

Lived experiences of South Asian women experiencing perinatal abuse in the US

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Abstract

Purpose: This article describes the lived experiences of 20 South Asian women in the United States that experienced perinatal abuse. **Methods:** This qualitative study was conducted with a convenience sample of 20 South Asian women experiencing domestic violence in the United States. In-depth phone interviews were conducted with the research participants recruited from five South Asian women's organizations across the United States. The narratives of abused South Asian participants were analysed with the use of the power and control wheel during the childbearing year. Utilizing the power and control wheel during the childbearing year, the researchers analyzed narratives of South Asian women abused during the perinatal period. **Results:** Three themes emerged from the data: (a) type of abuse -emotional abuse; physical abuse, sexual abuse, financial abuse, coercion and threats, intimidation, minimizing, denying, blame, using children (b) domestic servitude (c) abandonment. **Discussion:** The discussion brings to light the different types of abuse that South Asian women may experience during the perinatal period. Therefore, health care providers should screen women for abuse when they access the health care system for prenatal care. Practice, policy and research implications are discussed. **Conclusion:** South Asian women in the current study did not have any respite from abuse during the perinatal period with abuse continuing during this vulnerable period of their lives. It is important for practitioners to be aware of nuances of abuse in the lives of South Asian women in the childbearing year.

Keywords: *South Asian, perinatal, domestic violence, abuse, women*

1. South Asians in the United States and domestic violence

South Asians in the United States (US) typically originate from India, Pakistan, Bangladesh, Nepal, Bhutan, the Maldives and Sri Lanka. The community also includes members of the South Asian diaspora who originally settled in other parts of the world, including the Caribbean, Africa, Europe, Canada, Middle East, and parts of Asia and the Pacific Islands; those individuals are referred to as "twice immigrants" (South Asian Americans Leading Together, [SAALT], 2019; Bhachu, 1985). Research with non-pregnant South Asians in the US reported 18% to 40% of lifetime prevalence for any type of domestic violence (DV) (Hurwitz et al., 2006; Soglin et al., 2020), but community experts assert that the rates of DV may be much higher than what is reported (Mahapatra, 2012; Rai and Choi, 2018; Rai and Choi, 2021). Raj and Silverman (2002) found 40.8% of their 160 sample of

South Asian women screened positive for current DV (Raj and Silverman, 2002). Mahapatra (2012) reported similar rates with 38% of South Asian women screening positive for abuse using the Conflict Tactics Scale. Soglin et al. (2020) observed that out of 127 South Asian women in their study, 23.3% screened positive for physical abuse and 28.4% screened positive for non-physical abuse, including abuse by in-laws, in their lifetime. Overall, 22% and 77% of South Asian women in the United States have reported experiencing some form of abuse by an intimate partner at least once in their lives (Adam and Schewe, 2007; Adam, 2000; Mahapatra, 2012; Raj and Silverman, 2002; Yoshihama and Dabby, 2015). Research with non-pregnant South Asian immigrant women has also highlighted several risk factors for severe DV, such as pressure to stay in abusive relationships due to fear of losing honor in the community, lack of family and in-laws' support, in-laws' instigation of violence, and dowry demands (money and gifts from the woman's family) (Sabri, Sanchez and

Campbell, 2015; Sabri, Simonet and Campbell, 2018; Sabri, Bhandari and Shah, 2019). There is, however, lack of research conducted specifically with South Asian women experiencing perinatal abuse in the US.

1.1 Perinatal abuse

Perinatal intimate partner violence (IPV) is abuse that occurs before, during, and after pregnancy, up to 1 year postpartum (the childbearing year) usually committed by an intimate partner which could be any of the following: spouse, ex-spouse, boyfriend and/or girlfriend or ex-boyfriend and/or ex-girlfriend (Sharps, Laughon and Giangrande, 2007). In the case of South Asians, we utilize the term perinatal DV as it refers to violence perpetrated by extended family or kin, such as natal family or in-laws. In this article, we will utilize the term, 'perinatal domestic violence' or 'perinatal DV' as it best represents dynamics of abuse in intimate relationships among South Asian women in the US, who may experience abuse both from their parents and their extended family such as in-laws before, during, and after pregnancy, up to 1 year postpartum (Bhuyan, et al., 2005; Jordan and Bhandari, 2016; Raj and et., 2006; Abraham, 1999; Bhandari and Ragavan, 2020).

The majority of research has found about 3% to 9% of pregnant women in the US experience DV during pregnancy (Alhusen et al., 2015; Saltzman et al., 2003; U.S. Department of Health and Human Services, 2013). The risk factors for DV during pregnancy, include geographical isolation, lack of necessary resources (e.g. employment, education), poverty, gender inequality, unplanned/unwanted pregnancy, minority race/ethnicity, and substance abuse by the male partner (Nasir and Hyden, 2003; Yost et al., 2005; Tjaden and Thoennes, 2000). Perinatal abuse presents a serious global public health issue. There is evidence to support that abuse before and during pregnancy can have adverse maternal and neonatal outcomes (see table 1) (Sharps, Laughon and Giangrande, 2007).

