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Cover Page Footnote

Bagmi Das <https://orcid.org/0000-0002-0765-9217> The author has no conflicts of interest to disclose.

Sexual Violence Survivors in the Indian Diaspora: The Impact of Acculturation on Support-Seeking Behavior

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Survivors of sexual violence in the United States are provided many more resources than those in Asia. For survivors in the Indian diaspora, this provides a unique perspective when understanding their experience and seeking support. This mixed methods study was an effort to understand the relationship between acculturation and support seeking for these survivors, both from informal and formal supports. This survey research recruited 77 survivors of sexual violence who self-identified as women and within the Indian diaspora in the United States. The participants ranged from 18 to 43 years in age. The Stephenson Multigroup Acculturation Scale, support seeking checklist, and open-ended questions were used to understand the relationship between the variables of acculturation and support seeking within this population of survivors. Analysis showed that differences in support seeking were impacted by immersion in either dominant or ethnic societies, and that more attention might be paid to those with marginalized acculturation identities. Results of hypothesis testing and descriptive statistics are delivered. Implications include particular concern for populations marginalized by their ethnic and dominant societies. Further discussion focuses on understanding cultural norms as opposed to acculturation and integrating informal supports in treatment for survivors.

Keywords: sexual violence, Indian diaspora, support seeking, acculturation

Introduction

Feminist theory discusses sexual violence as an assertion of power (McPhail, 2015), and emphasizes understanding how the survivor would contextualize this experience (Rossetto & Tollison, 2017). Immigrant communities, or diaspora, can frame their experiences of sexual violence and support seeking experiences within acculturation (Agunias & Newland, 2012). Acculturation, or a gradual adaptation of values, beliefs, and behavior in a dominant society, impacts how survivors experience resources and dominant discourses. In turn, this adaptation provides different understandings of how much power a survivor has in their context. Survivors of sexual violence are affected in how their social institutions define their gender and their experience (Rossetto & Tollison, 2017). They are also impacted by the interaction of values modeled in their family/ethnic community and the dominant society (Few-Demo, 2014; Pitre & Kushner, 2015).

Indian diaspora in the United States has the influence of the culture and ideologies that come from India and those cultures and ideologies that exist in the United States (Miller, Yang, Hui, Choi, & Lim, 2011). One researcher asserts members of the diaspora merge the beliefs and attitudes inherent to Indian society with the values demonstrated in American culture and the resources that exist in the dominant, American society (Sharma, Unnikrishnan, & Sharma, 2014). Members of the diaspora, therefore, have some of

the sexually conservative attitudes that come from their ethnic society while simultaneously having exposure to more mental health resources in the United States (Sharma et al., 2014).

Sexual Violence in the Indian Diaspora

Sexual violence is a problem within the Indian diaspora, as is evident from headlines regarding rape and sexual assault in India, which impacts recent immigrants (Sharma et al., 2014), and multiple studies discussing the prevalence of sexual violence in the Indian diaspora (Gill, 2004; Murugan, 2017; Pallatino, 2017). The National Family Health Survey in India found that 99% of sexual violence in India is unreported (Murugan, 2017). However, messages around sexual violence in India remain conservative, often using victim blaming and stigmatizing language despite women's rights

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movements that advocate for change (Sullivan, 2015). In the United States, the #MeToo and #TimesUp movements, along with many other recent women's rights movements, have highlighted resources available to survivors and have demonstrated a value towards women's health (PettyJohn, Muzzey, Maas, & McCauley, 2019). This intersection of values and resources provides a unique experience for the members of this diaspora. These interactions inform how survivors will seek support (Few-Demo, 2014; Pitre & Kushner, 2015; Rossetto & Tollison, 2017).

Acculturation

Acculturation, as defined by Berry (2005), is a method of incorporating the values, beliefs, and behaviors of someone's ethnic and dominant societies. This can be applied to new immigrants in understanding the process of cultural identity change that occurs upon arrival in a new society and in interpreting the experiences of second- and third-generation immigrants from communities deeply imbued with cultural values. Indian diaspora in the United States are members of one such community, as they grow up in a third-culture environment where dominant and ethnic communities share continued influence on the individual (Kurien, 2005).

Those who are not first-generation immigrants to the United States often take part in many cultural groups and religious festivals that will provide the unique experience of continuous exposure to their ethnic society while being immersed in a dominant American society (Kurien, 2005). This experience has been interpreted by acculturation scholars as a changing conceptualization of acculturation (Miller, 2007; Miller et al., 2011). Whereas acculturation was often defined as a unidimensional process of assimilation, acculturation is now seen as a bidimensional concept, carrying both the influences of an ethnic society and that of a dominant society (Miller, 2007; Miller et al., 2011). Acculturation in the Indian diaspora would therefore be conceptualized as bidimensional and seen as a unique combination of one's parallel immersion in Indian and Anglo values, beliefs, and attitudes. To conceptualize this combination, Berry's (2005) framework of acculturation (see Figure 1) was used.

