

ABSTRACT

Title of Thesis: (NOT SO) SILENT SURVIVORS: A QUALITATIVE INTERSECTIONALITY STUDY OF ASIAN AMERICAN WOMEN SURVIVORS OF SEXUAL VIOLENCE

Jennifer Jang

Directed by: Dr. Derek K. Iwamoto, Associate Professor, Department of Psychology

Sexual violence against women is a pervasive public health concern that significantly impacts women's physical and psychological well-being. Despite the well-documented harmfulness of sexual violence, there is a dearth of research examining sexual violence against Asian American women. This study sought to amplify the voices of Asian American women survivors and expose the impact of interlocking systems of oppression (e.g., sexism, racism, gendered racism) on their experiences with sexual violence, wellbeing, and resilience. Using constructivist grounded theory guided by an intersectionality framework, nineteen Asian American women survivors were interviewed. Analyses identified two sets of themes. The first set illustrated how interlocking systems of oppression shape Asian American women's experiences with sexual violence, including Dehumanization and Devaluation, Sexualization and Objectification, Burden and Pressure, Inner Conflict and Spent Energy, and Stigma and Blame. The second set reflected how survivors navigate oppression post-violence through themes of Sequelae, Making Sense of Sexual Violence, Disclosing, Reporting, and Help-Seeking, Coping and Healing, Strengths, Growth, and Empowerment. A socioecological model informed by an intersectionality framework was developed, situating Asian American women survivors' experiences across socioecological levels and systems of oppression. This research extends the literature on this understudied population, highlights survivors' resilience in the face of violence and oppression, and underscores the importance of honoring their stories as means to challenging systems of harm and providing culturally sensitive care. Implications for research, clinical practice, and interventions are discussed with participants' recommendations integrated.

(NOT SO) SILENT SURVIVORS: A QUALITATIVE INTERSECTIONALITY STUDY OF
ASIAN AMERICAN WOMEN SURVIVORS OF SEXUAL VIOLENCE

by

Jennifer Jang

Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Master of Science
2025

Advisory Committee:

Derek K. Iwamoto, Ph.D., Chair
Chandni Shah, Ph.D. [Thesis Proposal]
Richard Shin, Ph.D.
Yi-Jiun Lin, Ph.D.

Table of Contents

<i>List of Tables</i>	<i>iii</i>
<i>Introduction</i>	<i>1</i>
Sexual Violence Experience Among Asian American Women	2
Intersectionality: Examining Sexism, Racism, and Gendered Racism.....	3
Beyond Deficit Narratives of Culture, Stigma, and Silence	6
Present Study	9
<i>Method</i>	<i>10</i>
Participants.....	10
Research Team and Positionality	11
Grounded Theory Data Analytical Plan.....	17
<i>Chapter III: Results</i>	<i>19</i>
Set I: The Impact of Interlocking Systems of Oppression and Sociocultural Factors	20
Set II: Navigating Experiences of Sexual Violence.....	26
<i>Discussion</i>	<i>35</i>
A New Model.....	35
The Impact of Systems of Oppression and Multiple Ecological Levels.....	37
Limitations	39
Conclusion	42
<i>Appendix A: Review of the Literature</i>	<i>43</i>
<i>Appendix B: Pre-Screening Instrument</i>	<i>67</i>
<i>Appendix C: Interview Questions</i>	<i>68</i>
<i>Tables and Figures</i>	<i>70</i>
<i>References</i>	<i>72</i>

List of Tables

Table 1: Participant Demographic Information

List of Figures

Figure 1: Socio-ecological model and Intersectionality Framework of Asian American Women's Experiences of Sexual Violence

Introduction

Sexual violence against women is a pervasive and public health concern, as one in three women experience physical or sexual violence by an intimate partner or sexual violence from a non-partner (WHO, 2021). In the United States, an estimated 19.3% of women have been raped during their lifetimes and 43.9% of women have experienced other forms of sexual violence, such as sexual coercion and unwanted sexual contact (Breiding, 2014). Researchers have established that sexual violence survivors experience numerous physical and psychological effects, including increased risk of sleep difficulties, diabetes, chronic pain, sexual difficulties, depression, posttraumatic stress disorder, suicidality, and substance abuse problems (Basile et al., 2016, 2021; Dworkin et al., 2023; Neilson et al., 2017). In fact, the prevalence rates of these outcomes are alarmingly high with 73-82% of women with a lifetime history of sexual assault developing fear and/or anxiety; 13-51% meeting diagnostic criteria for depression; 17%-65% developing posttraumatic stress disorder (PTSD); and 13-49% becoming dependent on alcohol (Campbell et al., 2009; Dworkin, 2020; Mason & Lodrick, 2013; Mhlongo et al., 2023). Despite the well-documented harmfulness of sexual violence, there is a dearth of research examining sexual violence against Asian American women. This is highly problematic, as these female survivors not only experience the oppression of sexual victimization but the additive oppression of gendered racism, such as being fetishized, exoticized, and sexualized (Espinosa, 2022; Mukkamala & Suyemoto, 2018). Not only are their voices underrepresented in the literature, but they also experience being silenced from disclosing the assault due to stigma and rape myths (Ahrens, 2006; Hahn et al., 2020) and stereotyped as silent and unable to speak up for themselves as Asian American women. This study sought to amplify the voices of Asian American female survivors by qualitatively exploring the ways Asian American women

experience sexual violence, wellbeing, and resilience in the context of compounding systemic oppression and membership in multiple marginalized social identities.

Sexual Violence Experience Among Asian American Women

Sexual violence (SV) is an umbrella term that describes unwanted sexual experiences that are coerced, forced, or imposed onto a person (Gavey, 2014). SV includes phenomena such as sexual assault, sexual abuse, rape, attempted rape, and unwanted touching, which all violate and disregard an individual's rights to dignity, respect, and bodily autonomy (Gavey, 2014). A fundamental component of SV is the use of coercion, in which perpetrators persuade, coax, or force victims into sexual acts "against freely given consent" (Adams-Curtis & Forbes, 2004, p. 99). Coercion can be implemented through a variety of means, such as blackmail, verbal pressure, manipulation tactics, threats of physical violence, physical force, attempts to sexually arouse, and taking advantage of alcohol and/or drug intoxication (Krug et al., 2002; Pugh & Becker, 2018).

The prevalence rate of sexual victimization among Asian American women is estimated to be between 20 to 55% (Breiding, 2014; Ho et al., 2017; Lee et al., 2005; Nguyen et al., 2019; "Statistics on Violence Against API Women," n.d.; Yoshihama et al., 2020). The prevalence rate is believed to be much higher due to underreporting, a lack of access to mental health services, and a lack of acknowledgement of SV (Ho et al., 2017; Kenny & McEachern, 2000; Lee et al., 2005; Nguyen et al., 2019). Despite the high prevalence rate of sexual victimization against Asian American women, there is a lack of literature on the experience of SV specifically for this population. One of the few studies that investigated the behavioral and psychological impact of victimization on Asian American women found that those who reported forced sex were two to eight times more likely to have higher rates of mental health problems, HIV risk behavior, and

substance use to cope (Hahm et al., 2017). Asian American female college students who had a history of alcohol-related sexual assault had higher levels of alcohol-related problems and consumption in comparison to White college students (Nguyen et al., 2019). Asian American female survivors were more likely than their White counterpart to endorse negative trauma-related cognitions about themselves, other people, and the world, which in turn was associated with greater PTSD symptom severity (Koo et al., 2014). Given that Asian American female survivors face higher levels of psychological distress, it is imperative to understand the unique factors that impact the ways that these survivors navigate victimization, wellbeing, and healing.

The prevalence rate and sequelae following SV are especially alarming as Asian Americans are currently the fastest growing racial/ethnic group in America (Budiman & Ruiz, 2021). Despite being the fastest growing racial group, the model minority myth monolithically portrays Asian Americans as successful and free of problems (Shih et al., 2019), which minimizes the effects of structural oppression and erases the unique struggles of this diverse population. “Asian Americans remain marginalized and invisible in scientific endeavors and the public sphere” (Yip et al., 2021, p. 576) with the experience of marginalization and invisibility amplified for Asian American women survivors of SV.

Intersectionality: Examining Racism, Sexism, and Gendered Racism

One way to honor the experiences of Asian American female survivors of SV is to approach the phenomena from an intersectionality framework. According to the conceptual framework proposed by Crenshaw (1989), individuals who possess multiple social identity categories are frequently impacted by various forms of oppression within socially constructed categories such as race, class, and gender, leading to distinct experiences of oppression. The use of an intersectionality framework in research enables the exploration of how interconnected

forms of oppression impact individuals with multiple marginalized identities (M. Anderson & Collins, 2018; Cole, 2009). This framework also aims to direct focus on the systems that create inequalities and discrimination (e.g. racism, patriarchy) that impact the position of racial/ethnic women (Ekeroth & Oritz, 2018). Expanding the literature on Asian American female survivors through an intersectional approach is essential for our understanding of these survivors. Asian American female survivors experience violation of their dignity and autonomy through SV, which is often compounded by other systemic oppression including sexism, racism, and gendered racism.

Asian American survivors of SV live within the oppressive systems of sexism. SV can be understood as a form of gender-based violence that is embedded in larger systems of sexism and patriarchy (Gutierrez & Leaper, 2023). Approximately 94% of victims of rape are female (Rennison, 2002), and SV discriminates against women in male-dominant societies, such as the American society (Fernandez, 2011; Heise et al., 1999; Amnesty, 2011; WHO, 2003). Misogynistic attitudes towards women include beliefs that men deserve power and dominance over women, and ambivalent sexism includes beliefs that women should adhere to traditional gender roles. Both were found to be linked to greater endorsements in men's attitudes and behaviors supporting violence against women (Gutierrez & Leaper, 2023). SV is "a tool of sexism, or sexist oppression, and perpetrators use sexual assault as a weapon to humiliate and dominate others" (WCSAP, n.d.). Embedded in sexism, rape myths also reinforce beliefs that victims are culpable for the assault and exonerate perpetrators (Edwards et al., 2011; Peterson & Muehlenhard, 2004). Survivors who decide to self-disclose to family, friends, and professionals often experience negative responses, like victim-blaming, which has been shown to increase the risk for developing PTSD (Ullman & Peter-Hagene, 2016). Thus, Asian American women are

susceptible to the harmful consequences of sexism, including SV, stigma, victim-blaming, and silencing.

Asian American women also experience the oppressive force of racism. Since the onset of the COVID-19 pandemic, anti-Asian hate crimes increased by 339% in 2021 becoming the highest rate in U.S. history (Levin et al., 2022). This rise in racial discrimination is alarming, as numerous studies have shown empirical support for the association between racism and negative psychological and health outcomes, such as depression, diabetes, and PTSD (e.g., Anderson, 2013; Lee & Ahn, 2011; Lee & Waters, 2021; Paradies et al., 2015). The national coalition, Stop AAPI Hate, collected reports of anti-Asian hate crimes, experiences of discrimination, and incidents of violence between March 2020 and March 2021 and found that reports of hate incidents by Asian American women made up 64.8% of all reports and that women reported incidents 2.2 times more often than men (Jeung et al., 2021). Asian American women are an especially vulnerable group to racism and its deleterious effects. Given the model minority myth, however, they are viewed as successful and free of problems (Shih et al., 2019). This in turn positions these women as those susceptible to racism and discrimination but denied and dismissed of real suffering. In other words, the reality of their racial oppression is silenced.

At the intersection of their race and gender, Asian American women experience gendered racism, or a form of oppression that results from the simultaneous experience of racism and sexism (Essed, 1991). Asian American women are fetishized, exoticized, and viewed as the submissive “China doll” (Cheng & Kim, 2018; Kawahara & Fu, 2007; Sue et al., 2007). These women are also overlooked and undermined, as they are stereotyped as not being leaders and being quiet and submissive (Mukkamala & Suyemoto, 2018). Asian American women often are dehumanized and objectified yet their stories and voices are overlooked, dismissed, and silenced,

as they are viewed as subservient and unable to speak up for themselves. These oppressive stereotypes effectively work together to target Asian American females as potential victims of SV and compound to silence their sufferings at multiple levels. Together, these systems of oppression silence the voices, narratives, and realities of Asian American women.

Approaching the phenomena of SV through an intersectionality framework exposes the cumulative impact of interlocking systems of oppression that harm Asian American female survivors and juxtapose the strengths of these survivors against the systems of oppression. This approach can also be incorporated with cultural factors, as cultural values and expectations intersect with Asian American women's identities and experiences.

Beyond Deficit Narratives of Culture, Stigma, and Silence

Current literature on the phenomena has focused on the cultural factors, such as Asian values, that may contribute greater difficulty for Asian American female survivors to self-disclose or seek help. A limitation of this work is that while authors may not have intended this approach, readers may perceive Asian American women and Asian values from a deficit approach. Rather, this review will focus on how "culture shapes the way people make meaning of themselves and their life experiences" (Bryant et al., 2009, p. 330), including how Asian American culture influences the experiences of SV survivors.

One aspect of culture that may impact the way Asian American female survivors navigate their victimization is the stigma of sex and sexuality. Asian American households tend to hold negative perceptions and taboo against sexuality with the additive pressure for women to uphold familial reputation (Kim, 2009; Okazaki, 2002). Sexual socialization in Asian American cultures includes the strong condemnation and disapproval of nonmarital sexual activity (Okazaki, 2002), stricter prohibitions of sexual conduct for daughters than sons (Kim & Ward, 2007), and

avoidance of discussing sexuality (Kim, 2009). Previous research has shown that Asian American college students were more likely than their White counterparts to endorse victim-blaming attitudes toward rape and believe that women should be held responsible for preventing rape (Lee et al., 2005; Mori et al., 1995). Koo et al. (2012) attribute this stronger endorsement of rape myths to beliefs regarding sex and gender. This greater adherence to rape myths should alert scholars and clinicians, as high rape myth acceptance appears to decrease the likelihood that survivors will disclose their SV experiences and seek support (Campbell et al., 2009). The taboo and stigma of sex and additive pressure for Asian American women to uphold their personal and familial reputation may influence survivors' engagement in self-blame, reluctance to self-disclose, and pressure to remain silent.

Another significant cultural factor is Asian values. Although there are distinct differences among each Asian group, the majority have been influenced by collectivist ideas (Kim & Park, 2009). These values discourage the exposure of personal weakness and emotions and encourage the maintenance of harmony in society and family (Kim & Park, 2009). Asian values also include beliefs that family reputation is a primary social concern and that one should have the adequate personal resources to effectively address emotional difficulties (Kim & Hong, 2004). Such values may promote messages about being self-sufficient, suppressing emotions, and saving face and convey stigma against mental illness (Kramer et al., 2002). In fact, research has found a significant association between stigma and mental health seeking behaviors among Asian Americans (Han & Pong, 2015). Literature has shown that Asian Americans utilize mental health services at significantly lower rates compared to other racial/ethnic groups (Augsberger et al., 2015; Cook et al., 2017; Smith et al., 2016) and that they are the least likely racial group to use mental health services (CDC et al., 2016; SAMSHA, 2015). Thus, Asian American female

survivors may be less likely to seek mental health services or self-disclose after experiences of SV (Cheng et al., 2017; Lee et al., 2005). One study reported that greater adherence to Asian values is associated with decreased odds for victims' disclosure about sexual abuse when committed by a close perpetrator (Foyne et al., 2014). This association may be influenced by the value of maintaining harmony in the community. Moreover, feeling shameful has been noted as a prominent barrier for Asian American female survivors for self-disclosure and seeking outside help (Espinosa, 2022; Lee & Law, 2001), suggesting that the stigma of sex and mental health and the adherence to Asian values may influence survivors' reluctance to self-disclose. This is of significant concern, as Dworkin et al. (2017) examined the importance of disclosure to survivors' mental health and found that a lack of support may impede recovery from the trauma of SV. Collectively, the stigmas against sex and mental health may silence Asian American women survivors, as these messages may become internalized by Asian American women survivors and influence their reluctance to seek services and create additional distress in their experiences of victimization and recovery.

When researching trauma an essential aspect is considering what the process of recovery and healing looks like. Previous studies have identified a mix of positive and negative coping strategies among Asian American female survivors. In one study sampling college students, Asian American female victims were found to be more likely than Black and White female victims to use more maladaptive coping strategies (Ullman et al., 2005). Other studies have noted both negative (e.g., avoidance and self-distraction) and positive coping strategies (e.g., acceptance and endurance) among this population (Bjork et al., 2001; Tsong & Ullman, 2018). Since there is a dearth of literature on recovery and resilience, Tsong et al. (2009) suggest that investigating the role of resilience within the cultural context is crucial for future studies. In fact,

Dworkin and Weaver (2021) acknowledge that collectivist norms may serve as a protective factor, and Asian American survivors may receive substantial support from their community. Although marginalization related to racial/ethnic identity may intersect with the psychological distress from SV, racial/ethnic identity may also be a source of strength, resilience, recovery, and meaning-making in the recovery process (Dworkin & Weaver, 2021). Thus, while the current literature provides informative knowledge about the influence of Asian values and the coping mechanisms of Asian American female survivors, it is imperative to avoid holding a deficit approach and move towards a strengths-based approach by examining survivors' recovery and resilience through an intersectionality approach.

Present Study

There is limited knowledge about the cultural, political, and historical contexts of how Asian American women's intersecting identities (e.g. race and gender) interact with the larger systems of power and oppression to influence their experience and recovery from SV (Dworkin & Weaver, 2021). While previous studies have explored the intersectional experiences of other minority groups (Klonoff et al., 2000; Pompper, 2013), there is scant research examining the unique amalgamation of oppression that Asian American women experience (Mukkamala & Suyemoto, 2018). In addition, there are no comprehensive psychological models elucidating the experiences of Asian American female survivors of SV in the context of oppression. This is significant as an intersectionality approach exposes the interlocking systems of oppression that harm and silence Asian American female survivors of SV.

A grounded theory approach (Charmaz, 2006, 2008) offers an ideal way to both deepen the understanding of Asian American female survivors' distinct experiences with SV and amplify their voices, as the women will be providing the data for the study through their

anecdotes and words. The purpose of this study is to qualitatively explore the influence of oppressive systems and messages (e.g., sexism, stigma, stereotypes) and the ways Asian American women experience SV and resilience. To the researcher's knowledge this is the first research study to focus on the multiple social identities and impact of interlocking systems of oppression on Asian American female survivors of SV and their experiences and recovery. Accordingly, this study aimed to explore the following research questions through semi-structured interviews: (a) How do Asian American female survivors experience SV, sequelae, and resilience? (b) What messages (e.g., stigma and stereotypes) do these survivors hear and/or internalize about SV and Asian American women? and (c) How do these oppressive messages influence their SV experiences? Through grounded theory methodology (Charmaz, 2008), the current study developed a new model for understanding the experiences and recovery of Asian American female survivors of SV.

Method

Participants

For this study, I utilized criterion-based sampling (Merriam, 2002; Moser & Korstjens, 2017) and recruited from the University of Maryland, College Park (UMD). To be eligible to participate, individuals must have met all of the following criteria: (a) be at least 18-years-old; (b) be a cisgender woman; (c) identify as Asian; (d) be born in the U.S. to Asian immigrant parents (2nd generation) or born in a foreign country and immigrated to the U.S. during childhood or adolescence (1.5 generation); and (e) experienced SV at the age of 18 or older. Women between the ages of 18 and 34 have been found to experience the highest rates of intimate partner violence (Black et al., 2011), and 54% of sexual assault victims are between the ages of 18 to 34 (Rape, Abuse, & Incest National Network, n.d.). Moreover, women between the ages of

18 to 24 who are college students are three times more likely than women in general to become SV victims (Langton, 2014). 1.5 and 2nd generation Asian American women were recruited as studies have found that these groups experience significant mental health disorders, suicidal ideation, and suicide attempts (Breslau & Chang, 2006; Hahm et al., 2013).

Potential participants completed a brief eligibility screening survey. Due to the high volume of interested participants, stratified sampling was employed based on the demographics of the interested participant pool. The initial pool was divided into strata by ethnicity, and random sampling was conducted within each stratum to construct a sample reflective of the ethnic diversity and proportional distribution of the pool. This approach maximized the inclusivity and generalizability of the study findings while preserving the integrity of demographic representation. The randomly selected individuals were invited to participate in an interview. Participants (n=19) ranged in age from 19-43 years (mean age= 24.95) and represented a variety of ethnicities: Chinese (n=5), Indian (n=4), Korean (n=3), Filipino (n=2), Pakistani (n=1), Bengali (n=1), Indonesian (n=1), Vietnamese (n=1), and Nepali (n=1). Two women reported biracial identities and were included. More demographic information is provided in Table 1 with participants' pseudonyms to ensure confidentiality.

