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Domestic Violence and LGBTQ+ Asians in America

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ABSTRACT

Although the domestic violence movement has endured many challenges over the past 50 years, the formula story and feminist theory most frequently portrayed does not allow for a complex array of domestic violence experiences, from the methods of violence to the people experiencing them.

Experiences in communities outside this formula story are often under-researched and under-resourced.

Each community and intersection of identities has its own domestic violence experiences, help-seeking behaviors and barriers to help-seeking, and these can be accounted for with specific outreach methods.

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Chapter 1

Introduction

Through the development of the domestic violence (DV) movement, there has been a central formula story of a white man physically abusing a white woman. Other demographics are not discussed, leading the movement and the general public to neglect other demographics' experiences of domestic violence. This paper investigates the effects of the formula story on LGBTQ+ Asians in America, the domestic violence experiences unique to this demographic, the relevant help-seeking behaviors and barriers and recommended outreach methods. It ends in an analysis of methods used in studies about domestic violence and additional intersections pertinent to this demographic.

Due to the scope of the studies analyzed here, Asian and LGBTQ+ experiences are split throughout much of the paper. Because LGBTQ+ Asians in America would have compounded multiple minority stressors by being in each larger demographic, the experiences, behaviors and barriers of each section could apply to an LGBTQ+ Asian individual in America.

Keywords

Asian, domestic violence (DV), help-seeking, immigration, intersectionality, intimate partner violence, LGBTQ+

Methods

The studies, papers and anthologies cited in this thesis were available through the Penn State University Libraries. This does not include the work done by community domestic violence organizations that are not published in academic settings.

Problem Statement

DV is a “pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner” (United Nations). It is also called “domestic abuse” or “intimate partner” violence. Both being a victim or perpetrator of DV can apply to anyone, regardless of demographic, including but not limited to race, age, sexual orientation, gender, religion, ability, socioeconomic background, education level and housing status. Victims can include a child, other relative or any other household member; most works discussed here are specific to intimate partners.

Although anyone of any demographic can be the victim or perpetrator of domestic violence, the formula story depicts the same image of a white man being physically abusive to a white woman (Kurdyla, 2021). This formula story is both cisnormative and heteronormative and centers white womanhood. Additionally, it excludes other demographics, such as immigrants, disabled people and those of lower socioeconomic backgrounds. This leads to a lack of attention, research and outreach to victims and communities that do not fit this formula story. This formula story also centers physical violence as the main form of DV, neglecting other types. In a convenience sample of Korean immigrant women in California, 72.8% reported psychological abuse during their lifetime, yet only 1.8% reported physical assault – the most measured and reported form of DV – in the past year (Liles et al., 2012).

Asian

The DV formula story does not include people of color, which is a contributing factor to lower disclosure rates when compared to white survivors (Kurdyla, 2021). This excludes people of color and treats them as a monolith without more specific research into communities. For example, specific studies that delineate DV for Black Americans between African Americans and Caribbean Americans have found different understandings and behaviors regarding DV (Bent-Goodley, 2021). Asians in America are frequently treated as a model minority, leading to the misconception that DV does not happen in this

population (Weil & Lee, 2004). Therefore, helping agencies and other services are not able to properly screen for DV or introduce the topic in a culturally sensitive manner, and DV is likely underreported from these communities. Some studies are culturally specific. In one study, 40% of South Asian women residing in the US reported DV in their current relationship (Raj & Silverman, 2003). Cultural factors, including history, values, knowledge and behavioral norms shape understanding and behaviors surrounding DV, and researchers who do not understand the culture may not know how to conduct relevant research.

The pervasiveness of the formula story and cultural attitudes toward DV can affect utilization of services. Although DV victims use both physical and mental health care more often than non-victims, there is insufficient research in the utilization of these services from DV victims of color (Cho, 2012). From the 1980s through the 2000s, Asians were less likely to seek mental health services than other racial groups, but as of Cho's study of Asian and Latino DV victims in 2012, there were no other studies sampling a large number of Asian and Latino DV victims in regard to their use of mental health services.