Impacts on Support-Seeking

Survivors identify supports based on their understanding of supports throughout childhood and adolescence (Whittaker & Garbarino, 1983). Children, adolescents, and adults who experience sexual violence will seek support from those whom they have already determined are support systems in other aspects of life (O'Connor, Martin, Weeks, & Ong, 2014; Whittaker & Garbarino, 1983). These supports may be informal, such as friends and family, or formal, such as mental health professionals (Orchowski & Gidycz, 2012; Ullman & Filipas, 2001).

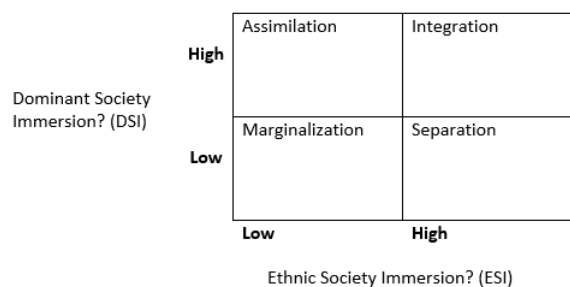


Figure 1. Berry's Model of Acculturation

Many survivors also refrain from seeking support for several different reasons. These concerns include ideas that sexual issues, including assault, are "personal matters," a fear of retaliation, and the survivor's own minimization of the incident (Sinozich & Langton, 2014). Whittaker and Garbarino (1983) further assert that conceptualizing something as a problem is socially constructed. If a person has an experience of sexual violence, but their social network does not define that experience as a problem, this becomes confusing and the survivor may not seek help. There is a need for schema congruence, or understanding of their new experience within their existing constructs of problem identification before a survivor engages in support seeking (Cole et al., 2013; Whittaker & Garbarino, 1983); a survivor will tell supports if it fits a narrative that makes sense for them (Orchowski & Gidycz, 2012).

Support seeking is also influenced by language barriers (Nguyen, 2014; Silove, Steel, Bauman, Chey, & McFarlane, 2007), stigma, and community beliefs towards support seeking. Stigma towards formal mental health services (Miller et al., 2011), combined with a lack of knowledge on how to access mental health supports and what they can provide (Kumar & Nevid, 2010), leads many racially and ethnically minoritized populations to rely on their informal supports (Ullman & Filipas, 2001).

A study conducted by Orchowski and Gidycz (2012) that collected data from college-aged women survivors of sexual violence found that more than 74% of respondents disclosed to someone, most of these being informal supports. Many seek informal support from friends, relatives, romantic partners (Ullman & Filipas, 2001), neighbors, religious figures (Ullman & Filipas, 2001) school figures such as campus authorities (Fisher, Daigle, Cullen, & Turner, 2003; Orchowski & Gidycz, 2012), coworkers, and even acquaintances (Fisher et al., 2003; Gottlieb, 1980; Orchowski & Gidycz, 2012; Whittaker & Garbarino, 1983). The choice of support is influenced by the cultural practices of the immigrant communities and their countries of origin (Montazer & Wheaton, 2011), as well as the resources the survivor has access to

(Shah, Chauhan, Gupta, & Sen, 2016).

Acculturation is one way to conceptualize the gap in affiliation with ethnic culture and understanding of resources in dominant culture (Adam & Schewe, 2007; Vidal & Petrak, 2007). Acculturation impacts how the survivor defines their experience as a problem (Gill, 2004), if they discuss their experience as a problem (Adam & Schewe, 2007), and whether the survivor will seek support for the problem (Shoemaker, 2016). These steps represent many hurdles that impact a survivor's support seeking. Acculturation has also been shown to be a factor in mitigating the effect of sexual violence on the survivor in the sense that people with dominant society immersion (DSI) would be more likely to identify more power in the situation and, therefore, be able to name it (Kumar & Nevid, 2010; McPhail, 2015).

Within Indian culture, there are a few concepts that frame support seeking including beliefs on the origin of struggle, collectivist values, and patriarchal narratives. One belief of the origin of struggle is karma, a central tenet of a few major religions in the Indian diaspora (Padmavati, Thara, & Corin, 2005). Karma says that you have earned what happens to you; sins from past lives manifest in what happens in this life (Kumar & Nevid, 2010; Padmavati et al., 2005). Extant research discusses how this belief is associated with self-blame and belief that a survivor should work through this on their own and a consequent resistance to accessing resources (Aggarwal, Sharma, & Chhabra, 2000; Hoch, 1974; Kakar, 1991; Kaul, 1983; Shoemaker, 2016; Wakil, Siddique, & Wakil, 1981). Specifically, karma translates trauma into a belief that the survivor has done something bad in a past life that warrants this suffering in this current life. Due to this belief, many of those with Indian cultural beliefs decide that they must suffer for those past sins and refuse to seek help (Shoemaker, 2016).