Research Team and Positionality

Given the nature of qualitative research, it is important to acknowledge the positionality of the members conducting this qualitative study (Holmes & Gary, 2020). Positionality involves a researcher's position within a study often reflecting one's values, race, sexuality, social class, geographical location, gender, religious beliefs, and so on (Savin-Baden & Major, 2013). Because qualitative studies involve intricate interactions between the researcher and research topic, it is essential for the researcher to identify and address how their position might influence

the research design, process, and conclusions (Manohar et al., 2019; Pelias, 2018).

The team consisted of a lead researcher, four research assistants, and an expert auditor. The lead researcher is a second-generation Korean American cisgender woman doctoral student in a counseling psychology program. She was responsible for designing the study, recruiting and contacting participants, conducting interviews, and leading the data analysis. She has had prior clinical experience working with clients with a history of sexual abuse and SV and research experience assisting with qualitative research. The research team consisted of a Bengali American cisgender woman college graduate, a Taiwanese American cisgender woman college graduate, a second-generation Spanish American undergraduate cisgender woman, a white American undergraduate cisgender woman, and a first-generation immigrant Indian undergraduate woman. This team assisted with transcribing interviews and conducting data analysis. The expert auditor and advisor is a Japanese American cisgender man who is a professor and researcher with expertise in research on health disparities among Asian Americans. He provided guidance with the study and feedback about the categories and themes.

The researcher led her research team through critical discussions about positionality. Savin-Baden and Major (2013, pp. 71-73) provide three ways for researchers to acknowledge and assess their positionality, which was utilized as a guide for these discussions. First, the researchers located their positions and views in relation to the research topic of SV experienced by Asian American women. Second, the team members situated themselves in relation to the participants, which included considering their self-perception and how others might perceive them. Third, the researchers positioned themselves with respect to the research process and data analysis and acknowledged the influence on the study. The team discussed their identities and experiences and how their positionalities might shape their interactions with the data. For

example, the lead researcher anticipated that her racial identity as an Asian American woman may be beneficial, as researchers with cultural commonalities and similar identities as participants are better positioned to build relationships and gain the trust of participants (Shariff, 2014). However, given her identity as an East Asian American woman, she recognized that her understanding of South Asian and Southeast Asian American experiences might be limited.

Throughout the research process, the research team engaged in dialogue and reflection about their identities, biases, presumptions, privileges, and experiences that may influence their interpretations of the data before and during the research process, as structured after Savin-Baden and Major's methods for establishing positionality. The lead researcher also considered her privileges, such as her educational status and position of power as an interviewer. Moreover, she reflected on her experiences in providing care to people who have experienced SV in order to prioritize creating a safe space for participants.

The process of critically assessing and acknowledging the researchers' positionality aligned with the goal of the study to empower survivors of SV, as positionality allows researchers to "index their power relations" (Massoud, 2022, p. S70). While it is not plausible to fully remove bias, the more that researchers "pay attention to their inner emotions and thoughts, the better they will be able to separate them out from the participants ... and avoid reproducing the 'objectifying and imperialist gaze' associated with traditional Western qualitative methods" (Winfield, 2022, p. 145). Researchers must intentionally reflect on the way they conduct research, critically think about their assumptions, and honestly explain to readers how they reached their conclusions with the goal of greater transparency and trustworthiness (Corlett & Mavin, 2018). The lead researcher upheld trustworthiness as imperative tenets, since providing an honest account is a way to honor, distinguish, and amplify the voices of survivors.

The research team established a strengths-based approach as a social justice commitment to highlight the deficits of oppressive systems and violence rather than deficits of a marginalized population. The team sought to understand participants' stories with dignity and sensitivity, knowing that oppression and violence are often traumatizing and difficult experiences. The interview questions, data analysis, and results were constructed and conducted with the goal of humanizing this population by identifying their resilience, agency, and strengths.

Recruitment and Interview Procedure

All study procedures received approval from the Institutional Review Board (IRB) at UMD. Once IRB approval was obtained, participants were recruited through a variety of methods. First, the digital recruitment flyer was shared with Asian American Studies, instructors across various departments, and Asian American student organizations at UMD to send to their students. The lead researcher also presented the study recruitment in a few classes. Second, flyers were posted at the university dormitories and department buildings, as students frequent these spaces. Third, the study was uploaded onto the psychology department's SONA system where students can sign up for credit. Fourth, the digital recruitment flyer and email was sent to a listserv of Asian American women students at the university.

Individuals who were interested in the study scanned the QR code on the flyers or clicked the link in the online recruitment advertisement to learn more about the study and complete a pre-screening survey. The pre-screening survey included a brief introduction about the purpose of the study and a definition of SV. In order to maximize participants' agency, additional information was included that emphasized participants' ability to withdraw from the study at any point. Eligible participants completed a demographics survey (e.g., age, ethnicity, generational status). After the survey was completed, the webpage included a link to a list of resources, such

as the National Sexual Assault Hotline and UMD's Counseling Center, in case participants experienced distress and/or wanted further support. Individual interviews that were conducted in person and over Zoom lasted between 60 to 90 minutes, and participants were compensated with a \$30 gift card for their time.

In the beginning of the interview, participants read and signed the informed consent form, which included information about the purpose of the study, nature of confidentiality, anonymity of responses, and risks and benefits of participation. Participants were informed that they can withdraw from the research process at any point without explanation or penalty and that they were not required to answer every question. Additionally, I included a disclaimer stating that any disclosure of child abuse, whether past or present, would necessitate reporting in accordance with university policy and legal requirements. Thus, I asked participants to not disclose information about present or past childhood abuse and any information that would identify the perpetrator. This was particularly significant for this study and population, as their safety and wellbeing were prioritized. Once consent was obtained, I proceeded with the interviews.

The interviews were conducted either over Zoom or in a confidential location in the lead researcher's office at UMD. Participants who opted to interview over Zoom were given a unique link and passcode. Participants who chose to be interviewed in person were oriented to the office room with a tissue box and light refreshments, such as water and snacks, to help make the environment more comfortable.

Given the sensitive nature of discussing one's SV experience, the emotional well-being of survivors was of paramount concern during the interview process. The interviewer discussed with the participants the importance of their comfort, safety, and agency. If a participant seemed particularly distressed, the interviewer checked in with her, offered support, and discussed if she

would like to pause or continue. My goal was to reflect warmth and compassion and to allow the women to decide how much they disclose. At the end of the session, the interviewer checked in with the women and offered them a sheet with a list of resources, such as the National Sexual Assault Hotline, Sexual Abuse Crisis Text Line, and UMD Counseling Center's crisis and short-term counseling and trauma support group for sexual assault survivors.

Interviews conducted online were captured with the record function on Zoom, configured to capture audio and exclude video. In-person interviews were also audio-recorded with Zoom. The interviews were transcribed verbatim with any identifying information about the participants and other individuals removed from the transcripts. To further protect the confidentiality of the women, they were assigned identification numbers and pseudonyms and were only be referred to with those identities. All recordings will be deleted after transcription. The interviews were conducted through the spring and summer of 2024.

Semi-Structured Interview Questions

For this study, the semi-structured interview format was particularly fitting, as certain domains related to the phenomena (e.g., influence of race and gender, forms of resilience) were identified and interviewing would allow for the development of these domains (Conlon et al., 2015). To develop the semi-structured interview questions, I conducted an extensive review of the SV literature on Asian American women. The interview questions were also created using an intersectional lens to incorporate questions about women's experiences with gendered racism and the messages they have received as it relates to race, gender, and SV. The interview questions asked participants to share about their SV experiences, coping strategies and strengths, and cultural and societal messages about SV, gender, and race.

One of the aims of the interview procedure was to create an experience and environment

that respects and upholds the women's stories and voices. Thus, the interview questions encouraged flexibility, spontaneity, and openness in participant responses. The semi-structured interview format allowed the questions to be readjusted to reflect meaningful topics for each woman (Glaser & Strauss, 1967). Given the inductive and exploratory nature of this grounded theory study, the set of questions were modified to reflect the themes that emerged from the interviews (Glaser & Strauss, 1967).

Grounded Theory Data Analytical Plan

For this qualitative study, I utilized constructivist grounded theory analysis (Charmaz, 2008). Grounded theory is a research method that provides a process for collecting and analyzing qualitative data to develop new theories derived from or "grounded" in the data (Glaser & Strauss, 1967). This methodology focuses on constructing frameworks that explain a particular phenomenon through an inductive analysis of in-depth interviews (Charmaz, 2006). Grounded theory was well-suited for the aims of the study, as the lead researcher sought to explore and generate a framework for the understudied phenomenon of Asian American women's SV experiences. Given that this methodology is a strong, inductive approach, the process allowed for the research team to highlight the voices of these survivors and focus on their accounts to guide and inform the analysis and formation of theory. This approach made "visible the experiences and perspectives of [people of color] without necessarily comparing them to the majority population" (Draucker et al., 2014, p. 3). Not only did grounded theory make visible the experiences of Asian American female survivors but it also acknowledged these women as the experts of their experiences, as themes and theory were created from their very words.

For the data analysis phase, the research team, consisting of five research assistants and the lead researcher, met 31 times to discuss the complexities of participant experiences. In the

beginning, all team members received training through the lead researcher's workshop on grounded theory. The constructivist grounded theory data analysis phase consisted of three stages. In the first stage, each member of the research team engaged in initial coding, requiring a close read of each of the transcripts (Charmaz, 2008). The lead researcher conducted initial coding for nine transcripts and trained members individually on initial coding. The team collaboratively coded one transcript together, and research assistants completed coding for eight of the transcripts. All members performed line-by-line coding with gerunds, focusing on actions and in vivo codes, or participants' exact vocabulary (Charmaz, 2006, 2008). By coding their actions and statements, this allowed participants to "teach [us] about their worlds" (Charmaz, 2006, p. 51). During the meetings, the team examined codes and patterns to develop more concise codes. We also discussed the most significant and frequent codes.

In the second stage, we conducted focused coding by identifying focused codes, or codes that best explain the phenomenon and categorize the data incisively (Charmaz, 2006). The team collaboratively coded six transcripts with the remaining 13 transcripts coded by the lead researcher. These focused codes were tested against the data to refine them, which were then treated as tentative categories. We sought relevant data to elaborate and explicate the categories until no new properties of the categories emerge (Charmaz, 2006), and the team achieved consensus on the categories. In the third stage, the lead researcher conducted theoretical coding to refine the categories and develop a theoretical model. The research team was consulted and concurred with the model and categories. The auditor reviewed the emerging categories and results to ensure conceptual clarity and coherence. To determine data saturation, the team checked for redundancy in responses (Patton, 2014). A systemic review of qualitative studies found that saturation could be achieved between 9-17 interviews (Hennink & Kaiser, 2022).

Saturation was determined to be reached after conducting 19 interviews.

Trustworthiness

Credibility checks were integrated into the study. The team maintained an audit trail detailing each step of the research process for the purposes of the expert auditor reviewing the thoroughness of the analysis process. Members were encouraged to keep memos of their thoughts, feelings, and ideas throughout the process (Glaser, 1998), and the team regularly engaged in reflexive reflections during meetings. In order to limit the influence of bias, consensus was required for each stage of the analysis. Regular reflections on the members' identities and participants' experiences along with the deconstruction of power differentials within the team, facilitated candid discussions and iterative refinement of the categories, themes, and model until all members reached agreement. The expert auditor verified the categorical and theoretical construction at multiple points. Participants were invited at the end of their interviews to share any additional thoughts or expand on topics they felt were not fully addressed. Once the manuscript is completed, the women will be provided with the manuscript.

Chapter III: Results

In our analysis, we sought to understand Asian American women's experiences at the intersection of race and gender and the impact of systems of oppression, family, and culture on their experiences with SV. Two sets of themes emerged from the data: 1) The impact of interlocking systems of oppression and sociocultural factors on Asian American women and their experiences with SV, and 2) How Asian American women survivors navigate their experiences of SV. For the first set of themes, five themes were identified: 1) Dehumanization and Devaluation, 2) Sexualization and Objectification, 3) Burden and Pressure, 4) Inner Conflict and Spent Energy, and 5) Stigma and Blame. For the second set, five themes emerged: 1) Sequelae,

2) Making Sense of SV, 3) Disclosing, Reporting, and Helping-Seeking, 4) Coping and Healing, and 5) Strengths and Empowerment. It is important to note that each theme was not entirely independent or distinct but rather interconnected, reflecting the fluid, intersectional, and comorbid nature of systems of oppression and victimization.

Set I: The Impact of Interlocking Systems of Oppression and Sociocultural Factors

Dehumanization and Devaluation

Dehumanization and devaluation emerged as a central theme in participants' experiences. This theme is presented first, as it encapsulates the broad and interlocking impact of racism, sexism, and gendered racism on their experiences. Across these systems, participants reported experiences of dehumanization through being stereotyped and devaluation through mistreatment. In the realm of racism, participants reported being reduced to stereotypes, like the model minority, perpetual foreigner, and token. Some women reported experiencing devaluation through infantilization, ridicule, and microaggressions about their language, food, culture, skin tone, and appearance. Participants reported experiencing dehumanization and devaluation through sexism in various forms, including being labeled as “too sensitive” or “feisty,” expected to conform to traditional gender roles, denied opportunities despite qualifications, perceived as lacking power, and expected to defer to men. Some participants described being punished or scrutinized for not adhering to expectations. Annie shared: “If I'm assertive, I'm bossy. I'm a bitch... But guys can be assertive, and it's just guys being guys.”

In the category of gendered racism, participants reported being perceived as and expected to be submissive, quiet, smart, fetishized, and exotified. They recognized the prevalent sexualized tropes of Asian women, with many sharing their own experiences. Lisa provided an example that took place after the Asian hate crime murders of several Asian women in Atlanta:

Once I was helping out a neighbor... [in] a very white neighborhood... because he looked like he was about to fall over in his yard any day now. And the gentleman did fall over in his yard, and some of the neighbors came over... Afterwards one of his neighbors, a white gentleman, came up to me and was like, "So are you and him like..." [moves hand up and down] and the hand gesture he made was so suggestive. And it was right after the Atlanta shootings.

Some participants expressed feeling devalued and inferior as Asian American women in various contexts, like in male-dominated careers, academia, pre-dominantly white spaces, and racialized gender hierarchy (compared to white women). Eunjin stated, "As an Asian American woman, I just don't have a voice... I don't have any voice, and I don't have any power." A couple of women connected dehumanization to the exertion of power and control and the denial of agency and individuality. Ananya noted, "The dehumanization... takes away from your identity as an individual and puts you in the frame of how the other person wants to see you." This dehumanization and exertion of power and control were present in SV. As Ananya continued: "Sexual violence is taking away someone's agency and taking that power and control." As Vivian described, SV made her feel "more powerless and less of a human."

Participants described the impact of being dehumanized and devalued as Asian American women survivors. Examples included a lack of faith in the justice system to support them and a sense that the narratives of Asian American women survivors are not valued. Vivian shared:

You're worth less than a white woman... That's one of the reasons why when [women of color] experience [sexual violence] it's even more discouraged to... speak out about it. And it's more acceptable for white women to talk about it... because they have that privilege.

Many women emphasized the pervasiveness and normalization of discrimination, dehumanization, and mistreatment against Asian American women.

Does a clinician really know... how pervasive it is, and how subtle it can be? The dehumanization of an Asian woman, and how often they might have an experience that they're not able to put into words? – Lisa

Sexualization and Objectification

Sexualization, objectification, fetishization, infantilization, and exotification emerged as

another umbrella theme that builds upon dehumanization, captures the impact of interlocking systemic oppression, and reveals a foundational experience for participants. Participants described how sexualization and objectification are shaped by stereotypes and historical oppression that also heighten their vulnerability to SV. Participants' experiences included harassment, stalking, being called exotic, fetishization, expectations to fit tropes, evaluations on appearance and body, control and abuse in relationships, and violation. Annie, a biracial Vietnamese and White woman, discussed the obvious exotification of her gender and ethnicity, as she experiences a spike in harassment during the summer when her tanner skin makes her look "more Asian," compared to winter months when she appears more white. Vivian, a Nepali American, shared how being called exotic made her feel like an exotic bird from another country and how harassment is "worse when it's related to specifically your cultural identity."

At the intersection of race, gender, and sexuality, participants described being categorized by their ethnicity, bodies, and tropes. A common expectation imposed on women was to be submissive, with some also facing pressure to be small. These expectations were coupled with dynamics of control. For instance, Annie described how her abusive ex-boyfriend controlled what she ate and how often she worked out, so that she could fit the trope of Asian women being small and skinny. Similarly, Julia, a biracial Pakistani and Ukrainian American, recalled hearing "gross comments" from men "[categorizing] a woman's vagina... and how [they] are in bed" based on ethnicity. She stated hearing this in her previous relationship as well:

I remember he was comparing my vulva... to his ex who was a white woman. And he was like, "I always heard that brown women are more like this versus white women are like this..." And this is also the first person that I had very intimate relations with. And I... didn't realize that I might be abnormal... From that point forward, it kind of just made me very insecure about my body.

Some women underscored the role of objectification and men's entitlement in SV. As Annie theorized, "It starts with the objectification," which leads to sexual harassment, racism,

sexism, SV, and “wherever they want to take it.” Julia highlighted the impact of entitlement: “It makes you definitely feel very vulnerable and like your body’s kind of useless and just an object when men... do whatever they want cause it pleases them.” Many women described having their comfort, consent, and boundaries disregarded. Vera described that she has felt “more like a sex toy than an actual human being.” Cindy recalled how her perpetrator believed that she enjoyed the sexual violation despite her saying “no” multiple times, crying, and feeling uncomfortable. Maria stated, “It was a dark time, and I felt like I was nothing but an object.”

Participants emphasized the pervasiveness and normalization of the objectification of Asian American women, with the expectation of submissiveness leading to increased attention and vulnerability to SV.

The idea that Asian women are more submissive or inferior makes it easier for people to take advantage of us. –Vivian

Men see us as easy prey... like an “easy win.” – Hannah

I can’t even go out for five minutes without being objectified. – Annie

[SV] is just part of being a woman. You don’t sign up for it, but it just happens. – Amy

Burden and Pressure

All participants mentioned experiencing a myriad of pressures. Through racism and gendered racism, they experienced the burdens of representing Asian Americans and fitting stereotypes. As women, they described the expectations to be perfect and “womanly”:

I think you hear so much about how a woman should act in society. You know how she should dress. Just like how she should be around men... So you have to be that middle ground. And I just feel like it’s really hard to be a woman... I think about so much about how I look and how I act, because I wanna be, you know, perfect in society’s eyes. – Hannah

Participants reported being socialized to be considerate, responsible, and caring as Asian American women, daughters, and caretakers. Related to the prevention of SV, women discussed the disproportionate burden placed on them to ensure their safety while men are often absolved

of their responsibility. Many women reported being hypervigilant and careful (e.g., establishing safe contacts with the staff in bars and clubs) and monitoring their behaviors (i.e., ensuring that men do not get the wrong idea). Amy explained the gendered socialization of SV prevention:

Especially being a part of the Greek community...the frat men...aren't held to the same expectation. It's kind of like, why do we have to be careful of other people when we could just live our lives, and they could just not do it?

Participants discussed a variety of pressuring experiences related to SV. These included internalizing beliefs about being submissive to men, being burdened to resist perpetrators' relentless boundary-pushing, and being pressured sexually beyond comfort. Women who experienced interpersonal violence described being pressured to fulfill traditional gender norms and the Asian housewife trope, which Hannah described as “[being] that perfect Asian girlfriend.” All women bore the burdens of sequelae after SV with some women considering the protection of perpetrators' reputation and the harmony of their communities and families.

I think we're taught even if you're uncomfortable with something, you have to prioritize other people's comfort. I think that's something that I've... had in me for a long time, like always prioritizing, especially, white people's comfort over my own, or prioritizing men's comfort over my own. – Ananya

There is already a stereotype of being permissive... So when you're put in that situation it might also cause you to be permissive and not be able to stand up for yourself or say no... because you feel like you're supposed to keep going or not prioritize your own feelings. Or when you did speak for your needs, you're shut down. – Charmaine

Inner Conflict and Spent Energy

Participants described a variety of responses to racism, sexism, gendered racism, and SV, ranging from internalization, confusion, overcompensation, and rumination to outright rejection, requiring energy, time, and attention. Some women experienced inner conflict, grappling with whether their traits were authentic or internalized stereotypes, when to speak up or stay silent, and whether to validate or doubt their experiences with oppression and violation.

