

Intimate Partner Violence in South Asian University Students

by

Sheena Bance

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Abstract

Intimate Partner Violence (IPV) is a substantial problem affecting women of all social, economic, and cultural backgrounds. Although women worldwide are affected by IPV, research suggests that belief systems justifying violence against women or adherence to traditional gender roles may place some women at particularly high risk. Moreover, although women are exposed to IPV at high rates, many choose not to disclose to formal support (e.g., law enforcement) or informal supports (friends, family) due to numerous barriers. Experiences of disclosure are essential to understand since the response received after IPV disclosure is important to psychological functioning. The current study adopted an intersectional framework to examine the experience of IPV from the perspective of young, female South Asian students. Based on a mixed methods approach, the overall results indicated that women were frequently affected by psychological/emotional forms of IPV and that some of these forms of IPV were particularly meaningful within the South Asian culture. Similar to women of the majority culture, more than half of participants disclosed to informal supports while very few disclosed formally. A substantial barrier to disclosure were cultural norms about dating. Finally, while psychological health was qualitatively related to the experience of IPV, statistical analyses did not support a relationship between the response received after disclosure and psychological health.

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Chapter 1 Introduction

Intimate Partner Violence (IPV) refers to sexual, physical, and psychological/emotional abuse perpetrated by a current or former intimate partner (Stewart, MacMillian & Wathen, 2013). IPV is a significant problem across the world, affecting both industrialized nations as well as less economically developed countries, and almost one in three women globally report exposure to physical or sexual violence in their lifetime (World Health Organization, 2013). IPV is also being recognized as an important public health concern, given the substantial mental and physical health consequences (Garcia-Moreno et al., 2006). In Canada, approximately 7% of women (ever-partnered or ever-married) report having experienced some form of violence perpetrated by a romantic partner (United Nations, 2010), and in 2013 alone, there were more than 90,300 instances of reported violence by an intimate partner, which account for over 25% of all police-reported violence offenses (Statistics Canada, 2015). In the 2009 General Social Survey, 17% of women also reported exposure to psychological or financial abuse (Sinha, 2012), although it is essential to consider the impact of IPV underreporting on the accuracy of statistics.

Research indicates that a number of factors may be associated with exposure to IPV, including age and cultural background. Canadian research suggests that younger women are more likely to report being a victim of IPV, and that the risk of exposure decreases with age (Sinha, 2012; Romans, 2007). Encompassed within this age group are women who are pursuing higher education. There is substantial evidence showing that women in college or university are at a particularly high risk of exposure to IPV (Kaukinen, Gover & Hartman, 2012) and that there are risk factors and impacts that are unique to these women. Ethnicity is also associated with IPV exposure. Large - scale U.S studies indicate that women of ethnic minority backgrounds are more likely to experience IPV (e.g., Breiding, Black & Ryan, 2008; Barrick, Krebs & Lindquist,

2013). Regions that hold traditional beliefs about gender roles and/or beliefs supportive of the subjugation of women have consistently been shown to be associated with higher rates of IPV. Relevant to the current study, countries that are typically viewed as being part of South Asia (e.g., India, Pakistan, Bangladesh, and others) are sometimes noted to hold traditional beliefs about gender roles or attitudes that are tolerant of or supportive of violence against women. These regions also tend to show higher rates of IPV compared to more Westernized countries (e.g., Heise & Kostadam, 2015). Within Canada, research suggests that South Asian (SA) women in particular experience high rates of IPV (e.g., Kanagaratnam et al., 2012; Kallivayalil, 2010). The recognition of IPV as a major public health issue in Canada can be traced to its significant physical and psychological consequences. Depression, post-traumatic stress disorder, anxiety disorders, and physical health outcomes are frequently cited as consequences of exposure to IPV. Unfortunately, women exposed to IPV are often hesitant to disclose these incidents to others, which is problematic since disclosure of upsetting events has been linked to improved psychological and physical wellbeing (Ahrens, Stansell & Jennings, 2010). Often missing from large-scale studies is the perspective of non-white women, whose understanding, experiences, and definitions of abuse are unique (Bryant-Davis, 2010). Canadian research on IPV from a cultural perspective is limited, but continues to develop. Further, much of the research on immigrant experiences of IPV have focused on older, married women. Given that young women are at a particularly high risk of IPV exposure, the present study focuses on their experiences and perspectives. In particular, this study focuses on female South Asian students experiencing IPV within the context of an intimate relationship. Exploration of the topic as it affects this population is important, since colleges/universities have been identified as environments in which IPV is often rampant (e.g., Kaukinen, Gover & Hartman, 2012), and the impact of IPV on one's education is vital to consider. Moreover, South Asians are highly active in pursuing higher

education (Kaukinen, Gover & Hartman, 2012) but are often not included in the research literature.

The present study examined the forms of IPV experienced by female SA students, the associations between disclosure experiences, belief systems, and psychological wellbeing using a mixed methods design. The literature review that follows in the next chapter summarizes the existing literature relevant to these issues.

Chapter 2 Literature Review

Intimate Partner Violence: Defining and Assessing a Worldwide Issue

Violence against women has increasingly been recognized as an important human rights issue as well as a serious public health concern that affects women worldwide (Garcia-Moreno et al., 2006). While violence against women includes all forms of gendered violence, violence against an intimate partner accounts for most of the violence perpetrated towards women (Cherniak et al., 2005). Intimate Partner Violence (heretofore referred to as IPV) refers to any form of abuse that occurs between intimate partners. As such, the literature uses various terms to describe violence between intimate partners, including dating violence, domestic violence, spousal abuse, partner abuse, and relationship violence. The term IPV includes physical, sexual, psychological, and emotional abuse, as well as controlling behaviours, stalking, and harassing behaviour which occurs within an intimate relationship (Stewart, MacMillian & Wathen, 2013; Carney & Barner, 2012). Across the spectrum of IPV are countless behaviours or actions that are psychologically and emotionally harmful to women. Physical abuse involves the use of physical force to cause pain. The behaviours can range from pushing, biting, or kicking to those behaviours that may cause severe physical injury. Sexual violence involves an attempt to obtain some form of non-consensual sexual gratification and may include behaviours such as coercing a partner into sexual activity, ignoring a partner's request not to engage in sexual activity, or threatening to end a relationship if a partner does not consent to sex. Similarly, psychological/emotional abuse describes a range of experiences, including verbal insults, ridiculing a partner, name-calling, or any behaviour that is received as degrading. Controlling behaviours are considered as a form of psychological abuse in some typologies (Ali, Dhingra & McGarry, 2016) and may involve controlling movements or appearance (e.g., restricting what

clothing is permitted), or isolating a partner from family or friends. Financial abuse or exploitation may fall into more than one of these categories based on the particular circumstances (Carney & Barner, 2012; Capaldi et al., 2012; Ali, Dhingra & McGarry, 2016). Stalking has been a more recent addition to the IPV literature (Krebs et al., 2011) and involves the following and/or harassment of an individual, and/or repeated actions that are intended to provoke fear in the victim (Davis, Swan, & Gambone, 2010). Stalking may manifest as unwanted pursuit behaviours towards a partner or ex-partner, repeated attempts to engage in a relationship with an unwilling or reluctant partner, and/or cyberstalking behaviours (e.g., harassing text messages or emails) (Shorey, Cornelius, & Strauss, 2015). DeKeseredy and Schwartz (2011) define IPV in the following way:

...the misuse of power by a husband, intimate partner (whether male or female), ex-husband, or ex-partner against a woman, resulting in a loss of dignity, control, and safety as well as a feeling of powerlessness and entrapment experienced by the woman who is the direct victim of ongoing or repeated physical, psychological, economic, sexual, verbal, and/or spiritual abuse. Woman abuse also includes persistent threats or forcing women to witness violence against their children, other relatives, friends, pets, and/or cherished possessions by their husbands, partners, ex-husbands, or ex-partners.

The current study adopts DeKeseredy and Schwartz's (2011) definition of IPV but with a specific focus on male to female violence. The decision to use a broad definition of IPV reflects the understanding that the population of interest in this study (i.e., young, educated South Asian women) have rarely been a particular focus of IPV research, and therefore that their experiences of IPV may not fit more restrictive definitions.

Prevalence of Intimate Partner Violence

Prevalence studies show variations in the rates of IPV victimization of women, in part due to definitional inconsistencies as well as limitations in the tools existing for measuring and defining IPV. However, there is consensus that IPV is substantial and affects women across all countries and socioeconomic backgrounds (World Health Organization, 2005). In an effort to better understand the burden of IPV, a number of large epidemiological studies have been undertaken to explore this issue further. In 1999, Heise and colleagues reported on population-based studies revealing the prevalence of physical violence across a number of countries. The lifetime prevalence of IPV ranged from 10% (Puerto Rico) to 58% (Turkey). Moreover, data collected from North American samples showed that 22% of U.S. women reported lifetime exposure to physical violence in an intimate relationship and 29% of women in their Canadian national sample reported the same. Garcia-Moreno and colleagues (2006) surveyed over 24,000 women across 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania) to assess exposure to sexual violence, physical violence, and controlling behaviours within an intimate relationship. The lifetime exposure to sexual or physical violence ranged from 15% to 71%. Estimates for exposure within the previous 12 months ranged from about 4% of respondents to almost 54%. The authors also gathered information on controlling behaviours directed by male intimate partners at women (e.g., restricting movements or preventing contact with others), and found that the lifetime prevalence of experiencing controlling behaviours within an intimate relationship ranged from 21% to almost 90%. Moreover, women exposed to sexual or physical violence were significantly more likely (compared to those not exposed to this violence) to have experienced controlling behaviour (Garcia-Moreno et al., 2006). A 2013 World Health Organization report indicated that, globally, 30% of women in an intimate relationship have experienced either

physical or sexual violence (World Health Organization, 2013). It is important to note that this figure does not include other forms of IPV (e.g., psychological, financial), nor does it account for the likelihood of underreporting (Satyen, Rogic, & Supol, 2018). As for North American data, a large U.S.-based study of over 70,000 individuals (Breiding, Black & Ryan, 2008) revealed that 26.4% of women endorsed exposure to IPV (i.e. threatened, attempted, or completed physical or sexual abuse) in their lifetime. They further reported that for each individual IPV behaviour (e.g., threatened physical assault, completed sexual assault), women's rate of victimization was significantly higher than men.

In addition to these large-scale epidemiological studies, some research has also investigated IPV from women presenting to healthcare settings. A 2013 study investigated the lifetime IPV exposure of women presenting to orthopaedic fracture clinics in Canada, the U.S., Denmark, the Netherlands, and India. Overall, 34.6% reported lifetime exposure to IPV; however, less than 2% of those women attended their clinic visit as a result of IPV, suggesting that healthcare professionals should be aware of IPV and ought to consider screening in healthcare settings (PRAISE Investigators, 2013). Additionally, a meta-analysis of IPV across medical and surgical settings found that 38% of adult women in family medicine settings and 40% of adult women in emergency medicine settings identified having experienced IPV in their lifetime, with 19% reporting IPV in the past year alone (both in family and emergency medicine settings) (Sprague et al., 2014).

The current study recognizes the impact of all forms of harm perpetrated against an intimate partner as well as the gendered nature of IPV. That is, while some authors consider IPV to be a reciprocal or bidirectional phenomenon where women and men both perpetrate physical violence against their intimate partners at approximately equal rates (e.g., Straus, 2008), there is evidence suggesting that IPV is, at its core, an issue of imbalanced power between men and

women. This debate has been longstanding, with IPV symmetry researchers (e.g., Straus, 2012; Dutton & Nicholls, 2005) arguing that women use physical violence in relationships just as much as men do, and further that IPV is the result of psychopathology and intimacy problems on the part of the male partner (Dutton & Nicholls, 2005). Conversely, others (e.g., DeKeseredy, 2011; Johnson, 2012) argue that gender asymmetry exists in relation to IPV, whereby women are most often (but not exclusively) the victims of IPV. These researchers point to larger societal structures and the role of “misogyny and gender traditionalism” (Johnson, 2012 p. 290) in men’s perpetration of IPV. A recent systematic review of 10 years of data from clinical samples found that although women also perpetrate IPV, it is more often in response to violence initiated by their partner; that while emotional abuse is perpetrated by both men and women, men’s emotional abuse is more frequently aimed at control and threatening safety while women’s is aimed at self-expression; and that men are overwhelmingly the perpetrators of sexual abuse. Moreover, these authors note that women are more often victimized, injured, and made fearful in intimate relationships in comparison to their male counterparts (Hamberger & Larsen, 2015). Taken together, while women likely also perpetrate physical violence towards their male partners, the conclusion that women’s use of physical violence is the same as men has been thoroughly questioned, given that most of these studies use only the CTS-2 as a measure of IPV and this does not reflect the context of the behaviour (for example, defending oneself or responding to prior violence) (Hamberger & Larsen, 2015). Moreover, IPV includes behaviours over and above physical assault (e.g., sexual abuse, psychological abuse, etc.) and studies have repeatedly shown that women are much more likely to be the victim of these experiences (e.g., Hamberger & Larsen, 2015; Dobash & Dobash, 2004), supporting the gender asymmetry perspective.

Taken together, the evidence that has accrued over the past two decades clearly shows that women are exposed to relationship abuse at alarmingly high rates, and that the data presented are likely an under-representation of the true burden of IPV worldwide. Moreover, it is evident that IPV exposure varies across regions, which may be related to socioeconomic and sociocultural factors that will be discussed further. Although a growing body of research has sought to identify an accurate estimate of IPV overall as well as forms of IPV (e.g., sexual abuse, physical abuse), challenges to this estimation include differences in how study authors define IPV (e.g., whether they include economic abuse or controlling behaviours) and the variation in data collection tools, as well as the sensitive nature of the topic which may affect reporting behaviour/willingness to participate in research (Satyen, Rogic, & Supol, 2018). Finally, there is ample evidence that while women also perpetrate IPV, they are overwhelmingly the victims of IPV and that one factor in this unequal relationship are the larger societal power structures that govern what is normalized, accepted, and justified within the particular society and culture.

Scope of the problem/epidemiology in Canada. Over the past three to four decades, IPV has increasingly been recognized as an issue in Canadian society (Clark & Du Mont, 2003). In an early study, Smith (1987) surveyed over 600 Torontonians women, asking them to report on their experiences of physical and sexual abuse. He found that 36.4% of women in the sample reported ever having been exposed to physical or sexual abuse by an intimate partner. Then, in 1993, Statistics Canada commissioned the first survey specifically dedicated to examining rates of IPV in Canadian women. They surveyed 12,300 women and asked them to report on their exposure to 10 different items assessing physical or sexual violence. The results showed that since the age of 16, about 29% of women had experienced at least one instance of violence perpetrated by a current or ex-spouse, and 16% of survey respondents reported violence by a current or former dating partner (Dobash & Dobash, 1995). Following the National

Victimization Against Women Survey, Statistics Canada continued to probe “spousal violence” via the General Social Survey (GSS). According to the 1999 GSS, 8% of women who were married or common-law experienced violence by their intimate partner over the previous five years (Clark & Du Mont, 2003). The large variability in these statistics can in part be attributed to different measurement instruments, variant definitions of IPV, timeline variation in the survey instruments (lifetime versus a shorter period), as well as an appreciation of the sensitivity of the questions being asked. As such, the rates presented likely reflect a substantial underreporting of IPV, and these rates should be considered to be the minimum prevalence of IPV (Cherniak et al., 2005).

More recent data on IPV in Canada continues to reveal that IPV is a common experience. In 2010, 574 out of 100,000 women reported some form of spousal or dating violence, and in 2013, there were more than 90,300 instances of reported violence by an intimate partner, accounting for over 25% of all police-reported violence offenses (Statistics Canada, 2015). It is important to note that these data reflect IPV that is considered to be criminal in Canada and that has been reported to police. Unfortunately, less than one-fifth of women experiencing IPV within a marriage will report this to police, compared to crimes committed by a stranger (Akers & Kaukinen, 2009). Taken together, the data accumulated over the past decades suggest that IPV is an experience that many women across the world experience, and that industrialized nations such as Canada are not immune.

Theoretical perspectives on Intimate Partner Violence

Over the past several decades, researchers have endeavoured to explain the causes of IPV and have put forth various theoretical perspectives on IPV victimization and perpetration. The following brief discussion provides a general overview of IPV theories following the framework provided by Bell and Naugle (2008) who divide IPV theories into sociocultural theories

(including power theories and feminist theories) and individual theories (including social-learning theories, background/situational theories, and personality theories). Sociocultural theories generally emphasize community factors, institutional norms, and cultural beliefs (Finkel & Eckhardt, 2011). Power theories (including family violence theories) highlight the role of family structure/environment in the perpetuation of IPV. More specifically, the fundamental view of family theorists is that violence is the result of conflict within the family (Bell & Naugle, 2008). Murray A. Straus' work on bidirectional violence is often cited as evidence that women are inherently as violent as men (e.g., Straus, 2004). In contrast to this gender symmetry perspective which posits that men and women are equally as violent, feminist theorists emphasize the importance of gender in the construction of IPV; that is, they claim that IPV is largely the result of an underlying patriarchal system in which men have more power than women (Shorey, Cornelius & Bell, 2008). Generally, feminist theories posit that IPV is not "bidirectional", nor are women as violent as men, but rather that the social context of the violence must be considered. That is, women's use of violence in relationships is primarily a defensive strategy within a violent systemic context.

Social-learning theories, sometimes referred to as family of origin theories, hypothesize that IPV is the result of learned behaviour in childhood (Bell & Naugle, 2008; Shorey, Cornelius & Bell, 2008; Finkel & Eckhardt, 2011). For example, children who are reared in environments where violence is habitual or reinforced may in turn use violent behaviour with others (Shorey, Cornelius & Bell, 2008). Background/situational models build on social-learning theories and highlight the interaction between background (e.g., abuse in family of origin, personality characteristics) and situational factors (e.g., interpersonal conflict, substance abuse) as influencing the likelihood of violence (Bell & Naugle, 2008). Finally, personality theories of IPV stress the importance of personal characteristics that may elevate the risk of perpetrating IPV.

Sometimes referred to as attachment theories (see Shorey, Cornelius & Bell, 2008), some personality theories of IPV propose that insecure attachments in childhood and adolescence lead individuals to simultaneously desire and reject intimate relationships and to react with impulsivity in interpersonal situations. The combination of impulsivity and a lack of satisfaction in relationships is thought to play a role in the perpetration of IPV (Bell & Naugle, 2008; Shorey, Cornelius & Bell, 2008).

While all of these theories enjoy some support from existing research, evidence from epidemiological studies clearly shows that women are by far more frequently the victims of violence in relationships (Sinha, 2013) and that women are disproportionately injured as a result of IPV in comparison to their male counterparts (DeKeseredy 2016). The following discussion will focus specifically on feminist theories of IPV and will also provide a rationale for the choice of guiding framework for the current study.

Feminist Theories of Intimate Partner Violence. As noted in the previous section, there exist multiple feminist theories related to IPV (DeKeseredy, 2011). It is beyond the scope of this literature review to outline all of the feminist-informed theories of IPV, but by way of generalization, all feminist theories prioritize gendered power imbalances as vital in understanding the causes of IPV. Further, most assert that gender, power, and patriarchy are essential (though not exhaustive) explanatory factors (DeKeseredy, 2011). Patriarchy is central to feminism, and according to Dobash and Dobash (1977) consists of two fundamental components: structure and ideology. A hierarchical structure exists whereby men assert more power than women (structurally and relationally); patriarchy is strengthened by ideology, which supports this unequal hierarchy. To put it another way, since society (including laws, social relationships, and institutions) encourages, accepts, and promotes a structure wherein certain people hold power and privilege over others, the expression of violence against those in the less

powerful and privileged positions appears inevitable (Dobash & Dobash, 1977). Given that we live in a patriarchal society, a feminist-informed perspective of IPV recognizes that violence between intimate partners occurs within a context of male power and women's subordination (Warner, 2010) and that violence (including all forms of IPV) is a method whereby men assert control over women around them (Winstock, Weinberg & Smadar-Dror, 2017). Although all feminist theories of IPV highlight power and control imbalances between men and women as central, the view that IPV is the result of only patriarchy has evolved. Sokoloff (2008) provides a historical background of feminist theories of IPV, noting that the feminist movements of the 1960s and 1970s brought to public attention the greater sociopolitical climate whereby men were afforded more power, dominance, and control—contributing to violence against women. However, these feminist analyses of IPV were often critiqued as having a singular focus on patriarchy as the cause of IPV (e.g., Dutton & Nicholls, 2005) without recognizing the potential for different experiences among women (e.g., women from varying ethnicities, education levels, or socioeconomic status). As such, feminist analyses evolved to appreciate the experiences of non-white and gay women. This increasing focus on the unique experiences of women embodying multiple marginalized spaces came to be known as intersectionality (Sokoloff, 2008). As DeKeseredy (2016) notes, much of the current feminist literature on IPV incorporates both micro- and macro-level factors (e.g., gender, socioeconomic status, race, sexual orientation, immigration, education, and familial and societal expressions of patriarchy) into discussions of IPV, highlighting the fact that the IPV experiences of women who occupy multiple minority social locations are likely different than those of women who do not, and also differ from those of women who occupy different social locations (Couture-Carron, 2017). Or, as noted by Sokoloff and Dupont (2005), “domestic violence cannot adequately be measured without taking

into account the fact that different cultures define this violence differently” (Sokoloff and Dupont, 2005 p. 42).

There is also empirical evidence supporting the importance of intersectionality. For example, Yoshihama (1999) used two different data collection methods to assess IPV experienced by Japanese-American women. The first method used the Conflict Tactics Scale to measure the prevalence of IPV based on participants’ endorsement of one or more of the items. The second method investigated participants’ subjective perceptions of IPV, and the criteria for an IPV experience were endorsing one of the items on the CTS, perceiving the act as abusive, and indicating that the act occurred within the context of an abusive relationship. When the author compared both methods, she found that 80% of women reported lifetime exposure to IPV, whereas the second method found a prevalence rate of 61%. She argues that not all women perceive the CTS acts as abusive, given their own cultural understandings of abuse in relationships, highlighting the importance of considering intersectionality when studying IPV. Similarly, in a qualitative study about dating relationships Couture-Carron (2017) interviewed 11 male and female South Asian Muslims to explore behaviours that are understood differently by South Asian Muslims, as well as first and second-generation South Asian Muslims’ perceptions of dating abuse. The sample identified four areas relating to dating relationships which they felt were unique to South Asian Muslims in Canada: 1) that revealing a dating relationship to parents/community would be detrimental, 2) that behaviour of a sexual nature would not be acceptable, including language-related behaviour (for example, that calling a South Asian Muslim woman a “whore” would be considered extremely disrespectful), 3) that there is a greater acceptance in South Asian cultures of men being dominating or controlling, and 4) that South Asian Muslim women are more accepting or less affected by psychological abuse. The author concludes that the understandings of and meanings ascribed to negative relationship

behaviours vary based on an individual's cultural background (including gender, ethnicity, and generational status).

In sum, the current study is framed within a feminist model which sees women as overwhelmingly the victims of IPV, and further that power and control are factors in the perpetration of IPV. However, it is also recognized within a feminist framework that women can also be perpetrators of IPV—although for the purposes of the current research, only women's victimization is explored. This study also considers the multitude of social positions one may occupy as well as that positionality's effect on experiences of IPV. As such, the current study espouses an intersectional approach by situating young, highly educated South Asian women's experiences of IPV at the centre.

Risk Factors for Intimate Partner Violence Victimization

The existing data reveal a number of factors associated with IPV exposure and perpetration. Given that this study focuses on the victimization of IPV, the following literature review will examine risk factors for IPV victimization.

Much of the research from industrialized nations has focused on a limited number of demographic-related risk factors for IPV (Mallory et al., 2016) such as age, gender, marital status, socioeconomic status, quality of health, and income level (Romans et al., 2007; Capaldi et al., 2012). As previously mentioned, there is some controversy regarding whether men or women are more often the victims of physical violence (see Straus, 2008); however, most population-based studies examining overall IPV victimization report that women are much more likely to be victims of IPV (e.g., Romans et al., 2007). Age has consistently been demonstrated as a risk factor for IPV, with most studies indicating an inverse relationship between age and IPV victimization, such that young women are at higher risk of exposure (e.g., Capaldi et al., 2012). In a Canadian sample using data from the General Social Survey, Romans and colleagues (2007)

showed that as age increased, the odds of exposure to one or more incident(s) of IPV decreased. In this study, the peak age for IPV victimization was found to be between ages 15 - 24. Rates of IPV through the lifespan may also vary by form of IPV – for example, in one study, Mezey, Post and Maxwell (2002) found that rates of physical violence decreased with age, while rates of non-physical abuse (e.g., controlling behaviour) did not. Unfortunately, little research has tested prevalence rates across the lifespan with a focus on forms of IPV and therefore the evidence thus far is unclear.

The data regarding the relationship between socioeconomic status (including income and education) and IPV victimization generally indicate an inverse relationship such that lower-income individuals and individuals from lower-income countries are at a higher risk of exposure to IPV (e.g., Heise & Kotsadam, 2015; Capaldi et al., 2012). However, there may be gender differences in the relationship between income and IPV, as Romans et al. (2007) found in their study that lower income was associated with increased physical or sexual IPV for women, but not for men. As such, these authors highlight that financial security may affect women's risk of IPV in a different way than it affects men. Moreover, income and education and their relationship with IPV are likely affected by other demographic characteristics such as ethnicity, such that the correlations remain somewhat unclear (Clark, et al., 2016).

Ethnicity has also been shown to be a risk factor for IPV (e.g., Breiding, Black & Ryan, 2008; Barrick, Krebs & Lindquist, 2013; West 2012). Black and Latina Americans consistently report higher rates of overall, severe, mutual, and recurrent past-year and lifetime IPV victimization and perpetration compared to white Americans (West, 2012). In addition, some research has shown that American Indian women are at the highest risk of exposure to IPV (Barrick, Krebs & Lindquist, 2013), with some authors positing that with colonialism, European beliefs regarding patriarchy and gender roles were introduced into Aboriginal culture

(Brownridge, 2009). Some U.S. and Canadian data support the assertion that ethnicity is a risk factor in IPV victimization. Clark and colleagues (2016) collected data from 180 Caucasian, African-American and Latina women and found that Latinas were more frequently exposed to IPV overall (including psychological aggression, physical assault, and sexual coercion) compared to Caucasian and African-American women. When examining specific IPV acts, the authors found that Latina women were significantly more likely than Caucasian women and African-American women to have been exposed to severe violence and sexual coercion. In Canada, Aboriginal women are substantially more likely than non-Aboriginal women to experience spousal violence, and they are also more likely than non-Aboriginal women to be injured in a victimization incident (Brennan, 2009). Further, in Roman's analysis of Canadian data, Aboriginal women were found to be at a significantly higher risk of IPV (physical or sexual) compared to non-Aboriginal women. In addition to these studies examining ethnocultural differences within mostly industrialized countries, exposure to IPV is also related to women's empowerment, or more specifically, the lack thereof (Garcia-Moreno et al., 2006). IPV exposure by country, and the relationship between belief structures and IPV is discussed in more detail in upcoming sections.

In sum, the studies examining large samples of individuals and testing ethnicity as a predictor for IPV have shown that minority ethnic status is a risk factor for experiencing IPV. Contributing factors are still being examined; however, poverty, educational attainment, limited employment, gender belief structures, the quality of the neighbourhood in which one resides (which may reflect widespread racial inequalities), and immigration status have all been noted as contributing factors (e.g., Golden, Perreira & Durrance, 2013; Clark et al., 2016). Indeed, immigrant women may face challenges unique to living in a foreign country, including lack of family support, language barriers, and changes in their economic status and legal status

(Menjivar & Salcido, 2002), all of which highlights the importance of considering ethnicity, race or culture when discussing IPV victimization.

Beliefs and Attitudes Towards Intimate Partner Violence

A growing body of research has examined the cultural context of IPV in women (Bryant-Davis, 2010) and the ways in which women understand their victimization experience. Aside from the sociodemographic factors that are typically associated with IPV, belief systems and attitudes are also essential in understanding IPV from a cultural perspective. Views about gender roles, attitudes towards male dominance, the predominance of rape myths, attitudes towards sexual assault, victim blaming beliefs and the likelihood of acknowledging IPV have all been shown to differ between cultures/ethnicities (Nayak, Byrne, Martin & Abraham, 2003; White, Yuan, Cooke & Abbey, 2013; Bryant-Davis, 2010), and more traditional beliefs or those more accepting of violence against women have been associated with higher rates of IPV victimization and perpetration (e.g., Yoshihama et al., 2014; Heise & Kostadam, 2015). Given this link, researchers have investigated attitudes and beliefs across countries. In a 2004 study, Nayak and colleagues surveyed over 1000 male and female students from India, Kuwait, Japan, and the U.S. regarding their attitudes towards sexual assault and spousal physical violence. The results showed a significant difference for country and gender as well as a country by gender interaction for items related to justifying sexual assault and spousal physical violence (whereby higher scores were indicative of more victim-blaming beliefs). In regards to variation across countries, the authors found significant differences across countries for men, where Kuwaiti men were found to harbour the most victim-blaming beliefs, followed by Indian, Japanese, and U.S. men. There were also significant differences in women's beliefs across countries, such that Kuwaiti women held the strongest victim-blaming beliefs, followed by Japanese, Indian, and American women. These authors call attention to the fact that these victim-blaming beliefs are a

way to legitimize violence against women. Similarly, Haj-Yahia (2003) sampled Arab men from Israel and examined the relationship between beliefs about wife beating and what he terms “patriarchal ideology” (which he identified as encompassing attitudes towards women, sex role stereotypes, sexual conservatism, religiosity, familial patriarchal beliefs, and marital role expectations). He showed that while many in his sample agreed that wife beating should not occur, that more than half agreed that a sexually unfaithful wife deserves to be beaten. Moreover, stronger traditional beliefs, stronger negative attitudes towards women, familial-patriarchal beliefs, and stronger adherence to sex role stereotypes were all significantly associated with justification of wife beating. In a qualitative study, Ragavan, Iyengar & Wurtz (2014) explored men and women’s beliefs about gender roles, spousal abuse, and reasons for the occurrence of IPV. Concerning gender roles, the findings highlight the importance of clearly defined social roles for men and women in the perpetration and victimization of women. The vast majority of men (85%) and women (93%) justified violence towards a wife if she made a mistake (e.g., not following directions, having an extramarital affair). Conversely, more than half of men and women in the study believed that there was no justifiable reason for a wife to ever hit her husband. This study highlights what is socially acceptable within a particularly cultural context, such that a husband may strike his wife if he perceives she has erred, while there is no justifiable reason for a wife to act similarly. In a Canadian study, Bhanot and Senn (2007) surveyed male South Asian university students to investigate the relationship between acculturation (i.e., the changes that occur once individuals from different cultures come into contact) and acceptance of wife assault. The authors found that this relationship was mediated by gender role beliefs – that is, men who held more traditional gender role beliefs (e.g., viewing men as dominant and women as passive) held attitudes that justified wife beating. It is noteworthy that women also hold beliefs and attitudes which justify violence against women. Zaatut & Haj-Yahia (2016) found

that Palestinian women who endorsed patriarchal ideology tended to justify violence against women. Further, Haj-Yahia and Uysal (2011) sampled 400 female nursing students in Turkey and found that that much of the variance in beliefs about wife beating is explained by patriarchal ideology. These studies indicate that belief systems are ingrained in the overall society and exert their impact on men, women, and individuals from all social backgrounds.