Krulewich et. al (2003) and McFarlane, Campbell and Watson (2002) have concluded that pregnant and recently pregnant women face 2 to 3 times more the risk of homicide compared to non-pregnant women. Several other research studies have found that pregnancy related homicide is the leading cause of maternal mortality (Dannenberg et al., 1995; Dietz et al., 1998; Krulewitch et al., 2001; McFarlane, Campbell and Watson, 2002; Parsons and Harper, 1999). Pregnant women who leave an abusive relationship are at an increased risk of being killed by their abuser (Alhusen et al., 2015; Campbell et al., 2003). Thus, though research has not been conducted specifically with South Asian women

experiencing DV during their pregnancy, the adverse health outcomes of IPV during pregnancy emphasize the importance of gaining an understanding of their experience.

1.2 South Asian culture and pregnancy

The most inclusive definition of South Asia includes all the countries mentioned earlier (i.e., India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, and the Maldives), as well as the group of "twice immigrants" (their ancestors immigrated from the South Asian subcontinent to different regions in the world and they are now settled in the US) (Bhachu, 1985)." However, the construct of "South Asian" has been critiqued as a term that collapses the diversity and power issues within this regional grouping, particularly regarding nationality, language, and religion (Islam, 1993). There is heterogeneity amongst South Asians, based on religion, language, norms, etc., and this group therefore is not monolithic. In spite of the heterogeneity, there are some shared values and cultural practices; for example, South Asians value interdependence, collectivism, filial piety (respect for one's parents and elders), and karma (destiny) among others (Jordan and Bhandari, 2016; Finfgeld-Connett and Johnson, 2013).

Pregnancy, as with other cultures, is a very special time for South Asians as well. For example, during the nine months, the pregnant South Asian woman is treated with care and attention and if in South Asia, then the pregnant woman in several cases returns to her parents' home for delivery. While that may not be the case in the US, it is not uncommon for South Asian women to have social support of elder South Asian women in the family; perhaps mother or mother-in-law living with them for an extended period post-delivery to help out with the newborn baby. Post-delivery, women usually rest for 40 days where the elder women cook high calorie food and take care of any older children (Ladha, 2010). Thus, in South Asian cultures, mothers, mothers-in-law, or married sisters, may continue to have a significant role in sharing their experiences during pregnancy and after birth, as well as in providing support to the new mother (Assanand et al., 2005).

Table 1. Adverse health outcomes of perinatal abuse

Physical Consequences	Poor obstetric outcomes Preterm labor Vaginal bleeding Miscarriage Fetal injury Premature rupture of the membranes Antepartum hemorrhage Hypertension Edema Placental problems Severe nausea and vomiting Dehydration Diabetes Kidney infection Urinary tract infection (UTI) Cardiac variability Higher levels of maternal hormones Low birth weight Preterm birth or even infant or maternal death (Campbell et al., 1992; Martin et al., 2001; Saltzman, et al., 2003; Silverman et al., 2006; Hill et al., 2016).
Psychological issues	Depression, anxiety and low self-esteem; PTSD (Anderson, Marshak and Hebbeler, 2002, Campbell and Lewandowski 1997, Hedin 2000, Huth-Bocks, Levendosky and Bogat, 2002, Johnson et al., 2003).

1.3 South Asian DV and vulnerability to abuse

Marriages in South Asian culture occur between two families rather than two individuals (Ahmad et al., 2009; Guruge and Humphreys, 2009). Patrilocality (i.e., moving closer to or with the husband's side of the family) which exists in several other cultures (Urbaeva and Lee, 2018), is also prevalent among South Asian communities (Rew, Gangoli and Gill, 2013). The bride joins the groom's side of the family and is technically considered to be part of that family. Patrilocality is preferred and with South Asian immigrant women, even though the in-laws may be in the home country, they continue to 'have control' over the bride and the groom (Jordan and Bhandari, 2016). South Asian women gain status by getting married, sustaining the marriage and bearing sons. Women are socialized to think that they are subordinate to men. Men are socialized to think that they are superior to women and are usually the breadwinners of the family (Shirwadkar, 2004). Stringent gender roles, son preference, treating girls before marriage a liability and sons as assets are parts of the South Asian culture that makes them more vulnerable to abuse (Finfgeld-Connett and Johnson, 2013). The context of these cultural factors is important to understand domestic violence in the South Asian community during the perinatal period.

Abraham (1999) reported several South Asian women in the US explicitly described physical abuse during pregnancy. Some of the examples reported were utilizing sexual and physical abuse to control a woman's reproductive right to have a child, forcing the woman to have abortions; lack of control over reproductive health like pregnancy and abortion (Finfgeld-Connett and Johnson, 2013). Domestic servitude was another form of abuse that South Asian women reported from their in-laws and these instances did not stop when women were pregnant. Raj et al. (2006) reported that women were asked to continue washing clothes by hand or massage their mothers-in-law's feet when they were themselves pregnant and uncomfortable.

Most studies on South Asian domestic violence were not primarily focused on abuse during the perinatal period, but it was brought up by several participants, which highlights that abuse did not stop during the childbearing year (Finfgeld-Connett and Johnson, 2013; Abraham, 1999).

To the best of the author's knowledge, there is no study that has focused solely on the lived experiences of abused South Asian women in the United States during the perinatal period. Although there is empirical evidence for relatively high rates of DV among South Asian women in the United States (Mahapatra, 2012; Raj and Silverman, 2002; Rai and Choi, 2021; Soglin et al., 2020; Tripathi and Azhar, 2022), most studies have highlighted prevalence, help-seeking and coping strategies of this group (Rai, 2021; Jordan and Bhandari, 2016; Mahapatra and Di Nitto, 2013; Mahapatra and Rai, 2019). The present study therefore recognized this gap in the literature and focused on lived experiences of abused South Asian women during the perinatal period in light of the power and control wheel during the childbearing year.