The two most important identities that I have, they're both telling me to kind of just like shut up and sit down regarding my [SV] experience...in a time where we're supposed to be amplifying

voices, we're speaking out about things. It is very uncomfortable to be that person to step up and talk about such sensitive topics. – Amy

This tension was influenced by a variety of factors, like rape myths, internalized oppression, and concerns for safety. Annie vividly depicted her worries while calling out harassers:

I'm also still worried that... I'm gonna one day say this to the wrong person that's bothering me. And... I'm gonna wind up abducted, or like shot dead in a ditch or something. Because, I mean, you see all these horror stories of girls—like, I think, on a path down in [Town Name] a girl was walking on the path, and she got abducted and taken into the woods and assaulted... because she didn't say “Hi” back to these people.

Participants described the physical, mental, and emotional energy of enduring oppression and SV, such as enduring stress, harm, and alertness.

It's always survival mode. I think, as Asian American women, we are always in survival mode. And part of me is just—I'm really tired of it. – Eunjin

I've definitely shed so many tears at any of these experiences. – Julia

I don't trust anyone else that's out there to behave themselves, cause no one knows how to fucking behave. I'm always on edge as a result. – Rachel

I just keep reminding myself—it's not the first time, it might not be the last time. You've gone through worse. – Amy

Stigma and Blame

Messages deriving from rape myths were frequently observed within societal discourse, the justice system, communities, and families. Some women experienced being blamed, shamed, and questioned by others, including close friends and family members. Emily shared: “I told one of my—at the time— one of my best friends, about the whole situation, and then he told me it was my fault and got really mad at me for it.” Annie, who called the police while escaping her abusive ex-partner, stated, “I had messages from his mother being like ‘You’re such a cunt. You’re so crazy’” and “people that were friends with him... saying nasty stuff to me.”

Participants also reported engaging in self-blame. Particularly, some women wondered if they could have done more to prevent SV, despite recalling saying “No.”

I beat up myself for years like, “Why was I not strong enough? Why are you so stupid?... What's wrong with you?” You know, I blamed so much of myself like, “Why didn't you realize this was happening to you? Why did you ruin so much of your life?” – Eunjin

I was blaming myself for certain aspects of it that may have contributed to that experience of mine. Oh, If I hadn't done this or x, y, z, maybe it wouldn't have happened, then it's like going down that loophole, like the other rape myths... and those are all ideas that favor removing the responsibility of the perpetrator. – Charmaine

Participants noted the taboo of sex and sexuality and the lack of sex education or socialization within their families, ethnic groups, and/or religious upbringing. A couple women explored how cultural messages around women's health and sex, or the lack of discussion, contributed to hiding and shaming sexuality and a lack of knowledge regarding sex. Eunjin, recalling missing sex education as her parents instructed, stated, “I think that made it a hundred percent worse because I didn't understand... when you're saying ‘No,’ that's really a ‘No’... and things like [sexual violence]... could happen.” Some South and Southeast Asian American participants also described growing up with parental restrictions, including prohibitions on having male friends or dating. Several participants mentioned the influence of conservatism and religion, like Islam and Christianity, on the stigma against sex. For instance, Vera disclosed how her conservative mother called her a “whore” for not wearing a bra and recounted the ostracism her aunt faced after divorcing due to interpersonal violence. A few participants highlighted the stigmas of SV and mental health within their cultures and families.

Set II: Navigating Experiences of Sexual Violence

Sequelae

Loss. Participants reported experiencing a myriad of sequelae following SV including loss. This first theme included the following categories: 1) relational loss of friends, community, and trust, 2) loss of self and identity, and 3) loss of autonomy due to triggers and disassociation.

It's always really difficult when people don't believe you. Trying to tell people or be open about what happened... cost me some relationships, which was difficult. – Devina

I definitely struggled a lot with the fact that the person [perpetrator] was previously my friend. He was really— he was like a brother to me almost. – Amy

I just felt like I wasn't in my body for a really long period of time. – Julia

When my friends would... talk about their sexual experiences with their partners... I would have to step out of the room... because I would get so nauseous and so sick to my stomach thinking about it. – Hannah

I think the most difficult part is honestly learning how to cope with it, because it already... wasn't a choice that you made... someone taking advantage of you... Then having to come to accept it and all the things that are going to become part of your journey moving forward when it wasn't something you anticipated to deal with. And then all of the effects that come with [it] that aren't controlled by you either... like your mental health... or physically feeling uncomfortable with being touched or touching other people. – Charmaine

In regards to triggers, participants underscored the difficulty, frustration, and despair of feeling susceptible to bodily reactions that they cannot control or always predict.

Loneliness and Isolation. Women reported experiencing loneliness and isolation. Lisa stated, “I think sexual violence and its recovery are very lonely experiences.” Shaina shared, “being an Indian woman, I feel like these things are very normalized. And it's just nobody ever really talks about it... So, everybody kind of just deals with it on their own.”

Hypervigilance. Participants worried about the safety of themselves and their loved ones from discrimination, SV, sexual harassment, and their perpetrators.

It's a complicated thing that I'm still dealing with every single day... I have a lot of fear that this could happen to somebody else or it could happen to me again... I think... it connects with AAPI hate too, right, because... it's just this constant kind of “on guardness” that I have to live with for the rest of my life that I-I wish I didn't have to. – Eunjin

I'm always alert, cause I personally have been... sexually assaulted at the club... or at the venue... So... I'm always hypervigilant as a result, because I don't want that to happen to anyone else based on my experience. It's unfortunate because all my friends have basically been sexually assaulted or like harassed at some point in their life. – Rachel

Right now, he's on probation... So I'm just hoping he does not come back to the area... I always make sure that he's not in the area. And if he is, I'll try to go for that name change. – Maria

Physical, Mental, Behavioral Health Outcomes. Participants also disclosed the invisible aftermath and snowball effect of harmful sequelae. Physically, participants reported

experiencing nausea, trouble with sleeping, stomach pain, headaches, loss of appetite, and abortion. Mentally, participants experienced depression, anxiety, troubles with concentration, isolation, eating disorders, amnesia, trauma, attempted suicide, suicidal ideation, and an unhealthy view of working out. Emotionally, participants faced shame, guilt, self-doubt, gaslighting, feeling gross, and the burden of keeping SV a secret. As Julia described, “It had a very negative impact on my image of myself... I felt disgusted with myself. And... that's a hard feeling to wash away.” Behaviorally, a few women also mentioned their school performance dropping significantly. For several women, SV led to increased alcohol use and vulnerability to sexualization and SV. It is important to note, that some participants faced and continue to face these consequences without the additional support of medication or therapy.

Interpersonal and Intimacy Outcomes. Many participants reported shifts in their perspectives on romantic and sexual relationships, particularly a negative or avoidant outlook, and adverse effects on sexual intimacy due to uncontrollable triggers.

It does make me sad to know that... my viewpoint is so bad on [relationships] now... When I actually think about being in a relationship, I, I still get a little sick to my stomach, and I still feel a little like grossed out. I don't know if that'll ever go away, and I think that scares me. – Hannah

My body internalized trauma—I've had repeated experiences, so that also added to the complexity of how my body internalizes trauma. Relationally, intimacy was very difficult for a long time. It was difficult with people I had an emotional connection with, but I tended to engage more actively with people I didn't have an emotional connection with. I think it was me trying to cope... but it really messed with how I was connecting with people for a long time. – Devina

Even now to this day—I've been with my fiancé now for three years —and even sometimes whenever we're having sex... something triggers me and I'm instantly in tears. And we have to stop... And it's very frustrating on my end, because... I'm enjoying it, I'm having fun. And then the next thing I know I'm balling my eyes out and in total despair. —Annie

Secret. A few participants highlighted that keeping SV a secret, or not being able to share, process, or explain their sequelae, like triggers, has been a difficult consequence.

I don't always succeed in this, but I try to live life with a little bit of integrity... You know, that's important to me... But if you ask me what's the most difficult thing... having to keep that secret. That's my answer. My secret touches on many things. – Lisa

Making Sense of Sexual Violence

A common experience for survivors was experiencing confusion about whether they experienced SV. Factors contributing to this confusion included rape myths that present SV in a narrow manner, a lack of discourse on sex and SV, and negative responses to disclosure. The perpetrator's identity caused confusion, as the majority of women knew or trusted them, including their friend, partner, or pastor's son. Perpetrators repeatedly ignoring survivors' boundaries, expressions of discomfort, and "No's" created further confusion about their consent.

It wasn't like other stories where it was a very obvious forced violence. It was something that I wasn't even sure was actually a sexual assault until later when I was spiraling out of control. And I was like, "Why am I acting this way towards what has happened to me?" and then after talking to, you know, people and then labor professionals to really understand what happened to me *was* actually an assault. – Eunjin

It's hard for me to digest... It didn't start as [sexual violence], it became that. – Vera

There was a long time when I was questioning after the first [SV experience], which is the one where people didn't believe me about what happened. There was a long time where I... went back and forth about whether it actually happened. – Devina

Additionally, participants experienced minimization of SV, self-doubt, and gaslighting.

I feel like a lot of times people don't even know what is even considered sexual violence. And they undermine things that have happened to them just because they're like, "Oh, it wasn't as severe as like rape" ... They undermine their own experiences. – Shaina

I think the most difficult thing is... how normalized it is... Even though it has... impacted me pretty terribly... kind of just not even believing yourself. – Vivian

Acknowledging SV was a pivotal, difficult, and courageous step. It is important to also note, that for some women it remained difficult to know how to label their experiences.

When [you] at first realize, "Oh, maybe I am a victim," that's a big impact... that's a big thing to admit that you were in that situation. To admit [it] to yourself is always hard, but admit it to other people is even harder. Because you don't know how they're gonna perceive you. – Hannah

I didn't even know if I should sign up for this study. I was like this happened to me, but I never thought of this as the word "sexual violence." – Meena

For many participants, a key part of making sense of SV was sharing with others, hearing other women's stories, and receiving validation that they experienced SV and it's not their fault.

Disclosing, Reporting, and Helping-Seeking

Disclosing. The decision to disclose experiences of SV were influenced by a multitude of factors. Many participants decided not to disclose to their parents due to anticipating negative or unhelpful responses and consequences. Across all subgroups, women shared how the taboo of sex and lack of discussions around sex discouraged them from disclosing with parents. Many participants valued harmony and collectivism and did not want to ruin their perpetrators' reputation, burden their parents, or speak poorly about someone from the same ethnic group. Additional factors influencing the decision to disclose included fear of negative responses and a preference for sharing with Asian Americans. Participants highlighted how rape myths made it difficult to disclose SV, as reflected in Meena's statement that "no one really takes it seriously" and that women often receive more blame. Participants who received negative responses to their first disclosure experienced self-doubt and discouragement to share again with others. Examples of negative responses included being called stupid, questioned, gaslit, blamed, and dismissed. Women who reported disclosing to men, stated that most did not understand or blamed them. Positive support included receiving validation, support, and reminders that it was not their fault.

Not all participants disclosed their experiences to others, and a few women noted disclosing for the first time in the interview. For the women who disclosed to others, they disclosed to friends, partners, husbands, and more rarely family, specifically their mothers. It is also important to note that disclosure is not always voluntary. It may be a necessity for safety or a choice taken away from a survivor, as the perpetrator spreads and presents a different narrative.

Reporting. Most participants decided not to report SV. Vivian clarified:

Something that kind of has stuck with me is... during orientation... for my previous university, they did touch on sexual violence because it's so prevalent, especially among frats... They asked... who directly knows somebody or has experienced sexual violence, and... every single person in the auditorium pretty much stood up... Then they were like, who actually like followed through with it legally?... Barely anybody was standing, and it kind of just was... very sad.

Participants discussed the hassle and emotional, mental, and physical toll of reporting and support during the process, such as accommodations in school. Participants highlighted barriers regarding the social justice system, including ingrained sexism, racism, and victim-blaming.

It's almost like a double whammy. First... You're a woman so you're already... in a vulnerable situation where... it's so common for this stuff to happen. And then... with people of color it's again much harder to fight for it or get justice... because they're people of color and...the justice system has inevitably failed them multiple times. – Hannah

Even though you've experienced danger and harm already, getting justice... is a lot harder, because people will take advantage of you in the justice system, might not always necessarily believe you... And... it might put yourself more in danger, or your friends and family. – Shaina

Even if [SV] did a lot to harm me it wasn't worth going through all of that because... it's a long process and I don't want to talk about it and not knowing... what the outcome is going to be. – Vivian

A few participants mentioned not reporting as an act of agency.

I think that part of the barriers are also just the fact that you don't want to be defined by that, and I think that that's something I hear from so many of my female friends and myself is I do not want to be defined by that. – Tananya

Help-Seeking. Several participants reported seeking therapy. Some disclosed their SV experiences directly with a therapist whereas a couple participants indirectly discussed aspects. For instance, one participant mentioned not disclosing SV victimization to her therapist but discussing the difficulty she experiences with wearing clothes with a collar, which was a consequence from SV. Most found that having a racial/ethnic minority therapist was particularly helpful, because of the shared backgrounds and cultural understanding. One participant mentioned seeking services from a campus organization for SV survivors but terminating after one session, as her white therapist lacked a multicultural understanding.

I feel like with Asian American women... it's not just the violence that you go through, but it's what happens afterwards... That's what I've learned for me is even more important. And I feel like Asian American women don't have the resources. – Eunjin

Coping and Healing

All women reported utilizing a wide variety of coping methods. The most common strategies included 1) social support from friends, women, or members of the same racial/ethnic identity, 2) avoidance through zoning out, ignoring it, and alcohol use, 3) repression through amnesia, disassociating, and compartmentalization, 4) distraction with hobbies and exercise, 5) processing through journaling and therapy, and 6) risk-seeking behaviors, like increased alcohol use, partying, and sexual risk behavior. These risk-seeking behaviors can also be viewed as a consequence of SV, which some participants noted feeling particularly ashamed of.

Participants described a variety of components in their healing journey. Acceptance and no longer blaming oneself was a key component for some. As Amy described:

Coming to terms with it is like the most difficult like--you know, going through like stages of grief--it's kind of like going through the stages of acceptance. It's like understanding what happened, coming to terms, not blaming yourself. That's probably the hardest part, because it's not something that other people can do or explain for you.

Another component included recovering one's identity and humanness. Healing also involved learning how to navigate triggering situations, communicate boundaries with partners, and cope with emotions. Many participants discussed the importance of healing through connection and community. This involved having meaningful and safe relationships, experiencing validation of their experiences, and hearing other women's stories about SV in-person or through media.

Hannah described how her friends “helped me realize that I have a voice.”

The healing journey was largely described as having ups and downs, involving fluid stages, and not being linear. Eunjin described her journey over the last 20 years:

Healing has been a slow and long progress. You know, there are times where you think you're okay and then you're not okay. And then things will come up and trigger things that you didn't

even realize are there. I feel like it's-it's constantly forward and backwards. It's like fluxes.

Several participants expressed uncertainty about the possibility of fully healing. Most women described the healing journey as ongoing, impacting them weeks, months, and years after.

Will I ever be over this? Will I ever get there to a point of not regretting everything that happened and not looking so negatively on everything? I mean I'm still healing. I think it's a continuous journey. I don't think it'll ever be completely there. It's definitely been... hard. – Hannah

I think that the hardest part is... living with the repercussions of it every day and still feeling ... shame for it, and not being able to... express it, because not only do other people think that it's not a big deal, but you've tried so hard to convince yourself that it's not a big deal as well. – Vivian

I feel like I didn't really overcome... it's still in the back of my brain. – Emily

It's-it's a haunting. I have been haunted by this my whole life... It's something that will always be with me that I will never be able to truly get rid of. I can learn to live with it, and then move on with it, but it will always be there. – Eunjin

Strengths, Growth, and Empowerment

Strengths. When asked about strengths, participants provided a shrewd perspective, in which given the harm and trauma of SV and oppression, they did not feel particularly strong.

I'm not really sure what strong means, to be honest. Sometimes there's strength and weakness. Because my-my general idea of strong is like unaffected, you know, by the events that happened. But I was affected. And overcoming that, I think, proved more than if I'd always been strong about it to begin with. – Vera

I don't know if I've been really strong... I think strength is-is very relative, right? It's subjective to the people... I don't think I was strong initially. I think I was a huge mess. – Eunjin

I honestly don't think I was strong at all... I felt very weak and... there could have been a possibility of me dropping out [of college] if I didn't have support... My strength really came from friends. I didn't have strength for myself. I relied on those around me to pick me up and they did. – Jane

Some participants focused on how they drew strength from sources. Common sources of strength included friends, community, and racial/ethnic pride.

I would say most of my strength came from my friends and them being ... like a major rock for me, especially in times... when I was very unstable they were—they were like a foundation for me. – Amy

I think my strength came from other people... Seeing other people go through things that that were way far worse than I did but being able to keep moving on... and to not only survive but thrive. – Eunjin

I definitely draw strength from... Why I feel good about my identities, you know, what I love about being Asian American... and making those things more central to my identity. – Lisa

Strengths included participants' hopes, determination to resist being defined by stereotypes or SV, perseverance in the face of adversity, recognition of their resilience, and their will to live.

I think at the most darkest moments I didn't think that there was anything to live for, and I think that was the scariest moments of my life... That's where I get my strength from is that...I really want to live, and I want to experience life. And... despite those things that have happened to me, I am going to live a full and great life, one that I want to be proud of. – Eunjin

I feel like I've gotten like a lot stronger... It kind of felt like if I can handle that, I can handle anything now... In a way, after I healed... [it] kind of made me realize what I've been through and what I can handle as well. – Shaina

Growth. Participants identified a diverse range of areas in which they experienced personal growth from their resilience, healing, and relationships. The most common growth involved 1) advocacy—advocating for self, calling out racist, sexist, and harassment comments, and enforcing boundaries, 2) new standards for relationships — re-evaluating friendships and romantic relationships, 3) critical consciousness—unlearning rape myths, externalizing discrimination and oppression, recognizing the impact of systems of oppression, 4) reclamation—rebuilding oneself and reclaiming one's narrative, power, and identity, and 5) newfound or deepened purpose—pursuing education, careers, and opportunities to support racial/ethnic minorities and survivors and prevent SV.

It took me, what like 10 years of having to unlearn all these victim blaming tendencies... It took me 10 years to... get to the point where I can share this kind of stuff. It happens. [It's] part of me, shaped who I am. Why should I be ashamed of this part of me? – Rachel

Empowerment. Many women described feeling empowered through supporting survivors and women, such as helping others' report SV or harassment and raising awareness of SV. Seeing the power of hearing other women's stories of SV and sharing their own, these

women emphasized the vital need to amplify the voices of Asian American women survivors and their resolve to use their own voices as instruments of empowerment, unity, and solace.

Ananya described an empowering moment of supporting her friend who experience harassment:

It was obviously really impacting her mental health and everything. I was really worried and it felt like a moment of strength to me to finally be able to convince her to say something about it... Eventually we got that guy kicked out of the frat. So that was... a big moment of strength. Being able to... use what I've been through to help other people also get through similar things as well.

Discussion

The current study advances the discourse on Asian American women's experiences with SV by introducing a model that illuminates the impact of interlocking systems of oppression and the complex ways women navigate systemic barriers and violence. While prior research has examined campus sexual assault across various racial/ethnic groups using an intersectionality framework (Harris, 2020), this study is, to our knowledge, the first to focus exclusively on Asian American women's experiences of SV from an intersectionality framework. We assert that exploring the impact of systems of oppression is crucial to gaining a comprehensive understanding of Asian American women survivors' experiences with SV, as racism, sexism, and gendered racism interlock to create unique sources of strain, expectations, and oppression that distinctively shape their experiences.

A New Model

Previous scholars (Campbell et al., 2009; Dworkin & Weaver, 2021; Neville & Heppner, 1999) developed models to conceptualize the impact of ecological levels and sociocultural influences on sexual assault. As we analyzed data, it became apparent that Asian American women's experiences and navigation of SV experiences were influenced by a multitude of contexts and factors *and* their distinct, intersectional experiences. Thus, we culturally adapted a socio-ecological model and integrated an intersectionality framework (Ojukwu et al., 2023) to

illustrate the influence of multiple, ecological levels on Asian American women's experiences with SV while accounting for their multiple, marginalized and salient identities (Figure 1). While previous models (Campbell et al., 2009; Dworkin & Weaver, 2021) incorporated Bronfenbrenner's terminology of microsystem, exosystem/mesosystem, macrosystem, and chronosystem (1979), the proposed model employs the Center for Disease Control's (CDC) four-level socioecological violence prevention model (2024) involving the individual, relationship, community, and societal levels. Incorporating the intersectionality framework, the individual level includes participants' intersecting identities, such as sexual orientation, class, and religion. The relationship level included factors like SV perpetration, family, and culture. The community level included contexts such as neighborhoods, bars, sororities, and campus clubs. The institutional level focused on entities like schools and campus SV response organizations. At the societal level, systems of oppression, the justice system, and societal influences, like social media, were examined. Expanding upon socioecological models for SV survivors (Campbell et al., 2009; Dworkin & Weaver, 2021; Neville & Heppner, 1999), our model introduces an arrow starting from the levels crossing through to the individual, reflecting the impact of multiple levels on Asian American women survivors, *and* an arrow starting from the individual crossing through the multiple levels to reflect their navigation through these levels after SV. The model was further enhanced to demonstrate the permeability and fluidity between various ecological levels by having dotted rather than solid lines. For instance, participants noted the presence of sexism, patriarchy, and misogyny within their cultural communities, highlighting how systems of oppression do not operate in isolation but interact with and exist across multiple levels.