Taken together, there is a great deal of empirical evidence that highlights the relationships between belief systems, attitudes towards women, and IPV-supporting attitudes. Moreover, there is also evidence that links traditional belief systems to actual IPV victimization rates. Heise and Kotsadam (2015) analyzed data from over 500,000 women across the world and showed that norms related to male authority over female behaviour, norms justifying wife beating, and regional practices which negatively affect women's access to resources were predictive of partner violence. Moreover, this relationship was more robust than the relationship between patriarchal beliefs and and gross domestic product (GDP), suggesting that beliefs about gender norms are a marker for larger, macro-level cultural changes. Therefore, it is imperative that research include a focus on belief systems which put women at risk of IPV, including adherence to traditional gender roles which favour male power and women's submissiveness, victim-blaming attitudes, and other justifications of violence against women.

IPV in South Asian Women

South Asian norms and values. "South Asian" typically refers to people from countries such as India, Sri Lanka, Pakistan, Bangladesh, Fiji, Bhutan, Nepal, and areas in Africa such as Uganda, as well as people who generally trace their ancestry to the Indian subcontinent (Hunjan, 2004). As early as the 1900s, South Asians began to immigrate to British Columbia for economic opportunities (Tran, Kaddatz & Allard, 2005). Over the past twenty years, the South Asian community in North America has grown substantially and in Canada represents the second-

largest visible minority group after the East and Southeast Asian population (including people of Chinese and Korean origin) (Natarajan, 2002). Immigration has continued, with South Asians generally settling into large metropolitan areas such as Toronto, Montreal, and Vancouver (Hou & Picot, 2004). Although in this study we describe South Asians as a single community, South Asians are not a monolith, differing greatly in religious beliefs, languages, and customs (Tran, Kaddatz & Allard, 2005). Despite these variations, the broader South Asian culture appears to hold certain norms or values which are generally pervasive across individual communities.

Firstly, South Asian culture is collectivistic, with strong ties to family. As such, value is placed on prioritizing the needs of the family over the individual (Couture-Carron, 2017). “Honour” is often described as an essential piece of the social structure, whereby males are viewed as the keepers of family honour, and as such are viewed as “responsible” for the actions of the women in their household (Cowburn, Gill & Harrison, 2015). One key facet of this honour concerns female sexuality, which in South Asian cultures is held deeply private. Women are expected to be sexually “pure” and virginal before marriage, and as a result, intimate contact with others (e.g., the pursuit of dating relationships) prior to marriage is generally limited (Abraham, 1999; Couture-Carron, 2016). Since women are generally socialized to be virginal and to avoid open discussions of sex within the family, sex within marital relationships is viewed as something that exists for the fulfillment of a husband’s needs and not for the sexual pleasure of the wife (Abraham, 1999). Traditional South Asian cultures are generally patriarchal and sharply divided along gendered lines and women have clearly-defined social roles (Yoshihama, 2014; Shankar, Das, & Atwal, 2013; Ragavan, Iyengar & Wurtz, 2014). Men are viewed as the head of the household and as the providers for and protectors of the family; they are dominant and decision-makers of the family. In the following generations, sons are celebrated and privileged while daughters are not (Shankar, Das, & Atwal, 2013). Women who are held in high regard exhibit

qualities such as “submissiveness, inferiority, self-sacrifice, nurturing, good moral values, docile demeanor, social dependency, and chastity” (Abraham, 1999, pp 596). Given that women are expected to maintain peace and harmony within the family, they are often blamed for failing to preserve the peace if they are in an abusive intimate relationship (Hyman et al., 2011). Women who do not fit the prescribed mold (e.g., single women, divorced women, gay women) are viewed unfavourably, and thus women are encouraged to remain in abusive relationships in order to avoid being ostracized (Ayuub, 2000). Moreover, divorce is often viewed as a source of shame or as something that brings dishonour to one’s family of origin (Kallivayalil, 2010), which again encourages women to stay in abusive marriages. Given that the family system is also hierarchical in terms of power, children within the family are expected to be obedient to their parents (Shankar, Das & Atwal, 2013).

Moreover, disclosure of household problems is generally frowned upon—which is in part related to the “model minority” myth. In the South Asian context, South Asians (and Asians in North America overall) have become a highly educated and generally successful population over the past two decades, and in an effort to overcome the marginalization that goes hand-in-hand with being a visible minority, families with a South Asian immigrant background have attempted to uphold a positive image of the community (Shankar, Das, & Atwal, 2013). The side effect of maintaining this image is that social problems are generally denied or not made public, likely increasing the stigma associated with IPV as well as the low rates of disclosure in South Asian women (Dasgupta, 2000; Kanukollu & Mahalingam, 2011). Indeed, IPV is often not disclosed publicly, and South Asians rarely seek help for IPV (Mahapatra & DiNitto, 2013). This issue is essential and will be discussed in further detail.

IPV in South Asia. A growing body of research explores IPV in South Asian women, both within South Asian countries (e.g., Ragavan, Iyengar & Wurtz, 2014) and abroad (e.g.,

Tonsing, 2014) and it is evident that IPV is a significant and highly prevalent social issue among this population. For example, the World Health Organization's multi-country study in 2005 indicated that 61.7% of Bangladeshi women in their sample reported experiencing IPV in their lifetime and a 2003 WHO study examining global rates of violence against women showed that 37.7% of South-east Asian women (including women from Bangladesh, East Timor, India, Myanmar, Sri Lanka, and Thailand) had experienced IPV in their lifetime. Similarly, Yoshikawa, Agrawal, Poudel, & Jimba (2012) analyzed data from the National Family Health Survey (NFHS), which included a national sample of over 60,000 women in India, and reported that 39.6% of women in the sample had experienced IPV (physical, sexual, or emotional) in their lifetime. In a systematic review of studies of domestic violence in Indian women, Kalokhea and colleagues (2017) reported that the median psychological abuse prevalence rate was 22%. The rate for physical abuse was 29%, sexual abuse 12%, and multiple forms of domestic violence 41% (lifetime prevalence). Taken together, the existing data suggests that South Asian regions are at a high-risk for IPV victimization and perpetration.

IPV in South Asian immigrant women. In addition to the research on IPV in women in South Asian regions, a number of studies have examined the experiences of immigrant women in North America. Menjivar and Salcido (2002) outline a number of factors that disproportionately affect immigrant women in relation to IPV, including language barriers, isolation from family, friends, and community, changes in economic status in the host country (e.g., entering the labour force), and concerns over legal status. Often, South Asian men who reside in North America will return to their home country to seek a suitable partner and later will sponsor her to immigrate to the host country. This trend, in some cases, may serve to exacerbate the power differential between partners (Dasgupta, 2000), whereby women are economically and socially disadvantaged. If they rely on their partner's financial support, these women may greatly fear the

consequences associated with the loss of this intimate relationship, such as financial insecurity and housing issues (Yingling, Morash & Song, 2015). In regards to South Asian women who have immigrated to North American countries, a number of studies have explored the experience of immigrant South Asian women. Raj and Silverman (2003) surveyed 160 women in the Boston area and found that 41% of their sample reported physical or sexual abuse within their current relationship, and that women who recently immigrated (less than two years ago) were significantly less likely to have knowledge of available support services. In another study of South Asian women in Boston, Himelfarb Hurwitz, Gupta, Liu, Silverman, & Raj (2006) surveyed 208 women and found that 21% of their sample endorsed exposure to physical or sexual assault from their current partner (over the lifetime) and 15% endorsed experiencing physical or sexual IPV perpetrated by their current partner in the past year alone. Furthermore, in a study of Nepalese women, Thapa-Oli, Dulal & Baba (2009) surveyed women who had immigrated to New York about their IPV experiences. In their sample, 54.1% endorsed experiencing psychological abuse in their intimate relationship—for example, 35.5% stated that their husbands had threatened to have them deported. The authors also explored restrictions on movement and access to services among these women: they reported that 62.2% of the sample needed their husband's permission to visit family or friends, and that the husbands of 20% of the sample restricted their wives from going to work. Finally, in a study of Tamil women in Canada, Hyman and colleagues (2011) conducted focus groups with young, mid-life, and senior Tamil women from Sri Lanka. The older women highlighted post-migration factors, including the stress of immigrating and acclimating to a new country, as well as the isolation that follows migration, as being contributors to IPV. Moreover, the shift in cultural norms was noted as a factor related to these women's experiences of IPV. For example, a common source of

disagreement was childrearing practices and the conflict involved with navigating norms around what is acceptable for children.

In sum, the literature examining IPV experiences in South Asian women continues to grow. It is evident that South Asian cultures hold strong cultural norms regarding family honour and familial roles, and that these beliefs play a role in the everyday lives of women across the world. Unfortunately, these roles often place South Asian women at a high risk of exposure to violence, as their status is often considered to be lower than that of any male in the household. This is supported by the literature showing high prevalence rates of IPV against women in the South Asian region, as well as literature associating traditional belief systems to higher rates of IPV victimization. Moreover, it is clear that once a woman immigrates to a more Westernized society, her abuse may not stop. Indeed, the migration experience is one that is noted as stressful, and women have to navigate the change in status, cultural norms, and social networks. Although the IPV experience of South Asian women who have immigrated to Westernized nations is being increasingly explored, what is less commonly considered is the experience of young South Asian women who likely retain some of the cultural beliefs of their parents' generation, yet are planted in the North American culture. Moreover, given that South Asians are highly active in pursuing higher education (Kaukinen, Gover & Hartman, 2012), and that South Asian women tend to be more highly educated than other immigrant women (Yingling, Morash & Song, 2015), the dearth of literature examining their IPV experiences reflects a gap in our current knowledge. Although IPV was previously thought to be a significant issue only in spousal and long-term committed relationships (for example, in immigrant women), more recent research suggests that IPV is also a significant problem between younger, unmarried partners (Duval, Lanning, & Patterson, 2018). As such, the following section will first review the relevant research on IPV in a

university/college context and will then review studies that examine the experiences of young, female South Asian students.

Violence against Female College/University Students

Research over the past 30 years has highlighted the substantial problem of violence against women on campuses, with Koss and colleagues (1987) conducting the first major study of campus-based sexual violence. Using the Sexual Experiences Survey (SES) (Koss & Gidycz, 1985), they collected data about sexual victimization from over 6,000 male and female university students. The results from this study showed that more than half of female students reported some form of sexual victimization (including attempted or completed sexual assault or coercion) since the age of 14. The rate of sexual assault in the past six months was identified as 83 per 1000 women (Koss, Gidycz & Wisniewski, 1987). In another seminal study, Fisher, Cullen and Turner (2000) focused specifically on victimization experienced while enrolled in a university program. Using the National Crime Victimization Survey (NCVS) which measures 12 types of sexual victimization, (e.g., completed rape, attempted rape, or attempted sexual coercion) the authors surveyed 4,446 female students in the U.S. The results from this large survey revealed a sexual assault rate of 27.7 per 1000 students—or, in other words, 36 students had experienced an incident of sexual assault in an academic year (Fisher et al., 2000). The authors also extrapolated that over the course of a university degree (4–5 years), the frequency of attempted or completed sexual assault may be closer to 20–25% (Fisher et al., 2000). The rate of any sexual victimization was found to be 15.5% in the past academic year alone. The study also highlighted that strangers did not perpetrate the vast majority of victimization incidents. Indeed, 9 out of 10 women knew the perpetrator to some degree, and 23.7% of sexual assault victims reported that the perpetrator was a current or ex-boyfriend (Fisher et al., 2000). This study also showed that sexual assault victims rarely reported the incident to police, and it showed that stalking behaviour (defined as

being repeatedly followed, watching phoned, written, emailed, or communicated in an obsessive way that caused fear) was also common, with 13.1% of the sample reporting that this behaviour had occurred since the outset of the academic year. In Canada, DeKeseredy, Schwartz and Tait (1993) conducted the first study that examined the incidence of sexual assault and stranger aggression in female university students. Using a modified version of the SES, the authors found a prevalence rate of 32.8%. Consistent with U.S. research, a very small minority of women (only 3%) reported the victimization experience to police (DeKeseredy et al., 1993).

These early studies assessing college/university samples revealed that while campuses of higher education were once thought of as the “Ivory Tower” (Fisher, Sloan, Cullen and Lu, 1998), victimization of students (sexual, physical, and psychological) is not a rare phenomenon. Although these early studies generally focused on sexual assault experiences only, later studies also began to explore the issue of IPV more generally (often referred to as “dating violence” in the literature on college students). For example, DeKeseredy and Kelly (1993) conducted a large-scale study to measure incidence and prevalence rates of sexual, physical, and psychological victimization of university women within dating relationships. Forty-four institutions throughout Canada were included. A total of 3,142 participants (1,835 women and 1,307 men) completed the Conflict Tactics Scale (CTS), which measures various forms of violence in relationships (both perpetration and victimization), as well as a modified version of the Sexual Experiences Survey. Investigating sexual abuse, researchers found an incidence rate of 27.8% for female students; the category of sexual abuse included unwanted sexual contact, sexual coercion, attempted rape, and completed rape. Measures of prevalence of any sexual victimization revealed that 45.1% of females reported victimization since leaving high school. For physical abuse, results revealed incidence rates ranging from 0.1% (for “using a gun on her/him”) to 19.6% (for “pushed, grabbed, or shoved you”). Prevalence rates of physical abuse

showed a similar pattern, whereas less extreme forms of sexual abuse (e.g., pushing or shoving) had the highest prevalence rate estimates (31.3% of the sample). Finally, measures of psychological abuse in women indicated an incidence rate of 79.1%. In a 2005 study of IPV in college/university students, Amar and Gennaro surveyed over 800 college students between the ages of 18-25 and found that 48% of their sample reported experiencing at least one form (e.g., sexual, physical, psychological) of IPV over the past year. Moreover, of the 48% of women who endorsed IPV over the past year, almost 40% reported exposure to multiple forms of IPV during that time. Finally, in a review of the literature of dating violence in college students, Kaukinen (2014) reported that the prevalence of dating violence ranges from 10–50% across studies, suggesting that IPV or dating violence is a substantial concern for young women.

The research discussed above suggests that IPV in university/college women is highly prevalent. Whereas early studies focused on sexual victimization, both within intimate relationships and by acquaintances/strangers, it is evident that young women enrolled in college/university are frequently exposed to IPV. What is more, Amar and Gennaro's (2005) study showed that not only do college/university women experience IPV, they frequently are exposed to multiple forms of abuse within their intimate relationships. The substantial burden of IPV in these women warrants further attention to their experiences of IPV, as well as the impacts that may be unique to women who are actively engaged in academic pursuits.

The Physical and Psychological Impact of IPV

It has been repeatedly demonstrated that IPV victimization is associated with numerous costs to the individual and to society as a whole. There is little doubt that IPV is associated with adverse health consequences; indeed, a number of systematic reviews have assessed the psychological and physical health impacts of IPV. In terms of physical health impacts, IPV has been clearly associated with physical injuries (e.g., difficulties walking, memory issues, physical

pain, cardiac problems, gastrointestinal issues, headaches, and other somatic complaints (Ellsberg et al., 2008; Lee & Hadeed, 2009; Campbell, 2002). Sexual victimization within an intimate relationship is also associated with gynecological health issues and sexually transmitted diseases (Lee & Hadeed, 2009). Physical health issues can also result from non-physical acts of violence, leading to chronic-stress related problems (e.g., irritable bowel syndrome) as well as overall poorer self-reported health (Ellsberg et al., 2008; Campbell, 2002). In a large, international study, Ellsberg and colleagues (2008) surveyed over 19,000 women across 10 countries and found that women exposed to IPV (physical or sexual) were significantly more likely to report poor or very poor health and significantly more likely to have experienced physical health issues such as difficulties walking, pain, memory loss, dizziness, or vaginal discharge.

In addition to the physical health problems that result from IPV, the psychological health consequences are substantial. Post-traumatic stress disorder (PTSD), depression, anxiety, suicidality, and substance abuse issues have all been associated with intimate partner violence (Campbell, 2002; Lagdon, Armour, & Stringer, 2014), with PTSD and depression being noted as the most common mental health consequences of IPV victimization (Langdon, Armour, & Stringer, 2014). In a meta-analysis, Golding (1999) found that the prevalence of depression among women exposed to IPV was 47.6%. The figure for PTSD was 63.8%. He also reported that women exposed to IPV were almost four times more likely to have depression or PTSD compared to women who had not been exposed to IPV. These results reveal the high burden of IPV individually and also societally, as women exposed to IPV have higher rates of service utilization, and the healthcare costs associated with IPV are extremely high (Varcoe et al., 2011). An analysis of police-reported spousal violence in Canada estimated the economic impact of IPV to be 7.4 billion dollars, considering the expenses incurred by the justice system, victim costs

(e.g., lost wages), third-party costs (e.g., costs to social services), and “intangible” costs to victims (i.e., pain and suffering) (Zhang, Hoddenbagh, McDonald, and Scrim, 2012). It is evident from the research conducted thus far that IPV exposure is often related to substantial physical, psychological, and societal costs.

The impact of IPV on South Asian women. An intersectional view of IPV suggests that the impact of IPV may be experienced differently by women of various sociocultural backgrounds. Relevant to the present review is the experience of South Asian women who may express their psychological symptoms somatically, such as through reporting fatigue, headaches, and/or sleep problems. The reasons for this may include a desire to suppress internal conflict, to avoid outward expressions of anger or negative emotions, or because they are unable to express their distress in psychological terms (Lee & Hadeed, 2009; Kallivayalil, 2010). Some studies have examined the impact of IPV on South Asian women’s health. Himelfarb Hurwitz and colleagues (2006) conducted a mixed methods study of South Asian women in Boston. In their quantitative study, they found that 10% of women exposed to IPV reported poor physical health, 16% reported poor mental health, 15% reported depression, 23% reported anxiety, 5% reported suicidal thoughts, and 30% reported sleep problems. Moreover, compared to women in Himelfarb Hurwitz et al.’s (2006) sample who did not report IPV, IPV-exposed women were significantly more likely to report poor physical health, depression, and suicidal ideation. The qualitative study also shed light on the ways that South Asian women articulated adverse impacts on their physical and mental health. In addition to speaking about chronic health issues (e.g., headaches, backaches) and mental health concerns (e.g., anxiety, depression, suicidality) as commonly reported in the literature, participants in their study also spoke about the “exhaustion” resulting from IPV, which led to challenges engaging in their life (e.g., spending time with family) as well as detrimental impacts on appetite. Furthermore, in a qualitative study based in

New York, Kallivayalil (2010) interviewed South Asian women who were receiving services at a mental health agency. In terms of their views of “suffering”, women spoke about rumination and a search for explanations for their suffering and abuse, which the author connects to depression and anxiety. Women in this study ruminated about their abusive experiences and also expressed sadness about their future. A further consequence of IPV expressed by these women was blame (of self and others). Self-blame was sometimes described as being karmic in nature—that is, a questioning of whether they did something in a past life to warrant the present suffering. Blame was also directed at the South Asian system of marriage, whereby women often marry at a young age, and at the abusive husband. The author also spoke of reproductive control by abusive partners (e.g., forced abortions) and the enduring emotional consequences to women. Finally, similarly to comments made by participants in Himelfarb Hurwitz et al.’s study (2006), there was a sense of fatigue or exhaustion as a consequence of IPV.

These studies suggest that South Asian women report many of the same physical and psychological health consequences as discussed in the general population; however, a careful consideration of the cultural context suggests that South Asian women also have unique ways of conceptualizing the impact of IPV, including a focus on somatic complaints. Moreover, important religious/moral belief systems such as karma and reincarnation may affect the way in which South Asian women understand their circumstances. It is notable that the research examining the impact of IPV as experienced by South Asian women almost exclusively focuses on samples of older, immigrant women who may have experienced early or arranged marriages, immigration, and possibly language barriers associated with migrating to a new country. Once again, what is missing from these analyses is the experience of younger South Asian women who may be unmarried, living in their familial home, and potentially born outside of their parents’ country of origin. As such, this study focuses on a much-needed topic - the impact of IPV on

younger South Asian women who may not share the experience of previous generations (e.g., marital, lingual, and immigration experiences) but for whom larger cultural beliefs (e.g., the tendency to somaticize or avoid outward expressions of negative emotionality) may still be the norm.

IPV's educational and academic impact. A growing body of research has explored the impact of IPV on women's educational success. Initial studies focused on the finding that exposure to violence adversely impacts learning (Tremblay et al., 2008; Horsman, 2004). More recently, researchers have begun to specifically examine the adverse consequence of violence against women on their educational pursuits. Cortina, Swan, Fitzgerald, & Waldo (1998) surveyed over 1000 female university students to examine the relationship between rates of sexual harassment and perceptions of campus climate. The findings indicated that women exposed to sexual harassment on campus held poorer perceptions of the academic climate, and that academic problems such as lowered confidence, impaired concentration, and withdrawal from school were other consequences of sexual harassment on campus. In regards to the latter consequences, a number of studies have reported that students exposed to IPV are at a higher risk of experiencing adverse academic outcomes, such as academic disengagement, missed classes, and academic failure or withdrawal from school (Garner & Sheridan, 2017; DeKeseredy & Schwartz, 1998). To illustrate this further, Jordan, Combs and Smith (2014) surveyed 750 women entering university in the U.S., collecting data on sexual assault victimization and grade point average. Using a longitudinal design, the authors found that women entering university who had a history of sexual assault had lower GPA scores upon entry, and that women who were sexually assaulted in their first year of university had lower GPAs at the end of the semester compared to women who had not experienced sexual assault in their first year. Moreover, their data showed that women reporting more severe sexual assault experiences showed a greater

adverse impact on their GPA. The authors surmise that these female students may face cognitive difficulties with concentration, organization, and memory which negatively affect their academic success, and that they may suffer socially in the form of anxiety, shame, and embarrassment. In a qualitative study, Stermac, Bance, Cripps and Horowitz (2018) interviewed 27 female undergraduate students about their experiences of sexual coercion while a student and explored the perceived impact on education. Women in the study spoke of negative impacts on their academic performance, including lower grades (GPA), missing classes, altering future career plans, missed or late assignments, and requiring deferrals for assignments or exams. Participants spoke of discomfort when sitting with male students in lecture or working closely with male students in labs or group projects, as well as decreased engagement with school in the form of reduced participation in campus events, classes, and social activities. Participants also discussed their perceptions of the overall school environment and reported feeling unsafe on campus as well as changes in their interest in and attitude towards school. Finally, participants spoke of the psychological impacts of sexual coercion, which were most commonly related to difficulties concentrating in lectures, while studying, or when working on tests and assignments.

In sum, researchers are beginning to more fully appreciate the consequences of IPV that may be specific to the student context. Much of the research currently available examines sexual victimization overall and not specifically in relation to intimate partners. However, it can be surmised that female students exposed to IPV would experience similar educational impacts as those experiencing gendered violence overall (Garner & Sheridan, 2017). Given that there is little data examining IPV and academic outcomes, the qualitative arm of the current study explores the perceived the impact of IPV on women students' academic success and engagement.

Disclosure of Intimate Partner Violence

Disclosure refers to “any conversation, where the victim provides information regarding

the abuse occurring in the relationship to another individual” (Sylaska & Edwards, 2014, p. 4) and involves the act of discussing the event(s) with a formal support such as: law enforcement, campus authorities, counsellor, doctor, minister) or an informal support such as a friend, co-worker, relative or neighbour (Ansara & Hindin, 2010). Most studies show that women rarely disclose IPV to formal supports or agencies, or that they do so only after a delay (Paul et al., 2013; Ahrens, Stansell, Jennings, 2010; Sabina & Ho, 2014). This lack of formal reporting may be the result of numerous factors, including fear that police or court officials will not believe one’s story due to widespread gender bias in legal and judicial systems, or that abusers will not be punished for their actions (Akers & Kaukinen, 2009). In Sabina and Ho’s (2014) systematic review of college students’ disclosure of sexual assault or dating violence, the authors note that rates of disclosure to police were extremely low (between 0–12%), especially when the use of substances was involved. Barriers to formal disclosure included the assault not being perceived as serious enough, lack of proof, not wanting others to know, fearing the response of the officer (e.g., not being believed, not being perceived as serious enough), fear of retaliation, and self-blame (Sabina & Ho, 2014). Conversely, most women exposed to IPV disclose the experience to an informal support person (Sylaska & Edwards, 2014; Sabina & Ho, 2014) such as a friend, family member, colleague, etc. This disclosure may occur directly following the incident(s) or several years later (Sabina & Ho, 2014). Some researchers have examined the correlates of IPV disclosure or nondisclosure to informal supports, noting that Caucasian women are more likely to disclose IPV compared with women of racialized backgrounds, and that younger women are more likely to disclose IPV than older women (Sylaska & Edwards, 2014). Certain aspects pertaining to the incident(s) also appear to affect disclosure, such that women who are injured by IPV are more likely to disclose the violence to informal supports, as are women affected by more severe and frequent IPV (Sabina & H, 2014; Sylaska and Edwards, 2014). Conversely, many

women tend to minimize the abusive actions and therefore avoid or delay disclosure (Edwards, Dardis & Gidycz, 2011). Those who espouse a desire to keep personal matters private are also unlikely to disclose IPV to an informal supports (Sylaska & Edwards, 2014).

The extant research on disclosure suggests that most women do not formally disclose IPV nor do they seek help from agencies, counsellors, campus services, or law enforcement. However, women typically tend to share IPV experiences with at least one informal support—most often a female friend (Edwards, Dardis & Gidycz, 2011). Understanding the process of disclosure is essential, because disclosure of distressing events (including IPV) has been shown to be related to improved physical, psychological, and even immune system functioning (Ahrens, Stansell, Jennings, 2010; Pennebaker, Kiecolt-Glaser & Glaser, 1988) and nondisclosure to negative health outcomes (both physical and psychological). There is also research suggesting that the reaction received by the individual(s) disclosed is a significant factor in later functioning. This topic will be discussed in further detail.

South Asian women's disclosure of IPV. Research on intimate partner violence in South Asian women also highlights how adherence to traditional cultural beliefs which emphasize collectivism, family honour, and close family ties dissuade women from disclosing their experiences (Natarajan, 2002; Dasgupta, 2000). Exacerbating this issue for some immigrant women is also a lack of knowledge about available support services, as well as language barriers. Indeed, many South Asian women immigrate to Western countries as part of arranged marriages and may be faced with additional barriers which negatively affect disclosure or access to support (Yoshioka, Gilbert, El-Bassel & Baig-Amin, 2003). Dasgupta (2000) explains that because South Asian traditions value the wellbeing of the family over the individual, there expectation for individuals to keep personal matters internal, and if disclosure occurs, it should only be to trusted family members. Some research has specifically examined the cultural factors related to

disclosure of IPV in South Asian women. In a Canadian study, Ahmad, Driver, McNally and Stewart (2009) conducted focus groups with 22 South Asian women who identified exposure to IPV, with the overall goal of exploring their experiences of IPV and reasons for disclosure or nondisclosure. The results showed that most women sought support only after a long delay due to social stigma, women's "obligation" to be subordinate and silent, worries about the wellbeing of their children, a lack of social support, knowledge gaps (about IPV as a whole and also about available services), and myths about IPV (e.g., that IPV is caused solely by alcohol consumption). In another study, Mahapatra and DiNitto (2013) surveyed 57 South Asian women across the U.S. to examine factors associated with help seeking, finding that most (60%) disclosed IPV to an informal support (most commonly friends) and that the reason for this disclosure was most often because they felt it was a "last resort". Moreover, they found that women who were isolated from their partner (i.e. had weaker ties to their partner) and did not live with children were more likely to disclose their IPV experiences. One of the desired applications of this study is the development of family supportive interventions and educational outreach to help communities better recognize IPV. This pursuit was deemed as essential since most women report informally to family or friends, and increasing their recognition and understanding of IPV may be vital in providing support.

In summary, the existing evidence suggests that most women face some barriers to disclosure. However, women from minority backgrounds likely face additional barriers including gender norms and beliefs which discourage the discussion of private matters. Unfortunately, the intersection of age and ethnicity in the processes of victimization and disclosure has rarely been the focus of research. Therefore, it is unclear how young South Asian women who have not undergone the immigration experience, yet who retain some of their families' cultural beliefs and traditions, view disclosure of IPV and the potential barriers to such. Although there currently

exists little research that specifically focuses on this population, a study by Kanagaratnam and colleagues (2012) conducted focus groups with younger (university-aged), middle-aged, and older Tamil women and found that younger women were generally supportive of seeking formal support at an early stage, provided that the abusive partner was unwilling to alter his behaviour. These younger women also believed that disclosure to formal supports would negatively affect the children in the household as well as the family's standing in society. In regards to generational differences between participants, the authors concluded that younger women's beliefs about coping with IPV (including accessing services) were subject to sociocultural beliefs prohibiting the sharing of these personal matters to people outside of the family. The authors highlight that these young women are likely living in "two different realities, with community norms playing a prominent role in their understanding of and responses to IPV" (Kanagaratnam et al., 2012, p. 655). These findings suggest that younger women who are largely acculturated into the Canadian culture, and at the same time raised with traditional beliefs, may differ ideologically from their older counterparts, who thus far have been the subject of much of the research into IPV in South Asian women. The current study aims to fill this important gap in knowledge by exploring these younger women's experiences of IPV, disclosure, and the associated outcomes.

