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Abused South Asian Women in Westernized Countries and Their Experiences Seeking Help

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The aims of this qualitative systematic review were to better understand domestic abuse among South Asian (SA) women in westernized locales and to make evidence-based inferences related to helping services. Thirty English-language research reports met the inclusion criteria. Findings were extracted, assessed for quality, and analyzed using an iterative approach. Based on the results, domestic abuse appears to be grounded in the context of SA mores and the experience of immigration. Situational circumstances and language barriers make it difficult for SA women to reach and utilize helping services. Nurses are urged to consider these barriers as they assist SA immigrant women to enhance their well-being.

The term South Asian (SA) refers to individuals from the Indian subcontinent, Pakistan, Sri Lanka, and other regional countries. South Asians speak a number of languages, and they practice several different religions (e.g., Hindu, Muslim, Sikh, etc.). Despite these differences, immigrant South Asian women share cultural and social similarities that link them together in westernized countries. Among these similarities are hierarchical family structures and immigration laws that restrict their ability to function independently and freely in their new homelands (Kelkar, 2012; Minority Rights Group International [MRGI], 2008).

Over time, people from South Asian countries have sought educational and employment opportunities as well as refuge from civil unrest in countries such as Canada, the United Kingdom, and the United States (Khadria, 2005; Lindsay, 2007; MRGI, 2008; South Asian Americans Leading Together [SAALT], 2012). Keeping with tradition, single SA men have immigrated to these locales, established themselves, and then arranged to have marriage partners join them (Midlarsky, Venkataramani-Kothari, & Plante, 2006).

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Today, South Asians comprise sizable ethnic communities in major Western cities such as Toronto, London, and Chicago, and their numbers continue to grow (Lindsay, 2007; MRGI, 2008; SAALT, 2012). Regrettably, significant concerns exist regarding the well-being of SA women in these communities, especially in terms of domestic abuse (Midlarsky et al., 2006). Among a community-based volunteer sample of SA women ($N = 160$) in the Boston area, 40% of respondents reported physical or sexual intimate partner violence or injury/need for medical care due to intimate partner violence (Raj & Silverman, 2002). Notably, this figure does not account for emotional and psychological abuse.

Other researchers estimate that domestic abuse prevalence rates among SA immigrant women range from 30% to 50%. In addition, when abuse occurs, it appears that SA women tend to stay in abusive relationships longer, experience more physical and emotional abuse, and have fewer resources (Hass, Ammar, & Orloff, 2006). Adding to these concerns is the perception that service providers do not respond adequately to the needs of abused SA women (Midlarsky et al., 2006). This means, in part, that they focus primarily on the individual, and they ignore the role that families and communities play in perpetrating and perpetuating abuse (Yoshihama, Ramakrishnan, Hammock, & Khaliq, 2012).

Given the challenges that SA immigrant women face in westernized countries, many researchers have examined their experiences using qualitative methods. To date, however, no known attempt has been made to systematically synthesize these isolated findings across studies. Thus, the goals of this systematic review of qualitative findings were to: (a) better understand the context of domestic abuse among SA immigrant women in English-speaking westernized countries, and (b) to make evidence-based inferences relating to helping services.

METHODS

Design

The overall purpose of this systematic review was to synthesize isolated qualitative findings from across studies to

identify commonalities and make generalizations that are intended to enhance research, practice, and policy formation (Finfgeld-Connett, 2010). This qualitative systematic review was based on the principles of qualitative research that are outlined by Corbin and Strauss (2008) as well as the qualitative systematic review methods that are described by Finfgeld-Connett (2013) and Finfgeld-Connett and Johnson (2013). Data quality assessment followed the work of Lincoln and Guba (1985) and Pawson (2006). The second author, a professional librarian, designed the electronic literature search strategies for this investigation. The first author completed all other work relating to this study.

Sample

Based on the focus of this review (i.e., abused SA women living in English-speaking Western countries), the following electronic databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), GenderWatch, MEDLINE, ProQuest Dissertations and Theses, PsycINFO, Social Service Abstracts, and Social Work Abstracts. To maximize the potential of each unique database, customized strategies were used to search each one. The strategy that was used to search MEDLINE is available for review in Table 1.

An historical cut-off date for searching was not imposed, and threats to validity relating to potentially obsolete findings were managed as part of the data quality assessment process (see data analysis section). To ensure inclusion of up-to-date publications, database auto-alerts were scanned throughout the data analysis process. Systematic searching ceased when all key databases had been searched, known reports were repeatedly identified, and no new reports were apparent (Finfgeld-Connett & Johnson, 2013).