The model uniquely incorporated the dimension of time as a variable, as participants identified the compounding, even daily, experiences of discrimination and oppression throughout

their lives, the impact of historical sexualization and colonization of Asian women (e.g., comfort women, war brides), the influence of current events (e.g., anti-Asian crimes, Atlanta shootings, #MeToo Movement) and the lasting impact of SV. Time reflected the participants' growth and enduring resilience to multiple forms of oppression, SV, and harm and the possibility for healing. These adaptations and additions underscore the importance of situating SV against Asian American women in ecological levels, time, and systems of oppression, as it sheds light on the compounding, multiplicative harm against these women and the strengths they exhibit against it. This model displays and emphasizes the significance of providing culturally-responsive advocacy, support, and care (Bryant-Davis et al., 2009; Dworkin & Weaver, 2021; Tummala-Narra et al., 2019).

The Impact of Systems of Oppression and Multiple Ecological Levels

In Crenshaw's analysis of violence against Women of Color, she explains that battering and rape "are frequently the product of intersecting patterns of racism and sexism" (1991, p. 1243). At the intersection of race and gender, Asian American women survivors not only experience the oppression of racism, sexism, and gendered racism but also the violation of SV. These systems perpetuate harm, as these women experience increased expectations, tropes, and stereotypes that make them vulnerable to being devalued (Godon-Decoteau & Suyemoto, 2024), disrespected, dismissed, and violated. These systems dehumanize Asian American women as racial and gender minorities and connect them to sexualization and objectification through sexism and gendered racism, which is an important connection in discrimination against minorities (Moradi, 2013). These dehumanizing dynamics not only exist within these systems and contribute to SV perpetration but are amplified and co-morbid in the experiences of sexual violation. Asian American women's voices, power, and agency are dismissed in instances of SV,

racism, sexism, and gendered racism. This underscores the role of power and domination in SV (Armstrong et al., 2018), and the power asymmetries Asian American women experience across multiple contexts with multiple, marginalized identities. Indeed, patterns of subordination intersect in women's experiences of violence and one subordination or burden can "[exacerbate] the disempowerment of those already subordinated by other structures of domination" (Crenshaw, 1991, p. 1244).

Previous research identified self-blame as a meta-construct that stems from all levels of the ecological mode (Campbell et al., 2009). This study revealed the additional meta-constructs of burden/pressure, inner conflict, and silencing for Asian American women. Messages from racism, sexism, gendered racism, family, and culture reinforce the socialization, pressure, and burden placed on these women to act, perform, and behave according to societal, familial, and cultural expectations (Mukkamala & Suyemoto, 2018; Tummala-Narra et al., 2019). These messages, such as needing to be perfect, responsible, and/or traditionally "womanly," impact Asian American women's experiences with SV. They may wrestle with self-blame and feeling responsible for SV, face pressure to meet their partners' unhealthy or stereotypical expectations, or internalize stereotypes (Tummala-Narra et al., 2019). Moreover, systems of oppression impact Asian American women's experiences of SV by perpetuating inner conflict and spent energy. Asian American women survivors may wrestle with the inner conflict of internalizing or rejecting stereotypes. For example, they may struggle between choosing when to speak up, as there is the potential for harm and negative consequences, and when to stay quiet about their experiences with SV or other experiences of oppression. However, staying quiet for some leads to additional inner conflict, as they question whether their decision reflects the internalization of a stereotype or authenticity. Asian American women survivors also spend energy unlearning rape

myths, like victim-blaming, and learning and working through new responses and perspectives on oppression, such as rejecting stereotypes and boosting one's sense of power and agency over their body. Moreover, they expend energy by experiencing and navigating the accumulation of racism, sexism, gendered racism, and SV, such as encountering and processing constant microaggressions, sexual harassment, and SV. This involves energy and alertness to be hypervigilant about their safety, code-switch in different contexts of marginalization, and micro-manage the transparency of their SV experience amongst friends, family, and communities. Additionally, rape myths, sexism, and the taboo of sex in Asian cultures and families influence the stigma against SV that Asian American women experience and the self-blame and silencing that many wrestle with (Espinosa, 2022; Tummala-Narra et al., 2019). These interlocking systems not only contribute to the perpetration of SV but also breed complications and unique stress for the navigation of SV. The loss of autonomy, power, voice, and agency not only disrupts the individual during SV but interacts with and exacerbates the power asymmetry and marginalization they already experience in various systems and contexts.

Limitations

This study provides meaningful insights into the lived experiences of Asian American women survivors of SV through their shared narratives. As with qualitative studies, the findings were influenced by researchers' values and perspectives. Guided by a social justice and strengths-based approach, the research team sought to expose the impact of oppression on participants' experiences and rejected interpretations that could potentially frame this population with deficit. While attempts were made to include diverse participants, not all experiences and groups could be captured given the inherent diversity of Asian American women. All participants in this study had a high level of education, and the majority of women were young

adults. While this does not diminish the value of participants' stories, the study may not fully reflect the experiences of Asian American women across varying age groups and educational backgrounds. Given the study's intersectionality framework and diversity with this population, future work could further investigate how diverse and marginalized identities (e.g., religious affiliation, disability, social class) impact their experiences.

Implications

With intersectionality embedded in the model, practitioners and researchers can use the model to prioritize honoring the unique individuals they serve when working with Asian American women survivors. Given the systemic silencing and dehumanization, it is vital to intentionally seek, understand, and value these women's stories and identities. Participants' diverse stories and identities were evident in their wide-ranging experiences, such as wrestling with internalized misogyny from being in white or male-dominant contexts, grappling with the secrecy of SV when integrity is a Christian and personal value, and experiencing additional invisibility as an LGBTQ+ Asian American woman. Practitioners can apply the model's dual arrows to 1) explore the oppressive systems and socioecological factors that impact Asian American women survivors' experiences and 2) support the navigation and healing post-SV with cultural considerations, sensitivity, and a strengths-based approach. Scholars can apply the model to advance research on Asian American women survivors' wellbeing, healing, and resilience through an intersectionality lens.

The survivors in this study emphasized the importance of professionals' providing a safe space, actively listening, and allowing them to share their SV experiences when they are ready. These women also encouraged helpers to understand the subtle and pervasive nature of racism, sexism, rape myths, and gendered racism that Asian American women survivors experience.

Professionals should also be aware of survivors' experiences within their culture and family. Many women called for the hiring of more BIPOC or Asian American women therapists, as some experienced a lack of cultural understanding from white therapists. Clinicians should uphold a strengths-based approach and co-construct narratives that identify their strengths, sources of support, resilience, and growth in a manner that does not negate the difficulty of SV.

Given the importance of social support, community-based interventions can be integrated in Asian American spaces. Interventions include raising awareness of SV, creating culturally-tailored resources, holding storytelling spaces, enhancing critical consciousness, and dismantling rape myths. In alignment with the intersectionality framework that seeks to expose and dismantle oppressive systems, the research team calls to action the dismantling of sexism, gendered racism, and racism. Survivors must never be blamed, and perpetrators must be held responsible for their violence. Prevention efforts (e.g., campus orientations) and sexual socialization (e.g., sex education, societal discourse) must educate *all* genders about the responsibility of ensuring consent, being an ally to women, respecting women's agency and bodies, and dismantling the objectification of Asian American women. Education on consent can be enhanced by integrating a critical understanding of SV, such as emphasizing the invalidity of "consent" received through coercion and the need for continuous consent rather than a one-time agreement.

As survivors interact with multiple ecological levels, mental health therapists, schools, legal systems, and communities must offer trauma-informed, culturally aware, and survivor-centered support. Understanding cultural nuances, providing options, and respecting a survivor's agency around disclosure, reporting, and help-seeking are critical steps to honoring and respecting these women. To counteract the silencing of Asian American women, members of all ecological levels are encouraged to humanize Asian American women. A key component to this

mission is amplifying their voices, hearing their stories, and recognizing the courage it takes to speak up. Society, researchers, and communities must seek to humanize Asian American women and proactively instill the uplifting and amplification of Asian American women survivors' voices, stories, worth, and agency. As such, the women of this study shared messages to fellow survivors: *It's not your fault. Your pain is real, and you are allowed to fully experience your emotions. Seek support and lean on community and women. When you are ready, you can share. You don't have to carry the burden on your own. There is no shame in your healing journey. You define you and your narrative—not your trauma. You are not alone.*

Conclusion

The findings of this study underscore the critical need to examine interlocking systems of oppression and meaningful sociocultural factors to understand the complexity of SV experiences among Asian American women. First, the findings advance the literature by situating SV within broader contexts of oppression, demonstrating that these violations do not occur in isolation. Vulnerability to SV and the harm and stress of navigating it are often intensified by overlapping systems of oppression, dehumanization, and devaluation of Asian American women. Second, the study sheds light on the profound impact of SV. While the model minority myth masks the lived realities and oppression that Asian American women experience, participants emphasized the pervasiveness of subtle and blatant racism, sexism, gendered racism, harassment, and SV. These experiences were often minimized and dismissed, revealing an alarming normalization of violence and dismissal of their oppression. The data vividly portrayed the enduring consequences and disruption caused by SV. Third, the study emphasizes the importance of culture, family, collectivistic values, and structural barriers shaping survivors' decisions around disclosure, reporting, and help-seeking. These factors must be understood and respected alongside the need

to uphold and honor survivors' agency and power in their decision-making. Fourth, the study illuminates the resilience, strengths, and empowerment of Asian American women in the face of trauma. Despite the persistent triggers and impact of SV, the women demonstrated pride in their culture, perseverance in their lives and remarkable courage and strength in the interviews. SV compounded by racism, sexism, and gendered racism work together to strip away the power, agency, humanity, and voice of Asian American women survivors. This study sought to expose these systems, humanize a marginalized population, and amplify the voices of Asian American survivors who continue to resist systems that attempt to silence them.

It feels so important to have this space and have a published work, eventually, that's going to center Asian American voices. Because one thing we really talked about today I would say... is the importance of the story... The sense that your own story is going to be believed... It's all about stories in that sense, right? And I think, having the space to talk about Asian American voices, the voice of Asian American women who have experienced sexual assault specifically, matters a lot. – Lisa

Being a woman is hard in general. Being an Asian woman is harder, because I feel like we don't even get a voice... People just [don't value] what I have to say... Even to the point of... being devalued as a human being... "My voice is too quiet. No one can hear me..." I think that I'm loud enough. I just think you're not listening'. – Maria

Appendix A: Review of the Literature

A Brief History of Research on Sexual Violence

Over the last five decades, there has been a significant growth and interest in the phenomena of sexual assault in America (Dworkin et al., 2017). In the 1960's and 1970's, the Women's Liberation and feminist movements raised awareness about sexual assault as it was often underreported and met with harmful stigma that blamed victims (Brownmiller, 1975; Russell, 1975). At that time, seminal studies began documenting the impact of sexual assault on women, such as fear and depression (Sutherland & Scherl, 1970) and "rape trauma syndrome," such as stomach pain and nightmares (Burgess & Holmstrom, 1974). In the 1980's, feminist scholars revealed the complexity of defining rape, the prevalence of rape and attempted rape, and the reality of rape more often being perpetrated by an acquaintance rather than a stranger (Koss, 1985; Koss et al., 1988). Furthermore, PTSD was introduced to the *Diagnostic Statistical Manual of Mental Disorders* (DSM-III) in 1980, and more studies recognized similarities between the symptoms experienced by sexual assault survivors and symptoms of trauma (Dworkin et al., 2017). In the 1990's, The Violence Against Women Act was established, which was the first federal legislation designed to eradicate violence against women through funding research, services, and legal protections to support victims (Modi et al., 2014).

Following the late 20th century, researchers have established that sexual violence survivors experience multiple, long-term outcomes, including increased risk of sleep difficulties, diabetes, chronic pain, sexual difficulties, depression, suicidality, and substance abuse problems (Black et al., 2011; Campbell et al., 2009; Tsong et al., 2019). Moreover, literature has revealed that "rape is one of the most severe of all traumas" (Campbell, 2008, p. 708) and sexual assault is associated with higher rates of PTSD than any other traumas (Dworkin et al., 2023).

Reviewing the historical context of sexual violence research is significant as it reveals the progress that has been made to raise awareness on sexual violence and the future development that is needed. More in-depth research on racial/ethnic minority women is critical, as the literature has often given more privilege and prominence to the experiences of White survivors of sexual violence, centralizing their experiences and overlooking racial/ethnic differences and nuances (Enns & Byars-Winston, 2009). While women of color are more likely to be sexually harassed or assaulted than White women, marginalized groups, such as racial/ethnic minorities and LGBTQ individuals, remain understudied (Buchanan et al., 2018; Ching et al., 2018). Rebecca Campbell, a prominent researcher in the field, and her colleagues (2009) recognize that there is a critical imperative to understand how women of color are affected by societal beliefs and norms and culture-specific beliefs and norms. Thema Bryant-Davis, the President of the American Psychological Association and a survivor of sexual assault, and her colleagues also state that, “Too often, trauma researchers have left the experiences, cultures, voices, and as a result, recovery of ethnic minority sexual assault survivors in the margins” (2009, p. 330).

A group of women that are particularly left in the margins are Asian American women. National data reveals that one in three women experience sexual violence or domestic violence, and about one in three Asian American and Pacific Islander women experience sexual violence (Breiding, 2014). Despite the high prevalence, there is a dearth of literature on Asian American women’s sexual victimization experiences (Koo et al., 2011) and the sociocultural factors and structural systems that influence the way they cope, self-disclose, heal, and recover from trauma. One reason is due to the invisibility that Asian American women experience. Asian American women encounter intersectional invisibility, as they inhabit multiple marginalized identities yet are often rendered unseen due to their divergence from the prototypes of their respective

marginalized groups (e.g., Asian American men, women; Purdie-Vaughns & Eibach, 2008). Asian American women also report a sense of invisibility due to having their voices dismissed or ignored and being viewed as highly competent without facing challenges (Liang & Peters-Hawkins, 2017; Mukkamala & Suyemoto, 2018). Relatedly, the model minority myth suggests that Asian Americans are more successful than other racial/ethnic minority groups due to their work ethic and perseverance and erases the unique struggles and oppression they face (Cheng et al., 2017; Pillai & Lindsey, 2022). Overall, Asian American women experience invisibility in the context of society, sexual victimization, and research. Since the literature participates in the denial, minimization, and erasure of the voices of Asian American women survivors, it is imperative to expand the literature by validating, highlighting, and amplifying the narratives of Asian American women survivors.

Literature on Sexual Violence Experienced by Asian American Women

While there is limited research on Asian American women who experienced sexual violence, the existing literature has begun to shed some light onto this phenomena and population. One theme that has emerged is the likelihood that Asian American women underreport incidents of sexual violence and underutilize mental health services. Asian women in the U.S. are less likely to report intimate partner violence than other racial groups (Lee & Hadeed, 2009). Furthermore, a study investigating sexual and racial harassment experienced by Asian American women found that 66.7% of participants reported at least one experience of sexual harassment (e.g., sexual coercion, unwanted sexual attention) and only 23.3% labeled their experiences as sexual harassment (Buchanan et al., 2018). This suggests that there may be a similar dynamic in the lack of labeling incidents of sexual violence. Asian American women may not understand what constitutes as sexual violence especially when it occurs with an

acquaintance (Buchanan et al., 2018; Lee et al., 2005). Another important fact to consider is that Asian Americans are the least likely racial group to seek mental health services (CDC, 2016; SAMSHA, 2015) and more likely to prematurely terminate services than White populations (Leong & Lau, 2001). This is alarming as Asian American women survivors are more likely to have higher rates of HIV risk behavior, mental health problems, and substance use (Hahm et al., 2017) and more likely to experience suicidal ideation following sexual assault compared to other racial female victims (Bryant-Davis et al., 2009) but may be less likely to seek mental health treatment after assault (Cheng et al., 2017; Lee et al., 2005). Overall, researchers and practitioners suspect that the prevalence rate is higher than what is reported due to underreporting, a lack of acknowledgement of sexual violence, and a lack of utilization and access to mental health services (Ho et al., 2017; Kramer et al., 2002; Lee et al., 2005).

Sociocultural Factors

Studies to date have focused on the sociocultural processes that influence the experiences of sexual violence amongst Asian American women. Given that prior research lacked attention on Asian American women survivors of sexual violence, this focus on the distinct sociocultural factors has been vital to understanding these survivors in the context of their culture, families, and communities.

Sexuality and Gender Among Asian American Communities

Studies have examined the sociocultural context of Asian American women survivors within their structures of family, gender expectations, and sexual socialization. Generally, Asian American families tend to be structured according to the patriarchal hierarchy and traditional gender roles (Tsong & Ullman, 2018; Tummala-Narra et al., 2019). Within these structures, men are typically ascribed authority and decision-making power, whereas women are expected to

provide emotional and physical care for the family (Yoshihama et al., 2012).

Another important sociocultural factor includes sexual socialization. In traditional Asian cultures, there is a taboo against discussing or displaying sexuality (Okazaki, 2002). A qualitative study examining the sexual socialization of Asian American women supports the idea of this taboo. In this study, some participants reported that their parents silenced explicit communication about sex while providing unspoken and indirect messages about their values, such as disapproving them from dating before a certain age or engaging in sexual behavior before marriage (Kim, 2009). Although sexual attitudes amongst Asian cultures are grounded in different philosophies and religions (e.g., Hinduism, Catholicism, Confucianism, Islam), the dominant attitudes similarly stigmatize sexuality and condemn nonmarital sexual activity, especially for women (Espiritu, 2008; Lim et al., 2023; Okazaki, 2002). For example, in Asian Indian families, women are expected to uphold chastity, sexual purity, and abstinence from premarital sex (Gravel et al., 2016), and a few studies identified purity as a primary concern for sexual violence survivors (Das et al., 2023; Tummala-Narra et al., 2019).

One effect of stigmatization against sexuality is that it creates a culture of privacy, discomfort, and secrecy surrounding topics about sex and sexuality (Lee & Law, 2001). This is particularly relevant for survivors of sexual violence, as conversations about sexual violence becomes “an almost unspeakable matter” (Lee & Law, 2001, p. 22). Given that Asian American women do not feel comfortable discussing sex with their family (Das, 2021; Lee & Hadeed, 2009), Asian American women survivors may not have the space to disclose their sexual violence experience (Rossetto & Tollison, 2017). In a qualitative study of South Asian women, survivors of sexual assault specifically disclosed that their parents’ attitudes towards sex and sexual violence discouraged them from seeking support, such as therapeutic services (Das et al.,

2023). This examination of sexual socialization sets the stage for understanding the broader, underlying culture of collectivism that influences Asian American communities and its members.

Collectivism and Interconnectedness

A unique cultural factor that researchers have noted in the literature of sexual violence experienced by Asian American women is collectivism. Generally, Asian American communities tend to be collectivistic and interconnected, believing that individuals and members are mutually obligated, connected, and interdependent on one another. Individuals in these communities value keeping the intragroup harmony, submitting to authority, and self-sacrificing for the intragroup, whereas Westerners tend to embrace an individualistic orientation and perceive oneself as independent of one another (Fatehi et al., 2020; Oyserman et al., 2002).

However, sexual violence disrupts the harmony of a community. “Sexual violence changes lives... Sexual violence happens not only to individuals but also to communities” (Hong & Marine, 2018, p. 21). This dynamic is amplified within the Asian American community. Within the interdependent and patriarchal nature of Asian American families, a young woman’s sexual activity not only “threatens her individual virtue, but also risks soiling the reputation and integrity of her entire family” (Kim, 2009, p. 336). Thus, daughters are burdened with the responsibility for upholding their sexual purity to maintain their family reputation and honor (Lim et al., 2023). Asian American women may also fear speaking up about their experience with sexual violence and facing potential rejection from their community (Adam & Schewe, 2007; Joseph et al., 2020).

