Community Survey Report
On Sexual Violence
in the Asian American/Immigrant Community

May 2017
KAN-WIN’s mission is to eradicate all forms of violence against women, including domestic violence and sexual assault, by empowering Asian American and/or immigrant survivors and engaging the community through culturally competent services, community education and outreach, and advocacy.

- www.kanwin.org -
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Introduction

About KAN-WIN

KAN-WIN is a domestic violence and sexual assault services agency that serves the Asian American and immigrant communities of the greater Chicagoland area. Its services include: 24-hour crisis hotline, crisis intervention, shelter referrals, case management, individual and group counseling, legal advocacy, economic empowerment programs, children’s program, and community outreach & education. KAN-WIN was founded in 1990 to address the issue of domestic violence in the Korean immigrant community. Since then, its services have expanded to its current comprehensive service provision and its clientele has become more diverse. KAN-WIN’s clients are primarily from East and Southeast Asian communities, including Korean, Chinese, Mongolian, Japanese and Filipino.

About the Survey

Throughout the years that KAN-WIN has been serving Asian American and immigrant sexual assault survivors, staff have uncovered numerous obstacles such as extreme shame felt by survivors and language barriers when dealing with law enforcement. Furthermore, while KAN-WIN has received numerous calls on its crisis hotline from sexual assault survivors, many callers struggled to follow through with services afterwards. There was a growing need to explore the barriers Asian immigrant survivors faced in receiving services and learn about the prevalence of sexual violence in the community. There has been, however, very limited research on sexual violence in the Asian American and immigrant community.

Thus, KAN-WIN launched this survey project with the goals to: 1) determine the prevalence of sexual violence within the target community; 2) explore how its community members understand the dynamics surrounding the issue of sexual violence; 3) examine barriers to seeking help and safety, and 4) identify more effective, culturally competent methods of prevention, intervention, and advocacy on behalf of sexual violence survivors. KAN-WIN hopes that this survey can encourage more studies and research to be conducted to improve assistance towards Asian American and immigrant sexual assault survivors.

Expected outcomes of the survey were:

1. Raising public awareness in Asian American communities about the issue of sexual assault and victim services available.
2. Articulating cultural difficulties and challenges sexual assault victims face in seeking help.
3. Identifying types and methods of culturally competent sexual assault services that can best help victims.

Contact Information

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24-Hour Hotline: 773-583-0880
Method

This section will illustrate the survey methods, including the development process, data collection and analysis procedures, measures to protect participants’ identity, and the limitations of the survey.

Survey Development

The survey questionnaire was initially developed by a team of KAN-WIN staff members. It was comprised of 39 questions and required 10-20 minutes to complete. The survey consists of four parts: (a) Demographic Questions; (b) Perspectives, Knowledge, and Awareness; (c) Personal Experiences; and (d) About KAN-WIN. Once developed, the survey questionnaire was reviewed by the entire KAN-WIN staff and external professionals. The survey questionnaires were developed in four languages: Korean, English, Chinese, and Mongolian. Two channels of data collection were utilized: paper-pencil and online.

Data Collection Procedures

The target population of this survey was Asian Americans and/or immigrants in the greater Chicagoland area, with ages ranging from 10 to 60 plus. Samples for the survey were randomly selected by a survey invitation sent through the following means: 1) sending the questionnaires to individuals on KAN-WIN’s contact lists; 2) partnering with community-based organizations serving Asian immigrants to reach their constituents; 3) partnering with Asian American student organizations on college campuses; 4) attending and tabling at community events and festivals; 5) garnering coverage from ethnic media about the survey; 6) spreading the questionnaire online to different Asian American/immigrant contacts; and 7) posting the survey on KAN-WIN’s website and social media accounts.

Participants voluntarily and anonymously took part in the survey from November 2015 to May 2016 using their preferred language. As a result, 347 participants completed the survey. In order to increase the reliability of the survey results, only 313 responses were used in the analysis (see Table 1).