EndNote bibliographic software was used to electronically store search results, identify duplicate citations, and categorize references. After duplicates were electronically removed, 372 references remained. Report titles and abstracts were examined, and references were categorized as included, excluded, or uncertain. When uncertain, entire documents were secured to make a determination about inclusion/exclusion.

Selection criteria allowed for the inclusion of qualitative research reports or reports of mixed-method research that included qualitative research findings relating to abused SA women living in English-speaking westernized countries. From the outset, geographic locations that were characterized as English-speaking and westernized included the United States, Australia, Canada, Western Europe, and the like. In the end, the concept of westernized was limited by the sample available for analysis and consisted of reports of research that were conducted in Canada, England, and the United States.

Three hundred and forty-one documents were excluded because they were not qualitative research reports or reports

TABLE 1
Ovid MEDLINE® and Ovid OLDMEDLINE® 1946 to Present with Daily Update

No.	Search Statement	Results
1	spouse abuse/or battered women/or domestic violence/	9425
2	(partner adj2 violen$).tw.	2269
3	1 or 2	9664
4	"emigrants and immigrants"/or refugees/	9465
5	"Emigration and Immigration"/	21812
6	(immigrant$ or alien$1 or emigre$ or refugee$ or emigrat$).mp.	41110
7	exp north america/or exp united states/or exp great britain/or australia/or new zealand/	1467187
8	4 or 5 or 6 or 7	1493718
9	asia, western/or bangladesh/or india/or sikkim/or nepal/or pakistan/or srilanka/	86659
10	hinduism/	287
11	(hindu$ or hindi$ or bengal$ or uttar pradesh$ or sherpa$1 or lepcha$1 or andaman$1 or badaga$1 or sikh$1 or bhil$1 or garo$1 or gond$1 or khasi$1 or santil$1 or tamil$1 or toda or todas or ghorbat$1 or hazara$1 or kyrgyz$1 or pashtun$1 or baluchi$1 or burusho$1 or sinhalese$ or vedda$1).tw.	13392
12	india.mp.	76396
13	east india$.mp.	396
14	(south asian or indian american$).tw.	1789
15	(indian or indians).tw.	35174
16	(brahman$ or brahmin$).tw.	873
17	9 or 10 or 11 or 12 or 13 or 14 or 15 or 16	128364
18	3 and 8 and 17	60

Notes."$" replaces characters and will find all forms of a word root; mp. = search multiple parameters (e.g., title, abstract, subject heading field) for a word; .tw. = text word in title or abstract

of mixed-method research that included qualitative research findings relating to abused SA women living in English-speaking westernized countries. In addition, one report was excluded because its qualitative findings could not be separated from personal opinion and unsystematically assembled information from the literature.

Extraction and Analysis of Research Report Attributes

Research reports were read and attributes of each primary study were highlighted, extracted, and categorized in a table. Category headings included: complete citation, research theoretical framework, study purpose and/or questions, geographic location of study, recruitment strategy/source (e.g., flyers, South Asian Women's Organizations, etc.), sample attributes (e.g., native country, size, etc.), and data analysis methods. Please see Table 2 for an abbreviated version of the table that was used to conduct this investigation. Analysis of this information consisted of summarization and aggregation and was limited by reporting inconsistencies across research reports.

Extraction and Analysis of Qualitative Findings

As each report was read, all qualitative research findings were highlighted and reflexively examined; tentative organizing categories were noted in the margins of each document. Before data were extracted, an electronic table was developed for each research report. The report citation was entered into the first column, and subsequent columns were categorically labeled based on the marginal notes that were made in each of the original reports. Data (i.e., findings) were then extracted and placed into the prepared table (e.g., Table 3). More discrete coding was avoided to minimize de-contextualization of the findings and deconstruction of the narrative whole (Finfgeld-Connett, 2013).

Once extraction and categorization of all report findings were completed, the data were reflexively reviewed once again, marginal notes were made, and major themes across all studies were identified. Based on these themes, the data were re-categorized and tentative memos were developed. An iterative process of categorizing-memoing-categorizing-memoing (i.e., content analysis) ensued until concordant and cohesive conceptual categories emerged based on substantive data and resonant memos (Corbin & Strauss, 2008; Finfgeld-Connett, 2013). Data analysis was complete when a grounded narrative of domestic abuse among SA immigrant women was explicated along with a description of culturally-congruent helping approaches.