2. Theoretical framework

The Power and Control Wheel (Pence and Paymer, 1993) was developed on the basis of experiences of 200 women abused in a battered women's shelter in Duluth, Minnesota. A safe passage developed an alternate wheel for abuse experienced by women in the childbearing year which was adapted from the Duluth Power and Control Wheel¹. The ten tactics presented in the Power and Control Wheel for women in the childbearing year are: (a) isolation; (b) male privilege; (c) emotional abuse; (d) using children; (e) physical abuse; (f) minimizing, denying and blame; (g) sexual abuse; (h) coercion and threats; (i) financial abuse; (j) intimidation. All the tactics described are at the time of the woman's childbearing year. For example, isolation included examples like preventing the woman from seeking prenatal care, limiting her contact with family or friends. Examples of male privilege are demeaning her role as a mother, asserting that the child be raised as per his customs and beliefs, demanding that she cares entirely for the infant and the household.

¹ Available at:

<https://domesticpeace.ca/images/uploads/documents/ChildbearingYear.pdf>

3. Method

3.1 Participants

The sample included 20 participants in the age range of 26 through 66 years (mean age of 38.8 years). Thirteen participants were from India, four participants were from Pakistan, one participant was from United Kingdom and one participant was from Canada (with parents of South Asian origin), and one was from Bangladesh. The participants were recruited from five South Asian women's organizations across the US. Their times of immigration to the US ranged from one year to 42 years. Their immigration status was varied with permanent residents (N=6), dependent visa like H4, L2 (N=3), US citizens (N=9); Employment Authorization Document (EAD) with pending VAWA I-360 petition for green card based on abused spouse (N=1); F1 student visa (N=1). The average number of children that the participants had was 0.81 (see table 2 for additional sociodemographic details for each participant).

3.2 Procedure

The author contacted seven South Asian Women's Organizations (SAWOs) from different parts of the United States. Out of the seven, five SAWOs agreed to participate in the study. Twenty participants were recruited through the five SAWOs across the United States. The staff of SAWOs shared information about the study and if potential participants expressed interest, a safe phone number and a safe time was shared with the author. The author requested safe phone number and safe time to ensure that the potential participant was not at any risk from her abusive partner. The eligibility criterion to participate in the study was if the South Asian survivor had sought help for DV at one of the five SAWOs. The author then contacted the potential participants and consented them to participate in the study. The participants consented verbally on the phone and a copy of the consent form was mailed to a safe address if they desired. The participants were told that if the questions produced unpleasant feelings or reminded them of unhappy events, they could stop the interview at any time and choose whether to answer any questions. The participants were also informed that if any part of the interview reminds them of the painful memories, and they feel the need to have further therapy with regard to their situation, they will be referred back to the same community

agency that referred them to the research study. The participants were compensated with a \$15 e-gift card of a leading grocery store. Interviews were semi structured in nature and lasted 1.5 to 3 hours. All but one participant consented to be audio-recorded and the author therefore took notes and documented them as close to the participants own words. All interviews but one was conducted in Hindi by the author who is fluent in the language. The interview was then transcribed and translated into English. The semi-structured interview questions were open ended, and women talked about their experiences of abuse. The sample of 20 women was

considered sufficient for the current analysis because saturation was reached, in that gathering new data did not afford any new theoretical insights (Charmaz, 2006). The author conducted the interviews over the phone, except for one interview that was conducted face-to-face in a public library. Even though pregnancy was not explored as a topic specifically, almost all women described their experiences in the intimate relationship around the perinatal period. This project received ethical approval from the Institutional Review Board of the author's University.

Table 2. Socio-demographic details per participant

Participant	Country	Age	Religion	Visa Status	Number of Children	Type of Marriage	Employment Status	Highest Level of Education
Sita	India	35	Sikh	L2/Will file for U Visa	2	Arranged	Unemployed	College Graduate
Radha	India	43	Hindu	Permanent Resident	1	Arranged	Employed PT	Postgraduate
Sakina	India	35	Hindu	U.S. Citizen	1	Arranged	Unemployed	Postgraduate
Lavanya	India	41	Jain	Permanent Resident	0	Arranged	Unemployed	College Graduate
Saira	Pakistan	26	Muslim	B2 Visa, VAWA filed	0	Arranged	Unemployed	College Graduate
Shamika	India	27	Hindu	F1	0	Arranged	Student	College Graduate
Arya	India	41	Hindu	U.S. Citizen	1	Arranged	Unemployed	Postgraduate
Bindu	India	31	Hindu	Permanent Resident	1	Arranged	Unemployed	College Graduate
Fareena	Pakistan	39	Muslim	U.S. Citizen	1	Arranged	Employed FT	College Graduate
Farah	India	33	Jain	Permanent Resident	0	Arranged	Student	Postgraduate
Komal	India	33	Hindu	Permanent Resident	1	Arranged	Employed FT	Postgraduate
Shafalika	Pakistan	31	Muslim	F1	0	Arranged	Unemployed	Postgraduate
Naina	India	42	Muslim	EAD, Pending I-360	0	Arranged	Employed FT	Postgraduate
Sudha	Canada	34	Muslim	U.S. Citizen	1	Love	Employed FT	Technical School
Niharika	Pakistan	45	Muslim	U.S. Citizen	2	Arranged	1 FT & 1 PT	College Graduate
Sulcohna	India	45	Muslim	U.S. Citizen	0	Arranged	Employed PT	Postgraduate
Smitha	India	66	No Religion	U.S. Citizen	1	Love	Retired PT	Postgraduate
Fatima	United Kingdom	35	Hindu	Permanent Resident	1	Arranged/ Love	PT	Associate's Degree
Amita	India	57	Hindu	U.S. Citizen	3	Arranged	Unemployed	Postgraduate
Rekha	Bangladesh	37	Muslim	U.S. Citizen	0	Arranged	Unemployed	College Graduate

