

## Concurrent Sessions II

### Domestic Violence

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I'm a native from India and Kolkata. I came to the United States in 1968. I started working in 1974 with rape crisis movement in this country. By the time 80s rolled around I had become very, very disappointed in the women's movement. The needs of our community, the South Asian community were not being addressed. At that point nobody even understood what I meant when I said 'the needs of the South Asian community'. In 1985, I happened to meet five other wonderful women, all runaways from the mainstream feminist movement, and we started Manavi. That was the first organization in this country that we focused on violence against women in the South Asian community. Now, there are more than twenty organizations around. Our organization still is one of the three that has a shelter, and obviously, there aren't enough shelters culturally acceptable to South Asian women.

Here, I need to apologize for Sujata that she's ill and she can't come but let's move on.

One of the things I want to start with is to tell you is that this a very, very difficult topic for us. People don't want to talk about it. People don't want to see it. And most of the time there is silence about abusive behavior here; silence when we talk about domestic violence. And why is that? When we started our organization, Manavi in 1985, we were all naive. We were kind of, put down and thought to be crazy women. However, often when women are alone or away from their families or say what they think are important issues to them a mixed crowd that they are considered 'crazy'. We were saying that violence within the family was number one issue in our community; for women in the community. We asked our health care community, our physicians what were they doing about it? When you're working with women, when you talk about HIV, what does this mean? What's the relationship with domestic violence? When you talk about self inspection, when you talk about any other kinds of health issues, including diabetes, including any medication that you have take on a regular basis, what is the relationship with violence? I would suggest to you that violence takes a part in all of these things, not just at the source, not just as something that one reads about the disease. It may occur in everyday life of the patient, for example, abusers might control medication as a means of violating or abusing the woman.

So, what is it about this topic that makes it so difficult? I do think that as South Asians we always say it's private issue, right? There are insiders and there are outsiders. What's inside should

not be spoken outside. And who are the outsiders? The outsiders are the ones, you know, all the physicians, the psychiatrists, the psychologists, the service providers, and the police, of course. Nobody should be talking to the police. Anyone outside the family should not be able to hear it. Talking even within the family it's difficult; because they're immigrants, it's even more difficult. When many of the women speak about this, we'll say, talk to your parents. They say, 'no, no, no, they are 5,000 miles away. I don't want to burden them. What are they going to do? They're in Pakistan or they're in Bangladesh or they're in India'. So even the piece of speaking to our intimate people or parents or friends, we don't do, because we are immigrants.

There's also shame. There's inherent shame in being violated by someone you love and someone you trust. You're parents said, this is the wonderful man that I'm giving you to. And we assume what it is going to be like in the US. And you come here and you find out that there are problems, problems with the partner. How do you say to your community I'm being abused? I'm being violated? What's the first question that comes up? What did you do? What did you do? And to the woman the community says – you must have done something. Somehow you are to blame. So we don't talk about it.

Next is the community image. We're the model minority. We make a lot of money, we're so successful, and we're quiet. Everything's beautiful. And that's one of the biggest pressures that come down on the woman. Don't talk about this to the outside world and expose the community to the larger mainstream. We are the model minority.

We know that domestic Violence happens to both men and women, but 95% of victims are women. So please keep that in mind. And of course there is a difference in how women experience it, how women ameliorate it, because we are the ones who don't have much recourse. After 29 or 35 years of marriage, women call up and say I don't have a penny to my name. What am I going to do? He has been doing this to me for 30 years, 35 years. My children are grown up. They are ashamed of me because I'm in this position. I don't know what to do. I don't have a penny. I don't have anything.

Keep thinking about those kinds of barriers. I also want to say, domestic violence, of course, is in every community. We are not the only one. What we found out in written literature is that there about 13 communities, that may be free of domestic violence, and these are mainly pre-literate societies. Every other community in the world seems to have domestic violence.

The one thing that we don't understand and we don't talk about is the role of providers and interveners' in general. What is the action agenda we should have? What are the goals? Most of the time what we find that unless someone is physically beaten it is not considered domestic violence. I have heard so many times people saying, 'Just a shout here or a shout there does not mean anything'.

And we're talking about, women with PhDs and working and making large salaries, but they have to ask for ten dollars every week just to buy gas to go to their work and come back. We're talking about children who witness such abuse.

Q: Can you adjust the microphone?

