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Resilience Strategies of South Asian Women Who have Survived Child Sexual Abuse

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ABSTRACT

RESILIENCE STRATEGIES OF SOUTH ASIAN WOMEN WHO HAVE SURVIVED CHILD SEXUAL ABUSE

by
Anneliese A. Singh

The purpose of this qualitative study was to describe the resilience strategies of 13 South Asian female survivors of child sexual abuse. Two research questions guided this study: (a) How does a small sample of South Asian adult women in the United States (U.S.) describe their experiences of child sexual abuse? and (b) What resilience strategies do these South Asian female survivors of child sexual abuse report using to cope with child sexual abuse? The phenomenological research design was grounded in feminist theory to capture the lived experiences of resilience related to child sexual abuse (Patton, 1990). Data were collected during semi-structured interviews with five informants and one 90-minute focus group of eight informants who did not participate in the individual interviews.

Bracketing of researcher assumptions was used to demonstrate dependability, credibility, and coherence of the data reduction and analysis (Creswell, 1998). Open coding generated a list of broad domains to create a codebook (Wertz, 2005). Using a recursive method of data collection and analysis, the codebook guided independent coding of each transcribed interview. Constant comparison identified new codes that did not fit under previously identified domains (Lincoln & Guba, 1985). Two overarching themes emerged from the data. The first theme, South Asian context, included four

subthemes (gender, family, ethnic identity, acculturation), and the second theme, resilience, included five subthemes (use of silence, hope social support, social advocacy, self-care). A model based on these findings suggests the informants in this study made meaning of child sexual abuse within a South Asian context before utilizing effective resilience strategies. Practice and research implications for South Asian women who have survived child sexual abuse are discussed.

RESILIENCE STRATEGIES OF SOUTH ASIAN WOMEN
WHO HAVE SURVIVED CHILD SEXUAL ABUSE

by
Anneliese A. Singh

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CHAPTER 1

HELPING SOUTH ASIAN WOMEN USE RESILIENCE STRATEGIES IN THE HEALING PROCESS FROM SEXUAL VIOLENCE

Despite the fact that South Asian women comprise one of the fastest growing ethnic minority groups in the United States (U.S. Census Bureau, 2001a), they are one of the most understudied populations in the counseling and psychological literature (Abraham, 2000). Empirical studies to date have demonstrated that immigrant South Asian women appear to be at higher risk of sexual violence (Silverman, 2003), possibly due to isolation from family and community social support systems resulting from the immigrant experience (Dagupta & Warriar, 1996; Mazumdar, 1998; Mehrotra, 1999; Raj, 2002). Additionally, conceptual work in the fields of sociology and public health have proposed that gender inequities resulting from the unique intersection of patriarchal and collectivistic values for this population often foster an environment where women are undervalued or objectified, which creates the conditions for sexual violence (Abraham, 2000; Silverman, 2003).

As the numbers of South Asian women continue to rise in the U.S., the likelihood that mental health practitioners will work with this population increases and the demand for counselors and psychologists to have knowledge of culturally relevant interventions with this population becomes critical. The scant visibility of South Asian women's experience of sexual violence in the counseling and psychological literature results in the absence of examinations that explore how South Asian culture specifically frames their

resilience strategies. Resilience strategies with this population are important to understand, as they allow counselors and psychologists to acknowledge the important ways that South Asian women successfully navigate their lives despite their experience of sexual violence and other stressors (i.e., ethnic identity, acculturation). The purpose of this article is to discuss how the constructs of culture, resilience, and trauma may be explored with South Asian women who have survived sexual violence in order to support their healing process.

South Asian Women, Culture, and Sexual Violence

South Asian cultural norms emerge from the countries in South Asia which include Bangladesh, Bengal, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the South Asian diaspora in countries such as South Africa and Trinidad (Das & Kemp, 1997). Culture has been defined as a collection of values, behaviors, and meanings held by a group as they create their interpretations of the world (Alarcon, Foulks, & Vakkur, 1998). Researchers have consistently recognized that cultural norms play a major role in defining sexual violence (Heras, 1992; Kalof, 2000; Korbin, 1987; Morrow & Smith, 1985; Singleton, 2004; Stevens, 1997). In order to understand how South Asian culture may influence women's experience of sexual violence, acknowledgement of the important role of the extended family unit in South Asian countries is necessary. Abraham (2000) highlighted that South Asian notions of family are often distinctly different than those in the U.S., where "the family and group-oriented structure views the individual as a representative of the family...and there is considerable pressure to maintain harmony and minimize any actions that would potentially jeopardize the family and community" (p. 19).

It is additionally important to note that this collectivistic orientation towards family in South Asian culture is not an egalitarian one where men and women are equally valued. South Asian scholars have largely acknowledged that this family orientation is typically structured for the benefit of men, with males holding more power within a patriarchal context than women (Abraham, 2000; Das, 1997; Kirby & Pant, 1999; Sangari & Vaid, 1989; Saran, 1983). Within this context, the patriarchal threads of South Asian culture that accord lower status women may weave a quilt of culturally-endorsed female responses to sexual violence. Indeed, these responses may parallel the definition of mental health and strength of character for South Asian women, which tends to manifest as women's ability to demonstrate emotional restraint (Uba, 1994), to be silent about relationship violence (Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003), and to sacrifice personal autonomy for the sake of the family (Dasgupta & Warrier, 1996). This valuation of silence and restraint serves as a double-bind for South Asian women who are survivors of sexual trauma, as the cultural command of silence about their experience of abuse manifests in long-term psychologically damaging effects (Abraham; Poore, 2000).

Despite the paucity of research on South Asian women's specific experiences of sexual abuse, researchers have explored how South Asian gender-role expectations shape their family experiences. In the familial setting, women are encouraged to deemphasize individual identity in deference to a more collectivistic identity development (Das & Kemp, 1997; Inman et al., 2001). Although this interdependent identity is promoted for both males and females, a gendered family hierarchy exists that dictates males as holding higher status and power than females (Abraham, 2000; Ho, 1990). Ibrahim, Ohnishi, and Sandhu (1997) identified that South Asian women's status is primarily linked to their

ability to marry and have children, whereas males hold significant decision-making power in major family decisions (e.g., marriage, finances, education).

The narrowly defined realms of power that exist for South Asian women may be risk factors contributing to the incidence of sexual violence. Although specific statistics of South Asian American female survivors of sexual trauma in the U.S. are not known, Western researchers assert that most victims of sexual abuse know their perpetrator as a family member or someone in their intimate network (Briere, 2002; Greenfield, 1997; Herman, 1992). Because of the primacy placed on family privacy and honor, women's disclosure of sexual trauma may create a stigmatizing environment for females due to the potential damage to the family system. Additionally, disclosing the abuse may seem emotionally and/or physically dangerous to survivors due to the lack of power that females experience within family and societal systems (e.g., "Who will believe me?").

Researchers in a Western context have long pointed out that silencing is a tool wielded by perpetrators to prolong violence against women, such as child sexual abuse, with silence often reinforced by the power dynamics of families where children hold less power than adults (Briere, 2002; Herman, 1992). Poore characterized the aspects of silence that are specifically embedded within a South Asian context as related to patriarchal power dynamics in families where girls have secondary status. Because girls observe women in their families maintaining silence about issues of violence as evidence of their ability to endure hardship without complaint, she asserted that silence then becomes a method of empowerment, negotiation, and resilience for South Asian women in their families:

They learn how to engage in silent rebellion and to confront adversity with silent tactics. They develop self-reliance and mental strength. Silence is no longer just a

survival mechanism; it becomes a testament to resilience. It is equated with inner power (p. 9).

Although there are few studies examining how South Asian culture influences women's recovery from sexual violence, several studies have identified South Asian cultural norms as significant factors for women's healing from issues such as body image and disordered eating (Iyer & Haslam, 2003), suicidality and self-harm (Chantler, 2002; Raj, 2003), intimate partner violence (Gill, 2004; Ho, 1990), and general medical concerns (Hilton et al., 2001). Across these studies, acculturative stressors (e.g., assimilation into American culture, disconnection from kinship networks) were found to be important variables influencing psychological and/or medical distress. However, the resilience of South Asian women to this distress, or the successful strategies they use in response to acculturative stressors in the face of difficulty, remains glaringly absent in this body of literature.