<table>
<thead>
<tr>
<th>Language</th>
<th>Online</th>
<th>Paper-pencil</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>97 (31.1%)</td>
<td>72 (23.0%)</td>
<td>169 (54.0%)</td>
</tr>
<tr>
<td>Korean</td>
<td>18 (5.8%)</td>
<td>110 (35.1%)</td>
<td>128 (40.9%)</td>
</tr>
<tr>
<td>Chinese</td>
<td>16 (5.1%)</td>
<td>0 (0%)</td>
<td>16 (5.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>131 (41.9%)</td>
<td>182 (58.1%)</td>
<td>313 (100%)</td>
</tr>
</tbody>
</table>

Confidentiality & Consent

Participation in this survey was completely voluntary, with written consent obtained from all participants prior to participating in the survey. The consent covered information about the purpose of this survey, the risks and benefits, and instructions for the survey. Participants who were under 18 years old were additionally required to submit a parent/guardian’s written consent before taking part in the survey. Participants were not asked to reveal any personally identifying information for the survey responses. Participants were offered, however, to provide their identity if they desired to receive a nominal gift card as a sign of appreciation for completing the survey. If so, they filled out a form with their names and contact information, which was immediately detached and kept separately from the rest of the survey packet to ensure that their information and the completed survey would not be linked.
**Data Analysis Procedures**

To create a master dataset of the completed surveys, data was manually coded onto the online-English version of the survey after bilingual speakers interpreted results from the non-English versions of the survey. Quantitative data was analyzed by SurveyMonkey and a SPSS program, while qualitative data was analyzed by KAN-WIN’s research team and interns. All qualitative data was first translated into English and categorized by similar themes and their frequencies.

**Limitations of This Survey**

For data analysis and interpretation of the results, it is important to consider a few factors that may potentially affect the reliability of certain outcomes and findings.

*Participants’ ethnic backgrounds.*

The survey sample does not represent all Asian American and/or immigrant populations. More than half (66.4%) of the survey participants indicated their ethnic background as Korean. In addition, most of the participants who did not identify as Korean identified as East Asian (i.e. Chinese, Taiwan, and Mongolian) or Southeast Asian (i.e. Philippines, Lao, Vietnam, and Thailand). The survey sample mirrors KAN-WIN’s clientele, which typically is 60% Korean immigrants and 40% other East and Southeast Asian Americans/immigrants.

*Participant’s gender distribution.*

KAN-WIN attempted to recruit participants regardless of gender but more than two third of the participants (77.3%) were female (vs. 22.4% male). The uneven distribution of gender might impact the results in regards to the general awareness of, and different perspectives on, sexual violence issues.
Results

This section will present the results of the survey, including (a) demography of the survey participants, (b) prevalence of sexual violence in the Asian American and/or immigrant community, (c) barriers that survivors experienced, and (d) potential prevention strategies. A total of 313 participants completed the survey but not all responded to every question. Therefore, the number of the respondents (N) may differ for each table or category of responses.

Demography

Gender, age & marital status.

Out of all the respondents, 228 (77.3%) identified themselves as female, 66 (22.4%) male, and 1 (0.3%) as other (see Table 2 in the Appendix).

The largest age bracket of participants was 20-29 years, followed by 60 years and over (see Table 3). About 46% of the participants were single, 39.8% married, 7.5% widowed, and 5.7% divorced or separated (see Table 4 in the Appendix).

Ethnic background, age of migration & years living in the U.S.

Over 196 (66%) of participants reported being of Korean ethnic background, followed by 48 (16%) reporting to be of Chinese ethnic background. 21 (7%) respondents identified as being from other Asian ethnicities including Indian, Laotian, Vietnamese, Taiwanese, Mongolian, Thai, Japanese, Russian, Cambodian, and Asian Pacific Islander. 12 (4%) participants identified as mixed ethnicity, with at least one Asian ethnicity (see Table 5; for detailed breakdown see Figure 1 in the Appendix).

Across the different ethnic backgrounds, 75 (25.4%) of participants reported that they were born in the U.S. When asked at what age they arrived in the U.S., 27 (9.2%) said at 7 years old or less, 18 (6.1%) said between 8 and 12 years old, 25 (8.5%) said between 13 and 17 years old, 34 (11.6%) each said 18 to 24 and 25-29 years old, 54 (18.4%) said between 30 and 49 years old, and 27 (9.2%) said 50 years or older (see Table 6).

When asked about the number of years residing in the U.S., 59 (20.3%) reported living in the U.S. their entire life, 90 (30.9%) reported living in the U.S. for over 20 years, 24 (8.2%) reported 16-20 years, 43 (14.8%) reported 11-15 years, 46 (15.8%) reported 6-10 years, and 29 (10%) reported 5 years or less (see Table 7).