Another central value that affects support seeking is the value of family and collectivism (John & Montgomery, 2012; Pal, 2015). Collectivism is contrary to western individualism and places more importance on the family and community wellbeing than individual wellbeing (Shoemaker, 2016). For Indian diaspora, the "intersection of group expectations creates complex situations producing conflicting forces and behaviors" (Pal, 2015, p. 197). Honor and shame attributed to a female are also reflective on the family, and rape and sexual assault has an additional social stigma attached due to this special nature of the society (Pal, 2015). Scholars assert that the patriarchal community of Indian-Americans denies power to women survivors (Gill, 2004; Sullivan, 2015). This may prevent them from speaking out about their experience (Stanko, 2001).

The Current Study

The patriarchal narratives in Indian culture impact women's sex and sexuality regardless of assault. It is there-

fore important to consider women's survivor experiences amid these narratives. Acculturation impacts a shift to the values and beliefs of the dominant culture. Though U.S. culture remains patriarchal (McPhail, 2015), its movement towards naming and criminalizing sexual violence is older than that of India's (Sullivan, 2015), and sex education is more prevalent in U.S. culture (Rao, Ismail, Shajahan, & Wylie, 2015). Similarly, mental health is far more stigmatized in Indian diaspora culture than in Western culture (Miller et al., 2011). Thus, acculturation can impact a survivor's understanding of sexual violence and subsequent support seeking. This study was designed to understand the association between acculturation and the support-seeking practices for Indian diaspora sexual violence survivors. As such, the study sought to understand the following research questions:

1. How does acculturation impact the amount of different supports sought by a survivor of sexual violence?
2. How does acculturation impact the type of support (informal or formal) sought by a survivor of sexual violence?

Methods

This mixed methods study focused on the impact of acculturation in the support seeking of women survivors of sexual violence within the Indian diaspora. Feminist theory considers that discourses around sex and sexuality are gendered (McPhail, 2015); therefore, it is critical to consider the gender of the survivor. This study used a cross-sectional survey research design with open-ended questions to access information from a large number of participants and make some generalizable conclusions from the data. This survey research was conducted with a purposive sample (Bhugra, Mehra, de Silva, & Bhintade, 2007). Self-identified women were surveyed across the United States via recruitment on social media and distribution lists. The inclusion criteria were self-identification as a woman, survivor of sexual violence, above the age of 18, and a member of the Indian diaspora. Those who completed the demographic form and did not include an affirmative response to the sexual violence question were excluded. This study was exempted by the relevant institutional review board (IRB), and participants provided informed consent on the online survey.

Participants

Participants were 77 people who self-identified as members of the Indian diaspora and as women. One hundred participants started the survey and 77 participants completed the survey. All missing data were excluded from analyses as missing data were entire sections of the survey. The participants ranged in age from 18 to 43 and represented all

regions of the United States: 20.9% from the South, 16.3% from the West, 10.5% from the Midwest, 50% from the Northeast, and 2.3% from “other.” Level of education was also collected. All participants had completed high school; 10.9% had some college, 32% had a bachelor’s degree, and 39.3% had a master’s degree or more.

Seventy-seven people responded regarding their experiences of sexual violence. Out of these experiences, 72 (93.5%) reported that they had experienced catcalling; 43 (55.8%) shared that they had experienced sexual harassment; 62 (80.5%) shared that they had experienced sexual assault; 22 (28.6%) reported an experience of rape; 16 (20.8%) reported nonconsensual sex; and 3 (3.9%) self-described as having experienced “other.” Sixty-five (84.4%) participants shared that they had experienced more than one incidence of sexual violence.

Researcher. The researcher for this study identifies as an Indian American woman. At the time of this study, this researcher was immersed in several Indian American and South Asian American groups for women. The researcher wrote a positionality statement prior to gathering data, which included, “As a member of the Indian community, I have seen people hide their mental and emotional vulnerabilities. I, myself, relied on peers and student affairs professionals for support when I needed it.” The researcher, as a member of the community, attempted to mitigate bias; this researcher discussed open-ended analysis with external auditors.

Instruments

Demographics. The survey began with demographic questions to help describe the population. Demographics included age, region of the United States, spirituality, level of education, and gender. The researcher used these demographics to describe the participants because of the current literature on support seeking after experiencing sexual violence. Researchers have shared that faith (Gill, 2004; Pallatino, 2017), level of education (Ullman & Filipas, 2001), and gender (Sullivan, 2015) have impacted the experience of sexual violence in the past. Further, region of the United States and age help to understand generalizability across the Indian diaspora in the United States. The demographic questions also asked survivors about the type(s) of sexual violence experienced. This checklist was created based on the definitions of sexual violence from the Rape, Abuse, and Incest National Network (RAINN; 2018).