Reactions to disclosure. A substantial body of literature has examined reactions to disclosure, most often, disclosure to informal supports. Ullman (2010) defined social reactions to disclosure as the way in which informal supports respond verbally and/or nonverbally to a disclosure of IPV. Relevant to the current study is the research examining the survivor's perception of the response to their disclosure and the psychological impact of receiving a positive or negative (or sometimes mixed) response to one's disclosure. Some research has examined the types of responses that are typically perceived as positive, negative, or mixed.

Edwards, Dardis & Gidycz (2012) surveyed 44 women reporting IPV to identify the most helpful reactions they received. They reported that receiving 'good advice', the opportunity to vent/talk about it, receiving comfort and other emotional support, rationalizing the partners' behavior (e.g., that this was typical behaviour for the partner), that recipients shared similar experiences, and providing a neutral perspective were the most helpful responses to disclosure. Similarly, Trotter and Allen (2009) used a qualitative analysis to explore positive and negative reactions to IPV disclosure. They reported that reactions perceived as positive enhanced the survivor's sense of safety (e.g., support to leave the relationships), led to survivors feeling emotionally supported (by listening and validating their feelings), involved helpful input (e.g., advice on how to access services), and involved aid of some sort (e.g., practical supports). Although there are naturally differences between individuals in terms of what is perceived as positive, in general, responses that provide emotional support to the survivor, provide advice that is perceived as helpful, provide a safe space for survivors to talk about their experiences, and tangible supports are commonly described as positive reactions.

Conversely, IPV survivors also receive responses to their disclosure which are perceived as negative. In Edwards, Dardis & Gidycz's (2012) article discussed above, the reactions that were not well-received involved encouragement to break up with the abuser, a lack of understanding from the recipient of disclosure, or responses in which the abuse was not taken seriously or was joked about. Relyea and Ullman (2015) note that blaming and stigmatizing reactions almost always are perceived as negative by survivors. Other reactions that are often perceived as negative are responses in which the recipient of the disclosure avoids talking about the IPV, expresses frustration when the survivor does not take the advice given, and minimizes the abuse (Sylaska & Edwards 2014). The survivor's reception of the reaction to disclosure is essential to consider, given that much research has associated these reactions with psychological

wellbeing (Sylaska & Edwards, 2014; Goodkind, Gillum, Bybee & Sullivan, 2003). More specifically, it has been proposed that the reaction of the disclosure recipient affects the way in which survivors make meaning out of the experience, which in turn affects coping behaviours and psychosocial adjustment, either positively or negatively (Edwards, Dardis, Sylaska & Gidycz, 2015). Negative social reactions to IPV disclosure are consistently associated with poorer psychological health outcomes—most commonly PTSD and depression—and also overall psychological distress (Littleton, 2010; Sylaska & Edwards, 2014; Edwards, Dardis, Sylaska & Gidycz, 2015). In a study of women in a domestic violence shelter program, Goodkind et al. (2003) reported that reactions perceived as negative by survivors were significantly associated with lower quality of life, even when controlling for physical abuse, psychological abuse, and emotional support. Similarly, Edwards, Dardis, Sylaska & Gidycz (2015) found that negative reactions to women's disclosure of IPV were significantly associated with global psychological distress, post-traumatic symptoms, and intention to leave the intimate relationship. Taking an intersectional approach to this question, Hakimi, Byrant-Davis, Ullman and Gobin (2018) investigated the relationship between race, reactions to sexual assault disclosure, and psychological health outcomes by exploring the experiences of Black and White survivors of sexual assault. The authors found that across race, negative reactions were significantly associated with PTSD, depression, and problem drinking, but that Black women in particular were more likely to show increases in PTSD when faced with negative reactions. To explain this finding, the authors point to research suggesting that Black women tend to hold broad definitions of family and extended kin networks and that while it would be hypothesized that a larger social network would lead to increased support after disclosure, the effect of negative responses to disclosure are heightened. Moreover, given that racialized women may hold larger informal support networks, the odds of receiving a negative response may be higher than those of White

women (Hakimi, Byrant-Davis, Ullman & Gobin, 2018). This extended social network may also be relevant for South Asian women, where there may be more opportunity to receive a negative reaction to disclosure.

The extant research indicates that there are many barriers to disclosure of IPV for all women, but that women occupying different social locations may face unique challenges. Those who do disclose often do so after a long delay, and the reactions received can greatly affect the individual's future wellbeing. Reactions to disclosure that are perceived as helpful can be a motivating factor for survivors to seek formal support, such as mental health treatment or police reporting (Paul et al., 2013). Conversely, those who receive responses which are perceived as negative often go on to suffer further mental health challenges. Moreover, little research specifically examines the cultural context of IPV disclosure, or the unique ways in which women inhabiting different social locations perceive reactions to disclosure. The current study endeavours to consider disclosure from a cultural perspective by exploring not only the barriers to and facilitators of disclosure, but also what kinds of responses from disclosure recipients are perceived as positive or negative.

Rationale for the Current Study

While the research examining intimate partner violence in South Asian women has progressed over time and has begun to more fully integrate an intersectional approach to the IPV experience, there are gaps in the literature that are important to address. First, much of the research that focuses on the interaction between South Asian culture and IPV focuses on community samples of women, often from shelters. While this information is no doubt needed and important, the preceding review suggests that few South Asian women formally disclose their experiences to community agencies, and thus may not be representative of the overall experience of South Asian women. In addition, there is currently little research focusing on IPV

in young South Asian adults, particularly among young and educated women. This represents a gap in understanding, given that a large proportion of college students have experienced some form of IPV in a dating relationship while attending school and that South Asians, one of the largest group of visible minorities in Canada (Tran, Kaddatz & Allard, 2005) are highly active in pursuing higher education (Kaukinen, Gover & Hartman, 2012). Moreover, recent research has highlighted the substantial negative impact of sexually coercive experiences on women's educational success (Stermac, Bance, Cripps & Horowitz, 2018) but no studies have focused on the educational impact of IPV in South Asians specifically.

At present, most university-based studies of IPV are cross-sectional survey studies, while those examining IPV from a cultural perspective often employ qualitative methods. Given that IPV is a complex and multidimensional issue (Hosseini-Sedehi, 2016), the general reliance on quantitative only or qualitative only may serve to limit our understanding of these phenomenon.

The aim of the current study was to address these limitations by (1) focusing on the experiences of young, South Asian women who have rarely been the focus on IPV research and (2) using a mixed methods approach to understand this complex and understudied problem. Additionally, a review of the existing research indicates that IPV may be understood differently by women from racialized communities – therefore, broad definition of intimate partner violence was used to include physical violence of any sort, (e.g., pushing, threats of physical violence) sexual victimization (e.g., sexual coercion, sexual assault), psychological or emotional abuse (e.g., verbal attacks, controlling behaviour) and also allowed participants to describe and define IPV based on their personal experience. Additionally, any form of intimate relationship (i.e., dating, spousal, common-law) was considered, as long as the duration of the relationship was a minimum of one month. Given that no research has specifically focused on the impact of IPV on South Asian women's education, a section of our qualitative interview was devoted to inquiring

about this important issue. Finally, given that many women do not disclose IPV and few women seek help or disclose IPV formally as well as the sensitive nature of the topic, participants were invited to complete the interview in-person or by phone and/or complete the survey online using a via a one-time, anonymous survey.

Research Questions

The aim of the overall study was to gain insight into the experience of IPV from the perspective of female South Asian students. Chapter 2 provides an overview of the specific research methodology, in terms of the overall study design as well as methods for the quantitative study and qualitative study. Although the overarching question of the present research is to investigate IPV in female South Asian women students, the specific objectives of each study were different. Given that this area of inquiry has not yet been thoroughly investigated, specific hypotheses were not made for the quantitative research questions.

Quantitative Study Research Questions:

1. What forms of IPV (e.g., physical violence, psychological abuse, controlling behaviours) do South Asian women students experience?
2. Do women experiencing IPV disclose their experience to either formal (e.g., campus authority) or informal supports (e.g., family members)?
3. What is the relationship between (a) intimate partner violence disclosure and sociocultural beliefs and (b) perceived response of disclosure and psychological health outcomes?

Qualitative Study Research Questions:

1. How do female South Asian college/university students understand and define IPV? Why do women who experience IPV disclose or not disclose this to formal or informal supports? What helped or hindered the process? How did others react (if disclosed)?

2. What is the role of cultural beliefs in disclosure or non-disclosure of IPV?

Chapter 3 Research Methods

Mixed Methods Research

Mixed methods research (MMR) “involves collecting, analyzing, and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon” (Leech & Onwuegbuzie, 2009, p. 267). Mixed methods research is now viewed as a third method alongside quantitative and qualitative research (Johnson, Onwuegbuzie & Turner, 2007) and is situated within its own worldview, or paradigm.

A paradigm is viewed as having its own set of beliefs and assumptions about “epistemology (how we know what we know), ontology (nature of reality), axiology (values) and methodology (the process of research)” (Doyle, Brady & Byrne, 2009, p. 2). In relation to the major research paradigms, quantitative, or post-positivist research generally views reality as singular, and objectivity is a primary focus. As such, quantitative researchers generally aim to remove personal values from the research and remain unbiased (Doyle, Brady & Byrne, 2009). Research inquiry that is situated within the post-positivist paradigm often includes the collection of large amounts of data which can then be observed, measured, or manipulated in some fashion. Researchers in this tradition aim to separate themselves from the context of the research so as to remain unbiased and follow the principles of the scientific method (Krauss, 2005). The assumptions underlying qualitative research (also referred to as interpretive, constructivist, or naturalistic inquiry) differ by viewing the nature of reality as subjective and socially constructed, attempts to reduce the space between the researcher and what is being researched, and clearly states values and biases. The researcher aims to immerse oneself in the phenomenon of interest in order to understand it (Johnson, Onwuegbuzie, & Turner, 2007).

Although historically there existed a paradigmatic “war” between the quantitative/post-positivist paradigm and the qualitative/constructive paradigm, (Doyle, Brady & Byrne, 2016), mixed methods research has emerged as an important alternative method. Like the other paradigms, MMR contains its own set of assumptions, including the belief in pragmatism and that the social world is complex and therefore is best explored via multiple methods, each of which contribute their own strengths (Johnson, Onwuegbuzie & Turner, 2007). MMR’s general approach to knowledge requires one to “consider multiple viewpoints, perspectives, positions, and standpoints, always including the standpoints of qualitative and quantitative research (Johnson, Onwuegbuzie & Turner, 2007, p.113). From a methodological perspective, MMR aims to use various techniques from both paradigmatic traditions in a way that encourages a deeper understanding of the phenomenon being explored (Green, 2007).

Doyle and colleagues (2009) outline potential reasons for conducting mixed methods research, such as triangulation (increasing validity of the study by examining the commonality between quantitative and qualitative data), completeness, offsetting weaknesses and providing stronger inferences, answering different research questions, explaining findings, illustration of data, hypotheses development and testing, and instrument development and testing. In the current study, the choice of an MMR design primarily is for completeness/complementarity whereby the mixing of both methods may lead to a more comprehensive account of the relevant phenomenon and/or this method allows for each methodological approach to highlight different aspects of the phenomenon of interest (Tashakkori & Teddlie, 2010). This rationale was driven by the overarching goal of exploring an under-researched area, that is, the problem of intimate partner violence in female South Asian students. Following Leech & Onwuegbuzie’s (2009) typology of mixed methods research designs, the specific MMR design used in the present current study is a partially mixed concurrent equal status design with the overall goal of

examining complementarity across approaches (Doyle, Brady & Byrne, 2016; Creswell and Plano-Clark 2007). In this design, quantitative data and qualitative data are collected separately but concurrently, and both approaches given equal weight, and findings from each approach can be described separately because one does not depend on the other. Although mixed methods studies can be “mixed” at various levels (i.e. data collection or data analysis), the mixing in the present study occurs at the discussion level, where a discussion/inferences derived from the statistical analyses and the interview data will be presented concurrently, followed by an integration of the data to form meta-inferences (Doyle, Brady & Byrne, 2016; Venkatesh, Brown & Bala, 2013). The following sections outline the methods for the quantitative study followed by the methods used for the qualitative study.

Quantitative Study Methods

Recruitment. Participants were recruited for both the quantitative and qualitative studies via notices both electronically and in hard copy (Appendix 1). Hard-copy recruitment notices were posted at locations across universities in the Greater Toronto Area (GTA) including colleges and universities. Electronic recruitment notices were posted on social media websites such as Craigslist and Kijiji, as well as the websites and Facebook pages for university associations. The posters directed interested individuals to navigate to a website created specifically for the overarching study (www.sawrelationshipstudy.com) which provided information (e.g., inclusion criteria) about the quantitative and qualitative (discussed later) study. If interested in the quantitative study, individuals were invited to click on a URL on the webpage which directed them to an online survey, hosted by Qualtrics, an online survey platform (recruitment for the qualitative interviews is discussed in a separate section outlining qualitative approaches used in the study). Once the individual navigated to the Qualtrics survey, participants

were asked again to confirm eligibility, and were able to view the consent form (see Appendix 2). The inclusion criteria were the following:

1. Identify as a South Asian woman (including but not limited to women identifying their cultural descent from India, Sri Lanka, Bangladesh, Pakistan, Nepal, the Maldives, and Bhutan).
2. Identify as a current college, undergraduate, graduate, or second-entry degree student between the ages of 18-25, residing in Ontario.
3. Have been in a heterosexual romantic relationship of any sort (e.g., dating, married, cohabitating) in the past two years that lasted at least 1 month (current or previous relationship). Those reporting a past romantic relationship that had at the time of the study were included so long as the relationship ended within the past two years.
4. Identified negative experiences within the relationship including but not limited to: stalking, controlling behaviour, psychological abuse, sexual victimization and physical assault within the current or past romantic relationship.
5. Not currently have a legal case before the courts.

Measures. The measures for the study were selected on the basis of psychometric quality as well as relationship to the study research questions. This was reflected in the choice of the CTS-2 as a measure of physical assault given that much controversy exists over it being frequently utilized to support the argument of mutual violence by both men and women in relationships. However, it is the most widely used and accepted instrument to assess physical acts of violence within intimate relationships (Nabors & Jasinski, 2009) and thus was deemed appropriate for the study after modifying it to reflect victimization only experiences.

Demographic questions. Participants completed demographic and background questions relevant to the study via the online survey. The questions included: age, education level, living situation, relationship status and ethnic background.

Measures assessing forms of Intimate Partner Violence. *Conflict Tactics Scale-2 (CTS-2).* The Conflict Tactics Scale-2 (CTS-2) (Straus, M.A., S.L. Hamby, S. Boney-McCoy, and D.B. Sugarman, 1996) a widely used instrument to measure IPV. The scale measures IPV across five areas: physical assault, psychological aggression, sexual coercion, negotiation, and injury and each item asks respondents to report on both perpetration and victimization. In the present study, the CTS-2 (Appendix 6) was used only as a measure of physical aggression. Since in this study we are only interested in the victimization experiences of women, we used a modified version of the CTS-2 to examine physical assault. As such, the 12 items that refer to physical assault experience from a victimization perspective were included. The items on the CTS-2 pertaining to physical assault include: threw something that could hurt me [my partner did this] and pushed or shoved [my partner did this]. Respondents were asked to rate the frequency of these aggressive experiences from a scale ranging from 0 (*this has never happened*) to 6 (*20 + times in the past year*).

Psychological Maltreatment of Women Inventory (PMWI)—Short Form. The Psychological Maltreatment of Women Inventory (Tolman, 1999; Appendix 7) is a 14-item scale that measures psychological maltreatment of women by their male intimate partners within the past six months. Sample items include: “My partner used our money or made important financial decisions without talking to me about it” and “My partner blamed me for his problems.” Participants are asked to rate the frequency of psychological abuse on a 5-point Likert scale ranging from *never* to *very frequently*. The measure includes two subscales:

Dominance/Isolation and Emotional/Verbal. The PMWI has been reported to have good discriminant validity and reliability ($\alpha = .91$) (Tolman, 1999).

Sexual Experiences Survey-Short Form Victimization (SES-SFV). The Sexual Experiences Survey-Short Form Victimization (Koss, Abbey, Campbell, et al., 2007; Appendix 8) is short-form version of the Sexual Experiences Survey – Long Form Victimization which assesses victimization of various unwanted sexual encounters. The SES-SFV asks about seven different types of forms of sexual victimization (e.g., someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration). For each form of sexual victimization, participants are asked to identify how many times this act occurred (0, 1, 2, or 3+ times) and each tactic used by the partner (e.g., telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to; threatening to physically harm me or someone close to me; using force, for example holding me down with their body weight, pinning my arms, or having a weapon). For the purposes of the current study each question was modified to reflect sexual victimization by an intimate partner over the past two years.

Measures assessing sociocultural beliefs. *Gender Role Socialization Scale (GRSS).* The Gender Role Socialization Scale (Toner, Tang, Ali, Akman, Stuckless, Esplen, Rolin-Gilman & Ross, 2012; Appendix 9) is a 30-item scale that measures internalization of prescribed gender role messages for women that may affect their health and wellbeing (Toner et al., 2012). The measure was designed to reflect gender role beliefs across cultures. Higher scores on the GRSS reflect a higher degree of internalization of gender role norms. Respondents were asked to rate their agreement with statements ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Sample items include “I feel that I must always make room in my life to take care of

others” and “if I am unhappy, it’s because I am too hard to please”. The GRSS has shown good reliability (Chronbach’s $\alpha=0.93$) (Toner et al., 2012).

Domestic Violence Myth Acceptance Scale (DVMAS). The Domestic Violence Myth Acceptance Scale (Peters, 2008: Appendix 10) is an 18-item self-report measure of domestic violence myths, Peters (2008) explains that the myths assessed by this measure involve the “function” of domestic violence, that is, endorsement of these myths allows the IPV survivor to be held responsible for the abuse, exonerates the perpetrator, and minimizes the extent of the problem. Moreover, Peters (2008) states that myths about domestic violence serve to diminish social support of the survivor because endorsement of these beliefs relates to the belief that she could have avoided the abuse. For the present study, respondents were asked to rate their agreement to statements such as “Some women unconsciously want their partners to control them” and “A lot of domestic violence occurs because women keep on arguing, on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The measure also contains one continuous item which was not included in this study for the purpose of consistency with the other study measures and ease of instrument completion. The DVMAS has shown good reliability and validity (Peters, 2008).

Measures assessing psychological health outcomes. *Depression, Anxiety and Stress Scale (DASS-21).* The DASS-21 (Lovibond & Lovibond, 1995; Appendix 11) is a 21 item, self-report measure which assesses symptoms of depression, anxiety, and stress. The depression items reflect themes involving a loss of self-esteem and incentive, while the anxiety-related items reflect the state of anxiety and acute fear and the stress items measure arousal and overall tension. Items are scored from 0 (*did not apply to me at all*) to 3 (*applied to me very much or most of the time*). Sample items on the measure include: “I found myself getting agitated” and “I

felt down-hearted and blue” (Lovibond & Lovibond, 1995). The DASS has shown good reliability in clinical and non-clinical samples (Henry & Crawford, 2005).

Impact of Events Scale-Revised (IES-R). The Impact of Events Scale-Revised (Weiss & Marmar, 1997; Appendix 12) is a widely used self-report measure which assesses subjective distress caused by traumatic events. It contains 22-items which ask respondents to rate their level of distress in response to a range of post-traumatic reactions, ranging from 0 (*not at all*) to 4 (*extremely*). Sample items include: “any reminder brought back feelings about it” and “I was jumpy and easily startled”. The IES-R yields a total score as well as subscale scores for the following subscales: Intrusion, Avoidance, and Hyperarousal. The IES-R has shown high internal consistency and test-retest reliability (Beck et al., 2008; Creamer, Bell & Failla, 2003).

Capturing disclosure information. To ascertain whether participants reported disclosure and if so, to whom they disclosed, we used the method used by Edwards, Dardis & Gidycz (2012) where participants were asked to review their responses on the IPV measures and identify the most severe/upsetting incident that occurred while in an intimate relationship (current or past). They were then asked if they disclosed this event to anyone (yes/no). If yes, they were asked to identify which of the following sources they disclosed the event to: female friend, male friend, sister, brother, mother, father, co-worker, counselor, medical professional (doctor/nurse), police, religious figure, or social service agency or other with an open text field. This list was taken from previous research studies of disclosure of IPV (Edwards, et al., 2012; Mahapatra & DiNitto, 2013). Respondents were also asked to report on whether they found the response to the disclosure helpful, on a continuous scales ranging from 0 (*not at all useful/helpful*) to 10 (*very useful/helpful*). If the participant stated that they did not disclose to anyone, the survey automatically moved to the next measure. If the participant reported no experience of IPV while in a romantic relationship, there were directed to respond “no” to this

question and the survey automatically skipped to the next set of measures. This was used as a measure of disclosure as a dichotomous outcome (did or did not disclose) and the reaction of the disclosure as perceived by the participant who reported IPV.

Procedure for the quantitative study. As outlined in the section above, individuals were invited to navigate to the Qualtrics website where they were able to view a brief introduction to the study and view the inclusion criteria once again. If the individual self-identified as meeting inclusion criteria and was agreeable to participate, they were directed to click “I agree” to continue with the survey. If they chose “I disagree”, they were exited from the platform and no information was collected. Those who consented were first requested to complete demographic questions. Following this, participants were reminded that the study was assessing negative relationship behaviours within the context of an intimate relationship, and asked participants to respond to the following items in light of a current or past intimate relationship in which they experienced these negative relationship behaviours (or if multiple relationships, the relationship in which they experienced the most severe or upsetting behaviours). They were then led through the measures assessing IPV (PMWI, SES-SFV, and CTS-2 physical assault items). After the CTS-2 questions, the survey asked participants to identify whether they had experienced any of the behaviours listed on the IPV measures. If they chose ‘yes, at least one of them happened to me’, they were asked to briefly identify the most severe or upsetting event, and then were able to continue to the subsequent questions and measures.

However, if the participant completed the three IPV measures and reported ‘no, none of these happened to me’, the survey shifted to a question which stated: ‘if the questions earlier did not mention a negative relationship behaviour that you have experienced, but there has been another negative behaviour(s), please write what you felt was negative, briefly’. This open text

field was added to account for any IPV experiences that might not be captured by the PMWI, SES-SFV or CTS-2 items. Following their identification of IPV (via standardized measures or self-identification), participants were invited to complete the disclosure questions and sociocultural measures. Prior to completing psychological health measures, participants were reminded to respond based on the intimate relationship in which the negative behaviours occurred, that is, if a past relationship, to choose answers which reflected their distress in the six months following the end of the relationship, or if a current relationship, in the past week.

In accordance with the University of Toronto Research Ethics Board (REB), no identifying information was collected and the survey was completely anonymous. To ensure this, IP address information was not collected.

Statistical analyses. All analyses were conducted using IBM SPSS 25 and results were considered significant at the 95% confidence level, alpha of .05.

Research Question 1: What forms of IPV (e.g., physical violence, psychological abuse, controlling behaviours) do South Asian women students experience?

For each form of IPV (e.g., psychological abuse measured by PMWI, sexual abuse measured by SES-SFV, and physical abuse by twelve questions on the CTS-2) counts/frequencies were calculated in order to explore the items most commonly reported. To analyze the data statistically, a one-way repeated measures analysis of variance (ANOVA) was conducted to examine the differences in scores between measures. For individuals who did not report an IPV across the three measures but responded in text that they did experience an IPV, their text was analyzed qualitatively.

Research Question 2: Do women experiencing IPV disclose their experience to either formal (e.g., campus authority) or informal supports (e.g., family members)

In order to investigate whether women were more likely to disclose to formal or informal supports, a Chi-squared goodness of fit test was performed. The Chi square analysis was used to evaluate whether the proportions of participants who fall into categories of a variable (disclose, yes or no) are equal to hypothesized values, in this case, hypothesized to be an equal 50/50 split (Green & Salkind, 2011). To conduct this analysis, two new dichotomous variables were computed; (1) formal disclosure which included disclosure to: a counsellor/therapist, university health service, campus police, local police, doctor/nurse, office of student conduct, religious leader, resident advisor, off campus rape centre, or institution faculty and (2) informal disclosure to: female friend, male friend, parent/guardian, other family member/relative and romantic partner. An ‘other category’ was also available with one participant reporting “24-hour distress line”. This response was included in the formal disclosure category. Participants could choose as many response options as required and therefore could have disclosed only to informal supports, only to formal supports, or to both.

Research Question 3: What is the relationship between (a) disclosure and sociocultural beliefs and (b) perceptions of disclosure response and psychological health outcomes?

- (a) A logistic regression model tested the association between disclosure (yes or no) and sociocultural beliefs (as measured by total DVMAS and GRSS scores); along with selected potential predictor variables.
- (b) A linear regression model was used to test the relationship between perceived helpfulness of disclosure (scale score between 0 and 10) and psychological health (as measured by the DASS-21 and IES-R scores); along with selected variables.

We followed Stevens’ (2012) recommendation that 15 subjects per predictor in a standard ordinary least squares multiple regression analysis in social science research. Therefore, the

maximum number of predictors per analysis varied by regression. The unstandardized beta coefficients and their corresponding standard errors are reported, and an alpha of 0.05 was set for our level of significance.

Qualitative Study Methods

Subjectivity of the researcher. Critical examination of one's potential bias and assumptions is an important consideration when conducting qualitative research. Therefore, what follows is a brief outline of my own relationship to the phenomenon of IPV in young South Asian women students.

My interest in this research stems from various areas. My first area of research interest was that of trauma and posttraumatic stress disorder (PTSD). As part of my work, I spoke with women who had experienced some form of trauma, oftentimes at the hand of an intimate partner. As I continued in my educational path, I began working with my academic supervisor, Dr. Lana Stermac, examining the impact of sexual coercion in young women and the process of disclosing this to others. As part of my work in this area, I conducted and analysed interviews with young women who had experienced some form of sexual coercion while a student (Stermac, Horowitz & Bance, 2018). Addressing these topics was challenging emotionally, and led to my Master's thesis examining burnout, vicarious trauma, and secondary traumatic stress in nurses working with women who had been sexually assaulted.

As we analysed the data from our study examining sexual coercion in female students, we noted that there were a large number of women from racialized communities who spoke about their experience. I became interested in understanding this experience further, partly because I am also a woman from a racialized community (Canadian-born of South Asian descent). Moreover, my personal experience being the friend and family member of young, educated South Asian women who were in abusive relationships highlighted the fact that this

problem was ubiquitous, and the consequences to one's self-esteem and life path very damaging. While I noted that there was existing research on the experience of women who had immigrated to Canada, I realized that there was very little considering younger women, whose experience of IPV would likely be unique given the age of technology, as well as acculturation. Moreover, my decision to view this work from a feminist lens stems from working with Dr. Lana Stermac, who has long situated herself as a feminist researcher, and from my many years speaking with women who had been subjected to violence. These experiences have strengthened my belief that IPV is a feminist issue, and ultimately stems from power imbalances between men and women. As such, my choice of research question, methodology, data collection, and analysis should be considered in light of this underlying perspective.

Recruitment for the qualitative study. Recruitment for the qualitative study was similar to that of the quantitative study, whereby women interested in a study examining intimate partner violence in South Asian women were invited to navigate to www.sawrelationshipstudy.com to view the inclusion criteria (which were identical to the quantitative study). If interested in participating in an interview, individuals were invited to contact the researcher by phone or email for more information. The researcher confirmed the inclusion criteria with each interested party and if eligible and interested, an in-person interview or phone interview was scheduled at a mutually convenient time.

Procedure. Participants were given the option of an in-person interview or a phone interview. All in-person interviews were conducted at a research office at the University of Toronto by the primary investigator. At the beginning of each interview, the researcher provided information about the purpose of the interview, explained that the interviewee could choose to not answer any question and that doing so would not affect compensation, and limits to confidentiality were also discussed. As per the Research Ethics Board (REB) requirements, no

identifying information was collected, as such, the researcher obtained verbal consent from each interviewee (Appendix 3) and documented this with a non-identifying note in the field notes.

The interview followed a semi-structured interview guide (Appendix 4). The interview began with collection of general demographic information (age, place of birth, type of program) and was subsequently structured around three primary questions: 1) the nature of the negative experiences within the relationship and the impact of this (e.g., impact on mental health, impact on academic achievements, impact on family) 2) disclosure of the negative experience(s) including if they choose to disclose, to whom, barriers to disclosure, and response to disclosure, and 3) cultural beliefs about IPV, gender roles, and disclosure. Towards the end of the structured questions, participants were asked to share any thoughts that the researcher felt was important for herself and others to know. Participants were encouraged to share any information with which they felt comfortable. All interviews were conducted by the primary researcher and lasted between 45 minutes to one hour. Each interview was audio recorded and later transcribed verbatim. Upon completion of the interview, each participant was offered a list of resources (Appendix 5) and received a token gift of appreciation in the form of \$15 cash. No identifying information was included on any memos or on the audio recording.

Data analysis. The thematic analysis approach outlined by Braun and Clarke (2006) was used to analyse the qualitative data. Thematic analysis “is a method for identifying, analysing and reporting patterns (themes) within data...and describes your data set in (rich) detail... and interprets various aspects of the research topic” (Braun & Clarke, 2006, p. 79). Thematic analysis of qualitative data is not theory-bound nor does it aim to produce generate a theory of the phenomenon of interest. Instead, the overarching goal is to describe in rich detail, the themes, patterns, and meaning in the data. Although it is not necessary in a thematic analysis approach, two external coders (two undergraduate students) simultaneously coded the transcripts along

with the primary investigator. The goal of this step was not to calculate interreliability, which assumes that there is an underlying truth or accurate reality to the data, but instead to foster agreement, discussion, a deeper exploration of the data, and through discussion of content, to arrive at a consensus on the overall themes.