CULTURAL LENS OF TRAUMA AND RESILIENCE

Current trauma models do not include a distinct analysis of the cultural background of clients (Kalof, 2000; Marsella, Friedman, & Spain, 1996). Therefore, the risk increases that South Asian women's culture becomes invisible to practitioners when they present with issues of sexual trauma. Additionally, because trauma models have historically focused on the extinguishment of an individual's symptoms as evidence of individuals' recovery from sexual trauma (Briere, 2002; Foa, Dancu, Hembree, Joycox, Meadows, & Street, 1999; Herman, 1992; van der Kolk, 2002), there is little attention to culturally-embedded resilience strategies that may be actually assisting them in healing from sexual abuse. Resilience scholars have recently argued for the focus of trauma models to expand from the traditional pathology-based approach to a wellness-based

approach, asserting that resilience is a natural response to trauma and should be explored with survivors (Bonanno, 2004). A competency-based approach for treatment of South Asian trauma survivors would further support and acknowledge the coping styles and strategies that allow individuals to successfully negotiate their lives in spite of adverse circumstances. However, in order to accurately assess the resilience strategies of South Asian women, it is necessary to explore cultural notions of resilience and how resilience has typically been studied in the counseling and psychological literature.

Individual and Relational Aspects of Resilience

Although resilience has not been examined specifically from a South Asian cultural framework in the empirical literature, the manner in which scholars define resilience conceptually appears to be culturally-informed, as their definitions take an individualistic or collectivistic approach to this construct (Bonanno, 2004; Garnezy, 1991; Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Werner, 1995). Research on resilience from an individualistic, Western context emphasizes individual and internal personality traits. In this context, resilience is defined as an individual's ability to adapt to adversity and achieve developmental outcomes that are positive despite the presence of significant hardship (Cushman, 1995; Higgins, 1994; Masten, 2001).

In his review of the resilience literature, Barnard (1994) identified correlates to individual resiliency in two domains: individual traits and family environments. Individual correlates included perception of being a "cuddly" infant and affectionate in childhood and adolescence, absence of siblings between one's birth and 20-24 months, high intelligence level, interpersonally skilled at forming relationships, orientation towards achievement within and outside the school system, ability to create constructive

reasons for adversity in their lives, ability to engage or disengage in home and outside environments, internal locus of control, and physical health. Family correlates were found to include a “match” between parents and children, instillation and maintenance of family rituals, proactive responses to family stressors, absence of role reversals for parent-child relationship, few family conflicts during infancy, intact family unit during adolescence, significant relationship with an individual’s mother, and selection of a healthy life partner.

In examining the above correlates of resilience, it is important to be mindful that the data emerge from a distinctly White and Western research context, where often the racial/ethnic and cultural identity of participants is not gathered. Because South Asian culture tends to be collectivistic in orientation (Abraham, 2000; Das & Kemp, 1997; Furnham & Sheikh, 1993; Inman, Ladany, Constantine, & Morano, 2001), defining resilience from a Western perspective is problematic when designing theoretical, research, and practice approaches to explore the resilience of South Asian women. Hartling (2005) critiqued the individualistic approach to resilience, precisely because of the lack of attention to privilege and oppression issues. For instance, she pointed out that the unearned advantage of privileged identities (e.g., White, male, heterosexual) assist individuals in their resilience to adversity, whereas members of marginalized groups may not have access to the same resources that help them “snap back” from difficulties. She further asserted that exploring an individual’s relational resilience (one’s ability to connect interpersonally with others) would allow for acknowledgement of “the complex, multilayered interpersonal and cultural dynamics that affect one’s ability to be resilient” (p. 339). In fact, researchers in a Western context have shown that trauma survivors who

are skilled interpersonally are particularly resilient (Higgins, 1994; O'Sullivan, 1991). These empirical studies indicate that survivors used their interpersonal skills to form supportive relationships outside the family, and within these safe relationships they were able to externalize the shame of sexual abuse and place blame on the perpetrator. The emphasis on family cohesion in South Asian culture may encourage the development of strong interpersonal skills, and this relational resilience may also be an important strategy for South Asian women in their response to sexual trauma.

The Impact of Privilege and Oppression on Resilience

Although resiliency studies have not specifically examined individual and relational resilience of South Asian women, Hartling's (2005) encouragement to identify ways that privilege and oppression experiences impact resiliency points to the importance of examining the coping and resilience literature with ethnic minority women. In Singleton's (2004) qualitative study of resiliency and coping of Black female survivors after sexual trauma, relational resilience emerged in the form of establishing relationships with strong female role models, as well as being connected with their individual definition of spirituality. These participants also described having an internal locus of control and using proactive and creative strategies to generate meaning from their abuse (e.g., writing, dance). Although this study may not transfer entirely to South Asian survivors of sexual violence, the group-orientation of African descent individuals in these findings guides researchers to further explore resiliency approaches with other collectivistic-oriented populations such as the South Asian population.

Interestingly, in a longitudinal and quantitative study of resiliency and risk for Black female survivors of childhood sexual abuse, Banyard, Williams, Siegel, and West

(2002) found that systems of privilege and oppression (e.g., racism, socioeconomic status, and education level) were variable factors impacting their resilience and healing process. Scholars have asserted that these systemic stressors of acculturation have been also shown to have a significant influence on South Asian mental health (Das & Kemp, 1997; Kim, McLeod, & Shantzis, 1992; U.S. Department of Health and Human Services, 2001), which point to the importance of exploring how South Asian women's resilience may be shaped by their lived experiences as an ethnic minority in the U.S. Ultimately, it is critical for practitioners to understand the complexity that culture introduces to the resilience and trauma experiences of South Asian survivors sexual abuse as they work with this population

SOUTH ASIAN WOMEN, ACCULTURATION, AND GENDER

An integrative approach to supporting South Asian women's resilience strategies in the healing from sexual violence must explore the place the constructs of acculturation (traditional, bicultural, Western-identified) and gender at its core. The sources of trauma and resulting symptoms for survivors should be assessed in terms of where the client is in the acculturation process and the degree to which they ascribe to traditional South Asian gender norms.

Acculturation

The dimension of acculturation is an important place to begin exploring resilience and trauma with South Asian women presenting with issues of sexual trauma.

Acculturation has been identified as a major factor in the mental health of Asian Americans (Constantine, Okazaki, & Utsey, 2004; Kim, Brenner, Liang, & Asay, 2003; Sue & Morishima, 1982; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). Additionally,

the U.S. Department of Health and Human Services' (2001) report on mental health care for Asian Americans in the U.S. suggested that more acculturated individuals experience higher levels of psychological distress. The reason behind these findings may be that the more oppressed identities an individual has to manage, the more psychological distress the individual experiences. For example, a South Asian-identified woman may spend more time within a supportive family and community environment. Therefore, her acculturation level may be a resilience factor that additionally protects her from experiencing systemic stressors such as racism from non-South Asians. Whereas a Western-identified South Asian woman may have to not only negotiate the impacts of racism due to spending more time in Western contexts, but also may not be connected to a community that is supportive and understanding of her cultural background.

Specifically in working with women survivors of trauma, assessing whether the individual is South Asian-identified, bicultural, or Western-identified may allow the narratives of trauma and resilience to emerge more fully. Because acculturation levels are associated with the degree to which a South Asian individual interacts with their family and community (Abraham, 2000), practitioners may explore how family and community serve as a source of trauma and/or resilience for survivors of sexual abuse. Further, collaboratively exploring acculturation level in this manner may not only increase the understanding an individual's resilience to sexual trauma, but also may help mental health professionals gather important information about the typical behavioral norms, values, and meanings of their South Asian worldview. Because much of both the resilience and trauma literature asserts that a large portion of individuals' healing includes the ability to make meaning of one's experience, exploring the acculturation

dimension seems critical to acknowledging the ways that trauma symptomology and coping skills may be culture-bound. This additional information would serve to increase the use of culturally relevant interventions with this population.

