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The Relationship Between Intimate Partner Violence and Suicidal Ideation among Young Chinese, Korean, and Vietnamese American Women

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Abstract

High depression and suicide rates are critical problems that have a significant impact on the lives of young Asian American women. Intimate partner violence (IPV) has been identified as a predictor of suicidality in general female samples, but no research study has examined the relationship between IPV and suicidality in a sample of 1.5 and second-generation Chinese, Korean, and Vietnamese American women. We used data collected from 173 women (aged 18–35 years) who were screened for eligibility to participate in the development and efficacy study of Asian American Women's Action for Resilience and Empowerment (AWARE). We measured the prevalence of (a) IPV, (b) lifetime suicidal ideation/intent, and (c) childhood abuse and tested the association between IPV and lifetime suicidal ideation/intent among study participants who completed the clinical screening assessments. The results indicated that seven out of 10 women in our sample experienced lifetime suicidal ideation/intent, psychological aggression was the most commonly reported form of IPV during the last six months, followed by sexual coercion, and history of physical and/or sexual partner violence had the most robust association with lifetime suicidal ideation/intent after controlling for demographic factors and childhood abuse. Our study suggests that suicide prevention and intervention programs for young 1.5 and second-generation Asian American women should not only address experiences of childhood abuse, but also incorporate culturally adapted behavioral health approaches to identify and target physical and sexual partner violence. Furthermore, any such programs need to integrate a systemic approach in addressing IPV within the context of various marginalized experiences of Asian American women.

Keywords

Asian American women; childhood abuse; intimate partner violence; suicide; trauma

Asian Americans are the fastest growing racial and ethnic minority group in the United States—from 2000 to 2010, there was a 46% increase in their population size (Hoeffel, Rastogi, Kim, & Shahid, 2012). Rising depression and suicide rates in Asian American women (Kim, Park, Storr, Tran, & Juon, 2015; Lau et al., 2013; Young, Fang, & Zisook, 2010) have become a serious concern in recent years. In particular, young adult Asian American women present the highest percentage of suicide rates among women of all major racial and ethnic groups (Heron, 2011) and higher rates compared to their male counterparts (Duldulao, Takeuchi, & Hong, 2009; Wong, Brownson, & Schwing, 2011). Other risk factors associated with suicidal ideation in Asian Americans include cultural factors, such as acculturative stress (Cho & Haslam, 2010; Wong & Maffini, 2011), parent-child or family conflict (Cheng et al., 2010; Lau, Jernewall, Zane, & Myers, 2002; Wong et al., 2011), and nativity (Duldulao et al., 2009).

Previous research has shown that intimate partner violence (IPV) increases the risk for suicidality in White, Hispanic-White, and African American women (Cavanaugh, Messing, Del-Colle, O'Sullivan, & Campbell, 2011; Cavanaugh, Messing, Eyzerovich, & Campbell, 2015) and in adolescent boys and girls across all races (e.g., Ackard, Eisenberg, & Neumark-Sztainer, 2007; Roberts, Klein, & Fisher, 2003; Silverman, Raj, Mucci, & Hathaway, 2001). Yet, very few studies have investigated the role of IPV on suicidal ideation/intent with a sample of solely young adult Asian American women. Given that these women are presently a high-risk demographic group for suicide, there is a need to fill the gap in research to investigate whether IPV is associated with a higher likelihood of suicidal ideation/intent among this population.

IPV against Asian American Women

IPV refers to any “physical, psychological, and/or sexual coercion perpetrated in the context of an intimate relationship” (McHugh & Frieze, 2006, p. 122) and is a serious, preventable public health problem (Centers for Disease Control and Prevention, 2016). A national survey revealed that one in three women in the U.S. experience IPV in their lifetime (Black et al., 2011). Studies on IPV in Asian American women, however, present equivocal findings. A review of existing literature suggests IPV rates in Asian American women range widely from 20% to 90% in an array of community convenience samples (Lee & Hadeed, 2009), whereas the national average of lifetime IPV among White women is approximately 25% (Tjaden & Thoennes, 2000). These studies have limitations: some have focused solely on physical IPV (Leung & Cheung, 2008), thereby masking sexual abuse and psychological abuse; others have focused on specific sub-groups of Asian Americans (Hicks, 2006; Leung & Cheung, 2008). Most studies point out that cultural (e.g., close family ties, family harmony) and sociopolitical (e.g., double minority status) barriers contribute to the underreporting and, thus, the inaccuracy of IPV rates among Asian American women (e.g., Chang, Shen, & Takeuchi, 2009; Lee & Hadeed, 2009; National Research Council, 1996). This further underscores the imminent need to study IPV among this population (Tjaden & Thoennes, 2000).