*Note: Participant 111 was a male, and was not included in the present study

PT = Part-time

FT = Full-time

3.3 Data analysis

Data were analyzed utilizing content/thematic analysis (Vaismoradi, Turunen and Bondas, 2013). The individual experiences of South Asian women were analyzed and organized under the larger themes (in this case the spikes of the power and control wheel during the childbearing year) to account for their contextual dimensions. The analytic process included the author reading the transcript several times, followed by coding to generate initial codes, searching for themes, and grouping similar codes under an umbrella theme. Thus, the analysis process was both deductive and inductive (Daly, 2007; Gilgun, 2016). The analysis involved the continuous emergence of new themes and constant comparison of these themes to ensure that they belonged to the larger topic of study—the power and control during the childbearing year. All the interviews were considered, and the coding was checked for consistency, with elaborate documentation of how the final codes were reached. The author read the transcripts and identified initial codes/categories (e.g. women’s experiences of violence, as well as when and how it occurred) and themes based on the emerging patterns in the data. Common themes and sub-themes were identified across data, grouped according to emerging patterns, and named accordingly (table 3). For example, the theme of type of abuse was created to include the tactics of, ‘emotional abuse, minimizing denying & blame, sexual abuse, financial abuse, physical abuse, coercion & threats & intimidation’ from the power and control wheel² during the childbearing year. The themes of coercion, threats, intimidation and using children are intertwined with types of abuse, as examples, and hence are not stated as separate themes. The theme of abandonment was included but is not present in the power and control wheel. This helped highlight the experiences of South Asian women that aligned with the power and control model and also add to the experiences that were unique to this group.

The current study utilized detailed in-depth personal narratives of participants, which increases trustworthiness and credibility of the data (Padgett, 2008). Credibility was therefore established by utilizing an appropriate and well-recognized research method, the in-depth phone interviews.

After every interview, a “reflective summary” was documented.

4. Findings

The current study used the power and control wheel during the childbearing year that was adapted from the Duluth model (Pence and Paymar, 1993) developed based on the experiences of 200 abused women in a battered women’s shelter in Duluth, Minnesota. The wheel is a diagram of the tactics that the abusive partner uses to intimidate and coerce the victim in the relationship around pregnancy and children. The Duluth model had physical and sexual abuse in the outer circle, however the power and control wheel during the childbearing year has sexual and physical abuse as spikes of the wheel rather than outside the circle. Consistent with the power and control wheel during the childbearing year, the different types of abuse were the central theme that drove the lived experiences of abused South Asian women during the childbearing year. The lived experiences of abused South Asian women during the childbearing year are described in the following themes (a) type of abuse - emotional abuse; physical abuse, sexual abuse, financial abuse, coercion and threats, intimidation, minimizing, denying, blame, using children (b) domestic servitude (c) abandonment. The themes have been formulated in the larger context of the power and control wheel during the child-bearing year. The participants shared several examples where the abusive husband and in-laws were very insensitive and unsupportive to the South Asian woman during the vulnerable period of pregnancy as well as post-delivery. Examples drawn from the transcripts describe and explain the themes. Participants are identified by a pseudonym indicated by their country of origin, followed by their age at the time of interview to distinguish them from one another. Some instances of abuse during pregnancy have been described elsewhere resulting from the same qualitative data (Jordan and Bhandari, 2016; Bhandari, 2018).

² Available at:

<https://domesticpeace.ca/images/uploads/documents/ChildbearingYear.pdf>

Table 3. Coding categories' themes

CURRENT STUDY THEMES	POWER & CONTROL WHEEL DURING CHILD-BEARING YEAR
TYPES OF ABUSE	Emotional abuse
	Minimizing denying & blame
	Sexual abuse
	Financial abuse
	Physical abuse
	Coercion & threats
	Intimidation
DOMESTIC SERVITUDE	Male privilege
ABANDONMENT	

4.1 Type of abuse

Several women in the study shared examples of physical, emotional, financial and sexual abuse that they experienced in their childbearing year. In most cases, different types of abuse occurred at the same time. Even if all participants did not have children, they had a myriad of experiences geared towards either preventing them from being pregnant, forcing to take birth control pills, and/or physical abuse to the extent of losing the pregnancy. Participants also reported several examples where the abusive husband denied that he was the father of the baby which was coupled with physical abuse: for example, hitting. Other examples that the South Asian women experienced included forcing sex immediately after delivery or during the pregnancy, not providing adequate food, prenatal care while pregnant, or refusing to pay the expenses of the newborn child and being physically violent. In many instances, it was difficult to tease out the physical, emotional and sexual abuse from coercion and threats as they were all intertwined in the participant responses.

4.1.1 Physical abuse. Radha in the following quote shared examples of both physical as well as emotional abuse and specifically an episode of physical abuse while she was pregnant.

