

Master's Thesis

**A qualitative research approach to defining “consent” and “sexual assault” to explore barriers to reporting campus sexual assault among Asian American undergraduate women**

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***Abstract:***

Studies on labeling disparities in experiences of sexual violence indicate that Asian American female college students may have variable definitions and understandings of sexual violence. This suggests that there is a need to further explore the differences in definitions and labeling among Asian American populations in experiences of sexual violence: mislabeling of experiences could contribute to low rates of violence among Asian Americans. Thus, this proposal recommends a qualitative study among a diverse sample of Asian American female college students. Asian American women of varying ethnicities, sexual orientations and gender identities, socioeconomic statuses, and generations will be recruited to gain insight into how individuals within this population construct definitions of consent and sexual assault. It also seeks to demonstrate that there are disparities in barriers to reporting based on the differently constructed definitions. This study will employ an intersectionality-based policy analysis (IBPA) framework and community engagement strategies to inform the understanding, translation, and dissemination of findings for public health and campus communities to improve student health and to provide context to future programs, policy, and practice.

***Specific Aims:***

Campus sexual assault has become elevated to a mainstream issue with recent changes to federal policies: such changes include updates to Title IX introduced by current Secretary of Education, Betsey DeVos, or the lack of renewal of the Violence Against Women Act as of November 2019. Advocates suggest greater leniency as introduced by these policy changes tip the scales towards the abuser, making it more difficult for survivors to come forward (Rosenblatt, 2017; "Violence Against Women Act Reauthorization Threatened," 2019). It is critical to recognize existing barriers to reporting sexual assault among marginalized survivors, as well as potential new barriers as introduced by such policy changes, given that sexual assault disproportionately affects marginalized populations such as women of color, gender and sexual minorities, and immigrants. These changes engender further concerns among survivors and advocates, as the lack of response from policy makers and educational institutions, underreporting of sexual assault overall, and underreporting of the issue on college and university campuses is widespread (Khan, Hirsch, Wamboldt, & Mellins, 2018).

In studies that focus on the experiences of women of color, Asian American women are often not included in the data due to low sampling, or other reasons (Breiding, 2014). Generally, when this population is included in the data, the rates of sexual assault among Asian American college women is reported to be lower than the rates among women of all other races (Breiding, 2014; M. Y. Lee & Law, 2008). Whether the low rates among Asian Americans is due to overall low help-seeking behaviors, and therefore, underreporting, is not well known. However, the social, structural, and cultural contexts of barriers to reporting assault for Asian American women are important to consider when looking at the low rates of reported assaults within this population.

Though the overall tendency to underreport stigmatized issues and experiences is also well-documented among this population, there is little in the literature about diverse Asian American students' experiences of reporting campus sexual assault. Cultural attitudes can be a barrier to reporting sexual assault incidents among Asian American adults (La Flair, Franko, & Herzog, 2008). However, given that "Asian" is a broad and homogenizing term that encompasses many different cultural heritages, there are unseen and nuanced differences within the Asian American population (Yi, Kwon, Sacks, & Trinh-Shevrin, 2016). These within-group disparities apply to sexual assault victimization and reporting behaviors as well. Disparities in sexual assault victimization rates, as well as disparities in help-seeking behaviors among different subpopulations of Asian Americans are also visible when data are disaggregated by ethnic background (KAN-WIN, 2017). Therefore, Asian American college students of different ethnicities may experience differing barriers to reporting sexual assault.

Recent evidence also demonstrates that students of color in particular experience disparities in seeking help or treatment for mental health issues compared to their white peers, where mental health issues (e.g. depression, PTSD, anxiety, stress) are well-documented health outcomes following a sexual assault. According to the same study, students of color tend to seek informal, or nonclinical resources (such as family, peers) for support (Lipson, Kern, Eisenberg, & Breland-Noble, 2018). This raises questions of whether universities are capable of appropriately addressing and responding to traumatic events, and whether resources feel accessible to students despite being available to all. There is a need to better understand and provide structurally and culturally competent resources and outreach tactics to these populations.

This study seeks to delineate labeling disparities within the Asian American student population and assess how these disparities contribute to help-seeking behavior. Prior research suggests that the construction of personal definitions of consent and sexual assault may differ based on identity. Furthermore, there is evidence to demonstrate that there are differences among Asian American women in labeling sexual violence experiences (sexual harassment and sexual coercion) (Buchanan, Settles, Wu, & Hayashino, 2018). This indicates that there is similar and critical need to understand how labeling discrepancies in definitions of consent and sexual assault can contribute to persistently low help-seeking behaviors and reporting among Asian women college populations. Cultural differences, linguistic differences, and stigma contribute to disparities in general help-seeking behaviors for this population due to membership in multiple marginalized groups. Therefore, this proposal seeks to explore labeling disparities and differences among this population that may dissuade individuals from seeking help in the context of sexual assault on college campuses.

***Research Question:***

The goal of this study is to further understand differences in definitions of sexual assault and sexual consent and related barriers to reporting sexual assault. This study aims to understand the construction of definitions of consent and sexual assault among undergraduate Asian American women attending university in New York City. The qualitative research proposed is innovative in its intersectional analysis of multiple identities participants may hold and the multiplicative oppressive features that may discourage reporting and help-seeking following an assault. The identities of interest in this case are ethnicity/ancestry, generation, sexual orientation and gender identity (SOGI), and socioeconomic (SES) status. It seeks to illuminate differences among this population that is historically homogenized and systemically underrepresented population in the literature by looking at these multiple axes of identity and using an Intersectionality-Based Policy Analysis (IBPA) framework.

***Implications:***

Findings from this study will help elucidate how Asian American undergraduate women define sexual consent and sexual assault, provide evidence to understand how identity can affect definitions, and will inform practices and strategies for lowering the barriers to reporting sexual

assault for this population. The way that students define and interpret consent and sexual assault may provide insight into how survivors of sexual assault choose to report. This will provide evidence to understand how identity can shape definitions of consent and sexual assault, and how respective definitions of consent and sexual assault can affect perceived barriers to help-seeking. It will also set the foundation for future studies to better understand and address the specific needs of Asian survivors.

This information can be useful for schools, who may choose to pursue culturally and structurally competent programming in consent education. Based on this information, schools can consider modifying sexual/consent education practices and barriers to reporting to adjust for the specific needs of this population, or organizations can start to develop outreach strategies specifically for Asian communities. Information from the study will offer insight in ways to partner with the campus community that will better reach this population. Ultimately, increased and improved efforts to reach this population may have an effect on the reporting of sexual assault, where underreporting is already a widespread issue.

### ***Aims and Hypotheses:***

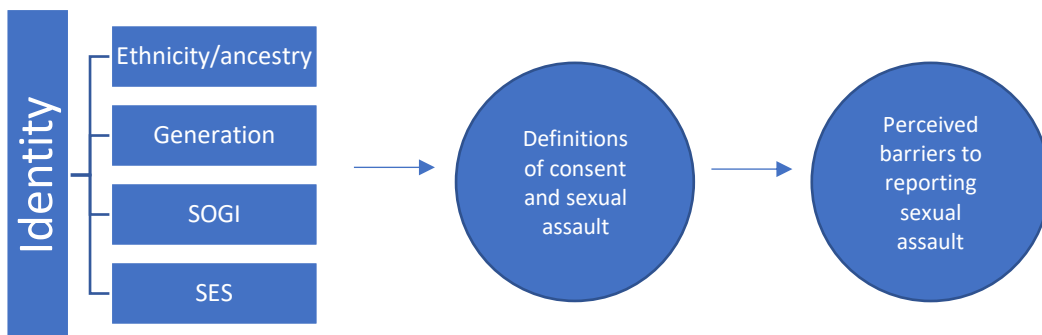
**Aim 1:** Use qualitative methods to explore how Asian American female college students define sexual assault and consent.