Gender

Gender roles often are shaped according to the individuals' level of acculturation (Abraham, 2000; Inman et al., 2001). Therefore, exploring how sexism has impacted resilience strategies in South Asian women's lives may look differently according to their acculturation level and may actually be best assessed in parallel with the dimension of acculturation. For instance, a South Asian-identified client may maintain not to disclose her abuse due to cultural norms that demand women's silence in relationships as an attempt to maintain family cohesion and minimize discord between the private and public domains of her life. However, this silence may actually encourage the development of both trauma symptomology and resilience strategies that are affecting her daily functioning in a negative manner. In this example, practitioners may collaboratively explore the ways that her silence has assisted the client in surviving the trauma of sexual abuse and identifying the ways gender-role expectations have influenced her coping and survival styles. Then, the client's resilience strategies in the past and present, as well as their degree of helpfulness to the client, may be collaboratively identified. This particular client may feel the responsibility as a woman to maintain silence about her abuse within the family context in order to maintain harmony. However, there also may be a family member with whom she feels safe to disclosing her abuse, or the client may be open to attending a support group for South Asian-identified trauma survivors. Assessing acculturation level and gender norms simultaneously with this client would be necessary

in order to most effectively determine appropriate interventions, assessments, and outcome planning.

Practice and Research Directions

In examining how to support South Asian women's resilience strategies in healing from sexual trauma, there are several intertwined practice and research directions that must be investigated. Multicultural researchers in counseling have long advocated for counselors to seek to understand cultural and sociopolitical factors in order to accurately assess, interpret, and treat the distress of clients (Sue, Ivey, & Pedersen, 1996).

Counselors and psychologists are further encouraged to assess the salience of cultural factors (e.g., gender, race, ethnicity, sexual orientation, religious affiliation, spirituality) for the clients' presenting issues in order to craft interventions that take into account these factors (Ancis, 2004). However, because of the scant attention to South Asian cultural worldviews, practitioners will need to make special efforts to obtain the knowledge, attitudes, and skills necessary to develop cultural competency with this population. Understanding that the South Asian worldview is both individual and relational in nature, and the resulting complexities of this confluence, will assist helping professionals in strengthening the therapeutic relationship (Das & Kemp, 1997; Ibrahim Ohnishi, & Sandhu, 1997).

In addition to understanding a South Asian view of the world, practitioners may become advocates for their clients. Acknowledging that South Asian women's experiences of sexual abuse and resilience strategies are culture-bound, it is important to understand the factors against which this population is resilient (e.g., sexism, racism, classism) and to question these systems of privilege and oppression. For instance, with

the gendered lens of trauma and resilience in mind, it seems important to investigate the ways that South Asian women experience sexism within their cultural norms and ways that they develop individual and relational resilience resulting from power imbalances of sexism (e.g., interpersonal skills, social support systems). Because South Asian women may utilize the health care system in various ways depending on their acculturation level, practitioners may advocate for their clients by integrating Western and/or Eastern models of healing into their practice. Additional advocacy tools that practitioners may use include maintaining a current referral list of social support systems for South Asian women (e.g., support groups, financial and career resources). Due to the lack of culturally-relevant interventions for South Asian women who have survived sexual violence, counseling and psychological professionals may want to create support groups for this population, present on South Asian cultural worldviews to other practitioners in community mental health systems, and write articles about the resilience strategies that South Asian women tend to use in response to sexual abuse.

Many models of racial and ethnic identity (Helms, 1995; Phinney, 1990; Sadowsky, Kwan, & Pannu, 1995) and Asian identity (Sue & Sue, 2003) exist in the literature, which may also be helpful to integrate into practice and research with South Asian survivors of sexual trauma. It may be especially helpful to examine the culture-specific models for South Asians proposed by Ibrahim and Ohnishi (1997), where the authors suggest how factors of family piety, self-control, and respect of community impact a South Asian worldview (e.g., fatalism, humility, respect for elders). Further, qualitative studies exploring the complexities of how acculturation and gender intersect within a South Asian context are necessary in the trauma field in order to begin to

understand South Asian women's narratives of trauma and resilience. Then, these qualitative studies may be used to strengthen future quantitative methods of research and assessments that examine the confluence of trauma and resilience for this population. Because South Asian women tend to manage multiple oppressed identities (e.g., gender, racial/ethnic identity, socioeconomic status), research that invites participants to collaborate in research design and method may create a space of empowerment for this population (Stewart, 1994).

CONCLUSION

In summary, this article advocates for mental health practitioners to pay specific attention to the manner in which South Asian women survive and are resilient to sexual trauma experiences. Because the traumatology literature tends to view trauma survivors from a deficit-based perspective (Burstow, 2003), it is important to balance this pathological perspective with a more competency-based approach of resilience. This balance is particularly important when working with South Asian women survivors of sexual violence who are additionally faced with the challenges of negotiating the impacts of racism and sexism in the U.S. (Lee, 2005). Recognizing that the constructs of both trauma and resilience are culture-bound and the stark invisibility of South Asian women in the literature, it is necessary to collaboratively examine the influence of patriarchal and collectivistic values on the mental health of South Asian women who are survivors of sexual violence. Practice and future research directions in trauma work with South Asian women must also carefully assess how the acculturation process and gender norms impact their experience of sexual trauma and resilience strategies.

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CHAPTER 2

RESILIENCE STRATEGIES OF SOUTH ASIAN WOMEN WHO HAVE SURVIVED CHILD SEXUAL ABUSE

INTRODUCTION

Considering the increasing numbers of South Asians immigrating to the United States (U.S. Census Bureau, 2000) and the rate of child sexual abuse of 16 per 1000 persons (U.S. Department of Health and Human Services, 2002), it is likely that counseling and psychological practitioners will work with South Asian women who have experienced child sexual abuse. Counseling and psychological research with South Asian women in the U.S. has primarily focused on the systems of acculturative stress and value conflicts they must negotiate in the divide between their host and home cultures (Inman, Ladany, Constantine, & Moreno, 2001; Rahman & Rollack, 2004; Uba, 1994). Although research has examined South Asian women's experience of domestic violence (Abraham, 2000; Dasgupta & Warriar, 1996; Ho, 1990; Mazumdar, 1998; Mehrotra, 1999), few studies have explored the impact of child sexual abuse. It is critical that helping professionals understand not only the South Asian cultural context of the trauma sequelae with which women present, but also the specific resilience strategies that South Asian female survivors of sexual trauma use in their recovery process from child sexual abuse.

South Asian Women and Child Sexual Abuse

Child sexual abuse has been largely defined as occurring when an adult uses exploitation and domination tactics on a child through activity or suggestion that is

intended to be sexual (Briere, 2002; Herman, 1992; Maltz, 2000). It is important to note that although cross-cultural commonalities exist in the definition of child sexual abuse, there are divergent notions of child sexual abuse depending upon the cultural context (Heras, 1992; Kalof, 2000; Lowe, Pavkov, Casanova, & Wetchler, 2005; McEachern & Kenny, 1999) such as the one that exists in South Asian familial and societal environments examined in this study.

Resilience and Child Sexual Trauma

Researchers have defined resilience in various ways (Garmezy, 1991; Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Werner, 1995). Commonalities across these divergent approaches include the capacity to: (1) adjust to distressful circumstances in life; (2) achieve successful outcomes despite expectations of negative conclusions; and (3) face difficult situations directly, rather than avoiding them (Werner-Wilson, Zimmerman, & Whalen, 2000). Qualitative literature to date examining the resilience, coping, and survival strategies of child sexual abuse survivors has included exploring causal/risk factors, intervening conditions, and consequences for the survivors of child sexual abuse (Lambert, 1996; Morrow & Smith, 1995; Singleton, 2004; Stevens, 1997; Werner-Wilson et al.). For instance, in a qualitative examination, Morrow and Smith identified a model used by 11 child sexual abuse survivors for coping and survival that identified cognitive and emotional resilience strategies of survivors (e.g., resisting being overwhelmed by threatening and dangerous feelings, managing feelings of helplessness, powerlessness, and lack of control).

