SUPPORT SEEKING BEHAVIOR FOR SURVIVORS OF SEXUAL VIOLENCE
IN THE INDIAN-AMERICAN POPULATION

A Dissertation in
Counselor Education
by
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Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

May 2019
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Abstract

Though the United States population is quickly diversifying, multicultural literature in the counseling field has not proportionately covered issues surrounding the population. Particularly, Indian-Americans have been lumped in with Asian Americans in multicultural literature, though, culturally they are a very different population. Within the Indian diaspora, there are also different types of acculturation that take place. This research is a pioneering study to understand more about the support-seeking behavior of Indian-Americans and how this behavior is impacted by the acculturation of an individual. Specifically, this study is looked at those Indian-Americans that have experienced sexual violence. Acculturation scales and a demographic questionnaire established the independent variable and the dependent variables were support seeking checklist and the Social Reactions Questionnaire. Seventy-two participants provided data that was analyzed to understand how acculturation relates to support seeking. Data showed that there was a difference in acculturation types regarding how many supports the survivor sought, and acculturation also is a predictor of formal support seeking. The data did not show a relationship between acculturation and the social reactions experienced by survivors upon disclosure of their experience. Implications and recommendations for future research are discussed.
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ACKNOWLEDGEMENTS

I would like to thank my committee, especially my committee chair and advisor, Dr. Richard Hazler. You have provided unabashed feedback and constantly pushed me to be a more effective researcher and writer. I would like to thank Drs. Diandra Prescod, Jonna Kulikowich, and Jessica Matsick for their support of my research and their work on my committee. Dr. Prescod, you have always made yourself available to discuss both my professional and personal growth. You believed in this research and affirmed my decision to study what is important to me. Jonna, you provided your time and feedback for forming my methodology and gave me the best statistics refresher in your class. Finally, Dr. Matsick, your experience and know-how was invaluable to this process. It was heartening to have someone on my committee that understood the sensitive subject matter and could provide resources for me to make my research both theoretically sound and stay supportive of the survivors.

A special thank you also goes out counselor education faculty and staff that provided me roots from which I grew. To Dr. Jason Gines, who served as a mentor as I found my way as a counselor educator, thank you for always taking time out of your days to meet with me and offer advice or just listen. Dr. K, or Katie, you were the first person in my professional career to really make me think about my own wellness. I thank you for helping me get through this program in one piece, body and soul. Dr. Carney and Chris, you both created a stable base from which we were all able to flourish.

To my cohort, my GOATS, especially my writing group friends, Beth and So Rin, you kept me motivated and provided books, writing meetups, and feedback that helped
me complete this work. I hope that we remain friends for many years to come and keep collaborating.

I would like to thank the outstanding baristas and owners of Café Lemont for providing me caffeine, humorous anecdotes, and a table on which to write. I would also like to thank my colleagues at Career Services, especially my supervisor Matt Ishler, for cheering me on and believing in me.

I need to thank my friends and family for disseminating my survey. I would like to especially mention my father- I know that this field and my research is unfamiliar and confusing, and your willingness to share my research means so much to me. Also, to Mark, my partner, thank you for feeding me, loving me, and understanding my drive to do this research.

Finally, this study would not exist without the survivors willing to share their experiences. To you, I would like to show my sincerest gratitude for showing the strength of vulnerability as you completed this study. I do the work for you.
CHAPTER 1

INTRODUCTION

Background

#MeToo and #TimesUp demonstrate the high prevalence of sexual violence in the world. The Rape, Abuse, and Incest National Network (RAINN) currently reports that one out of every six women in the United States has been victim to rape or attempted rape in her lifetime (2018). This statistic is at 20 percent when considered across the globe (Mason & Lodrick, 2013). This is not including other forms of sexual violence such as sexual harassment, molestation, or other forms of sexual assault. Sexual violence is and has been a problem for much of modern history (RAINN, 2018).

A survivor of sexual violence experiences detrimental effects long after the assault itself. RAINN discusses the long-term effects that sexual violence might have on these victims including post-traumatic stress disorder (PTSD), suicidal ideation, drug use and abuse, and lifelong distress at higher rates than victims of any other violent crime (2018). Survivors of sexual violence report relationship issues in their work places, intimate relationships, and with their family and friends (RAINN, 2018). Survivors of sexual violence struggle to return to normal functioning and tend to blame themselves. This latter blame is enhanced should the survivor pursue legal recourse as the system critiques most aspects of the survivor’s recollection and may retraumatize (Mason & Lodrick, 2013). These issues are detrimental to the survivors’ overall wellbeing, which is why survivors may need to seek support.

Support Seeking for Survivors
The time and source that survivors choose when seeking support directly relate to the reactions that the survivors receive from these supports. A survivor is most likely to seek support closer to the time of the assault (Orchowski & Gidyz, 2012; Ullman & Filipas, 2001). However, a substantial number of survivors do not seek support (Orchowski & Gidyz, 2012), and support-seeking research shows that survivors who do not disclose to anyone experience higher rates of depression and posttraumatic stress disorder (Ahrens, Stansell, & Jennings, 2010; Orchowski & Gidyz, 2012). When survivors disclose, 75 percent of them receive negative reactions (Ahrens, Cabral, & Abelling, 2009), which also lead to increased symptoms of posttraumatic stress, physiological maladies, and self-blame (Orchoswki, Untied, & Gidyz, 2013). The negative reactions that survivors experience from some supporters, often informal, that are not trained to work with survivors, unlike mental health resources.

Informal supports are identified within the community (Whittaker & Garbarino, 1983). Culture and community go hand in hand and it is important to understand the cultural background and communities of survivors to better understand from whom they seek support. This research looked at the Indian-American culture.

**Impact of Acculturation on Support Seeking**

Indian-Americans are unique and therefore should be studied apart from the general population. Cultures of the Asian diaspora are diverse and must be observed as such (Ng, Lee, & Pak, 2007). It is therefore important to look at the cultures individually. I am specifically looking at the Indian-American population. India’s geological separation from much of the rest of Asia and its history of colonialism has allowed India and its culture to develop in a unique manner from the remainder of Asia (Kurien, 2005).
As India developed in this unique manner, the people in its diaspora also have unique perspectives and behaviors that must be studied.

Indian culture has not addressed its history of sexual violence while, similarly, the counseling community has also not acknowledged this within its literature. In the Indian-American community, sexual violence and support seeking are understudied (Bhugra, Mehra, De Silva, & Bhintade, 2007; George & Pothan, 2013), though the world has had exposure to the prevalence of sexual violence in the Indian diaspora (Gill 2004, Murugan, 2018; Pallatino, 2017). The 2012 story of Nirbhaya, a pseudonym of the victim of a brutal gang rape and murder in New Delhi, was circulated in news stories in India and much of the international community (Sullivan & Mukherjee, 2014). Her story was followed by multiple other stories of sexual assaults and inspired both women’s rights movements and efforts to increase awareness about sexual assault within the Indian community in the United States. The brutality of these events sparked attention to the dangerous culture of normalizing or not addressing sexual violence within the Indian culture, though sexual violence is not new to the Indian or Indian-American communities (Bhattacharyya, 2014).

The field of counseling needs to be more aware of this population. The Indian-American population in the United States has been growing exponentially in the past few decades (Skop & Li, 2005), and it is important for mental health providers to understand this population as they may be likely to encounter Indian-Americans in their broader community. Paralleling the silence around sexual assault in Indian-American culture (Sullivan & Mukherjee, 2014), the counseling profession has yet to make strides in understanding this population (Bhugra, et al., 2007; George & Pothan, 2013).
Some of the concern in understanding the Indian-American population is understanding the impact that acculturation has in the values, beliefs, and behaviors of the population. Acculturation, for Indian-Americans, is a unique process because of the cultural environments in the United States. Many of the older views of acculturation are unidimensional; when one comes to a new society, they go from identifying with their ethnic origin to identifying with the dominant society over time (Miller, 2007; Miller et. al, 2011).

Indian-American culture should be considered as bidimensional as they have a unique experience. India has been influenced by Western ideologies for over a century due to the colonization by the British Raj. This means that people of Indian origin are already exposed to these new dominant society values, beliefs, and behaviors before they immigrate to the United States. Post immigration life is also unique in that Indian-Americans have cultural and religious societies that continue to imbibe community members with values, beliefs, and behaviors that are rooted in the Indian culture, giving power to the community rather than the individual (Kurien, 2005). It is therefore more appropriate to understand this acculturation as bidimensional (Miller, 2007; Miller et. al, 2011).

The bidimensional framework fits into Berry’s (2005) acculturation. In the bidimensional framework, the two dimensions of acculturation are both Dominant Society Immersion (DS), which is the acculturation of the person into American society, and Ethnic Society Immersion, the enculturation of the person into their ethnic society (Stephenson, 2000). The combination of levels of DSI and ESI can further be categorized into categories of acculturation type: assimilation, integration, marginalization, and
separation (*Figure 1*; Berry, 2005; Stephenson, 2000). Both the concepts of DSI and ESI, as well as Berry’s categories can be considered in understanding the acculturation of Indian-Americans.

*Figure 1.1* Berry’s Model of Acculturation

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<th>Dominant Society Immersion?</th>
<th>High</th>
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<tr>
<td>Assimilation</td>
<td>Integration</td>
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<td>Marginalization</td>
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*Figure 1.1* The four categories in Berry’s model of acculturation as designated by Dominant Society Immersion and Ethnic Society Immersion. Adapted from “Acculturation: Living successfully in two cultures” by Berry, J.W., 2005, *International Journal of Intercultural Relations*.

This acculturation impacts the values and behaviors within the Indian-American population. The behavior of support-seeking for Indian-Americans, when combined with the cultural values and taboos against discussion of sex and sexual violence, is unique. The idea of *dharma* within the Hindu religion, the predominant religion for Indian-Americans, provides an idea that one must suffer alone, preventing many from seeking mental health treatment when necessary (Pal, 2015). The concept of dharma also posits that one does not have power over how to deal with a trauma. Combined with the
sexually conservative nature for those raised in India, an additional stigma is then placed on the survivors of sexual trauma. Those who immigrate to the United States or are born here with the values of their Indian origin must develop new understandings of their experiences and determine how they mix American and Indian values, beliefs, and behaviors. This can be observed in the ways that acculturation impacts the ways Indian-Americans mix the American and Indian values around sex and sexual violence and beliefs and behaviors around support seeking.

Statement of the Problem

Sexual violence is a problem within the Indian-American population, as is evident from headlines regarding rape and sexual assault in India (Sharma, Unnikrishnan, & Sharma, 2015), and multiple studies discussing the prevalence of sexual violence in the Indian diaspora (Gill, 2004, Murugan, 2018; Pallatino, 2017). The Global Database on Women, published by the United Nations, does not have reports on non-partner sexual violence, but recorded sexual intimate partner violence in India itself is at 29%. India is ranked 127 out of 160 countries in terms of gender equality by the United Nations Human Development Report (Kovacevic et al, 2018). This shows that sexual violence is underreported, which is corroborated by Sullivan and Mukherjee (2014) and Ismail et al (2015). This also explains why there is no data available regarding non-partner sexual violence. The United Nations reports discuss the prevalence of sexual violence in India, but there is no resource that discusses sexual violence within the Indian diaspora on a global scale.

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. In
the United States, this culture also mixes with a western culture that is considerably less sexually conservative and has had counseling for much longer (Miller, 2011). Members of the Indian diaspora are exposed to both sets of values and beliefs. They, simultaneously, have exposure to more mental health resources (Sharma, et. al, 2015).

An understanding of feminist theory and of power helps to frame the support seeking experiences of sexual violence survivors within acculturation. These differences in values, beliefs, and resources provide 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 (Rosseto & Tollison, 2017), and values modeled in the family/ethnic community and in the dominant society interact and inform how survivors will then seek support (Few-Demo, 2014; Pitre & Kushner, 2015). These concepts of survivor, family/ethnic community, and society inherent to feminist theory, present a unique position from which to understand support seeking or lack thereof (Rosseto & Tollison, 2017).

It is valuable for the counseling profession to understand this community to better serve them. As counselors that follow a wellness model, it is important to better understand how this population seeks support. It is also important that counselors understand the survivor they are working with from the contexts of the values, beliefs, and behaviors of the individual as informed by acculturation. The purpose of this survey research study is to understand the association between acculturation and the support-seeking practices for Indian-American sexual violence survivors.

**Research Questions**

In this study, I am looking at three questions, which correspond to hypotheses.
• Research Question 1: “How does acculturation correlate with types of support (informal only, informal and formal, or formal only supports) sought by Indian women survivors of sexual violence?”

• Research Question 2: “How does type of acculturation affect the type of supports sought?”

• Research Question 3: “How does acculturation impact what reactions Indian-American women receive when they disclose experiences of sexual violence?”

**Significance of the Study**

The gap in the literature is an understanding of how the Indian-American population seeks support. Multicultural counseling literature holds some content regarding mental health perceptions in India and stigma in the Indian-American community. From the literature, it is evident that mental health services are used at disproportionately low rates relative to the size of the Indian-American population (Miller, 2007). However, there is little literature regarding how the population seeks support (John & Montgomery, 2012; Kumar & Nevid, 2010; Miller et al, 2011; Shoemaker, 2016). Currently, studies show that Indian-Americans and Indians tend to focus on somatic concerns (Shoemaker, 2016). Many need a physician’s referral before considering mental health treatment. In one case study about a child in India, the parents needed active suicidality in order to seek a mental health provider (Shah, Chauhan, Gupta, & Sen, 2016). Members of the Indian diaspora seek help from professionals when they can see a threat to physiological health.
Indian-Americans typically do not seek support from mental health resources because that has not been the norm in Indian society. Only in recent years has professional counseling existed in India. The prevalence of sexual assault and high suicide rates in the media pushed the government to mandate counseling centers in universities in new legislation (Das & Bhattacharya, 2015). The stigma towards mental health services has not yet been erased and many people who have immigrated to the United States come with these perceptions of mental health. As mental health stigma is prominent in the culture (Miller, 2007), the provision of mental health services to people of Indian descent is proportionately under-researched (Das & Bhattacharya, 2015).

This study is understanding how acculturation impacts support seeking so that it can inform how counselors connect with the community in providing support. Past studies regarding the Indian diaspora are few, possibly as a result of few Indian-Americans seeking counseling services or being part of the counseling professions. The current research discusses the unique acculturation of Indian-Americans (Kurien, 2005), the stigma involved in seeking formal support in the Indian diaspora (Shoemaker, 2016; Miller et. al, 2011), and also discusses the prevalence of sexual violence within the Indian diaspora (Gill, 2004; Murugan, 2018; Pallatino, 2017). There is no previous research regarding how this acculturation impacts support seeking practices for sexual violence survivors within the population. This study investigates this gap in the literature for understanding how acculturation impacts the values, beliefs and behaviors of Indian-Americans in the realm of support-seeking for sexual assault. This study will be a preliminary study in understanding the association between acculturation and support-
seeking behaviors of this population in response to sexual violence, and it will set a framework for methodology for future studies.

**Definitions of Terms**

**Sexual Violence**

Sexual violence is a broad term to consider the multitude of sexual violations that someone might experience, including, but not limited to, sexual harassment, unwanted touching, sexual assault, non-consensual sex, and rape (RAINN, 2018). As it is all-encompassing, it takes away from the doubts people may have in how they would describe their experience in legal terms. The term “survivor” has been applied to those who have experienced sexual violence to creating more empowering language (Hahm, Lee, Rough, & Strathdee, 2012). People may choose to identify as a victim or a survivor. For the purposes of this study, they will be addressed as survivors to follow the strengths and support-focus of the study.

**Support Seeking**

Support seeking is defined as the behavior of seeking support for sexual violence. This includes formal supports, which would be supports trained in supporting survivors of sexual violence. These are mental health resources, including school counselors and crisis centers. Support seeking can also be with informal supports, such as friends, family, and teachers (Orchowski & Gidyz, 2012, Ullman & Filipas, 2001, Whittaker & Garborino, 1983). Support seeking also considers the social reactions that survivors experience when disclosing their history of sexual violence. They may experience Positive Social Reactions such as validation or receipt of resources, or they may Negative
Social Reactions such as victim-blaming or being turned against (Ullman & Filipas, 2001; Relyea and Ullman, 2015).

**Indian Americans**

Indian Americans are defined, in this study, as those members of the Indian diaspora that have settled in the United States. They may be immigrants themselves or descended from immigrants that came to the United States from India. As this is self-identification, some of the Indian-Americans might also have genetic ancestry from other places. Culturally, though, they identify as Indian-American.

It is important to note the distinction of Indian-American. Indian-Americans have, historically, never identified with the broader term Asian as the cultural practices in this terminology have not fit the identity of Indian-Americans (Kumar & Nevid, 2010). Further, Indian-Americans have unique method of acculturation (Kurien, 2005; Miller et. al., 2011).

**Acculturation**

Acculturation is understood as bidimensional; incorporating acculturation, the person’s immersion in the dominant society (Dominant Society Immersion; DSI), and enculturation, the person’s immersion in their ethnic society (Ethnic Society Immersion; ESI; Miller, et. al, 2011; Stephenson, 2000). DSI and ESI levels can be low or high; when the levels are combined, they fit into types in Berry’s model of acculturation. High DSI and high ESI reflect an integrated acculturation type, high DSI and low ESI reflect assimilation, low DSI and high ESI reflect separation, and low DSI and low ESI reflect marginalization (Berry, 2005; Stephenson, 2000).

**Power**
Power will not be measured, but it is a concept essential to understanding some of the theory surrounding literature on sexual violence. The concept of power says that, when people in a position feel inadequate, they listen to the societal messages about superiority and will use this power to dominate over their victim. Patriarchal communities give this power to men. Highly segregated communities give this power to those with higher social standing, whether it be in race or class. Feminist theory espouses that sexual violence is a result of power differentials in society that are perpetrated by a patriarchal institution (McPhail, 2015). Sexual violence is about power, not sex. Thus, an individual’s society provides different conceptions of said individual’s power and control (McPhail, 2015).

**Limitations**

The limitations of this study are based in the population surveyed. The survey will be disseminated on an online format to reach the various areas of the United States. While this provides a geographical stratification of the sample, it may limit participants to those who have private use of a computer. As this study looks into sensitive information, participants without private access, may feel uncomfortable completing such a study.

Additionally, this is looking at those from the Indian-diaspora. India’s history is complicated and involves multiple cultures interacting and also dividing themselves. This work only touches upon the dearth of information regarding the South Asian population, which continues to grow in the United States today (John & Montgomery, 2012; Kurien, 2005).
CHAPTER 2
LITERATURE REVIEW

 Sexual Violence

Literature on sexual violence is somewhat limited because of the sensitiveness of the subject matter. Speaking about individual stories of sexual assault, molestation, and rape can be re-traumatizing (Ullman & Filipas, 2001). Many sexual violence survivors may be unwilling to revisit their experiences for the purposes of research whereas others may refrain from using terms such as sexual assault or sexual violence because of the further shame related to that term or confusion about legal terminology. Cultural values influence the interpretation of such an event; even the idea of being a victim to sexual violence is questioned in cultures (Sabina et. al., 2012).

Cultural ideas of power explain how survivors might view their experiences. Critical to understanding this link between culture and perceptions of sexual violence is the concept of power. Feminist theory sees sexual violence as driven by power rather than sex, which supports that cultures may view power differently, thereby studying sex and sexual violence differently. Understanding immigrant cultures in the United States requires an inquiry into the culture of origin, the dominant culture, and the process in how these cultures interact (Kurien, 2005).

Studies in India

India has not ethically recorded the prevalence of sexual violence in India. The data regarding sexual violence in the Indian population has been highly criticized as cursory investigations. The Indian judicial system has also been accused of limited forensic investigations into claims of sexual violence, eliminating that data from criminal
records (Sharma, Unnikrishnan, & Sharma, 2015). Recounting this data and demanding accurate counting has only been recently introduced to Indian legislation (Sullivan & Mukherjee, 2014), and researchers expect more relevant data in the future.