Hypothesis: There are differences among different Asian American subpopulations in how consent is defined and what qualifies as sexual assault: cultural aspects based on ethnic/ancestry differences will be a factor in the differing definitions of sexual assault and consent, as cultural attitudes and norms are different within subgroups. Generational differences in definitions may also exist, between individuals who are recent immigrants and individuals whose families have been in the U.S. for several generations and are therefore, more acculturated. Individuals of different generations may also have different definitions of either consent or sexual assault based on their unique experiences or access to resources, for example. Sexual and gender identities will also affect the definitions, as LGBTQ individuals often experience “significantly unique experiences” based on the systemic and interpersonal discrimination this population endures (Todahl, Linville, Bustin, Wheeler, & Gau, 2009).

**Aim 2:** Apply an intersectional framework by sampling equal numbers of East, South, and Southeast Asians in recruitment and by using an intersectionality-based policy analysis, to consider axes of generation, ethnicity, sexual orientation and gender identity, generation, and socioeconomic status in evaluating the definitions of consent and sexual assault, and perceived barriers to reporting incidences of sexual assault on college campuses.

Hypothesis: How and if this population chooses to report a sexual assault is related to how an individual labels sexual assault and defines consent, in addition to their college and structural and institutional barriers related to their college. How an individual labels sexual assault and defines consent is related to their positionality (i.e. ethnicity, cultural factors, gender identity, etc.)

**Aim 3:** Use community engagement approaches to engage the campus community as part of the intersectionality-based policy analysis (IBPA), and inform our understanding, translation, and dissemination of findings for the public health and campus communities to improve student health and to provide context to future programs, policy, and practice.



**Figure 1: Definitions of consent and sexual assault are dependent on the identity of Asian women, and affect the barriers to reporting sexual assault on college campuses**

### ***Background, Significance, & Innovation***

#### **Background/Significance**

*Sexual assault is a systemically understudied issue.*

In research on violence against women, sexual assault remains an understudied topic. Additionally, though women of color are more likely to be assaulted compared to their white counterparts, many marginalized subpopulations, such as racial minorities, immigrants, and lesbian, gay, bisexual, trans, and queer (LGBTQ) individuals for example, are understudied and systematically excluded from the literature (Buchanan et al., 2018; Ching, Lee, Chen, So, & Williams, 2018). Though Asian American women are both understudied as a population and

report better health outcomes, there are unique social, cultural, and political factors for this population that must be considered to understand how underreporting may be a significant issue. *There are extensive barriers to reporting sexual assault, especially for low-income women of color and other minority groups.*

Current research suggests that there are multi-level barriers to the reporting process in some campus environments, including lack of knowledge surrounding the reporting process, stigma, shame, and social risk, for example (Khan et al., 2018). Furthermore, both research and intersectionality theory demonstrate that there are greater barriers for low-income women of color in reporting an assault, including cultural or institutional contexts, for example (Crenshaw, 1990; Tsong & Ullman, 2018). These potential barriers are indicative of a need to improve outreach and interventions on campuses for students to become more comfortable with reporting practices and resource seeking. For Asian American college students in particular, studies demonstrate higher victim-blaming attitudes, rape-myth acceptance, and negative attitudes towards rape victims among Asian Americans, compared their white counterparts (Bryant-Davis, Chung, & Tillman, 2009; J. Lee, Pomeroy, Yoo, & Rheinboldt, 2005). These rape-supportive and victim blaming attitudes towards sexual assault can be contributors to underreporting of incidents for Asian American women (Bryant-Davis et al., 2009).

One study with low-income college women reported that this population is less likely to acknowledge, and therefore, report the rape. That is, participants did not label their experience as rape, demonstrating a labeling disparity. This was attributed to the protective nature of not acknowledging the rape, where participants reported feeling less stigma from having not disclosed their experience with others and avoiding exposure to negative reactions (Littleton, Radecki Breitkopf, & Berenson, 2008). Another study corroborated the lower likelihood for low-income women to report: advocates working at rape crisis centers reported that low-income survivors who choose to report to law enforcement were subject to both race and class biases. A majority of the workers who participated reported that credibility of low-income survivors was questioned, and that young people of color were especially “bullied” into taking back their statements. Advocates also noted that individuals who were sexual and gender minorities were also subject to victim blaming when reporting (Ullman & Townsend, 2007).

*Definitions of consent and labeling of sexual assault have the potential to be interpreted differently amongst individuals from underrepresented sociodemographic backgrounds or cultures, and require intersectional analysis.*

When campus sexual assault is studied, it is often done so in quantitative, survey-based formats. Recent research has recognized the need for consideration of multiple dimensions when describing sexual consent practices. One study that used qualitative methods to define dimensions of sexual consent amongst university students articulated seven dimensions that define the social context of consent. One dimension, intersectionality, was used to define the differences among people of different races in their consent practices. Though it distinguished the explicit manner and defined the historical context in which a Black man partnered with white woman obtains consent, it did not offer insights into other racial or ethnic differences in definitions of consent (Hirsch, Khan, Wamboldt, & Mellins, 2019).

The current literature suggests that there may be differences in the labeling of sexual assault among racial groups. There are social risks associated with labeling an assault, where students can downplay or deny a sexual assault experience to maintain relationships or personal identities. A recent study on the labeling and reporting of sexual assault among a diverse sample of college students found that students feel strongly about labeling, as it has the potential for creating identity conflict and contributing to mental health consequences (e.g. trauma) for self and community. Though the study outlined how gendered scripts contribute to labeling, it did not mention labeling disparities based on racial or cultural factors (Khan et al., 2018). Other studies found that Asian American women may “lack understanding of what qualifies as sexual assault, especially when the interaction occurs between acquaintances,” and that language barriers and “differences in defining rape” may have an effect on the actual prevalence rate of sexual assault among this population (Bryant-Davis et al., 2009; J. Lee et al., 2005). There is also evidence of differences in labeling of sexual harassment among Asian women college students. Participants in one study labeled sexual coercion more often as sexual harassment, and labeled sexual harassment much less despite the high rates of sexual harassment experiences (Buchanan et al., 2018). This suggests that there is a need to further explore the differences in definitions and labeling among Asian American populations in experiences of sexual violence: mislabeling of experiences could contribute to low rates of violence among Asian Americans. There is also a need for further intersectional analysis, as the role of other social, cultural, political, and



historical factors (e.g. ethnicity, immigration/refugee status, class, gender identity, housing status, etc.) are likely drivers of oppression for women of color as relates to the issue of campus sexual assault.