The present study explores the processes of resilience used by South Asian female survivors of child sexual abuse within the cultural context of systemic inequities that may

impact their functioning over time (e.g., acculturation, sexism; Abraham, 2000; Inman et al., 2001). Although current resilience literature emerges from a Western context, it is imperative to take into account cultural notions of resilience used by ethnic minority groups. Examining empirical studies about the resilience of non-White survivors of sexual trauma may potentially illuminate influences on South Asian women's resilience, such as Singleton's (2004) exploration of the resiliency of 12 Black female survivors of sexual trauma. Resiliency characteristics identified in this study for the women included a spiritual belief in a divine order, an internal locus of control, and connections with strong female role models. Further, in a quantitative longitudinal study of the resilience of Black women (Banyard, Williams, Siegel, & West, 2002) risk and protective factors were shown to vary according to individuals' socioeconomic status, education level, and systemic racism.

Finally, because traumatologists have noted that an essential part of trauma survivors' recovery is the reclaiming and rebuilding of one's life (Maltz, 2000), it is important to explore whether resilience is not only an important component of this healing, but also a culturally relevant construct for South Asian women who have immigrated to the U.S. Interestingly, Herman (1992) compared the psychological healing of trauma survivors to the process of immigration, "They must build a new life within a radically different culture from the one they have left behind" (p.196). Examining the parallel process of how acculturative stressors shape and define one's life and how South Asian women cope with child sexual abuse may help providers develop and enhance culturally-specific treatment.

A Methodological Understanding of South Asian Survivors of Child Sexual Trauma

In addition to culturally-relevant treatment, it is essential to critically reflect on methodological approaches and concerns with South Asian survivors of child sexual abuse. This study utilizes a phenomenological and qualitative method to seek to understand their lived experiences (Creswell, 1998; Hammond, Howarth, & Keat, 1991; Wertz, 2005) with resilience and child sexual abuse. The present study is further grounded in feminist theory in order to identify research biases and assumptions (Harding, 1987; Nielsen 1990; Reinharz, 1992; Sands, 2004), as well as to emphasize a collaborative process with informants aiming towards social change (Chafetz, 2004; Lather, 1991, 2004; Ponterotto, 2005; Stewart, 1994). The feminist approach is a response to Burstow's (2003) call for the traumatology field to move beyond traditional conceptualizations embedded in the Western medical model and to engage in a radical understanding of trauma and trauma work. From a radical perspective, Burstow asserted, "decent trauma praxis simply cannot rest on a deficiency model" (p. 1298), as the role of oppressive social systems and institutions that allow trauma to occur remain unnamed.

The purpose of this study was to describe the resilience strategies for South Asian female sexual trauma survivors. Resilience strategies were generally defined in this study as an individual's ability over time to face the difficulty of surviving sexual trauma directly and adapt to adverse circumstances with success following sexual trauma. Two research questions guided this examination: (a) how does a small sample of South Asian women in the U.S. describe their experiences of child sexual abuse, and (b) what developmental resilience strategies do these South Asian female survivors report using to cope with child sexual abuse?

METHOD

Informants

Informants were 13 South Asian adult women between the ages of 22 and 48 years ($M=31$) who were survivors of child sexual abuse. Three informants reported receiving high school diplomas, and the remaining informants reported receiving college degrees (1 associate's, 6 bachelor's, 3 master's). Socioeconomic status varied for informants (3 less than \$20,000, 5 between \$20,001-30,000, 3 between \$30,001-40,000, and 2 above \$40,001). Six of the informants reported wearing corrective lenses or glasses, and two informants reported a mental health disorder. Ten informants reported a heterosexual identity, while the remaining three informants identified as bisexual, queer, and lesbian. Informants lived in a variety of settings (6 urban, 4 suburban, 3 rural), and reported varied religious/spiritual affiliation (5 Hindu, 1 nonreligious but raised Hindu, 6 Muslim, 1 Christian).

Six of the informants reported one perpetrator of child sexual abuse, and seven reported more than one perpetrator of child sexual abuse. Five informants reported that their perpetrator was outside of the family, and seven reported their perpetrator as being within the family system (e.g., religious teacher, friend of the family). One of the informants reported not having cognitive memories of the abuse, but reported bodily memories of the abuse. Four of these informants reported being sexually abused by perpetrators both within and outside of their family of origin. Three informants reported being sexually abused while living in the U.S., and ten reported their abuse happening outside of the U.S.

Procedure

Purposeful sampling procedures in the form of convenience and snowball sampling methods were used to recruit informants (Miles & Huberman, 1994; Patton, 1990) because this study sought a deep structural understanding of South Asian women's experiences of resilience and sexual trauma. Informants were recruited through paper and electronic flyers distributed to helping professionals and nonprofit organizations in a large metropolitan city in the Southeast. When the initial contact was made between the primary researcher and the informant, a description of the purpose and design of the study was explained thoroughly. Informed consent detailing potential benefits and risks of the study were emphasized and obtained from each informant prior to the beginning of the study. Efforts were made to anticipate potential ethical issues with this population (Waldrop, 2004) due to the sensitive nature of the study. Sixteen individuals contacted the primary researcher by email about participating in the study. The primary researcher conducted a brief screening interview on the phone to determine that the individuals met the criteria for participation in the study. Three individuals did not meet the study's criteria (first experience of sexual abuse occurring after the age of 18), and therefore did not participate in the study. Five informants participated in individual interviews, and an independent sample of eight informants participated in a focus group. Informants participated in member checking, reviewing individual and focus group transcripts, and emerging themes and subthemes to strengthen standards and verification of the study.

Instruments

Informant demographic sheet. Informants completed a demographic sheet containing questions that examined their definitions of resilience strategies, sexual trauma, and culture. The demographic sheet also contained questions about informants' age, ethnicity, socioeconomic level, ability level, profession, education level, and religious/spiritual affiliation.

Semi-structured interviews. The first phase of the study was comprised of semi-structured interviews with five informants (see Table 1) using Siedman's (1998) 3-interview series model. The first interview was a focused life history that asked informants to share their resilience strategies in response to their experience of child sexual abuse within the context of their lives. The second interview gathered the details of these resilience strategies, and the third interview asked participants to reflect on the meaning of their resilience and child sexual trauma. All interviews were recursive in nature and designed to clarify and elaborate on responses from previous interviews, confirm and/or deny the researchers' initial analysis of the first interview data to ensure accuracy of responses, explore the demographic sheet, and collaborate with participants to use emerging themes. Each interview averaged 45-90 minutes in length and was conducted by the primary researcher. A master's level research assistant transcribed all interviews. The primary researcher listened to the interviews, reviewing transcripts a second time. Transcripts were also reviewed by informants (member checking) to ensure their accuracy.

Focus group. The second phase of the study included one 90-minute focus group with 8 informants comprised of South Asian female survivors of child sexual abuse and

was held in a Southeastern metropolitan city. Informants were asked questions to confirm the emerging themes of the individual interviews in order to strengthen validity of initial data analyses. The focus group included initial team-building activities, as well as time to share conversation and South Asian food in order to increase comfort level and engagement with one another.

Researcher as instrument. The primary researcher acknowledges that she is an informant in this study, with her lived experiences and worldview influencing the research process (Creswell, 1998; Denzin & Lincoln, 2005; Lather, 1991). Most salient are her identities as a woman, feminist counselor, queer organizer, survivor of a family impacted by child sexual abuse and intimate partner violence, individual of biracial heritage with a combination of privilege and oppression experiences, South Asian American, and researcher. Researcher bias includes assumptions that resilience is an inherent quality of being human and that the primary researcher's disclosed identities as a counselor, woman, and of South Asian heritage may increase informants' comfort level in sharing their lived experiences. Finally, the primary researcher holds an assumption that guidelines and/or theoretical considerations for counseling and psychological services with South Asian survivors of child sexual abuse may emerge.

Research team. The research team was comprised of the primary researcher (a doctoral student in counseling psychology), a research assistant (an education specialist student in professional counseling), and a counselor educator who all have extensive experience in qualitative research methodology, feminist theory, traumatology, and multicultural research and practice. Phenomenological approaches guided the researchers to bracket, or withhold previous assumptions, before data analysis (Creswell, 1998).

Therefore, the research team described their prejudgments about South Asian women survivors of child sexual abuse and their resilience, in addition to their expectations for emerging themes.