LGBTQ+

Historically, the anti-DV movement has successfully brought “the issue of DV in heterosexual relationships to the forefront of public attention,” but survivors of queer DV have been met with hostility by helping agencies and their own communities, having to “shout to be heard” (Leventhal & Lundy, 1999). Because of this, the few publications on DV in queer communities focus on convincing readers that queer DV exists rather than moving forward to offer actionable steps to combat it. More work in the area has been published since Leventhal and Lundy's 1999 anthology on queer DV and strategies for change, but studies published since still primarily exist to convince readers that the LGBTQ+ community also experiences DV.

Similarly to issues of DV research in communities of color, the LGBTQ+ community is often treated as a monolith with its diversity ignored (Leventhal & Lundy, 1999). DV research for LGBTQ+ individuals is “often whitewashed and trans-exclusionary” (Kurdyla, 2021). Even within Leventhal and Lundy’s anthology, some authors were mostly familiar with networks that were “mostly, but not exclusively, middle-class, white, urban and politically involved in lesbian, gay and feminist activism” (Russo, 1999).

One reason for the lack of research into and attention toward DV in LGBTQ+ communities is that it goes against the wishes of the larger DV movement and the gay rights movement. Within the mainstream DV movement, there is hesitancy toward recognizing women as abusers. This would require painting women as abusive or violent when much of the mainstream movement focuses on the power dynamic men systemically have over women. There is also a focus on unity and being the “same” within the mainstream DV movement, and stories that break from the formula story are perceived as splintering the foundation of the movement (García, 1999). Within the LGBTQ+ community, there is a fear that speaking out about DV will confirm societal stereotypes, and the community often focuses on intercommunity hate crimes instead (Russo, 1999)

Chapter 2

DV Experiences

In DV situations that have an Asian and/or LGBTQ+ victim, identity abuse and community isolation are common abuse tactics. Identity abuse happens even when the abuser shares identities with the victim. For LGBTQ+ victims, the tactic of identity abuse uses “homophobic, biphobic and transphobic societal and structural norms” against the partner (Scheer et al., 2019). Abusers exercise identity abuse by disclosing a partner’s LGBTQ+ identity without consent (also known as “outing”), undermining or attacking the victim’s identity, using slurs or other derogatory language about the victim’s identity, and isolating the victim from LGBTQ+ communities.

Asian

As Asians in America are a heavily immigrant population, they may be upheld to traditional cultural values (Liles et al., 2012) and have their language and immigration status used against them (Weil & Lee, 2004). Insistence on traditional values can violently be used as justification for harm victims that step outside their prescribed gender roles. Witnessing family violence desensitizes people, making them believe force is acceptable and that violence is normal. In South Asian communities, families of origins and in-laws can further this normalization of DV (Bent-Goodley, 2021). Traditional values can also compound homophobia or transphobia the victim is facing.

To isolate victims with little or no English ability, abusers will isolate victims from family and friends who speak a common language and prevent their victims from learning English (Weil & Lee, 2004). Regardless of documentation status, abusers will threaten to jeopardize their victims’ legal status and residency or lie about their victims’ rights (Allen & Leventhal, 1999).

LGBTQ+

A study of bisexual and lesbian women reported that 27.9% of bisexual women had experienced DV in the past year, and 52% had experienced DV in their lifetimes. For lesbian women, 10.2% reported DV in the past year and 31.9% in their lifespan (Scheer, et al., 2019). The following are DV experiences in the LGBTQ+ community.

One method of identity abuse is outing a partner. Because of societal laws, norms and treatment of LGBTQ+ individual, outing a partner increases the victim's chances of experiencing discrimination from workplaces, law enforcement and family (Scheer et al., 2019). Outing has been used as a tactic in courtroom settings, as recorded by victim-witness advocates and prosecutors (Cabral & Coffey, 1999). Victims will sometimes avoid legal intervention against partners who threaten to disclose the victim's queer or trans identity. Additionally, abusers will use a partner's sadomasochism (S/M) sexuality to undermine abuse inflicted upon the victim, ignoring the essential element of consent in S/M (Margulies, 1999).

Identity abuse also involves denying or attacking a victim's sexual orientation, gender identity or HIV status. This can include questioning the authenticity of a partner's identity even if the abuser shares that identity. Bisexual people are accused of affairs with another gender and lesbians are accused of wanting to be with men (Sulis, 1999). LGBTQ+ victims are told that "this is how these relationships work," and transgender individuals who are in the process of transitioning are told that the abuse is not real and that their hormones are making them upset (Allen & Leventhal, 1999). Abusers of transgender victims can deadname and misgender their victims (Scheer et al., 2019). Although more common during the AIDS epidemic, abusers of HIV positive individuals coerce their victims into unprotected sex, making them a knowing transmitter of HIV, which can be punishable by law (Hanson & Maroney, 1999).