* Respondents who are not the target population.
Sexual Violence in the Community

This section covers perspectives, knowledge, awareness, and experiences of sexual violence within the target population. Participants were asked about where they received information on sexual violence, personal experiences, non-direct experiences, and opinions about sexual violence.

Source of information about sexual violence.

Participants were asked where they have read or heard about sexual violence. Most participants reported that their main source of information about sexual violence is through television (205), followed by social networking (155), newspapers (135), friends (127), websites (115), schools (103), magazines (85), personal experiences (53), community based organizations (45), and radio/neighbors/religious institutions (42). Compared to males, females were more likely to report personal experiences and friends as frequent sources of information.

Personal experiences.

Among female participants, 53.5% reported that they experienced some type of sexual violence at some point in their lives, which is higher than the national estimates of 29.5% of Asian or Pacific Islander females and 44.6% of females overall. About 12.4% reported that they have been forced to engage in sexual relations with another individual; 17.3% reported experiencing sexual harassment; 31.7% reported unwanted touching in a public area; and 25.2% reported feeling pressured to engage in an unwanted sexual act (see Figure 2). Among males, 8.1% reported experiencing sexual violence in their lifetime, which is lower than the national averages of 15.7% of Asian American males and 22.2% of males overall. (Results only include sexual violence other than rape. Estimates for rape were not reported due to relative standard error or sample size).

Figure 2. Sexual Violence Experience by Gender

53.5% of females reported experiencing some form of sexual violence compared to 8.1% of males.

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Age at the time of the first experience of sexual violence:
Out of all the participants who reported having experienced some type of sexual violence, only 54% agreed to share their experience in more detail. Out of 57 respondents, 5 (8.8%) experienced sexual violence for the first time when they were younger than 10 years old, 32 (56.1%) between 10 and 19 years old, 15 (26.3%) between 20 and 29 years old, 4 (7%) between 30 and 39 years old, and 1 (1.8%) at 40 years or older (see Table 8).

Relationship to the offender(s).
35% of the participants reported the offender was a stranger; 19% a friend; 18% a former or current partner; 10% a family member or relative; 5% a former or current spouse; 6% a coworker; 4% a faculty or higher position in a professional setting, and 3% answered a neighbor (see Figure 3).

<table>
<thead>
<tr>
<th>Age (Yrs.)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 10</td>
<td>5 (8.8)</td>
</tr>
<tr>
<td>10-19</td>
<td>32 (56.1)</td>
</tr>
<tr>
<td>20-29</td>
<td>15 (26.3)</td>
</tr>
<tr>
<td>30-39</td>
<td>4 (7)</td>
</tr>
<tr>
<td>40-49</td>
<td>1 (1.8)</td>
</tr>
<tr>
<td>50-59</td>
<td>0 (0)</td>
</tr>
<tr>
<td>60+</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Total</td>
<td>57 (100)</td>
</tr>
</tbody>
</table>

Non-direct experiences.
When asked if they knew someone who experienced sexual violence, 110 (38.7%) participants responded yes, 113 (39.8%) responded no, and 61 (21.5%) responded that they were unsure. Out of 110 participants who answered yes, 33 (30.0%) participants knew one person who has experienced sexual violence, 50 (45.45%) participants knew 2 to 5 people, 14 (12.7%) participants knew 5 to 9 people, 8 (7.27%) participants knew 10 or more people.
Relationship to the offender(s) for non-direct experience.
Out of 109 participants who knew victim(s), 45% reported that the offender was an intimate partner, 44% said a friend, 35.8% said family member or relative, 29.4% said a stranger, 18.3% said a co-worker or boss, 14.7% did not know and 2.8% answered a neighbor (see Figure 4 in the Appendix).