Assessment of Data Quality

Research reports were not assessed for quality in their entirety. Rather, in keeping with research methods that are used to conduct primary qualitative research, each finding was assessed for quality based on its level of saturation and logical coherence (i.e., fittingness [Lincoln & Guba, 1985]) within the emergent findings (Finfgeld-Connett, 2013; Pawson, 2006). For instance, data relating to domestic abuse prevention efforts at the community level (Grewal, 2004) failed to meet the logical coherence criterion within the context of this review, and were excluded from further consideration. In keeping with this appraisal process, particular attention was paid to findings dating back as far as 1995 (Abraham), and none were perceived to be temporally incongruent (i.e., obsolete).

FINDINGS

Overview of Original Investigations

Thirty English language research reports (26 articles, 1 book chapter, and 3 dissertations/theses) from the peer-reviewed literature and dissertations/theses comprised the database for this investigation. In several instances, more than one report resulted from a single study, and the sample appears to represent research that was generated from 20 unique investigations. The original research was conducted in Canada ($n = 5$), England ($n = 3$), and the United States ($n = 11$). One study ($n = 1$) was conducted in both England and the United States.

In general, the purpose of the research investigations that were included in this review was to understand the experiences of abused SA women in westernized countries, including their experiences of seeking help. In 13 cases, a research theoretical framework was not identified. Feminist theory or a variation thereof was noted most often ($n = 6$). Otherwise, a variety of research frameworks were identified, including social constructionist, ethnography, and action research. Data were collected primarily via personal interviews, however, other methods were used, including focus groups and participant observation. Consistent with qualitative methods, thematic or categorical data analysis methods were commonly cited.

Study participants were recruited using convenience, purposeful, and snowball sampling strategies within SA immigrant communities and in agencies that typically served this population. In keeping with qualitative methods where sample sizes are small and confidentiality can be easily jeopardized, researchers did not consistently report exact numbers or characteristics of the original study participants. That aside, it is conservatively estimated that the findings included in this review represent data that were collected from at least 436 SA women that had roots in Bangladesh, India, Nepal, Pakistan, or Sri Lanka. In addition, data were collected from at least 36 health care or social service providers, 17 SA non-perpetrating men, and 16 SA community members. Finally, agency documents were used as data sources, and an unknown number of individuals inadvertently provided data as a result of participant observation. At the time that data were collected, all of the original study participants were residing in Canada, England, or the United States.

Categorical analysis and synthesis of findings from across these investigations resulted in a clearer understanding of the circumstances that tend to precede and surround domestic abuse within SA immigrant households. Barriers to taking corrective

TABLE 2
Research Reports

Reference	Purpose of Investigation	Geographic Location	Sample
[a]Abraham (1995)	Examine the role of SA Women's Organizations in bringing change at the individual, community, and societal levels	United States	$N = 25$ SA women ? Representatives of SA Women's Organizations ? Founding members of SA Women's Organizations
[a]Abraham (1999)	Discuss the norms around sexuality and implications for sexual abuse among SA immigrant women	United States	$N = 25$ SA women
Adam (2000)	Explore factors that may impact risk for domestic violence within immigrant Indian and Pakistani communities	United States	$N = 9$ SA women
Ahmad et al. (2009)	Explore the views of abused SA immigrant women about the meaning of help-seeking and reasons for and against help-seeking Explore the factors perceived as salient in effective communication with health care professionals, particularly family physicians	Canada	$N = 22$ SA women
Ahmed et al. (2009)	Examine how abused SA women interpret their culture and construct it in ways that allows for an understanding of how they think culture affects them	England	$N = 8$ SA women
[b]Anitha (2008)	Examine domestic abuse among South Asian immigrant women and their pathway out of it	England	$N = 30$ SA women
[b]Anitha (2010)	Explore abused South Asian immigrant women's circumstances of reaching help and their overall satisfaction/dissatisfaction with services	England	$N = 30$ SA women
[b]Anitha (2011)	Describe immigrant South Asian men's and women's expectations and experiences of marriage	England	$N = 30$ SA women
Dasgupta & Warrier (1996)	Scrutinize how ideologies and conditions promote women's vulnerability to spousal abuse in the Asian Indian community in the United States	United States	$N = 12$ SA women
Gill (2004)	Examine the context of domestic violence in the SA community and explore some of the cultural and structural factors that trap women into silence, submission, and continued victimization	England	$N = 18$ SA women
Grewal (2004)	Examine how lack of information and misinformation, within a given ethno-cultural context, impacts abused immigrant Indian women's use of and access to services Examine the role that planners play in meeting the needs of marginalized populations via an ethno-culturally competent communicative planning framework	United States	$N = 25$ SA women