He hit me during that time [pregnancy] also. We had gone to see a doctor and we did not even see a doctor and all of a sudden, he said, 'get up we're going home'. . . . He said, 'no, we're going home' and he drove back home. We had a motorcycle at that time. He drove back home very fast and then we came back. He hit me. He was like, 'you were looking at that person'. . . . I was like, 'I don't even know what you're talking about and till today'. . . . I was upset and he did hit my stomach (Radha, India, 43 years).

Sita shared about abuse from her in-laws. On questioning about feeding her newborn baby milk in a soft drink bottle, she was hit by her brother-in-law.

When I came home and saw my sister-in-law, his younger sister, was giving my almost ten days old baby milk in a Pepsi bottle. I just said, "what are you doing?" And his, uh, his younger brother got offended. And he raised a hand on me. . . . This man [her abusive husband] was also there when this all happened, but he did not utter a word (Sita, India, 35 years).

Sita's husband did not feel the need to stop his own brother or sister from feeding their newborn baby milk from a soft

drink bottle or from abusing Sita. Sita felt the humiliation and disrespect from her in-laws' side of the family and her husband's tacit approval for violence towards her. Abuse after the baby was born by the in-laws' side of the family is an example of family involvement in the abuse. On some occasions, participants reported physical violence from their in-laws as well, including violence related to pregnancy. Sudha shared an abusive episode when she was pregnant and later when she was nursing her newborn baby.

So the first time he ever actually hit me I was almost three months pregnant. . . . I guess one night the baby woke up and I was nursing him and when I turned on the light, and I guess he got upset about it. Like as I was nursing the baby and I put him back and then he wakes up and comes around the bed and literally pushes me towards the bed and in fact I fell on the bed. Now in 10 days post C-section the suture is still kind of new and having a lot of pain and I don't know what the whole problem was. At this point it was 1'o clock in the morning and not only does he push me then he calls my dad and says, "I don't want your daughter and grandson, take them from here" (Sudha, 34 years).

4.1.2 Sexual abuse. Sita had an abortion as she knew that she could not care for more than two children with the ongoing abuse. She shared:

When we came back, he wanted to have sex with me. I was not supposed to have sex for two weeks after DNC. No intercourse, and all, you know, whatever. . . . He got annoyed at me and he was half dressed and he started pounding on the bed and then he said, "I'm going to teach you a lesson." I thought, "I just told him I'm not supposed to", you know? So, he, he didn't take it. He said, you know, "it's been more than two months" (Sita, India, 35 years).

Along with the sexual abuse, Sita's abusive husband also wanted to 'get rid' of her and their children. What Sita experienced was intimidation as well as threats to be abandoned along with her children if she would not comply. Coercion and threats took a different form with South Asian women. While the power and control wheel lists out the following, 'threatening to leave her if she does/doesn't have the child, threatening to harm her if she tells any of her caregivers about the abuse, threatening to cause injury to their unborn baby,' there were unique ways in which South Asian women were coerced whether it was to have sex, or ensure that she was not pregnant so that he will not be financially liable to pay her anything and free to get another woman/wife in his life. The following comment is an instance of coercion where

the abusive husband continued to demand sex from his wife even though he knew that he was going to file for divorce. He also made sure that she is not pregnant, so that he would not be liable to pay child support.

He [her abusive husband] was really demanding in the sexual relationship and I used to do what he would ask me to do. . . . Well he actually asked me to use the birth control pills and he was very strict with that. If I haven't taken it [birth control pills] he makes sure that I would take it. . . . Before the filing of the divorce he actually made me take a pregnancy test in front of him only. Actually I said to him, I am not pregnant, but he actually asked me to take it. (Shamika, India, 27 years).

While Shamika was forced to have sexual relations with her abusive husband, the serving of divorce papers was unexpected. Another participant Radha shared similarly, "It [Abuse] continued throughout the pregnancy. . . . he even said that, he doesn't believe that this child is his." (Radha, India, 43 years).

4.1.3 Financial abuse. Another participant Sudha shared how her partner did not provide her with the required prenatal care and hence she applied for Medicaid. After the baby was born, he did not provide financially for their newborn baby either.

In the meantime I applied for medical through the state, So I was able to get medical [help]. So everything was taken care of up to my pregnancy and beyond, but a year after all this after the delivery and in the meanwhile, I did not get any financial support from him. He never cared to send me money. (Sudha, India, 34 years).

Arya had a similar experience where her husband did not provide for her. However, she realized that her abusive husband had not changed his spending habits while she was pregnant.

I came here, I got pregnant, and I think that was the biggest mistake of my life. . . . you know how your craving starts and I said, "I'd like to have a burrito," and he was like "You know, if we each eat one that will be \$10, so how about we buy one and you and I share it? So it will be \$5. If you do that then I can buy for you again next time." It was such a silly discussion, and he's like, "You know, if you want to eat more that means you are greedy." (Arya, India, 31 years)

Arya further shared, "But then he, he didn't buy me maternity clothes. I had to sneak behind his back with the

neighbor to go buy maternity clothes. Moneywise he was so tight." (Arya, India, 31 years).