Understanding of the Dynamics Surrounding the Issue of Sexual Violence

Perceptions and Beliefs Surrounding Sexual Violence.
Participants were asked to rate their level of agreement on statements reflecting different perceptions and beliefs surrounding sexual violence. The results revealed that many put the responsibility of preventing sexual assault on victims and not on offenders. The following include some examples:

- 62.6% Agree/Strongly Agree that teaching girls common sense can prevent rape.
- 52.9% Agree/Strongly Agree that a woman who goes out alone at night or wears provocative clothing puts herself at risk of sexual assault.
- 36.0% Agree/Strongly Agree that a person who is sexually assaulted while drunk is at least somewhat responsible for putting themselves in that position.
- 33.2% Agree/Strongly Agree that each woman should be responsible for preventing her own rape.
- 30.3% Agree/Strongly Agree that sexual assault happens because men get carried away in sexual situations once they have started

More female participants agreed on the following statement than men: “Each woman should be responsible for preventing her own rape.”

The majority of the participants agreed or strongly agreed, however, that sexual assault can happen within intimate relationships and that men can also be raped (see Figure 5 in the Appendix).

Views on alcohol and substance abuse.
Out of 280 participants, 251 (89.6%) participants stated that the usage of alcohol and drugs has an influence on sexual assault whereas 19 (6.8%) participants thought neither one has an influence. Only 4 (1.4%) participants thought the consumption of alcohol has an influence whereas 6 (2.1%) participants thought only drug usage has an influence.

Barriers to Seeking Help and Safety

Lack of Knowledge Regarding Resources and Services
Overall, there was a severe lack of awareness of support services for victims of sexual assault. 59.6% did not know the existence of sexual assault crisis lines; 63% did not know about shelters; 69.8% did not know about court advocacy; 69.9% did not know about hospital accompaniment; and 46.6% did not know about counseling help availability. Meanwhile, most participants knew of calling 911 with 85.4% (see Figure 6).
The survey also asked participants to write down any sexual assault services they knew of. Their answers showed that many possessed little knowledge of, or inaccurate information on, available services and options.

**Figure 6. Participants’ Knowledge on Sexual Violence Resources**

<table>
<thead>
<tr>
<th>Service</th>
<th>Know (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Court Advocacy</td>
<td>30.2</td>
<td>69.8</td>
</tr>
<tr>
<td>Hospital Accompaniment</td>
<td>30.7</td>
<td>69.9</td>
</tr>
<tr>
<td>Shelter</td>
<td>37.0</td>
<td>63.0</td>
</tr>
<tr>
<td>Support Group</td>
<td>37.7</td>
<td>62.3</td>
</tr>
<tr>
<td>Sexual Assault Crisis Line</td>
<td>40.4</td>
<td>59.6</td>
</tr>
<tr>
<td>Psychiatric Help</td>
<td>43.8</td>
<td>56.2</td>
</tr>
<tr>
<td>Counseling</td>
<td>53.4</td>
<td>46.6</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>65.2</td>
<td>34.8</td>
</tr>
<tr>
<td>Call 911</td>
<td>85.4</td>
<td>14.6</td>
</tr>
<tr>
<td>Overall</td>
<td>47.1</td>
<td>53.0</td>
</tr>
</tbody>
</table>

**Differences by Cultural and Linguistic Preferences**

*Service usage differed between survivors who took English vs non-English surveys.*

Survivors who took the survey in English accessed resources and services more than survivors who took the survey in other languages. This may indicate that language barriers played some role for survivors in accessing services if their native language is not English. Additionally, differences in barriers were visible in participant’s language preference (see Table 9 in the Appendix).

*Experience of barriers in obtaining resources and services differed by the participants’ level of acculturation and age at the time of arrival in the U.S.*

People who have lived in the U.S. less than 20 years experienced more barriers in seeking help than those who lived in the U.S. for more than 20 years. People who arrived in the U.S. before they reached 17 years of age experienced fewer barriers in obtaining resources and services than those who arrived in the U.S. after turning 17.
People told me that I should just get over it right after because I was intoxicated and it was my birthday weekend, that I should just have known better.”

Barriers and Challenges Experienced by Survivors

Social stigma and prejudice.
About 45% of the participants who were survivors indicated that they were “afraid of possible prejudice or stigma associated with victims of sexual violence.” Some of the survivors reported they hesitated to get help because of the culture of victim-shaming in their community. Some of the survey results mentioned earlier indicate these similar perceptions regarding victims and their responsibilities in protecting themselves. Many felt ashamed and thought the violence was their “fault”. For example, one survivor wrote, “people told me that I should just get over it right after because I was intoxicated and it was my birthday weekend, that I should just have known better.”