*The model minority myth masks health disparities within Asian populations.*

The model minority myth has often been credited in falsely constructing the notion that oftentimes, Asians are healthier than all other race groups in many health outcomes (Yi et al., 2016). While it is true that reports of sexual assault victimization among Asian individuals remains lower than that of other racial minority groups, there is also research that suggests that Asians are more likely to underreport overall due to their low help-seeking behavior tendencies and cultural factors (Okamura, Heras, & Wong-Kerberg, 1995; Tsong & Ullman, 2018). One qualitative study describes the differing preferences for seeking help following an assault and the perceived help-seeking barriers among subgroups of Asian American women. Though this study provides evidence for differences among different subgroups, it also primarily focuses on perceptions among East Asian subgroups—such inconsistent sampling of Asian Americans is a common feature in ‘disaggregated’ data (Islam et al., 2010; M. Y. Lee & Law, 2008). Perceptions among the different Southeast Asian subgroups and South Asian subgroups are unclear or unavailable (M. Y. Lee & Law, 2008). Overall, there is a gap in the literature that demonstrates the disparities within Asian American subgroups though there is emerging evidence of disparities. Adopting widespread practices of disaggregating sexual assault data and in studies on violence among Asian populations would be useful in parsing the differences in reporting between ancestry groups. Studies have demonstrated interest in knowing the cultural and social barriers, such as acculturation and enculturation, amongst the different subpopulations to better assess specific trends (La Flair et al., 2008).

*Asians are systematically underrepresented in the literature overall and in the literature on sexual assault. Qualitative research can expand on the specific health needs of this population.*

There are few studies that involve any Asian American experiences of non-partner sexual assault or on-campus sexual assault. In research on intimate partner violence, which is the most common form of gender-based violence (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006), a majority of existing studies about Asian Americans still tend to lump, or homogenize Asian populations into one. This misrepresents the disparate background characteristics that affect their experiences with violence. Identifying the different needs of Asian subgroups for IPV

research on Asian Americans is a gap in the IPV literature (C. Kim & Schmuhl, 2018). This lack of research on violence among Asian Americans can also be attributed to a larger issue of lack of literature on the health of Asian Americans, low rates of reported violence among this population, and the model minority myth (Chen, 2010; Yick & Oomen-Early, 2008).

Literature on Asian American health often overestimates the resiliency and positive health outcomes within this population. This is particularly relevant in the context of the model minority myth, which is persistently applied to the Asian population as a whole: it falsely indicates that Asians in the U.S. widely experience positive health and life outcomes. When disaggregated, data demonstrate large disparities within the Asian community based on ancestry across a variety of topical areas, including socioeconomic status, health outcomes, social outcomes, and access to services and funding (Yi et al., 2016). Asian as a race group is also omitted from national-level data because survey techniques collect smaller sample sizes of Asians. The data are considered unanalyzable as numbers are unstable and further contributes to the systemic underrepresentation of this population in the literature (Yi et al., 2016).

Understanding the diversity of the Asian American community from aggregated or omitted data is difficult (Yi et al., 2016). Qualitative designs can help contextualize existing studies and better inform the needs of this population: they “give voice to previously disempowered, marginalized, and silenced groups who share their worldview and lived experiences in their own words, in their own way, and under conditions set forth through comembership in the research endeavor (Ponterotto, 2010).” This qualitative study will apply an intersectional approach to examine the experiences of female Asian American undergraduate students to examine the definitions and understandings of sexual assault and consent among this population and assess perceived barriers to reporting.

*Intersectionality theory frames violence against women of color and should be considered in creating equitable and safe campus spaces.*

Crenshaw’s intersectionality framework conceptualizes violence by men against women of color, and Black women in particular, by describing the intersecting and interacting experiences of race, gender, class, sexuality, immigration status, and other identifying characteristics (Crenshaw, 1990). Crenshaw further describes structural intersectionality, which distinguishes the experiences of domestic violence and rape in women of color as different from those of white women. For example, language barriers pose clear structural issues for immigrant

women with limited English proficiencies (and of color) in seeking support or accessing resources (Rodriguez, Valentine, Son, & Muhammad, 2009). This makes them particularly burdened and disempowered, and allows for greater potential for victimization compared to a woman of color who is fluent in English, has financial resources, and/or has social support. Furthermore, a woman of color who does have access to these resources may also need to use these resources to address issues related to both the issue and their social, economic, and political placement in their environment. That would require greater resource allocations to meet the greater needs of such populations, but institutionally, these resource providing sites are often underfunded due to their positionality as well (Crenshaw, 1990). Such on-campus sites for us to consider in this study could include Title IX office, confidential sexual assault services, health services, mental health services, LGBT centers, health promotion office, student group support, community-based services, and more. This framework would suggest the critical need to examine class, ethnic, gender, generational, and immigration/refugee statuses as some potential axes of analysis while additionally considering the positionality of Asian American women in the sociocultural, historical, and political spheres.

One study used an intersectional approach to examine sexual harassment and racial harassment among Asian American women on college campuses. The study suggested that being both Asian American and female were factors in high incidence of unwanted sexual attention experienced by participants. It also found that the nature of sexual harassment endured was related to participants' race and gender. Furthermore, it maintains that sexual harassment endured may be reflective of perpetrators' endorsement of sexual stereotypes of Asian women (Buchanan et al., 2018). The stereotype of the exoticized sexual object as attributed to Asian women, combined with the historical and political contexts of imperialism, colonization, and rape as a tool of war during occupation of Asian countries are considered contributors to the manifestation of the stereotype among Asian American women. Additionally, the high incidence of war brides from Asian countries during wars in the 20<sup>th</sup> centuries is considered a factor of the exoticification of Asian women in American society and modern American culture (Chou, 2012).

Sexual and gender minority populations experience physical and sexual violence at elevated proportions compared to their cisgender/heterosexual counterparts. The perception of women/femininity as inferior to masculinity, as well as the defiance of gender stereotypes according to a gender binary are reportedly both societal motivators of violence against sexual

and gender minority population (Blondeel et al., 2018). This places sexual and gender minority students at greater risk for assault, where they are less likely to seek support from an institution than their cisgender and heterosexual counterparts (Richardson, Armstrong, Hines, & Reed, 2015). One study among lesbian, gay, and bisexual college students who experienced sexual harassment or assault were likely to overwhelmingly describe institutional betrayal from the school/university for “failing to prevent or respond inadequately to reports of sexual violence.” It also described the potential for further betrayal from uneducated staff members who respond to sexual violence, if staff members are unaware of the greater risk for sexual assault that sexual minority students face (Smith, Cunningham, & Freyd, 2016). This indicates that institutional betrayal may be a greater barrier to minority students who are already less likely to seek help.

Though there is little research on sexual and gender minority Asian Americans, intersectionality theory frames violence against these populations, where individuals may experience double jeopardy facilitated by racism and heterosexism. Furthermore, Asian American women and gender minority individuals, who identify as sexual minorities, likely experience an additionally compounded jeopardy of racism, sexism and heterosexism (Crenshaw, 1990; Sung, Szymanski, & Henrichs-Beck, 2015). Research demonstrates that the experience of “racialized and heterosexualized sexual objectification,” in addition to cultural and gender norms amplifies stress among Asian American lesbian and bisexual women (Sung et al., 2015)

*Asian populations display low help-seeking behaviors and underutilize services due to a variety of structural and cultural factors.*

Lower help-seeking behaviors among ethnic minority populations has been well documented in the existing literature (Asnaani & Hall-Clark, 2017). However, one national study among college aged female rape victims found that there was no difference between race in help-seeking behaviors between white and “other” non-white race groups. They did find that participants with prior history of Post-Traumatic Stress Disorder (PTSD) were more likely to seek help. This indicates that individuals who experience non-PTSD symptoms may not be receiving help. Also, because participants were asked to identify whether or not they had experienced rape, individuals who do not define their experiences as rape but experience PTSD-like symptoms may still have difficulty seeking help (Amstadter et al., 2010). In studies of psychological distress, Asian Americans exhibit underutilization of health services and mental

health services, delayed symptom recognition, and lower help-seeking behaviors compared to other race groups. These behaviors also extend across first, second, and third generations of Asian Americans and is attributed in part to family and community stigma (Augsberger, Yeung, Dougher, & Hahm, 2015). Asian Americans experience other barriers and experience disparities in utilization of health services compared to other race groups. For example, limited English proficiencies, limited health literacy, immigration status, lack of health insurance, and use of alternative services are barriers unique to Asians in this measure (W. Kim & Keefe, 2010).