Multiple studies have shown the association between IPV and suicide risk in non-Asian American female samples (e.g., Cavanaugh et al., 2011; Cavanaugh et al., 2015;

McLaughlin, O'Carroll, & O'Connor, 2012; Pico-Alfonso et al., 2006), yet, only two studies have examined this relationship in Asian/Asian American samples (Beristianos, Maguen, Neylan, & Byers, 2016; Hurwitz, Gupta, Liu, Silverman, & Raj, 2006). In these studies, women reporting current or past IPV were more likely to experience suicidal ideation than non-abused women.

Violence across the Lifespan: Childhood Abuse as a Risk Factor

Childhood abuse has been identified as a strong risk factor that influences a multitude of negative psychological and health outcomes. A positive relationship between childhood abuse and the likelihood of adulthood suicidality has been established in non-Asian American samples (e.g., Dube et al., 2001; Roy & Janal, 2006) and in Asian Americans (e.g., Hahm, Kolaczyk, Lee, Jang, & Ng, 2012; Rao, DiClemente, & Ponton, 1992; Robertson, Nagaraj, & Vyas, 2016). Further, women who have a history of childhood abuse, sexual or physical, are more likely to become victims of IPV in their adulthood (e.g., Daigneault, Hébert, & McDuff, 2009; Fergusson, McLeod, & Horwood, 2013; Filipas & Ullman, 2006). Among Asian Americans, Robertson and colleagues (2016) investigated the association between childhood abuse, relationship violence, and suicidal ideation/attempt in a South Asian American community sample. However, their study examined only individuals with a history of childhood sexual abuse and excluded other types of childhood abuse. In a similar study using national survey data, Beristianos and colleagues (2016) examined the influence of trauma exposure on suicidal ideation. They found that across White, Hispanic, Black, and Asian American men and women, both child maltreatment (defined as being beaten by parents and/or witnessing serious physical fights at home) and interpersonal violence were the strongest predictors of suicidal ideation, and Asian Americans exposed to both of these traumas exhibited the highest odds of endorsing lifetime post-trauma suicidal ideation. Although this study demonstrated how abuse across the lifespan impacts suicidality in Asian Americans, it did not focus specifically on young adult Asian American women, the demographic group currently at highest risk.

The Present Study

The present study investigated the role of IPV in predicting suicidal ideation/intent among young adult Chinese, Korean, and Vietnamese American women. Given the present literature and existing gaps in knowledge, there are multiple reasons to examine the impact of IPV among young Asian American women. First, the alarming prevalence rates of their suicidality justifies the examination of the risk factors for such high suicidality. Second, given the strong association between childhood abuse and adulthood IPV, it is necessary to investigate whether IPV has an independent impact on suicidality in Asian American women when controlling for history of childhood abuse. Third, more evidence demonstrating the impact of multiple experiences of victimization on suicidal ideation will allow for targeted interventions to prevent women of this particular demographic from engaging in self-harming behaviors. Research findings suggest that 1.5 and second-generation Asian American women are at particular risk. U.S.-born, second-generation Asian American women have been shown to have a higher likelihood of suicidal ideation, suicidal plans, and suicide attempts as compared to first generation immigrants (Duldulao et al., 2009). Further,

1.5 and second-generation Asian American women have been considered to be socio-demographically similar; for example, national epidemiological data demonstrated no significant differences in the prevalence of mental health disorders between 1.5 generation women who immigrated before the age of 12 and U.S.-born women (Takeuchi et al., 2007). Yet, existing studies (e.g., Hurwitz et al., 2006) have not specifically examined this generation group to understand the associations between interpersonal violence and suicidality. In sum, the present study examined three salient research questions: Among young 1.5 and second-generation Asian American women, (a) what is the prevalence of IPV?; (b) what is the prevalence of suicidal ideation/intent?; and (c) to what degree is IPV associated with suicidal ideation/intent after controlling for ethnicity, age, nativity, and childhood abuse?