Lack of awareness and knowledge about resources.
The majority of the participants knew how to reach out to emergency responders such as calling 911 or law enforcement, but less than half were aware of sexual assault crisis lines, support groups, shelters, hospital accompaniment, or court advocacy services and resources.

Difficulty in identifying sexual violence.
Some survivors struggled to identify their experiences as sexual violence. About 42% of the participants answered “I was not aware that my experience was sexual violence” as a barrier in getting help. One participant reported, “I didn’t realize in the moment it was sexual assault at the time, so it was hardest to process the pain of what happened alone.”

Life changes as a result of the experience.
Survivors reported that they have experienced changes in their life as a result of the sexual violence, such as difficulty developing trust with men, experiencing symptoms of mental health issues such as anxiety, depression, insomnia, and PTSD, decreasing self-esteem and feeling guilty, and increasing cautiousness of their surroundings. Some reported that their life was significantly impacted by the sexual violence experience.

Social barriers experienced by Korean survivors.
Some Korean survey participants who were survivors reported that family and friends discouraged them from seeking help and services. This issue did not appear in non-Korean surveys. This may indicate a cultural difference within the Asian American/immigrant communities in their perception and how they approach sexual violence issues.

If you were a victim of sexual violence

Would you share your experience with anyone?
Participants were asked if they would tell anyone if they were a victim of sexual violence. About 48.5% said they would tell someone while 15.4% said no, and 36% said they were unsure.
Why would you not tell?
Participants reported on their main reasons why they would not disclose their experience. The biggest reason they would not tell anyone was being worried about how that would affect their reputation (67.2%) and their family’s reputation (44.8%). About a third (32.8%) said they would be afraid of potential retaliation from the offender.

Victim blaming and concerns about isolation
The third and fourth largest reasons participants would be hesitant to tell were because of potential victim blaming (41.8%) and isolation from friends and society (37.3%)

Potential Methods of Prevention and Intervention

Sex education
77.2% of the participants had received sex education whereas 22.8% of the participants had not. Approximately 70% of the participants who received sex education were 39 years old or younger (see Table 10 in the Appendix). Over 88% of participants received sex education from school; 28.5% from friends or peers; 22.2% through the internet or websites; 20.8% from parents; 19.9% through TV or movies; 15.8% through printed materials such as magazines; 7.2% through sexual assault agency or rape crisis center; 7.2% through research materials; 6.8% from religious institutions; and 6.3% from other family members (see Figure 7 in the Appendix).

Self-perceived usefulness of sex education.
About 7% (15) of participants reported that sex education was not at all useful, 17.6% (37) of participants found it slightly useful, 35.5% (76) of participants found it somewhat useful, 34.1% (73) of participants found it useful, and 6.1% (13) of participants found it very useful (see Figure 8).

Awareness of sexual violence.
Generally, people who received sex education had a higher level of awareness than those of who did not receive sex education. They were less likely to possess victim-blaming attitudes than those who had not received sex education. In addition, the group who received sex education was more likely to recognize their experiences of sexual violence than the other group who did not receive sex education (i.e., “I have experienced sex harassment at work or at school” and “I have felt pressured to engaged in an unwanted sexual act.”).

Sexual assault services usage by sex education.
Participants who received sex education utilized sexual assault resources and services to deal with their experiences of sexual violence significantly more than people who didn’t receive sex education.
Voices from the survivors

Use of sexual assault services and resources.
Out of 117 participants, 17.9% received help from resources or services to address the experience whereas 82.1% did not.

Most appealing services.
Counseling was the most used, most useful, and most appealing service, according to the survivors’ report. Out of 23 participants, 23.8% agreed that counseling was extremely helpful and 19.0% agreed that it was very helpful. For example, a survivor said, “I got counseling sessions for a year. Listening to my stories and realization that it was not my fault helped me to heal my difficulties,” and another survivor stated, “Counseling helped me make sense of what happened.” The next listed service was sexual assault crisis line.

Least appealing services.
Participants reported that calling 911, court advocacy, law enforcement, and shelter services were the least appealing services (see Figure 10).

Figure 9. Awareness/Perception of SA by sex education experience (%).