Abusers also create and expose victims to unsafe environments. Especially for victims who have been ostracized by their families, this can include an exposure to drugs, alcohol and addiction (KJ, 1999). When victims need medical attention, abusers may introduce themselves to medical staff as a friend of the

victim. This allows the abuser to accompany the victim, giving them a lack of privacy and medical intervention (Sulis, 1999).

Within LGBTQ+ communities, abusers isolate their victim or threaten isolation (Allen & Leventhal, 1999). Abusers can prohibit contact within the community, or the community can choose to side with the abuser and ostracize the victim (Sulis, 1999). By outing a victim, abusers can cut off a victim's existing relationships, including family, friends, neighbors, landlords, employers and more (Hanson & Maroney, 1999).

Chapter 3

Help-Seeking

Victims of DV can seek help formally or informally. Formal help-seeking avenues include the legal system, law enforcement, domestic violence agencies and other social or medical sources. Informal help-seeking avenues include family, friends and community members.

Behaviors

Asian

In a study of Asian and Latino DV victims' utilization of mental health services, Asian victims were more likely to seek informal help, such as that from a friend, rather than formal help from someone like a law enforcement or a lawyer. Asian DV victims were also likely to not seek help at all and to instead rely on willpower and "avoiding morbid thoughts." Even when controlled for perceived mental health status, female victims were more likely to use formal mental health services than male victims, and those with poor perceived mental health were the most likely to seek services (Cho, 2012).

LGBTQ+

Even when gay men know they are a victim of DV, they are more likely to deal with that themselves rather than seeking any help (O'Neil & Parry, 2015). When gay and bisexual male survivors do seek help, they often find that support groups make them feel less alone and more confident in their own thoughts and perceptions of their abuse (Johnson, 1999). LGBTQ+ victims are also more likely to

seek help from a counselor or mediator rather than legal systems or law enforcement (Lundy, 1999).

Before seeking help informally or formally, LGBTQ+ victims will vet the person or agency to see if they are queer- and trans-friendly (Kurdyla, 2021).

Barriers

When seeking help, both actual and perceived rejection from helping agencies and informal help present a barrier to victims (Raj & Silverman, 2003). The pervasiveness of the formula story and the legal environment of DV fuel barriers to help-seeking. Victims who do not see themselves or their abuser reflected in the formula story are less likely to seek help as they may not believe DV applies to their relationship. They can also fear the perception that helping agencies may have of them for having identities that differ from the formula story (Kurdyla, 2021). For example, cisgender male victims have lower disclosure rates as this story and “cultural norms surrounding masculinity contradict their survivorship.”

There are also barriers within the legal system. States differ in policy with some states requiring that the victim and abuser to have lived together at some point, and some laws do not include previous dating relationships (Fray-Witzer, 1999). Even when laws do offer protections for DV victims, they are only as effective as their implementation. If those in the legal system do not support DV victims, especially marginalized DV victims, legal protections may not be given.

A history of violence toward marginalized groups halt victims from reporting partners of marginalized identities (Allen & Leventhal, 1999). Knowing the ramifications of being outed, victims want to protect their abuser, fearing the abuser will face homophobia and be beaten by police or while incarcerated. People of color and undocumented people also have a history of police violence and fear for abusers of marginalized identities (Kurdyla, 2021). The police are painted as the savior in the formula story, but for marginalized groups, they are often the aggressor.

There are also barriers that are more prominent when victims share communities. Communities themselves are often unwilling to discuss intra-community violence for fear of denigrating the community's image (Margulies, 1999). When sharing a community, victims may avoid support groups because they are running the risk of being in the same support group as their abuser (Santos, 1999). Victims also fear retaliation by their abuser or the community as a consequence of seeking help (Cho, 2012).