The current data show the prevalence of sexual violence in India. A general social survey of India found that 47 percent of women reported some sort of sexual violence in their lifetime (Ismail et. al, 2015). Longitudinal data shows that this trend is increasing over time. Some earlier studies suggest that for every reported rape case, 70 cases go unreported, and for every report of molestation, 375 were not reported (Johnson, et. al, 1996; Niaz, 2003). This violence is seen in honor killings, rape in an out of marital bonds, dowry-related crimes, and kidnapping for the purposes of prostitution (Niaz, 2003). This prevalence of sexual violence is reflective of the values of the society.

Power, in society, is equated in the systems that pervade a certain society. Race, class, gender, and religion typically divide communities into the privileged and the marginalized. Those in privileged positions hold power over the others and this power is used to commit horrific deeds upon others. In the case of the Indian diaspora, this power is within the patriarchy (Sullivan & Mukherjee, 2014).

The patriarchal society of India informs how survivors may view themselves and their experiences of sexual violence. India has a historically patriarchal society, which places power with men and dismisses the voices of these women and invalidates their experiences (Sullivan & Mukherjee, 2014). One study by Niaz (2003) suggests this secondary role is initiated by a largely agricultural economy which places women as second-class, traditional polygamy that only applies to husbands having multiple wives, and industrialization not reaching South Asia until much later and at a much more
advanced pace than other Western societies. Another such theory espoused by Niaz’s study is that, as a patriarchal society, men are continually needing to show their dominance, and, as Indian women become more educated, the men revert to showing their authority through assault (Niaz, 2003). This is similar to conceptualization of sexual violence in The United States.

**Studies in America**

Data about sexual violence in the United States shows that the incidence of sexual violence has decreased. Sexual violence in the US is mainly studied through the National Crime Victimization Survey (NCVS). The NCVS asks about incidence of rape or sexual assault in the past year and can describe this data across age. The evidence shows that the rate of sexual assault and rape has decreased from 1997 to 2013. New data on the past five years have not yet been published.

Sexual violence in the United States has decreased with the advent of more resources dedicated to the survivors of sexual violence. Sharma, Unnikrishnan, and Sharma (2015) compare the literature and resources in India to that of the United States, asserting that India needs to learn more from the west in addressing sexual violence and accurately reporting the incidence of assault. They claim that, with the introduction of the Rape, Abuse, and Incest National Network (RAINN) and over 650 other organizations dedicated to survivors of sexual violence, the United States has decreased incidence of sexual violence by 60 percent since 1993 (Sharma, et al., 2015).

Though the rate of sexual violence for all women has decreased, the data show that the incidence of assault on college aged women, 18-24, has fluctuated significantly (Sinozich & Langdon, 2013). Perpetrators of this sexual violence vary, with intimate
partners accounting for 26 percent of such violence (Bagwell-Gray, Messing, & Baldwin-White, 2015).

One study sought to understand representations of trauma for survivors of rape. This study, conducted by Brown, Testa, and Messman-Moore, showed that rape by force and rape while incapacitated showed different symptomology for trauma (2009). Those who had experienced forcible rape were more likely to report to a mental health professional, overall, and were more likely to identify symptoms of trauma such as a preoccupation with danger. Those that were raped while incapacitated, however, found it harder to cope with what had happened to them (Brown et. al, 2009). This research was conducted on the diverse college population of the US, with only 1.5 percent of respondents identifying as Asian-Americans (Brown et al., 2009). It is unknown how many participants were Indian-American.

**Studies on Indian-Americans**

Much of the current data regarding sexual violence within the Indian-American population focuses on sexual violence within the family. Robertson, Nagaraj, and Vyas (2015) conducted a web-based survey to assess the prevalence of child sexual abuse in Indian-American homes. The respondents answered that 25 percent of them had experienced some form of child sexual abuse (Robertson, et. al., 2015). This study was conducted with adults, so the abuse reported could have taken place in India or the United States.

Other research on Indian-Americans looks at sexual violence within intimate partnerships. The data show that, of all Asian-American and Pacific Islander populations, Indian-American women report the greatest incidence of sexual violence within intimate
partnerships (Black, et. al, 2011, Murugan, 2017). Some studies show rates as high as 40 percent of respondents reporting intimate partner sexual violence (Murugan, 2017). This research by Murgan in 2017 was preceded by Gill (2004), who studied South Asian women who had experienced domestic violence. Gill reported that much of the violence and the response to the violence was seen through the multiple lenses of the cultures that the women were experiencing.

These findings were echoed by findings from former studies by Adam and Schewe (2007) and Ayyub (2000), who found that intimate partner violence had high prevalence rates with South Asian women. Adam and Schewe (2000) found that women in the Chicago area expressed that a belief in male domination informed how they viewed violence towards them, referring back to some of the language around power, patriarchy, and sexual violence by McPhail (2015). Adam and Schewe (2007), Ayyub (2000) and Gill (2004) showed that the themes of sexual violence within intimate partnerships were higher for Asian-Americans than non-Asian populations. This, though, is contrasted with the work by Murugan in 2017 that discusses Asian-Americans, overall as having lower incidences of intimate partner violence, while the South Asian diaspora continues to show high rates.

**Support Seeking**

People seek support from both formal and informal supports when they are processing an experience of sexual violence (Orchowski & Gidyzy, 2012; Ullman & Filipas, 2001). When they seek support, they are mostly looking for moral support, nurturing, tangible aid, and information or advice (Whittaker & Garbarino, 1983).
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 as a problem, this becomes confusing and the survivor may not seek help. There is a need for schema congruence before a survivor engages in support seeking (Whittaker & Garbarino, 1983); a survivor will tell supports if it fits a narrative that makes sense for them (Orchowski & Gidyz, 2012).

Survivors identify supports based on how they were brought up to think about support. People develop supports during their childhood and adolescence depending on how the systems around them interact (Whittaker & Garbarino, 1983). How their family system interacts with their school system can determine if the child feels that the school system can be supportive. Children, adolescents, and adults that then experience sexual violence will seek support from whom they have already determined as support systems in other aspects of life. This behavior can change depending on certain variables (Whittaker & Garbarino, 1983).

A predictor of support seeking is previous disclosure in adolescence (Whittaker & Garbarino, 1983). Disclosure in adolescence might be difficult if the person does not have an idea of what language to use for what happened to them; it also might be more difficult if they do not have an idea of whom to contact for support. Adult women that are new to understanding the resources around them and struggle to find language to label
their experience might not have shared anything in their adolescence. This might consequently mean that they are not sharing their experience with the same frequency as those that have had prior experience in their adolescence.

Disclosure and support seeking have resulted in carrying reactions from support sources. This disclosure of their experience may have advantages or disadvantages; current literature shows that there are diverse experiences of discussing an experience of sexual violence with others. Support-seeking is not always rewarding. Many women who seek support for sexual violence report that disclosure is detrimental, and they are made to feel guilty, hurt, or not believed (Campbell et al., 1999; Campbell & Raja, 1999; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Orchowski & Gidyz, 2012). This experience can depend the resource from which they seek support and how much training these supports may have (Orchowski & Gidyz, 2012).

**Formal Support Seeking**

Formal supports consist of emergency care workers, doctors, police, community centers, and mental health service workers (Ullman & Filipas, 2001). These are people with whom relationships are initiated in reaction to an experience of sexual violence. These professions have different training processes to prepare them to provide services to survivors of sexual violence.

People have missed reactions to the support they receive from these formal sources. Police are often first-responders to sexual trauma, however studies show that police do not traditionally respond in a supportive manner. Many survivors of sexual assault experience re-traumatization when they speak to police officers (Ullman & Filipas, 2001). Mental health service workers and community centers often have the most
training to assist this population, but few survivors seek these supports (Ullman & Filipas, 2001; Whittaker & Garbarino, 1983), and they are more often used in the case of the perpetrator being a stranger (Ullman & Filipas, 2001).

Formal supports are rarely used (Orchowski & Gidyz, 2012; Ullman & Filipas, 2001). A few different studies have reported ranges for support-seeking behavior with formal supports. A college based survey by Orchowski and Gidyz (2012) reported that about 17% of sexual assault survivors in colleges report the incident to campus security or campus police. Less than 7% of all survivors have discussed their experience with a formal support (Orchowski & Gidyz, 2012), and a couple different surveys show that only 1% of survivors disclosed to a counselor (Fisher, Daigle, Cullen & Turner, 2003; Orchowski & Gidyz, 2012).

Ons study shows conflicting information. Another community-based study conducted by Ullman and Filipas (2001) surveyed women survivors of sexual violence. The researchers found that emergency centers and police are the most often accessed by people in ethnically minoritized cultures. This was mainly because these are accessible during the trauma, and survivors would reach out when the violence resulted in physiological harm (Ullman & Filipas, 2001).

Ethnic minorities support-seeking behavior is influenced by multiple factors. Language can be a deterrent to seeking support, formal or informal, for those that are not primarily English speaking in the United States (Whittaker & Garbarino, 1983). Community services might not offer support in the language needed. There may also be a fear for confidentiality, especially if an interpreter or other second party is brought in to assist with services (Miller et. al, 2011). Smaller ethnic communities might meet the
additional obstacle that their service provider or interpreter is someone they are connected to socially (Kurien, 2005). Using an interpreter can cause concern for survivors that might be of an ethnic minority.

**Informal Support Seeking**

Informal supporters consist of family, friends, and other community members (Ullman & Filipas, 2001). One study showed that those with a high level of informal support were shown to be more likely to seek professional support as well (Ullman & Filipas, 2001). This could be an indicator that we need to ally with informal supports and take them into consideration when conducting professional services. This also supports the need to understand cultural values in identifying informal supports.

Young adult populations, both from ethnic minorities and the dominant Anglo-American population, cite that friends and peers are the most often sought for support (Clarke & Pino, 2016; Orchowski & Gidzy, 2012). The majority confide in female peers (Lefkowitz, Boone, & Shearer, 2004; Orchowsk & Gidyz, 2012)

**Support Seeking in Immigrant Culture**

Immigration and subsequent income play a critical role in support seeking behavior. Support seeking can be impacted by the survivor’s immigration status in the United States. Support seeking behavior is influenced by income (Montazer & Wheaton, 2011), which is also impacted by the reason for immigration. Various reasons for immigration include asylum seeking, skilled work, and the sponsorship from family members (Skop & Li, 2005). Montazer and Wheaton (2011) show that low-income and high-income immigrants have different experiences in how they are impacted by mental
health concerns. Immigration status can also present a concern about reporting to formal sources and how those sources might impact a survivor’s immigration status (Gill, 2004).

Support seeking is also influenced by 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 rely on their informal supports (Ullman & Filipas, 2001).

Language and language proficiency are moderating factors in seeking support. Minoritized populations that do not fluently speak the language of the dominant society are relegated to whatever services provide linguistic support. Even navigating materials that inform about services can be difficult (Nguyen, 2014). In one study conducted in Australia, a majority English-speaking country, it was shown that those with greater linguistic proficiency and higher education in the dominant language were evaluated as having lower satisfaction with the services (Silove et al., 2007). This possibly shows that they are better able to evaluate the services rather than simply being thankful for whatever they are given (Nguyen, 2014). This study, in combination with the language concern, shows that immigrant populations may not seek support from formal sources. Immigrant populations may therefore turn to informal supports.

Past data show that immigrant populations tend towards informal support seeking. Some research has been conducted into support-seeking behaviors of immigrant populations with informal sources. A study conducted by Orchowski and Gidyzy (2012) that collected data from college-aged women 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 et al., 2003; Orchowski & Gidyz, 2012), coworkers, and even acquaintances (Fisher, Daigle, Cullen, & Turner, 2003; Gottlieb, 1980; Orchowski & Gidyz, 2012; Whittaker & Garbarino, 1983). This support seeking is a learned behavior. Children, too, seek support for various issues from the informal supports around them. Librarians, crossing guards, and other incidental, but regular people make up a child’s support network (Spilsbury, 2005). These incidental supports are influenced by the cultural practices of diverse the immigrant communities and their countries of origin (Montazer & Wheaton, 2011).

**Support Seeking in Indian Culture**

There has been an upward trend in formal support seeking in India culture over the past few years (Das & Bhattacharya, 2015). A 2015 qualitative inquiry by Das and Bhattacharya examined college students views towards counseling and help-seeking. Counselors in India still observe a stigma towards seeking help, but they report that mental health awareness has increased and the number of self-referrals or referrals through peers for counseling has doubled. This increase in referrals has led to 2 percent of the college population seeking support from mental health resources. This study is pertinent because it was conducted in a college environment; people in India have the most access to counseling in college due to a 2012 initiative by India’s central government (Das & Bhattacharya, 2015). This sheds light on some of the new information that may inform how Indian awareness of support seeking resources may increase and highlights the recency of such a change. Indian immigrants that arrived in
the United States or had completed college in India prior to 2012 might not have had access to this information.

Another study looked at the changing trends of support seeking in India (Shah et al., 2016). The researchers authored a case study depicting different adolescent-parent interactions. The introduction of social media over the past few years has overwhelmingly changed the interaction patterns between the adolescents and their parents. Prior to the advent of social media, children were more focused on their parents’ expectations and shared their parents’ values. The rise of social media has provided access to the children being able to learn different values at a younger age. These conflicts in values and beliefs push Indian children away from accessing their parents as supports. The adolescents report more reliance on their peers instead of their parents (Shah et al., 2016).

**Support Seeking in American Culture**

Data on American culture shows that support seeking behavior is developed during transition stages. Whittaker and Garbarino (1983) collected and summarized information from various inquiries into support seeking behavior in the United States. Support seeking is a behavior that is developed in childhood and in transition stages. It is learned through interactions in the systems in which people learn socialization and language (Whittaker & Garbarino, 1983). A study conducted in 2005 showed that children in Cleveland identified their social support network to extend well beyond the range of their family (Spilsbury, 2005). Librarians, crossing-guards, and other such incidental people were often sought in supporting children through poverty, bullying, and other adverse situations.
Another study conducted by researchers at University of California-Los Angeles showed that European-American adults seek support from peers and parents at equal rates (Guo, 2017). This was compared to Vietnamese American populations, in which peers were sought for support at much higher rates than parents. These comparisons remained true for the populations’ perspectives on supportiveness from those that they sought for help. Support seeking from non-family adults and formal providers is significantly lower in both European-American and Vietnamese-American populations (Guo, 2017).

Literature into Anglo-American support seeking also discusses moderators for formal support seeking behavior. A larger analysis into variables that impact formal support seeking behavior showed that increased anxiety about a symptom generates a need to seek support (Fine et al., 2018). Gender, marital status, and education level were also found as moderators for support seeking behavior. The researchers also found that Caucasian-identifying individuals report higher rates of support-seeking than non-Caucasian counterparts (Fine, et al., 2018). Non-Caucasian cultures find different avenues of seeking support.

**Support Seeking in Indian-American Culture**

Indian-American culture tows the line between the two worlds of Indian origin and American society. Indian-Americans that are raised and educated in the United States are inundated with the values of American society and may understand that there are more support systems because of their interaction with those support systems in school (Kurien, 2005; Whittaker & Garborino, 1983). This knowledge interacts with Indian cultural values.
Indian-American culture remains collectivist (Dasgupta, 1998; Farver, Narang & Bhadha, 2002). The community is prioritized above the individual (Berry & Kim, 1988; Farver, Narang & Bhadha, 2002; Moodly, Rai & Alladin, 2010). This collectivist mentality impacts how and from whom Indian-Americans seek support.

**Indian Americans and Stigma towards Formal Support Seeking.** Some trends have been observed regarding what prompts Indian-Americans to seek support or stay silent. Indian-Americans, like many other immigrant communities, are less likely to endorse that issues are caused by physical distress, personality, or family issues (Sabina, et. al., 2012; Yeh, Hough, McCabe, Lau, & Garland, 2004). They are less likely to seek mental health support (Yeh et. al., 2004). Survey research on Asian-Americans, which includes Indian-Americans, reports the lowest rates of professional help-seeking of all the ethnic populations in the United States (Garland et. al, 2005; Ho, Ye, McCabe & Hough 2007). This phenomenon is connected to parents and family being strained through use of this service (Yeh et al., 2004).

Studies that are directly looking at Indian-American perceptions of help-seeking report conflicting evidence regarding the tendencies for how Indian-Americans view mental health. Studies show that some Asian-American populations relate mental health issues with shame and others reflected that more traditionally Asian families will be more likely to seek support (Daley, 2005; Lowinger, 2009; Lau & Takeuchi, 2001). It is not certain how much of this research addresses Indian-American populations in particular, but a couple different studies explore Indian-American support seeking behavior.

Shoemaker, in 2016, conducted a phenomenological inquiry into the support-seeking practices of Indian-Americans. Indian-Americans presented a stigma towards
seeking professional supports, instead relaying that they would rather leave issues and concern in the confidence of their family units. Both Shoemaker (2016) and Kumar & Nevid (2010) found that an exception to this was when it came to physiological concerns. Indian-Americans are more likely to seek support if there is a physical symptom, such as a stomachache or bodily trauma. The Lowinger (2009) study, which also looked at how people viewed mental health depending on the symptomology, supports this as it showed that Indian-Americans people tended to think that mental health support would be needed in the cases where people display externalizing symptoms rather than internalizing symptoms. This attitude has been echoed in several other quantitative inquiries (Constantine, et al., 2005; Miller et. al, 2011, Panganamala & Plummer, 1998). It takes a significant disturbance to bring them into seek professional support, which might result in members of this community seeking support from informal sources.

**Indian Americans and Informal Support Seeking.** Indian-Americans are often not knowledgeable about professional supports (Robertson et. al., 2015; Gill, 2004), and therefore may use informal supports. Previous literature on support seeking for Indian-Americans has been focused primarily on a stigma towards mental health resources (Miller et. al., 2011). There have been a few investigations into other forms of support seeking (Shoemaker, 2016; Kumar & Nevid, 2010, John & Montgomery, 2012).

Shoemaker (2016), in a phenomenological inquiry found that Indian-Americans tend towards seeking support from spiritual practices, family members, and friends. Shoemaker generated themes from the qualitative inquiry and noted that, in the case of finances and health, members of the Indian diaspora sought support from their parents. Shoemaker also noted that these same participants, when seeking support for
relationships, would seek support from siblings and friends (2016). These are consistent with many of the behaviors within Americans in general (Orchowski & Gidyz, 2012). One main distinction between Indian-Americans and the overarching American population was that Indian-Americans tended towards seeking support from those more culturally similar to them. Shoemaker’s participants were all Indian citizens and immigrants to the United States, which limits this research to recent immigrants who might have closer relationships to those still in India.

Kumar and Nevid’s study (2012) looked at acculturation and perceptions of support seeking through having participants engage acculturation scales and reading case vignettes to understand how the participants viewed support seeking from formal sources. The researchers found that acculturation was a factor in how participants viewed formal support seeking for men, but not for women. The researchers associated this with the differences in power conceptualizations between Eastern ideals of men and Western ideals of men. It was noted that, in both Eastern and Western cultures, women are still viewed similarly (Kumar & Nevid, 2012). This research is enlightening in that this may mean that acculturation may not impact the support seeking practices of women survivors.

Another study sheds light on how parent’s acculturation may impact support seeking because of how they might encourage this with their children from a young age (John & Montgomery, 2010). John and Montgomery (2010) asked parents to engage in a sorting exercise so that the researchers could understand parental acculturation in how it impacts their socialization goals for their children. The researchers found that parents with more of an integrated, blended, acculturation style encouraged their children’s
autonomy from the family so that the child was able to determine more informal supports outside of the family (John & Montgomery, 2010).

These studies seek to understand support seeking as viewed from the perspectives of values and behaviors. Some of these studies also looked in to how this may be impacted with different cultural values. It is important to note that these studies looked at support seeking overall and focused, in particular, with support seeking for mental health issues. It is further important to understand how this informs the practice of support seeking when it comes to sexual violence.

Support Seeking for Sexual Violence

A survivor’s choice regarding when and from whom to seek support relies on availability of and access to resources. Survivors of sexual violence will often seek help directly after or within the first few weeks after their experience (Orchowski & Gidyz, 2012). Few of the respondents wait more than a month to a year to disclose, which might mean that people seek support from those they can access (Osgood & Lee, 1993). Support seeking from formal mental health resources or informal supporters is therefore informed by availability. Survivor’s reflections on the support they sought show that people often access the informal supports of people they encounter normally (Orchowski & Gidyz, 2012).