TABLE 2
Research Reports *(Continued)*

Reference	Purpose of Investigation	Geographic Location	Sample
[c]Guruge et al. (2010)	Examine factors that contribute to intimate partner violence among Sri Lankan Tamil immigrants	Canada	$N = 63$ $n = 6$ SA victimized women $n = 16$ SA community leaders $n = 15$ SA non-perpetrating men $n = 26$ SA non-victimized women
[c]Guruge and Humphreys (2009)	Examine barriers that Sri Lankan Tamil women face in accessing and using formal supports to deal with intimate partner violence	Canada	$N = 16$ SA community leaders
[d]Hurwitz et al. (2006)	Explore the lived health experience of abused SA women	United States	$N = 23$ SA women
[e]Hyman et al. (2006)	Explore perceptions of and responses to intimate partner violence	Canada	$N = 51$ SA women
[e]Hyman et al. (2011)	Examine how intimate partner violence is understood and experienced by Tamil immigrant women	Canada	$N = 63$ SA women
Kallivayalil (2007)	Document the experiences of practitioners who work with SA survivors of domestic violence and examine how they apply feminist interventions	United States	$N = 7$ practitioners who work with SA women
Kallivayalil (2010)	Examine how battered women's discourses of distress constitute culturally shaped explanations for suffering and abuse	United States	$N = 15$ $n = 8$ SA women $n = 7$ SA women mental health workers
Krishnan et al. (2007)	Examine South Asian women's experiences of domestic violence, including their concerns, needs, solutions, and hopes	United States	? SA women
[e]Mason et al. (2008)	Understand ways in which Sri Lankan Tamil women at different ages and life stages understand, define, and experience intimate partner violence	Canada	$N = 63$ SA women ? members of community advisory committee
Merali (2009)	Examine the understanding of sponsorship and the relationship between this understanding and marital and resettlement experiences among English-proficient and non-English-proficient SA sponsored women who entered Canada after 2002	Canada	$N = 10$ SA women
Mehrotra (1999)	Investigate the experiences of abused Asian Indian women, including the extent and nature of wife abuse in the community, and the beliefs and perceptions of battering held by general community members	United States	$N = 30$ SAs $n = 28$ SA women $n = 2$ SA men

(Continued on next page)

TABLE 2
Research Reports *(Continued)*

Reference	Purpose of Investigation	Geographic Location	Sample
Puri (2005)	Examine how anti-racism and multiculturalism operate in the British medical sector in ways that translate into unequal treatment of SA battered women on grounds of respecting cultural differences	United States and England	United States: $n = 30$ SA women $n = 14$ physicians Britain: $n = 35$ SA women $n = 15$ general practitioners
[d]Raj, Liu et al. (2005a).	Assess relationships between intimate partner violence and sexual health among SA women	United States	$N = 23$ SA women
[d]Raj et al. (2006)	Describe types and experiences of emotional and physical abuse perpetrated by SA in-laws	United States	$N = 23$ SA women
[d]Raj, Silverman et al. (2005b)	Examine associations between power differentials related to immigration status and intimate partner violence among SA immigrant women	United States	$N = 23$ SA women
[d]Raj and Silverman (2007)	Assess acquisition of social support as well as social, health, and legal services for domestic violence among battered SA women	United States	$N = 23$ SA
Rudrappa (2001)	Understand the functional dynamics of a domestic violence shelter that is designed to help SA women	United States	? SA Indians
Rudrappa (2004)	Examine standpoints of SA American women who took care of adult battered SA women	United States	$n = 7$ case workers at a SA shelter $n = 4$ support group caregivers
Shirwadkar (2004)	Identify the problems and needs of Indian immigrant women and the limitations of Canadian programs and policy in addressing domestic violence	Canada	? official policy documents and manuals ? SA women ? Battered women's advocates and activists

[a]Samples may overlap
[b]Samples appear identical
[c]Samples appear to overlap
[d]Samples appear identical
[e]Samples may overlap

action along with helping services to assist SA women to overcome domestic abuse also were explicated.

Critics suggest that qualitative research findings are often not presented in the most understandable and useful way possible. Categorical/thematic presentations tend to render findings un-synthesized and not fully contextualized (Sandelowski & Leeman, 2012). Thus, an integrative and narrative approach is used in this article.

Marriage within South Asian Culture

It is not unusual for South Asian marriages to be arranged and for the bride's parents to provide a dowry (Anitha, 2011; Kallivayalil, 2010; Mason et al., 2008; Shirwadkar, 2004). Within such unions, love is not a requirement (Ahmad, Driver, McNally, & Stewart, 2009; Guruge & Humphreys, 2009), and attempts to create a closer bond may be undermined by the presence of a mistress (Abraham, 1999; Anitha, 2011). Despite these impediments, it is hoped that the marriage will enhance the reputation and status of both families (Anitha, 2011; Shirwadkar, 2004).