Asian

Traditional values can be used when enacting violence, and they can also be used to prevent victims from seeking help. Among Asian cultures, there is an avoidance of conflict, a need to "save face" and an emphasis on strong family values (Cho, 2012; Weil & Lee, 2004). Asking for help is seen as a sign of weakness, and disclosing abuse can be seen as bringing guilt, shame and dishonor to a family and community. With a high stigmatization of divorce and in-laws and other elders advising against help-seeking, Asian victims do not want to be portrayed as disrespecting their elders. Sometimes, victims know violence is bad but are influenced to accept it in certain situations. A telephone survey of Chinese families found that abuse was supported in specific familial situations, such as "learning of a wife's extramarital affair, a wife losing emotional control, or gender role variations such as a wife making a financial decision without her husband's approval" (Weil & Lee, 2004). In these circumstances, older respondents and men tolerated abuse as a method to resolve family conflict.

As a largely immigrant population, there are additional barriers for Asian victims. Service providers often lack culturally sensitive services and resources in Asian languages (Bent-Goodley, 2021; Cho, 2012; Weil & Lee, 2004). Providers also lack a diversity of staff, meaning victims fear a lack of understanding and more effort on their part. Even if a service provider recognizes DV outside of white victims, minority victims are seen as homogenous and do not have catered resources. Some cultures may

talk about DV differently, and this language and terminology is not addressed in most resources. Services and outreach methods also emphasize individualistic Western values. Most services are built to help a victim leave a relationship, but for those who are dependent on their abuser for residency, community or language, leaving can be even more dangerous.

Asian victims fear not only that services will be unhelpful but also harmful. When they are undocumented or dependent on an abuser for a green card, victims fear deportation (Bent-Goodley, 2021; Cho, 2012; Weil & Lee, 2004). Victims who have a negative history with law enforcement and other government agencies from their homeland (such as Vietnamese refugees) are likely to carry that negative association with them to the United States.

While services have these barriers, many victims and community members are unaware of DV services (Scheer et al., 2019). Even if these services were culturally perfect, victims cannot use services if they do not know the services exist.

LGBTQ+

Just as Asian families and communities want to save face, LGBTQ+ communities also avoid talking about DV for fear of reinforcing bad stereotypes or perceptions of the community (Russo, 1999). When seeking help, LGBTQ+ victims fear unfavorable perception and treatment by helping agencies. They fear not being believed because their abuse does not match the DV formula story (Kurdyla, 2021), being misgendered or deadnamed and having the abuse blamed on their sexuality or gender identity. LGBTQ+ victims also fear that the people they confide in believe stereotypes, such as the stereotype that the more masculine-presenting partner is the abuser, which miscasts a victim seeking help (Lundy, 1999). There are also stereotypes that butch women cannot be abused and that men, who are seen as violent and sex-hungry, cannot be abused (Allen & Leventhal, 1999). There is also the perception of a “lesbian utopia” in which abuse does not happen or is not severe (O’Neil & Parry, 2015).

This fear extends into the legal system. There have been cases where abusive biological parents are given custody rights, where non-biological parents out a queer or trans biological parent, and where victims are jailed for killing their abuser, and where judges and juries are openly homophobic and fail to believe LGBTQ+ DV. (Fray-Witzer, 1999). When judges do not understand LGBTQ+ DV, they incorrectly assume abuse is mutual and grant mutual restraining orders (O'Neil & Parry, 2015). This wrongfully paints victims as abusers.

Again, laws and policies are only as good as their enforcement. Even in Massachusetts, a pioneer for LGBTQ+ DV training with legal systems and law enforcement, officials did not always take their training into practice (Lundy, 1999).

The risks of being outed, including loss of family, employment, housing and community have already been discussed, and these same fears hold true for victims who would have to come out to receive help. Seeking help for DV while queer and/or trans is in and of itself an act of disclosure and more often than not means the victim has to reveal their sexuality or gender identity. Being in the closet is a form of isolation (Allen & Leventhal, 1999). Who do you ask for help when you cannot come out? Additionally, victims fear losing a friend or confidant, even one they assess to be queer- and trans-friendly, because that person may not believe them or may side with their abuser (Kurdyla, 2021). Victims who have already come out to their families and experienced rejection must rely on friends and partners for help and shelter (Hanson & Maroney, 1999).

For some groups, there is a lack of resources. Shelters may not accept men or trans people – making a victim stay or become homeless, and when services are split between gay and straight, bisexual people do not have a clear path forward (Crane et al., 1999; O'Neil & Parry, 2015; Rogers, 1999).