Stephenson Multigroup Acculturation Scale. The Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000) is a 32-item assessment that approached acculturation from the bidimensional framework of acculturation. The SMAS assesses both the dominant society immersion (DSI) and the ethnic society immersion (ESI) of an individual. This scale was chosen as it is one of the few scales that show norming on South Asian populations and

uses a bidimensional framework for acculturation (Celenk & de Vijver, 2011). Also, this scale measures attitudes and behaviors towards dominant and ethnic society. Miller (2007) found that adherence to Asian behaviors explained 30% of adherence to Asian values.

The SMAS is prefaced by instructing respondents how to operationally define “native country” as that from which your family originally came and “native language” as that of the language spoken from where your family originally came. This is contrasted with “Anglo-American” as the dominant society. The assessment consists of statements that respondents must answer as false, partly false, true, or partly true. Such statements include both behavioral and attitudinal questions such as “I regularly read magazines of my ethnic group,” “I am informed about current affairs in the United States,” and “I feel accepted by (Anglo) Americans” (Stephenson, 2000).

Support Seeking Questionnaire. The support seeking checklist was next in the survey and allowed space for participants to identify the supports or therapeutic activities they sought for their experience with sexual violence. Supports were later dichotomized into groups: informal supports and formal supports. These groups were the categorical dependent variable. The amount of different supports is a dependent variable measured as a count. This counted the number of the total supports sought and was not categorized into formal or informal supports. Thus, the support seeking checklist provided two variables: the categorical variable of “type of support” and the continuous variable of “amount of different supports.”

The checklist is an extension of that used by Ullman and Filipas (2001) in their study regarding support seeking behavior of sexual assault survivors. The checklist was formed as a set of yes or no questions so that the survey-taker does not miss one in a list and is, instead, prompted to answer each one. For instance, for the question, “Did you seek support from a parent?” the respondent was able to answer yes or no. This instrument was face-validated by counselor educators, a women’s studies and psychology scholar, and an educational psychologist.

Open-ended questions. The open-ended questions at the end of the study were used to help explain results. The researcher used Braun and Clarke’s (2006) thematic analysis to understand what may have been relevant to the participants and their experiences of support seeking. This process included the six phases of familiarizing oneself with the data, generating initial codes, searching for themes, reviewing the themes, defining and naming the themes, and producing a scholarly report of the analysis (Braun & Clarke, 2006). This latter scholarly report was reviewed by external auditors as an effort towards heightened trustworthiness. As per the use of these questions in Ullman and Filipas’s (2001) study, the researcher looked for what themes appeared and

how they connected to support seeking within the theoretical constructs of Feminist Theory. The open-ended questions prompted the participants to expand on their experience of sexual violence, asking “In the time since your experience, what has been the most helpful thing someone has said or done?” “In the time since your experience, what have you wished a particular person had said or done to help you with your experience that they did not do?” and “What coping skills have you used during this process?”

Data Collection and Survey Administration

Data was collected through online surveys to seek a purposive sample of the Indian diaspora in the United States to accommodate for the fact that, regionally, people may have access to different resources. The majority of the Indian-American population resides in the metropolitan areas of New York, NY; Washington, D.C; Chicago, IL; and the Bay Area of California (Skop & Li, 2005). The sample was distributed via social media and, more specifically, Indian cultural organizations across these four areas.

A Power and Sample Size tool was used to gather a sample size needed to conduct the necessary statistical analyses to understand the recruitment needs. To attain a power of .9 with $\alpha = .05$, at least 68 participants were needed to conduct the necessary data analyses. One hundred respondents started the survey, and a total of 77 participants completed the survey materials.

Data Analysis

Data analysis for the quantitative portions utilized SPSS v25. The main variables researched in this study are acculturation, the independent variable, and support seeking behavior, the dependent variable. Acculturation was a categorical variable and determined by the participants’ answers on the demographic survey and by their scores on the SMAS (Stephenson, 2000). Participants were divided into marginalized, separated, assimilated, and integrated acculturation types. These groupings were based on their scores on the ethnic society immersion and dominant society immersion subscales on the SMAS. Assimilation is shown with a high DSI and low ESI. Separation is shown by a high ESI and low DSI. Marginalization is shown as low ESI and DSI, and finally, integration is high ESI and DSI scores. Accordingly, the participant’s scores on the SMAS will place them into a category of acculturation.

To understand the amount of support seeking by acculturation type, data were tested for normality assumptions. As the data did not meet the assumptions for homogeneity of variance, a non-parametric Wilcoxon Signed Rank was used to analyze the data and understand the relationship between the mean amount of support seeking for each acculturation type. Between group differences of the type of support seeking and acculturation were then assessed using Chi-Square

Test for Independence. The social science standard of $\alpha = .05$ was used order to determine significance in all analyses.

For the open-ended questions, the researcher coded responses with regard to Braun and Clarke’s (2006) thematic analysis. After familiarizing herself with the data, the researcher identified and coded meaning units within participant responses. Then, the researcher compared and grouped codes into themes in accordance to the research questions (Braun & Clarke, 2006), while minding the constructs of power and discourse in feminist theory. The researcher used external auditors to review the themes to mitigate bias.