Following Braun and Clarke's (2006) outline, the first step in the analysis is to become familiar with the data, or what Hsieh and Shannon (2005) refer to as gaining immersion" in the data. To achieve this, each transcript was read thoroughly by each coder. Initial thoughts, reactions, themes, questions, and areas for further discussion were noted via the comment feature in Microsoft Word. Phase two involved generating initial codes from the data. Each code was viewed as the smallest unit of meaning (Granheim & Lundman, 2004) that was relevant to the research question at hand. The coders were instructed to pay attention to both semantic information, which reflect the surface meaning of the textual data as well as latent information, which spoke to the underlying meaning (Braun and Clarke, 2006). Given that the question of IPV in young South Asian women has not been explored in depth, an a priori theoretical framework was not used to guide the analysis. However, given that we are viewing IPV from a feminist lens, coders were encouraged to pay attention to issues that reflect issues such as power imbalances between men and women. The three coders met and discussed each transcript in detail, in order to share perspectives, and highlight potentially important codes. The primary investigator reviewed all of the coded transcripts and created a "master" transcript following each meeting. Illustrative quotes were also highlighted in order to further identify specific codes. Phase three involved reviewing the codes to determine overarching themes as well as subthemes. After this (Phase four) each theme was further examined in order to review whether they represented separate themes, or could be collapsed within another. Phases five and six related to naming themes and the writeup process. The names of themes were generally taken directly from

the data and followed the overall structure of the interview guide (the experience of IPV, disclosure experiences, and cultural beliefs).

Chapter 4 Quantitative Study Results

Participants

One-hundred and nineteen women attempted the survey. One person did not consent to participate and therefore was exited from the survey platform. Four people had no data suggesting that they accessed the survey, but entered no information, and thus were removed from all reporting. Of the 114 participants who entered some data, five completed only the demographic data but did not complete any of the measures, six reported never experiencing IPV (both via standardized measures or self-identified IPV) and 15 did not respond to the question regarding whether IPV had occurred and did not complete measures, and thus were removed from the analysis. The dataset included 89 women who reported that IPV occurred within the context of an intimate relationship in the past two years. The demographic characteristics of the sample are listed in Table 1. The mean age of participants was 21.6 ($SD=2.67$). Most participants (72%) reported being an undergraduate student at the time of the survey and most (61%) reported living at home with family. Less than half of the sample reported being in an intimate relationship at that time of the survey (41.6%) and most were in dating relationships (47.1%). Just over half (52.8%) of the sample identified being born in Canada. Of the participants who reported being born in Canada, the majority reported that their parents were born in India or Sri Lanka (30% and 38.3%, respectively for mother's birth place, and 34% and 36% respectively for father's birth place). Moreover, of those participants born in Canada, 10.9% and 13% reported that their mother and father, respectively, was also born in Canada. The participants who were born outside of Canada most often reported being born in India (16.9%) followed by Pakistan (7.9). A range of countries outside of the South Asian region were also reported, including Saudi Arabia, "Middle East", and Switzerland.

Table 1

Descriptive Statistics of the Sample

Characteristic	Total (N = 89)
Age, mean (SD)	21.6 (2.67)
Education, N (%)	
College/diploma	11 (12.5)
Undergraduate	63 (71.6)
Graduate (Master's)	10 (11.4)
Graduate (PhD)	4 (4.5)
No response	1
Living situation, N (%)	
University residence	8 (9.0)
Other campus housing	5 (5.6)
Off campus alone	4 (4.5)
Off campus with family	55 (61.8)
Off campus with roommate(s)	11 (12.4)
Off campus with partner	5 (5.6)
Other (shared accommodation)	1 (1.1)
Current relationship status, N (%)	
Single	37 (41.6)
Dating relationship	42 (47.1)
Common-law/Living together	2 (2.2)
Married	3 (3.37)
Divorced	1 (1.1)

Other	3 (3.37)
Mixed (<i>Dating + Common-law/Living together</i>)	1 (1.1)
Country of birth, N (%)	
Canada	47 (52.8)
United States	2 (2.2)
India	15 (16.9)
Pakistan	7 (7.9)
Bangladesh	5 (5.6)
Sri Lanka	4 (4.5)
Nepal	1 (1.1)
Iran	1 (1.1)
Switzerland	1 (1.1)
Saudi Arabia	1 (1.1)
Bhutan	1 (1.1)
Turkey	1 (1.1)
Other	3 (2.2)
Years in Canada, mean (SD)*	10.0 (5.4)

Note: “Other” category provided for those born outside of Canada, responded Middle East and Africa

Missing values

Prior to conducting our analyses, the data was thoroughly explored for missing values. First, the percentage of missing data per case across all variables was calculated. Cases which were missing more than 30% of data across all variables were excluded from any further analyses. This resulted in 11 participants being removed from the database with a resulting

sample size of 78 participants. Within these 78 participants, we also analyzed the amount of missing data across demographic characteristics (which included age, education level, year of study, living situation, relationship status, country of birth and length of residence in Canada) and within each measure (PMWI-SF, SES-SFV, CTS-2 physical assault items, DVMAS, GRSS, DASS-21 and IES-R). In regards to demographic questions, two participants did not respond to the demographic question assessing length of time residing in Canada, and three did not respond to a question asking for the current year of study. There were no other missing values across the demographic variables.

The number of missing values within each measure was then explored for $n=78$ participants. For the PMWI and DVMAS, there were no missing values. For the SES-SFV, one participant was missing 14% of data and two were missing 11% of their data. For the CTS-12, one participant was missing 25% of items across the scale. On the DASS-21, two participants did not complete any of the items and one participant was missing 55% of the DASS-21 items across the scale. On the IES-R, five participants were missing all 22 items on the measure and one was missing 50% of the items on the IES-R measure. The mean score per scale was then calculated and was entered into each analysis. Given that none of the scales were missing more than 10% of data, imputation methods could be used to address missing values without distorting the meaning of the data. A regression imputation method was chosen due to the small amount of missing values in the dataset of 78 participants. This method estimates missing values by computing multiple linear regression estimates. All of the analyses described in the following section were conducted on this imputed dataset of $n=78$ participants.

Descriptive Statistics of Measures

Means, standard deviations and ranges for each scale are presented in Table 2, followed by descriptive statistics related to the disclosure items.

Table 2

Descriptive Statistics for Scales

Measure	<i>N</i>	<i>M</i>	<i>SD</i>	Range
PMWI	78	32.68	14.036	0-61
SES-SFV	78	46.28	16.659	31-106
CTS-2*	78	4.87	7.827	0-35
DVMAS	78	43.41	17.425	17-102
GRSS	78	112.49	37.466	30-187
DASS-21	76	24.51	17.218	0-57
IES-R	73	37.37	23.108	0-88

Note: PMWI=Psychological Maltreatment of Women Scale (short-form); SES-SFV=Sexual Experiences Survey (short-form version); CTS-2=Conflict Tactics Scale-2 (only physical assault items); DVMAS=Domestic Violence Myth Acceptance Scale; GRSS=Gender Role Socialization Scale; DASS-21=Depression, Anxiety, Stress Scale (21-item version); IES-R=Impact of Events Scale-Revised.

Descriptive Statistics of Disclosure Data

A total of 51 (65.4%) people reported that they disclosed the IPV experience to at least one other person (formal or informal disclosure). The breakdown of the recipients of disclosure is listed in Table 3. Of the 51 participants who reported disclosing IPV, the mean helpfulness rating from a scale ranging from 0 (not at all useful/helpful) to 10 (extremely helpful/useful) was 6.39 ($SD=3.05$).

Table 3

Informal and Formal Supports Reported by Participants.

	Total (N = 78)
Disclosed (yes), N (%)	51 (65.4)
Informal supports	
Female friend	38 (48.7)
Male friend	18 (23.1)
Parent or guardian	6 (7.7)
Other family member/relative	7 (9.0)
Romantic partner	4 (5.1)
Religious leader	2 (2.6)
Formal supports	
Counsellor/therapist	9 (11.5)
Doctor/nurse	0 (0.0)
Local police	4 (5.1)
Off-campus rape crisis centre	0
University/college health service	5 (6.4)
Campus police	0 (0.0)
Resident advisor/don	1 (1.3)
Institution faculty	1 (1.3)
Office of student conduct	0 (0.0)
Other (24-hour distress line)	1(1.3)

Note: the sum is responses is greater than 78 because respondents could choose more than one response option

Research Question 1: What forms of IPV (e.g., physical violence, psychological abuse, controlling behaviours) do South Asian women students experience?

Comparison between IPV measures. The percentage of participants endorsing each item across the three IPV measures was calculated. Across all measures, every item was endorsed by at least five participants. Within the PMWI, the most common psychological abuse item endorsed was “My partner told me my feelings were irrational or crazy (61.5%). Within the Sexual Experiences Survey, the most frequent response was to Item 1b: “My partner fondled, kissed or rubbed up against the private areas of my body or removed some of my clothes without my consent by showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to” (46.1%). For the CTS-2 physical assault items, the most commonly endorsed form of physical abuse within the intimate relationship was “grabbed me” (48.7% of respondents).

In order to compare statistically across the three measures, the range of scores across the measures were examined and the PMWI and CTS-2 totals were weighted by a coefficient of 1.26 and 2.14 respectively. The minimum score on the SES-SFV was 31, thus a score of 31 was subtracted from the SES-SFV total so that each scale had a minimum score of 0. A one-way repeated measures ANOVA was conducted to evaluate the whether there was a significant difference in forms of IPV endorsed by participants. The levels of the dependent variable were PMWI, SES-SFV and CTS-2 scores. The means and standard deviations of IPV scores are presented in Table 4. Mauchly’s test of sphericity showed that this assumption was met, $\chi^2(2)=3.61$, $p = 0.016$. The ANOVA was significant $F(2, 154) = 235.16$, $p < 0.01$, multivariate $\eta_p^2 = 0.63$, indicating a significant main effect of IPV measure. Bonferroni post hoc tests showed that participants were significantly more likely to report psychological abuse ($M = 40.19$, $SE = 1.95$)

compared to sexual abuse or physical abuse ($p < 0.001$) and were significantly more likely to report sexual abuse ($M = 15.28$, $SE = 1.88$) compared to physical abuse ($p < 0.05$).

Table 4

Means and Standard Deviations for IPV Measures

Measure	<i>N</i>	<i>M</i>	<i>SD</i>
PMWI	78	40.19	17.26
SES-SFV	78	15.28	16.65
CTS-2	78	10.42	16.74

Note: These values were weighted in order to compare means on the same scale. PMWI=Psychological Maltreatment of Women Scale (short-form); SES-SFV=Sexual Experiences Survey (short-form version); CTS-2=Conflict Tactics Scale-2 (only physical assault items)

Textual data. Participants who reported experiencing IPV but not based on the items from the three measures were invited to include text reflecting their experience. Seventeen participants chose to provide details regarding their IPV experience. Two (11.8%) comments described behaviours reflective of sexual abuse within the relationship. One participant described being pressured into sexual activity while another reported “My partner would get upset if I didn't have sex with them”. One participant (5.8%) described her trust being “manipulated” by her former boyfriend when he stated needing to borrow money for an emergency and never returned her money. The majority of participants (88.2%) descriptive behaviours that likely reflect psychological abuse within the relationship. These included the partner wanting the participant to spend more time/most of her free time with him, complimenting other women in front of the participant, put-downs or derogatory comments directed at the participant, blaming the participant for his own problems/problems within the relationship, jealousy of relationships outside of the intimate relationship (family, female friends and male friends) and/or attempts to

limit/control these external relationships, wanting to know the participants' whereabouts constantly, and making the participant feel that she was "crazy" for questioning his behaviour.

Research Question 2: Do women experiencing IPV disclose their experience to either formal (e.g., campus authority) or informal supports (e.g., family members)?

The frequencies produced by the analyses indicated that 42/51 reported disclosure to an informal support while 18/51 disclosed to a formal support. Given that participants could report both disclosure to informal and formal supports, two chi-square analyses were undertaken to assess disclosure. The first analysis compared informal disclosure (yes/no) to the hypothesized proportion of 25.5 and was significant $\chi^2(1, N = 51) = 21.35, p < 0.001$, indicating that the proportion of women disclosing informally was significantly greater than hypothesized. The second analysis compared formal disclosure (yes/no) to the hypothesized proportion of 25.5 and was also significant $\chi^2(1, N = 51) = 4.41, p < 0.05$, indicating that the proportion of women disclosing to formal supports was significantly lower than hypothesized.

Research Question 3. What is the relationship between (a) intimate partner violence disclosure (assessed by a dichotomous did disclose/did not disclose variable) and sociocultural beliefs (assessed by DVMAS and GRSS) and (b) perceived response of disclosure (assessed by rating of helpfulness from a scale from 0 to 10) and psychological health outcomes (assessed by the DASS and IES)?

Correlations. Pearson correlations were conducted to examine the relationships between variables to be entered in the logistic and linear regression analyses. The results from the analysis are displayed in Table 5. For sociocultural measures (DVMAS and GRSS), the analysis revealed significant correlations between the DVMAS and CTS-2 physical assault items, $r(78) = 0.27, p < 0.05$ and DVMAS and Helpfulness of disclosure $r(78) = 0.35, p < 0.05$; the GRSS and the PMWI $r(78) = 0.23, p < 0.05$, the GRSS and DASS, $r(78) = 0.50, p < 0.01$, and the GRSS with

IES $r(78) = 0.39, p < 0.01$). For the measures of IPV, PMWI was significantly correlated with the SES-SFV $r(78) = 0.39, p < 0.01$, CTS-2 $r(78) = 0.49, p < 0.01$ and IES $r(78) = 0.39, p < 0.01$. The SES-SFV was significantly correlated with the CTS-2 $r(78) = 0.55, p < 0.01$. In regards to measures of psychological well-being, the DASS and IES were only correlated with each other $r(78) = 0.72, p > 0.01$.

Table 5

Bivariate Correlations Between Study Measures

	DVMAS	GRSS	PMWI	SES	CTS	DASS	IES	Helpfulness
DVMAS	1.00	0.07	0.04	0.07	0.27*	0.04	0.06	0.35*
GRSS	-	1.00	0.23*	0.01	0.03	0.50**	0.50**	0.19
PMWI	-	-	1.00	0.39**	0.49**	0.18	0.39**	0.08
SES-SFV	-	-	-	1.00	0.55**	-0.01	0.09	0.12
CTS	-	-	-	-	1.00	-0.02	0.21	0.05
DASS	-	-	-	-	-	1.00	0.72**	0.21
IES	-	-	-	-	-	-	1.00	0.25
Helpfulness	-	-	-	-	-	-	-	1.00

** $p < .01$ level (2-tailed). * $p < .05$ level (2-tailed).

Note: PMWI=Psychological Maltreatment of Women Scale (short-form); SES-SFV=Sexual Experiences Survey (short-form version); CTS-2=Conflict Tactics Scale-2 (only physical assault items); DVMAS=Domestic Violence Myth Acceptance Scale; GRSS=Gender Role Socialization Scale; DASS-21=Depression, Anxiety, Stress Scale (21-item version); IES-R=Impact of Events Scale-Revised; Helpfulness=self-rated helpfulness of disclosure, scale ranging from 0 (not at all useful/helpful) to 10 (very useful/helpful)

Relationship between disclosure and sociocultural beliefs. A series of multiple logistic regression models tested research question 3(a) and presented in Table 6. The dependent binary variable for each model was disclosed (0=no, 1=yes). The Enter method was used to simultaneously add covariates to the analysis. Given that our sample size for the analysis was

$n=78$, a maximum of five covariates could be added to the model. Assumptions underlying a logistic regression analysis were examined and satisfied and results of both models are presented in Table 6. In Model 1, DVMAS and GRSS were simultaneously entered as potential predictors with the binary disclosure yes/no variable. In this model, DVMAS score was not a significant predictor of disclosure ($p = 0.08$), nor was GRSS ($p = 0.567$).

In Model two, the primary variables of interested (DVMAS and GRSS) remained in the model and three demographic characteristics: age, level of education, and years in Canada were added within the same step. Correlations between these variables were first examined and no significant correlations between these variables was found. In Model 2, DVMAS score was a significant predictor of disclosure. Specifically, the negative β value indicates that those holding beliefs that were more supportive or justifying of domestic violence myths (higher DVMAS scores) were significantly less likely to disclose their IPV experiences to anyone ($\text{Exp(B)} = 0.548, p = 0.034$).

Table 6

Logistic Regression Analyses Predicting Disclosure From Sociocultural Measures and Selected Demographic Variables

Variable	Coefficient β	S.E.	Exp(B)	95% CI	p -value
Model 1					
DVMAS	-0.42	0.24	0.66	0.41-1.05	0.081
GRSS	0.12	0.20	1.12	0.76 - 1.67	0.567
Model 2					
DVMAS	-0.60	0.28	0.55	0.31-0.96	0.034
GRSS	0.23	0.22	1.26	0.82-1.94	0.288
Age	0.23	0.13	1.26	0.98-1.63	0.078

Degree	-0.20	0.45	0.82	0.34-1.97	0.654
Years in Canada	0.01	0.01	1.00	0.99-1.01	0.642

Note: DVMA=Domestic Violence Myth Acceptance Scale; GRSS=Gender Role Socialization Scale; Degree= college, undergraduate, graduate (Masters and PhD)

Relationship between perceived helpfulness of disclosure and psychological health outcomes. A series of multiple linear regression models were conducted to test research question 3(b) which investigated the relationship between the perceived helpfulness associated with disclosure and psychological health outcomes as measured by the DASS-21 and IES-R. Given that there were 51 observations in the Helpfulness variable (because 51 participants reported disclosing IPV and thus provided data on helpfulness of said disclosure), we limited the number of variables in the model to three maximum (Stevens, 2009). The dependent variable in this analysis was helpfulness (a continuous variables ranging from 0 to 10) and the predictors entered simultaneously into Model 1 were DASS-21 total score and IES-R total score. In Model 2, a theoretical decision was made to add years in Canada to the model in addition to the DASS-21 score and IES-R score. Prior to interpreting any results, the assumptions underlying a multiple regression analysis were examined. Specifically, collinearity diagnostics, standardized residuals, and P-P plots were explored and all diagnostic tests were deemed to be satisfactory. The results of Model 1 and Model 2 are presented in Table 7. The ANOVA for Model 1 was not significant $R^2=0.06$, $F(2, 48) = 1.61$, $p = 0.211$; nor was the ANOVA for Model 2 $R^2=0.09$, $F(3, 47) = 1.51$, $p=0.225$.

Table 7

Multiple Regression Analyses Predicting helpfulness of IPV disclosure from Psychological Health Measures and Selected Demographic Variables

Variable	β	S.E.	<i>t</i>	<i>p</i>-value
Model 1 ^a				
DASS-21	0.08	0.78	0.11	0.917
IES-R	0.64	0.63	1.01	0.316
Model 2 ^b				
DASS-21	-0.03	0.79	-0.03	0.973
IES-R	0.66	0.63	1.-4	0.302
Years in Canada	-0.01	0.01	-1.13	0.263

Note: DASS-21= Depression, Anxiety, Stress Scale (21 item version); IES-R=Impact of Events Scale-Revised

^aR²=0.06, *F*(2, 48) = 1.61, *p*=0.211

^bR²=0.09, *F*(3, 47) = 1.51, *p*=0.225

Summary of Quantitative Study Results

The quantitative study aimed to investigate three questions involving (1) forms of abuse experienced within the identified abusive relationship, (2) patterns of disclosure, and (3) the relationship between disclosure and certain beliefs systems and the perceived helpfulness of disclosure and psychological health. The results presented in this chapter indicated that psychological abuse within the intimate relationship was more commonly reported by participants ($p < 0.01$) compared to sexual abuse or physical abuse, and that participants were significantly more likely to disclose the IPV to an informal support ($p < 0.001$). The logistic regression analyses examining the relationship between disclosure (yes/no) and belief measures (GRSS and DVMAS) showed that only DVMAS, a measure of stereotypical beliefs about violence against women, was significantly related to disclosure ($p = 0.034$). Finally, our multiple

linear regression analyses did not find any significant associations between the perceived helpfulness of disclosure and psychological health, as measured by the IES-R, a measure of posttraumatic symptoms, and the DASS, a measure of general distress.

Additionally, a number of statistically significant correlations were found between helpfulness of disclosure, measures of IPV (SES-SV, CTS-2 and PMWI), sociocultural variables (DVMAS and GRSS) and psychological health outcomes (DASS-21 and IES-R, but which were not specifically outlined as research questions. These results showed that the measures of IPV were significantly positively correlated with one another and that ratings on the PMWI, a measure of psychological/emotional victimization, were related to higher post-traumatic distress as measured by the IES-R. Moreover, higher endorsement of stereotypical beliefs about domestic violence (higher DVMAS scores) were significantly correlated with physical abuse victimization on the CTS-2, as well as higher ratings of helpfulness of disclosure. Higher endorsement of the internalization of prescribed gender roles (as measured by the GRSS) was significantly associated with higher scores on psychological/emotional abuse victimization as well as higher scores on measures of distress (both the DASS-21 and IES-R).

Chapter 5 Qualitative Study Results

Participants

Twenty-three women contacted the researcher regarding the qualitative interview. Of those, one did not attend the interview and seven were lost to follow-up or were no longer interested after the initial contact. Before each interview, the research confirmed the eligibility criteria for each participant ($n=15$). Four of the interviews were completed in person and the remaining 11 were completed via telephone.

The participants ranged in age from 17-25. The one participant who was 17 at the time of the interview was invited to participate as she was a first-year university student at the time of the interview and close to her 18th birthday. Seven participants were born and raised in Canada. Of these, three reported that her parents were born in India and one stated that one parent was born in India and the other in Ireland; one reported that both parents were born in Pakistan and another reported one parent from Pakistan and one from the U.K., and the last reported that both of her parents were born in Sri Lanka. Of the eight participants who were born outside of Canada, two were born in Bangladesh, two in India, one in Pakistan, one in Malaysia, one in the United Arab Emirates (and reported that her parents were born in India) and one from Saudi Arabia (with parents from Pakistan).

Fourteen of the fifteen participants stated that they had shared some aspect of the IPV to a friend. One disclosed to a roommate, and one reported disclosing to her younger brother. Of the five who mentioned that they disclosed some aspect of the IPV to their parents, one shared that she did so only following the end of the relationship, and three reported that it was “unintentional” disclosure where parents indirectly became aware of the relationship. Four reported disclosing to a counsellor/psychologist or guidance counsellor.

Twelve participants reported being a current undergraduate student and three reported being current Master's students. One participant reporting having a child at the time of the relationship. In regards to the relationship in which the negative experiences occurred, all reported it as a previous relationship. The length of the intimate relationships ranged from three months to five years.

Organization of Findings

As described previously, qualitative studies following a thematic analysis approach structure findings in a way that fits the data, while providing a rich, detailed description of the phenomenon of interest. For the current study, the data from the qualitative study is presented by the overarching questions that guided the interview, that is: 1) the overall experience of IPV, 2) disclosure experiences and/or barriers to disclosure, and 3) cultural beliefs about IPV and disclosure. Within these overarching questions, themes and subthemes are explored in further depth. For clarity and simplicity, each participant was given a pseudonym and the perpetrator is referred to as "boyfriend", although each of the relationships described were a past relationship that had ended at the time of the interview.

The Experience of IPV

Participants were invited to share their experiences of abuse in the intimate relationship. All participants referred to the relationship as a dating relationship, and a minority noted that they cohabitated with their boyfriend during some portion of the intimate relationship. The overarching themes that emerged from the data were: 1) the forms of IPV in the relationship and the 2) overall impact of these experiences. In regards to forms of IPV, the experiences described by participants were coded into subthemes of: a) psychological/emotional abuse, b) controlling behaviours, c) physical violence, d) sexual coercion or sexual pressure and e) use of technology/cyberbullying. The impact of the IPV experience was coded under the following

subthemes: a) emotional consequences, b) educational consequences, c) changes to belief systems (e.g., beliefs about relationships) and d) changed definition/perception of IPV. These are discussed in further detail below.

Forms of Intimate Partner Violence shared by participants. A broad versus narrow definition of IPV was employed in this study (DeKeseredy & Schwartz, 2011) in order to more fully appreciate the types of negative experiences female South Asian students may be exposed to, and to allow for experiences unique to this population to be noted. Given the openness and flexibility of the question, participants reported various forms or types of IPV that may be unique to this context. Of the 15 participants interviewed, most reported experiencing more than one form during the relationship. These subthemes included experiences that are typically referred to as psychological or emotional abuse (e.g., put-downs or insults to the participant, threats to end the relationship, threats to disclose the relationship publicly, economic abuse/financial control), controlling and jealous behavior, sexual coercion or pressure, cyberbullying/online harassment and physical violence (both actual and threatened). It is also noted that many of the behaviours described do not necessarily represent discrete “forms” of abuse (e.g., controlling behaviours as a form of psychological abuse), however, for clarity they are described as within a particular IPV form.

Psychological/Emotional Abuse. A significant number of participants described psychological or emotional abuse within the relationship. Oftentimes this took the form of insults and put-downs, which were often directed towards their physical appearance or their intelligence. Some also described the perpetrator insulting the participant in front of their mutual friends, or telling friends about the faults/shaming her to his own friends. Aisha, an Engineering student, described her boyfriend as controlling in various ways, spoke about his frequent hurtful comments about her physical body. She stated: “It made me feel so like garbage basically.

‘Cause he would be like, “yeah, you’re getting fat, yeah you’re getting so fat.” And I’m like, “oh my God, what the hell”.

Ila, a Master’s student, explained that her ex-boyfriend constantly insulted her, and put her down. She explained that he made derogatory comments about her appearance, her religion, and demeaning her by comparing her to other women. What is more, she described how her ex-boyfriend appeared somewhat insecure about her pursuing her Master’s degree and him not being as highly educated as she was, and him making derogatory comments about this issue as well. She explained:

So later on in the relationship he started like being [inaudible] about me. He would like ‘Oh you are not all that. You have like acne issues, your religion sucks I don’t like fat girls.’ He would start being [inaudible] about my beliefs....and then he would be like ‘Yeah, I can do better than you’ and he would start checking out his Instagram. He would be like ‘look at all these girls on Instagram, they are so hot. I’d bang them. He would use language like that in front of me and put me down every time. He would be like ‘I can do better than you’, like “you are not pretty at all’. He continually mocked me... he was kinda using that [her higher educational attainment] against me to say ‘just because you are doing your Master’s, just because you are born in Canada, doesn’t mean you are born like more privileged than me. It doesn’t mean you are better than me, you are still like, you know, uglier or fat’. Kinda make me feel bad about myself. And like lower my self-esteem. (*Ila*)

Within the South Asian culture, fair skin is often prized and viewed as the standard of female beauty (Hunjan, 2003). As such, for many in the South Asian culture, comments directed

at one's complexion, specifically, derogatory comments about darker skin, are perceived as insults. Sonia, an undergraduate student from Pakistan described her ex-boyfriend as frequently insulting her educational background and physical appearance by focusing on her skin colour:

[He would] always call me dark like throughout the entire relationship he'd be like oh but you're dark, I wouldn't accept you because you're dark. And he'd be like oh you're not even smart. You go to U of T, U of T is like stupid people and this and that whatever, yeah you're not smart'. He would condescend my existence and he would think that he's smarter than me or whatever. And okay, I suck at chemistry I really suck at chem and he was a chemical engineer so he was really good at chem. And so I was like 'can you help me out with chemistry' and because I was bad at it he'd think that I'm stupid and he would treat me like I was actually stupid...He'd be like you're so stupid, you're so this, you're so dark. (*Sonia*)

Participants also described the ongoing nature of the psychological abuse, that is, they described the relationship as positive in the beginning and subsequently becoming increasingly abusive over time. In addition to derogatory comments about appearance, intelligence, and belief systems, some spoke about insults using sexual references, such as being called a "slut" by their boyfriend. Given that South Asian culture places expectations on women's purity and chastity (Couture-Carron, 2017), this form of abusive comment was considered highly painful and insulting. Pari, an undergraduate student of Pakistani descent shared her experience of these types of comments:

But like every single day in our relationship he would be like “you’re such a slut, this and that” like every single day. Like not a day went by where he didn't say that. So it got to a point where I couldn't take it anymore I got text messages where it was like you should kill yourself nobody likes you. (*Pari*)

In addition to the frequent disparaging comments that these women endured, many were also subject to threats, including threats to harm oneself, threats of harm to the participant, threats to follow certain directions or else the relationship would end, and threats of disclosing the relationship to her parents. This section will focus on threats of self-harm and threats of disclosure, and threats of physical harm will be discussed in the section below on physical abuse.

Participants frequently commented on the perpetrator “threatening” to disclose the relationship to her parents, or to disclose sexual aspects of the relationship to her parents. A number of participants spoke about this issue, including Neha, an undergraduate student from India, and Aisha.

It kept getting worse and worse... it was getting to the point of being perpetually irritated and perpetually nervous that he would tell my parents and perpetually on edge and it was affecting my schoolwork and studying...[when she would tell him] “I need to take a few days off, exams are coming up this is really important to me,” he’d begin arguing and threatening to call my parents and say whatever, or just ... harassment, mild harassment, which I didn’t view it as harassment because he was my boyfriend”. (*Neha*)

Sometimes, a few times, I think when he was staying with me, if we got in an argument, he would bring it up like that. I'd be like, 'Why're you blackmailing me...you can't that!' But that was kind of in a joke way to make sure he's not gonna actually do it....so I'd just really calm him down in those moments so even if he's thinking about it he doesn't act on it...sometimes I felt actually worried and other times I felt like mostly it was a threat. He knew I could never tell my parents so then he would write to me and say I'm going to show up at your door and tell your parents you have a boyfriend. ...It's scary because if he came over then my parents would be like who's this and why's he telling me this and this about you and then kind of like he wins and then my parents are mad at me and I'm just like just losing from every direction. Yeah so that would be a constant threat, or I'll tell your sister, or I'll do this."