Dr. Dasgupta: Okay, so what we are talking about is a system of control, a system of subjugation through money, children. For example, saying, you're a bad mother. You've got to take care of your kids. You're a woman, you have to work all the time. By the way, I don't know how many of you are following a case in New Jersey; This case in Morristown where the abuser was just found guilty. Anyone know of it? We've been working with it. In Parsippany, yeah. It's a Morristown case. We worked with this woman for a very long time and I saw her from the moment she was taken to the hospital. And of course the big issue is, and this we hear, by the way, from many, many, many men, the abuser said, 'I'm your god. You have to listen to me. I'm your god'. Your husbands are supposed to be listened to and this man, when she was taken to the hospital and he didn't know about it, he went to the police and said she is my wife and I own her, you have to return her to me. So you can see how this might work, and how this can, sort of legitimize, normalize abuse. We have many people, including many of the abusers, believe that it is their right to correct a woman, wife, to discipline her, to control her. She is stupid. She doesn't know how to deal with money. I have to work with her, she's dumb. And who else is going to take care of her if I don't? She's a dumb woman. So anyway, you have an idea of what I am talking about. This is what is called battering. This is a total course of control, and it doesn't have to end up in physical abuse. There's always a threat of physical and sexual abuse that's behind all of this control but it's not necessary that the abuser uses physical abuse and sexual abuse all the time. This can be established just by a look, just by some threats, just by saying that I'm going to take your kids away and you'll never see your kids again. It's control, which may or may not be accompanied by physical and sexual violence.

So what happens with South Asians? Now remember that we have very, very little research and data on actual South Asian communities. This is truly an underserved and under researched community, especially in the area of domestic violence. Partly this might be because this is an area nobody wants to explore. Nobody wants to talk about it. So some of the data that I'm going to provide, comes from a larger group, and from my 20 years of experiences in the South Asian community. Much of what we see in the larger community gets exaggerated in the South Asian community. The stats are not so different but probably slightly higher.

For example, battered women average one visit to the ER per year, whereas in a normal non-battered they average one in a lifetime. That's the average that we know. So even when women won't call the law enforcement, won't call emergency, won't call any kind of local shelters, they would seek help from the physicians who see them. We're talking about more women, battered women, being seen by, examined by physicians who probably recognize what is going on, than anyone else in the community but won't speak out. No one sees more battered women than the health care providers, not the religious leaders, not the community-based organization, not law enforcement. It's the physicians who get to see these woman, more than anyone else. South Asians don't seek mental health assistance, or any other kind of health care; but they seek medical health care. But interestingly, only 10 percent battered women are identified and referred to appropriate organizations by the physicians. Only 10 percent. However, 59% of women who are battered are seen by physicians, but only 10% get referred. This is the situation in the larger mainstream community. In the South Asian community, I think, it's even worse. Maybe because it's a small community; we know each other. We know the physicians. South Asian women tend to go to South Asian doctors because they know them, they trust them, they're in the community. But they are your friends. They live two streets down the road. That even makes it harder for women to speak about this to the doctors. And doctors also don't want to touch it because they think, 'I know her husband. Oh my god, I know him'. And this comes directly from my experiences. I live in the Morris County area and I have been called by physicians, in the physician's office by the nurses who call and say, 'can you come? There's a woman, South Asian woman here' – and these are South Asian doctors, 'here is a South Asian woman who seems to need some help'. In one case, a woman refused to go back home. She just said 'I'm not going' after the examination. 'I'm going to stay here'. Because she was so afraid to return. And I went there to see how I can help or get her resources that could. The doctor would not even come out meet me. The nurses told me 'please make sure that you don't connect what happened to this doctor. He does not want his name on anything to be reported, or any connections made'. And this has happened many times. The only thing I'm so thankful about is at least they called. And these kinds of things keep happening. And it's really very, very important for physicians to know what is happening with their community's women. And to have the resources they can provide to the women. I've heard doctors say 'I'm not a social worker, I can't be responsible for this sort of work'. I recognize that doctors don't have time, they really are busy. I know, I have my daughter and my son-in-law both are doctors. And they are overworked and constantly working at all kinds of hours. But, I think it's so important that they have these resources to say, 'it's okay for you to talk to me. I don't have time now. I will get somebody to talk to you. Let me

give some referrals'. And then call a couple of people to make sure they do get help. That is simply what we are talking about here.