4.1.4 Emotional abuse. Emotional abuse in the power and control wheel during the childbearing year has been defined as (a) telling her she looks fat or making other derogatory comments about her changing body, (b) verbally abusing her so she is unable to care for herself in pregnancy and postpartum, (c) sabotaging her efforts to reduce or eliminate substances that may be harmful to herself or their developing baby. Similarly, Sita shared,

And every day, it was a...a, you know, a ritual for my husband to remind me that I have stretch marks on my body, during our intimate moments, and I'm ugly and I'm fat. So, I mean, I still have those complexes. I, I...as of today, I think that I should—I should have to be like a mannequin, you know? Flawless woman, nothing, you know? (Sita, India, 35 years).

In most cases, emotional abuse was intertwined with other forms of abuse. However, with taunts and remarks about her body, Sita reported that she was constantly reminded that she is ugly.

4.1.5 Minimizing, denying, blame. This was defined as (a) holding her solely responsible for the pregnancy, (b) refusing to admit that he is the father of the child, (c) blaming her for the child being the "wrong" sex. In several instances, a common tactic utilized was denial by the abusive husband that they were the father of their baby, refusing prenatal care, being insensitive to the health needs of pregnant women. One of the participants shared:

They had done a pregnancy test at home to confirm that I am pregnant. My mother-in-law warned me to not disclose my pregnancy to my mother and nobody should come to know about it. . . . Then I started getting bleeding with that pregnancy.... They would not take me to a doctor. They used to say that it happens with everybody.... My husband used to follow his mother's instructions blindly and used to say that I was acting such. Every moment I felt like I could not go back of here alive. I could not talk to my mother. I could not tell the family members. I didn't have any phone. (Saira, Pakistan, 26 years).

Sudha wanted her husband to take a stance and have her father-in-law stop smoking tobacco in front of her when she was pregnant. However, her abusive husband minimized her concern and brought it up very casually with his father.

. . . During my pregnancy I didn't get a lot of respect from my mother-in-law and I didn't get a lot of respect from my husband. . . . My father-in-law has a habit of smoking Bidis (Indian equivalent of cigarettes) and I was expecting obviously this was going to harm the child my family doctor advised it. So once I talked to my ex-husband about it and said, "I understand that this is his home, I understand that he has this habit . . . but is there anything we can do to just kind of protect the child, because literally I am only three weeks pregnant and this is the most critical time. . . . So if there is anything you can do to talk to your dad and see if we can make some adjustments. . . ." .he gives you [me] this stare and I clearly remember the stare like it was something like, "you want me to go tell my dad not to smoke in his own house". . . . So he just casually goes up to his dad and says, "hey can you stop smoking here?" I'm thinking that's not what I expected, this is your child as well as my child. (Sudha, India, 34 years).

4.2 Domestic servitude

'Male privilege' in the power and control wheel during the childbearing year is explained through the examples of abusive men expecting the women to care for the infant and the household entirely. In case of South Asian women, this took the form of domestic servitude by adding the responsibility of extended in-laws' side of the family. This responsibility was added over and above domestic duties not just towards the husband and infant, but towards the extended in-laws' side of the family. Several participants shared examples of insensitivity from their abusive husband and in-laws. There were instances where pregnant women were expected to engage in domestic servitude rather than them receiving any help in household work. Participants in the current study talked about no help either to do household work, care for other children, or the newborn baby and instead were expected to do the household work at the same rate for their in-laws and husband as if they were not pregnant. In return, there was complete disregard and care for the woman's health and well-being, or even ensuring that she is well fed and happy. The lack of support in household work or expectation to solely care for the baby resulted in grave health consequences in some cases. In case of Fareena, her husband moved out of the bedroom under the pretext of providing her with room to care for the baby. However, with no help to care for the newborn baby, and continuing the household work, her C-section stitches were infected.

Fareena shared:

So basically I was doing home [household] work, feeding my baby every hour, and without any help up and down [the stairs] and after a week when I went for the checkup, all my stitches were infected. So the doctor re-stitched it and they said, 'we gonna send the nurse!' But he [abusive husband] did not want my family to come and help me at all. So the nurse started to come. . . . finally I was okay after 3 weeks. But I was doing, meanwhile I was all alone doing all the home[household] work, cleaning, cooking, taking care of the baby, going up and down, and the same thing in the night. There was no help at all (Fareena, Pakistan, 39 years).

Sulochna shared:

And when I was pregnant, my in-laws actually they were at my sister-in-law's place in Abc state. And supposedly to help me out they came from Abc to Xyz state but they never helped me out, in fact I had to cook for them and take care of their comfort when I myself was going through a lot of stress because of my pregnancy. So now it's very hard. They were there but it didn't help. I was in no condition of cooking any food or even eating because I had to be prepared for the worst outcome (Sulochna, India, 45 years).

Another participant shared how she had to take care of her own health including multiple trips to the hospital with no support from her abusive husband. Smitha shared:

I also had a number of pregnancies, you know, I have thyroid problem, so I kept losing them and we were never aware of those. I have to take myself to the hospital, no matter how long I stayed in the hospital, sometimes a week, sometimes a month, he was not around, alright. He didn't want to be involved in it, he didn't want to visit any doctors, he didn't want to pay for it, and that was a struggle. (Smitha, India, 66 years).

Sudha shared that even after the baby was born, there was no change in her abusive husband's mindset. She shared:

Few times he would ignore the baby even like if I am gone to the bathroom and the baby was crying or something and I will ask him to, it was kind of to do with the child, then he'd be like, "that's your job". I said, "okay". . . (Sudha, 34 years).