Shame

Relatedly, a prominent theme that emerges from the literature on sexual violence experienced by Asian American women is shame. In the context of a collectivist group, Asian

American women may hold the responsibility to uphold collective harmony and their families' reputation and in turn may experience more shame, self-blame, and internalization of stigma (Fontes, 2007). In fact, studies have highlighted that Asian American women survivors experience shame following sexual violence and that shame acts as a prominent barrier to self-disclosure and help-seeking (Espinosa, 2022; Lee & Law, 2001). This is supported by a study that showed that Asian American female survivors reported more symptoms of shame, helplessness, and embarrassment than their White counterpart (Luo, 2000). These women may experience shame for failing to uphold their family's reputation and purity. For example, in a qualitative study of South Asian female immigrants living in the U.S., one survivor discussed her experience of shame and shared that, "being raped destroyed my family's virginal status, too, so to speak. It was a double blow, and I felt like I let my family down by what had occurred to me" (Singh et al., 2010, p. 451). The collectivist values may also encourage intragroup harmony over personal needs, which may result in the fear of identifying perpetrators from their own community or cultural group and bringing shame to their family and intragroup (Dworkin & Weaver, 2021; Maier, 2012). One study revealed that for every one-point increase in Asian values there was a 9% decrease and 7% decrease in the likelihood of Asian Americans disclosing sexual abuse and emotional abuse, respectively, when victimized by a close perpetrator (Foynes et al., 2014). Researchers also note that cultural stigma around mental health and sex impact the shame and guilt that Asian Americans experience following sexual violence (Lee & Law, 2001) and that the internalization of the model minority myth may discourage Asian Americans from seeking help or mental health services (Kim & Lee, 2014).

Limitations of the Current Literature

The literature has begun to shed light on the unique experiences of sexual violence

amongst Asian American women, including the influence of sexual socialization, collectivistic values, and shame. From a broader perspective beyond these women's sociocultural context, it is vital to understand that sexual violence against Asian American women is not an isolated event but often occurs within the context of societal oppression (Bryant-Davis et al., 2009). Asian American women face a long history of sexualized racial stereotyping and additional mistreatment due to their dual membership in marginalized racial and gender groups (Buchanan et al., 2018; Hwang & Parreñas, 2021). Current literature, however, lacks a framework that examines the impact of structural oppression on the experience of sexual violence and recovery for Asian American women specifically. There is limited knowledge about the cultural, political, and historical contexts of how Asian American women's intersecting identities (e.g., race and gender) interact with the larger systems of power and oppression to influence their experience and recovery from sexual violence (Dworkin & Weaver, 2021). While previous studies have explored the intersectional experiences of other minority groups (Klonoff et al., 2000; Pompper, 2013), there is a lack of research examining the unique amalgamation of oppression that Asian American women experience (Mukkamala & Suyemoto, 2018). According to a few studies, including a systematic review of literature on sexual violence among Asian American, Native Hawaiian and Pacific Islander Adults, the majority of research on sexual violence has centered around White women and minimal research exists examining the impact of both racism and sexism, leaving the unique complexities of Asian American women's experiences unexplored (Espinosa, 2022; Hahm et al., 2017; Lim et al., 2023). This aligns with the general state of the counseling psychology literature, which has provided minimal attention to the impact and implications of belonging to multiple social identity categories (Shin et al., 2017).

The lack of studies examining Asian American women's experiences with sexual

violence in the context of their multiple marginalized identities poses several problems. First, the realities of oppression and its harmful consequences are left unacknowledged and unaddressed in relation to Asian American women survivors. However, one's social identities influence the risk for sexual violence, such as racial discrimination which contributes to the dehumanization of a racial group and in turn increases the risk for violence (Coulter et al., 2017). Second, while Asian American women are uniquely stereotyped as "sexually submissive" (Buchanan et al., 2018; Shimizu, 2007), the unique oppression experienced at the intersection of their marginalized racial and gendered identity is largely unexamined in relation to sexual violence survivors' experiences. Historically, Asian American women have been systematically objectified and exoticized (Bryant-Davis et al., 2009). Third, by overlooking the systems of oppression the literature misses the root of sexual violence. As a history of the literature of sexual violence would reveal, the alarming prevalence rate, rape myths, and stigma of sexual violence persist in the American society throughout the last several decades. Thus, sexual violence will continue to persist so long as the systems of oppression that fuel it continue to exist.

Currently, there only exists a few studies that recognized or briefly acknowledged the influence of race and gender on the sexual harassment or non-partner sexual violence experience for Asian American women (e.g., Espinosa, 2022; Ho et al., 2017; Kalof et al., 2001; Koo et al., 2014). In a systematic review (Lim et al., 2023), only two studies were found that explicitly utilized an intersectional approach to examine the unique and collective effects of racial and sexual harassment on a multiracial sample of college students and Asian American women respectively (Buchanan et al., 2009, 2018). No studies to date explicitly use an intersectionality framework to examine Asian American women survivor's multiple marginalized identities within the context of interlocking systems of oppression. This exploratory study aims to

elucidate how various systems of oppression intersect and compound to amplify the challenges and impact of sexual violence on Asian American women's wellbeing and recovery.

Intersectionality Framework

An established theoretical framework that can elucidate the realities of structural oppression is intersectionality theory. Kimberlé Crenshaw (1989), a prominent legal scholar and civil rights advocate, first coined the term "intersectionality" to highlight the distinct discrimination that Black women face at the intersection of their gender and race. Emerging from a Black feminist analysis, Crenshaw identified that individuals possess multiple intersecting social identities (e.g., gender, sexuality, class) and that these intersecting identities create unique experiences of marginalization and privilege. Utilizing an intersectionality framework can appropriately identify the interlocking systems of oppression that impact marginalized groups regarding their social identities (e.g., gender, race, class). Therefore, to better understand the experiences of Asian American women and their membership in multiple social identity categories the study utilized an intersectionality framework. This study investigated the impact of oppressive systems, focusing on sexism, racism, and gendered racism.

Sexism

As Asian American women hold a marginalized gender identity, they experience the structural oppression of sexism. In the U.S., the sexist, patriarchal culture promotes beliefs of superiority of men over women, affords men privileges that are exclusive to women, dehumanizes or animalizes women to a lower status, and in extreme cases victimizes women as targets of sexual violence (Dickerson, 2013; Gupta et al., 2023; Salmen & Dhont, 2021). Importantly, research shows that sexism and perceived gender discrimination are associated with adverse mental health, such as depression, body shame, disordered eating, anxiety, and PTSD

(Cheng et al., 2017; Forbes et al., 2023; Lewis, 2018; McLaughlin et al., 2010; Moradi et al., 2005, 2019). Sexism not only oppresses women but cultivates an environment where women are vulnerable to sexual violence.

Moreover, sexual violence can be understood as a form of gender-based violence that is embedded in larger systems of sexism and patriarchy (Gutierrez & Leaper, 2023). The culture of misogyny may also influence sexual violence against women. While historically understood as hatred of women, misogyny can also be understood as the policing or controlling of women and a sense of male entitlement to women's bodies and domestic labor (Loewen Walker, 2022; Manne, 2017). Misogynistic attitudes towards women include beliefs that men deserve power and dominance over women, and ambivalent sexism includes beliefs that women should adhere to traditional gender roles. Both were found to be linked to greater endorsements in men's attitudes and behaviors supporting violence against women (Gutierrez & Leaper, 2023). In another study, hostile sexism, or the view that women seek to control men and usurp their power, was associated with the endorsement of each common rape myth: 1) he didn't mean to, 2) she asked for it, 3) it wasn't really rape, and 4) she lied (McMahon & Farmer, 2011; Rollero & Tartaglia, 2019). Benevolence towards men, or favorable attitudes rooted in the traditional gender role of men as protectors of women and recipients of women's domestic and maternal duties, was found to enhance the rape myth of "he didn't mean to" and the perception of women's responsibility for rape (Rollero & Tartaglia, 2019). Both studies reveal that it is not only the more extreme sexist attitudes that are problematic but the seemingly benevolent attitudes, rooted in favor towards traditional gender roles, that also contribute to the endorsement of rape myths. These rape myths are damaging, as they deny the violation, exonerate the perpetrator, and blame the victim. Several studies further reveal the deleterious beliefs and

culture of sexism in America. In respect to women, studies have found that men exhibit a greater tendency to endorse beliefs that justify the use of violence against women, perceive a more limited range of behaviors as violent, and view violent behaviors against women as less damaging and serious (Emmers-Sommer, 2017; Powers et al., 2015; Rollero & Tartaglia, 2019; Vandiver & Dupalo, 2013; Vonderhaar & Carmody, 2015).

In a sexist, patriarchal culture that dehumanizes women, sexual violence often involves elements of power, control, domination and humiliation. Researchers analyzing interviews with sexual assault victims found that the primary motivation for perpetrators was power and hypothesized that they may feel the entitled to sex and the need to control women (Jamel, 2014). Overall, Asian American women live in a male-dominated society that perpetuates sexism and patriarchy, which in turn foster an environment that increases the vulnerability of women to sexual victimization and the false beliefs that blame and shame victims of sexual violence. From an intersectional standpoint examining privilege and oppression, Asian American women experience marginalization as women and are placed in a position of having less power and privilege than men through structural sexism and patriarchy.

Racism

Embedded within a society characterized by pervasive sexism and patriarchy, Asian American women not only contend with gender-based marginalization but also the additional oppression of racism as racial/ethnic minorities. This is particularly alarming, as Asian Americans seem to experience significant amounts of discrimination similar to other racial groups (Iwamoto et al., 2022; Iwamoto & Liu, 2010; Le & Iwamoto, 2022). Moreover, since the onset of COVID-19 nearly 3,800 Anti-Asian hate incidents were reported to Stop AAPI Hate (Jeung et al., 2021), and Anti-Asian hate crimes rose by 339% in 2021 reaching the highest rate

in U.S. history (Levin et al., 2022). Among the hate incidents reported, Asian American women were two times more likely to be victims than Asian American men (Jeung et al., 2021). In a conjoined dataset from the Stop AAPI Hate and National Asian Pacific American Women's Forum, results showed that East Asian women were the most likely to report experiencing any form of discrimination or violence (e.g., verbal harassment/name calling, coughed at/spat at, avoidance/shunning, physical assault) followed by Southeast Asian, multiracial or multiethnic Asian, and South Asian women (Jeung et al., 2021). The report also found that South Asian women experienced the highest rate of physical assault with over 16.2% incidents involving physical assault (Jeung et al., 2021). Even before the pandemic, Asian American women faced discrimination and violation the intersection of their marginalized identities, such as race/ethnicity, gender, and socioeconomic status. In one study, 78.3% of Asian American women reported at least one racial harassment experience in the past year (Buchanan et al., 2018). The high prevalence of racism against Asian Americans and particularly Asian American women is alarming, as racism has been found to be associated with deleterious sequelae. Research has established that higher rates of racial discrimination are associated with higher suicidal ideation, depression, anxiety, alcohol-related problems, and psychological distress (Chae et al., 2012; Le & Iwamoto, 2019; Lee & Ahn, 2011; Ong et al., 2013; Paradies et al., 2015). One study found that Asian Americans experienced elevated racial discrimination during the COVID-19 pandemic, which was associated with poorer physical and mental health (Lee & Waters, 2021). Given the pervasive nature of racism, it is likely that racial/ethnic minority sexual violence survivors, such as Asian American female survivors, have experienced mental health consequences that predate the incident of sexual violence (Bryant-Davis et al., 2009). Thus, Asian American women who survive sexual violence may not only experience the sequelae from

sexual violence but also racism.

Gendered Racism

While racial discrimination poses significant health risks, the intersectionality of gender and racial identities introduces a unique adversity for Asian American women. At the intersection of their racial/ethnic and gender identities, Asian American women experience unique discrimination, otherwise known as gendered racism (Essed, 1991). Stereotypes for Asian American women include being 1) docile, subservient, submissive, and passive, 2) exoticized, fetishized, sexualized and erotic or sensual, 3) cute and small, 4) invisible, silent, and unable to speak up for themselves, and 5) hard working but not a leader (Kawahara & Fu, 2007; Keum et al., 2018; Mukkamala & Suyemoto, 2018; Sue et al., 2007).

In a qualitative study on microaggressions experienced by Asian Americans, empirical support was found for one theme that specifically applied to women: exotification (Sue et al., 2007). This exotification combined with the stereotype of being passive and submissive creates an archetype of women who are seen as “lotus blossoms,” “geishas,” “China dolls,” or “dragon ladies” (Cheng & Kim, 2018; Mukkamala et al., 2018). Ultimately, this reduces and objectifies Asian American women to a sexualized archetype who serves and fulfills men’s sexual desires (Espinosa, 2022). Asian American women are thus situated in a dichotomous dynamic, in which they are hypervisible in their sexualization and exoticization (Root, 1995) but also invisible and voiceless (Kawahara & Fu, 2007; Mukkamala & Suyemoto, 2018; Root, 1995). This dichotomy ultimately dehumanizes Asian American women and strips them of their power and dignity.

The positioning of Asian women has existed historically for centuries in the U.S. For example, the Page Law of 1875 prohibited the immigration of women from Japan, China, or “any Oriental country” due to the belief that Asian women were sex workers who would tempt

White men into immorality (Espiritu, 2008). These stereotypes are rooted in colonization, imperialism, and the prostitution and rape of Asian women during U.S. militarization and war in Asian countries (e.g., Philippines, Korea, Vietnam) and continue to be perpetuated through sexualized archetypes in the media (Chou, 2012; Hwang & Parreñas, 2021; Lim et al., 2023).

These stereotypes dehumanize Asian American women and may increase the risk for gendered racial discrimination and sexual victimization (Buchanan et al., 2009; Patel, 2008). Asian American students report the second highest amount of sexual harassment compared to multiracial, White, and Black students (Buchanan et al., 2009). Being Asian American and female is associated with high levels of unwanted sexual attention, which may reflect perpetrators' sexualized views of Asian American women (Buchanan et al., 2009). Empirical studies reveal an increased risk of sexual harassment among Asian American women in college with 46% reporting harassment (Cortina et al., 1998) and Asian American women in the U.S. military with over 66% experiencing harassment (Fitzgerald et al., 1999). The prevalence of sexual harassment is alarming, as emerging literature indicates an association between gendered racial discrimination and negative mental health outcomes, such as traumatic stress symptoms and depressive symptoms (Keum et al., 2023; Moody & Lewis, 2019; Williams & Lewis, 2019). Among Asian American women, experiencing gendered racial microaggressions is linked to greater depressive symptoms and internalized racism (Keum & Wong, 2022). By examining the manifestations of gendered racism, through sexualization and perceived submissiveness, it is evident that Asian American women bear a distinct burden of discrimination and dehumanization.

Compounding Oppression

An overview of a few of the systems of oppression that Asian American women

experience reveals that Asian American women encounter discrimination and dehumanization across multiple levels of influence. While racism, sexism, and gendered racism were reviewed in this literature review, it is important to note that Asian American women survivors may also experience additional systems of oppression, such as classism and ableism. Intersectionality theory suggests that membership in multiple marginalized identity groups increases risk for victimization, harassment, accumulated disadvantages, and subsequent harm (Bowleg et al., 2003; Buchanan et al., 2009; King, 1988). By examining the context of the interlocking systems of oppression that impact Asian American women survivors, the amount of oppression, dehumanization, and sequelae that these women endure becomes more visible. Given the model minority myth, which stereotypes Asian Americans as successful and free of problems (Shih et al., 2019), this is a significant step towards increasing the visibility of the intersectionally invisible Asian American woman. With the goal to increase the visibility of this group, it is important to consider how they will be represented in this study and the literature.

A Strengths Based Approach: Coping, Resilience, and Recovery

Importantly, this study discourages a deficit approach by exposing the deficits of the systems that negatively harm survivors and their wellbeing rather than deficits in the victims. By contrasting the cumulative, interlocking systems of oppression and the victims of sexual violence, the strengths and resilience of these survivors becomes clearer. In the face of great oppression, it is vital to recognize the ways that Asian American women survivors experience recovery and resilience. For the purposes of this study, I utilized a strengths-based approach to understand these survivors' process of healing and recovery. However, to gain insight about the literature on these areas, I will review the literature that utilizes more mainstream terms, such as coping, resilience, and posttraumatic growth.

To start, there are several terms that are associated with the literature on recovery and resilience from sexual violence that need to be defined. A common term that is utilized in the field is coping, which involves the use of coping strategies or skills that allow a person to manage and adapt to stressful and traumatic situations (Folkman & Moskowitz, 2004; Tintori et al., 2020). There is also resilience, or the ability to recover from a traumatic experience and overcome highly stressful events, which may involve the use of resources, such as coping strategies and social support, and characteristics, such as flexibility (Elam & Taku, 2022). A scoping review of the literature on resilience in the context of sexual violence found that a key component that many studies included to define resilience is the ability to “bounce back” (Reid et al., 2023). Another relevant term is posttraumatic growth (PTG), or the process through which an individual experiences personal growth and transformation from a traumatic event in a way that positively impacts them (Elam & Taku, 2022; Tedeschi & Calhoun, 2004). This term describes the positive psychological changes that may follow trauma, such as gaining an increased sense of personal strength, experiencing a greater appreciation for life, relating to others more, and/or making a spiritual change (Elam & Taku, 2022; Tedeschi & Calhoun, 2004). A key difference between resilience and PTG is that resilience focuses on adapting to adversity whereas PTG focuses on transformation resulting from adversity (Elam & Taku, 2022).

Although there is limited literature on the recovery process for Asian American women who experienced sexual violence, there are studies that reveal the coping mechanisms of Asian American survivors. Previous studies have identified a mix of positive and negative coping strategies among Asian American female survivors. In one study sampling college students, Asian American female victims were found to be more likely than Black and White female victims to use more maladaptive coping strategies (Ullman et al., 2005). Other studies have

noted both negative (e.g., escape-avoidance and self-distraction) and positive coping strategies (e.g., acceptance and endurance) among Asian Americans and Asian American female survivors (Bjorck et al., 2001; Tsong & Ullman, 2018). Among these strategies, acceptance and self-distraction were found to be the most frequently used coping mechanisms among Asian American women sexual assault survivors (Tsong & Ullman, 2018). Asian American women survivors who perceived less control over their recovery process tended to utilize more maladaptive coping mechanisms, such as behavioral disengagement (e.g., “giving up”), substance abuse, and self-blame (Tsong & Ullman, 2018). Among Asian Americans, indirect coping (e.g., denial, venting, distraction) and significantly predict anxiety and depressive symptoms (Fanta et al., 2023), and emotion regulation (i.e., cognitive reappraisal and emotion suppression) are associated with lower levels of anxiety and depressive symptoms (Teng et al., 2023).

Although previous research on Asian American women sexual violence survivors’ experiences has revealed important findings about coping strategies, there are a few limitations to consider. The limited existing literature focuses solely on coping strategies and presents them from a black and white (e.g., adaptive or maladaptive) perspective. This can create an unintended deficit approach towards Asian American women, such as describing Asian American female survivors as using more maladaptive strategies than Black and White female survivors (Ullman et al., 2005). In addition, there has been a lack of research focusing on the strengths and resiliency of Asian American women survivors. Thus, Tsong and Ullman (2018) suggest that investigating the role of resilience within cultural context is crucial for future studies.

Currently, there are a couple of studies that identify the resilience of Asian American women survivors. In a phenomenology study, Singh et al. (2010) examined the experience of

resilience and child sexual abuse amongst South Asian immigrant women in the U.S. This study identified the following as forms of resilience: 1) sense of hope, 2) use of silence, 3) South Asian social support, 4) social advocacy, and 5) intentional self-care (Singh et al., 2010). Although silence may not be perceived as an act of resilience from a Western perspective, silence in the Asian or Asian American context can be nuanced and understood as a form of resilience depending on its use. For example, a participant stated that she used silence “as a place to heal” and as a method to observe her environment and keep herself away from her perpetrators (Singh et al., 2010, p. 450). While none of the participants described feeling positively about being silenced about their experience with abuse, they described transforming this silencing into a time of solitude and healing (Singh et al., 2010). One participant captured the nuanced perspective of silence: “Now, I think silence is both part of and not part of my resilience—it’s both... It was just one of the things that I needed or that I used to kind of get me through [the abuse]” (Singh et al., 2010, p. 453). In the Western, individualistic context, speaking up is often valued and one’s silence may be viewed as a deficit. However, in my study, I will utilize a culturally sensitive lens to understand how the use of silence can be an appropriate form of Asian American women’s coping and resilience. This aligns with Tummala-Narra et al. (2019)’s perspective that the decision to not disclose should not be seen as inherently problematic.