When asked how she responded to these threats, she explained:

I don't know like that's just me being nice to him so he doesn't like, it was just torture. I would be like please don't I'm sorry, like I'll text you back I'll hang out with you if you do this and this and this. (*Aisha*)

Given that dating is often not permissible in South Asian culture and sexual activity prior to marriage is generally not accepted, (Couture-Carron, 2017) participants spoke about an imbalance of power between her and her partner, with her partner having a certain level of control and power in the relationship by virtue of holding this secret (i.e., the sexual activity between them). Most participants reported that that their parents were unaware of the relationship and that even friends and siblings who were aware of the relationship would not be

privity to the existence of a sexual aspect. As such, they greatly feared the consequences of family members finding out about the relationship, and therefore these threats were considered highly distressing. In order to cope with these threats to disclose the relationship, some conveyed that they attempted to accommodate or calm their boyfriend in some way, in order to prevent this feared outcome from occurring.

In regards to threats, Sarah, a first year undergraduate student, also described her IPV experience as her ex-boyfriend threatening to harm himself in order to force the participant to stay in the relationship or to cause a particular outcome which he desired. In this case, the NRI used various psychologically threatening tactics in order to affect the participant and to stop her from ending the relationship. She described her boyfriend using “witchcraft” against her, and that this was perceived as frightening. Furthermore, he repeatedly threatened to kill himself in an attempt to stop the participant from ending the relationship. As Sarah explained, her boyfriend knew her goals and motivations for the future (that she wanted a future in mental health) and that she would be devastated by guilt if he were to kill himself because of the relationship. She explained the situation:

He used witchcraft things to stay in the relationship. He used it a lot as like a scare tactic. I remember this, five months into the relationship, things are going terrible. And I wanna breakup with him. And I told him you know I can't do this anymore, I wanna leave, and he started chanting. And he was chanting stuff about self-sacrifice and give the soul to the devil and stuff like that. And it really really freaks me out. So I decided to stay because it made him stop....He used different tactics to get me to stay. From the beginning it was more, that one time it was witch craft, then it started to be if you break up with me I'll commit suicide, and then it was if you break up

with me I'll kill you, or if you break up with me I'll kill your friends...He didn't just target himself. Most of the time you know it was "I'm going to hurt myself, I'm going to hurt myself, I'm going to hurt myself" then it started to be attacking me, screaming at me, yelling at me, you know yelling at my friends, he actually tried to contact my friends, get them on his side, he tried to get his friends to talk to me. You know, he just tried to get me back no matter what he wanted to get my back, he tried anything and everything under the sun. (*Sarah*)

In the current study, all participants were in dating relationships and three reported cohabitating with their boyfriend for some portion of the relationship. In general, finances between participants appeared to be separate, however, some discussed the role of finances in the relationship. Chetna, a Master's student, explained that she shares a daughter with her ex-boyfriend and described him as "financially controlling". She explained that the money she earned went towards their home and their child's needs, but that the partner's money was spent on more frivolous items. She further described that he used their finances as a way to indirectly control her movements and to isolate her, by making her feel guilty when she wanted to go out with family or friends. As a result of his comments, she found herself turning down invitations to spend time with others and becoming increasingly isolated from others. Ila, who also spoke about receiving constant derogatory comments from her boyfriend, explained that he would also constantly call her "stingy" (privately and also in public) and guilt her into spending substantial amounts of money on him (e.g., on gifts, paying for expensive dinners), even though she was a full-time student and not employed and he worked full-time. Both Chetna and Ila described these experiences as highly emotionally distressing.

Controlling behavior. Numerous participants described their ex-partners engaging in controlling behaviours during the relationship, or using comments, arguments, threats, or guilt in order to achieve a goal. Broadly, participants spoke about the perpetrator attempting to control their appearance, isolating her by controlling who she could speak to or interact with, her movements, and how she could spend her time.

Frequently, participants described receiving negative comments about their appearance, including the way they chose to dress, or spoke about the perpetrator's attempt to alter how she presented herself. The perpetrators often demanded that their partner wear clothes that they deemed more conservative and accused the participant of attempting to dress provocatively for male attention. Another person reported that her boyfriend told that that he expected her to wear a hijab in the future. Conversely, one received comments insisting that she wear clothes that were provocative, formal, or more "revealing" and to dress in a way that will "show off" their body. Riya, a Master's student, described her experience in the following way:

There were times where, depending on the occasion, he would tell me what to wear. Sometimes he would tell me to wear things that I was actually uncomfortable wearing, his idea was oh, I just want to show off how good looking you are. I felt that that was normal, that that was okay, that that was something guys do. But again now I'm like no. But there were instances where I would wear something that I would think was completely normal, and I wear it now and I dress like a relatively normal person, he would say no, don't wear that, it shows too much this, it's this. So it was never consistent, and it didn't really make sense. (*Riya*)

Similarly, Aisha conveyed that that in addition to comments about her needing to “dress up”, her boyfriend would frequently comment on her weight and eating habits, with the expectation that she would alter her behaviour in order to satisfy him. She stated:

He eventually started controlling it, even about what I started eating. And I’m not a very athletic person, even during the school year ... I try to make an effort to go to the gym and these classes that are offered by [school] but when it comes to exam time I’m not gonna necessarily go every single day, I’ll go once a week. And he started controlling all of that and that was when I was like, what’s going on? At first I thought it was okay ... maybe he is right, you know sometimes you just think people are trying to say it for your own good, like ‘don’t eat that, don’t eat this, don’t wear that, don’t wear that’ ...It made me so angry, like why is this guys like ... what I’m wearing and what I’m eating. I would say this was the worst part of the relationship, he was so controlling about it and I was just ‘I can’t look like a supermodel every single day of my life!’ It’s just so annoying. (*Aisha*)

Participants also spoke a sense of isolation from others. This was often the result of the boyfriend restricting who she could speak to or how she spent her free time. Isolation was described as a “bubble” which consisted only of the participant and her partner. Outside friendships, activities and even time with family were actively restricted, or as one person stated, by “discouraging me from developing relationships outside of the relationship I had with him”.

Furthermore, participants described being constantly questioned about their movements and who they spoke to. This was achieved via comments stating that their express permission was needed in order to interact with someone, and by making the participant feel that any spare

time she had should be spent with him. The experience of isolation and restriction are exemplified by these participants:

Even when I had absolutely no [inaudible] it was always kind of like possessiveness. And if I'm talking to someone else, I'm not allowed to, you can only talk to so and so and so. You know what I mean, kind of like always tell me what to do. (*Pari*)

So, at first, sorry [crying], at first it really made me lose my self-esteem, I started to gain paranoia, that someone was always behind me, watching me, and that paranoia kinda carried on into my school. While I was walking, having the feeling someone was behind me, and after I was in the relationship, it kinda brought down my self-esteem, I kinda feel [inaudible] at that point, um, I started to try to get away from things, or, later on, he got me stopped talking to my friends, to my family, things like that, kinda separated me from other things, isolated, and sort of painful. (*Shalini*)

Many participants explained that their boyfriend insisted that the majority of her time should be spent with him. In addition to a sense of guilt for spending time with friends or family, it was either implied or in some cases overtly stated that time spent studying was viewed as time that could be spent with her boyfriend. As Riya explained:

To be specific, just not giving me the opportunity to be in situations where I could meet other people, make friends. Really overtaking a lot of the free-time I had. When I was in university I was very busy, I worked, I had full-time class. I wasn't in the financial position where I could take summer courses so I had to finish my degree

within the four years that I had. And I also worked; I worked two separate jobs...so the little free time I had, I mean this is the reality for a lot of people...so the little free time that I had, a lot of it was devoted to him. And again in my mind I was thinking I have such little free time, why would I invest that in trying to find friends or other relationships when I already have one that takes my time and investment. So that's what it really was. (*Riya*)

Participants conveyed that they were constantly subjected to questioning or monitored in terms of their whereabouts and their interactions with others. With friends, they reported being asked about the content of their discussion, often in an accusatory fashion, or that their boyfriend demanded to look at their text messages or online interactions with others. Some participants explained that they were told whom they could or could not speak to, or discouraged from certain friendships. In the latter situation, there was a sense of manipulation occurring, where the boyfriend would suggest that these friends did not truly like her, or that they were in some way inferior, and therefore not worthy of her time and attention. Two participants shared their experiences of being monitored/questioned:

It was kind of like just controlling. Like I work part-time, so I said my shift ended at 9:00pm and at 9:01pm he would be like 'where are you, why haven't you texted me?' and I'm like 'I haven't swiped out yet like you need to like let me breathe' and like he'd get mad at that. (*Pari*)

He was, every time I would talk to some guy even for class reasons, even another girl, he would be like 'oh, what did you say to that girl, what did you say to that guy?'

What are you talking about? Are you sure that's what you were talking about?'

(Shalini)

Finally, Riya shared how her boyfriend "eased" her into a dynamic where he maintained most of the power in the relationship and where he would restrict her interactions with others. She explained,

Yeah, it was something that I felt I was slowly eased into it. You know? I think that was the perfect example, because I can remember at the beginning of the relationship I would order, he would order, it was fine. So in the middle of the relationship he would ask me what I wanted, and then when the waiter or the waitress would come over he would order, then he would tell the waitress what I ordered – but he would ask me beforehand what I wanted. But at the end it was, he would order for both of us. *(Riya)*

In addition, to insults/put-downs, threats and overt/covert control, some shared other negative experiences within the relationship that may be considered a form of psychological/emotional abuse. Two participants explained that they were subject to lies within the relationship that were extremely upsetting. In one case, the participant reported that her boyfriend lied about his age, telling her that he was 10 years younger than he truly was. She described the lie as enormously painful and shocking because they had a sexual relationship and she felt that her consent was "invalidated" by this lie. Another participant reported that well into her relationship she discovered that her boyfriend had a serious long-term partner who he was dating simultaneously to the knowledge of others. She described the shock of finding out this

information through a third party and the psychological and emotional toll this revelation had on her sense of self-worth. There was a sense that these lies reflected manipulation on the part of the boyfriend, and that he had power over her given that she was unaware of these important issues (i.e., his actual age and the presence of a long-term relationship).

Physical violence. In this sample of young women, four specifically spoke about physical assaults or threats of physical violence. The violence described by these individuals ranged from women being “jokingly” punched in the arm by the perpetrator to severe physically violent acts such as choking as well as threats of harm or death. Ila, who also described substantial psychological abuse in the relationship recalled an event where she was being belittled and made a comment to her boyfriend which involved his mother. She described the event in this following way:

He got very physical, so he started choking me...he was choking me for 2 minutes and then he let go, but I was like feeling like, I was gonna die or something...it was like, in a parking lot. He was like, ‘If you ever talk about my mom or someone like that, like, I will kill you’. (Ila)

Most who discussed physical acts described them as occurring in the midst of an argument. One participant described being pushed against a wall and her arm twisted in an argument, while another spoke about her ex-boyfriend “throwing” her across a room in the midst of an argument. In this case, she felt that her boyfriend had “overestimated his strength. Most of the participants who spoke of physical acts of violence described them as occurring as a single event and co-occurring with others abusive tactics. These experiences were described as “shocking” and in some cases were the impetus to seek support from others. One participant, Kaira, described ongoing physical aggression, she described as a method that her boyfriend used throughout the relationship to assert control over her.

Sexual coercion or pressure. A number of participants described various forms of sexual victimization during the relationship. Some described the perpetrator being insistent about sex, for example, at a time when both needed to focus on studying, and the guilt he placed on the participant when she attempted to prioritize her education. Another described an attempted sexual assault that was thwarted when the participant's roommate intervened. The women who spoke about sexual activity generally described it as essentially for the "sake" of her boyfriend and not for the enjoyment of herself. Sex was seen as a way to continue the relationship, appease their boyfriend (e.g., so that a fight would cease, or so that he would not disclose the relationship to her family), or to in some way regain his affection. Ila described how her boyfriend would "be nice" and act in a way that made her feel loved for what she believed was expressly for her to engage in sexual activity. However, her boyfriend would inevitably revert back to his normal abusive behaviour. She stated:

Most of the time I feel pressured... A lot of the time when I am not willing to do things with him, he would pressure me, like 'do this, do that, and then give me a blowjob' that kind of thing. He would always pressure me to do those things which I felt like I had no control at the time... And I thought that it would get us back together, make him kind of like me again, or you know come back to me. It wasn't that case, it was just him doing that at the moment, and then being himself again, being like 'I don't like you, leave me alone, you are annoying, you are irritating,' but at the moment when he wants something, he would be really nice to me. (*Ila*)

Sonia, who identified as Muslim, spoke about her ex-boyfriend pushing her to engage in sexual activity. She explained that her religious beliefs discouraged sexual intercourse before

marriage but that her boyfriend, who was also Muslim, constantly pressured her to engage in sexual acts that were outside of her comfort. In one situation, she spoke about disclosing to her partner the sexual activity that she had engaged in prior to their relationship (which was a question posed by him) and him refusing to speak to her, stating “I can’t look at you the same way anymore” which led to her feeling upset and ashamed. Moreover, she shared that her boyfriend would repeatedly say that once they were married she was expected to conform to various parts of the religion as he viewed it (e.g., wearing a hijab) yet simultaneously attempted to make her feel guilty about not wanting to have sex after she repeatedly stated that she was not comfortable due to her religious beliefs. She described this experience in this way:

I didn’t want to have any sort of intimacy or affection and like we there was a physical aspect but there was very little of it and he kept pushing me to go past my limit even though like to me it was religion that you know put those boundaries in place. But he didn’t care about any of that for him it was just about opportunity, and he never had the opportunity to like do anything. So like he was still a virgin but he kept trying to take my virginity away by saying that this is something important in a relationship and I would rather not until we’re married because I don’t believe in that and there are many times that he tried to impose that on me and like actually, like physically too but it just never happened though. I’m glad. (*Sonia*)

Another participant who spoke about religious expectations around sex expressed how her boyfriend would push her to engage in conversations of a sexual nature during Ramadan, which is a holy month for Muslims. She felt that this conversation was inappropriate, especially during this time, and that she repeatedly had to affirm this to her boyfriend.

Sexual activity prior to marriage was noted as generally not permitted by one's culture, religious beliefs, or family. For most, the relationship with the boyfriend was typically the first relationship, and/or the first relationship in which there had been a sexual component. It was frequently noted as a barrier to ending the relationship – that is, once they lost their virginity to the him, it became difficult to imagine having sex with another partner, or there was a sense that one should only have sex with their husband, and therefore there was added pressure to remain in the relationship despite the abuse. Some also expressed worry about being labelled “sluts” or “easy” by her boyfriend, their friends, or family members, and that this might affect her or her family's reputation or standing in the community, and possibly even her future martial prospects.

Use of technology/cyberbullying. Participants explained that efforts to control and belittle were often through text message. Moreover, in some of the relationships described by the participants, there was little face-to-face interactions and the relationship was primarily maintained via telephone calls, Skype, or texts. Pari explained that after she broke up with her boyfriend because of his controlling behaviour, he created numerous fake social media accounts under her name, which accused her of being a slut and “bashing” her publicly. She described being stared at by mutual acquaintances who would ask why there were fake accounts under her name, and her shame and embarrassment at this experience. Furthermore, she noted that if she acted “nicely” towards her boyfriend, that the accounts would disappear, but then as she blocked him, they would return, leading to a sense of feeling that she could not escape the situation. She also described receiving upsetting text messages after the breakup, and that he would send her text messages telling her to kill herself. At the time of the interview, she reported that she was still receiving harassing text messages, almost two years after they dated. Another participant, Deepali, also spoke of being harassed by her boyfriend via text messages, and shared that after

the relationship ended, her boyfriend became increasingly threatening and harassing over text to the point where she filed a police report in order to stop his behaviour.

Ila shared that she met her boyfriend over Instagram, where he pursued her until she finally agreed to date him. Along with sexual, physical, and other psychological abuse, she described her boyfriend pointing out women on Instagram and telling her that he could do better than her. She stated:

Yeah. And then he would be like ‘Yeah, I can do better than you’ and he would start checking out his Instagram. He would be like ‘Look at all these girls on Instagram, they are so hot. I’d bang them’. He would use language like that in front of me and put me down every time. He would be like ‘I can do better than you’, like ‘you are not pretty at all’. He continually mocked me. (*Ila*)

Impact of the IPV. The second subtheme that arose under the experience of IPV was the impact of the relationship experiences. The impact that participants spoke about spanned various subthemes including educational impact, mental health/psychological impact and the impacts on future relationships/post-traumatic growth. Moreover, participants discussed their views on IPV following their own experiences.

Psychological/emotional impact. Participants spoke about the very challenging psychological impact of the relationship. They described “feeling stuck” in the relationship and a sense that there was no way to end it, a loss of self-confidence, self-esteem, and self-worth, an exacerbation of existing mental health issues, and various psychological symptoms. A common comment shared by participants a sense of being “stuck” or “trapped” in the relationship. The particular barriers to ending the relationship differed across women. Ila explained that having

lost her virginity to her boyfriend, she felt “attached” to him and because she did not want a “reputation” as someone who sleeps around, felt that she had to remain in the relationship despite the abuse. Another participant, Sonia, explained that involving her parents in the relationship meant that everyone would be viewing it through the lens of a potential spouse which made it difficult for her to end the relationship. She explained:

And like, and then I felt like I just had to prove to my mom that he was the right guy and I just felt like I had no option anymore and this was it. And I remembered I used to like cry while I was praying you know like ‘God just make him the one’ and like be good to me. Like I was so confused I did not know how to get out of it... actually I did not know how to get out of it. I felt like I was stuck. Because my parents found out that he was ready for marriage years from now he was ready and like I was just like there was times where I was just like ‘I can’t’ I was suffocating and I didn’t know how to tell my mom I didn’t know how to be with him, I didn’t know how to tell him that I don’t want to be with him”. I was literally like suffocating. I could not breathe like I would think about having to spend the rest of my life with him and I would actually have to stand up and go outside for fresh air because just the idea of having to spend the rest of my life with him and his family and how like the stuff his dad would say and it just disturbed me. *(Sonia)*

Sonia’s quote exemplifies the fear and “stuckness” as her boyfriend was deemed a “suitable” marital partner by her parents while she felt incredibly unhappy in the relationship. Others spoke about being trapped in the relationship because of threats – both threats by their boyfriend to harm himself if the participant ended the relationship, as well as threats to disclose

the relationship to her family. In all of these cases, participants shared how difficult it was to remain in a relationship which they felt took a toll on their mental health and overall affected their self-worth, self-perception, and interactions with the world, and yet feeling that there was no way out.

Participants also frequently spoke of a loss of self-confidence both during the relationship and following the relationship. Some suggested a sense of “lowering” oneself down to date the perpetrator (e.g., dating someone without a similar educational background) and this making the impact on self-worth even more upsetting. Justifying the behaviour of the perpetrator or minimizing the behaviours appeared to be a way to cope with these feelings. That is, to maintain one’s self-worth, it was necessary to justify the behaviour and give it cause and reason, or to minimize it all together. Others expressed that the loss of self-confidence was related to their believing the comments made by their boyfriend were true reflections of themselves. One described this feeling in the following way:

I felt very insecure. That’s when I started looking at myself feeling like low, I was like ‘Do I really look this bad? Would anyone not like me because of the way I am?’, like ‘Do I really have a problem? Am I the main problem?’ Those kinds of questions came into my head. And I was just feeling very low to the point I was even feeling like ‘Oh, what’s the point of like living’ like that kind of feeling I got and then after like, and then I talked to my friends about it they were like it was just him, he had issues in relation, you know, don’t let someone put you down that way and stuff. They kinda made me feel better about it.

Moreover, she spoke about having to process the experience and to find a way to regain the sense of self she had prior to the relationship. She stated:

It does feel different for me, cause he really changed me as a person.... And the person I used to be, it's hard for me to come back to that... And all my confidence, all my self-esteem, and everything just went down, which I am working very hard to get back. *(Ila)*

Furthermore, exacerbation of existing mental health issues was an insidious outcome of the negative relationship behaviours. Some described ongoing issues with depression and how the intense, frequent, and painful comments and behaviours by the perpetrator severely impacted their existing mental health concerns. In Pari's case, her boyfriend continuously minimized her mental health issues and encouraged her to stop taking her prescription medication. She described her experience in the following way:

And honestly it just makes it worse like there were mornings where I didn't even want to get out of bed like I would stay in my bed for days and days and skip school and calling sick to work it's because there was a point where I didn't want to live anymore. Yeah and it's not like I could talk to my boyfriend about it because he just makes me feel so bad he's like you don't need those pills..., just yeah, you just feel bad for yourself. He kind of said it like 'oh yeah my life's harder than yours so I don't know why you're always complaining'. *(Pari)*

Zara, a Master's student shared a complicated mental health history. She described how the abusive behaviours left her feeling "fragmented" and incapable of seeking support from others. Furthermore, she explained that she was in the process of coming out as bisexual, and that the combination of this process, her cultural background, and the negative relationship behaviours was simply too much to cope with. Overall, there were a striking number of young women who described experiencing very challenging psychological consequences as a result of what they experienced in the intimate relationship.

Educational/academic impact. Participants frequently spoke about the impact of IPV on their education. Oftentimes they described the impact as distraction or an inability to focus or difficulties in focusing/concentrating on their academic work or while attending lectures. For example, a distraction was being sent abusive text messages while sitting in lecture or while studying, which made it very challenging for them focus on the lecture or studying. Aisha, who was completing an Engineering program described how she found the material itself very complex and the constant receiving of insulting and controlling texts sent by her boyfriend were a distraction and led to even greater difficulty comprehending the material. She further noted that as one of few women in this field, she worried about the perception of not being a serious student and as a result, whether others would want her to be part of their group project. She stated:

Sometimes you can't even focus in class cause you're getting those texts too...he would continuously text me, 'oh are you going to the gym?' and I'm in the library, and I'm like 'are you kidding me?' like I would just tell him. And sometimes I would see his calls too, in the library, I would just turn it off and come home and be like, 'yeah I didn't see that'. I think it ruins the mood in the moment, you're here in lecture and you wanna learn, you wanna write your notes, you wanna socialize with

your friends or people sitting beside you and you're getting all these texts, you get upset, you can't focus so now your grades are at risk and then I feel like the people around you they kind of see you're on your phone, maybe they don't start focusing either so it's not just me who's being affected but the people who sit beside me too.

(Aisha)

Others spoke about receiving harassing text messages from the perpetrator and having great difficulty focusing on their schoolwork or lectures, ruminating on the upsetting "hours wasted" arguing with their partner, versus the time spent on their academic work. Pari recalled moments where her phone was "constantly buzzing" with notifications from Instagram, Facebook, and Twitter, filled with abusive materials sent by her boyfriend, and the difficulty in being able to focus after this. Another participant, Neha, described constant worry and fear that her boyfriend would disclose their relationship to her parents, so that every time her phone rang she worried about her parents being on the other line, berating her for engaging in an intimate relationship against their wishes. She expressed being "perpetually irritated and perpetually nervous" that he would disclose the relationship, and that this impacted her ability to focus on her courses.

In some cases, the perpetrator would pressure the participant to miss classes in order to spend more time with him, and she would be made to feel guilty for spending time studying versus spending time with him. For Shalini, her boyfriend's controlling behaviour, constant assertion that they be alone so that he could insist on sex, and the resulting loss of self-esteem led to a substantial drop in her GPA. She stated:

I noticed my grade going down, so I went from being A or B student, I went down to have 1.2 GPA. And at some point I got worried for probation. Actually, that never happened but I was worried about it.

When asked about what contributed to this drop in GPA, she replied:

Kind of a bit of both [distraction from boyfriend wanting to spend time with her].

Like I said he would try to force me not going to class, not doing any schooling to stay around the house, I guess he was just waiting for everyone just to be out of the house at one point, um, that was one factor. Another factor was the amount of time he spent on a controlling fashion. I kind of just lost my self-esteem, just not being into, fully into my school. (*Shalini*)

There was also a sense of “emotional exhaustion” that developed over the course of the relationship, and continued after the conclusion of the relationship. As a result of this, some participants found themselves skipping classes, switching academic programs, noticing a drop in GPA, and dropping out of their program. The stress of the relationship, including the toll on one’s self-esteem, the time taken away from schoolwork and diverted to the relationship, and the difficulties prioritizing schoolwork were described as “overwhelming”. This feeling of being emotionally drained or emotionally exhausted was exemplified by one participant’s experience:

So basically I was involved in this program with University of XX. And it was basically a law program, so I had to study law cases and all that and doing very well before I talked to him. And as soon as I got into this relationship and things started

going bad, I started putting all my attention off my work. And I like, even got out of that program, because I did not want to pursued with it, because I was really emotionally depressed and like stressed out and stuff. So, I had to like stop for at least six months in order to continue this. Only after that, I got better, I enrolled in the [current] program. I had to take a break from everything, even my job. I stopped going to work, because he literally persuaded me not go to work, and take off and stuff. So like I couldn't be happily working, I was stressed out at work. *(Ila)*

Another shared how the constant cyberbullying via social media led to depression and not wanting to live, all of which greatly impacted her ability to focus on her education. She explained,

Like with the social media accounts, like how can I... like you know like it was at a point where I didn't want to eat, I didn't want to do anything, work. Like it definitely interrupted first semester of university as well. I would miss my chem practical like [course name], like I didn't want to live, let alone go to school. Especially because it got to a point where I was even scared to look at my phone. Every time I would look at my phone there'd be a text message, a tweet, an Instagram photo so I would be scared to look at my phone screen. *(Pari)*

Change in beliefs/impact on future relationships. Many participants spoke about changes in beliefs about themselves, others, and relationships as a result of the relationship. The change in beliefs were sometimes viewed as positive changes in oneself or a sense of new learning. Some spoke about the importance of actions before words – that is, taking the time to

get to know a potential partner before getting romantically involved, knowing oneself better, and speaking out against behaviours which are perceived as harmful in some way. Additionally, there was a new sense of awareness of the frequency of IPV in their peers' relationships and in one case, the participant spoke of telling a close friend that her boyfriend's actions seemed manipulative and abusive, and then supporting and encouraging this friend to end the relationship. Some expressed a new understanding of the importance of not "giving up power" in relationships. Sonia described the impact of her relationship in this way:

But you have to stand up for yourself and my greatest mistake in this relationship is that in the beginning I gave him way too much power and not stand up for myself I let him like assert his masculinity and he didn't even have masculinity. I don't even call him a man because of everything. Because he was so manipulating, so controlling so close minded that that is not a man that is not what a man should be. They're supposed to protect women and supposed to stand up for them, supposed to fight for them not hit their partners. No women in general like mom, sister or friend, like even a good friend or let alone a good partner. You have to stand up for yourself and I think women in general don't do that or sometimes they do that way too much and they lose. Like they don't understand feminism and like the core beliefs like the superficial stuff I am a woman I have the right to this and that like they don't realize that they don't find that balance. Everything needs to be in moderation and you have to find that balance. Like my mistake was that I didn't... I gave in too much. I should have stood up for myself. *(Sonia)*

Definition/perceptions of IPV after their experience. Participants also spoke about how they viewed and/or defined IPV after their own life experiences. Interestingly, most highlighted psychological abuse/emotional abuse and controlling behaviors as behaviours that constitute IPV. The definitions often seemed to centre around the way it made the person feel and the sometimes subtle tactics that men used to assert control over their partner. For example, they described these covert behaviours as making them feel that they had to “walk on eggshells” around the perpetrator, “do negative things that make you feel worse other than those that make you feel positive” or “fear or guilt for just being [oneself]”. Some seemed to acknowledge that before their personal experience with psychological abuse, they would have defined IPV primarily as physical abuse. Rima, a 4th year university student answered the question in this way:

I guess, like when I heard the word that you were doing that study, I did just assume that is just meant like physical violence. But then when I think about it and I know about all the private things that girls have told me. Girls have told me where they felt that they couldn't go out or they couldn't see a certain person, or they couldn't party without their boyfriend being there. I think it's most of what actually happens is more subtle. I think it's partly what I was doing too, which is just a subtle reconditioning of what I think is right and wrong and altering my own behaviour out of fear of upsetting someone else. Because it's completely ridiculous... it's like it's crazy that you would do things to avoid upsetting someone else when you have to consciously change behaviours that you've had for years and years because you, because the fight would be too big or something. So at first I would assume that it's just physical violence which is obviously very common, but I think that it's easier for

partners to get away with subtle controlling behaviours and justify it to probably their other male friends. Because if one of my guy friends would hit one of my female friends, like he would be shunned, that's not okay. Like it would be, like you can't do that, you can't hit other people, but you can, you can like subtly control them and watch who they talk to and monitor their behaviours and things like from the background or make them feel guilty, make them feel that they're not doing something right. Like there's a million things you can change and you can do that don't involve having to hit someone. (*Rima*)

Moreover, this new understanding that abuse can be psychological versus physical led another participant, Riya, to describe a sense of empathy for others who may be in similar situations. She stated:

I think I would have seen it more as black and white, if that makes sense. This is really in the grey area. I wouldn't have seen how it can be a slow process. I think before I would have been like, why doesn't she just leave? Why does she stay with him? Now I think for a fact I definitely understand. (*Riya*)

Disclosure Experiences

The second overarching question in the interview was that of disclosure (to both informal and formal supports). The overarching themes that arose from the data were (1) the barriers to disclosure, (2) the factors that facilitated or supported disclosure, and (3) the perceived responses to those disclosures to informal and/or formal supports.

All of the participants spoke of disclosing the relationship and/or aspects of the abuse to at least one person. The vast majority shared their experiences with friends, most often female friends. Parents, siblings, cousins, therapists, guidance counsellors, police, new partners, and friends of the ex-partner were also noted as individuals that participants shared some aspect of the abuse with, and one shared that her way of disclosing the abuse with through her poetry. In regards to disclosure to parents, while a minority did disclose some aspect of the abuse to their mother, it was rare to disclose any part of the relationship and/or abuse to their father. The extent and type of disclosure of IPV varied greatly between participants – that is, some shared most of the details of the relationship and the abuse within it, some shared only aspects of the IPV and chose not to share information related to sexual interactions or physical violence, some shared only that they were in an intimate relationship but did not share the abusive experiences, and some disclosed the abuse but minimized its severity. Participants shared both barriers to disclosing as well as factors that encouraged them to disclose the relationship/abuse to at least one person.