Data Collection and Analysis

The data collection and analysis process was recursive in nature in order to strengthen verification procedures in the study. This process included six steps. Step one included the research team bracketing their assumptions about the phenomenon of South Asian survivors of child sexual abuse and resilience. In step two, the primary researcher interviewed the first informant three times, with a week in between each interview. The research assistant then transcribed the interviews, which were sent back to the informant for member checking to confirm the accuracy of the data. In step three, the primary researcher and the counselor educator used phenomenological techniques to treat the data. The two researchers independently went through the following steps with informant one's three interviews in order to move from a broad and to a specific understanding of the data required by a phenomenological approach: a) horizontalization (listing of nonrepetitive, nonoverlapping statements of informants about the phenomenon); b) meaning units (categories giving the "texture" of the phenomenon); and, c) structural description (collapsing the horizontalization and meaning units into the essence of how the phenomenon was experienced by the informant) (Creswell, 1998; Wertz, 2005). In step four, the primary researcher and the counselor educator used constant comparison to identify new themes and subthemes that did not clearly fit under previously identified domains (Lincoln & Guba, 198), and documented the final themes and subthemes for the informant. These themes were sent to the informant for member checking to confirm their

accuracy before moving to the next step of data analysis. In this step, new interview questions were generated based on the data analysis of the first informant.

The primary researcher and counselor educator replicated steps 1-4 for the next 4 informants. At the conclusion of the individual informant data collection, a list of questions was generated based on the data analysis of the individual informants. In step five, the primary research conducted a focus group of 8 informants, which was transcribed by the research assistant. The focus group was sent to focus group informants to confirm its accuracy. The research team replicated steps 1-4 for analysis of the focus group transcript, and member checking was conducting on the focus group themes with informants. In step six, the research team collapsed the themes of the individual informants and focus group informants. In step seven, an audit of the data collection and analysis (e.g., raw data, data reduction and analysis, data reconstruction and synthesis products, memoing, reflexive journal) was conducted by two auditors, one of whom was a member of the research team (education specialist level student in professional counseling) and one who was outside of the research team (masters level social worker). Bracketing of researcher assumptions and memoing of researcher reactions were used throughout the data reduction and analysis phases as validity checks to demonstrate dependability, credibility, and coherence of the data analysis (Creswell). Finally, the primary researcher maintained a reflexive journal throughout the research process in order to facilitate the disclosure of researcher bias and ensure confirmability through measuring the extent of the primary researcher's biases on the results of the study (Denzin, 1997), and peer debriefing was conducted within the research team throughout the data collection and analysis process (Lincoln & Guba, 1985; Morrow, 2005).

RESULTS

Two overarching themes (South Asian context and resilience) emerged from analysis of the data (individual and focus group interviews, demographic information, reflexive journal, member checking) that mirrored the two research questions of the study. Additionally, nine subthemes were identified related to child sexual abuse

South Asian Context

Informants stated that growing up within the context of South Asian culture influenced their experience of child sexual abuse. Further, they identified four subthemes which included gender, family, ethnic identity, and acculturation.

Gender. Informants stated being a South Asian woman influenced their experience of child sexual abuse. Strict gender socialization within the South Asian culture limited their options related to marriage, education, and self-actualization. The informants reported that patriarchal norms and values of their culture were the more challenging aspects of being a South Asian female survivor of child sexual abuse. For instance, they stated they were accused of being instrumental in their own sexual abuse because, as a female, they somehow invited the traumatic event. One informant described,

I am coming to the realization that it was not powerful for me to be female in the South Asian community because sexual abuse was not accepted and not talked about, and [others felt] I was really the one to blame. I was shunned.

Another informant stated,

I think we [South Asian women] are conditioned to feel we don't have choices about our bodies and minds...only certain skills are socialized in us.

With another informant, she expressed that the silence around child sexual abuse in South Asian culture allows it to continue:

I think child sexual abuse is really common, and we just don't talk about it. And I think that because we have so many good things about our [South Asian] culture, some of those things also create space for abuse to keep happening and not to be talked about.

Family. Informants shared that in addition to valuing strict gender hierarchies, South Asian families value primacy of the family over individual members and maintaining of a positive image of the family. They reported growing up within a South Asian family greatly influenced the understanding of their own sexual abuse. Informants discussed minimizing their abuse in order to uphold the family image and maintain the collectivistic values within their family. They remained silent about their abuse in order to preserve their families' standing in the community. One informant shared,

The role of a woman in the South Asian family, especially for young women is to be very pure, very virginal. When I was abused, it was during the time that my parents were interested in arranging a marriage for me. So I felt not only violated within myself, but I felt like my being raped destroyed my family's virginal status too so to speak. It was just a double blow and I felt like let my family down by what had occurred to me, because I felt that I had brought this upon myself.

Another described,

Everything the individual faces is within a larger context that's South Asian, whether it's the family or whether it's in the community. The individual is not valued for who they are. It's really a crippling thing for South Asian women because we are almost invisible then. We have to succumb in many ways is subservient to the male, which means you don't talk about abuse because if you won't be listened to or you will be told to keep it quiet or the family will lose respect. The name of the family would be bad if they [people in the community] find out something like this happened [child sexual abuse].

Ethnic identity. Informants noted their ethnic identity impacted their experience of child sexual abuse. The degree to which they felt pride in their South Asian identity as both an individual and a group member provided either support or challenges as a survivor of child sexual abuse. For instance, they reported time spent managing racist experiences was the time when they did not spend on healing from child sexual abuse.

However, a strong South Asian ethnic identity did allow them to develop skills of assertiveness and a sense of pride. This pride encouraged them to connect with social support systems within the South Asian community, especially South Asian modalities of healing. One informant said that before and after her abuse, her ethnic identity was a challenge,

I experienced a lot of racism, and I just remember being just always kind of wanting, craving this other world where I was powerful. Those memories of wanting to be accepted as a South Asian are strong for me, and that was kind of juxtaposed against a lot of ostracism, and otherness, so it was just bad all around. It was pretty scary too. The racism meant I didn't have a lot of ways to cope with stress, so I acted out a lot.

Another informant described her South Asian identity as a source of strength and pride,

I feel proud to be South Asian. I have more access to resources and healing practices, like yoga and meditation. The core of where these sources of knowledge began was in South Asia, so I feel I have access to that for healing from my abuse. I think there's a lot of violence in our culture, as well as a lot of beauty, and a lot of myths, and the bright, vibrant colors. I find myself connecting to these things in being South Asian. I mean it could be something superficial like our jewelry, and clothes, and colors, our dance...and deeper things like our connections to one another in family or our value of interdependence.

Acculturation. Acculturation significantly shaped informants' experience of child sexual abuse, as exposure to U.S. values and belief systems created conflict with their South Asian worldview (e.g., education, family, community, religion). Individual and family resources were primarily dispersed into class mobility and educational attainment in the U.S. for the benefit of the family rather than the individual. This left little room for survivors to disclose their abuse or receive help. Embracing values and belief systems other than those endorsed by the family created tension and shifts in power dynamics within the family, and survivors had to become more self-reliant in the process. An

informant shared that the shifting power dynamics resulted in her becoming more independent from her family,

In America, my world had changed a lot because my parents were now more in the backseat in terms of my education, my life, and my daily activities. They didn't know anything about the school system here. I knew that I needed to now study on my own. Another aspect of myself began growing and developing.

Another informant shared that the acculturation process influenced the degree to which she could practice her religion, which she had connected to her abuse,

Other than when we first moved here [U.S.], we didn't even really practice much as Muslims, and of course teachers didn't really encourage the kids to be learning the Quran [Islamic religious text] in school. So, the first several years we were really into the whole immersion around being American and getting assimilated. Since I was abused by my religious teacher back home, I think being in America really eliminated my family from the religious spaces that would only have kept me more connected to what was strongly associated with my abuse.

Resilience

Informants reported that the resilience strategies they used to cope with child sexual abuse were complex due to the South Asian context of their multiple identities (e.g., daughter, female, immigrant). They identified five subthemes of their resilience as their sense of hope, use of silence, social support, social advocacy, and self-care.

Sense of hope. Informants uniformly shared that a sense of hope supported their resilience. For instance, they reported holding out hope for internal and external validation concerning the trauma surrounding their abuse. They also hoped for healing and justice around their abuse, as well as “moving on” with their lives after the abuse. Informants reported hoping for a “better world” and maintaining a sense of hope regarding the “goodness” of people in general. They described how their resilience was also enhanced by role models (e.g., mother, sister, community leader) who instilled a

sense of hope in them. A sense of hope helped them cope with their abuse more effectively. One informant described,

My mom and my dad raised me with the belief of the intrinsic power of good in people and the world, which is really what helped me cope and survive years after the abuse and during the abuse. That spark of “goodness” kept me alive then...the power of something bigger than me, bigger than the abuse.