Method

Participants

Between February 2014 and January 2016, 435 Chinese, Korean, and Vietnamese American women residing in Greater Boston, Massachusetts, were screened for eligibility to participate in a larger study testing the efficacy of the Asian Women's Action for Resilience and Empowerment (AWARE) intervention. These three ethnic groups were selected for sampling because of their shared cultural roots in Confucian ideologies. AWARE is an 8-week group psychotherapy program designed to improve the mental and sexual health of Asian American women who are children of first generation immigrant parents. Participants were recruited through print (i.e., flyers and posters) and electronic advertisements, group emails to members of Asian American student organizations at local universities, word of mouth, and outreach efforts at various Asian American community events. All individuals went through a two-stage eligibility screening process. Individuals were considered demographically eligible to participate if they were (a) female, (b) unmarried, (c) between the ages of 18 and 35 years, (d) of Chinese, Korean, and/or Vietnamese descent, (e) born in the U.S. to first generation/immigrant parents (second-generation Americans) or born outside of the United States and immigrated as children or adolescents before the age of 15 years (1.5 generation Americans; e.g., Kim, Brenner, Liang, & Asay, 2003), and (f) currently or have a history of being sexually active.

Of those who were screened, 241 women (55%) who met the demographic criteria were invited to complete a computer-based clinical survey and screening interview at a local private university. Of those women, 68 participants (16%) were lost to follow-up, resulting in a final sample of 173 participants who completed the demographic and clinical screening for the AWARE evaluation study.

Procedure

At the clinical screening, participants who gave informed consent completed computer-assisted self-interviews with measures including demographic information, internal mental distress, exposure to IPV, traumatic life event history, including childhood abuse, lifetime history of suicidal ideation, intent, and behavior, and other related mental and physical

health outcomes. The research protocol and materials were approved by the Institutional Review Board (IRB) of Boston University.

Measures

Intimate Partner Violence—IPV was assessed using the Revised Conflict Tactics Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The CTS2 is a 39-item questionnaire designed to measure the extent to which those in a romantic relationship employ various tactics in situations of conflict. The scale includes five subscales of conflict tactics: negotiation, psychological aggression, physical assault, sexual coercion, and injury. Studies have provided evidence for its stable factor structure and construct validity (Jones, Ji, Beck, & Beck, 2002; Straus, 2004). For this study, we selected four subscales (psychological aggression, physical assault, sexual coercion, and injury; 32 items total) for analysis. Because our research question primarily concerned the role of psychological and physical violence by a partner in lifetime suicidal ideation, items in the negotiation subscale were excluded from analyses. Participants rated the frequency of a psychological, sexual, or physical assault by their partner in the last six months using a 7-point Likert-type scale where 0 = *Never* and 6 = *All of the time*. Answers were then converted to a 0–1 dichotomous variable, such that responses of 0 were coded as 0 and responses of 1 or above were coded as 1. All subscales except injury reported moderate to high internal consistency coefficients: .69 for psychological aggression, .83 for physical assault, .68 for sexual coercion. We observed a floor effect on the injury subscale, thus resulting in a low coefficient of .24.

Due to the small sample size and low observation count, we created a physical and/or sexual partner violence (PSPV) variable by combining the physical assault, sexual coercion, and injury subscales. Psychological aggression had the highest observation counts and, therefore, was treated as a separate independent variable to be included as a covariate. The literature also suggests psychological aggression by a partner to be predictive of poor mental health outcomes, including suicidal ideation, in non-Asian women (e.g., Pico-Alfonso et al., 2006).

Lifetime Suicidal Ideation/Intent—Suicidal ideation/intent was assessed using the Baseline/Screening version of the Columbia Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011). The C-SSRS was designed to distinguish suicidal ideation and behavior and measures suicidality through four constructs (severity of ideation, intensity of ideation, suicidal behavior, and lethality) and has demonstrated strong convergent, divergent, and predictive validity, sensitivity to change, and sensitivity and specificity of the instrument. To assess the presence of ‘any lifetime suicidal ideation/intent,’ the current study used four of the five items of the severity of ideation subscale: (a) “In your lifetime, have you wished you were dead or wished you could go to sleep and not wake up?” (Wish to be dead); (b) “In your lifetime, have you actually had thoughts of killing yourself?” (Non-specific active suicidal thoughts); (c) “In your lifetime, have you been thinking about how you might do this?” (Active suicidal ideation with any methods (not plan) without intent to act); (d) “In your lifetime, have you had these thoughts and had some intention of acting on them?” (Active suicidal ideation with some intent to act, without specific plan); and (e) “In your lifetime, have you started to work out or worked out the details of how to kill yourself? Do