Chapter 4

Recommended Outreach

As of 2016, the Journal of Interpersonal Violence (JIV) created requirements for manuscripts involving DV (Bent-Goodley, 2021). This guidance mandates “a discussion about the implications of the study questions, underlying research literature, methodology, and analysis or results in terms of diversity.” The JIV also requires an awareness of the worldviews in populations studied and advises researchers to not go for the most convenient population sample, which is often white people, college students and the poor. It asks researchers to consider the language of the study, location of the study and accessibility of the materials.

The Community-Centered Evidence-Based Practice Model emphasizes that communities being studied already have expertise about their own community needs and that researchers should consult community members and their documents and honor this existing knowledge and experience (Bent-Goodley, 2021). This model asks researchers to make their studies accessible to the communities being researched and to consider their language, recruitment, sampling and diversity within the population. The language and voices of the population should be evident in the questions, documents, findings and analysis.

Researchers and helping agencies are encouraged to take an intersectional approach (Kurdyla, 2021), which for this population can include immigration advocacy, interpreters and disability accommodations (Hanson & Maroney, 1999). An intersectional approach could include inclusion of different groups at shelters, in hotline calls and in advocacy for policy change that will allow more people to benefit from state-funded assistance (O’Neil & Parry, 2015). Agencies should consider the behaviors associated with help-seeking for minority DV victims and adjust outreach accordingly.

Although qualitative methodologies do not allow for generalizations, these methodologies, focus groups included, allow marginalized victims space to discuss and give meaning to their experiences (O'Neil & Parry, 2015). These conversations allow insight into the social dynamics of a community, give more in-depth knowledge and facilitate intersectional discussion.

Law enforcement and other helping agencies are encouraged to have DV training specifically focused on minority groups, and there can be collaboration with advocates and DV orgs when creating and giving this training (Cabral & Coffey, 1999; O'Neil & Parry, 2015).

Asian

When extending outreach to Asian communities, researchers and helping agencies should consider language, cultural behaviors, immigration and victim safety. Materials for DV services should be translated into multiple languages with the terminology used by that group (Bent-Goodley, 2021; Liles et al., 2012; Weil & Lee, 2004). The study by Weil and Lee (2004) takes from Yoshioka and Dang's study with Cambodian, Chinese, Korean, Vietnamese and South Asian communities to provide guidance for nurses and other medical professionals. The methods recommended by Weil and Lee are also valuable outside the medical setting. Weil and Lee recommend that health care professionals are aware of their own biases and assumptions while working with patients from other cultures. Health care professionals should advocate for translators, and when using translators, patients should consistently have the same translator. This accounts for differences in language but also mitigates the fear of dishonor and shame held by Asian victims. Having different translators increases the fear of gossip inside their communities. When screening for DV, practitioners should be aware that Asian victims may not give direct information about their abuse, but they may offer information of somatic symptoms such as "complaints of abdominal pain, headaches, back pain or chronic neck pain" (Weil & Lee, 2004).

Helping agencies should gain trust within communities served, and one way is to make themselves present with applicable materials (Weil & Lee, 2004). They should also know the objectives of the communities served. Most Asian women are not necessarily looking for how to leave a relationship, which is what most DV services cater to; they are looking for ways to end the abuse or remain safe while keeping their family together. In addition to helping train law enforcement, legal systems and health care professionals, helping agencies can collaborate with citizenship classes to teach DV and applicable laws.

LGBTQ+

To better reach the LGBTQ+ community, helping agencies should have outreach specific for queer and trans individuals, both formally and informally (Kurdyla, 2021). Informal outreach can include putting out more inclusive material that will then spread through a community by word of mouth. In that outreach and in personal meetings with victims, inclusive language should be used. Inclusive outreach materials in public places serve as a “welcome” sign to victims and let them know that the serve may be a safe space for them (Fray-Witzer, 1999).

Those working directly with victims are encouraged to assess their clients’ needs and goals, educate them on potential outcomes and reactions from their abuser and the legal system, safety plan and work with shelters, collect collateral evidence as the burden of proof is higher for LGBTQ+ individuals (Lundy, 1999), and encourage economic independence (Russo, 1999). In a court setting, advocates and prosecutors should advocate for private forums instead of large courts, which can shield the victim from outing and courtroom homophobia. They should also ask for everything the victim wants, which can include possession of property and pets or appealing mutual restraining orders.