Amita shared, "My second pregnancy was pretty bad. Even the first one was bad but this one was just as bad. And then the twins were born. At that that it was absolutely – I

don't even know how – I had no help.” (Amita, India, 57 years). Another participant shared, “Then my condition started worsening. I became very weak that I was not able to stand, but I had to do all the house chores.” (Saira, Pakistan, 26 years). As mentioned above, South Asian women were supposed to not just perform domestic duties for the husband and the newborn infant, but any added responsibility like entertaining guests, caring for extended in-laws side of the family was included in their responsibilities with no regard to their own health and well-being.

4.3 Abandonment

While most themes coincide with the power and control wheel, a unique feature of abuse among South Asians is abandonment. The following excerpt gives a glimpse of how Komal was misled to return to a different city in US from India with her newborn son.

And then I came to the city, his father and his sister, both of them came to pick me up and . . . dropped me in a suite [hotel room]. I didn't know what was happening. I thought even he [her abusive husband] was also there in that suite. . . . But they booked a room for just me and my son. I asked him, “what is it?” then he said, “this is where you are going to stay.” . . . [He said], “Make sure I [abusive husband] get used to him [their son] and then you can leave him here and go.” . . . Yeah, because my son, I was breastfeeding and I had lot of milk, it was enough for him. Then his sister and all one day came and said, [that] my visa expired and then they all came and said “we all are illegal.” If cops know that you are living in a hotel, this is booked on your name, they will come and get you.” I was so scared, I called 911 then. Then I was like “no, this is not working up.” I remember the xx city number that I had, the women's organization number, I called them and I said, “Can you please take me from there? I don't know anything in yy city. I don't have anything with me” (Komal, India, 33 years).

Komal was able to interject the plan of her husband and in-laws to abandon her and take her son away with the help of SAWO. Another participant, Smitha shared that her husband after a fight asked her to pack her bags and leave for India.

[Smitha's husband told her] “Pack you off to India to your father's house”. And you know I broke down. I was dead scared, here I am pregnant, emotional and whatever and I just started begging and within 2-3 hours, telling him, “I am sorry and not to do this to me and . . . I don't recognize that woman in me today”. You know, that I was that day when I begged and pleaded and said, “ I wouldn't never

again do anything without his permission and this type and the other.” And the next day I started bleeding. I started losing the baby and I couldn't tell him (Smitha, India, 66 years).

As mentioned in the section on sexual abuse, Sita's husband wanted to ‘get rid’ of her and their children. Sita said, “And then after that he, uhh. . . I tried to talk to him and he said he wants to get rid of us, me and the children.” (Sita, India, 35 years).

5. Discussion

The current study is a unique contribution to the literature in that it specifically describes the lived experiences of South Asian women in abusive relationships during the perinatal period. The women in this study experienced abuse during the perinatal period in intimate relationships as a continuation from their non-pregnancy days. Abuse during the perinatal period took different forms and at times was intense. The different types of abuse (physical, psychological/emotional, financial, sexual, coercion, minimizing, denying and blame, intimidation, using children) reported by the participants in this study matches closely with the Power and Control Wheel during the child bearing year. For example, several participants described direct physical and emotional abuse during the perinatal period. For many women, the abuse continued even after the baby was born. While women did not report direct abuse to the newborn, they did mention abuse directed at them that affected their newborn as well as other children.

While different types of abuse in the power and control wheel in the childbearing year were also reported by participants in the current study, there were a few that were unique to South Asian women. One of the main themes as explained in findings was the lack of support and insensitivity from the in-laws' side of the family towards the woman. The domestic violence in the South Asian context is not just perpetrated by the intimate partner but also includes the extended in-laws' side of the family and at times natal family too (Raj et al., 2006; Jordan and Bhandari, 2016). Other researchers have documented that pregnancy and the postpartum period are recognized as times of increased vulnerability to violence (Bacchus, Mezey and Bewley, 2006; Coker, 2007; Hathaway et al., 2005; Silverman et al., 2006). Further, abused immigrant women struggle with access of prenatal care due to lack of familiarity with American health care system as well as linguistic barriers (Lee and Hadeed, 2009; Raj and Silverman, 2003). Domestic servitude was another feature unique to the South Asian culture where the pregnant woman was forced to carry out household tasks of

cleaning and cooking as if she was not pregnant with little to no support. Other studies have reported similar experiences (Raj et al., 2006). Abuse in the South Asian community needs to be contextualized in the structure of the family system. Women after marriage are expected to move in with the in-laws' side of the family with unmarried siblings and sometimes even adult brothers and their families. As pointed out by other researchers, even if there is no patrilocality which is residing in the same household as the in-laws, they can still have an incredible amount of control over the daughter-in-law. Thus, the joint family system may or may not exist but the in-laws' side of the family still controls the woman through their visits, or the couple visiting the home country, or through interactions via the internet (Raj et al., 2006). Anitha (2019) in her work on financial abuse with abused women in India and women in the United Kingdom has stated that it was a common practice for the woman's domestic labor being freely available for other relatives on the in-law's side. Similar trends were observed in the current study and there was no regard for if the woman is pregnant or not. It seemed like any amount of domestic labor can be loaded on the woman and she is expected to perform. Miller et al. (2010) define reproductive coercion as behavior that interferes with the autonomous decision-making of a woman, with regards to reproductive health. The current study had numerous such examples where either the woman was prevented from being pregnant, forced to take birth control pills, and/or physically abused to the extent of losing the pregnancy. These examples of reproductive coercion are highly risky and can have adverse health consequences on the woman and the unborn fetus and hence need to be taken seriously.