Barriers to disclosure. Participants described numerous barriers to disclosure of their IPV experiences. Given this, the Barriers to Disclosure theme is presented by subthemes, including: dating as covert act, fears of negative responses, protecting one's reputation and worries for recipients of disclosure.

Dating as covert act. As previously discussed, dating in South Asian culture is often not permitted within the family and therefore was often identified as a barrier to disclosing the abuse within the relationship and/or disclosing their being part of an intimate relationship. Anaya, an undergraduate student explained how in her family, dating is not permitted and not discussed. She explained:

No one is allowed to date. That is mostly why I had never been in a relationship before. If my parents do find out it's a huge deal, they'll be super angry. I don't generally talk to my sisters about relationships. We are very close, but relationships is kind of a taboo area to talk about. (*Anaya*)

Given that dating was not only not permitted, but speaking about relationships was generally not acceptable within the family, she struggled with not being able to access support from her family members. This was particularly challenging for her as she expressed speaking about her concerns as a way to make sense of them. She stated:

I am a very social person. I think that is the best way for me to get over something, to talk about it with as many people as possible. I talk to my parents about issues I'm having at school, issues with my friends, talk to my sisters about it, everyone's involved in my life. I like it like that because I feel like they are my support. But I couldn't in this situation because I would get my ass beat. (*Anaya*)

In addition to parents, participants often did not share their experiences with siblings. Notably, there were many comments regarding the risk of telling a sibling about the relationship. This was almost exclusively focused on sisters – that is, they chose not to share the information (relationship, abuse, or both) with a sister for fear that she would disclose the relationship to their parents. Zara, who identified as Catholic, commented that she and her older sister “never” speak about relationships. She explained that her sister is quite religious and conservative and would not approve of her having a sexual relationship outside of marriage, and thus she did not feel safe disclosing the relationship or abuse to her. Pari also stated that she would not disclose the

relationship to her sister. She described her sister as the “trophy daughter”, and that by disclosing the relationship (which was not permitted within the family), she would essentially be giving her sister a reason to make her “look bad”, and her sister might then threaten to tell their parents. With sisters, there was a general lack of trust that they would keep the participant’s secret and, in some way, not use it against them.

While for some dating was explicitly “not allowed”, others spoke about their parents being somewhat aware that an intimate relationship existed but that this was never outwardly acknowledged or discussed, whereas others were explicitly told that dating was not permitted until they had completed their education. Regardless of the “rules” of the family, the inability to speak openly about the relationship was frequently noted as a barrier to disclosing the abuse. In addition to dating not being permitted in the family, some alluded to the (overt or covert) cultural or religious beliefs against disclosing personal information, or a sense that private matters should be kept to oneself. Aisha and Riya both conveyed the discouragement of making public one’s internal experiences:

I feel like in my family, that kind of openness, it’s not something people talk about.

Any kind of sadness or support system, it’s kind of non-existent. It’s not mentioned, you don’t talk about it, you just keep your problems to yourself. (*Aisha*)

I was sort of raised with this certain mentality that you don’t need to seek comfort or help, more so than other people. I didn’t feel the need to reach out to other people and speak about it. I think that that’s all it was. (*Riya*)

Even more restricted than the general sharing of personal experiences is disclosing anything related to sex, which even extended to scenes on T.V. where kissing or sex was being shown. As Aisha described,

Yeah, I definitely think so [there are restrictions on talking about sex] ‘cause even in my family, you see one scene on T.V. even, everybody has to do this ... it’s just so ... you just don’t talk about these things, so it kind of made me have this thing in me like we don’t really mention these things. I was scared that maybe people will judge.

(Aisha)

In sum, the response from participants suggest that underlying the hesitation to disclose was the fear that the existence of an intimate relationship would be revealed to one’s family, and that this would be detrimental for the participant. Although this was most often in relation to disclosure to informal supports and the worry that the relationship would purposefully or accidentally be revealed, Pari explained that she chose not to involve police because her parents would have to become involved and that revealing the relationship would not have been supported by her parents.

Fears of negative responses. Participants also expressed that worry about being judged, blamed, told “I told you so” and not believed were reasons for not disclosing IPV. This sensitivity was heightened when a sexual relationship was involved as there was a sense of shame in engaging in sexual activity. Some explained that when they shared some details of the abuse in the relationship which included sexual activity, they were met with comments such as being jokingly called a “slut”. This led to a sense of shame and embarrassment, and often limited future disclosure. Other terms which were raised were “unforgiving” and “disapproving” that is,

others may judge the participant for partnering with a person like the perpetrator in the first place, for staying in the relationship, or may disapprove of the participant engaging in any sexual activity. A comment that was raised repeatedly as a barrier to disclosure was the worry of “I told you so”. This was mostly in reference to parents and the fear that their parents’ response to disclosure would be disapproval for being in an intimate relationship that is either frowned upon or outright forbidden, would be told that they “deserve it”, or that their parents will think “something bad about [them]”. Zara discussed her personal barriers to disclosing the negative relationship behaviours to both friends and parents, and explained that it was particularly difficult because of the sexual component.

Yeah. So, my friends aren't within the South Asian/Indian Community. So I think it was easier in some ways to talk to them about the situation. Whereas, I have other extended friends who are within, in different areas of India or Pakistan or, and they, I could never talk to them about it. I think it would be really taboo. I wouldn't even tell them that we're dating. Let alone, that we're sleeping together or that he had lied to me. I felt like if I did, it's kind of like, "Well, I got myself into this situation," you know?" (*Zara*)

In regards to telling parents, she stated:

It was really difficult because these are things that I would probably want to talk to someone who has some experience. My friends are all my age and they're very supportive. I feel really close to my parents in that they are a really important part of

my life. I wish I could reach out to them for that, but I feel like if I did the conversation would be about how I had lied to them. (*Zara*)

Some also expressed that their fear of not being believed discouraged them from disclosing the IPV. One participant explained that her boyfriend was prized among the peer group and felt that if she were to tell a friend, they would not be understanding nor supportive. Instead, she described that she “suffered in silence”. She expressed her hesitation to disclose in this way:

Yes and he’s also that kind of guy where everyone wanted and he’s like yeah you’re just ungrateful. Like I’ll take him, like you’re just ungrateful. Like they [peers] would just look at me like I’m ungrateful and just like a brat complaining about everything. (*Pari*)

Protecting one’s reputation. In addition to the fear of being judged negatively, participants frequently articulated being “embarrassed” by the relationship, the “status” of the perpetrator, or that they were in a relationship in which they were treated very poorly. Oftentimes the perpetrators were not as highly educated or academically inclined as the participants, all of whom were pursuing undergraduate or graduate studies. The term “reputation” was raised in various parts of the transcripts. In the context of disclosure Kaira described that her reputation as a “nice person” who is focused on educational goals would be affected if people knew that her boyfriend was treating her abusively, and this was exacerbated by her boyfriend being viewed as somewhat “lower” in terms of status. She explained her experience in the following way:

I didn't feel comfortable discussing with anyone cause I was embarrassed...I felt like I had a reputation and I was ruining it. Mine [reputation] is that I'm very nice and intelligent and I get along well with people and it conflicts. People come up to me and are like, "how does this happen, how did you end up with him?" (*Kaira*)

Anaya, who described being in an intimate relationship and later finding out that her boyfriend was at the same time in a long-term relationship with someone else felt that the sheer embarrassment of the situation led to her not disclosing it. Ila also shared that one factor in her hesitation to disclose the IPV to her mother and sister because she was embarrassed and ashamed of the IPV, in particular, was embarrassed and ashamed about the sexual nature of some of the abusive behaviours she experienced in the relationship.

Worries for recipients of disclosure. Some participants also expressed a desire to not "stress" or "worry" their friends or family members by disclosing the abuse in the relationship. One participant stated that she did not want her parents to become involved because "they would upset, stress, get stressed over me" by hearing about how she was treated in the relationship, but even more so by the psychological impact it had on her. Another stated she did not want to give friends "unnecessary worry" by sharing the details of the relationship, and therefore did not speak publicly about the abuse, or when if she did mention any aspect of it, she minimized the abuse greatly.

Reasons for disclosure. In contrast to the many comments regarding the barriers to disclosing the abuse to friends or family, the factors that encouraged women to speak about the IPV were relatively limited. In regards to difficulties coping, some participants explained that a significant factor in them choosing to disclose the abuse within the relationship was the

difficulties coping/psychological impact. One participant explained why she chose to disclose the negative experiences in her relationship to her friends:

It was during exam time and I had a lot of exams really close together so I had to take a week with no dates, no hanging out stuff like that, just a week to study because I felt really anxious about it. It was the first time I had serious serious studying to do, and he got really frustrated, I think he might have taken a week off of work. The amount of calling, texting, make me feel bad, it got me to reach out to my friends. I couldn't take it anymore. (*Neha*)

Another spoke about her mental health deteriorating so significantly as a result of the relationship that she was feeling suicidal and thus reached out to friends for emotional support. Conversely, Sarah explained that she eventually disclosed the abuse in the relationship when her friends noticed her mood becoming more depressed and her behaviour changing. She explained:

It was during September when school started, it started to get more serious. I told my friends, during the summer I didn't really have anyone to talk to so my friends were sort of doing their own thing and so I didn't see them every day and they didn't know what was happening at the time with all the fights. But school started and people started to notice that I changed. I used to be really bubbly, in the beginning of grade 9 and grade 10 I used to be bubbly and outgoing and I used to be very light hearted and innocent. And as the school year progressed, September, October November, my close friends started to realize that something was wrong. Because I used to come to class, I used to walk with my head down, I used to be slouching, I didn't do anything

the way I used to anymore, I looked very depressed. They didn't really question it was the relationship. They just thought it was a new school year, maybe something happened. It wasn't until I told my close friends what's actually happening. I told them stories about he would yell at me, take his anger out on me, I was a scapegoat during September and October. They realized that it was an emotionally abusive relationship before I did. *(Sarah)*

For her, the impetus to share the details was the realization by her friends that she was experiencing IPV, and their encouragement for her to speak about it.

Given that the women in this study were undergraduate or graduate students, some spoke about the difficulty coping with the relationship and school simultaneously. One participant explained that the stress of school and the relationship led to a "breaking point" where she needed to disclose the abuse with friends. Similarly, seeking comfort, support, and validation were important reasons that women shared their experiences. Riya described her desire for validation in this way:

It was just that validation. I needed them to validate... well for one thing I wanted them to give me an answer of you need to do X. On some level I think I always wanted that person to think I was a good girlfriend by staying by his side, despite the fact that he had issues... and it was definitely... I think validation. It was definitely, I needed them to validate my feeling, I needed them to validate my role in that relationship, I needed them to essentially tell me that I wasn't wrong. *(Riya)*

Frequently, the abusive behaviours tended to escalate as the relationship continued. As noted above, many spoke about hiding the abuse or sharing certain details only. However, some explained that as the relationship progressed, so did the severity of the abusive behaviours. As such, some explained that they did not disclose details of the relationship initially, but as the behaviours and abuse became more severe or more threatening, they felt compelled to speak with someone about the situation. Sarah became concerned for her physical safety as a result of the increasingly threatening comments made by her boyfriend, and therefore felt that she needed to reveal the abuse within the relationship and to ask her friends to call police if they saw the perpetrator. Pari explained that she eventually disclosed the abuse to a guidance counsellor because the perpetrator's cyberbullying was escalating and he repeatedly told her to kill herself.

The preceding commentary discussed the "choice" to disclose the relationship and abusive behaviours, however, some participants articulated that the disclosure was unintentional – that is, others uncovered the relationship and/or abuse without the participant purposefully sharing this information. Shalini shared that while at her shared residence, her boyfriend attempted to sexually assault her and as she resisted, her roommate heard this commotion and intervened, thus revealing the extent of the abuse. Rima explained that her boyfriend became angry with her because she was interacting with a male friend at a party, and that he became extremely jealous and left the party. Her friends observed this behaviour and questioned Rima about her relationship, which led to her disclosing the problematic behaviours.

This unintentional disclosure also occurred with parents. For example, Sonia explained that her mother "walked in" on a conversation with her and her boyfriend over Skype and questioned her about being in an intimate relationship. Ila reported that her sister and her mother found and read her diary in which Ila wrote about the relationship and the abuse she had been experiencing. Sarah shared that after the relationship ended, her boyfriend telephoned her mother

and disclosed very personal details of their relationship to her, including the fact that he had “manipulated her”, threatened to kill her and kill himself, and even that she had consumed alcohol and had had a sexual relationship with him. In addition to the unintentional disclosure of these personal details to her parents, Sarah, who identified as Christian, also described being “dragged” to church and her parents disclosing the abusive relationship and other mental health concerns to a pastor. In all of these situations, participants expressed great distress that their relationships and/or the IPV was revealed inadvertently or in a way not of their choosing, and that they lacked control in the disclosure of their personal information.

Reactions to disclosure. Participants discussed their perceptions of the responses they received after disclosing the abusive experiences within the relationship. The responses were coded as either positive or negative in terms of how the participant perceived the response. However, it is also important to note that some participants described responses that were mixed versus simply positive or negative, or responses that were initially described as negative but over time regarded as positive. In this section, any comments that were described by the participants as positive, supportive, or helpful in some way were coded as positive reactions, and the comments that were viewed as unhelpful or upsetting were coded as negative reactions to disclosure.

Reactions perceived as positive. Responses to disclosure that helped the participant identify abusive behaviours, or responses that forced the participant to acknowledge that they were dealing with IPV in their relationship were generally perceived as helpful, although not necessarily positive. Oftentimes this was over a period of time where the participant shared the negative behaviours with others (primarily female friends) and the recipient helped the “make the connection” that these ongoing behaviours constituted IPV. Chetna explained that it was a

friend specifically listing out the behaviours in the relationship that helped her truly acknowledge that she was in an abusive relationship. She stated:

I think it really like all came together when I had, when I was really stressed out and a friend came over. We were on my front porch and she's like listing everything that she has been through with me and him and she's like really like this is like the whole thing and I was like... it, it seemed like crazy to put it all in one lump sum and you don't realize how much has happened or how much has impacted you until you have actually put it in one, one kind of lump sum, sort of like looking at it from oh here you forget about little things that happened, or whatever. (*Chetna*)

Similarly, Sarah explained:

It wasn't like I told them 'oh this, that happened' I would tell them stories of how my night went. How my morning, what he said on the phone, it was kind of bits and pieces that I'd give them. And I didn't I didn't make the connection together between all of it until [name of friend], she was the brainy of the bunch she went and said 'he's abusing you emotionally' and went 'no! he couldn't he loves me, he wouldn't hurt me like that. You're crazy'. I completely dismissed it. (*Sarah*)

For both of these participants, what was perceived as helpful about disclosure was the recognition that the perpetrator's behaviours were inappropriate. However, as highlighted by Sarah, this identification was not necessarily perceived as supportive or comforting, even if it did lead to this identification and realization.

Receiving emotional support was also viewed as helpful and a positive reaction to disclosure. Specifically, responses that validated the participants' struggle in the relationship, comments that placed the blame and responsibility on the perpetrator or as one person stated, being "outraged on my behalf", feeling that they were in a safe space to share their experiences and a general sense of being validated, comforted, and able to "vent" versus solve the problem immediately were significant for participants. These positive reactions were exemplified by the following statements:

When I went into I didn't know that was what I wanted. When I went into it I wanted the validation, and I wanted the solution. They didn't have any solutions for me and they didn't tell me what to do, they just listened. (*Riya*)

It was a positive experience. They were very supportive of me. They were very understanding, they consoled me, they talked shit about him at the same time, it was good. It made me feel better as well. (*Anaya*)

Additionally, participants spoke of their friends encouraging them to end the relationship, and in one case, supporting them through the actual breakup. These comments were sometimes initially perceived as somewhat upsetting, but as participants explained, upon reflection they viewed these responses as overall supportive and helpful. Sonia explained that she had disclosed the abusive behaviours to a friend over a period of time, and that she actively encouraged her to end the relationship. She explained:

In the long term it was helpful because my friend was the one that ... my friend was the one I was sitting with when I was texting him to just end it one last time and I was like should I do it right now or should I wait and she was like you know what? Just do it right now. Just do it. Just do it right now just do it in front of me. So I showed her the message that I was going to send to him and she clicked send and I really, really needed that push otherwise, honestly I wouldn't know how much longer it would go before I ended it. It could have gone for like a year maybe even 2 years.

(Sonia)

Reactions perceived as negative. In contrast to that were perceived as helpful, participants also spoke of receiving comments that were judgmental, blaming, minimized the problems, and advice directing them to end the relationship, even if they were not prepared to in the moment. Participants shared comments about being blamed by others for entering into the relationship or remaining in a relationship which was viewed as problematic by the recipient of the disclosure. Participants recalled being told “you got yourself in this” and questioning of their choices which were perceived as blaming. Oftentimes the response from family members was disappointment, as described by Ila, who also went on to describe how her family members minimized the impact and continuously told her to simply “move on”, which she perceived as unsupportive and hurtful.

Yeah, they were very disappointed, and at a point, my sister was very stressed too about everything that happened, but then she thought about it, she was like ‘it was like it’s not good for you to just keep thinking about the past you know, dwell on it, move on and try to think about doing better things’. I thought like ‘just move on’ was

a way of passing the situation over, it wasn't helping me in any way. It was just like 'Oh, is that what happened', feeling kind of pity for someone...it was just kind of 'Oh, okay, you should move on, stop worrying about it' kind of thing. But it was not easy for me to just move on with everything. 'Cause there's a lot of pain that I went through. *(Ila)*

Many also shared being told "you need to end it" or comments that in some way felt as if they were being pressured to end the relationship. Ironically, many felt that this pressure led to them feeling defensive and actually arguing against ending the relationship and arguing for why the relationship was in some ways positive. This experience was described in the following way:

I started talking to my mom more openly about it, obviously not the details but just that I've seen him and everything he says, and right off the bat when I started telling my mom the things he said, she's like 'yeah I'm not I think you should end it I don't think he's the right guy, kind of something is off' and I was like 'what do you mean?' and I'm like no no no I think you're just... And like, and then I felt like I just had to prove to my mom that he was the right guy and I just felt like I had no option anymore and this was it. *(Sonia)*

The reaction to defend or in some ways justify the behaviours of the perpetrator sometimes reflected the shame and embarrassment felt by the participant. Sonia explained that she was reluctant to end the relationship because she had involved her family in the relationship and therefore the comments to end the relationship were perceived as unhelpful and unsupportive. She expressed:

It made it tougher, because I was like... because I knew he'd be really confused about it like okay everyone's family breakup, I'm way too deep. I want to break up because I don't feel anything, but like maybe there's a chance, maybe one in a million that fights the chance or whatever and like will actually last. (*Sonia*)

There was also a feeling of being “attacked” when directed to end the relationship, that in some way the relationship reflected the participants’ poor decision making or somehow reflected poorly on her. For some, the negative reaction by others appeared to exacerbate their feelings of isolation and sadness.

Cultural beliefs and gender role beliefs

The final question of the interview asked participants to reflect on cultural beliefs. Given that cultural and family beliefs were closely intertwined, they are both discussed within this section. The themes that arose within this section were categorized as cultural/familial beliefs about relationships, cultural/familial beliefs about gender roles, and cultural/familial beliefs about intimate partner violence.

What the family/culture teaches about relationships. The topic of relationships within the family was generally considered a “taboo” topic, and rarely a topic of open discussion. As such, there was a sense that participants did not have the knowledge of what is normal or acceptable in an intimate relationship, or as one person stated, her “understanding of how relationships should work was definitely stunted”. As a result, this understanding was often developed via observation of others, including peers and parents. Participants frequently spoke about the relationship dynamics of their parents as a sort of “model” for relationships. For the most part, those who spoke of their parents as a factor in learning how to navigate relationships

felt the parental relationship was “poor”, “toxic”, and generally traditional in nature. Some spoke about their lack of understanding of what a positive and fulfilling intimate relationship should have looked like, given that they were exposed to what they perceived were poor relationships between parents. One participant described this modeling in the following way:

I think seeing toxic relationships between my dad has probably made me more comfortable with that dynamic of toxicity, because I’m used to it, I’m experiencing it I’m familiar with that kind of toxic relationship. That violence, that manipulation that story kind of feels like home and I’m okay with that. If anything, I’m more likely to fall into these toxic relationship dynamics that my parents had. *(Sonia)*

Sarah shared a similar sentiment and highlighted that the consequence of not speaking about relationships is that she had to directly experience IPV in order to understand and acknowledge it. She stated:

Yeah and when my friend told me, that she was in an emotionally abusive relationship I know what it meant, and I feel like that just made everything worse, because like, you weren’t taught about it, you weren’t taught about safe relationships and sex, like in my high school you were never taught. It wasn’t something like a special relationship, you weren’t taught about how to have a happy, proper relationship, my parents never talked about it, it wasn’t something in my church, they never talked about it. You don’t know until you experience what a terrible relationship is. *(Sarah)*

In the few instances where there was some discussion about intimate relationships within the family, the general consensus on dating was that it should not be a focus at present, and typically only a topic to be discussed following the completion of one's education. Riya explained:

Well, I feel like my culture's been you know like close-minded about relationships. And don't have sex until you're married, don't date people until you're old enough. And I feel that it's not just the dating, the lack of freedom that I have, and that my parents have given me because I guess their parents put that on them but that they've kind of instill this kind of thinking on them that you know there's only a certain amount of freedom. And I think that lack of freedom makes especially people like me, more rebellious. *(Riya)*

Sex was often identified as a topic that was not to be discussed openly, within the family, and oftentimes not with peers from the same South Asian background. There were frequent comments about women remaining virgins until marriage and stigma around engaging in sexual activity with a boyfriend. One participant explained that she abstained from sex with the NRI because her biggest fear was to become pregnant before marriage, as this would be a "a big family shame the neighbours are gonna find out". For those who described engaging in sexual activity with their boyfriend, they often spoke about feeling "stuck" with the person or that that because of cultural stigma against sex outside of marriage or multiple sexual partners, that ending the relationships was extremely challenging. Riya went on to explain:

It was very important to me that this person was my first partner, but did it make it harder? Yes, definitely, it made it harder to leave when I should have. For some reason I held myself to this ideal that... because that sexual component was there, the relationship needed to last. That doesn't make sense but... Since the relationship ended, do I hold myself to those ideals anymore? No. And I definitely would not impose those ideals on, if I ever had a daughter. But I think that was something that was in my household, that it was important, keeping your virginity until you're married, and might have been a religious thing, it may have been a cultural thing, it might have been both. So that was a big factor for me. (*Riya*)

Ila shared a similar sentiment, and that respecting oneself equated to limited interactions with men and not engaging in sexual activities. She stated:

Women should be, um, very traditional, like not lose their you know, and, um, they shouldn't you know, go around talking to guys easily, that was kind of expected...

I grew up in a very traditional home, kind of grew up with that kind of mentality, the belief that you should respect yourself, like you shouldn't be doing things with certain people, those little values. (*Ila*)

Two participants in the study identified as bisexual. Zara explained that sexual orientation was never an open topic of discussion in her family and that she struggled significantly with understanding her feelings in relation to this, and that the abuse she experienced in her relationship exacerbated her existing difficulties. She explained:

Then from the cultural perspective as well, there are things that aren't done, that aren't talked about. I had no idea that it was even possible for a brown person to be gay because I'd never seen that, never talked about it. Kind of like if you hear about it it's on the news and it's a white person. So when I came out even the representation out there in the community didn't look like me. (*Zara*)

Overall, the message that appeared to be sent to women were that relationships were to be saved until one was ready to be married and that relationships were not meant to be discussed publicly. Unfortunately, this lack of transparency also made women feel that they did not have the knowledge to identify or address abusive behaviours.

What the family/culture teaches you about gender roles. Participants also discussed the gender role beliefs that existed in their family or in their broader community and culture and their responses to these beliefs. While many spoke about growing up in families which supported traditional gender role beliefs, some maintained that their parents espoused more egalitarian beliefs about gender roles. In terms of the former, many participants identified growing up in a family system which supported traditional or patriarchal gender roles, where the participants' father was the primary decision maker and the women in the family were expected to be "accommodating" towards the male figures, were expected to complete the domestic duties, were expected to be submissive to their male partners (in the future) and "quiet" in general, and are expected to maintain the harmony in the household by keeping the male partner content. Neha described a form of this division in gender roles as her mother understanding how to "manage" her father's controlling behaviour. She explained that her mother was "always trying to calm [her] dad down and trying to make him feel better whenever he's having a bad day but it's never the other way around" and Neha blamed herself for the problems in her relationship because she

felt that unlike her mother, she was unable to maintain harmony in her relationship. The gender role division also included children, where daughters were expected to remain virginal and modest in their appearance and behaviour, while their male siblings were allowed vastly more freedom. One participant spoke about the gender roles in her family in this way:

No, I wouldn't say it's equal. It's pretty much the typical while even expected around family. The man is the man of the household, he makes all the rules, you defer to him for all authoritative decisions. My mom does work, but it's still... My mom brings in the money for the household and my dad doesn't work, but it's still even though that's the thing, it's still very like my dad is the man of the household...he doesn't help with cooking food; that's the woman's job, kind of thing. He doesn't clean, that's the woman's job...if you ask him to pick up after himself, like on the table, he'll be like, oh, that's not my job, that's not what I'm supposed to do. (*Anaya*)

A smaller number of participants described their family system as more egalitarian in nature. In these instances, participants viewed equality as having mothers in the workforce, treating each other as "equals" in terms of fathers engaging in traditionally female roles within the home (e.g., cooking) and mothers doing tasks outside of the home such as gardening, and a general sense of parents "getting along". While this egalitarian household appears a positive trait, some shared a sense of personal failure for being in an abusive relationship where their male partner was dominant, given they were raised in a family that did not support this division. This sentiment was exemplified by Riya's statement:

So he without meaning to, whether it was on purpose or just the way he was raised, he sort-of had it almost ingrained in him so he definitely brought them [beliefs about gender roles] into the relationship. Despite the fact that I'm South Asian my family does not come from those ideals. Both my parents work full time, both my parents are business owners and are very successful in their own fields, and both of them are very much partners in the relationship. I think one of the regrets I have at the end of the relationship now is that I had allowed this hierarchy in the relationship to be built. Especially because growing up that was not the sort of relationship I was exposed to with my parents. On some level I kind of feel like if that hierarchy had existed in my own home it makes more sense that I had fallen into that hierarchy because I grew up with it. But that wasn't the case for me. I think that is something that I define as a failure on my part, because it's like you come from a liberal home, my parents have always encouraged my education, they don't have a hierarchical system in our home. My dad has said explicitly several times – I have a younger brother and there is no difference between my younger brother and I. Anything a male can do a female can do as well. I found I am a little bit disappointed in myself that I let myself fall into that. (*Riya*)

Beyond the immediate family system, some also shared what they believed the broader South Asian culture teaches men and women about gender roles. These echoed the beliefs that parents often espoused, that is, women should be submissive, should not argue or attempt to stand up for themselves, should focus on maintaining their household and supporting the husband, that their husband is “next to God” and thus should be treated as such, and that the rules for men are different from those of women. More specifically, while males who engage in

inappropriate behaviour can be excused as “boys will be boys”, women are blamed and policed, even if they are subject to unwanted experiences. The broader cultural teachings about gender roles was explained by the following participants:

So, I feel like in Indian culture, a woman is supposed to be submissive and quiet and not supposed to say anything, I mean, going back generations here kinda forced to marry early, or into relationship you don't want yourself, in a way, the way I feel it's kinda okay to be in a relationship that you don't want, because so many people have that, and when you follow the rule, men are allowed to do things when women are not allowed to do. That's just the way it is. It's kind of the saying, boys will be boys. If a woman got raped or sexually abused, it's the woman who got the blame, shame for it. It's okay is he is a boy, he can move onto that. Like our culture kind of supports those beliefs. *(Shalini)*

I think the reason our culture is more prone to these kinds of relationships is because we think very culturally that we've met our partner and like next to God and that we need to worship him and that we need to make sure we do everything that he needs and that he provides and you know he's out there making the money and I give you raising children, cooking cleaning maintain a household these efforts that are negligible... The problem with our society is that our own women teach our daughters to keep quiet and not stand up for themselves and realize that there's no such thing as feminism that men are more powerful. Like my mom says all this anti-feminist stuff but like you no, no matter what she's not saying that men should always have the power they're always dominating and like you know teaching that to

your own daughter that she's never going to have power she's going to accept it so not teaching them to stand up for themselves and not teaching them to fight they're I think that's the problem. It's okay to understand that no matter how much you stand up for yourself no matter what happens you're still going to have racial discrimination you're still going to face like everything that women go through. Men will always be the dominant species and they will always have the power. But it does not mean that they should not stand up for themselves. It does not mean that they shouldn't try. (*Sonia*)

As noted in the second quote, a number of participants identified as feminists, or spoke about developing stronger beliefs about feminism as a result of the experiences in the relationship. For one, observing the unequal relationship between her parents encouraged her to pursue a traditionally male-dominated academic field. What is more, there was a sense for some of defiance or fighting back against the familial or larger cultural norms, both on the level of the family and on the individual participant. At the level of the family, those in families that supported more egalitarian gender roles fought against the cultural expectations by explaining that the family moved to a more egalitarian country such as Canada in order to resist those traditional beliefs, or that women should not remain in a relationship in which you "don't feel good". At the level of the individual and in those situations where parental dynamics were less egalitarian, participants emphatically stated that they did not want to pursue a romantic relationship in the future which resembled their parents', that they would not "tolerate" being treated as inferior to a male partner, or that while they respected their parents, that they did not agree with their belief systems.