Another informant shared that her sense of hope helped her cope by allowing her to envision a better world beyond her experience of abuse,

To hold onto hope that this world could be better makes it easier for me to keep going. If I let go of that vision and that hope, then I don't have that reason to get better anymore. I have hope that other people believe the same, so it's not just me believing and having that vision. Other people care, and I care too about having hope for a better world.

Use of silence. As South Asian women, they reported they were socialized to remain emotionally silent about many aspects of their life, including their experience of child sexual abuse. Informants described how they used the cultural command of silence about child sexual abuse as a way to introvert and separate from others so they could heal. None of the informants described feeling positively about being silenced about their abuse. However, they described transforming the South Asian demand of women's silence about abuse into a positive coping strategy. For instance, they utilized silence to have solitary time to develop and validate their own thoughts and feelings about the abuse. In the silence, they were able to transform their approach to life by learning the importance of boundaries and self-reliance, which led to an increased to heal. Although the cultural taboo of discussing child sexual abuse within or outside of the South Asian community discouraged them from speaking out about their abuse, informants noted it was important for them to have a voice in deciding how, when, and where to break the silence about their abuse. In addition to the complexity of this resilience strategy,

informants noted it was important for them to have a voice in deciding how, when, and where to break the silence about their abuse. An informant stated,

I think silence about my abuse has helped me get through a lot of the hardship. I could make my world silent, and I could retreat...things made more sense or were bearable. This next half of my life is about breaking out of that silence, but choosing to do so, not having people telling me to do that. It has to come from myself.

Informants shared that their use of silence was often a place of incongruence, where there were complex messages about being silent about their experience of child sexual abuse in their families or communities:

I mean, she [her mother] didn't say to be silent about the sexual abuse, but I got the message loud and clear. Because when she sat me down she said, "You know it [child sexual abuse] happened, so now you have to try to move on and not talk about it, and not think about it. Now, I think silence is both part of and not part of my resilience - it's both and I'm just seeing that fairly recently. I've been a pretty silent person, because I was always asking, "Am I doing the right thing...am I being the right type of daughter?" But once I finally felt like I found my identity and I was able to find my voice, I became more vocal to the other extreme. I was like, "Silent people why are you silent...what is the silence for...it's oppressive." But now when I look back, um, at that time, that silence was maybe part of my resilience. It was just one of the things that I needed or that I used to kind of get me through it [child sexual abuse].

Social support. Informants noted their level of access and connection to positive social support from family, friends, and the South Asian community before, during, and after their abuse was an important component of their resilience. This resilience strategy was driven by a need for belonging, social support, and compassion from others about their abuse. Informants acknowledged a developmental process of recognizing the need for these connections within the South Asian community. For instance, they initially severed ties with the South Asian community after feeling betrayed by the lack of support for child sexual abuse survivors in South Asian contexts. Later, informants intentionally reconnected with a South Asian community that felt safe for them (e.g., abuse support

groups, progressive South Asian spaces) over time in order to heal from their abuse. One informant shared,

Reconnecting to the South Asian community [after child sexual abuse] really brought me almost to tears, because it made me realize how important it was. See, I was still a member of that community as an individual, and not only that - I still wanted to belong. I needed to reconnect. I could not survive outside of the community.

Another informant reported:

Being accepted into a different part of the South Asian community, a more progressive one, was important because the abuse had disconnected me. Now, I'm back in the community with certain people, but not with the perpetrator's [uncle] family. You know, my family is still disenfranchised, and still marginalized from my uncle's family, and still after so many years still disconnected. That's how child sexual abuse happens in South Asian families and communities. But, now I have good South Asian women and men in my life who accept me and value me for who I am despite the abuse.

Social advocacy. Informants noted they sought to contribute in positive ways in their personal networks and community networks to facilitate healing from child sexual abuse. They described "having a sense of purpose" after their abuse that led them to excel in academic, career, volunteer, and advocacy paths in order to provide a role model for making positive changes for others in the world. One informant described,

I already know that child sexual abuse will be with me for the rest of my life - it's changed me forever. I'm a changed person, changed human being, changed female. However, I find myself living my life in a more meaningful and purpose-driven way. I want to add meaning to the lives of others. To me, that means to give back to the community and to be active in helping others, which really empowers me.

One informant described that her social advocacy was an unexpected resilience factor, not knowing how much her involvement in the community would ultimately help her heal,

It is interesting that my life has taken me to work on the issue of child sexual abuse, because previously I didn't really kind of get it's relationship to my own life. I had to go back and look underneath my experiences and

see like how my experience of child sexual abuse really affected who I am, affected my relationships, affected my life. So, talking about child sexual abuse while in relationship with people is just an amazing part of the transformation for me, because it has a personal and a very political type of feeling. There's a sense I have that personal lives are being witnessed, but also that there's a collective connection and transformation that's addressing the politics of violence, that helps me move on from my abuse and has moved in me to a better place.

Self-care. A critical aspect of informants' resilience was care for their mind, body, and spirit. They reported these multiple levels of self-care assisted them in countering the negative impact of child sexual abuse (e.g., shame, guilt). Informants shared that active self-care strengthened the confidence in themselves and others that their minds, bodies, and spirits were honorable and worthy of respect. Self-care also enabled them to set healthy boundaries and make informed decisions about trusting others in relationship. These strategies enabled them to be in connection with others in relationships and “live more fully” in the present. An informant stated,

My body is like my shrine, and I do everything I can to take care of it. I think that care of my body is connected to my past abuse. I am making up for the time when my body was totally disrespected [from child sexual abuse]. I make the choice to live in the present, to be the type of person that I want to be and have good relationships and support.

Another informant described the ability to set healthy boundaries and make informed decisions about trusting others in relationship as self-care techniques that enabled them to be in connection with others in relationships and live more fully in the present,

To really pay attention to my body, to pay attention to my emotions and what my needs are, and to worry less about others and pay attention to my boundaries has helped me be resilient. I have come to an understanding that this is the life I have and that some things have happened like child sexual abuse, and other things will happen. I can make a choice about how I want to live with this and take care of myself. I can stay stuck in the past and not trust people or worry about the future, or I can actively make a choice to live in the present and to be the type of person that I want to be and have good relationships and support.

DISCUSSION

When examining themes and subthemes identified by the South Asian women in this study, a prospective model of resilience related to child sexual abuse emerged (see Figure 1). This model serves as a helpful framework for understanding the experiences and resilience strategies of the South Asian female survivors of child sexual abuse in this study. The finding that the South Asian context not only interacts with the contextual factors listed above, but also influences the meaning of their experience of child sexual abuse and both the salience and selection of their resilience strategies (e.g., sense of hope, use of silence, social support, social advocacy, self-care) points to the intricacies involved in trauma work with South Asian women. It appears that resilience is best understood when considering the salience of multiple identities (e.g., female, daughter, ethnicity, immigrant status) for survivors in addition to exploring how these multiple identities are experienced within a South Asian context. The finding that a cultural context influenced informants' abuse is consistent with previous literature on women survivors of child sexual abuse (Morrow & Smith, 1995; Stevens, 1997), including women of color (Banyard et al., 2002; Singleton, 2004). These findings also support the conceptual work that asserts the importance of the influences of South Asian ethnic identity and acculturation on South Asian women's experiences of intimate partner violence (Abraham, 2000; DasGupta, & Warriar, 1996; Mehrotra, 1990). To demonstrate the utility of the model, this author will illustrate how the essence of one of the informant's (pseudonym of "Sunita") experiences of abuse and resilience are depicted by the model.