<table>
<thead>
<tr>
<th>Statement</th>
<th>NO SEX ED.</th>
<th>SEX ED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each women should be responsible for preventing her own rape.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree/Disagree</td>
<td>38.7</td>
<td>59.4</td>
</tr>
<tr>
<td>Neither</td>
<td>9.7</td>
<td>13.7</td>
</tr>
<tr>
<td>Strongly Agree/Agree</td>
<td>51.6</td>
<td>26.9</td>
</tr>
<tr>
<td>A woman who goes out alone at night or wears provocative clothing puts herself at risk of sexual assault.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree/Disagree</td>
<td>21.3</td>
<td>41.8</td>
</tr>
<tr>
<td>Neither</td>
<td>3.3</td>
<td>12.7</td>
</tr>
<tr>
<td>Strongly Agree/Agree</td>
<td>75.4</td>
<td>45.5</td>
</tr>
<tr>
<td>A person who is sexually assaulted or raped while she or he is drunk is at least somewhat responsible for putting themselves in that position.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree/Disagree</td>
<td>27.9</td>
<td>62</td>
</tr>
<tr>
<td>Neither</td>
<td>16.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Strongly Agree/Agree</td>
<td>55.4</td>
<td>29.1</td>
</tr>
</tbody>
</table>
Figure 10. Most vs. Least Appealing Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Most</th>
<th>Least</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital accompaniment</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Shelter</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Court Advocacy</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Call 911</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Psychiatric Help</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Support Groups</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Sexual Assault Crisis Line</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Counseling</td>
<td>34</td>
<td>0</td>
</tr>
</tbody>
</table>
Findings

This section will describe the findings of this survey and answer the research questions and thus can accomplish the expected outcomes of the survey.

Sexual Violence is a Serious Issue in the Asian American/Immigrant Community
The survey findings illustrate that sexual violence is highly prevalent in the Asian American and immigrant communities in the Chicago Metropolitan area. About 53.5% of the female participants experienced some form of sexual violence compared to the national rate of 29.5% of Asian American females\(^2\), indicating a higher prevalence rate within this targeted geographical area. However, the results show that male participants experienced less sexual violence, with 8.1% of survey participants compared to the national rate of 15.7% of Asian American males\(^3\).

People between ages 10 and 29 seemed most vulnerable to sexual violence. That age range reported the highest frequency of sexual violence. More than half of the participants who were survivors experienced their first sexual violence when they were teenagers.

The most prevalent forms of sexual violence were unwanted touching (31.7%), pressure to engage in an unwanted sexual act (25.2%), sexual harassment (17.3%), and sexual assault (12.4%).

More than one-third of all participants personally knew someone who experienced sexual violence at least once or more in their lifetime. Of those, 70% knew two or more victims, which potentially indicates that the majority of Asian American and/or immigrant communities are affected by sexual violence experiences non-directly.

Various Barriers Prevent Survivors from Getting Help
The survey discovered many barriers that may prevent or discourage individuals from seeking assistance when they have experienced sexual violence.

Widespread Victim-Blaming Attitude.
The survey showed that victim-blaming attitudes are highly prevalent in the Asian American/immigrant community. Many participants put the responsibility of preventing sexual violence on the victim and not on the perpetrator. Social stigma and prejudice against victims were also widespread, making many participants hesitate to tell anyone if they were ever to experience sexual violence or seek assistance. One major reason for not disclosing was concerns about how personal and family reputation would be impacted. The social barrier is even more troubling within the Korean community, where survivors reported that their own friends and family discouraged them from seeking help.

Low Level of Knowledge about Available Services.
Another widespread barrier is lack of basic knowledge about available services and resources in the Asian American and/or immigrant community. People generally have inaccurate information on what

services they can utilize and where they can get the assistance in their community. Another difficulty was identifying sexual violence. Many participants reported that they were not aware that they were victimized due to the lack of awareness at the time of the incident.

**Differences by Acculturation.**
There were social and cultural barriers associated with language preference and the length of time one has lived in the U.S. (level of acculturation). For instance, people who prefer to use Korean language showed significantly more experiences of difficulties in accessing sexual assault services than people who prefer to use English language. Moreover, people who can be classified as having a high level of acculturation showed fewer experiences of barriers to obtain resources and services for sexual violence.

**Potential Strategies to Address Sexual Violence**
One of the purposes of the survey was to find potential ways to address sexual violence and help survivors in the Asian American and/or immigrant community.