Sexual Violence and Formal Support Seeking. Survivors have mixed experiences in seeking formal support. A study showed that 30 percent of sexual assault survivors sought mental health counseling (Ullman & Filipas, 2001). Survivors are more likely to seek physician support for physical issues and only 9% showed up for follow-up counseling appointments after emergency room visit (Ullman & Filipas, 2001).
Physicians were seen, along with police, as the least supportive post a sexual trauma (Ullman & Filipas, 2001). This may lead to a decreased likelihood of support seeking post-trauma since police and physicians are often the first point of contact for survivors and may dissuade survivors from seeking support elsewhere. Negative messages have been shown to be stronger than positive messages in the traumatized mind (Ullman & Filipas, 2001).

**Sexual Violence and Informal Support Seeking.** It is more typical for a survivor to access an informal support rather than a formal support. Approximately two-thirds of survivors tell someone at some point post-assault. In the general population, it is more typical for this to be with family or friends or other personal connections (Ullman & Filipas, 2001). Some studies have researched these various informal supporters. When family is named as a support, if the family is the only support, stress on the individual increases unless augmented through friendship and social relationships (Straus, 1980). Another study showed that very rarely do people confide their experience in their fathers (Orchowski & Gidyz, 2012). People express greater comfort in talking to peers over parents (DiIorio, Kelley, & Hockenberry-Eaton, 1999; Kallen, Stephenson, & Doughty, 1983; Orchowski & Gidyz, 2012).

Studies reflect the type of support survivors receive from peers. Most studies support that the majority of sexual violence survivors confide in female peers (Lefkowitz, Boone, & Shearer, 2004; Orchowsk & Gidyz, 2012); single women, especially, name female friends as their strongest support (Whittaker & Garbarino, 1983). Orchowski and Gidyzy’s (2012) study showed that people expressed mothers as providing the most tangible aid, female peers provided the most emotional support, and male peers provided
emotional support, but often had egocentric responses such as wanting to seek revenge on the perpetrator (Orchowski & Gidyz, 2012).

The pattern of support seeking for survivors has implications for the field of counseling. These survivors seek informal support because of the ease of accessibility and familiarity with these resources (Orchowski & Gidyz, 2012, Ullman & Filipas, 200; Whittaker & Garborino, 1983). This is relevant to formal supports, especially the field of counseling because a study showed that those with a high level of informal support were more likely to seek professional support, as well (Ullman & Filipas, 2001). This could be an indicator that the alliance between formal and informal supports should be taken into consideration when conducting professional services. This also supports the need for mental health resources to understand cultural values in identifying informal supports so that the mental health resources can more effectively partner with communities in providing care to culturally diverse populations.

**Acculturation and Support Seeking for Sexual Violence**

Acculturation reflects values and behaviors, which, in-turn, influences support seeking. Understanding acculturation’s impact on support seeking for survivors lends to a need to understand research on acculturation and its impact on values and behaviors. This research studies these values and behaviors within the Indian-American population, and I will therefore explain some of the differences in values and behaviors regarding sex and sexual violence within the Indian and American societies.

**Acculturation**
Kumar and Nevid (2010) describe acculturation to be walking a tightrope between a dominant society and the ethnic society of your ancestors. A more formal definition might be an “accumulative social learning process through which ethnic minority individuals adapt to the dominant culture and the corresponding changes in their beliefs, values, and behaviors that result from their exposure to the host culture and its members (Berry, Phinney, Sam, & Vedder, 2006)” (Kumar & Nevid, 2010, p. 275). Berry (2005) asserts that there is both psychological and behavioral acculturation, which can be different and should be considered separately. Acculturation is both measured by and can influence attitudes and behaviors (Miller, 2007), and is a process that can create potential conflict for immigrant families (Berry, 2005).

Immigrants and members of a diaspora can take on different acculturation orientations (Celenk & Vijver, 2011). A person who immigrated to the United States in their thirties, for example, might have a different acculturation experience than their daughter who came when she was a toddler. Many conflicts arise from this gap in acculturation within immigrant families where parents are experiencing acculturation and their child is experiencing acculturation at different life stages (Miller et. al., 2011; Lee, Choe, Kim, & Ngo, 2000). This reflects the complicated process of differentiating cultural identity development from human development and family life stages.

Acculturation orientations measure cultural adoption versus cultural maintenance and also look into acculturation strategies, styles, and attitudes (Celenk & Vijver, 2011). Acculturation orientations are an outcome (Miller, 2007) that provide more information about one’s acculturation process. Two such views of this process are the unidimensional and bidimensional views.
The bidimensional theory of acculturation diverges from the unidimensional theory of acculturation. The unidimensional view sees adoptions of a new culture as opposite of maintenance of the culture of origin. People are placed on this continuum of acculturation from pure immersion into their ethnic society to pure assimilation into their dominant society. Another conceptualization of acculturation is bidimensional (Miller, 2007). The bidimensional theory of acculturation considers that a person’s identity is not on a continuum, but is more of a combination of aspects of the culture of origin and the societal culture in which they live (Celenk & Vijver, 2011). The bidimensional view does not see acculturation as a finite goal. It posits that people are able to keep their culture of origin while simultaneously engaging in the dominant culture (LaFramboise, Coleman, & Gerton, 1993; Miller, 2007). This combines both acculturation (dominant society immersion; DSI) and enculturation (ethnic society immersion; ESI; Stephenson, 2000). One such example of this bidimensional frame is Berry’s model of acculturation (Berry, 2005).

Berry’s (2005) model of acculturation defines acculturation as a position in a process of “cultural shedding, culture learning, and cultural conflict” (p.707). Contradicting values, beliefs, and behaviors between the ethnic society and dominant society lead to a person’s choice to position themselves in the conflict (Berry, 2005). Berry posits four of these positions of acculturation that reflect how the individual and society interact to define a person’s type of acculturation: separation, marginalization, integration, and assimilation, (Berry, 2005) with integration being the most frequently seen of the positions (John & Montgomery, 2012). Berry (2005) also asserts that acculturation is a two-way street. While ethnically minoritized people engage in one of
the aforementioned four options, the dominant society engages in their own four: multiculturalism, melting pot, segregation, or inclusion. Berry’s model (Figure 1) shows the relationships between dominant and ethnic society immersion and the different categories of acculturation: multiculturalism in the individual is shown as integration, melting pot as assimilation, segregation as marginalization, and inclusion as separation.

Figure 1.1 Berry’s Model of Acculturation

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<thead>
<tr>
<th>Dominant Society Immersion?</th>
<th>Low</th>
<th>High</th>
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<tbody>
<tr>
<td>Low</td>
<td>Marginalization</td>
<td>Separation</td>
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<tr>
<td>High</td>
<td>Assimilation</td>
<td>Integration</td>
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Figure 1.1. The four categories in Berry’s model of acculturation as designated by Dominant Society Immersion and Ethnic Society Immersion. Adapted from “Acculturation: Living successfully in two cultures” by Berry, J.W., 2005, *International Journal of Intercultural Relations*.

Critics of the bidimensional model question its use with immigrant populations. The bidimensional model is slightly limiting because previous research has found the unidimensional model of acculturation to be more reflective of the experiences of foreign-born immigrants whereas the bidimensional model makes more sense for those raised in the United States (Leiber, Chin, Nihra, & Mink, 2001). The process can be different for immigrants versus non-immigrants that have a strong ethnic heritage.
(Sabina, Cuevas, & Schally, 2012). Previous research asserts that the bidimensional view is critical to understanding how acculturation and cultural influences work together in influencing behaviors such as support-seeking despite its limitation (Kumar & Nevid, 2010; Miller, 2007).

**Acculturation’s Impact on Values and Behaviors**

There is a large difference between first-generation and second-generation immigrants due to an acculturative gap (Lee, et. al 2000). This gap results in intergenerational conflict as caregivers attempt to understand their children and vice versa. Values are often influenced by personal and cultural experiences (Kumar & Nevid, 2010). Children raised in the United States are exposed to different cultural values and behaviors through their peers in school, and thus, this can sway them from those that their caregivers have attempted to instill in them (Miller, et. al., 2001).

This acculturation gap can be highlighted in the Asian-American population. Each Asian culture has its own set of values and beliefs, but the adjustment process for immigrants from Asian countries is similar since the cultures share some basic similarities due to the collectivist cultures (Tosh & Simmons, 2007). Asian-American immigrants to the United States experience confusion about role and gender expectations, loss of social support, and may have language barriers. The term to characterize these adjustments is known as *acculturative stress*. Acculturation (DSI) and enculturation (ESI) affect attitudes towards seeking mental health help, how they perceive family conflict, and sacrificial behavior (Miller, 2007). All of these can affect how a survivor may define and cope with their assault.
Those that immigrated to the United States at a young age or were born in the United States to immigrant parents face a unique challenge. These people might be straddling two worlds, neither completely supported by the Indian community, nor finding support in the community of the dominant culture (Kumar & Nevid, 2010). The straddling of these two worlds further complicates how they understand their behaviors in support seeking and their values regarding sex and sexual violence.

**Acculturation and Support Seeking.** Higher levels of dominant society immersion correspond with support seeking behavior. Studies show that the higher the level of acculturation in a unidimensional model, the more likely the person is to have a favorable view of professional support for help-seeking (Nguyen, 2014). A higher level of acculturation is correlated to higher self-report of their own issues (Nguyen, 2014). The bidimensional model would read this as greater immersion in the dominant society tends towards a favorable view of mental health resources (high DSI; Miller, 2007).

This has been supported in other iterations of acculturation research. Mehta’s study (1998) also found that higher levels of DSI were related to positive attitudes towards mental health concerns. Another study conducted with students at University of Maryland showed that both higher values DSI and behavioral ESI are associated with better mental health in general (Miller et al., 2011). This may also be explained by high ESI and DSI being correlated with simultaneously with stronger family bonds and stronger social support (Nguyen, 2014). Further evidence is reflected in a study conducted to understand socialization for immigrants’ children in that those who “endorse their culture of origin and integrate its values into their identity are better
adjusted than those who reject ethnic values and identify primarily with the host culture.” (John & Montgomery, 2012, p. 307).

Conflicting studies show that immigrant populations will be more likely to seek professional help than the dominant culture in the United States (Nguyen, 2014). A study done by Sabina, Cuevas, and Schally (2012) with Latina women in high density Latina communities, found that Anglo-orientation, as opposed to immigrant status and Latina orientation, was a predictor of sexual victimization. This is in line with something known as the immigrant paradox, though immigrants have greater barriers to access resources, they report positive health outcomes (Sabina et. al., 2012). This is only true for immigrant Latina women, not those born in the United States (Sabina et. al., 2012).

These conflicting studies show that support seeking behavior is based on perception of the problem. This example of behavior is dependent on how the individual views the cause of the problem. People may behave differently in term of seeking support in instances where people believe there is a disease and an accompanying cure as opposed to when they believe that there is a relationship issue or they believe someone has a character flaw (Nguyen, 2014).

Support seeking for one who identifies as Indian-America is influenced by the culture of their society. Indian-Americans, as many Eastern ethnic communities, embrace a collectivist mindset, which means that things are done for the community (Kumar & Nevid, 2010). Pride in a person’s accomplishments is the community’s pride and shame in someone, is the family or community shame. Family honor and unity becomes more important than individual safety (Gill, 2004). Indian Americans who seek support experience a cognitive dissonance. The ethnic community and family structure are
collectivist, so it stands to reason that Indian-Americans would go to their ethnic community for support (Das & Kemp, 1997; Dasgupta, 1998; Whitley, 2014), but, in seeking support, the person focuses a community resource on themselves, which is individualistic (Moodley, et al., 2010).

**Acculturation and Indian Americans.** The Indian diaspora, has a group, has some defining qualities. Among the fastest growing populations in the US due to immigration, about 75% of the Indian-Americans in the US are foreign born (Kumar & Nevid, 2010). Asian Indians in the US have the greatest percentage of individuals who speak English “very well” (76.9%), the highest educational attainment (63.9% of Asian Indians have a bachelor’s degree or more), and the greatest percentage of employment in management, professional, and related occupations (59.9%)” (Kumar & Nevid, 2010, p.274). Most of the members of the population were granted visas to work in the United States for their aptitude at a specific skill set (Bhalla, 2006; John & Montgomery, 2012) and are newer to the United States than many other Asian populations.

It is important to note that, because of the high population of immigrants in this population, the research should use data from India to supplement United States-based data. Many of the issues in the country of origin are what the immigrants to the United States bring to guide the construction of their values and beliefs in building a foundation for themselves and their families (Robertson, Nagaraj, & Vyas, 2015). The British colonization of India led to a unique acculturation for Indian-Americans as India has a history of juggling both Western and Indian culture simultaneously (Ibrahim, Ohnishi, & Sandhu, 1997). Indian-Americans have therefore adopted a bidimensional form of acculturation and been selective about which parts of the dominant culture to adopt and
which parts of the culture of origin to keep (Patel, Power, & Bhavnagri, 1996; Kumar & Nevid, 2010). Sometimes this results in more engagement in ethnically Indian practices than those in which people engage in India (Kumar & Nevid, 2010). This is encouraged by the population taking part in many ethnically Indian socio-cultural activities in their new country (Dasgupta, 1998).

Understanding acculturation means that we understand the characteristics of the original society, characteristics of new society, and the acculturation process (Celenk & Vijver, 2011). There is a difference in values between India and the United States (Sullivan & Mukherjee, 2014), despite India’s history of colonization. This difference is critical to understanding how acculturation’s impact on values might differ for individuals.

**Discussions of Sex and Sexual violence in Indian Culture.** Values around sex define how a society views sexual violence. Sexual violence is seen as an act of sex rather than an act of power within a patriarchal society, such as that of India (McPhail, 2015; Sullivan & Mukherjee, 2014). Understanding values regarding sexual violence, therefore, relies on understanding discourse on sex and corresponding issues. Discussion of sex in India is currently highly controversial (Ismail, et. al., 2015).

Discussion of sex, in Indian culture, is taboo. One study in India found that 88 percent of males and 58 percent of females report no discussion of sex with their parents (Ismail, et. al., 2015). Dating is also not discussed (Shah, et. al., 2016). This is because parents in Indian households struggle to discuss sex with their children and report their reasons being embarrassment, concerns about appropriateness, and their own misinformation or lack thereof. Children have also reflected discomfort when their
parents discuss sex. Parents and children, alike, believe that discussions about sex are only appropriate after marriage as discussion prior to marriage might encourage pre-marital sexual activity (Guilamo-Ramos et. al. 2012).

Discussion of sex is taboo, but sexual activity still takes place. Statistics show, however, that many Indian youth and young adults are already engaging in pre-marital sex (Aggarwal, Sharma, & Chhabra, 2000). This represents a lack of information, which is echoed by Indian-American parents. Parents report a lack of knowledge about how to discuss sex with their children as well as a dearth of accurate information about the body, safe sex practices, and sexual concerns (Guilamo-Ramos et. al. 2012).

The taboo on discussing sex is systemic. In India there is a lack of healthcare and education addressing sex. Thirty-seven percent of women in educated areas identify it as embarrassing to discuss such topics (Ismail, et. al., 2015). Bhugra, Mehta, De Silva, and Bhintade conducted focus groups and paired-discussions in New Delhi, India in 2007 to understand the differences in sexual attitudes and behavior across the demographics present in India. They found that discussions around body changes were more prevalent in the population, however, there were differences between men and women in what they discussed. Girls reported much more discomfort engaging in or discussing sex than boys, and, in parallel, heterosexual married couples reported that, after the first two to three years of marriage, men sought sex and women often just complied (Bhugra et al, 2007). This reflects the patriarchal view that sex is a right granted to men and they hold the power in sexual situations (Adam & Shewe, 2007; McPhail, 2015).

These attitudes are carried over with immigrants coming from India to the United States. These parents did not discuss sex in their childhood homes, and they pass this
behavior onto how they raise their children. This behavior, then, is exposed to the values regarding sex and sexual violence in the US.

**Discussions of Sex in American Culture.** In 2014, Twenge, Sherman, and Wells conducted an analysis of the General Social Survey and focused on the survey data regarding attitudes towards sex and sexuality in the United States. Sex outside marriage was taboo in the 1950s, but more recent views towards sex show that the average American has more partners and less judgement towards others for engaging in premarital sexual behavior. The researchers also found that the lower sexual promiscuity of the 1950s is related to more connectedness to family, so authors of this study attribute this change in values to increased individualism in American society. Sociologists frame this as modernity taking over religiosity where as political scientists view this as a result of personal empowerment (Twenge et. al, 2014).

Men reap most of the benefits of the sexual revolution. Though discussion of sex and sexuality in the United States has become more liberal, this change is mostly tolerated for men. A study by Cuffee, Hallfors, and Waller (2007), showed that guilt and shame is much higher for women than men when it comes to premarital sexual behavior. This research also looks at the greater American population, rather than focusing on the differences in diverse populations.

**Discussions of Sex in Indian-American Culture.** Discussion of sex in Indian-American culture is shaped by the messages that children receive growing up. India and the diaspora are patriarchal societies, and it is often regarded that men have dominion over women’s bodies and the woman is at fault if the man shows some violence towards her (Adam & Shewe, 2007). These messages are enforced during a child’s upbringing.
Children are taught to be pure, but also to obey elders and not be protective about personal space (Rao, McHale, & Pearson, 2003; Sapru, 2006). Further, “immigrant Indian parents continue to endorse relational goals by reminding their children how individual abilities and actions affect others in the family” (Kumar & Nevid, 2010, p. 301). Many Indian-American women face pressure from their families to not date because it tarnishes their own and their family’s reputation (Wakil, Siddique, & Wakil, 1981).

Engagement in sexual behavior, therefore, is a complex feeling. Indian-Americans, due to fear of disapproval from their family, are less likely to engage in or discuss premarital sexual behavior. This is especially the case for women in this population (Tosh & Simmons, 2007). Women may also be pressured to keep to traditional gender norms and, in America, this pressure clashes with the values of independence and assertiveness (Constantine et. al., 2005). These conflicting values make experiencing sexual violence confusing and influence the behavior of support seeking after their experience.

**Indian-American Populations and Support Seeking for Sexual Violence.**

There is limited literature regarding sexual violence survivors of Indian or South Asian descent. Since there are very few sexual assault resources in India (Sullivan & Mukherjee, 2014), many immigrants may be unfamiliar with the idea of reporting, whereas their children, having been raised in a society with more mental health resources, may feel more open to discuss or report their assaults. Concealment has been positively correlated to the level of shame experienced post-assault, so acculturation may indirectly correlate with the levels of shame experienced in Indian-Americans (Vidal & Petrak,
2007). Many cultural factors that define the Indian-American experience at home are carried over from cultural norms in the home country as many family members are still there (Adam & Shewe, 2007). As peer-reviewed research on the Indian-American experience is limited, this provides insight into how to use literature from studies with Indian populations to support the limited research on Indian-American populations to understand support-seeking behaviors.

Indian-Americans seeking support experience additional barriers as compared to the general population (Sinozich & Langton, 2014). The first obstacle to seeking support is defining the experience of sexual violence as a problem (Gill, 2004). The problem language is something needed in order to seek help (Whittaker & Garborino, 1983), and there are several cultural constructs with Indian Americans that may prevent a survivor as defining their experience as a problem. Indian-Americans, in carrying over cultural values (Adam & Shewe, 2007), do not discuss sexual violence as a problem and there could be denial about what is happening to them (Gill, 2004). Indian-Americans also tend to identify problems if they find direct consequences such as academics or physiological concerns (Shoemaker, 2016). These ideas may prevent an Indian-American survivor from seeking support.