Results

Acculturation and Support

The hypothesis was that integrated and assimilated acculturation types, with higher DSI, will seek more support. The scores from the SMAS were calculated according to ESI and DSI and the participants were placed in the categories of acculturation types. These can be seen in relation to Berry’s (2005) model in Figure 2.

The data failed the homogeneity of variance tests, so I pursued nonparametric testing of the variable of DSI against that amount of support. The Wilcoxon signed rank test delivered $Z = -7.631$, $p < .00$, showing a statistically significant difference in the mean amount of support sought as divided by low and high DSI, and also delivered $Z = -7.626$, $p < .00$, showing a statistically significant difference in the mean amount of support sought as divided by low and high ESI.

The non-parametric comparison of means also shows that there is a significant difference in amounts of support sought in respect to level of dominant society immersion (see Figure 3). These analyses keep with the hypothesis that acculturation types with greater dominant society immersion—integrated and assimilated—will access more support. It further adds to that hypothesis by showing that those with high ethnic society immersion will also access more support. The nonparametric tests show that those integrated acculturation types, with both high ESI and high DSI, access slightly more support, on average, than those with either high ESI or high DSI.

Type of Acculturation v Type of Support Sought

The original hypothesis was that DSI would interact with the type of support sought and show a difference in those participants with high DSI levels will seek more formal and informal supports, and that those with low DSI will seek only informal supports. To understand this, types of support (Table 1) were divided into informal, including family, teachers, and friends, and formal, including counseling professionals (Table 2). Berry’s (2005) acculturation types distinguish between low and high DSI, as the Chi-Square Test resulted in no significant interaction, $\chi^2(1) = 3.055$, p

=.081 found between acculturation by high and low DSI and formal support seeking. There was no difference in formal support seeking between those with low and high DSI.

Open-Ended Questions

Of the participants, 41 completed the open-ended responses. Data analysis of the qualitative data used thematic analysis (Braun & Clarke, 2006). The participant responses fell into themes of patriarchal narratives, control, mental health and collectivist values. These responses help to provide insight into the data.

Table 1
Frequencies of Types of Support Sought

Support Type	n	%
Mother	15	19.5
Father	7	9.1
Sibling	18	23.4
Friend	50	64.9
Grandparent	1	1.3
Professor/Teacher	7	9.1
School Counselor	12	15.6
Mental Health Professional	19	24.7
Family Friend	7	9.1
Cousin	13	16.9
Online Community	14	18.2
Journaling	19	24.7
Art	10	13

Table 2
Frequencies of Categories of Support Sought

Support Category	n	%
Neither	19	24.7
Formal only	1	1.3
Informal only	36	46.8
Both	21	27.2

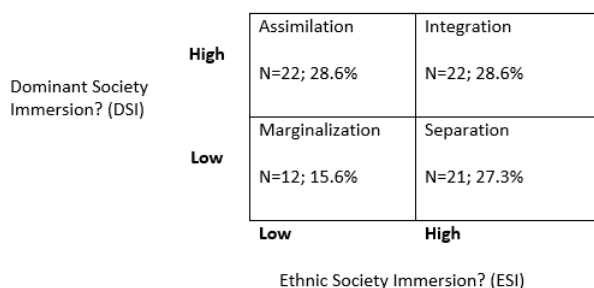


Figure 2. Frequency of Acculturation Types (n = 77)

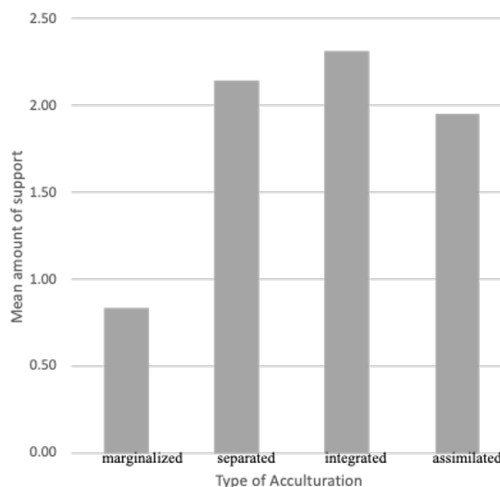


Figure 3. Mean Amount of Supports Sought x Type of Acculturation

Patriarchal narratives. Some respondents reported messages that reflect the patriarchal and rape culture that pervade the United States (Gill, 2004; McPhail, 2015; Sullivan, 2015). Among these messages were reflections that it was “not a big deal,” particularly that it was “not severe,” or that it “happens a lot.” Participant 30 shared “The situation did not make me feel it was a severe or urgent.”

One participant shared that her female friend had immediately jumped into what she, the survivor, should have done differently. Participant 13 shared:

I wish at the moment when I opened up, my friend had just said that it was a horrible thing that person did instead of talking about how I should have handled the situation. It was well-intentioned advice, and advice I needed, just not at that moment.