Mental health care is also a highly underutilized health care service among Asian and Pacific Islander populations, and the lowest compared to other ethnic groups (Alegría et al., 2008). Asian Americans are also more likely to stop seeking mental health treatment prematurely compared to white populations (La Flair et al., 2008). Using mental health services following sexual assault is often a critical part of care, as outcomes can include suicidality, PTSD, substance use, and more. Asian American female survivors of sexual assault were also found to be more likely to experience suicidal thoughts following an assault compared to non-Asian female victims (Bryant-Davis et al., 2009). However, they were also found to underutilize mental health care across multiple Asian ethnicity groups compared to Asian men, and women of other races. Cultural and familial stigma are significant barriers to help-seeking in Asian Americans (Augsberger et al., 2015). The low help-seeking behaviors displayed widely by Asian Americans can be attributed to barriers such as being an immigrant, having limited English proficiency, or difficulty finding or navigating health care services (Rodriguez et al., 2009).

Recent studies of sexual violence assert that Asian Americans in general present with the lowest rates of sexual violence among any racial group on college campuses, and are therefore “at less risk overall compared to white students (Mellins et al., 2017).” This seemingly positive health outcome could be attributed to a difference in constructs of consent, trauma, or violence or contributing cultural factors, which may lead to underreporting on surveys that are not tailored to their needs. Other evidence suggests that rates of violence among Asian Americans, and Asian American women in particular, may be underreported and understated in the literature. In one 2017 study of the greater Chicago area conducted by a community-based organization, 54% of Asian women of 313 respondents report having experienced a form of sexual violence (KAN-WIN, 2017). This is far larger prevalence than other existing reports seem to suggest, and is higher than the national average. Despite some reports demonstrating low rates of sexual

violence among this population, these results, in addition to intersectionality theory, suggest that there is underreporting or underestimation of rates of sexual assault among Asian women.

### **Innovation**

This study will be the first to use qualitative interviews to examine the constructs of “consent” and “sexual assault” among Asian American female college students to contrast the different constructions of definitions of consent and sexual assault among this population. Considering the consistently low help-seeking behaviors displayed by this population, we will use an intersectional theoretical framework to assess the different barriers within subpopulations, examining along the axes of ethnicity, generation, gender identity, socioeconomic status, etc. We will also utilize historical, societal, and cultural contexts to examine patriarchal, familial, and religious influences as barriers to reporting sexual assault on college campuses. Lastly, this study will use a community-engaged approach to inform the analysis, understanding, translation, and dissemination of findings for the public health and campus communities to improve student health and to inform future programs, policy, and practice.

### ***Design and approach***

#### **Overview:**

Studies have previously used ethnographic methods to study dimensions of consent and labeling of sexual assault. Prior studies have also focused on the social risk of labeling and reporting sexual assault among college-aged students. For example, students in college and advocates working at rape crisis centers have both expressed in in-depth interviews that racial and class biases are salient factors when reporting (Khan et al., 2018; Ullman & Townsend, 2007). Fear or experiences of being disbelieved by authorities as racial or gender minorities, and fear of institutional betrayal as a minority student were also considered barriers to reporting (Smith et al., 2016; Ullman & Townsend, 2007). However, none of these have elucidated these factors for Asian students and campus sexual assault. Studies on this topic either use “people of color,” broadly, do not report data from Asian American participants, or do not sample for Asian American students. This study will emphasize the experiences of Asian American female college students, and focus on identity factors contributing to definitions of consent and sexual assault and therefore, respective barriers to reporting assault in a novel population of study. This study

will use a qualitative grounded theory approach and conduct semi-structured in-person in-depth interviews (IDIs) with participants. This study will also use a community engagement approaches to inform the work. Key informant interviews with campus stakeholders, including students, university administrators, health service providers, will be conducted. A student advisory board (SAB) will be recruited, and will be comprised of students and student group members who are directly engaged in consent trainings/education, survivor advocacy, community/cultural student groups and university policy work. One example of a student group that we would request participation from and want to learn from is Columbia University's Coalition Against Sexual Violence group. Advisory board members, who will assist in study design, recruitment, data collection, and analysis, will be excluded from interviews and be compensated per meeting. Participants will also be compensated for interviewing.

## **A. Sample selection, recruitment, and data collection**

### **A1. Selection Criteria**

IDIs will be conducted with 30 Asian American women who are undergraduate students attending Columbia University in New York City (n=30). Recruitment will emphasize the participation of an equal number of participants from underrepresented Asian populations, given that studies among Asian populations tend to oversample East Asians (i.e. n=10 East Asians, n=10 South Asians, and n=10 Southeast Asians). Underrepresented Asian populations include smaller groups or groups whose immigration patterns are more recent, such as Thai, Tibetan, Burmese, or Hmong populations, for example (Ling, 2008). Recruitment of a demographically diverse participant pool will be attempted by recruiting from a variety of student interest, identity, and cultural groups, in order to create a comparative body of evidence for the differences in experiences among students of different ethnicities, socioeconomic status, gender identity, and generation that may occur. This will be necessary in order to discern the respective perceptions and barriers are to accessing resources available on campus. Participants will include women who (1) are undergraduate students attending Columbia in New York City; (2) self-identify as of Asian heritage; (3) are between the ages of 18-28. Individuals who are as mixed race or mixed ethnicity and identify as Asian American will meet the selection criteria for this study as well.

### **A2. Recruitment**

Qualitative studies often utilize purposive sampling to recruit participants who are knowledgeable or representative of a central phenomenon – in this case, we will use purposive sampling of Asian female college students in NYC to demonstrate the differences in definitions consent and sexual assault, as well as related reporting and help-seeking behaviors, all along different axes of identity.

Recruitment will be done primarily through student groups and departmental emails by emailing student leaders of selected student groups. Identity-based, faith-based, and cultural student groups are community building spaces on undergraduate campuses, and this will be an important contact point for recruitment because we will be seeking to reach students who identify as part of different Asian ethnic identities and generations. Student advisory board members will provide insight into, and be involved in recruitment. Members will be informed about the study prior to attending a student group meeting to briefly inform students of the study's aims. Because of the sensitive nature of some of the topics to be discussed, there will be transparency from the beginning of the recruitment of participants. That is, the aims of the study will be made absolutely clear: to better understand how this population understands consent and sexual assault to ultimately improve access and quality of resources available to survivors. Advisory board members will leave contact information for a community engagement coordinator (myself) and study information sheets, directing interested individuals to email. If prospective participants are interested in learning more, they may speak in person to the member attending a group meeting, or they may be directed to contact the community engagement coordinator. Emails sent to departmental email listservs will also list study information, aims, and contact information. If individuals are interested in speaking in person, staff can be prepared to discuss study details.