A Case Example

Sunita described making meaning of her child sexual abuse through the influences of her gender, family, ethnic identity, and acculturation within a South Asian context. She

was abused by both her uncle and her brother, and she stated that she “somehow deserved the abuse because she had not been taught to value her body as her own” as a female in South Asian culture. Sunita described her being female and undervalued as reinforced by her South Asian family, where her brother’s status was elevated in the family which made it difficult for her to disclose her abuse to her mother. When she did disclose the abuse to her mother, Sunita was told to “it [child sexual abuse] happened, so now you have to try to move on and not talk about it, and not think about it” in the name of family privacy. Sunita grew up with a strong South Asian ethnic identity, which she began to question after she was encouraged to be silent about her abuse. When Sunita’s family moved to the U.S., she described that she began learning new values of independence and assertiveness of her needs, which were values that conflicted with the South Asian values of her household of interdependence and protection of the family image. Sunita was also exposed to discussions of violence and saw an after-school special on child sexual abuse which she said encouraged her to begin to speak to a counselor at her high school about her abuse.

Sunita identified these South Asian cultural factors as influencing the resilience strategies she ultimately utilized to heal from child sexual abuse. She described using the silence about her abuse enforced by South Asian culture as a place to heal. Sunita said that she used her external silence to mask her internal use of imagination and play to heal. She also described using the silence “subversively” as a way to observe her environment and attempt to keep herself away from her perpetrators. Sunita’s cultural values carried a belief in people’s “innate goodness”, and she said that she began healing from child sexual abuse when she actively looked at the “good and worth” in herself and other people. Although Sunita described disconnecting herself from her South Asian

community to protect herself from further abuse and the cultural values that she attributed to contributing to her abuse, she joined a South Asian organization at college that helped her healing. Sunita identified reconnecting to a progressive South Asian community, where she could talk about issues that affected her community (i.e., violence, immigration) as a liberating space for her where she could also “claim the good parts about her culture, like relationships”. Sunita also described that once she had begun healing from her abuse, she wanted to “give back” through social advocacy. She began volunteering with environmental causes in high school and ultimately chose a career in the helping profession. Sunita shared that self-care was an important resilience strategy for her, as once she “began to value her experience and value herself” she also began establishing boundaries in relationships and reading books on abuse. She described this self-care as being critical to how she “took care of her mind, body, and spirit”.

Research and Practice Implications

A dynamic model of child sexual abuse and resilience for the South Asian women in this study emerged because of the access to information-rich cases of the phenomenon such as the case example of Sunita. The data collection and analysis procedures of a phenomenological research tradition allowed the lived experiences of the informants to become not only visible, but understood. For instance, the three-series phenomenological interviewing technique (Siedman, 1998) gave informants the time and space to reflect on the essence of their experience for this study. Additionally, the focus and trust placed in the informants’ voices to tell their story of South Asian women’s resilience to child sexual abuse gave respect to the women in the study, which in turn encouraged them to share more about the phenomenon. Future researchers exploring the intersection of culture and trauma for South Asian women or other marginalized populations in the U.S.

may consider using the phenomenological tradition as a way to gain a deep structural understanding of a phenomenon. The recursive nature of the data collection and analysis process, in addition to the numerous verification procedures (i.e., bracketing, member checking, reflexive journal, audit trail), may be helpful as well when working with individuals who have survived trauma.

Future research on the model should also include exploration of possible interactions between the subthemes. For instance, in the subtheme of acculturation, there appeared to be an interactions with the subtheme of family (“In America, my world had changed a lot because my parents were now more in the backseat in terms of my education, my life, and my daily activities”). Further, in the subtheme of ethnic identity, there appeared to be an interaction with resilience subtheme of self-care (“I feel proud to be South Asian. I have more access to resources and healing practices, like yoga and meditation”). Because the interactions between the subthemes were not the focus of the present study, it would be premature to identify them as definite interactions in the model. However, these potential interactions of the subthemes merit further investigation in future research on the model. Future research might utilize grounded theory or other approaches to test not only the theoretical framework and viability of the proposed model, but also the specific interactions between the subthemes.

The feminist framework of this study provides support for the critical theory and social justice movements in counseling and psychology to examine how oppressive systems and structural violence impacts the mental health of individuals from marginalized backgrounds. This study’s feminist framework was blended with the more traditional research method of phenomenology in order to provide informants with the space to give a comprehensive description of the phenomenon of resilience and child

sexual abuse. The informants uniformly expressed that the feminist practice of the research study (i.e., focus group, member checking, collaboration between research and informant) further supported their resilience and understanding of their abuse and healing. For instance, the focus group allowed South Asian women, who have experienced isolation and shame about their experiences to build community with one another about their shared experiences.

Because the present study utilized a feminist perspective, the importance of gender as a factor in the women's resilience from child sexual abuse held a primary place in the investigation. The women in this study clearly identified the patriarchal values of South Asian culture as both a significant influence and contributor to their abuse and as a barrier to their healing. They asserted that South Asian patriarchal gender socialization provided a societal structure that valued males over females and also contributed to silencing them about their abuse. These gender hierarchies were enforced within the South Asian family. Combined with the primacy of maintaining family image, these hierarchies further endorsed South Asian cultural norms of secrecy about child sexual abuse for the survivors. These results clearly bring to life the tension that may exist when deciding utilizing a multicultural or a social justice approach to working with South Asian women survivors of child sexual abuse.

Because the informants uniformly described the detrimental impacts of both the patriarchal and collectivistic values of South Asian culture on their lives, it may be important to assess both the degree and extent to which they ascribe to patriarchal and collectivistic values when working with South Asian survivors of child sexual abuse. During this assessment, one should refrain from assumptions that these belief systems are held to the same degree by every South Asian woman. Creating space to explore the

impacts of the patriarchal and collectivistic orientation of South Asian culture on their lives may be necessary before South Asian female survivors feel safe to disclose both contextual factors and resilience strategies of their abuse, especially if they fear bringing shame to the family or undervalue themselves as a woman. This establishment of safety is additionally important for South Asian women, as the traumatology literature asserts that clients must have a foundation of safety within the counseling office in order to make meaning of and heal from child sexual abuse (Briere 2002; Herman, 1996).

Further, establishing safety for South Asian female survivors of sexual trauma should not be limited to the counseling office. Counseling and psychological professionals have a unique advocacy role considering the findings that patriarchal and collectivistic systems not only created the conditions for child sexual abuse to occur, but also affected their resulting resilience strategies. Helping professionals may help rectify the scant attention given to societal factors that shape the resilience of South Asian women. For instance, clinicians should be aware of the resources contained within the progressive South Asian community at the local, regional, and national level (e.g., websites, social service agencies, social support groups for survivors of violence) for survivors.

Because the informants in this study uniformly shared a desire to know stories of other South Asian women survivors of child sexual abuse, clinicians may additionally consider ways to honor and collect the narratives of clients with whom they may work (e.g., story-collecting, zines, submitting articles in the South Asian and American press). Further, the South Asian women in this study experienced healing from child sexual abuse within a context of male and White supremacy. Helping professionals have intimate knowledge of systemic oppressions (i.e., racism, sexism, heterosexism) that

breed violence and shape the mental health of South Asian women. Clinicians may use this knowledge to advocate for the end of structural violence in general, as well as to provide this information (i.e., psychoeducation) to the South Asian survivors of violence with whom they work.

The extent to which the women in this study felt pride in and connection to their South Asian identity as both an individual and a group member also had a significant impact on their abuse. A strong South Asian identity seemed to assist them in accessing South Asian modalities of healing (e.g., yoga, meditation) after their abuse, as well as buffered them from the mediating negative effects of racism. Related to ethnic identity, as the women's families became more acculturated, the informants gained more power within the family which allowed them to develop assertiveness skills to manage their lives after the abuse more effectively after the abuse.

Essentially, informants reported they had to make meaning of their sexual trauma within a South Asian context before they could develop resilience strategies related to their abuse. Once this was done, they were able to invoke a sense of hope and social advocacy which allowed them to move forward in their healing. Surprisingly, the women in this study identified their use of silence as a resilience strategy. This is an important finding, as silence around child sexual abuse is typically defined as negative for trauma survivors (Briere, 2002; Herman, 1992). However, survivors described using the cultural command of silence in South Asian culture in order to protect themselves from judgment and blame in their family, as well as develop boundaries that assisted them in healing from their abuse. Their resilience also included the capacity to access safe social support within the South Asian community to facilitate healing for themselves in spite of the cultural taboo surrounding child sexual abuse. Informants described wanting to “make a

better world” for survivors of child sexual abuse, which is consistent with research and treatment recommendations for non-South Asian survivors (Herman). They chose social advocacy paths in their career and volunteer work with the goal of using their experience of abuse to improve the lives of others. Finally, they shared their self-care activities strengthened their ability to heal from child sexual abuse, as they were able to reclaim and value themselves on multiple levels (mind, body, spirit).

