., Chici Dabby, Durdana Ahmed

Texas Muslim Women’s Foundation
Asian Pacific Institute on Gender-Based Violence
2020

From the Roots of Trauma to the Flowering of Trauma-informed Care: https://tmwf.org/trauma-informed-agency/
CHAI & CHAT: PREVENTING INTIMATE PARTNER VIOLENCE WITHIN SOUTH ASIAN COMMUNITIES

Krittika Ghosh, Executive Director, Asian Pacific Islander Domestic Violence Resource Project
About Me:

Born in India

• Moved to the U.S at 13

Use She/Her Pronouns

• Queer

Started Organizing right out of College

• South Asian Domestic Workers Rights

• Gender Based Violence: Immigrant communities including Shakti Peer Group

• Post 9/11 Hate-crimes

• Public health

• Bollywood Gossip Queen
My journey & motivation

• Immigration
• Importance of organizing in South Asian and pan A/PI spaces
• Intersectional Identity: Queer, immigrant, WoC
• Awareness of class and caste privilege
• Experiential experience as a survivor
• Work in non-profit industrial complex as well as grassroots organizing
Who is DVRP?

Address, prevent, and end domestic violence and sexual assault in A/PI communities while empowering survivors to rebuild their lives after abuse.

Three Programs:
- Survivor Services
- Community Outreach
- Technical Assistance

Survivor-Centered and Survivor-Run
Frameworks of Analysis

1. Anti-Oppression, Anti-Racism (ARAO)

   An anti-oppression framework starts from the premise that privilege and oppression exist within society, resulting in unequal access to power. This unequal access to power results in privileged groups gaining greater access to information, resources and opportunities whereas those groups that are oppressed experience the opposite.
Survivor Centric

1. Survivors in staff, board, volunteers
2. Programming should be based on needs of survivors
3. Build leadership of survivors
4. Long term change
"If we aren't intersectional, some of us, the most vulnerable, are going to fall through the cracks"
- Kimberle Williams Crenshaw
IPV in South Asian LGBTQ+ Communities

- The CDC's 2010 national study found that lesbian, gay and bisexual people experience intimate partner and sexual violence at the same or higher rates as heterosexual people, although bisexual women experienced violence at overall higher rates:
  - 44% of lesbian women and 61% of bisexual women (compared to 35% of heterosexual women) experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
  - 26% of gay men and 37% of bisexual men (compared to 29% of heterosexual men) experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

CDC: NISVS 2010 Findings on Victimization by Sexual Orientation (Released 2013)

- Shame and Stigma of both IPV and sexuality in South Asian community are barriers for support and services
- High rates of homelessness and suicide in the LGBTQ community
- Mainstream and culturally specific communities have not created spaces to support Queer and Trans survivors
Caste and South Asian Communities

- Caste privilege permeates through our communities, our work, and the ways in which we provide services to whom we provide services.
- Lack of representation of Dalit, Bahujan, Adivasis in leadership position of South Asian non-profit organizations including those working on domestic violence.
- Celebration of festivals such as Diwali, Holi, Durga puja without knowledge of its casteist background.

[Statistics and data visualizations related to caste discrimination in the United States]
Deconstructing Culture

“Culture is still fused with ethnicity, and not understood as a descriptor explaining all kinds of social interactions. Moreover, culture is generally thought of as a noun, a fixed and static thing, rather than conceived as an adjective modifying particular practices.

Discussions of the way culture can shape domestic violence occur in a broader context of already existing stereotypes about culture, that reflect problematic notions as to how culture is believed to link to race.”

Challenging Stereotypes

• Women’s experiences of sexual violence must be understood in context of systemic barriers experienced because of sexism, racism, classism, nationalism, heterosexism, ageism, and/or ableism.
RAPE CULTURE

WHAT IS RAPE CULTURE?
RAPE CULTURE IS WHERE RAPE + SEXUAL VIOLENCE IS AN ACCEPTED + EXPECTED NORM.
IT SUPPORTS VIOLENCE AGAINST US + MAKES RAPE SEEM OKAY IT TELLS US IT'S OUR FAULT + TELLS THE PERPETRATORS IT'S THEIR NATURE.
Complicit in Silence = Rape Culture.