Prospective participants will be informed of confidentiality procedures, topical areas, and the audio-recording procedures of IDIs. If the prospective participant is comfortable with proceeding, a brief screening to determine eligibility will be provided. As a local study, this will be available in-person or over the phone. An interview will be scheduled if eligible, and contact information will be noted. Meetings, screenings, and calls will be made available in the selected languages.

Topics discussed may be sensitive and potentially triggering to some interviewees. Information on current local resources will be provided to every prospective participant,



regardless of decision to participate. They will also be printed on the study information sheets, included in email text, and announced by recruiters. Interviewers will discuss available on-campus and local resources with participants.

Recruitment can be done on a rolling basis over the course of one academic year, to maintain continuity in any university education and policy changes regarding sexual assault. If recruitment efforts through these venues are not effective, a second effort will be made to address student groups in-person. The types of student groups that are addressed may also be expanded to include interest groups and other student groups as well.

### **A3. Research Setting**

New York City has the largest Asian population in the United States, and there is a substantial Asian student population attending university within the city. Additionally, according to census counts, the Asian population residing in NYC is very diverse. According to Columbia University Office of Planning and Institutional Research headcounts from Fall 2019, 16.8% of the undergraduate student body identified as Asian (Columbia, 2019). The data from this study on Asian female college students in New York City will not be highly generalizable, given the nature of the qualitative study. However, the diverse urban setting and college setting will likely provide insights from Asian students from a variety of backgrounds. This will help to elucidate differences among the broader Asian population, and begin to provide a working framework to examine constructs of consent and sexual assault with an intersectional lens.

Participants will be recruited from Columbia University located in New York City, as that will allow for a diverse subject pool— this is important as the aim of the study is to examine the differences in constructs and labeling of consent and sexual assault among a diverse Asian female student population in NYC.

### **A4. Data Collection**

Currently, the existing tools for assessing the national burden of sexual assault among college students are primarily quantitative. Two large surveys of student health and campus climate that account for sexual misconduct are the annual Campus Climate Survey from Association of American Universities and the is the National College Health Assessment (NCHA). The NCHA is widely administered at university campuses after the tool is tailored to each campus by campus administrators, and the assessment measures health of both undergraduate and graduate students. The health survey typically includes a several questions on

personal safety, including different types of violence; despite this, it is difficult to discern perspectives on these topics. Especially since many NCHA reports do not disaggregate data by race, the disparities experienced by students of color on campuses cannot easily be parsed – the differences between Asian students is even more difficult when Asians are usually omitted from data, categorized as “other,” or included in combination with other races (e.g. Asian and Pacific Islander). However, there is a body of evidence demonstrating the impact that community-specific barriers to accessing care and community stigma have on resource-seeking behaviors in people of color (Carter, 2007). The Campus Climate Survey, on the other hand, does disaggregate outcomes by race; however, even though it collects information on Asian subpopulations, it does not report any outcomes by subpopulation. It asks students if they are Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or “Other Asian,” which does cover several subpopulations, but also leaves out many large populations—particularly those that may also be large in NYC but unlisted among these groups. Qualitative information, provided by IDIs, can help provide context for campuses to respond to their respective needs, depending on their specific campus demographics. In this case, discerning the respective definitions of consent, sexual assault, and perspective on barriers among Asian women will provide information that campuses need for providing culturally and structurally competent services to populations that have previously been homogenized, underrepresented in data, and underserved.

Prior to starting the interview, participants will be asked to fill out a short demographic form on which the participant will provide a self-identified ethnic/racial identity with a request to be as specific as possible —examples will be provided (e.g. Laotian American, Hmong, Tamil, Chinese-Korean, etc.). The form will include sections to determine sex, sexual orientation, gender identity, age, generation, relationship status, and employment status. Interviewees may leave at any point of the interview, or decline to answer any question—a \$40 gift card will be provided to all participants at the ending point of the interview.

A Waiver of Documentation for Consent will be requested so no identifying information of participants will be collected. Interviewees will be notified of confidentiality procedures, review a confidentiality procedure, and be asked for verbal confirmation of consent during the beginning of audio recording for the interview. Given the unique stigma around sex and sexual assault within many of these communities, a unique identifier will be assigned to the participants so no record linking the participants names to the research exists.

Interviews will take place in a private space in easily accessible locations to students – efforts will be made to accommodate for students’ needs by hosting on the participants’ campuses, but there will be an alternate option to use a HIPAA compliant web-based video application. For on-campus interviews, a campus mental health service provider will be made available during the time of the interview, in case the participant becomes distressed or is psychologically triggered. The interviewer will walk with the participant to the provider’s office. Interviewers will discuss available on-campus and local resources with all participants. Following the interviews, interviewers will also review the legal definition of consent with all participants as an educational component.

The interview will be semi-structured, and interviewers will be provided with an interview guide (see *Appendix A*). Interviews will be conducted by myself and another research assistant. All IDIs will last approximately 30 minutes to 1 hour and will include questions about attitudes and conceptualizations of consent and sexual assault and attitudes on help-seeking. Interviews will also include vignettes, asking participants to consider how consent is being requested.

## **B. Data Management and Analysis**

The collected interviews will be recorded on an external voice recording device. Audio recordings will be immediately transferred to and stored on a worksite network drive managed by Columbia University Mailman School of Public Health IT. Transcripts of the interview data, which will be managed by study team members, will also be stored on the worksite network drive. Access to study records will be limited to members of the study team only.

### *Grounded Theory*

The interviews will be analyzed with grounded theory, with simultaneous collection of data and analysis to make necessary adjustments to the interview questions, for example, as themes emerge and constructs are developed from the data. This iterative process will be done in order to develop a theory from the participants’ descriptions about their definitions of consent and sexual assault. It will assist in parsing how the constructs of “consent” and “sexual assault” are defined by and constructed by students in the population of interest, in the context of barriers to seeking resources following an assault. It will also help to describe the phenomenon of low reporting and lack of help-seeking behaviors, despite having at least some resources available to

all students on campus. As grounded theory is inductive in nature, the themes that emerge will determine the theory according to what participants have described. Open coding will be used as a first step of a grounded theory analysis to examine and organize patterns that may emerge in the data in an exploratory manner, and in an effort to minimize interpretive biases, as subjected by the reader.

The transcripts of the interviews will be coded using thematic analysis to identify themes and assess for definitions of consent and sexual assault, across and within interviews. All coding will be independently done by two individuals (research assistant and myself). The research assistant and I will hold regular meetings in order to compare codes and reliability, discuss arising themes, and manage any discrepancies. A third individual may also be consulted in the occurrence of discrepancies. A constant comparison method will also be maintained to develop and verify the theories that emerge throughout readings and re-readings of the transcript.

Student advisory board members will be informed in coding and analysis basics through trainings so that they may provide feedback on emerging codes and themes. There will be discussions to help develop relative definitions for constructs of consent and sexual assault, and also to explore perceptions and barriers to seeking help on campuses based off of the transcripts. Researchers will act as facilitators, and in the case of discrepancies will lead the group through collaborative decision-making, informed by Delphi method. The Delphi method assumes that advisory members are experts. The problem is presented to the advisory members. In this case, the challenge is to determine definitions of consent and sexual assault and perceptions of barriers to help-seeking on campus among the transcript data, based on initial coding. Student advisory board members will be informed of the initial codes as identified by the researchers, and the group would discuss the codes for similar themes. Codes, subthemes, and collective final themes are determined based on discussion and survey answers. This becomes an iterative process, where the facilitators collect, review, and adjust the feedback until consensus among the group (both facilitators and board members) is sufficiently reached (Sekayi & Kennedy, 2017).