These reasons also blend with the conceptualization of *karma* within Hinduism and Buddhism, two major religions in the Indian diaspora. *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, Thara, & Corin, 2005). This may lead more to self-blame and belief that a survivor should work through this on their own and a consequent

Another central value that affects support seeking is the value of family and collectivism. John and Montgomery’s study with parents in the Indian diaspora noted two types of socialization goals from Indian-American parents in regards to how they blend individualistic values within their parenting. These two types were identified as blended and traditional. Both styles had that socialization goals included a heavy family-centered approach (John & Montgomery, 2012). It might be inferred that this does not allow an individual to distinguish their own mental health needs from that of their families or that concerns regarding family reputation might guide if or how a survivor seeks support. This barrier, along with the social interactions that survivors may have after an assault, affects a survivor’s perception of the event as well as affects later behaviors (Pal, 2015). For Indian-Americans, 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).

The Indian-American survivors that do believe their issue to be something worthy of seeking support meet additional barriers. The patriarchal community (Gill, 2004) of Indian-Americans may provide more power to male offenders than women survivors if that is the gender dynamic of the experience. This may prevent them from speaking out about anything (Stanko, 2001). This is even more rigid in inter-family situations (Gill, 2004).
Another obstacle to seeking support is that the model minority myth becomes internalized in individuals (Museus & Park, 2015), and people may want to continue the image of Indian-Americans in the United States being free of emotional disturbances and criminal activity. In this case, if perpetrator is Indian, they might resist disclosure because of the consequence of negative perception of Indian men (Gill, 2004).

A 2017 study by Pallatino consisted of in-depth interviews with 20 Hindu Indian-American women who experienced violence in their heterosexual marriages. They reported a lack of knowledge about resources and were concerned about many legal aspects. The women who experienced this violence discuss lack of understanding regarding their legal rights in the United States, and express a fear of deportation should they pursue anything against their husbands (Pallatino, 2017). This sheds light onto some of the unique factors that immigrant women on Visas may face as opposed to women who are born or naturalized here.

**Formal Support Seeking.** First-generation Indian-American immigrants, generally, have more negative perceptions towards mental health counseling than second generation immigrants (Vidal & Petrak, 2007). With regards to first-generation immigrants, those who moved to the United States before age ten were more likely to be averse to therapy than newer immigrants (Panganamala & Plummer, 1998). Both generations are amenable to mental health resources for schizophrenia and psychosis, but this is less likely for feelings-based issues such as depression (Kumar & Nevid, 2010; Panganamala & Plummer, 1998). Support-seeking is a last resort (Shoemaker, 2016), usually needed for issues that show up physically (Constantine et. al., 2005). Sexual
violence that leads to formal support seeking might be ones with severe physiological consequences such as STDs, pregnancies, or injuries.

**Informal Support Seeking.** Indian-Americans may, therefore, turn to informal supports. Familial support can be key for individuals. People will go to their siblings, especially sisters, with issues related to sex and relationships (Shoemaker, 2016).

People will also talk to friends. This may be in person or through phone calls and online. Geography is not a limitation for this. Friends can be especially supportive the case when they do not feel comfortable talking to parents (Shoemaker, 2016). Shoemaker’s study of help seeking behaviors in the Indian diaspora showed that participants noted that they prefer people of similar cultural backgrounds- this could possibly be due to comfort in native language if that is the case. There can, however, be distrust with family and friends, especially when people are in a marital relationship with the perpetrator (Gill, 2004).

People who turn to prayer for support face additional obstacles. Indian-American females that have experience of sexual violence might also turn to prayer (Shoemaker, 2016). Hinduism and Islam, two of the larger religions in the Indian diaspora (Adam & Shewe, 2007; Ayyub, 2000; Kurien, 2005), have strict community guidelines for how women are to be. There are trends of implied shame for women’s bodies. Islamic communities suggest that a woman cover up her body and hair (Griffith & Savage, 2006). There are rules that dictate how a woman’s body should be portrayed. Hinduism temples will not allow women who are menstruating onto their premises. This extends to some villages in India, that isolate their women when the women are menstruating (Sharma, et al., 2015). These trends of implied shame affect a woman’s understanding of her own
body, and some may take to prayer after being violated in hopes that their religion can provide support. Others may turn to more risky behaviors, such as drinking (Shoemaker, 2016).

**Impact of Acculturation.** Acculturation has 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, 2012; McPhail, 2015). Existing literature shows a difference in how Indian society and American society view sexual violence because of the differences in values. Sullivan and Mukherjee (2014) evaluated the women’s movement in India as being critical to away from victim blaming culture in India. The authors note that much of this has been in the past decade. They contrast this with the United States which has a patriarchal society, but women’s movements have advocated for survivors for many more years (McPhail, 2015, Sullivan & Mukherjee, 2014).

This population, sexually conservative compared to Anglo-American culture (Gill, 2004), may not be likely to come forward about this topic. The dominant discourses of sex and sexuality in a culture influence how a survivor experiences a sexual violation upon them (Whittaker & Garbarino, 1983). The discourses shape how they language the violation as an assault or if they take blame for the violation. The discourses also either encourage or discourage individuals from talking about it or identifying the situation as assault (Burr, 2005).

**Theoretical Framework**
Support seeking is a behavior that is developed in childhood and in transition stages. It is learned through interactions in the systems in which people learn socialization and language (Whittaker & Garbarino, 1983). Collectivist cultures such as that of Indian-Americans (Dasgupta, 1998; Farver, et al., 2002) prioritized above the individual (Berry & Kim, 1988; Farver, et. al, 2002; Moodley, et al., 2010).

Support seeking also implies an understanding that there is a problem (Whittaker & Garbarino, 1983). This is more difficult when systems argue that an individual’s experience is not a problem, which can happen in patriarchal societies that define sexual violence as brought on by the survivor of the violence rather than the perpetrator (McPhail, 2015). It is therefore important to understand an individual’s support seeking from the point of view of how they understand and power. This is done through understanding feminist theory.

**Feminist Theory**

Feminist theory is a concept that differentials in power dynamics are the root of many social problems. Feminist theory asserts, above all, that the person is political. It takes incidences, such as crime and sexual violence beyond the individual situation and asserts that these are symptoms of systemic issues. It is divided somewhat into liberal and radical feminism (McPhail, 2015). The first of these works on “incremental change” within the system whereas the latter believes that those structures are the problem and must be abolished completely (McPhail, 2015, p.315). Both liberal and radical feminism rely on the central concept that power differentials create social problems, especially sexual violence (McPhail, 2015).
**Sexual Violence and Power.** Acts of sexual violence are largely displays of power rather than acts for sexual pleasure. Rape, in US law, was initially a property crime as daughters were considered property of their fathers and such a crime was a crime against the father of that woman rather than the daughter herself. This a consequence of patriarchal society that places this power in the hands of men, and this makes it difficult for survivors to claim their experience (McPhail, 2015) or define it as a problem (Gill, 2004). This, in turn, creates barriers to seeking support.

Rape culture, which normalizes sexual violence, is a consequence of this imbalance of power. Rape culture includes the promotion of traditional gender roles and consequent sexist beliefs. It goes further, too, to encourage hostility towards women and viewing violence as appropriate (Johnson & Johnson, 2017; Kimmel & Ferber, 2000; PettyJohn et al, 2018). Power imbalance thereby directly leads to sexual violence.

**Power within Support Seeking Environments.** Patriarchy enforces rape-supportive narratives (McPhail, 2015). It, thus, is difficult for any survivor to seek support as much of the conversation around rape and sexual violence maintains fault in the survivor themselves. This makes it difficult for a survivor to access formal or informal support.

**Formal Support.** Feminist literature demonstrates the rise of formal supports and access to formal supports for survivors of sexual violence (McPhail, 2015; Sullivan & Mukherjee, 2014). Sharma et. al explain that there is a considerable amount of formal support in the United States for survivors, yet Ullman and Filipas (2001) and Orchowski & Gidyz (2012), in their inquiries into support seeking, find that formal supports are still under-utilized. McPhail (2015) makes sense of this discrepancy by asserting feminist
theories that place power in systems. Both Indian and American societies remain patriarchal and place blame on women, and, thus, there will continue to be an underutilization of formal services.

**Informal Support.** Survivors, according to feminist theory, might reach out to informal supports in lieu of formal supports. These hesitations in use of and access to formal supports suggests that informal support, instead, may be accessed more by survivors. The blame has been put on women and historically, women have been viewed more as property than person, which means that women may need supports to confirm their experience (McPhail, 2015). Informal supports, such as female peers and siblings, are therefore critical support figures (Orchowski & Gidy, 2012).

**Acculturation and Power.** Acculturation is a change in beliefs and attitudes over time. One of these central beliefs is power and understanding of power within society (Berry, 2005). It is therefore important to understand the conceptualization of power in Indian communities and how that has been displayed over history. We need a simultaneous understanding of power systems in the United States so that we can understand the interaction of these cultures in creating bidimensional views of power and systems.

**Conceptualization of Power in Indian Society.** Feminist movements are fairly new to the Indian political landscape. India is a largely patriarchal society (Niaz, 2003). Women’s rights organizations, however, have been leading change since 1892 in India. This was affected by India’s fight for independence in 1947 and then partition and religious violence. They have since reconvened to fight for women’s rights. They have used cases of brutal rape to highlight the injustice and are largely responsible for pushing
these cases to the Supreme Court in India. They protested, provided seminars on law, and pushed for news coverage around the rapes (Sullivan & Mukherjee, 2014). Sullivan and Mukherjee, in a 2014 analysis of history around sexual violence around women cited multiple case studies in which the initial violence was not discussed in Indian society until women’s rights coalitions pursued justice. They incited the Indian population, which resulted in 2013 laws requiring officers to register rape complaints and for courts to pursue harsher penalties on those convicted. The women in India advocated for power across castes, class, and political affiliation, promoting inclusivity and equity (Sullivan & Mukherjee, 2014).

**Conceptualization of Power in American Society.** America’s history shows a longer and uninterrupted history of feminist movements, but with still more work to do. American society, too, is patriarchal and has been throughout its post-colonial history. The women’s suffrage movement called for change by insisting on women’s right to vote. This movement, however, is highly criticized in radical feminism, intersectionality, modern womanism, a conceptualization of power and inequity with the additional lenses of race and ethnicity (Crenshaw, 1991; McPhail, 2015). The critiques are mainly that the suffragette movement moved for votes for White women, excluding and marginalizing the voices of women of color. These critics assert that power in the United States is in the hands of men, and also in the hands of White people. They discuss this movement as a form of trickle-down power, with the women of color getting the right to vote decades later (Crenshaw, 1989).

The assertion of the United States giving power to men and White people leads to activism to understand the unique barriers that come at the intersection of gender and
racial marginalization. Kimberle Crenshaw (1991), in her work on intersectionality, argued that current law, which provides power to sources, does not take into account intersectional feminism. She famously argued for a client who was African-American and a woman that claimed discrimination by her potential employer. The potential employer provided evidence regarding inclusivity of women and inclusivity of people of color. Women were given secretarial tasks and men of color were given laborious jobs, however, women of color were hardly represented at the company. This pushed Crenshaw to coin the term “intersectionality,” advocating for this intersection of identities to be a part of civil rights legislation (Crenshaw, 1991; Crenshaw, 2003). Literature regarding sexual violence has not acknowledged this intersectionality and, therefore, it is important that we understand how acculturation might affect ideas of power and consequently, support seeking for sexual violence.

Critics argue, still, that the feminist movement is not inclusive and does not highlight non-White voices (McPhail, 2015). This was especially prevalent in responses to the #TimesUp and #MeToo movements. Though #MeToo was started by an African-American women, it was pushed into celebrity by white women and critiques report the many times that White women have continued to be the face for this change.

*Conceptualization of Power in Indian-American Society.* Gill (2004) conducted a qualitative inquiry in to women in the South Asian diaspora who had experienced domestic violence. In this study, she found that the victims echoed the concepts of honor and shame as reasons they did not report their experience. Gill identifies these as placed upon these women as aspects of the patriarchal society, and also discusses how these incidences occur due to power differentials. Specific to the diaspora community, Gill
discusses how many the women have residency in their countries through their husbands (2004). This power differential is different than a woman might have if they are born and raised in the United States with power over her own residency and citizenship. Indian-American women often continue those patriarchal norms from Indian culture, and struggle to embrace Western views of power and feminism because of the conflict within their identities. Gill (2004) posed a critical and real concern about how power defines the experience of sexual violence and the access to and use of resources to support survivors.
CHAPTER 3

METHODS

Design

This study used a cross-sectional survey research design in order to access information from a large number of participants to make some generalizable conclusions from the data. There was no control group and the participants were not a randomized selection of individuals (Creswell, 2009). I avoided true experimental design because it is unethical to manipulate the variable of sexual assault experience (Mertens, 2010) and impossible to manipulate the immigration and acculturation status of an individual.

Advantages and Disadvantages of Design

The advantage of survey design is that it provides a quantitative description of a sample (Creswell, 2009). The challenge presented in this study was to recruit a sample of participants that was generalizable to the greater population (Babbie, 1990). The study did not likely gather information from all of the Indian-Americans in the United States that have experienced sexual violence as not all people will feel comfortable filling out a survey, regardless of the survey’s anonymity (Mertens, 2010). I used a recruitment email to appropriately convey confidentiality and list the multiple ways that I was assuring confidentiality. I also allowed for two full weeks for respondents to answer the survey so that respondents were able to make arrangements to find private time to engage in the survey.

Survey design is an often-used tool (Babbie, 1990; Creswell, 2009) and some participants gained survey fatigue and did not complete the survey. These challenges were mitigated in the survey administration and the survey structure (Mertens, 2010). As
the survey was online, the participants were able to access their survey at any time over the course of a week so that they could completely add their information. The survey was 15-25 minutes long and I randomized the order the order of some parts so that one part of the survey is not more impacted by survey fatigue than another (Mertens, 2010).

**Threats and Strengths Regarding Internal and External Validity**

**Internal Validity.** A strength in the internal validity was the consistency of language and concurrent instrumentation. This study measured attitudes and perspectives; it allowed participants to identify their experiences of sexual violence, acculturation, support seeking, and social reactions they perceive. Sexual assault language can cause uncertainty because of legal definition and the precedent set by law and anecdotal evidence (Orchowski & Gidyz, 2012). The instruments that assess the variables needed to, accordingly, follow and measure perceptions to validate each aspect of the participant’s experience, starting from their experience of sexual violence.

The instrument for the acculturation measure considers acculturation in a bidimensional manner (Stephenson, 2000). Looking at acculturation in a unidimensional manner would persuade the research towards calling out differences in younger and older generations of immigrants, because unidimensional views of acculturation are linear in time (Miller et. al, 2011). Use of a unidimensional measure would lead to younger, more recent immigrants and would present very differently from immigrants who have been in the United States for many years, just by virtue of their length of stay in the United States. This is not how Indian-American acculturation works (Kurien, 2005).

The measure observes acculturation in a bidimensional manner, taking into account attitudes and perspectives, rather than time in the United States. The descriptor
variable of experiences of sexual violence was also self-defined, which provided continuity of validating the survivor’s experience throughout the survey. Similarly, the measure for social reactions is accounting for the participant’s experience of social reactions. This fits with the other subjective responses being measured.

Some issues in internal validity of the research were in differential selection (Mertens, 2010). This research assumes that the differences in levels of support seeking was due to the level of acculturation, but it may also have been influenced by the age of the participant. First-generation immigrants tend to be older than second generation immigrants, which might have influenced the data. Previous studies show that older people are more likely to seek help (Nguyen, 2014), possibly as a result of having greater frequency of support in their old age. Using acculturation as an independent variable is a challenge in that it might be difficult to compare acculturation between US born Indian-Americans and those born abroad (Kumar & Nevid, 2010).

Another concern related to differential selection is the age of the participant during their experience of sexual violence and how many options for help-seeking they had at that time. A participant might have completed the survey while thinking of an experience they had as a child. Given the differences in health privacy laws for children and adults, the child survivor might have a different amount of access and support (Robertson, et al., 2016).

Recent #MeToo and #TimesUp movements, along with increased feminist activism in recent years (Orchowski & Gidyz, 2012; Rozee & Koss, 2001), could have biased the sample according to age. Millenial and GenZ participants that have access and are influenced by these movements might feel more empowered to seek support from
formal resources since they are more available. Exposure to formal and informal supports might also change depending on age (Whittaker & Garborino, 1983). On college campuses, when living in dorms, students have more knowledge of support than does a woman out of school (Orchowski & Gidyz, 2012). These factors can affect the age of survey respondents and explain any differences in what supports they reported seeking.

An additional limit could also be that those that are immigrants and not identifying DSI could potentially not have the language or might have too much guilt/shame to discuss any part of their experience with sexual violence (Sabina, et al., 2012). They may not have, therefore, participated in this survey. This could impact the breadth of information collected from the survey. People with certain acculturation identification may not have participated, which would lead to not enough information on the independent variable to show any statistical impact on the dependent variable. These issues were partially mitigated by the survey dissemination. A more purposive sampling method allowed more access to those with low DSI. This was done by recruiting heavily from groups that have many participants from older generations.

A further threat to internal validity was the instrumentation (Mertens, 2010). Berry (2005) says that there is psychological and behavioral acculturation, which can be different and should be considered separately. Survey design is limited in its scope of understanding psychological acculturation given that acculturation surveys have not all been normed on an Indian American population and those that are provide a limited scope. Thus, there are not any pre-existent acculturation scales that take the differences in psychological and behavioral acculturation into account and are simultaneously normed to the population (Celenk & Vijver, 2011).
**External validity.** Allowing people to self-define experiences of sexual violence was a strength for external validity (Ullman & Filipas, 2001). As opposed to a participant debating legal terminology such as sexual assault and rape, sexual violence is different because the word “violence” is based on the participant’s perspective and does not confuse participants with legal terminology (RAINN, 2018). This increases survey participation and increases generalizability. Additionally, survey research, done online, allowed for participation from people all over the country (Ansolabhere & Rivers, 2013; Creswell, 2009). As it is not limited by region or type of community, rural, suburban, or urban, this allowed for more of a spread of participants. Since these communities have different amounts of access towards mental health providers (Orsi, et al., 2018), the spread of participants should have mitigated any bias and provide a more accurate view of how Indian-Americans seek support.

This research may have been affected by extraneous variables that affect the level and types of shame felt in an individual, thereby affecting the external validity of the research. Individual and family values, religiosity, recurrence of sexual assault and co-occurrence with other trauma or mental health diagnoses could have affected the scores. This research was intended as a preliminary analysis into the discussion of sexual assault in the Indian-American population and further studies will build off this.

**Participants**

This survey research was conducted with a purposive sample (Bhugra, Mehra, & Silva, 2007). The research questions looked specifically at acculturation and support seeking within Indian-American women who have experiences of sexual violence; I recruited a sample with those identities in mind. Due to issues regarding child abuse
reporting laws, I also limited the sample to those that are legally adults in the United States and above the age of 18. I recruited through different avenues, and the demographics form allowed me to filter participants to ensure that the final sample met the aforementioned characteristics.

Recruiting strategies and survey distribution resulted in seventy-two study participants. Not all participants completed the entire survey, and analysis was performed on those that completed all parts of the survey analyzed in the corresponding research question. Missing data was excluded accordingly. Sexual violence was described based on 86 participants, support seeking was analyzed from the data of 77 completed surveys, and social reactions were analyzed based on the data from 55 individuals.

**Sample Recruitment and Selection**

Female participants above the age of 18 were recruited, initially, from Indian-American social and cultural organizations across the United States. Some of the distribution lists I accessed include those of cultural organizations such as Orissa Society of America, Telugu Association of North America, and Federation of Tamils in North America. These organizations are primarily home to first-generation immigrants from India (Kurien, 2005). I also recruited within cultural organizations directed at the Indian-American community. These include organizations include organizations at post-secondary institutions such as cultural dance groups, South Asian Student Associations, and Hindu Students Councils. I also recruited within special interest Facebook groups for Indian-Americans including the little brown diary, MannMukt Community group, and Brown Girl Magazine. I further recruited people through listservs Asian American Psychological Association and its Division on South Asian Americans. I also reached out
to Indian-American friends across the United States and asked them to post the survey to any local organizations that might exist. I then relied on snowball sampling as these organizations were asked to post the survey on any community forums or social media they might use. This was similar to the sampling done by researchers Asha Kumar and Jeffrey Nevid (2010) and by Prema Kurien (2005) as they sought to gain a sample of Indian-American adults.