you intend to carry out this plan?” (Active suicidal ideation with specific plan and intent). The item “Active suicidal ideation with any methods (not plan) without intent to act” was omitted from analyses due to missing data from data collection error. Participants who responded affirmatively to any of the four questions were coded as having ‘any lifetime suicidal ideation/intent.’

Childhood Abuse—Lifetime childhood sexual and/or physical abuse was measured using the Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000). TLEQ is a sensitive and comprehensive questionnaire that contains 23 items measuring the frequency and severity of various traumatic experiences. TLEQ has demonstrated good test-retest reliability in diverse samples using various interval lengths with test-retest percent agreements ranging from 83% to 86% and has good convergent validity ($\alpha = .70$). The present study used four items that measure the prevalence of childhood physical and sexual abuse. All items were coded dichotomously.

Childhood sexual abuse was assessed by three items: “Before your 13th birthday: Did anyone who was at least 5 years older than you touch or fondle your body in a sexual way, or make you touch or fondle his or her body in a sexual way?” “Before your 13th birthday: Did anyone close to your age touch sexual parts of your body or make you touch his or her body against your will or without your consent?” and “After your 13th birthday and before your 18th birthday: Did anyone touch sexual parts of your body or make you touch his or her body against your will or without your consent?” Participants who responded affirmatively to any of the three items were coded as having been exposed to childhood sexual abuse. Childhood physical abuse was assessed by the single question, “While growing up: Were you physically punished in a way that resulted in bruises, burns, cuts, or broken bones?” Participants who responded affirmatively to this question were coded as having been exposed to childhood physical abuse. Because we found low observation counts in each of the abuse variables, we created a combined prevalence variable that measured ‘any childhood physical and/or sexual abuse’ by assigning a score of 1 to those who had experienced at least one kind of physical or sexual childhood abuse.

Statistical Analysis

Pearson chi-square tests of independence were performed to compare the prevalence of physical and/or sexual IPV, childhood physical and/or sexual abuse, and lifetime suicidal ideation reported by the women in this sample. All missing values were omitted from analyses. Logistic regression models were used to examine the association of IPV on lifetime suicidal ideation, controlling for age, ethnicity, nativity, psychological aggression, and childhood physical and/or sexual abuse.

Results

Participant Demographics

The majority of participants (86.7%) were between the ages of 18 and 27 years at the time of data collection, with the remaining participants (13.3%) between the ages of 28 and 35 years. Ninety percent of the participants identified as being heterosexual or mostly

heterosexual (mostly attracted to men but somewhat attracted to women). More than half (57.2%) of the participants had a college degree or more. About half of the participants ethnically identified as Chinese (54.9%), while 20.8% identified as Korean, 12.1% identified as Vietnamese, and 12.1% as multi-ethnic or other (those who are of multi-Asian ethnicity, e.g., Chinese-Vietnamese). Seventy-three percent of our sample was U.S.-born, second-generation Asian Americans; the other 27% was born outside of the United States and immigrated as a young child or an adolescent. Consistent with previous work done by one of the authors using a similar demographic sample (Hahm et al., 2012), there were no differences in suicidal ideation/intent or IPV rates between these two generation groups in our sample. Other studies have supported that rates of psychiatric disorders, including depression, are similar among 1.5 generation immigrants and U.S.-born natives (e.g., Breslau et al., 2007; Takeuchi et al., 2007). Nativity was controlled in our multivariate logistical regression model, using U.S.-born as the reference group, and did not show any effects on suicidal ideation/intent. Thus, the two generational groups were treated as one group in our study. Eighty-three percent of the participants reported that they had a sexual partner in the last six months. Almost 60% reported that their responses to the IPV questionnaire (CTS2) refer to conflicts they have had with their current partner.