The supporter was trying to provide the survivor with more power by providing advice on how to proceed with help, but the supporter was inadvertently taking away the survivor’s power by saying that she must fulfill certain roles to feel safe in her environment.

Control. A few of the participants discussed their need to control things to be able to feel power within themselves. For example, Participant 34 claimed they tried to “control as many things in my life as possible.” Participant 23 shared, “When I reflect on my childhood, because I never discussed what happened in detail with anyone until I got older, I believe I coped through playing competitive soccer.” Another way that participants shared attempts to control was by blocking out the experience or trying to compartmentalize. Participant 1 reported, “I block the whole memory out.” Similarly, Participant 8 reflected, “I’ve done a very poor job

coping with these experiences, I guess just avoiding thinking about it.” Participant 29, who shared this, also shared that this form of control was not healthy and is often difficult.

Mental health. Some respondents who shared their support seeking experience with their parents reported that their parents blamed them, not unlike the concerns of survivors in India (Sullivan, 2015). Participant 16 shared that she wished her parents “allowed me to fully be open about it and not blamed me.” Some parents cited their attire or behavior. Participant 18 shared, “My parents blamed me for how I was dressed as if it was the reason someone was tempted. My mother would reference this incident as a threat thereafter, any time she thought I wasn’t dressed ‘appropriately.’” Participant 9 reflected on her mother’s reaction, sharing, “I wish my mom had told me that it wasn’t my fault and that I wasn’t bad because of what happened.” In this case, the participant’s mother suggested that she deserved this incidence of sexual violence.

Some participants shared that their parents might not have had an outwardly negative reaction, but that they wished their parents had done more to find a mental health provider. Participant 23 shared:

I wish my parents had talked about what happened with me as a child (after the incident, it was never discussed for nearly 20 years until I brought it up around the time of the #metoo movement). Additionally, I wish they had sent me to therapy as a child to help me process what happened.

These behaviors, or lack thereof, are consistent with the stigmatization of mental health services in Indian society.

Some participants shared positive experiences with mental health. Participant 38 shared, “I went to therapy. Through therapy, I learned ways to cope with symptoms of PTSD.” Similarly, Participant 7 shared things that helped including, “talking through issues with friends, trusting them. Therapy more recently.” Participant 77 shared, “My sister suggested therapy, which has helped a lot in coping with the trauma.” This was a unique mention of a family member directing the participant to therapy.

Collectivist values. Participants shared that their experiences transcended into their family, reflecting collectivist values (John & Montgomery, 2012; Pal, 2015). Participant 34 shared about her disclosure to her mom: “I wish my mother would not continue to make it about her when I bring it up to her.” This is consistent with some of the characteristics of collectivist culture.

Multiple respondents reported that their parents could have done more to support them. Some elaborated and shared ways that the collectivist mentality that their parents used had further harmed them. A particularly haunting example of this was a response from Participant 1 who shared,

“I wished my parents had done more to keep me away from the pedophile,” as the pedophile was in their cultural community. Similarly, Participant 23 shared, “I wish they had chosen to sever ties with the perpetrator’s family, they still remain close friends [with the perpetrator’s family] to this day.” Some shared that their family did not believe that the perpetrator would have done what they did. These actions are detrimental to a survivor’s healing process and take away a safe space for the survivor (Relyea & Ullman, 2013).

In a few cases, the collectivist values helped to empower the survivor. Participant 76 shared, “it takes a victim to know a victim,” as they shared using their experience to support other survivors. This collectivist value of community uses the survivor experience to help the community.

Discussion

This study worked with a limited final sample of 77 participants which all had higher education and access to the internet for an online survey. The discussion is couched within this context. Suggestions may not be generalized to those members of the diaspora who have not experienced higher education and may be of lower socio-economic status, accordingly. The study also looked at self-identified women, and is not representative of the experiences of men and those who do not identify within the gender binary.

Acculturation and Amount of Supports Sought

The non-parametric Wilcoxon signed rank test that observed amounts of support sought by ESI and DSI showed that there was a significant difference in amounts of support sought when compared across ESI and DSI. Those with low ESI and DSI—marginalized acculturation types—access fewer supports. This may be a result of those in the marginalized categories reporting lower immersion in both their ethnic and dominant societies. The people in this category might therefore have low engagement with the members of these two groups, limiting their access to support overall which, consequently, limits use of support.

Berry (2005) describes those with marginalized acculturation types as “when there is little possibility or interest in heritage cultural maintenance (often for reasons of enforced cultural loss), and little interest in having relations with others (often for reasons of exclusion or discrimination)” (p. 705). Those participants who had marginalized acculturation types, therefore, would have had little involvement with the dominant or ethnic societies. This may have led to a dearth of potential supports available in the event of an experience of sexual violence.

Acculturation and Formal Support Seeking. The analyses showed that there was no interaction between dominant society immersion and the types of support sought. Both those with high and low DSI scores are likely to seek formal and informal supports. This is contrary to previous studies

that report immersion and increase the behaviors that align with the values of the dominant society, and thereby reducing the stigma within the ethnic societies that prevent seeking formal sources of support (Kumar & Nevid, 2010; Miller et al., 2011; Robertson, Nagaraj, & Vyas, 2015).