Description of Sample

I sought a sample that was somewhat representative of the Indian-American population of 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 City, Washington, D.C, Chicago, IL, and the Bay Area of California (Skop & Li, 2005). The sample was distributed among these four areas.

The participants the recruitment email or posting, and then the participants that go to the link for the Qualtrics survey reviewed the informed consent and agreed to move forward. The sample was then be determined by those participants that completed the demographics tool. The demographics tool for the survey selected the final sample. The demographics asked for age, gender, and whether or not they identify as having an experience with sexual violence. The target population was those that self-identified as having Indian ethnic origin, self-identified as cis-women, were 18 years of age as of survey completion date, were current residents in the United States, and identified that they have had an experience of sexual violence.

There was, unfortunately, no published data regarding the frequency of sexual
violence in Indian-American women. This was estimated by current data on other populations. According to the most recent US Census data, there are approximately 1.6 million self-identified cis-women of Asian Indian origin. Given that the National Sexual Violence Resource Center (NSVRC) says that one third of the female population has experienced a form of sexual violence, the participant pool was in accordance with this population.

I used a Power and Sample Size tool to gather a sample size needed to conduct the necessary statistical analyses to understand the recruitment needs. To attain a power of .9 with $\alpha=.05$, I planned to find at least 68 participants to conduct the necessary data analyses. One hundred respondents started the survey, and only 86 provided enough information for demographic descriptions. The study was analyzed based on the responses from participants that completed each the necessary sections of the survey needed for analysis of the respective research question.

**Research Questions**

In this study, I looked at three questions, which correspond to hypotheses.

- **Research Question 1:** “How does acculturation correlate with types of support (informal only, informal and formal, or formal only supports) sought by Indian women survivors of sexual violence?”
  - **Hypothesis 1:** There is a difference between the type of acculturation in the amount of different supports sought
  - **Hypothesis 2:** A person that identifies more with the dominant society only (assimilation) will access more overall supports than those persons that identify with their ethnic identity only (separation).
• Research Question 2: “How types of acculturation affect the type of supports sought?”
  o Hypothesis 1: When a person identifies as assimilated or integrated, the more likely they are to seek support from formal and informal supports such as mental health professionals.
  o Hypothesis 2: When a person identifies as marginalized or separated, the more likely they are to seek support from informal supports only such as friends and family

• Research Question 3: “How does acculturation impact what reactions Indian-American women receive when they disclose experiences of sexual violence?”
  o Hypothesis 1: Marginalization and separation will correlate with more negative outcomes in social reactions than will assimilation and integration.
  o Hypothesis 2: Assimilation and integration will correlate with more positive outcomes in social reactions, both emotional support and tangible aid, than will marginalization and separation.

**Materials/Instruments**

The materials necessary for the study dissemination were the recruitment email (Appendix A), informed consent form (Appendix B), short demographic survey (Appendix C), Stephenson Multigroup Acculturation Scale (Appendix D), a support seeking checklist (Appendix F), the Social Reactions Questionnaire (Appendix G), and open-ended questions (Appendix H). The recruitment email described the sample needed
for the study and expectations for the study itself. It did not mention gender identity aside from “Identify as a woman” because that can be perceived as discriminatory towards survivors of sexual violence that have other gender identities. I filtered used the demographics tool to filter for the study.

The informed consent explained the details and intentions of the study along with information about the primary researcher and supervisor. It also explained the typical limitations of confidentiality in case they chose to disclose any sensitive information. Due to the confidential and sensitive nature of the survey, there was no physical incentive provided for the participants. Asking a participant to list their name for prize purposes might have discouraged people from participating without full disclosure of their identity.

**Demographic Survey**

The short demographic survey provided a description of the sample population. These questions asked about age, gender, level of education and state or territory in the United States. The gender question was specifically there to make sure that the research project can differentiate between cis-women, trans-women, and gender non-binary survivors of sexual violence. The prefix cis is used to identify those who identify with the gender assigned to them at birth. As most of the literature regarding sexual violence is regarding female survivors (cis-women), this preliminary study is looking at those female survivors. However, the gender question allows for data to be sorted by gender without discriminating against those that are not cis-women. The data from other parties can be used in future studies.

I am also using a simple checklist to identify if the respondent has a history of any experiences of sexual violence. Though there are surveys that check for sexual assault, I
chose to use a simple checklist as the study is not using sexual violence as a variable, but merely as a descriptor of the population. The surveys considered were more detailed in order to assess sexual trauma. However, this researcher intends to research support-seeking behavior which implies that a participant can identify a trauma for which they are seeking support. The experiences of sexual violence that will be on the checklist include cat-calling/eve-teasing, sexual harassment in the workplace, sexual assault, rape, and nonconsensual sex.

**Stephenson Multigroup Acculturation Scale**

The Stephenson Multigroup Acculturation Scale (SMAS) is a 32-item assessment that approached acculturation from the bidimensional framework of acculturation. The SMAS has been normed with several populations, including Indian-Americans. The 32 items on the scale were derived from an original 95-item assessment and these 32 items were, from an exploratory factor analysis, found to account for 50.6% of the scale variance. Reliability assessment using coefficient alphas, showed a reliability index of .86 (Stephenson, 2000).

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. A further precaution within the instrument is that it defines American as Anglo-American, which is clarifying for the diverse nature of the American population. This makes more sense as for the population as many people may not speak the language and feel confused by this wording. The assessment consists of statements that respondents must answer as false, partly false, partly true, or 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).

The SMAS was developed using current acculturation literature that uses a bidimensional concept of acculturation as opposed to the unidimensional concept (Stephenson, 2000). The unidimensional framework conceptualized acculturation as a finite amount. In other words, as a person becomes more immersed in the dominant society, the person would lose that much of their ethnic cultural identification. The bidimensional model posits that people can accommodate to the new, dominant society, while keeping their ethnic culture. In the current literature and studies of culture and ethnicity in the United States, this latter, bidimensional model makes more sense (Berry, 2005; Celenk & Vijver, 2011; Miller, 2007; Miller, et al., 2011).

The SMAS assesses both the dominant society immersion (DSI) and the ethnic society immersion (ESI) of an individual. This was developed through exploratory factor analysis by multiethnic developers and field tested twice with ethnically diverse samples. In total, 436 participants provided data to conduct the field tests. This is one of the few bidimensional acculturation measures that has been normed on Asian populations (Celenk & Vijver, 2011). However, out of the participants, only 8 percent identified as Asian-American. This included those that placed their family origin in nine different countries including India, which translates to between 3 to 33 Indian-American participants. This also test was also facilitated in English, which limited users and excluded refugees (Stephenson, 2000). However, for the population considered in this survey research, the last two qualifiers are moot points as this survey will also be in
English and the population of Indian-Americans in the United States do not include many refugees (Skop & Li, 2005).

To test the validity of the measure, all participants were provided the SMAS and also given Symptom Checklist-90 -Revised (SCL-90-R) (Derogatis, 1994; Stephenson, 2000). In past validity testing of acculturation scales, the Minnesota Multiphasic Personality Test (MMPI) had been a point of comparison. This is the precedence for understanding the validity of a measure after exploratory factor analysis (Fabrigar & Wegener, 2011). The Eigenvalues from the factor analysis matrix for ESI and DSI are 10.32 and 5.87, respectively (Stephenson, 2000).

The reason for the choice in this scale is multifold. There are few other scales that show norming on South Asian populations and use bidimensional framework for acculturation (Celenk & Vijver, 2011). Also, this scale measures attitudes and behaviors towards dominant and ethnic society. Miller (2007) found that adherence to Asian behaviors explained 30 percent of adherence to Asian values. This provides some knowledge regarding psychological acculturation, which should be distinguished from behavioral acculturation (Berry, 2005) to better explain support seeking.

**Support Seeking Checklist**

The support seeking checklist was next in the survey and it allowed space for participants to identify the supports or therapeutic activities they sought for their experience. Supports were later categorized by informal supports and formal supports. These groups were the categorical dependent variable. Amount of different supports, which is reflected in the number of separate supports sought, was another dependent variable measured as a count. This was a count of the total supports sought and was not
divided into the aforementioned categories.

The informal supports include nuclear and extended family as well as family-friends. Current research shows that women of color typically seek informal supports in general (Ullman & Filipas, 2001). A study conducted by Ullman and Filipas (2001) on support-seeking behavior in sexual assault survivors, showed that 94.2 percent of women of color told an informal support after an experience of sexual violence. However, they also reported that these informal supports provided less emotional support (Ullman & Filipas, 2001).

The multigenerational family has been debated in research regarding the support they provide (Greenidge & Daire, 2010; Shoemaker, 2016). Parents, grandparents, and older relatives can be people that provide a lot of guidance and support within the community and influence decisions (Shoemaker, 2016), however, in many cases people may feel disconnected from those supports if they are living in another country (Greenidge & Daire, 2010) or if the support sought is for something they do not feel comfortable talking about with those people (Adam & Shewe, 2007; Aggarwal, Sharma, & Chhabra, 2000; Kurien, 2005).

Other informal supporters were added in accordance to the current literature. This is why informal supports also included siblings, cousins, friends, classmates, romantic partners, colleagues, religious supports, and institutional agents such as advisors and teachers. These helped to analyze the types of informal supports were being sought other than family. Both Shoemaker (2016) and Clarke and Pino (2016) share anecdotes of people seeking peer support in the case of issues where they do not feel comfortable talking to parents or formal supports. Additionally, Ullman and Filipas (2001) found that
17.4 percent of the survivors in their study of support seeking sought romantic partners as a support. Institutional agents have also helped with people of color in gaining social capital and other resources, though Asian-Americans have struggled with this due to the lack of Asian-American staff and faculty at schools (Museus & Park, 2015).

Formal supports included mental health counselors and school counselors. These are places that have some training regarding sexual violence survivors, though they do not have differ in the amount of training they provide (Ullman & Filipas, 2001). Less than 30 percent of survivors accessed mental health services in Ullman and Filipas’ 2001 study. Predictors of accessing mental health services are high levels of informal support and the perpetrator being a stranger (Ullman & Filipas, 2001; Robertson et. al., 2015). Language and acculturation might impact this since women of color with less United States-based education and language skills tend to struggle in understanding what resources are available to them (Robertson et. al., 2015; Hynes & Cardozo, 2000). Rape Crisis Centers/Women’s Centers are mostly underused, but past studies show that survivors that access these centers report high levels of support (Ullman & Filipas, 2001). Physicians, emergency care workers, and police are also reported sources on the front-line of responding to sexual violence, but survivors usually refer to these interactions as re-traumatizing (Ullman & Filipas, 2001). Some survivors have also discussed the use of religious supports such as clergy (Ullman & Filipas, 2001). As the Indian-American population is largely Hindu and Muslim (Skop & Li, 2005), these resources may not interpret to this study. Participants were able to added other supports not mentioned in the category of “other.”
Online supports refer to using an online support group or posting on an online forum. This also included personal use of written or video blogs, submission to online journals, and posts on social media, such as Facebook or Instagram. These have been used, anatomically, by survivors to find a community (Clarke & Pino, 2016).

Therapeutic activities included art and journaling. This included prayer, which has been cited by Shoemaker (2016) as a support for immigrants to the United States in times of challenge. Shoemaker also found that drinking was a path that people took to self-help. This checklist included substances as the category that houses drinking in order to expand to any other drugs that might be used to self-help.

The checklist is an extension of that used by Ullman and Filipas in their 2001 study regarding support seeking behavior of sexual assault survivors. In creating a valid survey, I took steps in designing these checklists. I formed the checklist 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, a question will be, “Did you seek support from a parent?” The respondent will be able to answer yes or no.

**Social Reactions Questionnaire**

The Social Reactions Questionnaire (SRQ), developed by Dr. Sarah Ullman, is a 48 question measure that observes the social reactions that people experience when disclosing about their history. This was provided only to people that responded affirmatively to any disclosure during the checklist. Participants were asked to respond according to when they have disclosed experiences of sexual violence. Participants were then asked about 48 separate reactions, including reactions such as “reassured you are a good person” and “encouraged you to seek counseling.” They then were asked to rate the
frequency of how often they receive these reactions based on 0 (never) to 4 (always) (Ullman 2000; Ullman & Filipas, 2001; Relyea & Ullman, 2015).

The SRQ contains three general scales for observing reactions. These are broken down into Turning Against, Unsupportive Acknowledgement, and Positive Reactions. The former two, turning against and unsupportive acknowledgement can also be coded as Negative Reactions. The coding for this study separated the scales into two: Negative Reactions and Positive reactions. Further, there are seven more specific scales: victim blame, treat differently /stigma, taking control, distraction, egocentric reactions, tangible aid, and emotional support.

Psychometric testing of the SRQ was done on a racially diverse population. Factor analysis using Cronbach’s alpha returned subscale alpha’s of greater than .77: .93 for emotional support/relief, .86 for treat differently, .80 for distraction/discourage talking, .83 for taking control, .84 for tangible aid/information support, .80 for victim blame, and .77 for egocentric reactions.

Further, test-retest correlations of the measure were significant using Pearson R with a p-values of less than .001. The SRQ is a measure that has been used in studying populations with Experiences of sexual violence in the past (Ullman, 2000). Thus, it is the most applicable to the population in this study.

A limit to the SRQ is that, when normed and tested, Asian participants were broadly defined. As Asian cultures are very diverse, it is possible that no Indian-Americans were included in the analysis of the measure. Further, the SRQ is lengthy at 48 questions, which may cause survey fatigue for participants, and if participants report more negative social reactions, the taking of the survey can cause hopelessness or
sadness. Though a shorter version of the survey exists, at 16 questions, the survey developers do not recommend its use in diverse populations as cultural responses can vary.

To interpret the SRQ with the population, I added some of the qualitative questions asked when the developers worked on understanding the SRQ’s psychometric properties (Ullman, 2000). The participants will be asked three questions. One is “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?”

**Procedure**

Prior to conducting this study, I obtained approval from both Penn State Institutional Review Board (IRB) and the Indian-American organizations (Orissa Society of America, little brown diary, AAPA, and DOSAA) that provided access to their email distribution lists. The IRB protects participants from undue risk according to those listed by Penn State and the U.S. Department of Health and Human Services. The Indian-American associations have individual rules and regulations; proposals were sent to the governing bodies of each organization and each was given an opportunity to ask for any clarifications with me to better decide if they would like their distribution lists to be used for this cause.

After gaining permission from all governing parties, I distributed the survey via email d-lists and forums. There was a message attached to the email that provided context for the importance of the study and warns about the sensitive nature of the topic. There
was also information about the Rape Abuse and Incest National Network (RAINN) Hotline, should they need to talk to somebody.

The informed consent explained that the study revolves around those who have survived experiences of sexual violence. If the participant to identified as a survivor and were willing to participate, they completed the following questionnaire with their experience of sexual violence in mind.

The language on the informed consent was of a neutral vein. It was written to inform, not to persuade, a potential participant. The risks were also clearly dictated. One of the risks involved in this study was the possibility of being re-traumatized. Also, there was a risk of exposure in that there is a possibility that a family member or friend saw the survey and asked questions. Outside of this, the simplicity of the research materials ensured minimal physical demand on the participant.

The four instruments, the demographics questionnaire, SMAS, support seeking checklist questions, and SRQ will be merged into a unified Qualtrics survey. The questions in the SMAS and the support seeking checklist were randomized so that the survey design itself did not impact the data collected. This may have helped with survey fatigue affecting response to later items (Creswell, 2009).

**Data Analysis**

The main variables researched in this study are acculturation, which is the independent variable, and support seeking behavior and social reactions, which are the dependent variables. This research looked for the relationship between these two variables in a specific population: the Indian-American community for those women that have experiences of sexual violence.
**Independent Variable**

The independent variable for this research project is type of acculturation; it is a categorical variable. Acculturation impacts one’s interaction with society (Berry, 2005). Miller et. al (2011) studied how Asian-Americans vary their types of support seeking as determined by their acculturation. Since I did not have direct contact with any of the participants, this was determined by the participants’ answers on the demographic survey and by their scores on the Stephenson Multigroup Acculturation Scale (Stephenson, 2000).

Acculturation is identified in a bidimensional manner, with Ethnic Society Immersion (ESI) and Dominant Society Immersion (DSI) being the two frames in which someone could classify (Stephenson, 2000). ESI refers to the person’s attitudes being more closely aligned with Indian culture. DSI is in reference to how much the person has adopted many of the attitudes and behaviors of the dominant society, which, in this case, is that of the western, or Anglo-American culture in the United States. ESI and DSI are determined by attitudes and behaviors of the participants (Stephenson, 2000).

I used Berry’s (2005) framework for acculturation which offers the four categories of assimilation, separation, marginalization, and integration. Using the subscales of ESI and DSI, these are split into four categories. 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 participants scores on the SMAS will place them into a category of acculturation.

**Dependent Variable**
Support Seeking. Support seeking is defined, for the purposes of this study, as places and persons that participants identify as those they may have accessed for support for their trauma. This was a dependent variable because studies show that formal support seeking can vary significantly based on the individuals acculturation (Miller et. al, 2011; Shoemaker, 2016). This was determined via a checklist within the survey. Support seeking categories will include family members (mother, father, sibling, grandmother, grandfather, cousin), friends (friend, family friend), professionals (professor/teacher, school counselor, mental health counselor), online community, and other methods (journaling, art, etc).

Support seeking was measured by amount of support sought and type of support, “formal only,” “formal and informal,” or informal only, sought. Informal support includes friends, family, intimate partners, colleagues, and institutional agents such as advisors and teachers. Formal support includes police, emergency care professionals, religious supports, community agencies, and mental health providers (Ullman & Filipas, 2001).

When the participants responded affirmatively to any support within the checklist, the study asked for the gender of the support. Social reactions were then evaluated to understand the experience of support seeking.

Social Reactions. Social reactions were measured according to the SRQ results. According to Ullman and Filipas’ 2001 study, social reactions were impacted by the demographics of the women that sought support. This was compared against the acculturation demographics of the participants in this study. As per the recommendations of the developer of the measure, the SRQ will be scored according to the seven individual
subscales as well as being scored by Positive Social Reaction and Negative Social Reactions. These will be scored and then observed as separate dependent variables.

**Statistical Analyses**

I began my data analysis by running descriptive statistics against the demographic data in order to describe the sample population. These demographic data included age, state within the United States, and level of education. These descriptive statistics provided insight into the sample and informed if further analyses will be appropriate. Not all participants completed the survey. For each question, as different survey sections were used for analysis, I excluded responses with missing data. Outliers were included in all analyses because of the small response pool. The research questions warranted their own analyses, which are displayed in Table 3-1.

**Question 1.** The first question was “How does acculturation correlate with types of support (informal or formal supports) sought by Indian women survivors of sexual violence?” For this, the independent variable is type of acculturation (assimilation, separation, marginalization, and integration) which is shown through ESI and DSI scores on the SMAS. The dependent variable is the amount, or count, of different types of support sought, which was based on the amount of supports to which the respondent answered “yes.”

Regarding the first question and how acculturation correlates with support seeking, the hypothesis, based on the literature review, was that (H1) there is a difference between the type of acculturations in the amount of different supports sought. The second hypothesis was that (H2) the more a person identifies with the dominant society
(assimilated), they will access more overall supports than those that identify with only their ethnic identity (separated), in this case Indian origin.

Prior to running any analyses, I tested for normal distribution to make sure the data meet the assumptions needed to pursue an ANOVA. I intended to use a 1-way ANOVA to compare the four categories of acculturation to the count of support. The significance of this difference was determined through use of the social science standard $\alpha=.05$. On the event that the 1-Way ANOVA presented a statistically significant difference in the categories and pass the assumption of homogeneity of variances, I planned to use post-hoc testing via Tukey’s HSD to test to understand the differences between categories to answer H2, that the participants with a more assimilated identity will access more supports than those that identify as separated. The same standard of $\alpha=.05$ was used to determine significance.

The data did not meet the assumptions for homogeneity of variance. I then used a non-parametric test to analyze the data and understand the relationship between the mean of amount of support seeking for each acculturation type.

**Question 2.** The second question was “How does the category of acculturation affect the type of supports sought?” The independent variables here are the categories/types of acculturation. The dependent variable is the type of supports sought, which is categorical.