Those working or volunteering in the DV movement should collaborate with other agencies, including those already serving the LGBTQ+ community, to reduce duplication of effort and build

coalitions (Cabral & Coffey, 1999; Rogers, 1999). With this collaborative effort, advocates can help educate district court advocates, medical service providers (Hanson & Maroney, 1999), legal professionals and law enforcement (Fray-Witzer, 1999). This is the same efforts that have been made for heterosexual female victims, and advocates can use information and practices from these cases and adjust them as needed to suit their queer and trans clients.

Within communities and shelters, advocates can motivate others to get involved, volunteer and donate (Rogers, 1999). They can also provide anti-homophobia training to residents of shelters and establish rules to create and maintain a safe environment (Crane et al., 1999). Advocates should be sure to include and pay attention to the experiences of identities that are not always given airtime in queer spaces, such as bisexual people, transgender people and S/M practitioners (Kurdyla, 2021; Margulies, 1999; O'Neil & Parry, 2015; Sulis, 1999).

When creating spaces for victims and community members, advocates should define domestic violence, lead with empathy, create confidence in confidentiality, understand mandatory reporting, share survivor stories, and model healthy relationships (Merrill, 1999; Santos, 1999). Although most of these group suggestions are for focus groups for LGBTQ+ youth, they will likely be useful in any group setting. These strategies help disseminate information while creating community and trust within a group, and they allow for that information to spread from attendees to their family, friends and community members (Merrill, 1999).

Chapter 5

Methods Used

Analysis

The methods used in these studies vary, and there are advantages and disadvantages for each method. This inconsistency can also make analysis more difficult.

One method is how the studies regarded DV. With Cho's study of Asian and Latino DV victims (2012), only physical DV was measured, categorized as minor and severe. Cho's study was not primary data; the researcher utilized the National Latino and Asian American Study (NLAAS), which was conducted between 2002 and 2003. From this data collection by the NLAAS, there could have been more victims to interview if the use of DV had extended into psychological, financial and sexual abuse.

Except for Weil & Lee (2004), which focused on Asians in the United States, DV was regarded as intimate partner violence and did not discuss violence among other family members, relatives or housemates. This does not capture the full scope of DV, but it does match the public perception or formula story of DV happening between intimate partners. It is likely that other dynamics are instead explored using keywords such as child abuse or elder abuse. Additionally, due to the history of laws and violence prohibiting LGBTQ+ individuals from being married and having children, there would be a smaller population of LGBTQ+ adult households.

For the study populations, there is little if any overlap between Asian and LGBTQ+ people. In Asian-centered references, the focus is primarily on female victims and abusers who are assumed to be male. One exception would be Cho's (2012) use of the NLAAS, which did interview male victims. With LGBTQ+-centered references, there was no mention of Asian individuals. Additionally, subjects in Asian-centered studies were predominantly East Asian, sometimes Southeast Asian and seldom South Asian. Except for Kurdyla (2021), Crane et al. (1999), Johnson (1999) and Sulis (1999), subjects of

LGBTQ+-centered studies were typically lesbian or gay. These four pieces included bisexual and transgender people and urged others to do the same.

In Liles et al. (2012), participants were randomly selected from a list of telephone numbers associated with Korean surnames. With 27.4% of respondents reporting psychological abuse in the past year, 17.3% reporting sexual coercion and 87.5% of respondents being married, divorced/separated or widowed, it is highly likely that some of the respondents lived with an abusive partner. Here, there is the possibility that respondents did not give researchers fully truthful responses; current victims could have fear of retaliation if their abuser overheard the conversation (Santos, 1999). Because participants did not have to make initial contact, there is a possibility that participants who did not have prior knowledge of DV learned about the topic.

In comparison, there are studies like Kurdyla (2021), that used online snowball sampling. While this could yield fewer respondents by putting the onus on the participant to reach out, it is more likely to guarantee safety as it is the participant's responsibility to reach out. Kurdyla also required victims to be at least one year out of their abusive relationship. This provides extra information on leaving a relationship, and the time apart grants the victim more safety and clarity of their past relationship. Because participants would have to have been following or in contact with a person or organization who shared the study, they are likely to have had prior knowledge of DV and somewhat likely to have had conversations with people in their communities about DV.

With both of these sampling methods, it is important to acknowledge the disclosure and storytelling involved. As acknowledged by Kurdyla (2021), participation in these studies is an act of disclosure, which takes a certain amount of bravery and a risk to safety, especially for those in underreported populations. Through these qualitative interviews, victims were able to tell their stories, assign meaning to them and participate in dialogue that could be both retraumatizing and healing.