The study results cannot confirm why this is, but recent literature may provide some clarification. This lack of difference may be due to increased discussions about sexual violence in the media. For example, the discussions with #MeToo and #TimesUp also increased exposure to resources such as RAINN, and the common use of the hashtags on social media may have increased exposure about who might be able to empathize with a survivor's situation (PettyJohn et al., 2019). These movements, as they were on many different social media platforms and news sites, may have exposed these resources to the span of acculturation types, regardless of the person's immersion in the dominant society.

Support Seeking

A percentage of the participants, 24.7%, shared that they did not seek any support for their experiences of sexual violence. This can be compared to Ullman and Filipas's (2001) study in which just 13% of survivors never sought support for their experiences. Their sample consisted of 323 survivors, which is 3.75 times the population observed in this study, with a mean age of 30 and 50.2% being college-educated. The sample in this study was slightly younger (mean age of 28) and more educated (98.8% being college educated), but nearly twice the percentage of participants shared that they never sought support.

In Ullman and Filipas's (2001) sample, only 5.7 percent were described as Asian. "Asian" ethnicities were not delineated; it is unknown if the sample represented any of the Indian diaspora at all. Another notable difference in the sample is that catcalling, and harassment were not included in the descriptors of sexual violence. As rape culture normalizes these two forms of violence (McPhail, 2015), it is possible that this contributed to the marked difference in support seeking.

The findings from the two studies can be contrasted with these differences in mind. This differential is jarring; it shows that survivors in the Indian diaspora are less likely to seek support than those in the general population. The cause of this differential is unknown, but it may be attributed to the type of sexual violence experience. Whereas this study had 27.9% of respondents who disclosed experiencing rape, the rate of rape in Ullman and Filipas' (2001) study was higher at 85.9%. Physical injuries such as contusions, bruising, and bleeding that can occur in rape lead to more emergency room visits, which, in turn, lead to higher support seeking (Ullman & Filipas, 2001). It is possible that the participants in this study did not feel the same severity and therefore did not seek support to the same extent as that in Ullman and

Filipas (2001). This may also be a reflection of the under-reporting documented in Indian society; support seeking is not a cultural norm and therefore, Indian diaspora in the US may also refrain from reporting and receiving social support (Murugan, 2017).

Another possible explanation is to conjecture, based on the literature, that two main factors might contribute to these differences: sexual taboos and patriarchal messages within the culture. Discussion of sex is taboo in Indian culture (Rao et al., 2015). This taboo affects discussions about relationships, which, in turn, may prevent those that experience sexual violence within intimate partnerships to seek support (Aggarwal et al., 2000; Guilamo-Ramos et al., 2012). Those who experienced sexual violence outside of intimate relationships may still fear repercussions of seeking support because they would have to use words relating to sex, which are still not normalized within Indian culture (Rao et al., 2015).

Patriarchal messages pervade Indian culture (Sullivan, 2015). McPhail (2015) argues that patriarchal messages often blame the survivor when they experience sexual violence. Johnson and Johnson (Johnson & Johnson, 2017) echo this in the messages regarding rape culture and a normalization of sexual violence. Both of these are pervasive in Indian culture (Adam & Schewe, 2007). Indian culture also emphasizes that women's experiences influence the reputation and honor of the family (Wakil et al., 1981). Women in the Indian diaspora, especially, may hear messages of blame in their cultural atmosphere, and then may refrain from seeking support for any experiences of sexual violence.

Gender

The respondents cited both men and women as sources of informal support for their experiences of sexual violence. The men identified were also identified as the survivor's siblings. Seventy-three percent of the gender supports identified were women. This is consistent with Orchowski and Gidycz's (2012) observation that the majority of women who disclosed turned to female supports.

It is powerful to note that many of the survivors (26.5%) identified seeking support from brothers, male friends, and male professors/teachers. The current #MeToo and #TimesUp movements have spurred men-driven movements of their own, including #HowIWillChange and #ImWithHer (PettyJohn et al., 2019). These dialogues have advertised men making an effort to understand the experiences of women in a patriarchal culture. Not all of the responses to these hashtag movements have been positive, but these movements show women how men might make an extra effort to listen to them and believe their experiences (PettyJohn et al., 2019).

Implications and Conclusions

Limitations

The study was impacted by a limited view of acculturation. Literature and instrumentation have focused on attitudes and behaviors and have rarely extended to measure psychological acculturation. These place a limit in using reliable acculturation instruments and may impact how those in counseling and psychology understand acculturation as it pertains to these fields. Thus, the results are not reflective of the nuances of psychological acculturation. Further, the SMAS was created in 2000 and has not been updated. This means that many of the behaviors discussed in the tool are not inclusive of culture after the introduction of social media.