Moreover, some researchers believe that families, friends, and ethnic and/or religious communities may serve as protective factors and sources of support and resilience for Asian American women survivors (Dworkin & Weaver, 2021; Singh et al., 2010; Tummala-Narra et al., 2019). and the general Asian American population (Kramer et al., 2002). Another source of resilience for Asian American female survivors may be racial/ethnic identity (Singh et al., 2010). Among Asian Americans, higher internalization and acceptance of one’s racial identity, ethnic

identity affirmation, and belongingness were found to be strong predictors of wellbeing (Iwamoto & Liu, 2010). Given that individuals who feel positively about their racial/ethnic group experience higher levels of eudaimonic wellbeing, Asian American survivors' racial/ethnic identity may also be a source of strength, resilience, and meaning-making in the recovery process (Dworkin & Weaver, 2021).

Along with this overview of the literature on resilience amongst Asian American women sexual violence survivors, it is essential to recognize the critiques on the conceptualization of resilience. First, in a scoping review of the literature on resilience, Reid and colleagues (2023) concluded the difficulty of measuring and studying resiliency because of a lack of consensus on its conceptualization and a universal definition (Reid et al., 2023). Second, many studies describe resilience as the ability to “bounce back” or return to baseline functioning, which implies that survivors should return back to a “normal” state (Reid et al., 2023). However, the idea of “normal” is often based off of and defined by hegemonic power structures, such as Whiteness (Reid et al., 2023). Thus, expecting survivors to return to a “normal” state centered around White, hegemonic norms may disregard what survivors believe are significant outcomes and recovery following sexual violence (Anderson, 2019; Ungar, 2013). Furthermore, it is unlikely that sexual violence survivors return to their “normal” or previous state before the traumatic event, as sexual violence results in physiological changes (Kolk, 2015) and a reevaluation and restoration of a new sense of self (Draucker et al., 2009). Third, the current conceptualization of resilience has been harmful for racial/ethnic minorities, as it promotes the unfair expectation that they should be more resilient than others (Abrams et al., 2014; Reid et al., 2023). Fourth, this conceptualization of resilience is often individualistic and does not acknowledge or promote collective healing that may occur in collectivist communities (French et al., 2020).

In light of these critiques, researchers offer some suggestions for studying resilience in racial/ethnic minorities. First, instead of placing the burden on marginalized people to be resilient, researchers ought to focus on dismantling systems of oppression and social inequities that perpetuate trauma and violence against marginalized communities (Reid et al., 2023). Second, resilience needs to be examined in the context of structural and systemic oppression. In a qualitative study exploring the resilience strategies of Black American female survivors of child sexual abuse, Singh and colleagues (2013) emphasize that it is “impossible to understand the full context of the resilience of African American women survivors’ without an understanding of the ways that racism and sexism (among other oppressions) influence their lives” (p.111). With this suggestion, resilience could be better understood through an intersectionality approach, which examines the interlocking systems of oppression that create unique experiences of oppression for individuals with multiple marginalized identities. Third, researchers ought to understand the unique journey that healing entails of rather than expecting survivors to follow a single path towards resilience (Reid et al., 2023). Thus, survivors should be given the freedom and power to determine what resilience and healing looks like.

In light of these critiques and suggestions, incorporating the idea of PTG may be beneficial as it recognizes the possibility for survivors to experience growth and a “new normal.” PTG involves experiencing a state that is beyond the previous level of life awareness, adaptation, appreciation, and functioning, such as perceiving oneself as becoming a better person and learning lessons from traumatic events (Tedeschi & Calhoun, 2004). Currently, to the researcher’s knowledge, there are no studies examining PTG among Asian American women survivors of sexual violence. To allow Asian American women survivors the agency to define what recovery and healing look like, this study included PTG as a possible experience for these

women.

As there seems to be no literature on Asian American women survivors' experiences with PTG, this portion will focus on a general literature review of PTG and sexual violence survivors. According to the literature, professional and informal social support from family and friends are predictors of PTG (Borja et al., 2006; Frazier et al., 2004; Song, 2012), and the presence of a role model who survived a similar traumatic experience was associated with growth for female survivors of interpersonal violence (Cobb et al., 2006). Researchers have also found that helping others may be a vehicle for PTG (Guggisberg et al., 2021), such as participating in activism to prevent further sexual victimization and sharing one's experiences to help other survivors. Survivors may feel empowered when they are able to help other survivors (Richards et al., 2020; Stidham et al., 2012), and empowerment has been found to be positively associated with growth (Song, 2012). In a systematic review of interpersonal violence, women in several studies reported that they experienced recovery through intentional introspection, altruistic activism, and social engagement, such as yoga, religious service attendance, and music (Guggisberg et al., 2021). Despite the pervasive harm of sexual violence, interpersonal traumas (e.g., sexual violence, domestic violence, emotional abuse) are associated with the highest level of PTG (Jónsdóttir et al., 2023). Survivors reported growth in their relationships, personal strength, outlook on life, and new possibilities (Jónsdóttir et al., 2023; Tedeschi & Calhoun, 2004). These findings are relevant for this exploratory study, as Asian American women survivors may utilize a variety of supports and activities that may facilitate their own growth and recovery. Given that healing and recovery does not occur in a single trajectory, this study will create space for Asian American women survivors to find and define their journey of healing and resilience.

Culturally Appropriate Intersectionality Framework

Current literature on Asian American women who survived sexual violence focuses on sociocultural factors while neglecting the strengths, healing, and growth that these women may exhibit following their traumatic experiences. Even moreso, the literature lacks a framework for understanding how Asian American women navigate their experience with and recovery from sexual violence in the context of their occupation in multiple social identities and the interlocking systems of oppression that uniquely impact, dehumanize, and victimize them. As feminist scholars emphasize, to understand sexual violence the cultural messages and experiences of oppression and power that affect to survivors must be examined (Dartnall & Jewkes, 2013; Das et al., 2023; McPhail, 2016). Exposing the systems of oppression is essential to not only advance the literature on this understudied population but to call forth true change, advocacy, and liberation from the oppressive systems the perpetuate harm and sexual violence. An intersectionality approach appropriately addresses these goals and is highly recommended in a recent systematic scoping review on sexual violence against Asian American women in order to fill key gaps in the literature (Lim et al., 2023). This approach can extend knowledge on the impact of the racialized sexualization on Asian American female survivors and has the transformational power to push forward social justice action (Buchanan & Wiklund, 2021; Shin et al., 2017). Therefore, this study offers a transformative intersectionality approach that amplifies the voices of Asian American women survivors, highlights their strengths and journey of healing, and places the rightful burden of deficit and shame on systems of oppression rather than victims of oppressions.

Appendix B: Pre-Screening Instrument

1. Are you 18 years or older?
2. Do you identify as a cisgender woman?
3. Do you identify as a 1.5 or 2nd generation Asian Pacific Islander Desi American? (1.5 generation meaning that you were born in a foreign country and immigrated to the U.S. during childhood or adolescence. 2nd generation meaning that you were born in the U.S. to Asian immigrant parents.).
4. For this study, we use Gavey's (2014) definition of sexual violence as an umbrella term that describes unwanted sexual experiences that are coerced, forced, or imposed. It includes experiences such as sexual assault, sexual abuse, rape, attempted rape, sexual coercion, and unwanted touching. Have you previously experienced sexual violence at the age of 18 or older?
5. How old were you at the age of your experience(s)? (Note: This will not include an option for ages younger than 18).

Appendix C: Interview Questions

Background & Identity Questions

1. What is your age?
2. Tell me about your ethnic identity and background. Were you born in the U.S. or a country outside of the U.S.?
3. What identities are important to you? (E.g., religion, socioeconomic status, gender, race/ethnicity)

Oppressive Messages as an Asian American Woman

1. How do you feel about being an Asian American woman?
2. Have you encountered any stereotypes or beliefs about being Asian American? (E.g., being treated as smart, successful, quiet, invisible, a foreigner).
 - a. How has that impacted you?
3. Have you encountered any stereotypes or beliefs about being a woman? (E.g., being less than, objectified and evaluated on appearance and body image).
 - a. How has that impacted you?
4. Have you encountered any stereotypes or beliefs about being an Asian American woman? (E.g., being sexual, exotic, submissive, quiet).
 - a. How has that impacted you?

Impact of Sexual Violence

1. How has your experience with sexual violence impacted you? (E.g., mental health, physical health, family and relationships, etc.).
2. What has been the most difficult part of experiencing sexual violation?
3. Have you experienced any hurtful responses or reactions when you shared what happened to you with others?
 - a. How has this impacted you?
 - b. How has this impacted your well-being and physical health?

Intersection of Racism, Sexism, Gendered Racism, and Sexual Violence

1. You mentioned that you encountered _____ stereotypes about being an Asian. How have stereotypes about being an Asian impacted your experience with sexual violence?
2. You mentioned that you encountered _____ stereotypes about being a woman. How have stereotypes about being an Asian impacted your experience with sexual violence?
3. You mentioned that you encountered _____ stereotypes about being an Asian American woman. How have stereotypes about being an Asian impacted your experience with sexual violence?
4. How have your experiences with sexual violence impacted your view of yourself?
 - a. How have your experiences with sexual violence impacted your view of yourself as an Asian American woman?

Resiliency and Healing

1. How did/do you cope with your experience(s) with sexual violence? What has helped you heal?
2. How did/do you draw strength? In what ways have you been strong?
3. Have you seen any helpful changes or personal growth from your experience?
4. What do you love or feel proud about being an Asian American woman?
5. What would you want to tell someone working with Asian American women who have experienced sexual violence?
6. What do you want to tell other survivors?

Closing discussion

1. Is there anything else you would like to share that you haven't had a chance to share yet?

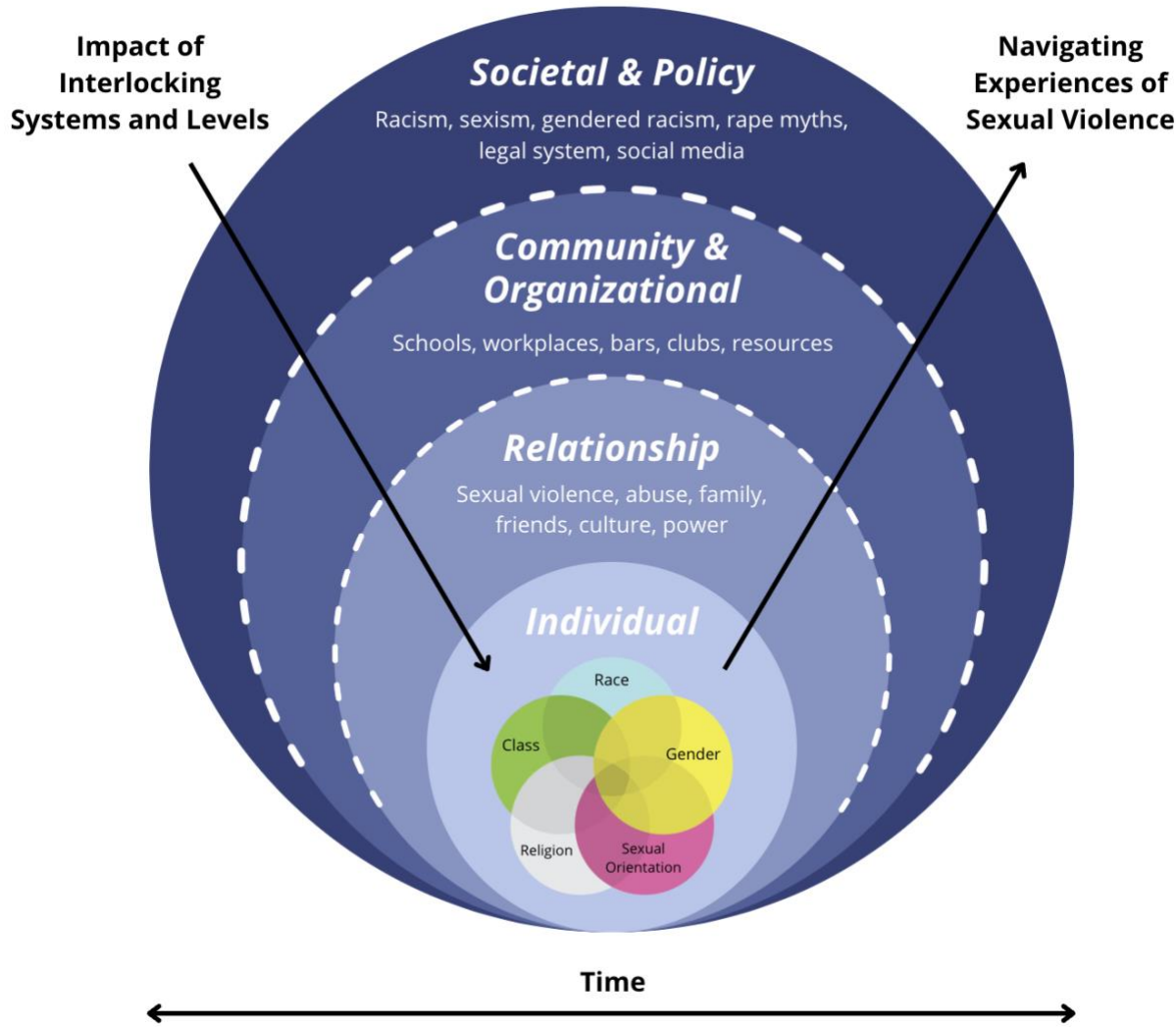
Tables and Figures

Table 1. Participant Demographic Information.

Pseudonym	Ethnicity	Generational Status	Age	Other Self-Identified Identities^a
Lisa	Chinese	2 nd	20's	Christian, lesbian
Shaina	Indian	2 nd	20's	Heterosexual
Hannah	Korean	1.5	20's	Adopted
Ananya	Indian	2 nd	20's	Bisexual, middle-class
Rachel	Chinese	2 nd	30's	Bisexual, middle-class
Meena	Indian	2 nd	20's	Gay, South Indian, Hindu
Emily	Chinese	2 nd	Teens	—
Tanaya	Bengali	2 nd	20's	Bisexual, agnostic (raised Islamic), lower income bracket, 1 st generation student
Julia	Biracial: Pakistani and Ukrainian	1.5	20's	—
Maria	Filipino	2 nd	20's	Grew up Catholic, grew up lower SES
Amy	Chinese	1.5	20's	—
Eunjin	Korean	1.5	40's	International Korean American
Vera	Indonesian	2 nd	20's	Agnostic (raised Christian), rising middle class
Vivian	Nepali	1.5	20's	—
Annie	Biracial: Vietnamese and White	2 nd	20's	—
Jane	Korean	2 nd	20's	SES as a graduate student
Cindy	Chinese	2 nd	30's	
Devina	Indian	2 nd	30's	Queer, bisexual, spiritual (grew up Hindu)
Charmaine	Filipino	2 nd	20's	Catholic, low-income

^a “—” indicates the participant did not provide additional identities when asked about salient identities.

Figure 1. Socio-ecological model and Intersectionality Framework of Asian American Women's Experiences of Sexual Violence



References

- Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the “strong Black woman” schema. *Psychology of Women Quarterly*, *38*(4), 503–518.
<https://doi.org/10.1177/0361684314541418>
- Adam, N. M., & Schewe, P. A. (2007). A multilevel framework exploring domestic violence against immigrant Indian and Pakistani women in the United States. *Journal of Muslim Mental Health*, *2*(1), 5–20. <https://doi.org/10.1080/15564900701238468>
- Adams-Curtis, L. E., & Forbes, G. B. (2004). College women’s experiences of sexual coercion: A review of cultural, perpetrator, victim, and situational variables. *Trauma, Violence & Abuse*, *5*(2), 91–122. <https://doi.org/10.1177/1524838003262331>
- Ahrens, C. E. (2006). Being silenced: The impact of negative social reactions on the disclosure of rape. *American Journal of Community Psychology*, *38*(3–4), 263–274.
<https://doi.org/10.1007/s10464-006-9069-9>
- Anderson, K. F. (2013). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects. *Sociological Inquiry*, *83*(1), 55–81.
<https://doi.org/10.1111/j.1475-682X.2012.00433.x>
- Anderson, L. A. (2019). Rethinking resilience theory in African American families: Fostering positive adaptations and transformative social justice. *Journal of Family Theory & Review*, *11*(3), 385–397. <https://doi.org/10.1111/jftr.12343>
- Anderson, M., & Collins, P. H. (2018). Why race, class, and gender matter. In *Inequality in the 21st century*. Routledge.

- Augsberger, A., Yeung, A., Dougher, M., & Hahm, H. C. (2015). Factors influencing the underutilization of mental health services among Asian American women with a history of depression and suicide. *BMC Health Services Research, 15*(1), 542.
<https://doi.org/10.1186/s12913-015-1191-7>
- Basile, K. C., Smith, S. G., Chen, J., & Zwald, M. (2021). Chronic diseases, health conditions, and other impacts associated with rape victimization of U.S. women. *Journal of Interpersonal Violence, 36*(23–24), NP12504–NP12520.
<https://doi.org/10.1177/0886260519900335>
- Basile, K. C., Smith, S. G., Fowler, D. N., Walters, M. L., & Hamburger, M. E. (2016). Sexual violence victimization and associations with health in a community sample of African American women. *Journal of Aggression, Maltreatment & Trauma, 25*(3), 231–253.
<https://doi.org/10.1080/10926771.2015.1079283>
- Bjorck, J. P., Cuthbertson, W., Thurman, J. W., & Lee, Y. S. (2001). Ethnicity, coping, and distress among Korean Americans, Filipino Americans, and Caucasian Americans. *The Journal of Social Psychology, 141*(4), 421–442.
<https://doi.org/10.1080/00224540109600563>
- Black, M., Basile, K., Breiding, M., Smith, Sharon, Walters, Mike, Merrick, Melissa, Chen, Jieru, & Stevens, M. (2011). National Intimate Partner and Sexual Violence Survey: 2010 Summary Report.
- Borja, S. E., Callahan, J. L., & Long, P. J. (2006). Positive and negative adjustment and social support of sexual assault survivors. *Journal of Traumatic Stress, 19*(6), 905–914.
<https://doi.org/10.1002/jts.20169>

- Bowleg, L., Huang, J., Brooks, K., Black, A., & Burkholder, G. (2003). Triple jeopardy and beyond: Multiple minority stress and resilience among black lesbians. *Journal of Lesbian Studies*, 7(4), 87–108. https://doi.org/10.1300/J155v07n04_06
- Breiding, M. J. (2014). *Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National intimate partner and sexual violence survey, United States, 2011*. Morbidity and Mortality Weekly Report. Surveillance Summaries (Washington, D.C.: 2002), 63(8), 1–18.
- Breslau, J., & Chang, D. F. (2006). Psychiatric disorders among foreign-born and US-born Asian-Americans in a US national survey. *Social Psychiatry and Psychiatric Epidemiology*, 41(12), 943–950. <https://doi.org/10.1007/s00127-006-0119-2>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press. <https://doi.org/10.2307/j.ctv26071r6>
- Brownmiller, S. (1975). *Against our will: Men, women, and rape*. Simon & Schuster.
- Bryant-Davis, T., Chung, H., & Tillman, S. (2009). From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence, & Abuse*, 10(4), 330–357. <https://doi.org/10.1177/1524838009339755>
- Buchanan, N. T., Bergman, M. E., Bruce, T. A., Woods, K. C., & Lichty, L. L. (2009). Unique and joint effects of sexual and racial harassment on college students' well-being. *Basic and Applied Social Psychology*, 31(3), 267–285. <https://doi.org/10.1080/01973530903058532>
- Buchanan, N. T., Settles, I. H., Wu, I. H. C., & Hayashino, D. S. (2018). Sexual harassment, racial harassment, and well-being among Asian American women: An intersectional