Once married, SA immigrant women traditionally become members of their husbands' families. As new members of these kinship networks, brides are generally relegated to the lowest position within the family hierarchy, and abuse may be perpetrated by husbands as well as by male and female in-laws (Adam, 2000; Anitha, 2011; Gill, 2004; Guruge & Humphreys, 2009; Guruge, Khanlou, & Gastaldo, 2010; Mason et al., 2008;

TABLE 3
Data Extraction Table: Example

Reference	Nature of Domestic Abuse	Reluctant to Report DA	Pathways Out of Abuse	Quality of Services
Anitha (2008)	Imbalance of power between perpetrators and women, which is exacerbated by immigration laws that leave women with few alternatives. This reinforces patriarchal structures within the community. Types of abuse: • Physical • Sexual • Exploitation of domestic labor • Denial of adequate food, clothing, bedroom, bed • Denial of labor-saving devices such as washing machines, vacuums • Imprisonment • Movements monitored	Fear of: • Stigma • Being ostracized by kinship networks • Lack of provision for non-English speakers • Extreme isolation • Shame, guilt • Jeopardizing marriage prospects of sisters • Violence inflicted on family in subcontinent (honor killings) • Losing children • Deportation Women are blamed for abuse Cultural norms preserve marriage Do not know if services are available	Disclosure of abuse to family, friends until they find a sympathetic ear Only a small number of women contact agencies while still in abusive homes—too risky Situation deteriorates • Escalation of abuse • Fear for welfare of children May take several contacts with services to receive help	Quality variable General practitioners often do not investigate how injuries occurred. Family members may be present at exam. Treat symptoms such as headaches, anxiety

Mehrotra, 1999; Raj, Livramento, Santana, Gupta, & Silverman, 2006). By the time abuse occurs, geographic distance and cultural barriers, which are discussed below, usually preclude substantive support or intervention from the bride's family (Adam, 2000; Guruge, & Humphreys, 2009).

Domestic Abuse within South Asian Culture

Paternalism

Spousal abuse within SA immigrant families appears to be grounded in a culture of paternalism (Adam, 2000; Ahmad et al., 2009; Anitha, 2008; Grewal, 2004; Guruge et al., 2010; Kallivayalil, 2007, 2010; Mason et al., 2008; Shirwadkar, 2004). Men are socialized to think of themselves as superior, and they are granted special privileges within the family, including the right to physically reprimand (e.g., slap) their wives (Shirwadkar, 2004).

Conversely, women are socialized to think of themselves as silent and subservient partners who are largely responsible for homemaking. Despite the fact that SA women might be well-educated and work outside the home, they tend to have little input into major family decisions and financial matters (Adam, 2000; Ahmad et al., 2009; Anitha, 2011; Dasgupta & Warrier, 1996; Gill, 2004; Guruge et al., 2010; Hyman et al., 2011; Kallivayalil, 2007; Krishnan, Baig-Amin, Gilbert, El-Bassel & Waters, 1998; Mason et al., 2008; Merali, 2009; Shirwadkar, 2004). Moreover, they might be denied access to accurate information about their immigration status, and official paperwork may be kept from them (Raj, Silverman, McCleary-Sills & Liu, 2005).

Psychological and Physical Abuse

Classified as inferior (Kallivayalil, 2007; Shirwadkar, 2004), SA women are subjected to many types and combinations of psychological and physical abuse. Among these are belittlement; unreasonable household work; lack of privacy; social isolation; financial impoverishment; battering; and lack of control over sexual matters, including pregnancy and abortion. In extreme cases, women might be denied access to basic human needs such as food, clothing, and comfortable/safe shelter (Abraham, 1999; Anitha, 2008, 2011; Mason et al., 2008; Merali, 2009; Raj, Liu, McCleary-Sills & Silverman, 2005, Raj et al., 2006; Shirwadkar, 2004).

SA Women's Perceptions of Abuse

When abuse begins, SA women may interpret their situations in several ways. First, some are likely to be in a state of disbelief, and they deny or minimize their maltreatment (Ahmad et al., 2009; Dasgupta & Warrier, 1996; Grewal, 2004; Kallivayalil, 2010). Later, they may feel betrayed by families that they trusted to act in their best interests (Ahmed, Reavey, Majumdar, 2009; Anitha, 2011; Kallivayalil, 2010). Others feel guilty and gullible for not being savvier and asking more questions. Still others attribute their plight to Karma and accept their situations as destiny (Kallivayalil, 2010; Krishnan et al., 1998).