I looked more categorically into the types of supports people access in examining the general support seeking behaviors. The first hypothesis was that (H1) when a person identifies with as assimilated or integrated, the more likely they are to seek support from formal supports such as mental health professionals. Also, (H2) when a person identifies
with Indian origin (integration or separation), the more likely they are to seek support from informal supports.

Before testing these hypotheses, I checked for correlation between the different types of support. If this assumption had been met, my intention was to compare the acculturation categories against the support seeking categories. In order to do this, I planned Berry’s (2005) four acculturation categories and compared them across the four categories of support to see the between group differences using Chi Square Test for Independence. I used the social science standard of $\alpha=.05$ in order to determine significance. I reported both practical and statistical significance. The different types of support were normally distributed across acculturation type and provided an appropriate opportunity to use the Chi Square Test for Independence. Results are discussed in Chapter 4.

**Question 3.** The final question was “How does acculturation impact what reactions Indian-American women receive when they disclose experiences of sexual violence?” This question was only asked of those who responded affirmatively to disclosure to someone. For the purposes of this study, I looked, primarily to understand the positive and negative reactions. For this, the SRQ was analyzed the subscales were scored. As per recommendation by the survey developers, the subscales were scored individually, and also, they were scored in the categories of Negative Reactions and Positive Reactions.

There were two hypotheses based on research regarding Indian-American views regarding support seeking and sex. The first hypothesis (H1) was that there is a difference between the types of acculturation and the social reactions they receive. The second
hypothesis (H2) was that the individuals that identify as marginalized or separated will report more negative social reactions because their support systems will be in their ethnic communities. The second hypothesis (H2) was that those who identify as assimilated and integrated will identify with more positive social reactions.

Upon the scoring of the SRQ, I first looked at the correlation between the two subscales of Negative Reactions and Positive Reactions. If these two subscales were highly correlated, I pursued analysis of the complete score against the types of acculturation through ANOVAs. If these two subscales were found to be independent, I planned to pursue 1-way ANOVAs to compare the acculturation (assimilation, marginalization, integration, and separation) against the continuous variables of amount of (H2) Negative Social Reaction and amount of (H3) Positive Social Reactions. The intention as to analyze these using 1-way ANOVAs with the categorical acculturation variable and the continuous variables of social reaction (H1). I used α=.05 for significance tests and, if they were found to be significant, I planned to test for homogeneity of variance and use Tukey’s HSD to compare the differences between groups and test for both hypotheses. Similarly, α=.05 was used to assess for significant differences.

The data met these assumptions for only one scale of the SRQ. The other scales did not meet the assumptions for normal distribution for the ANOVAs. One of the subscales did meet the assumption after using a Welch’s statistic to assess normal distribution. Other subscales were not normally distributed, in which case I then pursued non-parametric comparison of means using the Independent Samples Kruskal Wallis test.
**Open-Ended Questions.** The open-ended questions at the end of the study were used to help explain results found. There was a general analysis of themes to understand what may have been relevant to the participants and what their experiences of support seeking were. As per the use of these questions in Ullman an Filipas’s 2001 study, I looked for what themes appeared and how that connected to support seeking within the theoretical constructs of Feminist Theory.

**Limitations**

This research may have been affected by extraneous variables that affect the level and types of shame felt in an individual, thereby affecting the external validity of the research. Individual and family values, religiosity, recurrence of sexual assault and co-occurrence with other trauma can affect the scores. This research was intended as a preliminary analysis into the discussion of sexual violence in the Indian-American population and further studies can build off of this.

Some issues in internal validity of the research are in the differences between first and second-generation immigrants. This research assumes that the differences in levels of support seeking were due to the level of acculturation, but it may also have been influenced by the age of the participant. As first-generation immigrants will tend to be older than second generation immigrants, this could have been the influencing factor for the data.
<table>
<thead>
<tr>
<th>Question</th>
<th>Hypothesis</th>
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<th>Analysis</th>
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<td>H2</td>
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<td>Amount of different support (count)</td>
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<td>H1</td>
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CHAPTER 4

RESULTS

This chapter illustrates the findings of this study. Descriptive statistics regarding frequency and type of sexual violence are reviewed along with demographic characteristics of all participants that shared their experiences of sexual violence. This chapter also includes descriptive statistics, assumption testing, and analysis for each hypothesis. The descriptive statistics of each of these sections describe the sample that completed responses for each analysis. The statistical analyses were dependent on assumption checking for each variable. One Way ANOVA and post-hoc tests were planned to examine Question 1, Chi-Square Test were intended for analysis of Question 2, and 1-Way ANOVA and post-hoc testing were intended for Question 3.

Participant Experiences of Sexual Violence

Reported Sexual Violence

Descriptive statistics on the data were run to understand the population and the sexual violence experienced. Eighty-six people responded regarding their experiences of sexual violence. Out of these experiences 79 (91.9%) reported that they had experienced cat-calling, 48 (55.8%) shared that they had experienced sexual harassment, 69 (80.2%) shared that they had experienced sexual assault, 24 (27.9%) reported an experience of rape, 18 (20.9%) reported nonconsensual sex, and 3 (3.5%) self-described as having experienced “other.” Seventy-four (86%) participants shared that they had experienced more than one incidence of sexual violence.

Demographics of those that Reported Sexual Violence
The demographic characteristics of the participants were assessed via survey questions asking about region of the United States, education, and religiosity. These frequencies of demographic characteristics are shown in Tables 4-1 through 4-3. The tables include information according to US Census data about regional distribution of the Indian diaspora in the United States. It is important to note that, for those that described some religiousness, 51.5% labeled themselves as Hindu or culturally Hindu but mostly agnostic. Three described themselves as Jain, 3 described themselves as Christian, one described herself as Muslim, one described herself as Buddhist, and all others said that they were spiritual or agnostic.

Table 4-1

*Frequencies by Region of the United States*

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<th>Region</th>
<th>Frequency</th>
<th>Percent</th>
<th>US Census Percentage</th>
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</tr>
<tr>
<td>West</td>
<td>14</td>
<td>16.3</td>
<td>24.6</td>
</tr>
<tr>
<td>Midwest</td>
<td>9</td>
<td>10.5</td>
<td>16.3</td>
</tr>
<tr>
<td>Northeast</td>
<td>43</td>
<td>50</td>
<td>29.8</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2.3</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4-2

*Frequencies of level of Education*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>US Census Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some college</td>
<td>6</td>
<td>6.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>37</td>
<td>43</td>
<td>32</td>
</tr>
<tr>
<td>Master’s degree or more</td>
<td>42</td>
<td>48.8</td>
<td>39.3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.2</td>
<td>17.9</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 4-3

*Frequencies of Religiousness*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>16</td>
<td>18.6</td>
<td>18.6</td>
</tr>
<tr>
<td>Somewhat</td>
<td>39</td>
<td>45.3</td>
<td>45.3</td>
</tr>
<tr>
<td>Yes</td>
<td>31</td>
<td>36.0</td>
<td>36.0</td>
</tr>
<tr>
<td>Total</td>
<td>86</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Acculturation’s Impact on Amount of Different Supports**

The first research question was “How does acculturation correlate with types of support (informal only, informal and formal, or formal only supports) sought by Indian women survivors of sexual violence?” The first hypothesis was that there is a difference between the type of acculturation in the amount of different supports sought. The further hypothesis (H2) was that a person that identifies more with the dominant society only (assimilation and integration) will access more overall supports than those persons that identify with their ethnic identity only (separation and marginalization).

**Descriptive Statistics**
Some respondents stopped response after identifying their experience with sexual violence. Those that continued to complete the SMAS and support seeking checklist were 77 respondents. This drop off may have been due to a retraumatization from responding affirmatively to their experiences. These 77 respondents shared data on with whom they sought support (Table 4-4) and their SMAS scores were calculated.

These respondents’ scores on the SMAS were calculated based on the ESI and DSI subscales. ESI and DSI were calculated by summing the subscale scores. Acculturation type was then identified by computing a variable with “If” conditions based on the overall DSI and ESI scores from the SMAS. High DSI was categorized as $x>53$ and high ESI was $x>45$. This was then used to divide acculturation into marginalized, separated, integrated, and assimilated. Low ESI ($x<45$) and DSI ($x<53$) were placed in the marginalized category, those with high ESI but low DSI were identified as separated, those with high ESI and DSI were integrated, and finally, those with low ESI and high DSI were identified as assimilated.

Frequencies for each type of acculturation were tabulated and is presented in Table 4-5. The descriptive statistics including central tendency measures (mean, median, mode, and standard deviation) as well as skewness and kurtosis for the dependent variable of amount of support sought are included in Table 4-6.
Table 4-4

*Frequencies of Types of Support Sought*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>15</td>
<td>19.5</td>
</tr>
<tr>
<td>Father</td>
<td>7</td>
<td>9.1</td>
</tr>
<tr>
<td>Sibling</td>
<td>18</td>
<td>23.4</td>
</tr>
<tr>
<td>Friend</td>
<td>50</td>
<td>64.9</td>
</tr>
<tr>
<td>Grandparent</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Professor/Teacher</td>
<td>7</td>
<td>9.1</td>
</tr>
<tr>
<td>School Counselor</td>
<td>12</td>
<td>15.6</td>
</tr>
<tr>
<td>Mental Health</td>
<td>19</td>
<td>24.7</td>
</tr>
<tr>
<td>Professional Family Friend</td>
<td>7</td>
<td>9.1</td>
</tr>
<tr>
<td>Cousin</td>
<td>13</td>
<td>16.9</td>
</tr>
<tr>
<td>Online Community</td>
<td>14</td>
<td>18.2</td>
</tr>
<tr>
<td>Journaling</td>
<td>19</td>
<td>24.7</td>
</tr>
<tr>
<td>Art</td>
<td>10</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 4-5

*Frequencies of Acculturation Types*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>marginalized</td>
<td>12</td>
<td>15.6</td>
</tr>
<tr>
<td>separated</td>
<td>21</td>
<td>27.3</td>
</tr>
<tr>
<td>integrated</td>
<td>22</td>
<td>28.6</td>
</tr>
<tr>
<td>assimilated</td>
<td>22</td>
<td>28.6</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4-6

*Descriptive Statistics for Amount of Support (N=77)*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
<th>Skew.</th>
<th>Kurt.</th>
<th>SE</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>amount of support</td>
<td>77</td>
<td>0.00</td>
<td>7.00</td>
<td>1.935</td>
<td>1.89416</td>
<td>1.133</td>
<td>0.274</td>
<td>.721</td>
<td>0.541</td>
</tr>
</tbody>
</table>
Test for Assumptions

Prior to running an analysis of variance, omnibus testing was performed to check that assumptions were met for the ANOVA. The data did not meet the assumption of homogeneity of variance. Levene’s statistic returned as 3.126 F(3, 73), p= .031, thus the assumption of homogeneity of variance did not pass. I also tested for the assumption of a normal distribution, but it was violated as skewness was greater than |1.96|.

I proceeded to use the Welch’s statistic as recommended by Tabachnick and Fidell (2013). Welch’s test modifies the degrees of freedom used in the test, which, in turn, increases power when samples have unequal variance, as they do in this case. Welch’s test also returned a significant p-value 4.118 (3, 40.88), p=.012. At this point, it was clear that variance tests were detecting a difference in the variance of the acculturation types.

As recommended by Tabachnick and Fidell (2013), I transformed the variable by taking the log_{10} of the amount of support. The logarithm function creates an asymptote when amount of support is at zero, so all asymptotic values were recoded as zeros. I then took ran HOV tests with the log of support as the dependent variable and the acculturation type as the factor variable. Both values returned having failed the homogeneity of variance test. Levene’s statistic returned 4.3729(3,73), p=.007 and Welch’s statistic returned 4.111 (3, 39.568), p=.012.

Wilcoxon Signed Rank

The data failed the homogeneity of variance tests, suggesting that it might be useful to explore nonparametric testing of the variable of DSI against that of amount of
support. The descriptive statistics of the two variables, DSI and amount of support are shown in Table 4-7. The Wilcoxon signed rank test delivered Z= -7.631, p < .00, showing statistically significant difference in the mean amount of support sought as divided by low and high DSI. The Wilcoxon signed rank test 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.

Table 4-7

*Descriptive statistics for Dominant Society Immersion, Ethnic Society Immersion, and Total Amount of Supports Sought*

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSI</td>
<td>53.3506</td>
<td>3.55693</td>
<td>43.00</td>
<td>59.00</td>
</tr>
<tr>
<td>ESI</td>
<td>47.1039</td>
<td>7.96305</td>
<td>28.00</td>
<td>62.00</td>
</tr>
<tr>
<td>total support</td>
<td>1.9351</td>
<td>1.89416</td>
<td>0.00</td>
<td>7.00</td>
</tr>
</tbody>
</table>

**Conclusion**

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. These analyses keep with the hypothesis that acculturation types with greater dominant society immersion will access more support. It further adds on to that hypothesis by showing that those with high ethnic society immersion also will access more support. The nonparametric tests show that those that show 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 vs. Type of Support

The second research question sought to answer “How do types of acculturation affect the type of supports sought?” The first hypothesis for this question was that when a person identifies as assimilated or integrated, they are more likely they are to seek support from formal and informal supports such as mental health professionals. I had further hypothesized (H2) that when a person identifies as marginalized or separated, the more likely they are to seek support from informal supports only such as friends and family.

Descriptive Statistics

Frequencies for type of acculturation are featured in Table 4-5. To assess the different types of support sought, I created a categorical variable from the responses on the support seeking checklist. Supports were categorized into informal support and formal support and then another variable for type of support (neither, formal only, informal only, or both) was computed using “If” qualifications to create the categories. The frequencies for type of support category are featured in Table 4-8.

Assumption Testing

A Chi-Square model was intended to assess the effects of acculturation type on the types of support sought. Prior to running the Chi-Square, tests were run to understand if assumptions had been met.
Table 4-8

Frequencies of Categories of Support Sought

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither</td>
<td>19</td>
<td>24.7</td>
</tr>
<tr>
<td>Formal only</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Informal only</td>
<td>36</td>
<td>46.8</td>
</tr>
<tr>
<td>Both</td>
<td>21</td>
<td>27.2</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Sample assumptions

Chi-Square testing relies on a large sample size in each cell (n>5). As there was only one participant who identified that they had just sought formal support (see Table 4-8), this did not meet the Chi-Square need for a large enough population. Therefore, I moved to changing the groups tested in the question. I recategorized acculturation into high DSI and low DSI as DSI is the factor that separated those in the marginalized and separated categories from those in the assimilated and integrated categories. This new variable was labeled “accbyDSI.”

I further recategorized the types of support so that they were relabeled as those who sought support from formal and informal sources and those who sought support from informal sources only or did not seek support at all. This was done by a simple recode of the variable into the same variable. In doing this reorganization, descriptive statistics were re-run (see Tables 4-9 and 4-10)
Table 4-9

*Frequencies of Formal Support Sought*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal support</td>
<td>55</td>
<td>71.4</td>
</tr>
<tr>
<td>Formal support</td>
<td>22</td>
<td>28.6</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4-10

*Frequencies of Dominant Society Immersion (DSI)*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low DSI</td>
<td>33</td>
<td>42.9</td>
</tr>
<tr>
<td>High DSI</td>
<td>44</td>
<td>57.1</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In recategorizing the acculturation type and support type into dichotomous variables, the sample sizes grew and met the cell sample size needed for Chi-Squared testing. I then proceeded to test for assumptions of collinearity and normal distribution.  

**Correlation assumptions**

Assumptions of independence were met as there was no significance p=.082, when testing for correlation with the acculturation types of low and high DSI via the Chi-Square test for independence. As this collinearity assumption was met, the test did meet the assumption for independence. This independence meant that I could not perform Chi-Square tests for independence for all three hypotheses.

**Chi-Square Tests of Independence**
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.

**Conclusions**

A difference in DSI does not mean that a person is more or likely to seek formal supports or just informal supports. In other words, low DSI and high DSI lead to similar amounts of formal support seeking and only seeking informal supports. As the $p$-value returned was .081, it is possible that a larger sample might provide more significance to the data. This study, though, showed that acculturation by dominant society immersion has no impact on whom participants turn to for support.

**Type of Acculturation vs. Social Reactions**

The third research question was “How does acculturation impact what reactions Indian-American women receive when they disclose experiences of sexual violence?” The first hypothesis for this was that marginalization and separation, low DSI, will correlate with more negative outcomes in social reactions than will assimilation and integration. The second hypothesis was that assimilation and integration will correlate with more positive outcomes in social reactions, both emotional support and tangible aid, than will marginalization and separation.

**Descriptive Statistics**

The latter sections of the survey were not completed at the same rate as the first part. Missing data was excluded from the analysis. Thus, the SRQ results are from 55 participants that completed that portion of the survey in its entirety. The 31 individuals that did not complete the SRQ shared similar demographics with the 55 that responded,
which suggests that the drop off from 86 to 55 respondents in the SRQ could be attributed to survey length.

As per the developer’s instruction, the SRQ was scored according to the respective subscales by taking the mean of the responses within each subscale. Frequencies for acculturation types are featured in Table 4-5 and frequencies for acculturation types are featured in Table 4-10. For the Social Reactions Questionnaire, descriptive statistics were run to understand the central tendency as well as skewness and kurtosis of the different reaction subscales including victim blame, treat differently/stigma, taking control, distraction, egocentric reactions, tangible aid, and emotional support. Overall Positive Reactions and Negative Reactions, which is described as a scale and is also split into Unsupportive Acknowledgement and Turning Against behavior, were also described statistically. The descriptive statistics for all of the aforementioned variable subscales and scales measured by the SRQ are featured in Table 4-11.

Table 4-11

Descriptive Statistics for Subscales on SRQ (N=55).

<table>
<thead>
<tr>
<th>Subscale</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>SD</th>
<th>Skew.</th>
<th>Kurt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Support</td>
<td>55</td>
<td>0.00</td>
<td>3.47</td>
<td>1.9976</td>
<td>0.82292</td>
<td>-0.647</td>
<td>0.121</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Aid</td>
<td>55</td>
<td>0.00</td>
<td>4.00</td>
<td>1.3236</td>
<td>0.82506</td>
<td>0.733</td>
<td>0.782</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blame</td>
<td>55</td>
<td>0.00</td>
<td>3.00</td>
<td>0.9394</td>
<td>0.90288</td>
<td>0.548</td>
<td>-0.909</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stigma</td>
<td>55</td>
<td>0.00</td>
<td>2.33</td>
<td>0.8030</td>
<td>0.76113</td>
<td>0.570</td>
<td>-1.028</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>55</td>
<td>0.00</td>
<td>2.43</td>
<td>0.8130</td>
<td>0.70140</td>
<td>0.634</td>
<td>-0.726</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egocentric</td>
<td>55</td>
<td>0.00</td>
<td>3.50</td>
<td>1.0955</td>
<td>0.88649</td>
<td>0.461</td>
<td>-0.544</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distraction</td>
<td>55</td>
<td>0.00</td>
<td>3.00</td>
<td>1.1606</td>
<td>0.88829</td>
<td>0.501</td>
<td>-0.891</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turning Against</td>
<td>55</td>
<td>0.00</td>
<td>2.15</td>
<td>0.8559</td>
<td>0.71674</td>
<td>0.500</td>
<td>-1.126</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsupportive</td>
<td>55</td>
<td>0.00</td>
<td>2.85</td>
<td>1.0420</td>
<td>0.68368</td>
<td>0.457</td>
<td>-0.473</td>
</tr>
</tbody>
</table>

N = Number of respondents, Min = Minimum, Max = Maximum, Mean = Mean Value, SD = Standard Deviation, Skew. = Skewness, Kurt. = Kurtosis, SE = Standard Error.
**Acknowledge**

<table>
<thead>
<tr>
<th></th>
<th>Positive Rx</th>
<th>55</th>
<th>0.00</th>
<th>3.35</th>
<th>1.8291</th>
<th>0.77086</th>
<th>-0.437</th>
<th>0.322</th>
<th>0.067</th>
<th>0.634</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative Rx</strong></td>
<td>55</td>
<td>0.00</td>
<td>2.38</td>
<td>0.9490</td>
<td>0.66321</td>
<td>0.363</td>
<td>0.322</td>
<td>-1.074</td>
<td>0.634</td>
<td></td>
</tr>
</tbody>
</table>

**Assumption testing**

Omnibus testing was performed on the data. Skewness and kurtosis for all variables, with the exceptions of emotional support and tangible aid were met. Homogeneity of Variance tests on the remaining data was conducted. Levene’s statistic for each remaining variable was met, with the exception of the blame subscale (Table 4-12). The data met the assumption of independence as acculturation types were mutually exclusive variables.