- approach. *Women & Therapy*, 41(3–4), 261–280.
<https://doi.org/10.1080/02703149.2018.1425030>
- Buchanan, N. T., & Wiklund, L. O. (2021). Intersectionality research in psychological science: Resisting the tendency to disconnect, dilute, and depoliticize. *Research on Child and Adolescent Psychopathology*, 49(1), 25–31. <https://doi.org/10.1007/s10802-020-00748-y>
- Budiman, A., & Ruiz, N. G. (2021). *Key facts about Asian Americans, a diverse and growing population*. Pew Research Center. <https://www.pewresearch.org/short-reads/2021/04/29/key-facts-about-asian-americans/>
- Burgess, A. W., & Holmstrom, L. L. (1974). Rape trauma syndrome. *The American Journal of Psychiatry*, 131(9), 981–986.
- Campbell, R. (2008). The psychological impact of rape victims. *American Psychologist*, 63(8), 702–717. <https://doi.org/10.1037/0003-066X.63.8.702>
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women’s mental health. *Trauma, Violence, & Abuse*, 10(3), 225–246.
<https://doi.org/10.1177/1524838009334456>
- CDC, Bloom, B., & Black, L. (2016). *Health of Non-Hispanic Asian Adults: United States, 2010–2014*. <https://www.cdc.gov/nchs/products/databriefs/db247.htm>
- Charmaz, K. (2006). *Constructing grounded theory*. Sage Publications.
- Charmaz, K. (2008). *Grounded theory as an emergent method*. In *Handbook of emergent methods* (pp. 155–170). The Guilford Press.
- Cheng, A. W., Chang, J., O’Brien, J., Budgazad, M. S., & Tsai, J. (2017). Model minority stereotype: Influence on perceived mental health needs of Asian Americans. *Journal of*

- Immigrant and Minority Health*, 19(3), 572–581. <https://doi.org/10.1007/s10903-016-0440-0>
- Cheng, H.-L., & Kim, H. Y. (2018). Racial and sexual objectification of Asian American women: Associations with trauma symptomatology, body image concerns, and disordered eating. *Women & Therapy*, 41, 237–260. <https://doi.org/10.1080/02703149.2018.1425027>
- Ching, T. H. W., Lee, S. Y., Chen, J., So, R. P., & Williams, M. T. (2018). A model of intersectional stress and trauma in Asian American sexual and gender minorities. *Psychology of Violence*, 8, 657–668. <https://doi.org/10.1037/vio0000204>
- Chou, R. S. (2012). *Asian American sexual politics: The construction of race, gender, and sexuality*. Rowman & Littlefield Publishers. <https://books.google.com/books?hl=en&lr=&id=FaouIMuKoFoC&oi=fnd&pg=PR5&dq=info:bYglqAcj7nQJ:scholar.google.com&ots=HDeQJ1b4lw&sig=hig7FpUVTpfVkACETTB6nSw2rUc>
- Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, 19(6), 895–903. <https://doi.org/10.1002/jts.20171>
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170–180. <https://doi.org/10.1037/a0014564>
- Cook, B. L., Trinh, N.-H., Li, Z., Hou, S. S.-Y., & Progovac, A. M. (2017). Trends in racial-ethnic disparities in access to mental health care, 2004–2012. *Psychiatric Services*, 68(1), 9–16. <https://doi.org/10.1176/appi.ps.201500453>

- Corlett, S., & Mavin, S. (2018). *The SAGE Handbook of Qualitative Business and Management Research Methods: History and Traditions*. SAGE Publications Ltd.
<https://doi.org/10.4135/9781526430212>
- Cortina, L. M., Swan, S., Fitzgerald, L. F., & Waldo, C. (1998). Sexual harassment and assault: Chilling the climate for women in academia. *Psychology of Women Quarterly*, 22(3), 419–441. <https://doi.org/10.1111/j.1471-6402.1998.tb00166.x>
- Coulter, R. W. S., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of past-year sexual assault victimization among undergraduate students: Exploring differences by and intersections of gender identity, sexual identity, and race/ethnicity. *Prevention Science*, 18(6), 726–736. <https://doi.org/10.1007/s11121-017-0762-8>
- Crenshaw, K. (1989). *Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics*. 140, 139–167.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions* (pp. xv, 403). Sage Publications, Inc.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics and violence against women in color. *Stanford Law Review*, 43(6), 1241–1299.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE.
- Dartnall, E., & Jewkes, R. (2013). Sexual violence against women: The scope of the problem. Best Practice & Research. *Clinical Obstetrics & Gynaecology*, 27(1), 3–13.
<https://doi.org/10.1016/j.bpobgyn.2012.08.002>

- Das, B. (2021). Sexual violence in the Indian diaspora: How culture impacts coping and support-seeking. *International Journal for the Advancement of Counselling, 43*(2), 101–112.
<https://doi.org/10.1007/s10447-021-09433-1>
- Das, B., Chen, Q., Qiu, Y., & Li, H. (2023). A phenomenological inquiry into support-seeking experiences for women survivors of sexual violence in the South Asian diaspora. *Asian American Journal of Psychology, 14*(3), 262–273. <https://doi.org/10.1037/aap0000298>
- Devastatingly pervasive: 1 in 3 women globally experience violence.* (2021). World Health Organization. <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>
- Dickerson, V. (2013). Patriarchy, power, and privilege: A narrative/poststructural view of work with couples. *Family Process, 52*(1), 102–114. <https://doi.org/10.1111/famp.12018>
- Draucker, C. B., Al-Khattab, H., Hines, D. D., Mazurczyk, J., Russell, A. C., Stephenson, P. S., & Draucker, S. (2014). Racial and ethnic diversity in grounded theory research. *The Qualitative Report, 19*(17), 1–20.
- Draucker, C. B., Martsof, D. S., Ross, R., Cook, C. B., Stidham, A. W., & Mweemba, P. (2009). The essence of healing from sexual violence: A qualitative metasynthesis. *Research in Nursing & Health, 32*(4), 366–378. <https://doi.org/10.1002/nur.20333>
- Dworkin, E. R. (2020). Risk for mental disorders associated with sexual assault: A meta-analysis. *Trauma, Violence, & Abuse, 21*(5), 1011–1028.
<https://doi.org/10.1177/1524838018813198>
- Dworkin, E. R., Jaffe, A. E., Bedard-Gilligan, M., & Fitzpatrick, S. (2023). PTSD in the year following sexual assault: A meta-analysis of prospective studies. *Trauma, Violence, & Abuse, 24*(2), 497–514. <https://doi.org/10.1177/15248380211032213>

- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical Psychology Review, 56*, 65–81. <https://doi.org/10.1016/j.cpr.2017.06.002>
- Dworkin, E. R., & Weaver, T. L. (2021). The impact of sociocultural contexts on mental health following sexual violence: A conceptual model. *Psychology of Violence, 11*, 476–487. <https://doi.org/10.1037/vio0000350>
- Edwards, K. M., Turchik, J. A., Dardis, C. M., Reynolds, N., & Gidycz, C. A. (2011). Rape myths: History, individual and institutional-level presence, and implications for change. *Sex Roles, 65*(11), 761–773. <https://doi.org/10.1007/s11199-011-9943-2>
- Ekeröth, U., & Oritz, M. (2018). *“I am not defined by how I look or where I am from”: An intersectional qualitative analysis about young women with immigrant backgrounds in Sweden and their views on identities*. (Thesis). Jönköping University, Jönköping.
- Elam, T., & Taku, K. (2022). Differences between posttraumatic growth and resiliency: Their distinctive relationships with empathy and emotion recognition ability. *Frontiers in Psychology, 13*, 825161. <https://doi.org/10.3389/fpsyg.2022.825161>
- Emmers-Sommer, T. M. (2017). College student perceptions of hypothetical rape disclosures: Do relational and demographic variables pose a risk on disclosure believability? *Sexuality & Culture, 21*(3), 664–679. <https://doi.org/10.1007/s12119-017-9411-4>
- Enns, C., & Byars-Winston, A. (2009). Multicultural feminist therapy. In H. Landrine & N. Russo (Eds.), *Handbook of diversity in feminist psychology* (pp. 367–388). Springer Publishing Co.

- Espinosa, D. M. (2022). Not your submissive china doll: Counseling Asian American female survivors of sexual assault at the intersection of racialized sexism. *Asian American Journal of Psychology, 14*(3), 284–29. <https://doi.org/10.1037/aap0000300>
- Espiritu, Y. L. (2008). *Asian American women and men: Labor, laws, and love*. Rowman & Littlefield.
- Essed, P. (1991). *Understanding everyday racism: An interdisciplinary theory*. <https://doi.org/10.4135/9781483345239>
- Fanta, A., Kodama Muscente, K., Kim, S. E., Tsai, W., & Huang, C. Y. (2023). Coping, racial discrimination, and psychological distress among Asian American parents. *The Counseling Psychologist, 51*(8), 1066–1095. <https://doi.org/10.1177/00110000231191754>
- Fatehi, K., Priestley, J. L., & Taasoobshirazi, G. (2020). The expanded view of individualism and collectivism: One, two, or four dimensions? *International Journal of Cross Cultural Management, 20*(1), 7–24. <https://doi.org/10.1177/1470595820913077>
- Fernandez, P. A. (2011). Sexual assault: An overview and implications for counselling support. *The Australasian Medical Journal, 4*(11), 596–602. <https://doi.org/10.4066/AMJ.2011858>
- Fitzgerald, L. F., Magley, V. J., Drasgow, F., & Waldo, C. R. (1999). Measuring sexual harassment in the military: The Sexual experiences questionnaire (SEQ-DoD). *Military Psychology, 11*(3), 243–263. https://doi.org/10.1207/s15327876mp1103_3
- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 745–774. <https://doi.org/10.1146/annurev.psych.55.090902.141456>

- Fontes, L. A. (2007). Sin Vergüenza: Addressing shame with Latino Victims of child sexual abuse and their families. *Journal of Child Sexual Abuse, 16*(1), 61–83.
https://doi.org/10.1300/J070v16n01_04
- Forbes, N., Yang, L. C., & Lim, S. (2023). Intersectional discrimination and its impact on Asian American women’s mental health: A mixed-methods scoping review. *Frontiers in Public Health, 11*, 993396. <https://doi.org/10.3389/fpubh.2023.993396>
- Foynes, M. M., Platt, M., Hall, G. C. N., & Freyd, J. J. (2014). The impact of Asian values and victim–perpetrator closeness on the disclosure of emotional, physical, and sexual abuse. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*, 134–141.
<https://doi.org/10.1037/a0032098>
- Frazier, P., Tashiro, T., Berman, M., Steger, M., & Long, J. (2004). Correlates of levels and patterns of positive life changes following sexual assault. *Journal of Consulting and Clinical Psychology, 72*(1), 19–30. <https://doi.org/10.1037/0022-006X.72.1.19>
- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist, 48*(1), 14–46.
<https://doi.org/10.1177/0011000019843506>
- Gavey, N. (2014). Sexual violence. In T. Teo (Ed.), *Encyclopedia of critical psychology* (pp. 1742–1746). Springer. https://doi.org/10.1007/978-1-4614-5583-7_605
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. AldineTransaction.
- Godon-Decoteau, D., Frye, A. A., & Suyemoto, K. L. (2024). Internalized racism and Asian

- American mental health. *Asian American Journal of Psychology*, 15(4), 329–341.
<https://doi.org/10.1037/aap0000347>
- Gravel, E. E., Young, M. Y., Darzi, C. M., Olavarria-Turner, M., & Lee, A. M.-S. (2016). Premarital sexual debut in emerging adults of South Asian descent: The role of parental sexual socialization and sexual attitudes. *Sexuality & Culture: An Interdisciplinary Quarterly*, 20(4), 862–878. <https://doi.org/10.1007/s12119-016-9362-1>
- Guggisberg, M., Bottino, S., & Doran, C. M. (2021). Women's contexts and circumstances of posttraumatic growth after sexual victimization: A systematic review. *Frontiers in Psychology*, 12. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.699288>
- Gupta, M., Madabushi, J. S., & Gupta, N. (2023). Critical overview of patriarchy, its interferences with psychological development, and risks for mental health. *Cureus*, 15(6), e40216. <https://doi.org/10.7759/cureus.40216>
- Gutierrez, B. C., & Leaper, C. (2023). Linking ambivalent sexism to violence-against-women attitudes and behaviors: A three-level meta-analytic review. *Sexuality & Culture*, 28, 851–882. <https://doi.org/10.1007/s12119-023-10127-6>
- Hahm, H. C., Augsberger, A., Feranil, M., Jang, J., & Tagerman, M. (2017). The associations between forced sex and severe mental health, substance use, and HIV risk behaviors among Asian American women. *Violence Against Women*, 23(6), 671–691.
<https://doi.org/10.1177/1077801216647797>
- Hahm, H. C., Jang, J., Vu, C., Alexander, L. M., Driscoll, K. E., & Lundgren, L. (2013). Drug use and suicidality among Asian American women who are children of immigrants. *Substance Use & Misuse*, 48(14), 1563–1576.
<https://doi.org/10.3109/10826084.2013.808219>

- Hahn, C. K., Hahn, A., Gaster, S., & Quevillon, R. (2020). Predictors of college students' likelihood to report hypothetical rape: Rape myth acceptance, perceived barriers to reporting, and self-efficacy. *Ethics & Behavior, 30*(1), 45–62.
<https://doi.org/10.1080/10508422.2018.1552519>
- Han, M., & Pong, H. (2015). Mental Health Help-Seeking Behaviors Among Asian American Community College Students: The Effect of Stigma, Cultural Barriers, and Acculturation. *Journal of College Student Development, 56*(1), 1–14.
<https://doi.org/10.1353/csd.2015.0001>
- Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). *Ending violence against women*. Population Information Programme at the Centre for Communication Programmes, John Hopkins University School of Public Health.
- Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine, 292*, 114523.
<https://doi.org/10.1016/j.socscimed.2021.114523>
- Hessler, R. M. (1992). *Social research methods*. West Publishing Company.
- Ho, I. K., Dinh, K. T., & Smith, S. A. (2017). Intimate partner violence and physical health outcomes among Southeast Asian American women. *Journal of Health Psychology, 22*(4), 515–525. <https://doi.org/10.1177/1359105315603695>
- Holmes, D., & Gary, A. (2020). Researcher positionality—A consideration of its influence and place in qualitative research—A new researcher guide. *Shanlax International Journal of Education, 8*(4), 1–10. <https://doi.org/10.34293/education.v8i4.3232>

- Hong, L., & Marine, S. B. (2018). Sexual violence through a social justice paradigm: Framing and applications. *New Directions for Student Services*, 2018(161), 21–33.
<https://doi.org/10.1002/ss.20250>
- Hwang, M. C., & Parreñas, R. S. (2021). The gendered racialization of Asian women as villainous temptresses. *Gender & Society*, 35(4), 567–576.
<https://doi.org/10.1177/08912432211029395>
- Iwamoto, D. K., Kane, J. C., Negi, N. J., Collado, A., & Tofighi, D. (2022). Racial discrimination, distress, coping motives, and alcohol-related problems among U.S.-born Asian American young adults. *Asian American Journal of Psychology*, 13(2), 177–184.
<https://doi.org/10.1037/aap0000238>
- Iwamoto, D. K., & Liu, W. M. (2010). The impact of racial identity, ethnic identity, Asian values and race-related stress on Asian Americans and Asian international college students' psychological well-being. *Journal of Counseling Psychology*, 57(1), 79–91.
<https://doi.org/10.1037/a0017393>
- Jamel, J. (2014). An exploration of rapists' motivations as illustrated by their crime scene actions: Is the gender of the victim an influential factor? *Journal of Investigative Psychology and Offender Profiling*, 11(3), 276–298. <https://doi.org/10.1002/jip.1422>
- Jeung, R., Horse, A. Y., Popovic, T., & Lim, R. (2021). Stop AAPI hate national report. *Ethnic Studies Review*, 44(2), 19–26. <https://doi.org/10.1525/esr.2021.44.2.19>
- Jónsdóttir, E. K., Sigurvinsdóttir, R. S., & Ásgeirsdóttir, B. B. (2023). Associations among posttraumatic growth, demographic characteristics, posttraumatic stress symptoms, and trauma type, with a focus on sexual violence. *Journal of Traumatic Stress*, 22950.
<https://doi.org/10.1002/jts.22950>

- Joseph, S. J., Mishra, A., Bhandari, S. S., & Dutta, S. (2020). Intimate partner violence during the COVID-19 pandemic in India: From psychiatric and forensic vantage points. *Asian Journal of Psychiatry, 54*, 102279. <https://doi.org/10.1016/j.ajp.2020.102279>
- Kalof, L., EBY, K., Matheson, J., & KROSKA, R. (2001). The influence of race and gender on student self-reports of sexual harassment by college professors. *Gender & Society, 15*, 282. <https://doi.org/10.1177/089124301015002007>
- Kanukollu, S. N., & Mahalingam, R. (2011). The idealized cultural identities model on help-seeking and child sexual abuse: A conceptual model for contextualizing perceptions and experiences of South Asian Americans. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 20*(2), 218–243. <https://doi.org/10.1080/10538712.2011.556571>
- Kawahara, D. M., & Fu, M. (2007). The psychology and mental health of Asian American women. In *Handbook of Asian American psychology, 2nd ed* (pp. 181–196). Sage Publications, Inc.
- Kenny, M. C., & McEachern, A. G. (2000). Racial, ethnic, and cultural factors of childhood sexual abuse: A selected review of the literature. *Clinical Psychology Review, 20*(7), 905–922. [https://doi.org/10.1016/S0272-7358\(99\)00022-7](https://doi.org/10.1016/S0272-7358(99)00022-7)
- Keum, B. T., Brady, J. L., Sharma, R., Lu, Y., Kim, Y. H., & Thai, C. J. (2018). Gendered racial microaggressions scale for Asian American women: Development and initial validation. *Journal of Counseling Psychology, 65*(5), 571–585. <https://doi.org/10.1037/cou0000305>
- Keum, B. T., & Wong, M. J. (2022). Congruence and discrepancy in Asian American women's perception and stress appraisal of gendered racial microaggressions: Relationships with

- depressive symptoms and internalized racism. *Frontiers in Public Health*, 10.
<https://www.frontiersin.org/articles/10.3389/fpubh.2022.954897>
- Keum, B. T., Wong, M. J., & Salim-Eissa, R. (2023). Gendered racial microaggressions, internalized racism, and suicidal ideation among emerging adult Asian American women. *International Journal of Social Psychiatry*, 69(2), 342–350.
<https://doi.org/10.1177/00207640221089536>
- Kim, B. S. K., & Hong, S. (2004). A psychometric revision of the Asian values scale using the Rasch model. *Measurement and Evaluation in Counseling and Development*, 37(1), 15–27. <https://doi.org/10.1080/07481756.2004.11909747>
- Kim, J. L. (2009). Asian American women’s retrospective reports of their sexual socialization. *Psychology of Women Quarterly*, 33(3), 334–350.
<https://doi.org/10.1177/036168430903300308>
- Kim, J. L., & Ward, L. M. (2007). Silence speaks volumes: Parental sexual communication Among Asian American emerging adults. *Journal of Adolescent Research*, 22(1), 3–31.
<https://doi.org/10.1177/0743558406294916>
- Kim, P. Y., & Lee, D. (2014). Internalized model minority myth, Asian values, and help-seeking attitudes among Asian American students. *Cultural Diversity and Ethnic Minority Psychology*, 20(1), 98–106. <https://doi.org/10.1037/a0033351>
- Kim, P. Y., & Park, I. J. K. (2009). Testing a multiple mediation model of Asian American college students’ willingness to see a counselor. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 295–302. <https://doi.org/10.1037/a0014396>

- King, D. K. (1988). Multiple jeopardy, multiple consciousness: The Context of a Black feminist ideology. *Signs: Journal of Women in Culture and Society*, 14(1), 42–72.
<https://doi.org/10.1086/494491>
- Klonoff, E. A., Landrine, H., & Campbell, R. (2000). Sexist discrimination may account for well-known gender differences in psychiatric symptoms. *Psychology of Women Quarterly*, 24(1), 93–99. <https://doi.org/10.1111/j.1471-6402.2000.tb01025.x>
- Kolk, B. van der. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma. *The Permanente Journal*, 19(3). <https://doi.org/10.7812/TPP/14-211>
- Koo, K. H., Nguyen, H. V., Gilmore, A. K., Blayney, J. A., & Kaysen, D. L. (2014). Posttraumatic cognitions, somatization, and PTSD severity among Asian American and White College women with sexual trauma histories. *Psychological Trauma : Theory, Research, Practice and Policy*, 6(4), 337–344. <https://doi.org/10.1037/a0033830>
- Koo, K. H., Stephens, K. A., Lindgren, K. P., & George, W. H. (2012). Misogyny, acculturation, and ethnic identity: Relation to rape-supportive attitudes in Asian American college men. *Archives of Sexual Behavior*, 41(4), 1005–1014. <https://doi.org/10.1007/s10508-011-9729-1>
- Koss, M. P. (1985). The hidden rape victim: Personality, attitudinal, and situational characteristics. *Psychology of Women Quarterly*, 9(2), 193–212.
<https://doi.org/10.1111/j.1471-6402.1985.tb00872.x>
- Koss, M. P., Dinero, T., Seibel, C., & Cox, S. L. (1988). Stranger and acquaintance rape: Are there differences In the victim’s experience? *Psychology of Women Quarterly*, 12(1).
<https://journals.sagepub.com/doi/10.1111/j.1471-6402.1988.tb00924.x>