Source: Femifesto, 2013
Impact of COVID 19 on our work

• Increase in hotline calls by over 200%
• Working remotely to meet community needs:
  • Survivor impact
    • Increase in violence, including isolation, emotional and financial abuse:
      • Stimulus checks withheld
      • Lack of access to technology
      • Emergency Survivor Funding
      • Safety planning
Impact of COVID-19 on our work

• Outreach work:
  • Healing spaces
  • Art as a Voice

• Financial Impact
What Can You Do?

• Support Local Agencies:
  • Financially
  • Volunteer
• Challenge sexism, racism, homophobia, transphobia etc
• Share memes, articles and posts that challenge the above
• Educate yourself and others
• Believe Survivors
• Share Resources
Thank You!

A/PI DVRP
PO Box 14268
Washington, DC 20044

Office: 202.833.2232
Hotline: 202.833.2233
Email: krittika@dvrp.org
Website: https://www.dvrp.org
Break

Refill your cup of chai!
Networking

Let's chat!
South Asian Health at APHA 2020

South Asian Health at APHA 2020

Events

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Chai &amp; Chat: Preventing Intimate Partner Violence within South Asian Communities*</td>
<td>Oct 24</td>
<td>3:00 - 5:00 PM MDT</td>
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<tr>
<td>Understanding Community Identity Among Diverse South Asian Communities for Health Disparities Research</td>
<td>Oct 26</td>
<td>3:45 - 4:00 PM MDT</td>
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<tr>
<td>Reclaiming our Health: A Collaboration to Address Mental Health of Arabs, Middle Easterners, Muslims, and South Asians in Brooklyn, NY</td>
<td>Oct 27</td>
<td>8:45 - 9:00 AM MDT</td>
</tr>
<tr>
<td>Assessing the Health Implications of Perceived Islamophobia Discrimination Among South Asian Muslim Americans</td>
<td>Oct 27</td>
<td>3:30 - 3:45 PM MDT</td>
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Pre-Recorded Posters & Presentations

<table>
<thead>
<tr>
<th>Title</th>
<th>Availability</th>
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<tbody>
<tr>
<td>An Integrated Electronic Health Record and Community Health Worker Intervention to Promote Weight Loss Among South Asians with Prediabetes Knowledge, Practice and Barriers of Exclusive Breastfeeding Among Bangladeshi Immigrants Living in the Jamaica Neighborhood of Queens, New York.</td>
<td>On Demand</td>
</tr>
<tr>
<td>Reflections of the Ethical Challenges of Implementing a Needs Assessment on Domestic Violence in 5 Immigrant Communities</td>
<td>On Demand</td>
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<tr>
<td>Lead Poisoning Prevention in New York City’s South Asian Community</td>
<td>On Demand</td>
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<tr>
<td>Gaps in Awareness About How to Prevent COVID-19 in Bangladeshi and Bangladeshi Americans</td>
<td>On Demand</td>
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<tr>
<td>Caregiving for a Child with Intellectual Disabilities Among South Asians in the US: Parental Experiences and Cultural Impact</td>
<td>On Demand</td>
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<tr>
<td>Understanding Acculturative Stress and Discrimination in South Asians Participating in Cardiovascular Disease Prevention Research</td>
<td>On Demand</td>
</tr>
<tr>
<td>Violence and Discrimination Against South Asians in the United States: Linkages to Health</td>
<td>On Demand</td>
</tr>
<tr>
<td>Preliminary Assessment of Educational Outreach to Promote Colorectal Cancer Screening Among Pakistanis &amp; Indo-Fijians in the San Francisco Bay Area</td>
<td>On Demand</td>
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<tr>
<td>Associations Between Spirituality, Perceived Discrimination and Breast/Cervical Cancer Screening for Muslim American Women in New York City</td>
<td>On Demand</td>
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*This is a SAPHA-led event with no collaboration from APHA. APHA registration is NOT required for this event.*
Thank you!

www.sapha.org

saphaboard@gmail.com
saphausa@googlegroups.com

South Asian Public Health Association (SAPHA)

@sAPHAorg
@SAPHA

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