Table 4-12

*Homogeneity of Variance Test on SRQ Subscales (N=55)*

<table>
<thead>
<tr>
<th></th>
<th>Levene Statistic</th>
<th>df1</th>
<th>df2</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blame</strong></td>
<td>4.260</td>
<td>3</td>
<td>51</td>
<td>0.009</td>
</tr>
<tr>
<td><strong>Stigma</strong></td>
<td>0.386</td>
<td>3</td>
<td>51</td>
<td>0.764**</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td>1.335</td>
<td>3</td>
<td>51</td>
<td>0.273**</td>
</tr>
<tr>
<td><strong>Egocentric</strong></td>
<td>0.512</td>
<td>3</td>
<td>51</td>
<td>0.676**</td>
</tr>
<tr>
<td><strong>Distraction</strong></td>
<td>1.711</td>
<td>3</td>
<td>51</td>
<td>0.176**</td>
</tr>
<tr>
<td><strong>Turning Against</strong></td>
<td>1.053</td>
<td>3</td>
<td>51</td>
<td>0.377**</td>
</tr>
<tr>
<td><strong>Unsupportive Acknowledge</strong></td>
<td>0.872</td>
<td>3</td>
<td>51</td>
<td>0.462**</td>
</tr>
<tr>
<td><strong>Positive Reaction</strong></td>
<td>2.469</td>
<td>3</td>
<td>51</td>
<td>0.072**</td>
</tr>
<tr>
<td><strong>Negative Reaction</strong></td>
<td>1.432</td>
<td>3</td>
<td>51</td>
<td>0.244**</td>
</tr>
</tbody>
</table>

** indicates HOV test passes
Independent Samples Kruskal-Wallis Test

I performed the Independent Samples Kruskal-Wallis Test for those subscales that returned skewness and kurtosis where $|x| > 1.96$: emotional support and tangible aid. The Kruskal-Wallis test for both subscales resulted in $p$ values $> .05$. Emotional support returned a $p$-value of 0.183 and tangible aid returned a $p$-value of 0.072. This showed that there was no difference in acculturation type for the social reactions of receiving emotional support and tangible aid. This test showed that acculturation did not impact the emotional support or tangible aid that survivors experience.

Welch’s Test and Analysis of Variance

As the blame subscale failed the test for homogeneity of variance using Levene’s statistic, I proceeded to use the Welch’s statistic as recommended by Tabachnick and Fidell (2013). Welch’s test modifies the degrees of freedom used in the test, which, in turn, increases power when samples have unequal variance, as they do in this case. Welch’s statistic passed the HOV test, $0.074(3,22.2), p=.973$, and I proceeded with the 1-Way ANOVA based on this. The ANOVA showed no difference in means between acculturation types, $F=.088, p=.966$, for the subscale of blame. This showed that the survivor’s acculturation does not make a difference when it comes to the blame experienced by the survivor.

Analysis of Variance

The remaining subscales were investigated via ANOVA to understand if there were differences in the means of each subscale when examined across the types of acculturation. One-way ANOVAs showed different effects with each subscale and are shown in Table 4-13.
The only scale to show a significant difference in means between types of acculturation was the overall positive reactions. Tukey’s HSD was performed for post-hoc analysis on difference in positive reactions. This post-hoc test showed that those with marginalized acculturation type (low ESI and low DSI) experienced significantly (p<.05) lower overall positive reactions than those with a separated acculturation type (high ESI and low DSI). This was the only significant difference shown in post-hoc testing. The remainder of the relationships did not return statistical significance. Assimilated and integrated acculturation types did not show significantly more positive reactions, on average, than marginalized acculturation types. A plot of these means is shown in Figure 4.1.

*Figure 4.1 Between Groups Differences for Acculturation Types in Positive Reactions*

![Graph showing mean positive reactions for different types of acculturation.]

*Table 4-13*  
*Analysis of Variance for SRQ Subscales*
<table>
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<tr>
<th></th>
<th>Sum of Squares</th>
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<td>Between Groups</td>
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<td>0.762</td>
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<td>Within Groups</td>
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<td>Between Groups</td>
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Conclusion

The Independent Samples Kruskal Wallis test and ANOVAs showed that acculturation type did not impact most of the social reactions that participants received as measured by responses on the SRQ. The one exception to this was the experience of overall positive reactions that participants received; for this, those with separated acculturation types received more overall positive reactions than those with marginalized acculturation types. The differentiator in those acculturation types in the level of ESI, suggesting that high ESI, rather than DSI, makes a difference in the experience of overall positive reactions from supports sought. This does not support the hypothesis that acculturation types with low DSI, marginalization and separation, will experience, on average, more negative social reactions. It further refutes the hypothesis that acculturation types with high DSI, assimilation and integration, will experience, on average more positive social reactions.
CHAPTER 5
DISCUSSION

This study used acculturation to look at support seeking for survivors of sexual violence within the Indian diaspora. Feminist theory suggests that sexual violence, as a show of power rather than sex, is viewed differently based on the power that the survivor experiences. Western society allows more power for women survivors than does Indian society, and so it was expected that acculturation might impact how survivors of sexual violence from the Indian diaspora seek support after their experience of sexual violence.

The independent variable of acculturation was defined within the parameters of Ethnic Society Immersion (ESI) and Dominant Society Immersion (DSI) to categorize acculturation into Berry’s framework of acculturation. The dependent variable of support seeking was assessed through a support seeking checklist and the Social Reactions Questionnaire. It was hypothesized that acculturation would impact support seeking in both the number and type of support sought as well as the social reactions received from the support sought. Analyses of Variance and Chi-Square Test of Independence showed that acculturation does not impact support seeking to the extent or in the manner hypothesized.

Conclusions were discussed for each research question and related analyses, and this chapter will transition to discussion of this study, which incorporates other data gained from the study that was not included in the analysis. This chapter presents a discussion of the findings, implication for application of findings, limitations of the study, and recommendations for future research.

Discussion of Findings
Descriptive Statistics

The participants in the study ranged from 18-48 years of age, heavily represented the Northeast region of the United States, and most participants carried at least a Bachelor’s degree. The incidence of sexual violence showed that most survivors (91.9%) have experienced cat-calling; of those who experienced other forms of sexual violence, most also experienced cat-calling. This demonstrates the prevalence of this particular form of sexual violence. According to Johnson and Johnson (2017), this is consistent with what feminist theory discusses as rape culture.

PettyJohn et al (2018) explain that cat-calling, along with other forms of sexual violence that are discussed, are brought on by the inherent sexism pervading society. The amount of sexual violence was unaffected by the variables of age, region of the United States, education, or acculturation. This reflects that many of the inherently sexist beliefs that exist in India, also exist in the United States. PettyJohn et al’s (2018) analysis of the #HowWillIClaimChange hashtag that entered Twitter as men responded to #MeToo shows that many of the sexist beliefs pervade society today.

Acculturation

Acculturation and Amount of Supports Sought. The average amount of supports sought per acculturation type did not pass the homogeneity of variance tests performed. Per Tabachnick and Fidell (2013), this shows that there is a variance in the amounts of support when grouped by type of acculturation. This was also supported by the non-parametric Wilcoxon signed rank test that observed amounts of support sought by ESI and DSI. This test showed that there was a significant difference in amounts of support sought when compared across ESI and DSI.
The result is that 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.

This differed from the hypothesis, which was that integrated and assimilated acculturation types will seek more support. Rather, the Wilcoxon Signed Rank Test showed that, there is a difference in the ESI and DSI and amount of support seeking for those with low levels of immersion with both their dominant and ethnic societies.

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 on the event of an experience of sexual violence.

**Acculturation and Formal Support Seeking.** This study 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 similarly likely to seek formal supports and seek informal supports. The original hypothesis was that DSI would interact with the type of support sought and show a difference in that participants with high DSI levels will seek more formal and informal supports, and that those with low DSI will seek only informal supports.
This is contrary to previous studies that report that immersion in the values of the dominant society increase the behaviors that align with the values of the dominant society and thereby reduce the stigma within the ethnic societies that prevent seeking of formal sources of support (Kumar & Nevid, 2010; Miller et al., 2011, Robertson et al., 2016). The study cannot confirm why this is, but recent literature may provide some clarification. This lack of difference may be due to increased discussion about sexual violence in the media. The increased 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., 2018). 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.

**Acculturation and Social Reactions.** Social reactions that survivors received upon disclosure were measured on the subscales of emotional support, tangible aid, blaming the survivor, efforts to controlling the situation, egocentric reactions, attempts to distract from the survivor’s disclosure, turning against the survivor, and unsupportive acknowledgement of the survivor’s experience. These were also assessed as overall negative or overall positive reactions. Study results showed mostly no significant differences between acculturation types and social reactions received when seeking support.

The only difference indicated was a difference in acculturation types in receiving overall positive reactions from supports. This difference was statistically and practically significant in comparing the overall positive support received by those with marginalized
and those with separated acculturation types; in this case those with separated acculturation types, which have higher ESI than marginalized acculturation types, received more overall positive reactions. This did not follow the hypothesis that acculturation types with higher levels of dominant society immersion would experience more positive reactions from their supports. Rather, the difference between marginalized and separated acculturation types was the level of ethnic society immersion.

This contradicts data from previous studies that ethnic society immersion would lead to more negative reactions from sources of support (Bhattacharya, 2014; Bhugra, 2007; Patil & Purkayastha, 2015). This data also contradicts the former studies that show that higher levels of dominant society immersion would lead to more understanding from a Western point of view (Kurien, 2005).

These results might be a product of misinterpretation of the ethnicity and acculturation of the support that the survivor sought. I had thought that lower DSI would mean that their supports would be of Indian ethnicity, however that may not be the case. All participants indicated, on the SMAS, a high level of comfort speaking English. This means that most of them would have been able to speak about their experience with an Anglo-American acquaintance or provider. The reactions they receive may not be an indicator of the ethnicity of their support systems. A clarifier about supporter’s ethnicity may have provided more reliability to this research question.

These responses of low negative outcomes may also be a case of improved understanding of sexual violence in the world. Social media movements may have decreased the acculturation gap that can cause these differences. This is something to consider in interpreting the data for this current time and zeitgeist.
Support Seeking

A percentage of the participants, 24.7%, shared that they did not seek any support for their experience 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 experience. Ullman and Filipas’s 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% had some college education. The sample in this study was slightly younger (mean age of 28) and more educated (98.8% having some college education), but nearly the twice the percentage of participants shared that they never sought support.

In Ullman and Filipas’ (2001) sample, only 5.7 percent were described as Asian. As “Asian” was never reported within the several ethnicities that “Asian” describes, it is unknown if the sample represented any of the Indian diaspora at all. The majority of their respondents were Caucasian, unlike this study which only looked at those in the Indian diaspora. Another notable difference in the sample is that cat-calling, and harassment were not included in the descriptors of sexual violence. As rape culture normalizes these two forms of violence, it is possible that this contributed to the marked difference in support seeking.

We can contrast these two findings of support seeking with these differences in mind. This differential is jarring; it shows that survivors in the general population seek support more than those in Indian diaspora. 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’ 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. 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’ study.

Another possible explanation is to conjecture, based on the literature, that two main factors might contribute to this difference: sexual taboo and patriarchal messages within the culture. Taboo in discussion of sex is pervasive in Indian culture (Ismail et al, 2015). This taboo affects discussion about relationships, which, in turn, may prevent those that experience sexual violence within intimate partnerships to seek support (Aggarwal, et al, 2000; Guilamo-Ramos, 2012). Those that experience 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 (Ismail et al, 2019).

Patriarchal messages pervade Indian culture (Sullivan & Mukherjee, 2014). McPhail (2015) argues that patriarchal messages often blame the survivor when they experience sexual violence. Johnson and 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 & Shewe, 2007). Indian culture also emphasizes that women’s experiences influence the reputation and honor or 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. Many of men identified as supports were siblings of the survivors. For the remainder gender identifications that survivors made, 73% of the gender supports identified were women. This is consistent with Orchowski and Gidycz’s (2012) observation that the majority of women that 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 spurned men-driven movements of their own including #HowIWillChange and #ImWithHer (PettyJohn et al, 2018). 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 what men might make an extra effort to listen to them and believe their experience (PettyJohn et al, 2018).

Social Reactions

Negative Reactions. The respondents reported rarely (µ=.949) receiving negative reactions from their supports, which is calculated based on the responses to the SRQ, which had levels, from 0 to 4, respectively, of never, rarely, sometimes, frequently, and always. This score reflects rarely receiving unsupportive acknowledgement or turning against. This is inconsistent with previous studies (Orchoski & Gidycz, 2012; UlIman & Filipas, 2001) that report higher incidences of negative reactions. It is possible that recent waves of social media activism (PettyJohn et al, 2018) have increased the visibility of
potential providers of support who might have more positive reactions. Some of the subscales of negative reactions are discussed.

**Blame and Stigma.** The respondents reported that blame was rarely ($\mu=.9394$) a part of the response they received from their supports. This is contradictory to previous studies, which show victim-blaming as pervasive (Orchowski et. al, 2013; Ullman & Filipas, 2001). Former studies stated that, true to patriarchal and rape culture, survivors were often questioned about their part in their experience of sexual violence. This blame is associated with negative coping and self-blame. Many survivors who self-blame also socially withdraw (Relyea & Ullman, 2015). The low incidence of blame as a response to the survivors in this sample could decrease negative impacts on their mental health after they seek support.

Participants in this study reported experiencing stigma at a similar rate ($\mu=.803$) to that in which they experienced blame. Stigmatizing responses also reinforce that the survivor is the problem in the scenario, rather than acknowledging that a crime was perpetrated upon them or the negative aspects of society. Stigmatizing responses another example of the pervasiveness of rape culture and patriarchal narratives (Johnson & Johnson, 2017; McPhail, 2015). The rare stigmatizing response in this study also could reflect decreased negative impacts on the survivors’ mental health.

**Control.** Control was another subscale in the SRQ. Controlling responses impact the power and agency of the survivor. Unlike tangible support, which provides the survivor with resources and support, controlling responses take over the survivor’s narrative and enforce messages about the survivor’s experience. The respondents reported controlling responses were rarely ($\mu=.8130$) received from their support sources.
Egocentric and distracting responses. The analyses that were run to relate acculturation and egocentric responses showed that those survivors reported rarely ($\mu=1.0955$) egocentric responses. Egocentric responses focus on the supporter’s needs rather than the survivor. Responses might include getting angry or wanting to seek revenge (Relyea & Ullman, 2015).

Distracting responses validate that sexual violence occurred, but take away from the survivor’s opportunity to disclose their story. This reaction was rarely ($\mu=1.606$) reported by the participants in this study. This shows that the supports sought by the survivors in this study were able to listen to their stories. Both egocentric reactions and distracting responses occurred at lower rates than they have in previous studies.

Overall positive reactions. There was a significant difference in the overall positive reactions, on average, that those with marginalized acculturation types received when compared to those with separated acculturation types. Overall positive responses were, however, on average, reported as sometimes ($\mu=1.8291$) occurring, and this response was also negatively skewed. This might reflect that responses were largely neutral. Respondents’ supporters might have understood what not to say, but might have struggled to provide positive reactions. Aspects of positive reactions are discussed.

Emotional Support. Survivors expressed a range of responses in their experience of emotional support provided by their sources of support. The observed mean along with the skewness showed that most respondents reported sometimes ($\mu=1.9976$) receiving emotional support from their supports. This is a positive note since Bolger, Zucherman, and Kessler (2000) found that the survivor incurs an emotional cost when they seek support, and if it is not substantiated by benefits, this can be harmful to the survivor. As
this reaction was received sometimes and not frequently, however, there is still room for
growth in supporting the survivors.

_Tangible Aid_. Tangible aid was rarely (µ=1.3236) received by the survivors in
this study. This can be interpreted as survivors not receiving referrals to appropriate crisis
centers, medical doctors, and mental health services. This could be impacted by the
accessibility of resources in their area and the knowledge that their supports might have.
The stigma towards mental health supports (Miller et al, 2011) in the Indian diaspora
might mean that the informal supporters are also less informed about resources to provide
tangible aid.

**Analysis of Open-Ended Questions within Feminist Constructs**

Participants were provided open-ended questions to provide more information
about their survey results. The responses shared some helpful and unhelpful responses
from supports as well as methods they accessed for coping. The participant responses
showed themes of power, especially in understanding the patriarchy and rape culture as
well as their understanding of power and control form themselves. The responses are
reflected upon within constructs of feminist theory in addition to the quantitative analyses
already discussed.

**Sexual violence and power.** 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, 2015).
Patriarchal narratives. Some respondents reported messages that reflect the patriarchal and rape culture that pervade the United States. Among these messages were reflections that it was not a big deal, particularly that it was not severe, or that it happens a lot. One person admitted that “if it was serious enough” there were options to get help. These messages are reflected in culture and normalize that sexual violence is part of life for a woman (Johnson & Johnson, 2017).

One participant shared that her female friend had immediately jumped into what she, the survivor, should have done differently. The participant agreed that this may have been misdirected. The supporter was trying to provide the survivor with more power by providing advice on how to do thing, but the supporter was inadvertently taking away the survivor’s power by saying that she must fulfill certain roles in order 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. Some tried to “control everything,” while others became “highly competitive” in sports to change their own self-perceptions after their experience with sexual violence. Another way that participants shared attempts to control was by blocking out the experience or trying to compartmentalize. The participants that shared this also shared that this was not healthy and is often difficult.

Power within support seeking environments. Participants discussed the power they experienced in their support seeking environment in two ways. Participants discussed things that supports said or did that further empowered them. They also discussed ways that people they went to for support repeated messages of rape culture and patriarchal narratives.
**Empowering messages from supports.** Participants were asked what the most helpful thing was that a supporter had said or done since their disclosure to them. Survivors shared that it was important that they were told that they were loved, not blamed, and that they had control of their narrative from there on. Confidentiality and control of who hears their story were reflected in participant statements such as “[They told me] I don’t have to tell anyone or feel like I have to share my story.”

Participants shared words such as love, strength, and respect being crucial to the messages they received from their supporters. They also shared that these words were also enforced in the way that their supporters listened to and validated their experience. It was also important for survivors to hear that the incidence of sexual violence was not their fault. Some shared that they had some people not believe their story. This was especially true for participants who described the perpetrator as an acquaintance or friend. These participants shared that the simple belief in their story would have made a difference for them.

Participants also reported that tangible aid was important for them. Some reported that their survivors prepared information to report the incidence to authorities in case the participant wanted it in the future. Others said that their supporters helped them move away from harmful situations into safety. Many respondents said that the most helpful form of support was referral to a therapist or to a crisis center. One survivor, who said that her sister was a trained responder for sexual assault led her to a crisis center and helped provide definitions that validated her experience. Others discussed that therapy allowed them to take space to acknowledge what happened to them and remove self-blame.
Several participants shared what they wished had happened in the general milieu. They asked for more advocacy from their friends and supporters. The survivors asked that people condemn the behavior of men, not only in their situation, but in other incidences of sexual violence. This shows that a survivor’s coping is not only influenced by their experience and their disclosure, but by the messages they hear about sexual violence in the world.

The most common denominator in coping methods was accessing therapy. Some shared that they accessed therapy much after their experience with sexual violence and that this has helped them review their experience and reframe what happened to them. Those that accessed therapy also acknowledged that they learned other coping methods, including writing, meditation, and art, through their experience with therapy.

*Disempowering messages from supports.* The open-ended questions led to responses about some unhelpful reactions that participants experienced. One pervasive reaction was anger. Respondents reported that the anger of their supporters led them to need to comfort their supporter and be concerned about ramifications of their disclosure.