**Education around Sexual Violence, Rights, and Options.**
Survey results suggest that sex education has a potential to increase an individual's awareness around sexual violence issues and available services. Participants who received sex education were more likely than those who did not to: 1) possess fewer victim-blaming attitudes; and 2) be more confident in identifying different types of sexual violence, including sexual assault, harassment, unwanted touching and pressure for unwanted sex. The survey did not, however, ask details about the sex education they received (for example, what topics were covered, where it was provided, etc.). In whatever form it was provided, sex education may have offered an opportunity to raise one’s awareness around sexual violence.

**Peer Support.**
Peer support is another essential aspect in empowering survivors to take a step forward in the healing process. Survey participants said that they are more likely share or disclose their sexual violence experiences to their friends than other support groups. Moreover, participants were more likely to hear about sexual violence through their peer groups, followed by TV, social media, and newspapers. One participant reported she felt very thankful when her friend listened to her story. Due to many survivors’ worries about damaging their reputations and becoming isolated, non-judgmental and confidential peer support is critical when survivors are sharing their stories with their peers.

**Increasing Culturally and Linguistically Appropriate Services.**
While the sample size was low for the results to be conclusive, out of 23 survivors who responded, more than half said counseling was helpful. In general, respondents answered that most appealing services are crisis line service and counseling. In reality, to be effective, these services must be provided in the survivor’s primary language and in a culturally-sensitive manner. Considering the extremely limited availability of culturally and linguistically appropriate services, the fact that many participants did not access services is not surprising.
Suggestions

Shifting Cultural Norms via Education in the Community.
Survey results demonstrate the urgent need to shift the cultural norm surrounding the issue of sexual violence and attitudes toward survivors in the Asian American and/or immigrant community. They also show that individuals are more willing to open up to their friends and peers than anyone else if they experience sexual violence. However, if the friends and peers happen to possess and project a victim-blaming attitude, they are likely to discourage survivors from seeking help. Thus, it is crucial to work with community members to help transform their perceptions and attitudes that may discourage/disempower survivors. The pervasive victim-blaming culture must be eradicated by directly engaging community members. Education should be provided in various locations where daily life occurs for immigrants such as churches, social groups, schools, workplaces and more.

Use Various Networks to Assist Survivors.
When survivors struggle with social stigma and isolation, peers and family can play significant roles in supporting them. They can provide a safe space for survivors to open up about their experiences as well as to obtain resources and information. Sexual assault service agencies should engage community members through various types of education to provide with them with tools to become competent supporters and advocates for survivors.

Moreover, advocates should explore extended networks, such as churches, local service providers or support groups within survivors’ communities that will best serve survivors. For example, multiple agencies can work on case collaborations and provide trainings to increase competency when working with survivors with cultural and linguistic needs.

Increase Opportunities for Education on Sexual Violence.
The survey found that sex education may have played a role in promoting awareness of victim services, minimizing victim-blaming attitudes, and increasing awareness in identifying sexual violence. Thus, increasing opportunities for people to learn about and discuss sexual violence can be critical in raising awareness. To move in that direction, KAN-WIN and other sexual assault service agencies, whether individually or collaboratively with churches, schools or other educational institutions, should provide education that incorporates the following topics: 1) identifying various types of sexual violence (sexual assault, abuse, harassment, etc.); 2) types of support available for survivors; 3) survivors’ rights and options; and 4) combating perceptions and attitudes that perpetrate victim blaming and rape culture.

Increase Cultural Competency in Understanding Barriers and Fears that Survivors Experience.
Advocates, sexual assault service agencies, and organizations working with survivors of sexual violence need to increase cultural competency in working with survivors in the Asian American and/or immigrant community. It is necessary to understand how survivors identify themselves in relation to their cultural and immigrant backgrounds and also what barriers and fears they may experience, such as concerns about their personal and family reputation, language difficulty, and hesitancy in working with law enforcement. These cultural and linguistic factors must be considered in every aspect when supporting survivors.
Rais Awareness about Victim Services and Address Misconceptions and Fears Associated with the Services.