### **C. Dissemination of Findings**

A dissemination plan for the findings will be developed with the student advisory board. Some methods of dissemination may include presentations, informational sessions, inclusion of results into first year trainings, reports, or social media graphics. Using the results, students on

the advisory board may choose to advocate for policy and procedure changes within their own campus. Results will also be made public to the student body in a report format through venues such as student group websites, social media, and student health center pages. Findings may also be published in journals.

**D. Aims and Analysis**

*Aim 1: Use qualitative methods to explore participants’ definitions of consent and sexual assault and determine barriers to reporting sexual assault and seeking help among Asian female college students.*

Term	Definition
Consent	Under New York law, lack of consent results from: (1) forcible compulsion; (2) incapacity to consent; (3) where the offense charged is sexual abuse or forcible touching, any circumstances, in addition to forcible compulsion or incapacity to consent, in which the victim does not expressly or impliedly acquiesce in the actor's conduct; or (4) where the offense charged is rape in the 3rd degree or criminal sexual act in the 3rd degree, in addition to forcible compulsion, circumstances under which, at the time of the sexual act, the victim clearly expressed that he or she did not consent to engage in such act, and a reasonable person in the actor's situation would have understood such person's words and acts as an expression of lack of consent to such act under all the circumstances. New York Penal Law §130.05.
Sexual Assault	Sexual assault is any type of sexual activity or contact that you do not consent to. Sexual assault can happen through physical force or threats of force or if the attacker gave the victim drugs or alcohol as part of the assault. Sexual assault includes rape and sexual coercion.  womenshealth.gov
Asian	Asian will include anyone who self-identifies as “Asian,” and may include any individual who has ancestry from the continent of Asia (including East, South, and Southeast Asia, broadly).

**Table 1: Definitions of Consent, Sexual Assault, and Asian**

*Aim 2: Use an intersectionality theoretical framework to examine these definitions along axes of identity, and the barriers to help-seeking and reporting sexual assault.*

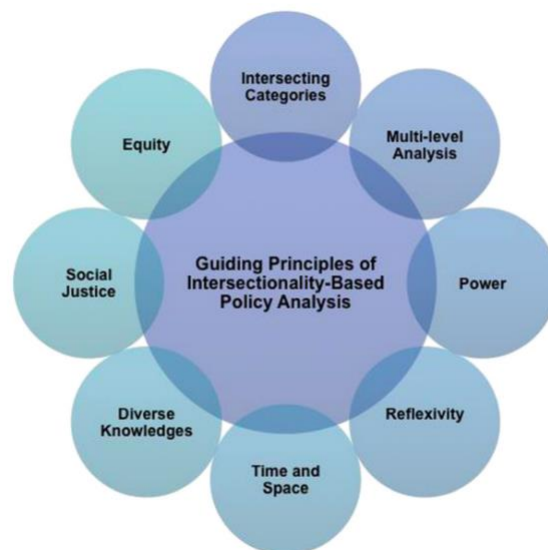
Hanivsky et al. developed an intersectionality-based policy analysis (IBPA) framework after noting that while there was a significant amount of literature that addressed the theory of intersectionality, but little to no methodology available on how to apply it to health and health policy. Intersectionality is rooted in social justice, acknowledging the socially constructed, dynamic nature of social categories, such as ‘race,’ ethnicity, gender, ability, religion, etc. It maintains that people and their experiences are multifaceted and cannot be reduced to one characteristic; it recognizes the structures and processes of power in different historical and cultural contexts and spaces. Hanivsky et al. suggest that IBPA should be implemented by using guiding principles, as well as overarching questions to guide the direction and analysis of a health and health-related policy or program (Hankivsky et al., 2014).



**Figure 2: Descriptive & transformative overarching questions of IBPA.** ; reprinted from: Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., ... & Clark, N. (2014). An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. *International journal for equity in health*, 13(1), 119.

There are two categories of questions: descriptive questions are intended to provide context to and interrogate the process of identifying policy issues and transformative questions help to identify solutions for social and structural change. The authors also emphasize flexibility and simplicity as two important features of using IBPA, where some analyses may focus on certain questions only, and not every question has to be answered. Though we will review all of these questions with the student advisory board, for the current design and analysis of this study, the key guiding questions will be #4: How are groups differentially affected by the representation of the ‘problem’? and #6: What inequities actually exist in relation to the ‘problem’?

#4 is selected because there is evidence that people may have different understandings of constructs, such as sexual assault and consent, which has been seen in the literature. There is some recognition of how this may affect people of different race and some evidence of attitudes towards rape among Asian college students; however, how Asians perceive these constructs in the context of barriers to help-seeking is not available in the literature (Hirsch et al., 2019; J. Lee et al., 2005). It may help to provide context to why Asian students tend to report low rates of sexual assault as well (J. Lee et al., 2005). For the purpose of this study, we will reframe #4 to read: *How are groups among Asian female college students differentially affected by their respective and differing definitions of consent and sexual assault?* #6 was selected to be able to define inequities within the population of Asian American female college students, as currently, the kinds of inequities that may exist are unclear. #6 will be clarified to read: *What inequities in help-seeking actually exist in relation to this population’s respective and differing definitions of consent and sexual assault?*



**Figure 3: Guiding principles of Intersectionality-Based Policy Analysis (IBPA);** reprinted from: Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., ... & Clark, N. (2014). *An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. International journal for equity in health, 13(1), 119.*

We will also use the guiding principles of IBPA, which “are intended to ground the 12 key questions” and are to be used in coordination with the questions. For question #4, How are groups differentially affected by the representation of the ‘problem’? we can use time and space, diverse knowledges, intersecting categories, multi-level analysis, and social justice to examine how historical, societal, and cultural contexts may affect different individuals. For example, a student who is a first-generation Korean student who is Christian may find that while growing up, they may not have had sex education inclusive of consent because both the religious, cultural, gender, and other aspects may stigmatize the way they learned or did not learn about sex. Because of this context, their experience may differ from another Korean student who is not Christian, or another Korean student who is not first generation, for example. Additionally, the way that they learned about sex may differ from other students because they are a first-generation student, and perhaps they have ways and gestures of communicating that are different from individuals whose first language was English, making them either more or less vulnerable to victimization and coercion – the effect is unknown. From this, we can incur what kinds of inequities exist in barriers to reporting an assault, based on how consent and sexual assault is interpreted by the student who has these multiple identities and use critical reflection to view how all of their identities can contribute to these definitions (diverse knowledge, multi-level analysis). By reviewing findings with individuals who serve on a student advisory board, we can also account for reflexivity by acknowledging the viewpoint from which this research is also conducted: this engagement can help to elucidate our imagined standpoints and reveal discrepancies in evidence offered by literature and the “everyday actualities of persons who sit at varied axes of oppression and marginalization (Hankivsky et al., 2014).”

Using IBPA framework will allow us focus on inequities as experienced by Asian women. We will use the IBPA framework to argue that the many facets and intersections of identity for Asian women can contribute to the way that the definitions of consent and sexual assault are constructed, and how barriers to help-seeking following an assault may present based on these constructs. We will be able to explore the different and intersecting levels of oppression and privilege to recognize the structural barriers that contribute to health disparities in a



population that often demonstrates low rates of sexual assault, compared to other race groups. This will help to provide a more context-specific analysis, as well as contribute to a disaggregated form of knowledge of the experiences of Asian populations.