- Kramer, E. J., Kwong, K., Lee, E., & Chung, H. (2002). Cultural factors influencing the mental health of Asian Americans. *Western Journal of Medicine, 176*(4), 227–231.
- Krug, E., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (Eds.). (2002). *World report on violence and health*. World Health Organization.
- Langton, L. (2014). *Rape and sexual assault victimization among college-age females, 1995–2013*. Bureau of Justice Statistics. <https://bjs.ojp.gov/library/publications/rape-and-sexual-assault-among-college-age-females-1995-2013>
- Le, T. P., & Iwamoto, D. K. (2022). Racial discrimination, gender role conflict, and depression in college men of color: A longitudinal test of the racist-gender stress model. *Psychology of Men & Masculinities, 23*(1), 4–12. <https://doi.org/10.1037/men0000378>
- Lee, D. L., & Ahn, S. (2011). Racial discrimination and Asian mental health: A meta-analysis. *The Counseling Psychologist, 39*(3), 463–489. <https://doi.org/10.1177/0011000010381791>
- Lee, J., Pomeroy, E. C., Yoo, S.-K., & Rheinboldt, K. T. (2005). Attitudes toward rape: A comparison between Asian and Caucasian college students. *Violence Against Women, 11*(2), 177–196. <https://doi.org/10.1177/1077801204271663>
- Lee, M., & Law, P. (2001). Perception of sexual violence against women in Asian American communities. *Journal of Ethnic And Cultural Diversity in Social Work, 10*(2), 3–25. https://doi.org/10.1300/J051v10n02_02
- Lee, M. Y., & Law, P. F. M. (2001). Perception of sexual violence against women in Asian American communities. *Journal of Ethnic & Cultural Diversity in Social Work, 10*(2), 3–25. https://doi.org/10.1300/J051v10n02_02

- Lee, S., & Waters, S. F. (2021). Asians and Asian Americans' experiences of racial discrimination during the COVID-19 pandemic: Impacts on health outcomes and the buffering role of social support. *Stigma and Health, 6*(1), 70–78.
<https://doi.org/10.1037/sah0000275>
- Lee, Y.-S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities: Health/mental health consequences, help-seeking behaviors, and service utilization. *Trauma, Violence & Abuse, 10*(2), 143–170.
<https://doi.org/10.1177/1524838009334130>
- Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research, 3*(4), 201–214.
<https://doi.org/10.1023/A:1013177014788>
- Levin, B., Perst, K., Venlia, A., & Levin, G. (n.d.). *Report to the nation: 2020s – Dawn of a decade of rising hate*. Center for the Study of Hate and Extremism. Retrieved August 29, 2023, from <https://www.csusb.edu/hate-and-extremism-center>
- Lewis, J. A. (2018). From modern sexism to gender microaggressions: Understanding contemporary forms of sexism and their influence on diverse women. In *APA handbook of the psychology of women: History, theory, and battlegrounds*, Vol. 1 (pp. 381–397). American Psychological Association. <https://doi.org/10.1037/0000059-019>
- Liang, J. “Grace,” & Peters-Hawkins, A. L. (2017). “I am more than what I look like”: Asian American women in public school administration. *Educational Administration Quarterly, 53*(1), 40–69. <https://doi.org/10.1177/0013161X16652219>
- Lim, S., Park, O., Mohaimin, S., Lee, C., Lee, S., Chauhan, D., Roberts, T., Ali, S. H., & Trinh-Shevrin, C. (2023). Non-partner sexual violence among Asian American, Native

- Hawaiian, and Pacific Islander adults: A scoping review. *Trauma, Violence, & Abuse*, 24(3), 1818–1831. <https://doi.org/10.1177/15248380221082088>
- Loewen Walker, R. (2022). Call it misogyny. *Feminist Theory*, 25(1), 64-82. <https://doi.org/10.1177/14647001221119995>
- Luo, T.-Y. (2000). “Marrying my rapist?!”: The cultural trauma among Chinese rape survivors. *Gender & Society*, 14(4), 581–597. <https://doi.org/10.1177/089124300014004006>
- Maier, S. L. (2012). Sexual assault nurse examiners’ perceptions of the revictimization of rape victims. *Journal of Interpersonal Violence*, 27(2), 287–315. <https://doi.org/10.1177/0886260511416476>
- Manne, K. (2017). *Down girl: The logic of misogyny*. Oxford University Press.
- Manohar, N., Liamputtong, P., Bhole, S., & Arora, A. (2019). Researcher positionality in cross-cultural and sensitive research. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 1601–1616). Springer. https://doi.org/10.1007/978-981-10-5251-4_35
- Mason, F., & Lodrick, Z. (2013). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27(1), 27–37. <https://doi.org/10.1016/j.bpobgyn.2012.08.015>
- Massoud, M. F. (2022). The price of positionality: Assessing the benefits and burdens of self-identification in research methods. *Journal of Law and Society*, 49(S1), S64–S86. <https://doi.org/10.1111/jols.12372>
- McLaughlin, K. A., Hatzenbuehler, M. L., & Keyes, K. M. (2010). Responses to discrimination and psychiatric disorders among Black, Hispanic, female, and lesbian, gay, and bisexual

- individuals. *American Journal of Public Health*, 100(8), 1477–1484.
<https://doi.org/10.2105/AJPH.2009.181586>
- McMahon, S., & Farmer, G. L. (2011). An updated measure for assessing subtle rape myths. *Social Work Research*, 35(2), 71–81. <https://doi.org/10.1093/swr/35.2.71>
- McPhail, B. A. (2016). Feminist framework plus: Knitting feminist theories of rape etiology into a comprehensive model. *Trauma, Violence, & Abuse*, 17(3), 314–329.
<https://doi.org/10.1177/1524838015584367>
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. Jossey-Bass.
- Mhlongo, S., Seedat, S., Jewkes, R., Myers, B., Chirwa, E., Nöthling, J., Lombard, C., Peer, N., Kengne, A. P., Garcia-Moreno, C., Dunkle, K., & Abrahams, N. (2023). Depression and post-traumatic stress symptoms two years post-rape and the role of early counselling: Rape Impact Cohort Evaluation (RICE) study. *European Journal of Psychotraumatology*, 14(2), 2237364. <https://doi.org/10.1080/20008066.2023.2237364>
- Modi, M. N., Palmer, S., & Armstrong, A. (2014). The role of violence against women act in addressing intimate partner violence: A public health issue. *Journal of Women's Health*, 23(3), 253–259. <https://doi.org/10.1089/jwh.2013.4387>
- Moody, A. T., & Lewis, J. A. (2019). Gendered racial microaggressions and traumatic stress symptoms among Black women. *Psychology of Women Quarterly*, 43(2), 201–214.
<https://doi.org/10.1177/0361684319828288>
- Moradi, B. (2013). Discrimination, Objectification, and Dehumanization: Toward a Pantheoretical Framework. In S. J. Gervais (Ed.), *Objectification and (De)Humanization:*

60th Nebraska Symposium on Motivation (pp. 153–181). Springer.

https://doi.org/10.1007/978-1-4614-6959-9_7

Moradi, B., Dirks, D., & Matteson, A. V. (2005). Roles of sexual objectification experiences and internalization of standards of beauty in eating disorder symptomatology: A Test and Extension of Objectification Theory. *Journal of Counseling Psychology, 52*(3), 420–428. <https://doi.org/10.1037/0022-0167.52.3.420>

Moradi, B., Tebbe, E. A., Connelly, K. E., Lenzen, A. L., & Flores, M. J. (2019). Objectification of sexual minority women: Responses, consequences, and resistance. *Journal of Counseling Psychology, 66*(5), 519–533. <https://doi.org/10.1037/cou0000348>

Mori, L., Bernat, J. A., Glenn, P. A., Selle, L. L., & Zarate, M. G. (1995). Attitudes toward rape: Gender and ethnic differences across Asian and Caucasian college students. *Sex Roles, 32*(7), 457–467. <https://doi.org/10.1007/BF01544182>

Moser, A., & Korstjens, I. (2017). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *The European Journal of General Practice, 24*(1), 9–18. <https://doi.org/10.1080/13814788.2017.1375091>

Mukkamala, S., & Suyemoto, K. L. (2018). Racialized sexism/sexualized racism: A multimethod study of intersectional experiences of discrimination for Asian American women. *Asian American Journal of Psychology, 9*(1), 32–46. <https://doi.org/10.1037/aap0000104>

Neilson, E. C., Norris, J., Bryan, A. E. B., & Stappenbeck, C. A. (2017). Sexual assault severity and depressive symptoms as longitudinal predictors of the quality of women's sexual experiences. *Journal of Sex & Marital Therapy, 43*(5), 463–478.

<https://doi.org/10.1080/0092623X.2016.1208127>

Nguyen, H. V., Kaysen, D., Dillworth, T. M., Brajcich, M., & Larimer, M. E. (2010).

- Incapacitated rape and alcohol use in White and Asian American college women. *Violence Against Women*, 16(8), 919–933. <https://doi.org/10.1177/1077801210377470>
- Okazaki, S. (2002). Influences of culture on Asian Americans' sexuality. *Journal of Sex Research*, 39(1), 34–41. <https://doi.org/10.1080/00224490209552117>
- Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin*, 128(1), 3–72.
- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS ONE*, 10(9), e0138511. <https://doi.org/10.1371/journal.pone.0138511>
- Patel, N. (2008). Racialized sexism in the lives of Asian American women. In C. Raghavan, A. E. Edwards, & K. M. Vaz (Eds.), *Benefiting by design: Women of color in feminist psychological research* (pp. 116–128). Cambridge Scholars Publishing.
- Pelias, R. J. (2018). Writing into position: Strategies for composition and evaluation. In *Writing Performance, Identity, and Everyday Life*. Routledge.
- Peterson, Z. D., & Muehlenhard, C. L. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labeling their own experiences. *Sex Roles*, 51(3), 129–144. <https://doi.org/10.1023/B:SERS.0000037758.95376.00>
- Pillai, D., & Lindsey, A. (2022). *The state of safety for Asian American, Native Hawaiian, and Pacific Islander Women*. NAPAWF. <https://napawf.org/resources/state-of-safety/>
- Pompper, D. (2013). Interrogating inequalities perpetuated in a feminized field: Using Critical Race Theory and the intersectionality lens to render visible that which should not be disaggregated. In *Gender and public relations*. Routledge.

- Powers, R. A., Leili, J., Hagman, B., & Cohn, A. (2015). The impact of college education on rape myth acceptance, alcohol expectancies, and bystander attitudes. *Deviant Behavior*, 36(12), 956–973. <https://doi.org/10.1080/01639625.2014.982747>
- Pugh, B., & Becker, P. (2018). Exploring definitions and prevalence of verbal sexual coercion and its relationship to consent to unwanted sex: Implications for affirmative consent standards on college campuses. *Behavioral Sciences*, 8(8), 69. <https://doi.org/10.3390/bs8080069>
- Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate-group identities. *Sex Roles*, 59(5–6), 377–391. <https://doi.org/10.1007/s11199-008-9424-4>
- Rape and sexual violence: Human rights law and standards in the International Criminal Court*. (2011). Amnesty International.
- Reid, T. A., Kynn, J., Smith-Darden, J. P., & McCauley, H. L. (2023). Resilience in the context of sexual violence: A scoping review. *Journal of Family Violence*, 39, 913–929. <https://doi.org/10.1007/s10896-023-00571-1>
- Rennison, C. M. (2002). *Rape and sexual assault: Reporting to police and medical attention, 1992-2000* [dataset]. <https://doi.org/10.1037/e387542004-001>
- Richards, T. N., Gillespie, L. K., Kafonek, K., & Johnson, M. (2020). An examination of the lethality assessment program (LAP): Perspectives on implementation, help-seeking, and victim empowerment. *Violence Against Women*, 26(12–13), 1517–1537. <https://doi.org/10.1177/1077801219880965>
- Rollero, C., & Tartaglia, S. (2019). The effect of sexism and rape myths on victim blame. *Sexuality & Culture*, 23(1), 209–219. <https://doi.org/10.1007/s12119-018-9549-8>

- Root, M. P. P. (1995). The psychology of Asian American women. In *Bringing cultural diversity to feminist psychology: Theory, research, and practice* (pp. 265–301). American Psychological Association. <https://doi.org/10.1037/10501-012>
- Rossetto, K. R., & Tollison, A. C. (2017). Feminist agency, sexual scripts, and sexual violence: Developing a model for postgendered family communication. *Family Relations, 66*(1), 61–74. <https://doi.org/10.1111/fare.12232>
- Russell, D. E. H. (1975). *The politics of rape: The victim's perspective*. Stein and Day.
- Salmen, A., & Dhont, K. (2021). Hostile and benevolent sexism: The differential roles of human supremacy beliefs, women's connection to nature, and the dehumanization of women. *Group Processes & Intergroup Relations, 24*(7), 1053–1076. <https://doi.org/10.1177/1368430220920713>
- SAMSHA. (2015). *Racial/ethnic differences in mental health service use among adults*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4906.pdf>
- Savin-Baden, M., & Major, C. (2013). *Qualitative research: The essential guide to theory and practice*. Routledge. <https://doi.org/10.4324/9781003377986>
- Shariff, N. (2014). Factors that act as facilitators and barriers to nurse leaders' participation in health policy development. *BMC Nursing, 13*, 20. <https://doi.org/10.1186/1472-6955-13-20>
- Shih, K. Y., Chang, T.-F., & Chen, S.-Y. (2019). Impacts of the model minority myth on Asian American individuals and families: Social justice and critical race feminist perspectives. *Journal of Family Theory & Review, 11*(3), 412–428. <https://doi.org/10.1111/jftr.12342>
- Shimizu, C. P. (2007). *The hypersexuality of race: Performing Asian/American women on screen and scene*. Duke University Press.

- Shin, R. Q., Welch, J. C., Kaya, A. E., Yeung, J. G., Obana, C., Sharma, R., Vernay, C. N., & Yee, S. (2017). The intersectionality framework and identity intersections in the Journal of Counseling Psychology and The Counseling Psychologist: A content analysis. *Journal of Counseling Psychology, 64*(5), 458–474. <https://doi.org/10.1037/cou0000204>
- Singh, A. A., Garnett, A., & Williams, D. (2013). Resilience strategies of African American women survivors of child sexual abuse: A Qualitative Inquiry. *The Counseling Psychologist, 41*(8), 1093–1124. <https://doi.org/10.1177/0011000012469413>
- Singh, A. A., Hays, D. G., Chung, Y. B., & Watson, L. (2010). South Asian immigrant women who have survived child sexual abuse: Resilience and healing. *Violence Against Women, 16*(4), 444–458. <https://doi.org/10.1177/1077801210363976>
- Smith, T. B., & Trimble, J. E. (2016). Culturally adapted mental health services: An updated meta-analysis of client outcomes. In T. B. Smith & J. E. Trimble, *Foundations of multicultural psychology: Research to inform effective practice* (pp. 129–144). American Psychological Association. <https://doi.org/10.1037/14733-007>
- Song, L. (2012). Service utilization, perceived changes of self, and life satisfaction among women who experienced intimate partner abuse: The mediation effect of empowerment. *Journal of Interpersonal Violence, 27*(6), 1112–1136. <https://doi.org/10.1177/0886260511424495>
- Statistics on violence against API women.* (n.d.). Asian Pacific Institute on Gender Based Violence. Retrieved April 28, 2023, from <https://www.api-gbv.org/about-gbv/statistics-violence-against-api-women/>

- Stidham, A. W., Draucker, C. B., Martsof, D. S., & Mullen, L. P. (2012). Altruism in survivors of sexual violence: The typology of helping others. *Journal of the American Psychiatric Nurses Association, 18*(3), 146–155. <https://doi.org/10.1177/1078390312440595>
- Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity & Ethnic Minority Psychology, 13*(1), 72–81. <https://doi.org/10.1037/1099-9809.13.1.72>
- Sutherland, S., & Scherl, D. J. (1970). Patterns of response among victims of rape. *American Journal of Orthopsychiatry, 40*(3), 503–511. <https://doi.org/10.1111/j.1939-0025.1970.tb00708.x>
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
- Teng, C. C., Hon, S., Wang, A., & Tsai, W. (2023). Impact of COVID-19 discrimination fear on psychological distress among East Asian college students: The moderating role of emotion regulation. *American Journal of Orthopsychiatry, 93*(1), 86–96. <https://doi.org/10.1037/ort0000659>
- Tintori, A., Cerbara, L., Ciancimino, G., Crescimbene, M., La Longa, F., & Versari, A. (2020). Adaptive behavioural coping strategies as reaction to COVID-19 social distancing in Italy. *European Review for Medical and Pharmacological Sciences, 24*(20), 10860–10866. https://doi.org/10.26355/eurrev_202010_23449
- Tsong, Y., & Ullman, S. E. (2018). Asian American women sexual assault survivors' choice of coping strategies: The role of post-assault cognitive responses. *Women & Therapy, 41*(3–4), 298–315. <https://doi.org/10.1080/02703149.2018.1430340>

- Tummala-Narra, P., Gordon, J., Gonzalez, L. D., de Mello Barreto, L., Meerkins, T., Nguyen, M. N., Medzhitova, J., & Perazzo, P. (2019). Breaking the silence: Perspectives on sexual violence among Indian American women. *Asian American Journal of Psychology, 10*, 293–306. <https://doi.org/10.1037/aap0000159>
- Ullman, S. E., Filipas, H. H., Townsend, S. M., & Starzynski, L. L. (2005). Trauma exposure, posttraumatic stress disorder and problem drinking in sexual assault survivors. *Journal of Studies on Alcohol, 66*, 610–619. <https://doi.org/10.15288/jsa.2005.66.610>
- Ullman, S. E., & Peter-Hagene, L. C. (2016). Longitudinal relationships of social reactions, PTSD symptoms, and revictimization in sexual assault survivors. *Journal of Interpersonal Violence, 31*(6), 1074–1094. <https://doi.org/10.1177/0886260514564069>
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse, 14*(3), 255–266. <https://doi.org/10.1177/1524838013487805>
- Vandiver, D. M., & Dupalo, J. R. (2013). Factors that affect college students' perceptions of rape: What is the role of gender and other situational factors? *International Journal of Offender Therapy and Comparative Criminology, 57*(5), 592–612. <https://doi.org/10.1177/0306624X12436797>
- Victims of sexual violence: Statistics*. (n.d.). Rape, Abuse & Incest National Network (RAINN). Retrieved April 6, 2023, from <https://www.rainn.org/statistics/victims-sexual-violence>
- Vonderhaar, R. L., & Carmody, D. C. (2015). There are no “innocent victims”: The influence of just world beliefs and prior victimization on rape myth acceptance. *Journal of Interpersonal Violence, 30*(10), 1615–1632. <https://doi.org/10.1177/0886260514549196>

- What is sexual assault? (n.d.)*. Washington Coalition of Sexual Assault Programs (WCSAP). Retrieved August 15, 2023, from <https://www.wcsap.org/help/about-sexual-assault/what-sexual-assault>
- Williams, M. G., & Lewis, J. A. (2019). Gendered racial microaggressions and depressive symptoms among Black women: A Moderated Mediation Model. *Psychology of Women Quarterly, 43*(3), 368–380. <https://doi.org/10.1177/0361684319832511>
- Winfield, T. P. (2022). Vulnerable research: Competencies for trauma and justice-informed ethnography. *Journal of Contemporary Ethnography, 51*(2), 135–170. <https://doi.org/10.1177/08912416211017254>
- World Health Organization. (2003). *Guidelines for medico-legal care of victims of sexual violence*. World Health Organization. <https://apps.who.int/iris/handle/10665/42788>
- Yip, T., Cheah, C. S. L., Kiang, L., & Hall, G. C. N. (2021). Rendered invisible: Are Asian Americans a model or a marginalized minority? *American Psychologist, 76*(4), 575–581. <https://doi.org/10.1037/amp0000857>
- Yoshihama, M., Dabby, C., & Luo, S. (2020). Domestic violence in Asian & Pacific Islander homes. The Asian Pacific Institute on Gender-Based Violence.
- Yoshihama, M., Ramakrishnan, A., Hammock, A. C., & Khaliq, M. (2012). Intimate partner violence prevention program in an Asian immigrant community: Integrating theories, data, and community. *Violence Against Women, 18*(7), 763–783. <https://doi.org/10.1177/1077801212455163>