Not only did the survey find that many participants are not aware of what types of victim services are available, but it also revealed the lack knowledge on how these services can actually help victims. And while some of the survivors mentioned the helpfulness of counseling services, which was also rated as the most appealing service for the general respondents, KAN-WIN’s field experience is that many Asian immigrant survivors avoid counseling, stating reasons such as that they want to move on and forget about what happened, that they do not have time for counseling, etc. Some survivors who started working with a legal advocate avoided counseling, stating that they were too ashamed to tell their story again to another individual, including a confidential counselor. In addition, many participants in general projected either a distrust or discomfort in working with law enforcement or even going to the hospital by indicating that these are the least appealing services. The survey results and KAN-WIN’s field experience necessitate an effort to increase community members’ knowledge not only about what services are available, but also to explore and dispel misconceptions, distrust, and fears that prohibit individuals from seeking those services. More education, accompaniment and emotional support must be provided to encourage individuals to seek the help that they need.
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Table 2. Gender of the Participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>228 (77.3%)</td>
</tr>
<tr>
<td>Male</td>
<td>66 (22.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (0.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>295 (100%)</td>
</tr>
</tbody>
</table>

Table 4. Marital Status of the Participants

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>116 (39.5)</td>
</tr>
<tr>
<td>Common law marriage</td>
<td>1 (0.3)</td>
</tr>
<tr>
<td>Divorced</td>
<td>16 (5.4)</td>
</tr>
<tr>
<td>Legally separated</td>
<td>1 (0.3)</td>
</tr>
<tr>
<td>Single</td>
<td>135 (45.9)</td>
</tr>
<tr>
<td>Widowed</td>
<td>22 (7.5)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (1.0)</td>
</tr>
<tr>
<td>Total</td>
<td>294</td>
</tr>
</tbody>
</table>

Figure 1. Ethnic Background of the Participants
Figure 4. The Relationship between the Abuser(s) and the Victim(s) who are known the participants

Figure 5. Public Awareness around Myths of Sexual Violence

- Teaching girls common sense can help prevent rape.
- A woman who goes out alone at night or wears provocative clothing puts herself at risk of sexual assault.
- Each woman should be responsible for preventing her own rape.
- Sexual assault and rape happen because men can get carried away in sexual situations once they have started.
- A person who is sexually assaulted or raped while she or he is drunk is at least somewhat responsible for putting themselves in that position.
- Some women are too sensitive and believe harmless jokes or mere flirting constitutes sexual harassment.
- When someone is sexually assaulted or raped, it is often because the way they said “no” was unclear or there was some...
- Sexually experienced women can overcome rape easier than inexperienced women.
- Women often claim rape to protect their reputations or prevent their partner from leaving.
- Sexual Assault cannot occur within an intimate relationship (marriage or dating relationship).
- Men cannot be raped.
Table 9. Barriers by Language Preference

<table>
<thead>
<tr>
<th>Language preference</th>
<th>English</th>
<th>Korean</th>
<th>Total (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was not aware that my experience was sexual violence</td>
<td>15</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>I was afraid of possible prejudice or stigma associated with victims of</td>
<td>14</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>sexual violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family and friends discouraged me from seeking help and services.*</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>There were no services available that I was interested in.</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>I was afraid of retaliation from the abuser.</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I thought no one would believe me.</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I was not sure if service providers were professional enough to help me.</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

* p<.05

Table 10. Age of the Participants by Sex Education Experience

<table>
<thead>
<tr>
<th>Sex Education</th>
<th>Under 18</th>
<th>18-19*</th>
<th>20-29*</th>
<th>30-39*</th>
<th>40-49*</th>
<th>50-59*</th>
<th>60 or older*</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10 (4.6%)</td>
<td>23 (10.5%)</td>
<td>77 (35.2%)</td>
<td>43 (19.6%)</td>
<td>26 (11.9%)</td>
<td>20 (9.1%)</td>
<td>20 (9.1%)</td>
<td>219 (77.1%)</td>
</tr>
<tr>
<td>No</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>6 (9.2%)</td>
<td>3 (4.6%)</td>
<td>13 (20.0%)</td>
<td>12 (18.5%)</td>
<td>31 (47.7%)</td>
<td>65 (22.9%)</td>
</tr>
<tr>
<td>Subtotal</td>
<td>10</td>
<td>23</td>
<td>83</td>
<td>46</td>
<td>39</td>
<td>32</td>
<td>51</td>
<td>284</td>
</tr>
</tbody>
</table>

Figure 7. Source of Sex Education Participants Received