Considering that the women’s multiple identities were dynamic and somewhat encoded in secrecy and silence, supporting the resilience of South Asian female survivors of child sexual abuse may require the use of additional or alternative trauma assessment tools. Providers working with South Asian women survivors may consider using the Culturally Sensitive Assessment Tool (Roysircar, 2005) as a supplement for general intake forms or using the Cultural Values Conflict Scale for South Asian Women (Inman et al., 2001) in order to gather the information (e.g., contextual factors and resilience strategies) proposed in our model. Also, in order to identify past, current, and future resilience strategies, clinicians may draw from or blend theoretical approaches that specifically consider the impact of race/ethnicity and other contextual factors (e.g., systems, feminist, narrative, multicultural). For instance, in assessing whether self-disclosure of child sexual abuse to survivors’ support systems will enhance their resilience, a clinician may use a family genogram to track complex interactions within the family system. In addition, taking on the “informed, but not knowing stance” of narrative therapy approaches (White & Epston, 1990) may be helpful in refraining from making inaccurate assumptions about how child sexual abuse is experienced within a South Asian context and the resulting resilience strategies selected.

There are limitations of this study that may have influenced the interpretation of the findings. First, the small sample size restricts the transferability of the findings, although this was not the primary goal of this phenomenological study. Rather, the goal was to give voice to the experiences of South Asian women who have historically been invisible in the counseling and psychological literature. The use of the proposed model in research and clinical settings should take into account the demographic data of informants and the meaning results identified by the researchers of this study. Research with South Asian women survivors of child sexual abuse may also seek to diversify the religious/spiritual affiliation of informants (e.g., Sikh, Christian), as the sample was predominantly Hindu and Muslim. Similarly, inclusion of informants from the diverse countries that comprise South Asia (e.g., Nepal, Sri Lanka, Maldives) would increase variance of the sample. This diversification of the sample would also allow the reader to make more informed decisions about transferability of the findings (Creswell, 1998). Also, response suitability may have influenced informants' sharing about resilience and child sexual abuse. Qualitative researchers examining the resilience strategies of South Asian women surviving child sexual abuse may strengthen standards and verification utilized in this study through increasing the triangulation of data sources (e.g., interviewing counselors and other helping professionals) in order to corroborate the evidence of the phenomenon studied (Miles & Huberman, 1994).

Conclusion

In conclusion, the proposed model of resilience suggests that a small sample of South Asian women in the U.S. made meaning of child sexual abuse through the South Asian context of gender, family, ethnic identity, and acculturation and this meaning then influenced their resilience strategies of a sense of hope, use of silence, social support,

social advocacy, and self-care. This model may be used as a guideline for improving trauma services, formulating research, and advancing advocacy efforts for South Asian women survivors of child sexual abuse.

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APPENDICES

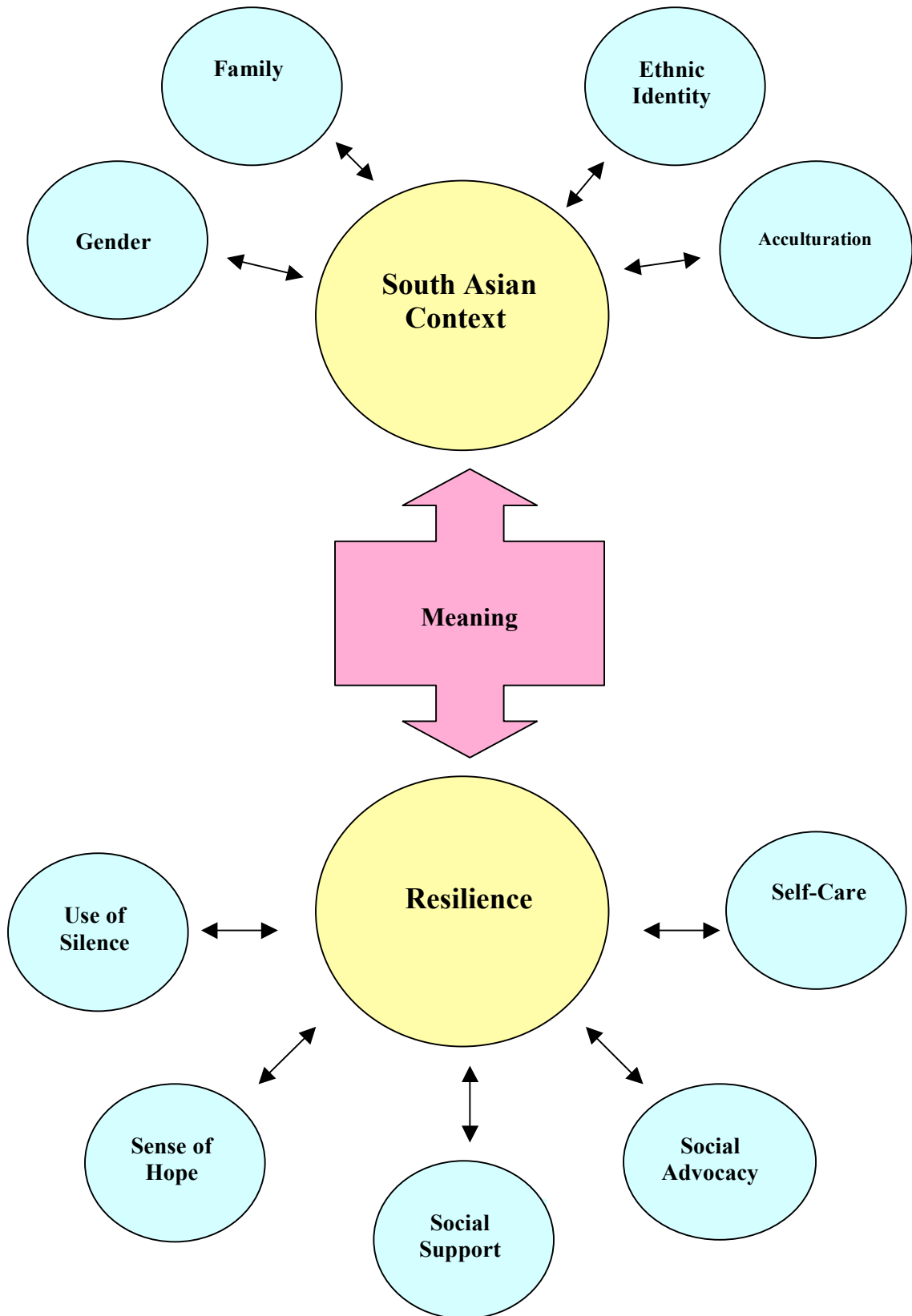
Appendix A

Three-Interview Series Protocol

Interview focus	Questions
Interview One (Focused Life History)	<ol style="list-style-type: none">1. Tell me about yourself as a South Asian woman in relation to your experience of child sexual abuse.2. Describe your life (e.g., family structure, friendships, social support systems, kinship networks) as a South Asian woman before the sexual trauma occurred.3. Tell me as much as possible about yourself as a South Asian woman in relation to how you handled stressful times in your life before your experience of sexual trauma.
Interview Two (Details of the Experience)	<ol style="list-style-type: none">1. Tell me how you coped with sexual trauma as a South Asian woman?2. What were the specific ways that you took care of yourself during and after the trauma as a South Asian woman?3. Describe the details of the specific responses you had to the sexual trauma as a South Asian woman?
Interview Three (Reflection on Meaning)	<ol style="list-style-type: none">1. Given what you have said about your life before your experience of child sexual abuse, how do you understand that experience today as a South Asian woman?2. Given what you have said about the ways that you coped with the experience of child sexual abuse, what sense do you make of how you coped as a South Asian woman?3. Given what you have shared about your life before and after the sexual trauma and your coping, where do you see yourself going in the future as a South Asian woman?

Appendix B

Model of South Asian Women's Experience of Child Sexual Abuse and Resilience



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