Intersectionality

Use in Referenced Studies

In Crenshaw (1991), the identity politics of the violence against women act neglected how "the violence that many women experience is often shaped by other dimensions of their identities, such as race and class." In the feminist and antiracist movements, experiences were politicized and did not acknowledge that the movements had common ground in the people who existed at the intersection of these dimensions of identity. From this analysis and the birth of intersectionality, studies and movements regarding identity politics should acknowledge multiple dimensions of a person's identity as these dimensions often impact a person's lived experiences.

At its core, Bent-Goodley (2021) was about the implementation of intersectionality into DV literature. In Cho (2012), the NLAAS provided bilingual interviewers and financial compensation, which accounted for language ability and potential socioeconomic need. Kurdyla (2021), although predominantly white, took into account identities such as race, monogamy/polyamory, S/M and disability/health conditions. While recounting results from interviewees, Kurdyla noted their most relevant demographics to each experience. By taking into account immigration, language ability and violent experiences in home countries, Weil and Lee (2004) was the most comprehensive and intersectional Asian-centric source. With a wide array of different groups including race, bisexuality, disabilities, immigration and HIV/AIDS status, the anthology edited by Leventhal and Lundy (1999) was the most intersectional LGBTQ+-centric source. Apart from some use of intersectionality, both Weil and Lee and Leventhal and Lundy not only addressed experiences of DV and barriers to help but also focused on giving strategies for change in the DV movement and in service providers.

Additional Intersections

Particularly in Weil and Lee (2004) and Cho (2012), emphasis was placed on how immigration status affects this population. This included fear of deportation, threats to a victim's legal status by their abuser, isolation from people who spoke the victim's language, prohibition from learning English and negative experiences with government agencies in home countries. Where studies could be more intentional in this area is by including international students and those on work visas. Because of legal requirements of visas, there are additional barriers for these groups of people. Organizations such as National Organization of Asians and Pacific Islanders Ending Sexual Violence (NAPIESV) and Monsoon Asians & Pacific Islanders in Solidarity (based in Iowa) have resources for Asian and Pacific Islander international students experiencing sexual violence, and this population could also benefit from DV research and outreach. The existence of Asians on school and work visas in America is one reason this paper is titled "Asians in America" rather than "Asian Americans"; this group may not necessarily identify with "Asian Americans" but could potentially benefit from research and services.

Of these sources, Kurdyla (2021) mentions disability and socioeconomic status as identity dimensions that created unique DV experiences and barriers to help. To provide more information on disability and socioeconomic status, Harpur and Douglas (2014), although Australian in origin, explains findings from the United Nations Convention on the Rights of Persons with Disabilities (CCRPD) and the interaction of disability and DV. The UN CCRPD was the "first human rights convention to specifically protect survivors with disabilities from [DV]." Disabled victims were likely to be dependent on their abuser due to their disability, and there were unique forms of DV. These victims faced more barriers when seeking legal protections. This could have compounded oppression with LGBTQ+ Asians in America: Autistic individuals may be more likely to identify as queer or trans and are less likely to have received education on sexuality and intimate relationships (Hillier et al., 2019; Weir et al., 2021). With this dual identity, it might be harder to find community or applicable resources. Additionally, disabled

Asians may be less likely to have community and support as Asians may be less likely to seek help for disabilities to save face and avoid shame (Yan et al., 2014).

Chapter 6

Conclusion

To sufficiently help DV victims in minority communities, including LGBTQ+ Asians in America, the DV field must expand past the formula story that has been used for 50 years. This will take time, but when the formula story fades, minority communities – especially those at the intersection of multiple marginalized groups – will not have to spend so much energy shouting to be heard and convincing others that DV exists in their communities. Then, more efforts can be put into working with communities to get resources that work best for them.

Limitations

Because of the scopes of the studies, papers and books included, most of this paper had to divide the Asian and the LGBTQ+ community. Apart from a personal story shared by an Indian lesbian in Leventhal and Lundy's anthology (KJ, 1999), there were no works that discussed this specific intersection.

The works analyzed are primarily limited to those available through the Penn State University Libraries. This does not include important work done by small domestic violence organizations that is not published in academic settings.

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