The current study also highlighted the issue of transnational and domestic abandonment by the husband or his side of the family. Especially the perinatal period, where either the woman is pregnant or has a newborn baby, this is highly risky. South Asian women, like other immigrant women, may have left their social support in the home country, especially if they are in the US due to their marriage. Transnational and domestic abandonment has become an emerging problem in the South Asian community and needs to be viewed as DV on a continuum where women are deprived of their rights and further victimized (Anitha, Yalamarty and Roy, 2018; Bajpai, 2013; Bhandari and Sabri, 2020). It is important to note that similar to the current study, in most cases, women want to reconcile with the abusive husband as divorce is highly stigmatized in the South Asian culture (Jordan and Bhandari, 2016). The rates of transnational abandonment in light of COVID-19 have sky-rocketed. There is no national database to know the prevalence, but Narika, South Asian women's organization in the Bay Area reports

three-fold increase in domestic violence calls since March 2020, with 2 to 3 cases of abandonment every week which is highly alarming (Kymal and Nagarajan-Butaney, 2021).

6. Implications for practice, policy and research

6.1 Practice implications

It is important for practitioners to be aware of nuances of abuse in the lives of South Asian women during the perinatal period. As already explained above, there are a few ways in which South Asian women experience abuse in a unique way. The childbearing year is a vulnerable period in the life of any woman. It is also a time when women are in contact with the health care system either for their own prenatal care or for the infant. Hence there are several opportunities for health care providers to screen women for abuse in a sensitive, non-judgmental and private manner. This window of opportunity should not be missed and there should be universal screening of women for DV and any form of reproductive coercion. The focus of screening should not be on disclosure, but on equipping the women with local resources and educate them about their rights. Training of health care providers to screen, identify and refer to resources for domestic violence is of paramount importance (Alhusen et al., 2015). A linkage of SAWOs in the area with the local domestic violence resources would be an excellent way to link the abused women with resources. SAWOs are doing incredible work around DV, however they run on limited budgets and only exist in major big cities (Bhandari and Sabri, 2020). As a result, South Asian survivors in mid-sized metropolitan and rural areas do not have access to similar services. An implication of findings is more funding to SAWOs who are already working with abused South Asian women to be able to expand in smaller cities and nearby rural areas and better coordinate with the mainstream agencies so that they can offer culturally sensitive services (Jordan and Bhandari, 2016). Since cultural dynamics (e.g. lack of support from family members for disclosing DV) can be barriers to women's safety, it is important to provide culturally responsive interventions for abused South Asian women (Tonsing, 2016).

6.2 Policy implications

This study included several instances of South Asian husbands abandoning their wives, and not providing them the much-needed support during the perinatal period. With husbands abandoning their wives, it is important to have policies to provide housing and health benefits for women and their children. If the women are on dependent immigration status without a permanent residency, they do not qualify for any welfare benefits in the US. It is extremely important that

benefits such as housing, health care, food stamps, and temporary cash assistance are extended to immigrant women so that they can take steps to leave their abusive partner. Educating immigrant women about these benefits is also critical.

6.3 Research implications

There is dearth of research on perinatal abuse among South Asian women in the US. While research has been conducted on perinatal abuse among different racial and ethnic groups (Sharps et al., 2007), it is important that studies are conducted exclusively on abused South Asian women. Perinatal abuse is an important topic and while most South Asian domestic violence studies have recorded prevalence of abuse (Mahapatra, 2012; Raj and Silverman, 2002; Rai and Choi, 2020), it is highly important that larger quantitative studies are conducted with South Asians around the period of childbearing. It is important to test and evaluate screening questions to make sure that South Asian women in their prenatal appointments are being screened in a culturally sensitive way for reproductive coercion and DV. Another area of research is to examine the maternal and fetal outcomes of abuse on pregnant South Asian women and to see if there are any differences with other ethnic groups. A crucial topic of investigation is how much does the family involvement have a role to play with the abuse. It will also be an important area of research to examine if there are any cultural factors and values that have an impact on abused South Asian women and further if the perinatal period is a protective or risky time for them.

7. Limitations

The current study has some limitations. The findings from the self-selected convenience sample cannot be generalized to pregnant women of South Asian origin in the US and internationally. It is important to emphasize that the South Asian culture is diverse with regard to different languages, religion, as well as country. With the heterogeneity of the different cultures from South Asia, the women in the current study also ranged in age, education, visa status, time of stay in the US, and geographic locations from South Asia, which also provided diversity in the voices of these women. Due to the small sample size, the impact/influence of differences in class position and immigration status on the responses of South Asian women to abuse could not be teased out. Further, the experiences of South Asian women in the current study may have been influenced from the involvement of SAWOs.

8. Conclusion

South Asian women experienced DV during the perinatal period. There is an urgent need for culturally responsive resources to connect these women and for universal screening for domestic violence and reproductive coercion especially during the perinatal period. Thus, the current study aimed to bring to spotlight the lived experiences of abused South Asian women in the US during the perinatal period in light of the power and control wheel during the childbearing year. While the abuse experiences of South Asian women matched the power and control wheel during the childbearing year, it highlighted the important theme of abandonment and the role of extended family members in perpetrating, instigating and abetting abuse.

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