Many reflected, and appropriately labeled, unhealthy coping. Some talked about unhealthy coping in their past that has changed after therapy as an adult. One participant discussed alcohol as a coping strategy. Another discussed attempting to distract herself and realizing that, years later, that is not enough.

*Acculturation and power for Indian-Americans.* The concept of intersectionality (Crenshaw, 1989) is shown by the way these survivors receive oppressive messages about their gender and Indian-American culture. Two ways
intersectionality impacted survivors was through messages about values regarding mental health and messages about collectivist values.

**Mental health.** Some respondents that shared their support seeking experience with their parents reported that their parents blamed them. Some parents cited their attire or behavior; one mother said that the participant was “bad,” reflecting that the participant deserved this incidence of sexual violence. This is consistent with the messages about patriarchal narratives that blame the survivor (McPhail, 2015). 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 mental health provider. These behavior or lack thereof is consistent with the stigmatization of mental health services in Indian society. Blaming of the survivor and consequent determining that formal mental health support is not necessary are the effects of intersectional identities on the survivor’s experience.

**Collectivist Values.** One participant shared that disclosure to her mom led her mom to “make it about herself.” This is consistent with some of the characteristics of collectivist culture. A particularly haunting example of this was a response that her parents could have done more to keep her “away from that pedophile.” Similarly, another respondent said that she wished that her parents had severed ties with the perpetrator’s family, but shared that they still remain close friends with the perpetrator’s family to this day.

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. One survivor shared that her parents remain good friends with the family of the perpetrator of her assault. Another shared that her parents did
nothing to protect her from the pedophile. 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, 2015).

**Implications**

**Understanding Impact of Acculturation**

This study showed little impact of acculturation on support seeking for survivors of sexual violence. It might be suggested that counselors and counselor educators disregard dominant society immersion and ethnic society immersion when it comes to providing support for survivors of sexual violence. Miller et al (2011) discussed the stigma towards counseling that pervades Asian cultures, including the Indian diaspora. This stigma might impact access of mental health supports, but could be moderated by the use of informal supports, as described in some of the statements that these participants made about how they were referred to therapy through friends, family, and professors/teachers. Based on these open-ended responses and participant responses about referral sources, rather than assessing the acculturation of clients and communities, it might be more important to find alliances and make mental health counseling more accessible to immigrant communities.

**Relationship between Types of Support**

The study asked for sources of referral 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 supports 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 findings from their 2001 survey.

It is suggested that counselors 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.

**Working with survivors of Sexual Violence**

The indicators on the SRQ show that there is a decrease in negative social reactions upon disclosure. This might be indicative of the past few years and increased social activism around sexual violence response (PettyJohn et al, 2018). This is an improvement from past studies (Orshowski & Gidyz, 2012, Ullman & Filipas, 2001), but, according to some responses from the open-ended questions, it is not a solution yet.
Participants in this survey still reported narratives that their experience was not “severe enough” or normalized their experience. Others that reported positive reactions also discussed that some people blamed them for their experience. This self-reflection is harmful to the individual and still depictive of rape culture (Johnson & Johnson, 2017).

It may also be that these responses regarding negative reactions may be indicative of the “most impactful experience” that survivors had since this was a clarifier in the survey. The responses on the SRQ may reflect that impactful experience, but the answers to the open-ended questions may be more telling of their overall experiences in seeking support.

From the open-ended responses, it is clear that more can be done by counselors and community members to combat these narratives of sexual violence. Believing survivors and providing validation was a common theme in those participant responses that discussed what was helpful. Communities need to encourage belief in the survivor’s experience and an understanding of how culture influences violence towards women. Some of the respondents mentioned that it would have been helpful people to condemn sexual violence overall and acknowledge the unhealthy narratives in society. One participant even stated that she “feels bad for the state of men.” The patriarchal community creates an unsafe environment for women and is something that should be addressed when working with women.

**Working with Indian-American Women**

Indian-American women, across acculturation types, seek support less frequently than survivors in the general American population as evidenced by the differences in results from this study and that of former studies (Orchowski & Gidy, 2013, Ullman &
Filipas). As this information is based on the open-ended responses rather than statistical analysis, the following should be considered as a suggestion. The open-ended responses show that support seeking is influenced by narratives around power, especially in regard to sex, community, and mental health. Feminist theories on intersectionality (Crenshaw, 1989) emphasize that women of color, such as Indian-American women struggle with the patriarchal oppression of their gender while also the oppression of being an immigrant group of color in a society that privileges whiteness. Working with Indian-American women requires an understanding of all these discourses in relation to their acculturation.

Those working with Indian-American women should understand that sex is a taboo subject and it may feel uncomfortable to phrase their experience. Some of the survey respondents shared that they try to block out what happened to them while others shared that it was important for mental health providers to provide definitions and help them to understand their experience. In a society where discussion of sex is taboo, it is imperative that a counselor is comfortable discussing and defining sexual violence so that the impetus is not on the survivor to bring themselves to discuss something uncomfortable.

Upon disclosure, it is vital that a mental health provider understands the community from which the survivor might have come. It is most important that a provider understands the collectivist nature of Indian-American communities. Individualistic values espoused by many counseling theories that encourage individual assessment and action, are unrealistic for a member of a culture in which their values are heavily based on their community. When a survivor shares what their parents think, for example, this should be heard rather than discouraged. A mental health provider might
also benefit the client by having separate sessions with their families to encourage more positive narratives in the home and action on the part of the survivors’ families.

Access of mental health is heavily stigmatized in Indian-American societies and, therefore, survivors may not access support. It is therefore important for providers to take a proactive stance within their communities and actively discuss the value of mental health services. It can also be valuable for providers to create bridges, in the form of informal supports, within the ethnic communities so that some members of ethnic communities, such as that of the Indian diaspora, are better informed and therefore able to advocate for mental health services.

In Counselor Education

Counselor education promotes the training of counselors in the field and has also acknowledged advocacy as an important part of counseling (Myers, Sweeney & White, 2002). This study was an intersection of different aspects of counselor training: multicultural factors, trauma, and community/family. Thus, this study provides implications for aspects of counselor training.

Counselors in training (CITs) often take a course in multicultural foundations of counseling, which includes discussions of diversity on multiple platforms including gender, socio-economic class, and disability. This course should not be siloed as the only training CITs are provided in working with ethically minoritized communities. Courses such as groups, family counseling, diagnosis, and trauma can benefit from constantly enforcing a multicultural understanding of each course. This study shows that family counseling can look different for those in collectivist societies, especially when discussing sensitive issues such as trauma. CITs should also understand how participation
in a group and stigma towards diagnosis might be experienced differently for survivors of sexual violence within the Indian diaspora. Particularly, CITs should be encouraged to, in the course of counseling a member of the Indian diaspora, understand resources available to connect the individual to support within their ethnic community.

Counselor education also trains counselors as advocates. One such aspect of advocacy should be the questioning of patriarchal viewpoints and pervasive rape culture. Multiple participants cited these two cultures as being particularly detrimental to their experience of support seeking and their consequent coping with their experience. Counselors should be trained to understand their role in promoting discourse that creates a safer environment for survivors of sexual violence. This, in turn, might provide more visibility to the counseling profession as a potential source of support.

Limitations of the Study

Sample Size

The sample size of this study limited the power of each analyses. Greater participant recruitment and larger sample size would have encouraged more normally distributed data, which, in turn, would encourage parametric testing to understand the relationships of the variables.

This sample might have benefited for more on-the-ground work from the researcher in participant recruitment. Allowing a safe space to complete the survey might have helped more respondents feel safe completing the survey. I was dependent on many of the cultural and social organizations to distribute to their distribution lists, which may or may not have been done as I did not hear from many of them about the survey distribution. The social media postings were also compromised by the heavy amount of
data refreshing on the social media sites. My original post on the little brown diary, for example, was moved down five posts in the time it took me to refresh the page to confirm the post. These obstacles to visibility may have contributed to the survey response.

**Survey**

One hundred individuals started this survey, but only 55 (55%) of respondents completed all sections of the survey in its entirety. This is evidence of survey fatigue. This research might have been better served by having a longer length of time available for responders to return to the survey. Though respondents had a week to fill out the survey, it was difficult to return to their survey form if they stopped in the middle or their survey window closed.

Another limitation of the survey was in the instrumentation. The Stephenson Multigroup Acculturation Scale scores grouped the different categories of acculturation by cut scores. Using cut scores means that there might be very little difference between the categories. The difference between categorization of high DSI and low DSI, for instance might be two points. This would mean that there might not be a difference between those two groups to begin with. More valuable information comes from the nonparametric tests of DSI and ESI as continuous variables against amount of support sought.

**Sample Characteristics**

Limited response from outreach to organizations persuaded me to reach out to individuals and rely heavily on snowball sampling. This reliance may have concentrated the data in a certain age range and in regional areas. Most of the respondents (96.6%) were of the millennial generation, and, whether raised in India or the United States,
would have grown up with increased access to web related access to online groups, sources of support, and resources to identify more formal supports. Many also may have accessed support with each other as snowball sampling required participants to identify other potential participants.

**Recommendations for Future Research**

This was the first study to observe acculturation’s relationship with support seeking for survivors of sexual violence in the Indian diaspora. It would be remiss to leave this study as the only examination into this relationship. I recommend that this study is repeated with researchers that have different social circles to gain a greater breadth of potential participants and to diversify the sample that is looked at within this study. It would be particularly valuable to repeat this study with women survivors from older generations and with women that may not have high education attainment. This could be done by having spaces created and on-site recruitment at local Indian stores and other culturally relevant areas.

The open-ended responses in this study suggested that, rather than acculturation, collectivist values and patriarchal narratives influenced the support that survivors within the Indian diaspora received. 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 examination was particularly for survivors within the Indian diaspora, and this should expand to the entire South Asian diaspora, as well as to other immigrant cultures in the United States. 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 observed the breadth of participants and specifically looked at the impact of acculturation on 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. This particular survey allowed participants to choose to link to and respond to an additional email solicitation to participate in further qualitative inquiry. Seven respondents volunteered to share their experience in greater detail and I plan to follow up this study with this phenomenological inquiry.

**Conclusion**

This study was the first of its kind to focus on acculturation and the support seeking experiences of survivors of sexual violence in the Indian diaspora. The data resultant from the study showed that acculturation type, when separated by dominant society immersion, was not a significant factor in the amount of supports that a survivor seeks. It did show that there those in the marginalized acculturation type, seek fewer supports. The data also did not show any significant difference in the social reactions received by survivors when compared between levels of dominant society immersion.

This study was limited by the sample size and sample characteristics, however, it did show that marginalized acculturation type, and thereby low ethnic society and
dominant society immersion, may be a factor in seeking support. Open ended questions on the survey also helped to explain the data. The responses show that survivors sometimes received positive reactions, and the open-ended questions also showed themes of blame from survivors’ parents. This shows that collectivist values and patriarchal narratives might impact the experience of the survivors rather than the acculturation that was the focus of this study.

Following studies should observe the patriarchal narratives and collectivist values when understanding the experiences of survivors of sexual violence within the Indian diaspora. Future quantitative work in understanding how patriarchal narratives and collectivist values impact a survivor’s experience can be conducted. It will also be beneficial to take a phenomenological approach to understand the themes that impact support seeking and mental health for survivors within the diaspora. This study, as the first of its kind, showed limited significant results, but has paved a path for future research into the experiences of survivors of sexual violence within the Indian diaspora.
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929- 940.


Hello,

My name is Bagmi Das and I am a doctoral candidate in counselor education and supervision at Penn State. I am looking for participants in a dissertation study entitled “Support Seeking behavior for Survivors of Sexual Violence in the Indian-American Population.” This study will be looking at how acculturation may impact how the Indian-American population seeks support for experiences of sexual violence so to better inform mental health professionals in serving this population. Please consider completing this study if:

1. You are above the age of 18
2. You are a member of the Indian diaspora
3. You have an experience of sexual violence, including, but not limited to sexual harassment, eve-teasing, nonconsensual sex, unwanted touching, or sexual assault.

If you agree to participate, you will respond to questionnaires that will take approximately 15-25 minutes to complete. Your participation in this study is completely voluntary and you are free to withdraw from the study at anytime. No personal identifying information is required, therefore you will not be linked to any publications or presentations from this study.

Please click on the link below if you are eligible and interested in participating. https://pennstate.qualtrics.com/jfe/form/SV_3rTKhUXLkfJvO61

This study is voluntary and for research purposes. If you have any questions or comments, please contact me, Bagmi Das (bud19@psu.edu) or my advisor, Dr. Richard Hazler (hazler@psu.edu).

If you know of someone who fits this criteria, please send this e-mail to them!

Please do not hit “reply” because that may reply to a list-serve.

Thank you very much for your help,

Bagmi Das, MS, LMFT
Appendix B

Consent for Exempt Research

The Pennsylvania State University

Title of Project: Support Seeking behavior for Survivors of Sexual Violence in the Indian-American Population

Principal Investigator: Bagmi Das
Telephone Number: 240.893.1797

Advisor: Dr. Richard Hazler
Advisor Telephone Number: 814.863.2415

You are being invited to volunteer to participate in a research study. This summary explains information about this research.

- We are asking you to be in this research because the Indian-American population has a stigma towards seeking mental health providers. To better understand the support system for Indian-Americans, more research needs to be done in understanding the support seeking behaviors in which they engage. This research is being done to find out to better inform mental health providers and counselor educators about how the Indian-American population seeks support around experiences of sexual violence.
- You will be asked to respond to questions on an online survey, which takes around 15-25 minutes to complete.
- No identification will be asked of you, unless you volunteer to be contacted for future studies. Any open-ended responses with identifiers will be de-identified in publication of this study.

If you have questions or concerns, you should contact Bagmi Das at 240.893.1797. If you have questions regarding your rights as a research subject or concerns regarding your privacy, you may contact the Office for Research Protections at 814-865-1775.

Your participation is voluntary and you may decide to stop at any time. You do not have to answer any questions that you do not want to answer.

Your participation implies your voluntary consent to participate in the research.
Appendix C

Demographics Form

All of this data are anonymous and unattributed to your name or any other identifier other than a number by the researcher.

Please identify your age: ____

Gender (cis means that you are the gender you were assigned at birth):

- Non-binary
- Trans-Woman
- Trans-Man
- Cis-Woman
- Cis-Man
- Other

State in the United States: ___

Level of Education:

- No HS diploma
- HS diploma
- Some post-secondary education
- Associate’s Degree
- Undergraduate
- Graduate Degree

Do you identify as being a spiritual/religious person? YES NO

If yes, what term would you use to describe your religion/spirituality?

Have you experienced any of the following types of sexual violence (please check all that apply):

- Cat-calling
- Sexual harassment in the workplace/in school
- Sexual assault
- Rape
- Non-consensual sex
- Other
- I am not a survivor of sexual violence
Appendix D
Stephenson Multigroup Acculturation Scale
(Stephenson, 2000)

Below are a number of statements that evaluate changes that occur when people interact with others of different cultures or ethnic groups. For questions that refer to "COUNTRY OF ORIGIN" or "NATIVE COUNTRY," please refer to the country from which your family originally came. For questions referring to "NATIVE LANGUAGE," please refer to the language spoken where your family originally came.

Circle the answer that best matches your response to each statement

False  Partly false  Partly true  True

1. I understand English, but I'm not fluent in English.
2. I am informed about current affairs in the United States.
3. I speak my native language with my friends and acquaintances from my country of origin.
4. I have never learned to speak the language of my native country.
5. I feel totally comfortable with (Anglo) American people.
6. I eat traditional foods from my native culture.
7. I have many (Anglo) American acquaintances.
8. I feel comfortable speaking my native language.
9. I am informed about current affairs in my native country.
10. I know how to read and write in my native language.
11. I feel at home in the United States.
12. I attend social functions with people from my native country.
13. I feel accepted by (Anglo) Americans.
15. I regularly read magazines of my ethnic group.
16. I know how to speak my native language.
17. I know how to prepare (Anglo) American foods.
18. I am familiar with the history of my native country.
19. I regularly read an American newspaper.
20. I like to listen to music of my ethnic group.
21. I like to speak my native language.
22. I feel comfortable speaking English.
23. I speak English at home.
24. I speak my native language with my spouse or partner.
25. When I pray, I use my native language.
27. I think in my native language.
28. I stay in close contact with family members and relatives in my native country.
29. I am familiar with important people in American history.
30. I think in English.
31. I speak English with my spouse or partner.
32. I like to eat American foods.
Appendix E
Support Seeking Checklist

Identify your most impactful experience with sexual violence.

- Cat-calling
- Sexual harassment in the workplace/in school
- Sexual assault
- Rape
- Non-consensual sex
- Other

Did this occur:

- >20 years ago
- 20-10 years ago
- 10-5 years ago
- <5 years ago

From whom did you seek support for your experience?

Mother: YES or NO
Father: YES or NO
Sibling: YES or NO
  Gender of sibling? 
Friend: YES or NO
  Gender of friend? 
Grandparent: YES or NO
  Gender of grandparent? 
Professor/Teacher: YES or NO
  Gender of professor/teacher?
School counselor: YES or NO
Mental health professional: YES or NO

How were you referred? _____
Family friend: YES or NO

Gender of family friend? __________
Cousin: YES or NO

Gender of cousin? __________
Online community: YES or NO
Journaling: YES or NO
Art: YES or NO

Other Method: _____
Appendix F

Social Reactions Questionnaire

Relyea & Ullman, 2015

HOW OTHER PEOPLE RESPONDED...

The following is a list of behaviors that other people responding to a person with this experience often show. Please indicate how often you experienced each of the listed responses from other people by placing the appropriate number in the blank next to each item.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>RARELY</td>
<td>SOMETIMES</td>
<td>FREQUENTLY</td>
<td>ALWAYS</td>
</tr>
</tbody>
</table>

___ 1. Told you it was not your fault
___ 2. Pulled away from you
___ 3. Wanted to seek revenge on the perpetrator
___ 4. Told others about your experience without your permission
___ 5. Distracted you with other things
___ 6. Comforted you by telling you it would be all right or by holding you
___ 7. Told you he/she felt sorry for you
___ 8. Helped you get medical care
___ 9. Told you that you were not to blame
___ 10. Treated you differently in some way than before you told him/her that Made you uncomfortable
___ 11. Tried to take control of what you did/decisions you made
___ 12. Focused on his/her own needs and neglected yours
___ 13. Told you to go on with your life
14. Held you or told you that you are loved
15. Reassured you that you are a good person
16. Encouraged you to seek counseling
17. Told you that you were to blame or shameful because of this experience
18. Avoided talking to you or spending time with you
19. Made decisions or did things for you
20. Said he/she feels personally wronged by your experience
21. Told you to stop thinking about it
22. Listened to your feelings
23. Saw your side of things and did not make judgments
24. Helped you get information of any kind about coping with the Experience
25. Told you that you could have done more to prevent this experience From occurring
26. Acted as if you were damaged goods or somehow different now
27. Treated you as if you were a child or somehow incompetent
28. Expressed so much anger at the perpetrator that you had to calm him/her Down
29. Told you to stop talking about it
30. Showed understanding of your experience
31. Reframed the experience as a clear case of victimization
32. Took you to the police
33. Told you that you were irresponsible or not cautious enough
34. Minimized the importance or seriousness of your experience
35. Said he/she knew how you felt when he/she really did not
36. Has been so upset that he/she needed reassurance from you
37. Tried to discourage you from talking about the experience
38. Shared his/her own experience with you
39. Was able to really accept your account of your experience
40. Spent time with you
41. Told you that you did not do anything wrong
42. Made a joke or sarcastic comment about this type of experience
43. Made you feel like you didn't know how to take care of yourself
44. Said he/she feels you're tainted by this experience
45. Encouraged you to keep the experience a secret
46. Seemed to understand how you were feeling
47. Believed your account of what happened
48. Provided information and discussed options
Appendix G
Open-Ended Questions

In answering the following questions, we ask that you avoid using proper names or identifying information (position title, etc) to decrease risk of any identification. You are encouraged to use terms in relation to you (my sister, my professor, etc.).

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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What coping skills have you used to support yourself through this experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Vita

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