What the family/culture teaches you about IPV. Some participants shared what they learned within their family or from the broader culture about violence against women. Some felt that IPV was largely ignored, or by virtue of the lack of opposition to it, was perceived as acceptable in the family. One participant explained that the abuse that she witnessed between her parents became a tool that her boyfriend exploited and used against her. Another comment that was raised throughout the interviews echoed the comments about the culturally-sanctioned division of gender roles. They often shared the view that women are likely to be blamed for being in an abusive relationship, either within the family or by their community. Vani, a first year university student stated:

I know all the Indian people I have talked to, whenever they talk about rape or stuff like that, they are always like it's the girls. Even though they are like, yeah, it was like, even though they are like 'oh, yeah, it was men's fault', but it's also the girls' fault, and that's not always true. It's not true...I don't think I would be blamed by parents, but I for sure would be blamed by the community, if they ever told anyone, like, that would affect them. My parents would go and like kill whomever, and I know they love me that much that they would go and destroy whoever hurt me, but if anyone get to know around, people would start talking, and then, I just don't, my parents would be like very upset at them. I think it's just better if it's just, no reason to get my parents upset. (*Vani*)

Some also shared that their parent's way of speaking about IPV was to not to discuss it directly, but to encourage them to focus on their education so that they could support themselves financially and leave an unhealthy or abusive marriage if necessary. Similar to discussions such

as relationships, sex, or gender roles, there was a general agreement that topics such as these were rarely discussed openly, and thus left them to navigate the relationship challenges with limited experience.

Summary of Qualitative Study Results

The qualitative study was based on two primary questions: 1) How do female South Asian college/university students understand and define IPV? Why do women who experience IPV disclose or not disclose this to formal or informal supports? What helped or hindered the process? How did others react (if disclosed)? and 2) What is the role of cultural beliefs in disclosure or non-disclosure of IPV? The overall findings from the interviews involved discussion of the a) forms of IPV experienced by women in the study, the various impacts of the IPV, and their definition of IPV following their own experience; b) barriers, facilitators, and responses to disclosure; and c) the development of beliefs/norms about intimate relationships, gender roles within intimate relationships, and IPV. A detailed discussion of these findings is presented in Chapter 6.

Chapter 6 Discussion

Intimate Partner Violence is a common experience affecting women from all ethnic backgrounds and age groups. Much research has shown that women are exposed to various forms of IPV during their lifetime and that their wellbeing is substantially affected by these experiences. The importance of examining IPV with an intersectional lens has been highlighted as vital in this field of research, as women occupying multiple social locations may experience, understand, or respond to IPV in ways that are distinct from other women. The present study was conducted to investigate an underexplored area – IPV from the perspective of young, South Asian women. Specifically, the study was centered around three constructs: disclosure of IPV and its perceived helpfulness, sociocultural beliefs, and psychological health outcomes.

Following Doyle, Brady & Byrne's (2016) framework for mixed methods research using a convergent design/triangulation design, the discussion section is organized by first discussing the inferences from the quantitative study, followed by those from the qualitative study. As is essential within a mixed methodological framework, the findings within each approach will then be integrated in order to develop meta-inferences (Doyle, Brady & Byrne, 2016). The strengths and limitations of the overall study as well as future research directions are then discussed, followed by overall conclusions of the research.

Quantitative Study Discussion

The quantitative study investigated three primary questions: (1) What forms of IPV (e.g., physical violence, psychological abuse, controlling behaviours) do South Asian women students experience? (2) Do women experiencing IPV disclose their experience to either formal (e.g., campus authority) or informal supports (e.g., family members) and (3) What is the relationship between (a) disclosure and sociocultural beliefs and (b) perceptions of disclosure response and

psychological health outcomes? The findings from each research question will be discussed in sequence.

Forms of IPV. The forms of IPV behaviours experienced by the female South Asian students in our study indicated that participants were exposed to psychological, sexual, and physical abuse within an intimate relationship over the past two years. When the measures were weighted to an equal scale and compared, women in our study were most likely to report psychological abuse, followed by sexual abuse, then physically abusive behaviours. Moreover, those who endorsed IPV via self-report most often described behaviours that reflected psychological abuse. That women are most commonly exposed to psychologically abusive behaviours within an intimate relationship is in line with the extant research suggesting that women (especially those in dating relationships) are disproportionately more likely to experience psychologically abusive behaviours (Coker, Sanderson, Cantu, Huerta & Fadden, 2008). Moreover, a substantial body of literature indicates that college/university aged women in particular are far more likely to experience psychological abuse compared to physical or sexual abuse (e.g., Murray, 2007; Carney & Barner, 2012). Relevant to the current context is the finding that women in university/college settings are at a higher risk of exposure to psychological forms of IPV compared to sexual abuse or physical abuse. However, the reasons for the elevated risk of psychological abuse has not been well identified thus far. Extrapolating from the general discussion regarding risks of IPV (all forms) for college students, it may be that factors such as peer relationships, increasing drug or alcohol abuse while in school (on the part of the survivor or perpetrator) may play a larger factor when women are away from home, perhaps for the first time (e.g. Shorey, Stuart & Cornelius, 2011). Capaldi and colleagues (2012) provide evidence that stress may be a factor in IPV perpetration or victimization. As such, it is possible that men and women engaged in higher education may experience heightened stress in this period of life,

potentially heightening the risk of IPV victimization and perpetration. Lastly, in their discussion of stealth (nonviolent) gender-based abuse (GBA) perpetrated against college women, Belknap & Sharma (2014) point to a number of possible explanations for the observed increase in psychological abuse in this group of women. Specifically, the authors posit that psychological abuse becomes viewed as “normal” and that male partner’s attempts to isolate their female partner or act in a possessive manner can be misconstrued as affection, commitment, or romantic gestures. Moreover, they hypothesize that women in this context may not have developed the language or recognition of psychological abuse or may not identify this abuse as threatening enough seek urgent help (Belknap & Sharma, 2014). Unfortunately, with the exception of research on drugs or alcohol, little research has empirically investigated the reasons for the high prevalence rate of psychological abuse in college/university women.

In regards to psychological abuse in South Asian women, research shows that they are also more likely to experience psychological abuse within an intimate relationship (e.g., Thapa-Oli, 2009; Guruge, Roche & Catallo, 2012). It is unclear why South Asian women are particularly susceptible to psychological abuse and the research that exists is equivocal. Some authors surmise that South Asian women are more accepting or tolerant of psychological abuse (compared to women of the majority culture) as a result of growing up with beliefs that socialize young women into normalizing this behaviour and/or not disclosing these behaviours (Couture-Carron, 2016). Conversely, some studies indicate that psychological abuse is perceived as the *most* upsetting/distressing form of IPV for South Asian women (Tonsing, 2014). For example, in Mason et al., (2008) study, women spoke about the pain of verbal insults, and that these psychological scars can feel more emotionally painful than any physical act. Given the taboos around sex, verbal insults such as “whore” or “prostitute” may be particularly biting for women in South Asian cultures. Taken together, it is unclear if there are any factors that lead South

Asian women to be frequently exposed to psychological IPV or report more instances of IPV compared to others forms of abuse.

Informal and formal disclosure. The results from the quantitative study indicated that most (65.4%) participants disclosed the IPV to someone, most commonly a female friend, and that formal reporting was low. This finding is consistent with much of the existing literature showing that women disclose informally to friends (see Sylaska & Edwards, 2014 for a review), and that female friends in particular are frequently recipients of disclosure (Edwards, Dardis, & Gidycz, 2012; Orchowski & Gidycz, 2012). Moreover, this finding is in line with the research examining disclosure from a cultural lens, whereby women from racialized groups are more likely to disclose IPV informally to social networks, and rarely to formal supports such as healthcare professionals or law enforcement (e.g., Mahapatra & DiNitto, 2013; Raj & Silverman, 2007). Given that most of the participants in previous studies are older, immigrant women, it is difficult to assess if our results are consistent with previous research. However, based on the data collected in the quantitative study, younger, highly educated women who are mainly in dating relationships seem to mirror their older, married counterparts in terms of disclosure patterns, in that they often shared their experiences with friends in their social network, but rarely to those outside of this network. This finding suggests that the forces that compel women to avoid sharing their experiences to those outside of their circle (including formal supports) may be operating similarly across age groups. Only one study specifically explored how young South Asian women and older South Asian women conceptualize formal support (Kanagaratnam et al., 2012). Here, the authors explain that for the older, married women, disclosure was highly “risky” as formally disclosing could lead to separation and/or divorce – which ideally should be avoided in South Asian communities. Formal disclosure was suggested in cases where the family could be reunited and thus avoid separation. It appears that at the core of this hesitation to formally

disclose is the risk of the family falling apart and the social stigma associated with being a single/separated woman – both of which are highly discouraged within the community. The younger women (all university-aged) appeared to echo the sentiment of their older counterparts – that seeking help or disclosing to a formal support could be problematic, and the authors concluded that women in their study, regardless of age or generation were very hesitant to seek help or disclose IPV to a formal support (Kanagaratnam et al., 2012). Alongside the results from the present study, it appears that younger, highly educated, South Asian women face many of the same barriers as their mothers and grandmothers, in terms of internalizing the cultural beliefs that stress unity, harmony, and avoiding social stigma by not disclosing their experiences to those outside of their family.

Beliefs and psychological health. The quantitative results revealed that young, South Asian university students who held stronger myths about domestic violence (i.e., beliefs that minimize IPV, that place the responsibility for IPV on the survivor, and that exonerate the male perpetrator from blame) were less likely to disclose either to formal or informal supports. This finding is in line with previous research indicating that belief systems that are associated with justifying violence against women or blaming the woman for the occurrence of IPV are associated with less help seeking (e.g., Abu-Ras, 2007; Haj-Yahia, 2002). Haj-Yahia (2002, 2011) posits that underlying the justification of violence and blaming women for violence is a strong adherence to patriarchal beliefs. However, we did not specifically examine this in the present study.

The quantitative results did not reveal a relationship between domestic violence myths and the internalization of prescribed gender roles (as measured by the GRSS), nor did they indicate a relationship between the internalization of prescribed gender roles and whether participants disclosed to either formal or informal supports. Said differently, whether participants had internalized gender role beliefs that were more traditionally feminine or that society prescribes as

feminine (Trachtenberg, 2017) was unrelated to whether they disclosed. Unfortunately, there is little empirical data linking gender role expectations to help-seeking behaviour in the context of IPV (Kanagaratnam et al., 2012). However, given that previous research has indicated that women from more patriarchal societies tend to hold beliefs that are unsupportive of help-seeking (e.g., Haj-Yahia, 2002), this finding is somewhat unexpected. Future studies should examine the link between women's beliefs about gender roles and whether they disclose to formal or informal supports, as understanding this relationship could be directed towards efforts to help IPV survivors seek support by debunking beliefs (e.g., I have to take care of others; I have only myself to blame for problems) that may lead them to inhibit disclosure.

The final question within the quantitative study examined the relationship between perceived helpfulness of disclosure and psychological health outcomes. Our results did not show that perceptions of the helpfulness or usefulness of disclosure were related to depression/anxiety/stress as measured by the DASS-21 nor subjective distress caused by the abuse within the relationship (measured by the IES-R). This finding contrasts with the literature suggesting that a negative reaction to disclosure of IPV is related to overall psychosocial distress and post-traumatic symptoms (Edwards, Dardis, Sylaska & Gidycz, 2015; Sylaska & Edwards, 2014). However, in a similar study examining the mental health impacts of receiving positive or negative reactions after IPV disclosure, Goodkind, Gillum, Bybee & Sullivan (2003) found that in addition to other possible predictor variables, the reaction received accounted for between 14-17% of the variance in quality of life or depression scores, suggesting that there are other important variables to consider when establishing the relationship between IPV victimization and psychological health outcomes. Another possible factor into our nonsignificant results is the finding that while negative social reactions tend to robustly relate to increased psychological distress, positive social reactions are generally unrelated (Edwards, Dardis, Sylaska & Gidycz,

2015). Given that the mean helpfulness rating in this sample was almost 6.4 out of 10 (with 10 indicating that the disclosure was very useful/very helpful), it is possible that these perceptions were not negative enough to reveal a significant result.

Qualitative Study Discussion

The qualitative study involved interviews with 15 young women who self-identified as female South Asian students who had been in an intimate relationship where they experienced negative behaviours. Given the overall research question in this study, the qualitative findings reflected the major constructs of interest: intimate partner violence exposure/experience, 2) disclosure experiences, and 3) belief systems related to IPV. The overall impact of the experience was discussed under the experience of IPV. Given that the primary focus of this study is to understand IPV from the perspective of young South Asian students, findings that may be unique to this population are highlighted in the discussion that follows.

The IPV experience. The women in this study described various forms of IPV within their intimate relationships. Similar to studies examining forms of IPV in the general population, participants frequently described psychological or emotional abuse, some physical aggression and some sexual victimization and coercion experiences (Murray, 2007; Carney & Barner, 2012). Along with these forms of IPV, a number of participants explained that their boyfriends harassed them via the internet/text messages. This finding is in line with emerging research on the prevalence of cyber victimization and IPV, which is increasingly revealing that college students are frequently exposed to this form of victimization, and that cyber victimization is linked to poor psychological health outcomes, such as depression (Sargent, Krauss, Jouriles & McDonald, 2016). In the present study, the victimization that occurred via text messages and social media involved harassment and attempts to limit or control the behaviour of the women. Additionally, social media sites were used as a form of psychological abuse, where women in

our study described being insulted, embarrassed, or mocked. Given that research indicates that this harassment may be uniquely related to later psychological adjustment, it is important that researchers attend to this issue to explore whether there are unique experiences of cyberbullying that are important to identify. For example, given that many women in this study used the word “reputation” as essential to their sense of self, the public nature of social media cyber victimization may be extremely distressing.

The description of psychological or emotionally abusive behaviours were noteworthy for those behaviours that may have significant meaning for South Asian women students. For example, some shared that a pointed insult was to be mocked for their complexion. As Hunjan (2003) explains, in South Asian culture, darker skin complexions have historically been associated by those inhabiting a “lower status”, and fair skin is prized as desired, attractive, and a symbol of femininity. As such, participants shared that these comments were very painful and insulting. Another comment that may be unique to women who are pursuing higher education were the insults about one’s intelligence. This was shared by a number of participants, whether being called “dumb”, that their school was not exclusive enough, or that somehow their academic success did not make them more attractive. Given that all of the women in the study were pursuing undergraduate or graduate studies, it may be presumed that their academic pursuits are an essential piece of their self-esteem, and that these insults aimed at reducing their intelligence were seen as abusive and again, as derogatory remarks. This finding was also reported by the younger participants (also university students) in Mason et al., (2008) study of Sri Lankan women who described that insults regarding their intelligence were very common among their peers.

Participants also spoke about threats about disclosing the relationship and/or the sexual aspects of the relationship. As noted previously, South Asian culture prioritizes female virtue and

purity, and out of fear of premarital sex and the resulting familial shame, discourages dating (Couture-Carron, 2017; Abraham, 1999). As such, young South Asian women are often socialized to believe that sex before marriage is shameful and if publicized and will lead to a loss of honour on the family (Abraham, 1999) or loss of one's "reputation". This sentiment was described frequently in various parts of the interviews. Oftentimes, the family (both parents as well as siblings) were unaware that the participant was in an intimate relationship, and this was used against her via threats to disclose the relationship, or possibly even more terrifying, as threats to disclose the sexual aspects of the relationship. This threat likely held a significant meaning for women in the study, who feared being blamed and/or embarrassed by parents, and/or fear of the shame that could be placed upon the family if her relationship was known to others in the community. Although the research is limited, some research about dating and sexual relationships from the perspectives of South Asian youth is emerging. Zaidi, Couture-Carron & Maticka-Tyndale (2016) conducted a study of South Asian university and college students to explore intimate relationships and sex. They reported that 62.5% of females and 37.5% of males described themselves as "virgins". They further explored this sample to identify reasons for not engaging in relationships/sex and identified four factors: attachment to parents/not wanting to disappoint them, religious beliefs that discouraged them from engaging in relationships/sex, involvement in their education as their primary commitment, and lack of opportunity. Participants in our study discussed some aspect of the first three reasons as factors in why they kept relationships private. For example, many described worry about disappointing their parents, or their parents' outright anger for being in a relationship or engaging in sexual acts. Some also shared that their religious beliefs or their parents' religious beliefs made them feel that they could not disclose the relationship because it was unacceptable, or again, because she feared her parents' disappointment. What is more, some felt that engaging in sexual activity would make

ending the relationship very difficult. As such, there was a sense of gratitude that they acted in line with religious expectations and abstained from sex. Focus on school/education and not on the opposite sex was also discussed in the present study, however, here it was a comment explicitly made by parents. Placing the present study alongside previous research highlights the importance of exploring the struggles that younger South Asian women face when navigating the expectations of their cultural heritage and themselves as Canadians (Zaidi, Couture-Carron & Maticka-Tyndale, 2016).

The impact of IPV. The qualitative study shed light on the impacts of IPV. In line with previous research, participants spoke about mental health impacts as a result of their IPV experiences, including loss of self-esteem, self-worth, and depressive symptoms (Himelfarb Hurwitz et al., 2006; Lagdon et al., 2014). Additionally, they also described the adverse impact on their education in the form of difficulties focusing during lectures and while studying, missed classes, and alterations in academic programs, which have also been identified in previous research (Stermac, Bance, Cripps & Horowitz, 2018; Stermac, Horowitz & Bance, 2018). The third subtheme that arose was a change in beliefs that emerged following their experiences. This finding may reflect the concept of Posttraumatic Growth (PTG), a process in which those exposed to trauma may be transformed in some capacity, in a positive direction (D'Amore, Martin, Wood & Brooks, 2018). Within our study, some women described a sense of learning from the experience, for example, being able to identify behaviours in future partners that may lead to problems, that in future relationships they would take more time before starting a relationship, or simply a new awareness of the frequency of IPV in their friendship circles. These findings echo the research examining PTG for those exposed to IPV, where researchers have outlined three broad themes relating to PTG and IPV: a change in the perception of the self, whereby they accept their own vulnerability whilst appreciating their own resilience and

wisdom, improved relationships and compassion for others, and a change in life philosophy, where people re-evaluate priorities and find greater appreciation for life (D'Amore et al., 2008). Within the literature on South Asian women, some of the participants in Kanagaratnam et al.'s (2012) study spoke about "the importance of learning to become independent" (p. 652) as a way to cope with IPV. Notably, the younger women (university-aged) often commented about this need for new learning, highlighting that these younger women may be taking a problem-solving approach to this issue because they are in the early stages of dating and/or marital relationships.

Disclosure experiences. Participants spoke about the barriers to disclosure, reasons that encouraged them to disclose, and the reactions they received following disclosure. In regards to reasons for disclosure, participants shared that the desire for validation and emotional support encouraged them to share the IPV. The literature examining reasons for disclosure often examine correlates of disclosure (i.e. sociodemographic factors and severity of abuse) but few studies have examined individual reasons for disclosure (Halstead, Williams, Gonzalez-Guarda, 2017). However, one study did show that higher levels of coping via seeking emotional support was related to disclosure of sexual victimization (Orchowski & Gidycz, 2012). This finding is consistent with what women in this study stated, suggesting that the desire for social support is a factor across women of various cultural backgrounds. More research is needed to bolster this finding, both across cultures and also from a cultural lens.

While emotional support/validation was the primary driving factor in disclosure, there were many factors related to women's hesitation to disclose – including dating as not approved of or explicitly forbidden, the cultural norms regarding sharing personal information with others, desire to uphold one's "reputation" and fears of judgment. With exception of fears of judgment or blaming which appear to be a reason for non-disclosure more generally (e.g., Edwards, Dardis & Gidycz, 2012; Halstead et al., 2017) women in the present study identified barriers that are

meaningful with respect to their cultural context. As has been discussed previously, the norms against dating in South Asian culture was an important factor for women in this study to not disclose – that is, they feared the disappointment and/or anger that would result from their parents being aware of the relationship. Others spoke about their “reputation” and fearing that theirs or their families would be adversely affected if the community knew she was dating someone. An interesting comment that was noted as a barrier was not wanting to worry family or friends with their problems. This may reflect the South Asian collectivist culture which emphasizes the well-being of the group over the individual (Couture-Carron, 2017). As Ayuub (2000) states, within traditional South Asian culture, “if anyone has to be sacrificed for the maintenance of the family system, it is the woman. She is expected to sacrifice herself willingly and without complaints” (p. 244). As such, some of these women may have felt that it was more important to avoid the suffering of others by not disclosing their experiences.

Finally, the reactions received following disclosure were discussed. Overall, positive reactions to disclosure were described as helping the participant fully acknowledge that they were in an abusive relationship and receiving emotional support. These findings are in line with studies suggesting that positive reactions include an acknowledgment of the abuse, buffering distress and reducing the blame that the survivor experiences (Relyea & Ullman, 2010). Conversely, some described reactions that minimized the IPV, felt blaming, or reactions which made the participant feel “attacked”. These descriptions are in line with existing research showing that reactions that are perceived as stigmatizing, place the blame on the survivor, that serve to minimize the abuse or those where the survivor is told to end the relationship are received negatively, regardless of racial background (Relyea & Ullman, 2010; Edwards, Dardis & Gidycz, 2012). Mahapatra and DiNitto’s (2013) study of IPV-exposed South Asian women in the U.S. revealed that the most negative responses they received were: “try to adjust to their

partner; try to ignore everything he said; and try to please him” (p. 305). Research by Jack and colleagues (2010) hypothesize that a “Silencing the Self” may occur in intimate relationships, whereby women suppress certain aspects of themselves in order for harmony to exist within the intimate relationship (Jack & Ali, 2010). More specifically, women “suppress certain thoughts, feelings, and actions” that may conflict with their partner in an effort to avoid conflicts, maintain the relationship, and/or protect oneself from psychological or physical violence (Jack & Ali, 2010, p. 5). Paradoxically, although this silencing is meant to create harmony and connection within intimate relationships, Jack hypothesizes that this silencing of important cognitions, feelings and actions leads to depressive symptoms (Jack, 2011; Jack & Ali, 2010). Moreover, Asians/Asian Americans have been shown to endorse Silencing the Self at significantly higher rates than individuals of other cultural/ethnic backgrounds and relates to the ways in which larger society teaches women and men about culturally sanctioned social roles (e.g., that women are responsible for the quality of relationships; Jack & Ali, 2010).

Taken together, existing theory as well as the results stemming from the present study suggest that placing the responsibility on the woman to correct or accept the behaviour of her male partner and ignoring, minimizing, or distracting one from the abuse is universally viewed as problematic and unhelpful.

In sum, what appeared to be unique to this population of young, South Asian women was that they felt unable to disclose the abuse because they feared their parents becoming aware of the relationship, and wanted to protect their reputation or standing with peers and possibility within their community.

Cultural beliefs about relationships, gender roles and IPV. Finally, women shared their perspectives on what they learned within their family and community about relationships, gender roles, and violence against women. Consistent with previous themes, participants spoke

about these issues as rarely being discussed openly within the family, leading them to feel unsure and confused about what “healthy” relationships should look like. Sex within relationships was identified as a taboo topic – and as one client mentioned, navigating her uncertainty about her own sexual orientation was extraordinarily difficult as she felt she did not have a model, nor a safe space to explore these questions. Gender roles were sometimes spoken about more openly – mainly for the few who grew up in egalitarian households. In these situations, women often felt that they had “failed” to uphold this standard by being part of a relationship in which they were subject to abusive behaviours and perceived themselves as not having power. Conversely, most participants described growing up in families where the gender roles were clearly delineated and where mothers had little power. In these families, they felt that the implicit message was that men should be dominant decision-makers and women should be quiet, submissive, and obedient. Finally, some spoke about what the family/culture taught them about violence against women. There was a sense of silence equalling acceptance, and that as a result of the rigid gender roles, that women take the burden of the blame when they are in abusive relationships. The descriptions of the lack of knowledge, experience, or understanding with traversing these challenging constructs speaks to the difficulties that young people experience when navigating two cultures – that of their parent’s traditional and collectivist values and that of a Canadian society which holds more individualistic, secular, and egalitarian beliefs predominate (Zaidi, Couture-Carron, Maticka-Tyndale & Arif, 2014). It is important that researchers take an intersectional approach to understanding IPV in order into account for the distinctive experiences of women inhabiting diverse social locations (Zaidi et al., 2014).

Meta-Inferences from this Research

Intimate Partner Violence affects women of all ages, ethnocultural backgrounds, and across marital and dating relationships and is frequently detrimental to women’s health and

wellbeing. The current study aimed to shed light on the experience of intimate partner violence experienced by South Asian women who were currently pursuing higher education. The quantitative arm of this study focused on examining the forms of IPV most frequently experienced by young women; the relationship between disclosing intimate partner violence and sociocultural beliefs regarding gender roles and myths about IPV; and the relationship between helpfulness of disclosure and psychological health outcomes. The overarching goal of the qualitative study was to explore the experience of IPV from the perspective of female South Asian students by considering their perceptions the experience and impact of IPV; disclosure experiences; and the development of their own beliefs about relationships, gender roles, and IPV. Given that little research has examined the experience of IPV from the perspective young South Asian women, and even less has specifically focused on women pursuing higher education as a population of interest (versus for convenience of sampling), an MMR design was used. Our overall aim of implementing both approaches was for completeness/complementarity (Tashakkori & Teddlie, 2010).

The overall findings from this study showed that female South Asian students were exposed to all forms of IPV but were disproportionately exposed to psychological/emotional abuse within their relationship. This finding is not unique to South Asian women or even IPV-exposed women more generally (Murray, 2007; Carney & Barner, 2012) however, the qualitative findings shed light on behaviours/actions that were considered abusive within the context of being a female South Asian student. For instance, threats to disclose or publicize the relationship were highly distressing given the general prohibition on dating. Comments about skin complexion were described as insults given the cultural narrative regarding fairer skin complexions being prized (Hunjan, 2003). The Sri Lankan women in Mason et al., (2008) study also described abuse with “culturally specific meanings (Mason et al., 2008 p. 1407) such as

cultural clothing being burned and threats to be sent back to their home country. Within this population of younger, unmarried, highly educated women who mostly resided with parents, these threats were likely not relevant.

Similar to the existing literature on immigrant/married women, isolation as a tactic was also described by younger women, although given that most participants (in both studies) reported being in dating relationships (versus marital), this isolation in this study appeared as attempts to limit the maintenance or development of relationships outside of the intimate relationship and insistence that all free time should be kept with their boyfriend. Given their position as college/university students, this was sometimes seen as detrimental to their educational success because less time could be devoted to studying.

The results from both arms of the study showed that most participants did disclose IPV to someone and echoed existing research showing that women most frequently disclose to friends, less often to relatives, and rarely to formal supports (Orchowski & Gidycz, 2012). Relevant to this study is the finding that parents were infrequently disclosed to (7.7% of women in the quantitative study and 33.3% in the qualitative study). However, the findings from the interviews revealed that disclosure to parents was often unintentional – that is, the participant did not make a conscious decision to disclose to the parent for help or support, rather, parents indirectly discovered the relationship (e.g., by overhearing a conversation, by the IPV perpetrator calling the parents and divulging the relationship or by reading about it in a diary). Indeed, only one participant (6.6% of the qualitative sample) reported making a conscious decision to disclose to her family members for support. This finding is likely the result of the prohibitions on dating and women's fear of the repercussions associated with their parents knowing they were in a dating relationship, and represents for these young women, a major barrier to disclosure.

This study also highlighted other barriers to disclosure. Those who more strongly believed that women should be held responsible for IPV (versus the male perpetrator) and tended towards minimizing the extent of IPV were less likely to disclose their own IPV experiences. Extrapolating from this finding implies that a barrier for women to disclose IPV is their belief that she (the IPV survivor) has somehow acted in a way that led to abuse, and that she bears some responsibility. As such, she may be less likely to disclose for fear of judgement from others. This is in line with the extant research showing that women who endorse myths related to justification of violence against women are less likely to disclose their own experiences (e.g., Abu-Ras, 2007; Haj-Yahia, 2002). These findings also appear to hold in a sample of young South Asian women, many of whom were born and raised in Canada. This highlights the pervasiveness of myths and possibly that they are passed down intergenerationally through observation or implicit or explicit teaching of these beliefs.

The study also investigated reactions to disclosure, helpfulness of disclosure and the relationship to overall psychological health outcomes. Overall, women in this study reported positive and negative reactions to IPV and rated the helpfulness of disclosure as just above average (approximately 6.4 out of 10 where 10 represents disclosure as very useful or helpful). The positive reactions are in line with existing research suggesting that emotional support is a universally positive reaction to disclosure (Edwards et al., 2012). Our study also showed that helping participants to recognize that they were experiencing IPV was typically viewed as positive/helpful. This recognition/involvement may be particularly important to this sample of women given that in the qualitative study most described the relationship as the first intimate relationship, and almost always the first sexual relationship. The support via acknowledgment/recognition may have been more pronounced for participants endorsing IPV that did not involve overt behaviours (e.g., physical violence or sexual assault) and is supported

by the finding that women were significantly more likely to experience psychological abuse. In contrast to much of the existing research (e.g., Edwards et al., 2015) the helpfulness or unhelpfulness of disclosure was unrelated to psychological health outcomes. It is unclear why an association between helpfulness of disclosure and psychological health outcomes was not found. This may reflect the instrument choices, for example, self-identifying helpfulness versus using a standardized scale, sample size issues, or that these women were not as negatively affected by the negative reactions. Related to the latter hypothesis is the finding that although most participants disclosed to friends (in both arms of the study), the qualitative study revealed that many of these negative responses were from parents or family members (e.g., reactions expressing disappointment, commands to end the relationship, or minimizing the problem). Given the cultural emphasis on collectivism and the importance of family honour, it is possible that the negative reactions from friends were less internalized as shame or negative self-appraisal and therefore were not associated with psychological health outcomes (DeCou, Cole, Lynch, Wong & Matthews, 2017).

The overarching findings resulting from our examination of beliefs systems and IPV revealed that women who hold myths about domestic violence including those beliefs that place the responsibility for IPV on women, that absolve men of responsibility, and that minimize abuse, were less likely to disclose their own experiences of IPV. The interviews provided context into this finding, whereby participants spoke about the development of their own belief systems via observation of their family and larger community where males are afforded more power and freedom and women are expected to “keep the peace” and maintain harmony within the relationship. Much of the existing literature of myths and beliefs that inhibit disclosure in South Asian women involve the stigma of divorce and worries of children’s well-being (e.g., Ahmad, Driver, McNally & Stewart, 2009; Tonsing, 2014) which are not relevant concerns with these

younger, unmarried women. Within this sample, myths or beliefs that inhibited disclosure appeared to involve blame for being in a relationship which was prohibited by family, and that if IPV was publicized, the community would blame her and not the male. Conversely, the quantitative results did not show a similar relationship between internalization of prescribed gender roles and disclosure. It may be that these younger, highly educated women are fighting against the gender roles of their mother's generation such that the impact of gender roles is less pronounced. Indeed, it was noted in this study that many participants referred to themselves as feminists, or that their beliefs about feminism became strengthened after their IPV experiences.