Prevalence of IPV

Table 1 shows the prevalence of individual items and subscales of CTS2. When observed by subscale, the highest prevalence of IPV was seen in psychological aggression of which 63.8% of the participants reported having experienced at least one type of psychological aggression in the last six months. Sexual coercion had the second highest prevalence (40.4%), followed by physical assault (15.3%). Finally, there were seven participants (4.3%) who suffered an injury and/or physical pain due to IPV. Approximately half of our participants (45.6%) had experienced physical assault, sexual coercion, or suffered an injury due to IPV in the last six months.

Prevalence of Lifetime Suicidal Ideation/Intent

Approximately seven out of 10 participants reported having at least one kind of suicidal ideation/intent in their lifetime ($n = 110$, 68.8%). Wishing to be dead was the most common ideation (61.6%), followed by non-specific active suicidal thoughts with no plan or intent (53.1%), active suicidal ideation with some intent to act without a specific plan (16.9%), and active suicide ideation with a specific plan and intent (11.8%).

Chi-square Tests of Lifetime Suicidal Ideation/Intent with Any Childhood Abuse and IPV

About half (52.4%; $n = 86$) of the participants reported experiencing at least one type of abuse, sexual and/or physical, during childhood. Results of the Chi-square tests of independence (Table 2) indicated that having a history of childhood abuse was significantly associated with experiencing suicidal ideation at least once during their lifetime ($\chi^2 (1, n = 151) = 13.42, p < .001$). Experiences of physical or sexual IPV was also significantly associated with lifetime suicidal ideation ($\chi^2 (1, n = 146) = 9.24, p = .002$).

Logistic Regression Model of Lifetime Suicidal Ideation/Intent

A logistic regression model was used to examine the association between any lifetime suicidal ideation/intent and PSPV. Demographic characteristics, including ethnicity, nativity, age, one of the CTS2 subscales (psychological aggression), and any childhood abuse, were added to the model as covariates. Preliminary analyses were conducted with all covariates predicting the model except childhood abuse. PSPV was significantly associated with any lifetime suicidal ideation/intent with demographic variables and psychological aggression in the model. Participants who reported having experienced PSPV in the last six months were 4.5 times as likely (95% CI [1.84–10.87], $p = .001$) to have had any lifetime suicidal ideation compared to those who reported no recent experience of PSPV.

Bivariate analyses showed that any childhood abuse was associated with both the outcome variable and our main predictor of interest, PSPV ($\chi^2(1, n = 149) = 8.66, p = .005$), suggesting the possibility of a confounding effect on the outcome. As shown in Table 3, the regression model also showed that having a history of childhood abuse is associated with the likelihood of lifetime suicidal ideation (OR = 3.22, 95% CI [1.42–7.27], $p = .005$). Even after controlling for childhood abuse, the association between PSPV and lifetime suicidal ideation/intent remained statistically significant (OR = 3.28, 95% CI [1.26–8.55], $p = .015$). These results suggest that PSPV was the most robust factor associated with lifetime suicidal ideation/intent after controlling for demographic and childhood abuse covariates. Among our sample of Asian American women, experiences of IPV increased the likelihood of lifetime suicidal ideation/intent by three times.

Discussion

The study findings unequivocally demonstrate the association between adulthood IPV, childhood abuse, and suicidal ideation, consistent with other studies of non-Asian samples that have examined this association in women (e.g., Ackard et al., 2007; Roberts et al., 2003). Approximately one in two of our participants reported physical and/or sexual IPV; furthermore, the regression model results highlight that IPV is a significant factor associated with lifetime suicidal ideation/intent among young 1.5 and second-generation Chinese, Korean, and Vietnamese American women after controlling for childhood abuse.

There are a few possible explanations for why we see such association in Asian American women. The unique set of social and cultural contextual factors in the lives of Asian American women may place them at high risk for both IPV and suicidal ideation and behavior. Similar to other cultural or ethnic groups, a high tolerance and/or denial toward IPV and childhood abuse exist among the Asian American community. Violence against women in Asian American communities is partly rooted in patriarchy and normative acceptance (e.g., Kim & Sung, 2000; Lee & Hadeed, 2009; Yoshioka, DiNoia, & Ullah, 2001) which consequently may affect mental health outcomes, including suicidal ideation. Rarely are perpetrators of violence condemned or punished for their acts, and interventions and resources to address these issues among Asian Americans are scarce (Yoshihama & Dabby, 2015). Furthermore, values such as family harmony, saving face, and family cohesion, though important aspects of Asian American families, may inadvertently serve as barriers to the reporting of childhood abuse or IPV, or to even be recognized as harmful acts,

within Asian American households (Weil & Lee, 2004). In sum, these cultural-familial factors may contribute to the vulnerability of Asian American women to be victimized by violence across the lifespan.