Women from areas in which civil unrest is common may attribute abuse to circumstances surrounding their immigration experience (Guruge et al., 2010; Kallivayalil, 2010). For example, they blame domestic abuse on violence that their husbands endured in their native countries (Guruge et al., 2010; Hyman et al., 2011). In their adopted countries, these same women may perceive that their husbands are frustrated and angry because they cannot find work that is commensurate with their educational credentials and former levels of prestige (Guruge & Humphreys, 2009; Guruge et al., 2010). These problems can be exacerbated if newly relocated SA couples are solely dependent on each other for interaction and support, or if they have very

small social support networks (Guruge & Humphreys, 2009; Guruge et al., 2010; Hyman et al., 2011). In the end, SA women believe that these circumstances lead their husbands to experience depression, binge drinking, and problems controlling their anger (Guruge et al., 2010; Hyman et al., 2011).

Reluctance to Take Action

Regardless of the cause, there are several reasons why SA women tend to endure abuse for several years before they take action (Ahmad et al., 2009; Gill, 2004). First, despite a belief in destiny (i.e., Karma) (Kallivayalil, 2010; Krishnan et al., 1998), many SA women also perceive that it is their responsibility to make marriage, arranged or otherwise, successful. Failure to do so results in personal shame and blame (Ahmed et al., 2009; Anitha, 2010, 2011; Grewal, 2004; Hyman et al., 2006), and it also leaves a significant blemish on the reputation of both the bride's and groom's families (Adam, 2000; Ahmad et al., 2009; Ahmed et al., 2009; Gill, 2004; Guruge & Humphreys, 2009; Hyman et al., 2006; Kallivayalil, 2007; Raj & Silverman, 2007).

If SA women take corrective action, it is not unusual for them to fear rejection by their families and ethnic communities. Even worse, they fear separation from their children, destitution, and deportation back to relatives who may have little motivation and few resources to assist a stigmatized family member (Anitha, 2010, 2011; Mason et al., 2008; Shirwadkar, 2004). Thus, despite the fact that SA women are unhappy in their current situations, they generally want to maintain their immigration status, and they do not perceive their homelands to be safe havens (Adam, 2000; Grewal, 2004).

Process of Seeking Assistance

Leaving an abusive spouse tends to be a gradual process (Ahmad et al., 2009; Kallivayalil, 2007; Krishnan et al., 1998; Raj & Silverman, 2007), and care providers must be prepared for times when SA women intermittently revert to old coping behaviors and living situations (Grewal, 2004; Kallivayalil, 2007). The nature of this journey is due, in large part, to the fact that leaving the marital home involves multiple losses. Not only do SA women face the loss of their presumed life partners, they also risk losing their children and extended family, economic security, and cultural community. Given the severity of the cultural breach, they may also lose a sense of their native identities (Adam, 2000).

Initially, SA women tend to make efforts within the home to stem abuse such as ignoring their husbands, refusing to do housework, or denying sexual intimacy (Mehrota, 1999). They also might encourage family members, close associates, or respected leaders in their ethnic community to intervene on their behalf (Mehrotra, 1999; Raj & Silverman, 2007). In the short-run, these strategies might be palliative, but in the long run, abuse is likely to escalate (Mehrotra, 1999).

Over time, unrelenting abuse may result in health problems, which can include anxiety, depression, and somatization disorders (Hurwitz, Gupta, Liu, Silverman & Raj, 2006; Kallivayalil, 2010). Women also might develop physical concerns, such as headaches, backaches, gastrointestinal distress, weight loss, exhaustion, and gynecological problems (Hurwitz et al., 2006; Raj, Liu et al., 2005). Although each woman's turning point might differ, the end result is that many abused SA women are likely to reach beyond their families and close community networks for assistance. This can occur when they perceive that their situations are intolerable or when they sense that their children's welfare is at stake (Ahmad et al., 2009; Anitha, 2008, 2010; Grewal, 2004; Kallivayalil, 2007; Krishnan et al., 1998; Raj & Silverman, 2007).

Unfortunately, it is not unusual for SA women to reach out multiple times and in multiple ways before they access the help that they need (Anitha, 2011; Grewal, 2004). Some SA women turn to alternative ways of linking with help such as the Internet. The Internet is perceived to be a particularly valuable resource since it is convenient, private, and offers global accessibility. Using the Internet, SA women can maintain ties with supportive family and friends in their native countries. They also can connect with and learn about local social services, entitlement programs, and immigration rules and regulations (Grewal, 2004).