Additionally, the sample size in this study was 77 participants. In the Chi-Square Test to assess differences in support type by acculturation type, the p-value was .081, indicating that a larger sample might provide different results. Another limitation is the sampling, itself. Participants were recruited via email distribution lists and social media, and the survey itself was online. This provides limitations to access for survivors that may not have access to a computer, are not part of any organizations that have distribution lists and lack social media accounts. The participants are likely more internet savvy and therefore have access to more resources.

Implications for Counseling

The open-ended responses shared some explanations for the support seeking behavior as well as methods that survivors accessed for coping. The responses showed themes of power. This power is reflected in system-level issues of patriarchy and rape culture and individual-level issues of their own power and control. The researcher used constructs of feminist theory to reflect upon the responses.

Power was reflected in two ways. Participants reflected power in patriarchal narratives by openly discussing or exhibiting discourse related to rape culture. Others discussed power as something they have attempted to regain since their experience of sexual violence. Power is an underlying aspect of sexual violence (McPhail, 2015) and can impact how a survivor views and copes with their experience (Relyea & Ullman, 2013).

Relationship between types of support. The study asked for referral sources for those that sought mental health resources for support. This was not quantitatively measured and therefore is a suggestion based on the open-ended responses rather than based in the statistical analyses. Most of the responses named informal supports as critical to their accessing mental health providers. One participant specifically cited their sister as bridging her to a crisis center and consequent mental health provider. This bridge is indicative of the impact that informal supports have in a survivor accessing more formal services and shows how informal sup-

ports might mitigate some of the rape supportive narratives that come from a patriarchal society (McPhail, 2015). This is also reflected in Ullman and Filipas's (2001) findings.

Suggestions for counseling. It is suggested that mental health clinicians understand their communities and conduct more outreach with communities so that informal supports are better informed of what formal supports exist. This is based on the responses from the open-ended section of the survey. In the situation described above, the survivor's sister was a trained crisis responder. Bystander prevention programs and peer sexual violence advisor programs can be critical to having members of the community understand how to respond to a disclosure of sexual violence and how to refer the clients going forward. This is reinforced in the many women that responded to the open-ended questions that they wished somebody had referred them for counseling services, and many others confessing that they have not been coping in a healthy manner and could benefit from provision of mental health services.

Alternatively, participants also shared negative reactions from parents. This may impact the counseling process in two distinct situations: a) the client is a minor and survivor of sexual violence and b) the client is an adult survivor of sexual violence and part of a collectivist culture. In the first instance, the counselor may prepare the client and family for discussions around the sexual violence. This will include psychoeducation and deconstruction of sexual scripts (Rossetto & Tollison, 2017) with the parents and anxiety management with the child. In the latter instance, counselors may assume that their adult client is not impacted by parental beliefs, however, collectivist cultural values increase the impact of parents' thoughts and worldviews on client's healing (John & Montgomery, 2012; Pal, 2015). Specifically, the language around sexual violence in Indian culture could mean that the client experiences victim-blaming and shaming from their parents that impacts their own self-concept (Gill, 2004; Pal, 2015; Sullivan, 2015). Counselors may want to directly ask the client about their family point of view and work with the client in creating safety plans and healthy boundaries around the discussion of their experience of sexual violence. The counselor may even offer space to conduct sessions for the client to discuss their experience of sexual violence with their parents in the context of the supportive space of a counseling session.

Sexual Education and Wellness. The participants in this study sought supports largely from female friends, not family, possibly due to the taboo in Indian culture around sex and sex education (Rao et al., 2015). This taboo impacts the sexual scripts used by survivors as they describe their experience (Rossetto & Tollison, 2017). Thus, counselors can focus sessions around sex education and discussion around consent, sexual wellbeing, and sexuality. In fact, the counselor may want to practice using words for genitalia, etc.,

that may have been taboo to the client (Rao et al., 2015). Recent movements around #MeToo can also be helpful and integrated into the counseling space. For instance, a counselor might offer clients homework to find social media posts that share their experience and, in turn, supportive people outside of therapy.

Implications for Future Research

The open-ended responses in this study suggested that, rather than acculturation, collectivist values and patriarchal narratives influenced the support sought by survivors within the Indian diaspora. This was observed in the open-ended responses from the survivors. Further research should explore these constructs and how they impact or relate to the support that survivors receive.

This research should not be representative of all minority groups. Cultural values are diverse and unique. The survivors from these groups should be assessed as such and should have the opportunity to share their experience to inform the counseling community about their needs. Similar research can also be repeated with other immigrant or ethnically minoritized communities.

This research was a broad exploration into acculturation and support seeking. The data showed that acculturation has some impact on amount of support sought; however, it did not go in-depth to understand the phenomenon of acculturation in how each survivor understands the supports around them, receives messages regarding their experience, and then seeks support from their community. This research can be better followed up by qualitative phenomenological inquiry into the experience of survivors of sexual violence within the Indian diaspora.

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