IBPA Questions	Construction of definitions of sexual assault and consent	Barriers to help-seeking
#4: How are groups differentially affected by the representation of the ‘problem’?	<p>Asian women tend to report sexual coercion as sexual harassment</p> <p>Asian American women may “lack understanding of what qualifies as sexual assault, especially when the interaction occurs between acquaintances”</p> <p>There are noted differences in definitions of consent between races</p>	<p>Misleading lack of visible problem:</p> <ul style="list-style-type: none"> <li>- Model minority myth suggests health outcomes among Asians are positive</li> <li>- Little in the literature about Asian students’ experiences of reporting campus sexual assault</li> </ul>
#6: What inequities actually exist in relation to the ‘problem’?	<p>Community reports display disaggregated rates of violence among Asian Americans that are higher than reported in other studies, and conclude that sexual violence rates broadly may be underreported and understated in the literature</p>	<p>Asians display low help-seeking behaviors following a sexual assault and for mental health services generally</p> <p>Higher stigma and shame response associated with sexual assault experiences, compared to other groups</p>

**Table 2: IBPA questions**

**Study overview and timeline**

This study will convene a student advisory board in the first two months, in preparation for recruitment and interviews that will span over the course of one academic year. We will recruit for three months, with the assistance of the SAB. In-depth interviews will be conducted for five months, followed with data cleaning and analysis, development of dissemination plan, and writing of journal articles, community reports, and fact sheets. Dissemination will be done over the last two months.

PROJECT TIMELINE	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Activities												
IRB submission preparation, submission, and convening student advisory board												
<i>Aim 1: Develop understanding of relevant background literature and current state of qualitative research on college student populations, Asians, and women, as well as any intersections of these identities.</i>												
• Content analysis of relevant literature												
• Develop resource list												
• Develop and refine Interview Guide with SAB												
• Recruit student interviewees												
• Conduct interviews (n=30)												
• Cleaning, transcribing, and coding interviews												
<i>Aim 2: Index Development</i>												
• Develop and finalize index												
• Consult SAB for coding validity												
<i>Aim 3: Applying the index to definitions of constructs of consent and sexual assault, and help-seeking behavior</i>												
• Develop theory and definitions for care and support among graduate students of color, compare results between student groups												
• Prepare and submit manuscripts												
• Prepare community reports, for school review												

**Table 3: Study timeline**

**Feasibility**

When examining the potential risks of the study, the use of community engagement approaches allows this study to be feasible. Recruitment will be informed by and facilitated by students who are involved on their school campuses, connected to their school communities, and engaged in work related to sexual consent. They can be considered trusted individuals who are delivering study information, as students who are involved in campus and committed to safer and healthier campus environment. As individuals who are familiar with the current and cultural trends that exist on college campuses, they will be able to provide further context to the coding and analysis. Finally, the student advisory board and us can cohesively present the findings to the public health community and campus communities as a reputable front. Using this information, students and administrators will be able to implement the findings on their respective spaces for

policy, program, and service changes, given the evidence for existing differences among this population.

### **Ethical concerns**

Oftentimes, the reason that data on Asians cannot be disaggregated is for confidentiality reasons, especially as some Asian populations in the U.S. are very small. In this case, we are trying to demonstrate diversity among the Asian population, and may also examine additional axes of identity, such as class or gender, for example. This may cause concern for lack of anonymity. Participants may be reluctant to joining the study due to community stigma and fear that other students may know that they are participating. For example, seeing the student advisory board members recruiting may cause them to believe that the board members will know if they choose to participate and be able to read their responses. The members will be trained in confidentiality concerns. Additionally, they will be told to tell student groups that only researchers will be interviewing and all information discussed will be deidentified. Identifiable information such as name or school name will not be included in any audio recording, transcripts, or analysis.

Participants may also feel vulnerable or uncomfortable while in the interview, especially given the potentially sensitive or triggering topics discussed. Participants will be given the option to skip any questions, may ask questions at any point in the interview, and will also be provided with additional local resources. The interviewers will also be Asian women (except for when otherwise requested), like the participants, and we expect that this will allow participants to feel more at ease and avoid responses that incur social desirability.

### **Resources required**

Individuals on the Student Advisory Board will be provided compensation for their time and expertise and will be compensated \$100 per semester of participation. Participants will be provided a \$40 gift card incentive for their participation in IDIs. Additional materials necessary to complete the study will include 2 audio recorders.

\$40 gift card incentive x 30 = \$1200

\$100 \* 8 members per campus = \$800

2 [USB Audio Recorders](#) \* \$60 = \$120

Pens = \$8.99

Notepads for notetaking = \$20.25

Transcription services: \$0.79/min \*60 min interviews \*30 interviews = \$1422

Transportation: 2 ways \* \$2.75 per ride \* 30 interviewees = \$165

Graduate Research Assistant = \$20/hr \* 15 hrs / week \* 1 year = \$15,600

Total = \$19,336.24

## ***Discussion***

### **Overview**

Sexual assault among Asian women in college is an issue that is not well understood: cultural and systemic barriers contribute to both the complexity of the issue amongst this population. Despite the fact that the literature provides evidence for the greater likelihood of women of multiple marginalized identities to be victimized, Asian women are understudied in the literature. This study proposal aims to address this gap in the literature, while also addressing the harmful effect of homogenizing the population as introduced by the model minority myth. The use of qualitative studies will also allow contextualization of the health of this population, where often, studies addressing the health of the broader group of Asian individuals often demonstrate lower rates of sexual violence in this population. Intersectional frameworks would dictate that this population experiences barriers to help-seeking and is affected by their positionality as women of color (and other identities). Community reports and smaller studies also corroborate this, suggesting that Asian women are likely to underreport. There is little known about the context of barriers to reporting for this population. The community engagement and intersectionality-based policy analysis (IBPA) approaches proposed for this study offers a unique framework to analyze the intersecting and multi-level barriers faced by this population in reporting sexual assault. The use of IBPA to examine differences in constructs and definitions of consent and sexual assault can provide context to barriers, where there has been evidence that:

1. Help-seeking behaviors vary amongst racial groups, and are low among Asians
2. Asians have displayed different understandings of sexual harassment and there is a lack of literature on this population's understanding of sexual assault
3. Differences in understandings of consent exist among different racial groups
4. There are no studies amongst this population that specifically examine how these factors can contribute to the help-seeking behaviors related to sexual assault.

There is also evidence for high stigma and shame surrounding both sex and mental illness, where mental illness is a well-defined health outcome of having experienced sexual assault. There are several contributing factors that we hypothesize as contributors, such as the important role of religion in many Asian communities and the potential for religion to introduce an additional facet of stigma and shame. We also recommend considering racialized and gendered stereotypes of hyper-sexualization and exoticification specific to Asian women in conjunction with the high stigma and shame factors when considering the context of barriers in this community.

***Strengths and limitations:***

One limitation of the methods is that the findings will not be generalizable to the general public given the qualitative nature of the study and the lack of a random sample. However, the intent is to provide insight into a broad range of experiences, demonstrating in-group differences within Asian women. While the study will only cover the experiences and constructs for Asian women, we expect that this will have some relevance for future studies on consent and sexual assault among Asian men as well. Understanding the constructed definitions of consent and sexual assault for this population will be necessary in providing future directions to address other understudied topics such as sexual assault among marginalized populations and the subsequent disparate effects of interventions, policy, and education for people who experience different systemic and multi-faceted barriers.