Availability and Suitability of Helping Services

Abused SA women who decide to take corrective action might need assistance from both health care and social service agencies. Unfortunately, the availability and suitability of these services could be hindered by several factors. First, even when government-supported services are available, accessibility might be limited if a woman's immigration status is uncertain (Anitha, 2011; Raj & Silverman, 2007) or if she is no longer with her spousal sponsor (Anitha, 2010). Access and suitability issues also arise when cultural gaps exist between service providers and recipients (Adam, 2000; Raj & Silverman, 2007) or when providers and recipients do not speak the same language (Anitha, 2010; Gill, 2004; Grewal, 2004; Guruge et al., 2010; Krishnan et al., 1998; Merali, 2009).

Although the police might seem like an obvious resource to many Westerners, SA women may be reluctant to call them, since law enforcement personnel in their native countries are perceived to be part of the patriarchal establishment and not advocates for women. Also, some SA women fear that the police will racially discriminate against them or initiate deportation proceedings (Gill, 2004; Grewal, 2004; Shirwadkar, 2004).

In the event that abused SA women seek medical care, providers often treat suspicious injuries without investigating possible causes (Ahmad et al., 2009; Anitha, 2008). Reluctance to inquire about domestic abuse is not necessarily related to a lack of knowledge. Rather, fear of appearing culturally insensitive, racist, or overly intrusive prevents some practitioners from broaching the topic (Puri, 2005). Also, providers may be reluctant to mention abuse when culpable family members might be present (Anitha, 2008).

Despite having mental health problems ranging from anxiety to suicide attempts, suitable mental health care might be difficult for SA women to access (Anitha, 2010; Hurwitz et al., 2006).

Although SA women generally feel more comfortable talking to same-gender service providers who understand their culture and speak their native language (Ahmad et al., 2009; Grewal, 2004; Rudrappa, 2001; Shirwadkar, 2004), these conditions do not guarantee disclosure of personal information. On the contrary, many SA women fear being judged by members of their own ethnic group, and they are apprehensive about personal information getting back to members of their local immigrant community (Grewal, 2004; Guruge & Humphreys, 2009; Puri, 2005).

In addition to health care services, SA women also may require social services. Their immediate needs might include basic necessities such as shelter and clothing (Grewal, 2004; Raj & Silverman, 2007), but once these requisites are met, legal, entitlement, and immigration services are likely to take precedent (Grewal, 2004; Kallivayalil, 2007; Krishnan et al., 1998). In addition, SA women might need assistance with language and job skills, child care services, and transportation (Guruge & Humphreys, 2009; Krishnan et al., 1998).

In some instances, South Asian Women's Organizations (e.g., Apna Ghar, Saheli) might be able to serve in a mediating role between immigrant women and social service agencies. These organizations are usually operated by women of SA descent who are intent on enhancing the well-being of newly-immigrated SA women. Most of these workers and volunteers have substantial knowledge of SA culture and language (Abraham, 1995), and they are proficient at linking SA women with resources such as transitional housing, legal assistance, immigration services, and professional counseling (Grewal, 2004).

Implications for Offering Help

Despite claims of openness and cultural sensitivity, dissonance between the ideals of service providers and those of SA women might make it challenging to offer optimal assistance. This might be the case even when SA women serve in key helping positions, since their goals tend to be consistent with Western feminist ideals of autonomy and independence (Kallivayalil, 2007; Rudrappa, 2001, 2004). In effect, this means that many service providers might need to compromise their ideals to accommodate their clients' worldviews and offer optimal assistance (Grewal, 2004; Kallivayalil, 2007; Rudrappa, 2004).

An initial step toward offering optimal assistance is to understand that many abused SA women do not want to reject their families or their culture (Raj & Silverman, 2007). Rather, their primary objective is more likely to involve enhancing their well-being while remaining faithful to both (Ahmed et al., 2009). Moreover, many will want continuous support and validation from their families and ethnic communities as they move forward with their lives (Grewal, 2004; Raj & Silverman, 2007; Shirwadkar, 2004).

When counseling opportunities arise, nurses are urged to avoid being overly critical of fundamental beliefs that underpin SA culture (Ahmed et al., 2009; Grewal, 2004; Kallivayalil, 2007; Rudrappa, 2001, 2004). For instance, instead of criticizing paternalism in its entirety, nurses are encouraged to selectively and tactfully examine how rigid adherence to paternalism might limit a woman's ability to ensure her physical and mental well-being and that of her children. Specifically, this could mean pointing out how the lack of access to family finances can limit a woman's ability to adequately care for herself and her children.