Strengths and Limitations

This study had both strengths and limitations. The use of mixed methods provided a more in-depth understanding to this under-researched phenomenon. This accomplished the overall goal of complementarity (Tashakkori & Teddlie, 2010). Although the goal was not convergence of data across phases, the findings were generally in line with each other, suggesting that they tapped into similar constructs despite the different approaches. This study also used a broad definition of IPV across phases. This was deliberately done in order to allow for idiosyncratic IPV experiences to be discovered, that is, those that may be meaningful for this particular population. A third strength is the focus on university/college women as a specific population of interest, given their high rate of exposure. The inclusion of questions exploring the academic impact adds to the emerging literature investigating educational and academic impacts of IPV. Finally, this study was one of the first to specifically focus on young, unmarried South Asian women. Whereas much research investigates older, married women, the findings from the current study indicate that their context and concerns are not identical to their younger counterparts. We also aimed to increase participation and comfort with disclosing personal information by using an anonymous survey and by offering interviews by phone or in-person,

and by not collecting any identifying information. This approach may be important to consider when conducting research which involves the gathering of sensitive information with those who may have been socialized to keep this information private.

This study also had limitations. Although 119 women accessed the survey, due to our rigour with eliminating missing data, our analyses included only 78 participants, which may have affected our findings. Additionally, our use of a helpfulness scale of 0-10 may have not been interpreted identically between participants versus a standardized measure of social reactions to disclosure. This study used a cross-sectional survey which limits discussion of causal relationships. A longitudinal design would serve to address this issue. The scales available for this study may also be a methodological limitation, for example, the DVMA and PMWI contain language more related to spousal relationships compared to dating relationships. It is possible that this may have affect the way participants interpreted questions. Additionally, the methodology of this study required participants to respond to the measures based on the experience from one intimate relationship in which they experienced IPV. However, comments in the qualitative study highlighted that some participants had multiple experiences of IPV.

Future Research

Future studies should examine IPV in South Asian women using a comparison group to examine sociocultural beliefs and psychological health. For example, a group of young South Asian women in relationships who do not report IPV could be compared to a group of young South Asian women who have reported IPV to examine difference across groups. Future studies should also examine social reactions and psychological health by exploring mediating factors to identify if they are similar to those of the general population (e.g., shame mediating the relationship between IPV and psychological health outcomes).

Additionally, a growing body of research has focused on the experience of disclosure from the perspective of those receiving the disclosure. This is essential to consider in order to facilitate efforts to improve/address individuals' responses to disclosure in a way that is perceived as supportive by the survivor. Lorenz and colleagues' (2018) research examining informal support dyads revealed the importance of understanding the dynamics of social support and reactions to disclosure. Given that the current study added to existing research showing that young women frequently disclosed to other young women, further research examining the characteristics of a supportive response for women from the non-dominant culture is essential. The findings from the current research suggest that cultural beliefs surrounding dating and sex are particularly sensitive and not publicly discussed by young South Asian women, and as such an exploration of their specific needs is needed.

While this research specifically focused on the perspective and experiences of South Asian women, it is also essential to understand the beliefs that men hold, and their relationship to IPV perpetration. A number of previous studies have explored men's beliefs about wife beating, endorsement of traditional gender roles, beliefs about women's responsibility for IPV, and patriarchal beliefs (e.g., Bhanot & Senn, 2007; Haj-Yahia, 2003). These have generally indicated a relationship with justification or acceptance of violence against women or with actual perpetration, such that men who hold less egalitarian beliefs may be more likely to perpetrate IPV towards their female partner (Jewkes et al., 2017). Given that men's beliefs are a risk factor for IPV perpetration, it is important for future studies to explore a comparable sample of young, highly educated South Asian men to understand if the beliefs of their parents' generation are maintained in theirs. Bhanot and Senn's (2007) study was one of the few examining beliefs in younger South Asian men, revealing that younger men (all university students) who held more restrictive or conservative beliefs about gender roles held attitudes that are more accepting of

violence against women. Given that the current study showed that young South Asian women are frequently exposed to all forms of IPV, it would be important to better understand the risk factors for young men that increase their risk of IPV perpetration.

Clinical/Educational Implications

The results from this study showed that female South Asian students were commonly exposed to IPV in all forms. The participants in this study also shared experiences of IPV that had specific cultural meanings, but may not be universally understood or recognized by clinicians. As such, when assessing/querying IPV, clinicians should be mindful of their own biases, life experiences, and views of IPV. Bowen (2009) identifies that one's cultural/ethnic background shapes how they may view IPV, including what they define as abusive, how they view the perpetrator's, tactics, the survivor's coping strategies, and community/institutional responses. It is important that the clinician reflect on their own worldview while working with those of different cultural backgrounds (Bowen, 2009). From a practical perspective, when clinicians are working with individuals from a cultural background distinct from their own, they can endeavor to use open-ended questions to assess negative behaviours within intimate relationships and explore the meaning for their client. Similarly, given that this study shed light on cultural norms regarding keeping private experiences private, it is essential that clinicians approach topics of dating and sex in a gentle, sensitive manner, and recognize that some young South Asian women have not been exposed to discussions of sex or relationships.

This study also examined disclosure experiences. The ratings of helpfulness of disclosure as well as the qualitative findings highlighted both positive and negative responses to disclosure of IPV. Those who held beliefs that put the onus of responsibility for IPV on the woman were less likely to disclose to others. This suggests that helping women to identify and explore their own beliefs around IPV and responsibility of IPV may be important in reducing self-blame.

Following findings of positive and negative disclosure experiences in this study as well as other studies suggests that adopting a nonjudgmental, validating, and emotionally supportive stance facilitates open sharing of IPV experiences.

Conclusion

The present study used a mixed method design to address an under-researched area, that is, IPV from the perspective of female South Asian students. The findings from this study extend existing research examining IPV in South Asian women to show that young, unmarried South Asian women are frequently exposed to all forms of IPV while a student. Although every item across the IPV measures were endorsed by participants, some also shared aspects that are not captured on traditional measures, such as lies about infidelity and age and threats to disclose the relationship to family. This findings from this study also support the literature showing that women tend to disclose to informal supports, but illuminated barriers for young South Asian women to disclose. The prohibitions around dating and the fact that most were dating without their parent's knowledge was a substantial barrier to disclosure. This finding adds support to the importance of using an intersectional perspective to IPV, such that the multiple social locations (i.e., younger age, racialized women, current students) are explored to understand IPV within their particular context. This research also aimed to examine psychological health outcomes related to helpfulness of disclosure, but did not find any significant associations between perceived reactions to disclosure and psychological health outcomes. In terms of beliefs and myths, this study showed that young, highly educated South Asian women were unlikely to disclose if they believed in myths about domestic violence. These myths were likely shared by observing their social environment including their parental relationships, peer relationships, and those of their community. The results suggest that young, female South Asian students are “continuously pulled between these two cultural lifestyles” (Zaidi, Couture-Carron & Maticka-

Tyndale, 2016, p. 234) and have to navigate between the expectations of their parents and Canadian cultural norms. The concepts of collectivism/family honour were highlighted in this study as especially important to consider in the conversation about IPV victimization, impact, disclosure, and risk. For instance, the desire to engage in intimate relationships and the implicit or explicit restrictions on engaging intimate relationships led to difficulties in ending negative relationships and in seeking much needed support. As such, adopting an attitude of curiosity in order to understand the unique position of youth South Asian women may be helpful for understanding, preventing, or supporting women who have lived through this difficult experience.

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Appendices

Appendix 1: Study Advertisements

Study examining negative experiences in romantic relationships in SOUTH ASIAN WOMEN

You may be eligible to participate in an online survey study if you:

- Identify as a **South Asian woman** (e.g. Indian, Sri Lankan, Pakistani, Nepalese, Bangladeshi, Bhutanese, etc.)
- Are a **female** college, undergraduate, graduate, or second-entry degree student at an Ontario college or university between the ages of **18-25**
- Have been in a **romantic relationship in the past two years** that lasted at least 1 month (current or previous relationship)
- Had **negative experiences** (e.g. stalking, controlling behaviour, psychological maltreatment) within the romantic relationship
- Do not currently have a case before the courts



For your participation you will be entered into a draw to win **one of four \$50 online gift cards**



To participate in this study, please go to

SAWRelationshipStudy.com



UNIVERSITY OF TORONTO
OISE | ONTARIO INSTITUTE
FOR STUDIES IN EDUCATION

Are you a **SOUTH ASIAN WOMAN** who has had negative relationship experiences?

You may be eligible to participate in an one-on-one interview if you:

Are a **SOUTH ASIAN WOMAN** (e.g. Indian, Sri Lankan, Pakistani, Nepalese, Bangladeshi, Bhutanese, etc.)

Are currently a college, undergraduate, graduate, or second-entry degree student at an Ontario college or university between the ages of **18-25**

Have been in a **ROMANTIC RELATIONSHIP** in the past two years that lasted at least 1 month (current or previous relationship)

Had **NEGATIVE EXPERIENCES** (e.g. stalking, controlling behaviour, psychological maltreatment) within the current or past romantic relationship

Do not currently have a case before the courts



\$15 for eligible participants.



SAWRelationshipStudy.com



sheena.bance@mail.utoronto.ca



416-978-0686

Appendix 2: Quantitative Informed Consent



Welcome!

My name is Sheena Bance, and I am a PhD student in the Clinical and Counselling Psychology program at the Ontario Institute for Studies in Education (OISE) at the University of Toronto. I am conducting a study examining negative experiences within romantic relationships and cultural perspectives of these negative experiences. Please read the information regarding the study below.

Purpose of this Study:

Negative experiences sometimes occur in within romantic relationships, and often with younger women. These may include experiences such as controlling behaviour, stalking, psychological maltreatment or threats, physical violence and/or sexual pressure or victimization. The purpose of this study is to understand the extent of these behaviours in female South Asian college and university students and gather information on the consequences of these experiences. Moreover, we hope to better understand how cultural beliefs play a role in how we understand these negative relationship experiences. We hope to use the information gathered from this research to shed light on an under researched problem in South Asian women and evaluate whether the experience is similar to other populations.

Criteria for Participation:

To participate in this study, you must meet the following criteria:

- Identify as South Asian (e.g., East Indian, Sri Lankan, Bangladeshi, Nepalese, Pakistani)
- Are currently a female college, undergraduate, graduate, or second-entry degree student at an Ontario college or university between the ages of 18-25
- Sometime in the past two years, have been in a heterosexual romantic relationship that lasted for at least one month (either a current relationship or a relationship that has ended)
- Have experienced negative experiences (e.g., physical violence, stalking, controlling behaviours) within a current or past romantic relationship
- Do not currently have a legal case before the courts

Your Participation in the Study:

If you choose to participate in this study, you will be asked to provide some background information about yourself and complete measures of negative relationship experiences and potential consequences. These questionnaires should take approximately 20 minutes to complete. All of the information collected is completely anonymous.

Participation and Withdrawal:

This study is entirely voluntary. You may choose to not respond to questions you do not feel comfortable answering. If you do not wish to complete the study, you may end your participation by exiting the survey or closing the web browser. However, since your participation in the study is completely anonymous, if you do choose to withdraw from the study (after the survey is completed), we will not be able to remove any data that has been entered.

Possible Risks and Benefits Participation:

It is possible that some of the questions may cause some feelings of discomfort. A resource list is available to you at the end of the survey if you feel distressed. You may print out the list for your convenience.

While there is no direct benefit to you participating in the study, if you choose, your name will be entered into a draw to win one of four \$50 online gift cards. The information you provide may help us to better understand the extent, experience and consequences of negative relationship experiences in female South Asian students.

Confidentiality:

The information for this study is confidential. We will not collect identifying information (e.g., IP address). Only researchers associated with this study will have access to the data collected. The data collected via the survey will be stored in a secure and encrypted website. Any publications of the study results, including scholarly publications or presentations will not include any information that will make it possible to identify research participants. The data collected in this study will be kept for 5 years.

If you would like to erase your browser history, please follow these steps:

1. Go to your browsers Menu options or in Internet Explorer, Tools option
2. Click History or in Internet Explorer, Tools and then Safety
3. Clear the browsing history

Your Rights as a Research Participant:

If you have any questions or concerns about this study, please contact the study investigator, Sheena Bance, at sheena.bance@mail.utoronto.ca, or the faculty supervisor of the study, Dr. Lana Stermac at 416- 978-0722. If you have any questions about your rights as a research participant, you may contact the University of Toronto Office Of Research Ethics at 416-946-3273 or ethics.review@utoronto.ca.

Thank you for your participation in this study.

Clicking yes below signifies that the study has been thoroughly described to you and you agree to participate.

Appendix 3: Verbal consent script for interview

Interviewer: Hello! My name is Sheena, and I am a PhD student in the Clinical and Counselling Psychology program at the Ontario Institute for Studies in Education (OISE) at the University of Toronto. As you may know, I am conducting this study to examine negative experiences within romantic relationships and cultural perspectives of these negative experiences.

I am going to discuss some important information about the study. Please feel free to ask me any questions you may have.

First, I want to tell you a little bit about why we are conducting this study. Negative experiences sometimes occur in romantic relationships, and often with younger women. For example, controlling behaviour, stalking, psychological maltreatment or threats, physical violence and/or sexual pressure or victimization.

The purpose of this study is to understand the extent of these behaviours in female South Asian college and university students and gather information on the consequences of these experiences. We also hope to better understand how cultural beliefs play a role in how we understand these negative relationship experiences. We hope to use the information gathered from this research to shed light on an under researched problem in South Asian women and evaluate whether the experience is similar to other populations.

I'd just like to confirm that you meet the following criteria, before we start:

- Identify as South Asian (e.g., East Indian, Sri Lankan, Bangladeshi, Nepalese, Pakistani) ?
- Are currently a female college, undergraduate, graduate, or second-entry degree student at an Ontario college or university between the ages of 18-25?
- Sometime in the past two years, have been in a heterosexual romantic relationship that lasted for at least one month (either a current relationship or a relationship that has ended)
- Have experienced negative experiences (e.g., physical violence, stalking, controlling behaviours) within a current or past romantic relationship?
- Do not currently have a legal case before the courts?

Interviewer: If they meet all criteria, continue. If not, thank the person for their time but do not continue the interview.

Interviewer: You are invited to participate in this study as someone who has experienced some form of negative relationship experience. You are going to be interviewed by me about the negative events you experienced in your romantic relationship and your perceptions on talking about this with other people.

You will also be asked about your ethnic/cultural background and your perceptions about whether your cultural beliefs affected you telling others about that event(s). In order to ensure that the information you provide is accurately recorded, the interview will be audiotaped using a digital voice recorder. It is expected that the interview will be completed in approximately one

hour and you will receive \$15 cash for your participation (if in person) or a \$15 online gift card (over the phone).

Also, you should know that this study is entirely voluntary. You may choose to not respond to questions you do not feel comfortable answering or end the interview if you choose to. If you choose to end the interview early, you will still receive the full compensation. There will be no negative consequences to you should you choose to end your participation.

Some of the information that you will be asked about may be upsetting or stressful. Please let me know if you need a break or if you need to stop. I can provide you with a list of resources for support if you like.

While there is no direct benefit to you participating in the study, your participation will help us gain a better understanding of how young South Asian women understand negative relationship experiences.

All of the information you provide, is confidential, meaning that no one other than the members of our research team will have access to your information. I will delete any of your contact information (for example, your email address) as soon as we have completed this interview, **and I will ask that you also delete any emails or contact information that you have received from me (e.g., delete emails, telephone numbers, or text messages from your phone).** I will delete the audiorecording as soon as it has been uploaded onto a computer. After it's transcribed, I'll delete the audiorecording from the computer. Any notes that I make will not have any identifying information on it. **You should also know that this study could be reviewed for quality assurance to make sure that the required laws and guidelines are followed. If chosen, (a) representative(s) of the Human Research Ethics Program (HREP) may access study-related data and/or consent materials as part of the review. All of the information accessed by the HREP will be upheld to the same level of confidentiality that has been stated by the research team.**

(If over the phone): Since I'll need your email address to send you the online gift card, I would like to tell you that I will delete this immediately after the gift card has been sent. The online gift card will be sent within 24 hours of completion of the interview.

The only exceptions to maintaining confidentiality are the following: if you tell me about child abuse or suspected child abuse or neglect, perceived threat of imminent harm to self or other, or knowledge of sexual abuse, assault or harassment by a regulated health professional. Finally if our files are subpoenaed by a court of law, we will resist disclosing any information and contact our institutional supports and legal counsel.

Interviewer: Do you have any questions? (also tell them that they can contact faculty supervisor and the University of Toronto Office Of Research Ethics Board if they choose.

Interviewer: Do you consent to proceed with the interview? (If yes, document on field notes.)

Appendix 4: Interview Guide



Intimate Partner Violence in South Asian University Students

Dissertation study by: Sheena Bance, M.Sc., M.A.
Supervisor: Dr. Lana Stermac

Date: _____

DEMOGRAPHIC AND BACKGROUND INFORMATION

Interviewer: Could you tell me a little about yourself?

- **Probe:**
 - Age
 - Current relationship status (e.g., single, dating, married, common-law)
 - Place of birth or number of years in Canada
 - Current living situation (e.g., with parents, roommates, university residence)
 - Current program and semester/year
 - Religious background, generational status, how much one identifies with their culture

THE EXPERIENCE of IPV

Interviewer: You mentioned experiencing a/some negative experiences(s) with your significant other. Can you tell me a bit about what happened? What that was like? (If more than one incident, gather information on all that can be recalled.)

- **Probe:**
 - The nature/type of incident(s), e.g., controlling behaviour, sexual coercion/rape/victimization, emotional abuse, controlling behaviour, stalking, threats, physical violence, etc.
 - Where behaviour occurred (campus/off-campus)
 - Duration of IPV experience (e.g., entire length of relationship? Isolated events?)
 - Relationship to perpetrator (e.g., boyfriend, spouse) and length of relationship
 - Perceived impact on participant (PTSD, depression, family life, social life, views of romantic relationships future romantic relationships, changings in schooling or education)

DISCLOSURE OF IPV

Interviewer: By disclosure, I mean telling anyone about what happened with your partner/ex-partner. [Interviewer give examples of formal and informal supports]. You might have told

someone because you wanted help to report it, or to have support and comfort. Sometimes telling others is helpful, but sometimes the reaction may not be what you hoped for.

Can you tell me about whom you told either during or after the experience(s) you talked about? How long after did you tell someone? What was it like to talk to others about what happened? What was their reaction? How did you feel after talking about it?

[IF NO DISCLOSURE]

What got in the way of telling someone either formally or informally? What barriers did you face?

- **Probe:**
 - Unofficial supports (e.g., female friend, male friend, sister, brother, mother, father, coworker, religious figure, etc.)
 - Official supports (counselor, medical professional, police, or social service agency, campus/university authority, etc.)
 - Reactions from others (informal and formal)

CULTURAL INFLUENCES AND ATTITUDES ON EXPERIENCING AND DISCLOSING IPV

Interviewer: Part of this study is to understand how our cultural background and beliefs play a role in our understanding of IPV and whether we disclose negative relationship experiences.

Can you tell me about IPV? How do you understand and define this? (e.g., When does abuse become abuse?) What do you think your family thinks about IPV? Has this conversation occurred in your family?

Talking to others about experiencing IPV can be very difficult. What role do you think your cultural background played in talking to other people? For example, in your culture, you may not be “allowed” to date, or tend to keep things private.

On the other hand, your culture may be more collective, where talking to family members and getting support from family is extremely important. How do you think your cultural background helped or hindered telling others about what you experienced?

- **Probe:**
 - How do you understand IPV? Where did this understanding come from?
 - From your own perspective, how does your cultural background view IPV/violence against women? What did you learn growing up about gender roles? What are your views as an adult? Does media play a role? Modeling?
 - Reasons for nondisclosure (e.g., shame, embarrassment, severity of incident)

Appendix 5: Resource List



The following is a list of community resources that can provide information and support. Thank you again for participating in this study.

Crisis Intervention

Assaulted Women's Helpline (Ontario-wide)

1-866-863-0511 (toll-free)

1-866-863-7868 (TTY)

<http://www.awhl.org/>

GTA Counselling/Support Services

Toronto Rape Crisis: Multicultural Women Against Rape

Crisis line: 416-597-8808 or email: crisis@trccmwar.ca

Business office: 416-597-1171

Email: info@trccmwar.ca

Website: <http://www.trccmwar.ca>

1. Women's Support Network
2. Crisis Line: 905.895.7313
3. Toll Free: 1.800.263.6734
4. <http://www.womenssupportnetwork.ca/>

South Asian Women's Centre

800 Lansdowne Avenue,

Toronto, ON M6H 3Z5,

Tel: (416) 537 2276

Fax: (416) 537 9472

Email: info@sawc.org

<http://www.sawc.org/>

Ontario Wide Counselling/Support Services

Loveisrespect (support to help young people prevent and end dating abuse)

1-866-331-9474

<http://www.loveisrespect.org/>

Family Service Ontario (for individual counselling services)

<http://www.familyserviceontario.org/>

Kids Help Phone: Ages 20 and under

1-800-668-6868

Ontario Association of Women's Centres
<http://www.oawc.org/centres.html>

Ontario Network of Sexual Assault/
Domestic Violence Treatment Centres
76 Grenville Street
Toronto, ON M5S 1B2
Tel. (416) 323-7327
<http://www.satontario.com/en/home.php>

211Ontario
2-1-1
<http://www.211ontario.ca>

Educational Resources for Violence against Young Women

Violence Against Women Learning Network
<http://www.vawlearningnetwork.ca/network-areas/violence-against-young-women>

Appendix 6: Conflict Tactics Scale - 2*

Straus, M.A., S.L. Hamby, S. Boney-McCoy, and D.B. Sugarman, 1996

No matter how well a couple gets along, there are times when they disagree, get annoyed with each other, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you and your partner have differences. Please circle how many times you did each of these things in the past year, and how many times your partner did them in the past year. If you or your partner did not do one of these things in the past year, but it happened before that, circle P(past).

0 = This has never happened.

1 = 1X in the past year.

2 = 2X in the past year.

3 = 3-5X in the past year.

4 = 6-10X in the past year.

5 = 11- 20X in the past year.

6 = 20+ times in the past year.

P = Not in the past year, but it happened before that.

1. threw something that could hurt me
2. twisted my arm or hair
3. pushed or shoved
4. used a gun or a knife on me
5. punched or hit me with something that could hurt
6. choked me
7. slammed me against a wall
8. beat me up
9. grabbed me
10. slapped me
11. burned or scalded me on purpose
12. kicked me

*adapted for physical assault items only and victimization experiences only

Appendix 7: Psychological Maltreatment of Women Inventory Short Form
Tolman, 1999

PMWI-F (Short Form)

This questionnaire asks about actions you may have experienced in your relationship with your partner. Answer each item as carefully as you can by circling a number next to each statement according to the following scale:

- 1 = NEVER
2 = RARELY
3 = OCCASIONALLY
4 = FREQUENTLY
5 = VERY FREQUENTLY
NA = NOT APPLICABLE

IN THE PAST SIX MONTHS:

1.	My partner called me names.	1	2	3	4	5	NA
2.	My partner swore at me.	1	2	3	4	5	NA
3.	My partner yelled and screamed at me.	1	2	3	4	5	NA
4.	My partner treated me like an inferior.	1	2	3	4	5	NA
5.	My partner monitored my time and made me account for my whereabouts.	1	2	3	4	5	NA
6.	My partner used our money or made important financial decisions without talking to me about it.	1	2	3	4	5	NA
7.	My partner was jealous or suspicious of my friends.	1	2	3	4	5	NA
8.	My partner accused me of having an affair with another man.	1	2	3	4	5	NA
9.	My partner interfered in my relationships with other family members.	1	2	3	4	5	NA
10.	My partner tried to keep me from doing things to help myself.	1	2	3	4	5	NA
11.	My partner restricted my use of the telephone.	1	2	3	4	5	NA
12.	My partner told me my feelings were irrational or crazy.	1	2	3	4	5	NA
13.	My partner blamed me for his problems	1	2	3	4	5	NA
14.	My partner tried to make me feel crazy.	1	2	3	4	5	NA

Appendix 8: Sexual Experiences Survey – short form version
Koss, Abbey, Campbell, et al., 2007

SES-SFV

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

Sexual Experiences	How many times in the past 12 months?	How many times since age 14?
	0 1 2 3+	0 1 2 3+
1. Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:		
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.		
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.		
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.		
d. Threatening to physically harm me or someone close to me.		
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.		
2. Someone had oral sex with me or made me have oral sex with them without my consent by:		
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.		
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.		
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.		
d. Threatening to physically harm me or someone close to me.		
e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.		
	How many times in the past 12 months?	How many times since age 14?
	0 1 2 3+	0 1 2 3+

If you are a male, check box and skip to item 4

3. **A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:** 0 1 2 3+ 0 1 2 3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

4. **A man put his penis into my butt, or someone inserted fingers or objects without my consent by:** 0 1 2 0 1 2
3+ 3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

5. **Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:** 0 1 2 0 1 2
3+ 3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.
- d. Threatening to physically harm me or someone close to me.
- e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? How many times since age 14?

If you are male, check this box and skip to item 7.

6. **Even though it didn't happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:** 0 1 2 3+ 0 1 2 3+

- a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.
- b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.
- c. Taking advantage of me when I was too drunk or out of it to stop what was happening.

Appendix 9: Gender Role Socialization Scale

Toner, Tang, Ali, Akman, Stuckless, Esplen, Rolin-Gilman & Ross, 2012

Part I

Please read the following statements and indicate how each one applies to you at this time in your life.

Please circle only one number for each item. There are no right or wrong answers to these statements.

1) Strongly Disagree	2) Disagree	3) Slightly Disagree	4) Neutral	5) Slightly Agree	6) Agree	7) Strongly Agree	
1. If I don't accomplish everything I should, then I must be a failure.	1	2	3	4	5	6	7
2. I am to blame if I have low self-esteem.	1	2	3	4	5	6	7
3. If I don't get what I need it is because I ask for too much.	1	2	3	4	5	6	7
4. What I look like is more important than how I feel.	1	2	3	4	5	6	7
5. I feel embarrassed by my own sexual desires.	1	2	3	4	5	6	7
6. I feel that I must always make room in my life to take care of others.	1	2	3	4	5	6	7
7. I will never be happy if I am not in a romantic relationship.	1	2	3	4	5	6	7
8. Compared to men, I am less able to handle stress.	1	2	3	4	5	6	7
9. If I am unhappy it is because I am too hard to please.	1	2	3	4	5	6	7
10. If I take time for myself I feel selfish.	1	2	3	4	5	6	7
11. If I do not like my body, I am to blame.	1	2	3	4	5	6	7
12. If other people let me down it is because I expect too much.	1	2	3	4	5	6	7
13. I have only myself to blame for my problems.	1	2	3	4	5	6	7
14. I can't feel good about myself unless I feel physically attractive.	1	2	3	4	5	6	7

- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|---|---|---|---|
| 15. If I ever feel overwhelmed it must mean that I am incompetent. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. I feel that I must look good on the outside even if I don't feel good on the inside. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. I feel that the needs of others are more important than my own needs. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. No matter how I feel I must always try to look my best. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I don't feel that I can leave a relationship even when I know that it is not satisfying. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I feel that I am not allowed to ask that my own needs be met. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. I don't like to say nice things about myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. Whenever I see media images of women, I feel dissatisfied with my body. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. I feel that I must always put my family's emotional needs before my own. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I feel as though I should be less sexually forward than men. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. If a relationship fails I usually feel that it is my fault. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. If I take time for myself I feel guilty. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. Whenever I am eating, I am always thinking about how it will affect my body size. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. I often give up my own wishes in order to make other people happy. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. I feel as though I can't reveal the struggles in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 30. In a relationship, I feel I must always put my partner's needs before my own. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Appendix 10: Domestic Violence Myth Acceptance Scale*
Peters, 2008

The questions below ask about common attitudes toward domestic violence. While we all know the politically or socially correct answer, please answer how you truly think and feel. To answer, put a number on the line before each question indicating how strongly you agree or disagree with each statement

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						
8. _____						
9. _____						
10. _____						
11. _____						
12. _____						
13. _____						
14. _____						
15. _____						
16. _____						
17. _____						

*item 18 was not included in this study

Appendix 11: Depression, Anxiety and Stress Scale
Lovibond & Lovibond, 1995

DASS₂₁

Name: _____

Date: _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3

19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Appendix 12: Impact of Events Scale-Revised
Weiss & Marmar, 1997

Instructions: Below is a list of difficulties people sometimes have after stressful life events. Please read each item and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____, how much were you distressed or bothered by these difficulties?

	Not at all	Little bit	Moder- ately	Quite a bit	Extr- emely
1-Any reminder brought back feelings about it.	0	1	2	3	4
2-I had trouble staying asleep.	0	1	2	3	4
3-Other things kept making me think about it.	0	1	2	3	4
4-I felt irritable and angry.	0	1	2	3	4
5-I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6-I thought about it when I didn't mean to.	0	1	2	3	4
7-I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8-I stayed away from reminders about it.	0	1	2	3	4
9-Pictures about it popped into my mind.	0	1	2	3	4
10-I was jumpy and easily startled.	0	1	2	3	4
11-I tried not to think about it.	0	1	2	3	4
12-I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13-My feelings about it were kind of numb.	0	1	2	3	4
14-I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15-I had trouble falling asleep.	0	1	2	3	4
16-I had waves of strong feelings about it.	0	1	2	3	4
17-I tried to remove it from my memory.	0	1	2	3	4
18-I had trouble concentrating.	0	1	2	3	4
19-Reminders of it caused me to have physical reactions, such as sweating, trouble breathing.	0	1	2	3	4
20-I had dreams about it.	0	1	2	3	4
21-I felt watchful and on-guard.	0	1	2	3	4
22-I tried not to talk about it.	0	1	2	3	4