The use of in-depth interviews, while illuminating and useful in providing context to individual-specific experiences, can be limiting as well: the potential for focus group settings to provide a collaborative space where participants may be able to prompt each other could be useful for this subject. However, given the highly stigmatized nature of the topics to be discussed, the use of IDIs is salient. There will also be a single interview conducted with each individual, in order to address a wider variety of experiences and the exploratory nature of the study.

Positionality of the recruiters/researchers could be a limitation as well, where we expect participation from Asian women in our student advisory board. When SAB members recruit in-person for participants by making an announcement at student group meetings, there is the duality of both trust and stigma. That is, because the SAB member who is approaching groups is a student at their respective school, there may be willingness to participate, as well as recognition

for the issue because information of the study is coming from someone who is an invested community member. However, because the member who is approaching student groups may also be a student who is potentially a part of those communities/groups, there is a possibility that some participants may feel that their anonymity and reputation is at risk. By participating in a study that addresses highly stigmatized topics such as sexual assault, students may feel uncomfortable. SAB members who are assisting with recruitment will clarify their own roles, maintain that researchers not attending the school will be interviewing students, and emphasize all information will be deidentified, as that may be a barrier to participation.

To avoid bias in interpretation of the results, codes, themes, and analysis will be developed and reviewed in collaboration with the SAB. SAB members will be consulted at multiple time points to determine if questions are interpreted with their intended meanings, and if codes created seem reasonable given the research question and the content of the transcripts, for example. Discrepancies will be reviewed with the SAB in a facilitated discussion that draws upon Delphi methods to reach a consensus.

Using an IBPA approach in this study will allow for close examination of definitions and barriers within this population. Beyond considering only gendered or racial analyses of barriers to help-seeking and how Asian women define consent and sexual assault, it reduces the experiences of being Asian women to just those two categories. It also fails to account for the multiple facets of their experiences, where there are also differences within the population that are often masked by homogenization by model minority myth and insufficient data techniques. Studying this population requires an equity lens and one that considers the power dynamics under which members of this population exist to advance the understanding the social conditions that produce disparities in health outcomes.

### ***Conclusion***

This current study proposal provides an introductory view into sexual assault as a health issue for Asian college women. By providing context to and an intersectional analysis of the definitions of consent and sexual assault constructed by this population, there is an opportunity for greater understanding of barriers to reporting sexual assault. It will also allow for the consideration of power and oppression in help-seeking behaviors. This study, and others that build on this body of knowledge, will have useful implications for outreach and educational strategies, especially in creating culturally and structurally sensitive materials and policies.

Ultimately, using an IBPA approach in study may allow us to reduce the barriers to help-seeking and reporting in the case of a sexual assault. Intervention designers and implementors may consider the diversity within Asian communities, viewing the multi-faceted rather than designing for a broad Asian population. Furthermore, we hope that this study will foster further interest in disaggregating data on health behaviors and health outcomes of Asian populations, as well as expand critical perspectives on sexual assault among Asian women populations. Ideally, this study will help to inform interventions, educational efforts, and policy changes, where they may be lacking in cultural and structural competency.

## ***Appendix A: Question Guide***

We are doing a study to examine the definitions of consent and sexual assault, and the barriers to seeking resources. I'd like to ask some questions about your thoughts and experiences, and you may feel free to leave the interview at any time point. If any of the questions bring up unexpected or difficult feelings at any time, we have resources available on campus and nearby. Do you have any questions before begin?

### **Identity**

- Could you start by telling me how you ethnically identify? It can be as detailed as you would like.
  - What other identities do you hold? For example: [interviewer may provide examples: 2<sup>nd</sup> generation, Korean American, student, sister, cisgender, etc.]
- As someone who identifies as [participant ethnic identity], what effect has that had on your upbringing? What about your experiences in college?
  - Could you give me an example?
  - How has your ethnicity/ability/gender/sexual identity/immigration status/etc.

### **Consent**

We will now be discussing consent in the context of sexual education and activity.

- What do you think about how sexual education is approached in your community?
- How did you learn about consent (sexual consent)? What was your process of learning about consent?
  - You mentioned discussing consent with friends/family/\_\_\_, could you tell me more about that?
  - How did you discuss it with your family or in community settings (such as church, groups, school)? What did the \_\_\_ (person who was discussing consent, sex educator, teacher, leader) say? What words did they use?
  - How common is it to discuss concepts like consent or sexual assault in these settings?
  - Who would you feel comfortable discussing topics like consent or sexual assault with? Who would you have preferred to have discussed these topics with when learning about them?



- Could you describe consent to me? What does it mean to consent? What is your working definition of consent now?
  - What ways can somebody give consent?
  - How would you go about obtaining consent?
  - How is obtaining consent different with different people?
  - How does verbal consent work? What are some ways people can give verbal consent?
  - How does non-verbal consent work? In what scenarios does that apply? What are some ways people can give verbal consent?
  - Are there cases where we can assume consent?
  - In what ways does consent change when alcohol or other substances are involved?
- Vignette: A woman you met in one of the groups on campus decides to confide in you about what happened when she went to a party with a group of people from class the other day. She says that she went back with someone to their place and they started kissing. She didn't really want to do more than that, but they had both already removed most of their clothes. She paused once, to say, "It's getting kind of late. I might want to head back soon." She was not fully comfortable with the situation, and pulled away a few times, but it seemed like the other person wanted to keep going, and they did.
  - In this scenario, where and when is consent given? How is consent being asked for? (Revocable consent, lack of consent, vague)
- How do you believe that your identity and how you learned about consent are related?
  - How do you believe your culture and upbringing have influenced the way you think about consent?
  - Where would you have wanted to learn more about these topics? And how would that affect your understanding of it?

**Sexual Assault** – We will now move into talking about sexual assault.

- How did you learn about sexual assault as an issue? How was it addressed?
  - What kinds of conversations were you having where it came up?
  - How common is it to discuss concepts like sexual assault in these settings?

- Who would you feel comfortable discussing topics like sexual assault with? Who would you have preferred to have discussed these topics with when learning about them?
- Can you describe why this topic is so stigmatized within some of the communities you are in?
- What is sexual assault? What does it mean when someone is sexually assaulted?
- How would you advise a friend who told you they had experienced sexual assault? Where would you tell them to go or what would you recommend they do?
  - Let's compare how you learned about sexual assault is for the first time, and what your definition of sexual assault is now. Do you think that the kinds of support that you would recommend would change then vs. now?
  - Asian Americans tend to underreport sexual assault. Why do you believe that sexual assault is so difficult to report for Asian women, or someone from your community?
  - What are some of the greatest barriers that people in your community face when it comes to seeking support for sexual assault?
- How do you think ethnicity, religion, or other parts of your identity should be addressed in how you learn about these concepts (consent, sexual assault)?
- In either school or university, when consent or sexual assault was discussed, what kinds of information did you feel was culturally appropriate or catered towards someone like you?
  - What was missing?
- Any last thoughts?

Thank you for participating in this interview. We will now review some of the legal and official definitions of consent and sexual assault together.

Do you have any questions for me? How are you feeling?

If you find yourself in need of support at any point after this interview please feel free to call this number or go to any of these locations.

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