So what's the incidence rate of domestic violence in the South Asian community? I've told you that there's very little research in this area in the South Asian community. The one study that has been published puts the rate at very high. The researchers surveyed about 150 highly educated women, many had Master's level and up and workingwomen. Look at the numbers. And these are women who are highly accomplished, highly achieving, highly educated. The interesting part is that the majority of these women said they're still with their partners, the same partners who had abused them, sexually and physically. The reason I'm saying this is because if you work with mainstream shelters, mainstream organizations, the whole resource and the whole support system is geared to work to get her out of that marriage and get her out of that relationship. That's considered the only way that they know how to keep her safe. However, something that I keep insisting wherever I speak, is that in our community many of the women choose not to leave. What do we do with them? How do we keep them safe? And we have to develop some kind of an understanding and resource, support system which will support the women making these various kinds of choices. Leaving or not leaving. Or separating for some time and then deciding to get back. Whatever that might be. We need to develop these alternate resources.

Another way of understanding incidence is by looking at DV related fatalities. I started doing this sometime ago. I get India Abroad, that's the only newspaper I get. I started clipping these little death notices and murders and stuff like that. I did this only with the cases where there was clear connection to domestic violence. That means the reporters themselves said that this was a domestic violence case. And after a while I found that the folders became thick and fat. What I did was in no way systematic or comprehensive. I am not here for four months every year. So I'm only getting some, not all the cases. But you can still see what is happening. And there are, by the way, many cases where it looks like a suicide, which may be due to domestic violence. There are disappearances, which may be related to domestic violence. So anyway, you get an idea of the magnitude.

So what about help seeking? What do battered women do? What do women do? We know that South Asian women tend not to seek outside help. They avoid seeking help. We bring with us this idea that law enforcement is embarrassing, horrible. We don't want to get involved with them. A woman, right now who is New Jersey jail for murder, told me that not only she thought that she was going to be raped by the police if she called, her husband told her, 'ah, you're going to call the police? Do so. They're going to just take you to the precinct and rape you over and over again'. So she just never did.

And she was here for only a year before all of this happened. So you need to have an understanding how this fear is also kept up by batterers – as a mode of control, by the way.

In addition, there is language barrier. Language can be a big barrier. People don't get it. Interveners don't understand what you're saying and they get women's kids to interpret – law enforcement comes, they get your kids to translate for you. We don't want that. The only person who may be speaking in English is the abuser and the kids. Who is she going to talk to? How is she going to communicate?

So all of these things become very, very important in the way way of intervention. Most of you are South Asians, you have an idea of what happens, how all of these characteristics stop us from seeking help and doing something about domestic violence.

Another issue that is very, very important is the bias against divorce. This is something we just don't want in our community. Intactness of marriage is very important, providing a father for the children is very, very important no matter what that father is like. And the last one, fate, Kismet, karma. You hear this again and again from women, 'this is my fate I cannot escape it'.

So what can you do? What do you do as physicians? Please, routinely screen for domestic violence. I went to speak in a doctors conference once and a couple of doctors came up and they had a question., One said, 'yeah, I'm an Ob/Gyn. And I see more bruises on South Asian women's bodies than I can tell you'. I asked him 'what do you do then'? And that's when he said, 'oh, cover them up'. The point remains that you see these bruises on women's bodies. And abusers are very, very careful in hurting only in the torso area. Thighs, breasts –you see violence during pregnancy, you see marks of a different kind, bite marks that look vicious. If you see bruises in hidden areas, question them. What's happening? Don't think they are love bites always. So routine screening is extremely important. It's important to ask 'why'. RADAR: Ask routinely screen, ask, document, assess and review. And look at options to offer. What can we provide to women?

I'm a social scientist, so more than anything my interest is in the individual stories. As physicians, you are in that position also. You can provide resources for the women. So how can you do that? And these are some of the resources that I can give you. In the South Asian community, of course, our organization is the only statewide organization. So we are there to help you in any way that we can. We have different language brochures. We have counselors who speak different languages. We have been trying to help, assist women to get through the barriers and find support and get out of a domestic violence situation. Ultimately safety is what you have to keep in mind, of women and of children.

One of the toughest issues, and I didn't talk about that, and I'm sure there are many pediatricians here, is incest in our community. And it happens. We work with incest victims all the time. It's probably even worse than domestic violence to talk about. It's probably the most not talked about issue in our community. And it angers our community, perhaps worse than domestic violence. But as physicians, neighbors and friends, religious leaders in the community, we must be there for the children. We must count on the physicians to safeguard women and children. And if we can, as Manavi, we can help you in any way -- that would be our privilege. Thank you very much.