Nurses are also urged to remember that many SA women have had little opportunity to independently function without the imprimatur of their families of origin, and later, without the approval of their husbands or in-laws (Dasgupta & Warrier, 1996; Krishnan et al., 1998). Given these constraints, they might find it difficult to define themselves as individuals and to develop their personal strengths and abilities (Kallivayalil, 2007). For this reason, nurses are urged to resist the temptation to become surrogate patriarchs. Rather, they are encouraged to help SA women decide how they would like to live their lives (Kallivayalil, 2007; Rudrappa, 2001, 2004) and to explore core strengths that will make those goals a reality (Kallivayalil, 2007).

DISCUSSION

Implications for helping newly-immigrated abused SA women within westernized countries are grounded in the context of their lives. These women tend to be embedded in and largely accepting of a patriarchal culture that sees men as superior and women as subservient. When domestic abuse occurs, many SA women hope that abuse can be curtailed and that their marriages will remain intact. Family, friends, and community members might (or might not) help to make this happen. When these friends or family members will not or cannot help, SA women are likely to reach outside of their cultural comfort zone for assistance.

In the event that women turn to outsiders for assistance, service providers are encouraged to understand the familial and community rejection that a woman might face. As such, if women choose to remain in their marital home despite abuse, nurses might want to emphasize the intended role of the police in westernized countries. They also might want to inform SA women about how to access emergency medical care and culturally-informed social service groups such as South Asian Women's Organizations; a list of these organizations can be found at http://www.sawnet.org/orgns/

In practice settings, nurses are urged to go the extra mile to assess the cause of physical injuries. If necessary, they may want to escort family members to the waiting room before asking about the possibility of abuse. Even when abuse is denied, nurses are urged to create an environment in which SA women have opportunities to learn about safety information and community resources. At the very least, it is hoped that giving voice to the topic will enable vulnerable women to open up in the future.

It cannot be denied that language barriers might create significant challenges for nurses. That said, it should not be assumed that filling this communication gap will result in unfettered dialogue. Rather, trust between provider and client appears to be the primary prerequisite for disclosure. Thus, nurses are urged

to keep the lines of communication open so that trust can be established over time.

Nurses also are encouraged to remember the potential of the Internet to reach women who are isolated and who might face language barriers. Translation options can be built into websites to make it easier for women to access and understand up-to-date information about local immigration laws and support services. In addition, communication options such as e-mail may enable SA women to stay in contact with supportive individuals.

Nurses are urged to keep governing bodies and funding agencies informed about the circuitous path that SA women might take as they change their life course and enhance their well-being. Otherwise, meager support services could end too quickly, making the time and money invested in improving the lives of abused SA women ineffective.

Findings from this qualitative systematic review shed limited light on how to focus more prevention and intervention efforts on SA families and communities rather than on victims. This is an area that qualitative researchers are encouraged to examine more thoroughly by engaging family and community members in open-ended interviews and focus groups. In particular, researchers are urged to explore how health care providers can assist SAs to engage in their own grass-root efforts to diminish intimate partner violence within their immediate locales.

In many respects, the experience of domestic abuse among SA immigrant women is similar to that of all immigrant women in westernized locales. Factors that tend to set immigrants apart from non-immigrants largely relate to cultural, language, and legal issues. For these reasons, resolution of domestic abuse among immigrant women might not rely so much on efforts to define differences between newly relocated ethnic groups, but rather, on efforts to draw parallels across groups and infer common solutions (Menjivar & Salcido, 2002). Instead of uni-cultural systematic reviews such as this one, multi-cultural reviews to identify commonalities across cultures might be of greater value, especially in terms of explicating widely acceptable ways to overcome barriers to accessing and using helping services.

Systematic Review: Strengths and Limitations

Strengths

Credibility/validity of this review was strengthened by the fact that the original reports that comprised the database for this investigation represented the work of many researchers using a number of different theoretical frameworks and methods. This constitutes three types of triangulation: researcher, theoretical, and methodological (Finfgeld-Connett, 2010). In addition, the data available for analysis were generated from over 461 individuals in three countries and across two hemispheres.

Limitations

Although 30 research reports comprised the sample for this investigation, it appears that this number only represents 20 unique investigations. This limitation is balanced by the fact that the authors identified different purposes for each report, which limited the likelihood that identical findings were included in multiple reports and, thus, given undue weight in this review. That said, sharing samples across studies inevitably leads to contextual similarities across reports and limits the generalizability of review findings.

CONCLUSION

SA women in English-speaking westernized countries appear vulnerable to domestic abuse due to cultural and language barriers and challenges imposed by their immigration status. In addition, their situations are complicated by the fact that service providers do not always understand their situations or the most effective way to offer assistance. Health care and social service providers are urged to gain greater awareness of factors that tend to provoke abuse and impede its speedy resolution among minority groups. They also are encouraged to remain steadfast as collaborative relationships are cultivated and the most effective helping services are secured.

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