A broader understanding of the relationship between IPV and suicidal ideation requires a critical analysis of the sociopolitical context that encompasses the lives of Asian American women. Feminist scholars have highlighted the multiple marginalized statuses of women of color, including Asian American women, as their lives are embedded within systems of oppression from both their own minority culture and the dominant White American culture (Comas-Díaz & Greene, 1994; Noh, 2003; Noh, 2007; van Bergen & Saharso, 2015). Within the U.S. society, Asian American women have at least a double minority status as females *and* as racial minorities and, thus, are subjected to both patriarchal oppression and systemic racism. This intersectionality of culture, gender, and race gives Asian American women a marginalized status that perpetuates powerlessness and victimization (Lee, 2014; Noh, 2003). Yet, as Noh (2007) argues, current research and clinical practice often ignore the social injustice and oppression experienced by Asian American women and focus solely on cultural differences when discussing mental health issues, including suicide, denying a broader recognition of the detrimental and traumatic effects of larger sociopolitical forces. One of the most deleterious consequences of this oppression and marginalization is the internalization of racism and sexism where Asian American women may begin to view themselves as deserving of violence and victimization (Comas-Díaz & Greene, 1994). Thus, the sociopolitical factors that lead to marginalization and power imbalances within both the dominant and minority societies contribute to the high risks among Asian American women for IPV and consequently suicidal behaviors. Additionally, the stereotypes and assumptions held against Asian American women—that they are complacent passive individuals who avoid causing rifts in society—may further explain Asian American women's vulnerability to IPV and also the tendency to represent their pain and trauma through silent acts, such as self-harm and suicidal behavior (Noh, 2007).

Our findings may be best understood in the context of viewing the marginalized experiences of Asian American women as minorities among minorities, while living in a cultural double bind of Eastern and Western value systems. The challenges in negotiating and adapting to these values within the familial context while also living within a socially oppressive U.S. society can instill an internal sense of powerlessness, which is further exacerbated through trauma exposure, resulting in suicidality as an understandably last resort to resolving internal distress.

Limitations

There are several limitations to this study. First, our study sample was composed of young Asian American women who were interested in participating in an 8-week group psychotherapy intervention (AWARE) designed to improve mental health and sexual health. Women who self-identified as having clinical characteristics such as depression or suicidal ideation/intent or women who were exposed to adverse or traumatic events, including IPV or childhood abuse, may have been more inclined to participate in this study. This may explain the high prevalence of suicidal ideation/intent, childhood physical and/or sexual abuse, and

IPV reported by our participants. Second, our cross-sectional data did not allow us to address causation. Since the items we selected from the suicide risk assessment measure (C-SSRS) estimated participants' lifetime suicidal ideation/intent while the CTS2 measured IPV experienced during the past six months, it is difficult to discern the temporal order of events. Finally, there were some limitations to the way the variables were measured. The scope of our study did not expand to the identification and analysis of the severity and frequency of childhood abuse, IPV, or suicidal ideation. We measured suicidality by using only one of the four constructs of the C-SSRS measure (i.e., severity of the ideation). The use of the full measure that includes intensity of the suicidal ideation and behavior would have provided a more comprehensive assessment of suicidality. With alternative sensitive measures of severity and frequency, more nuanced information in future studies may bear on the link between violence and suicidal ideation in our special population.

Implications for Future Research

Our findings are the first to demonstrate IPV as a significant factor associated with lifetime suicidality among 1.5 and second-generation Asian American women. Further work is needed to validate the prevalence of IPV among Asian American women, in addition to examining the severity and frequency of IPV and how it affects their suicidality. Moreover, our analysis did not capture information on the perpetrator of our participant survivors. Understanding the characteristics of the perpetrator (e.g., race/ethnicity, age, gender), the nature of the relationship, and details of the violent interaction(s) (e.g., perpetrator's use of substance) may allow us to further understand the vulnerability of Asian American women in the context of IPV. Future research should also integrate a more critical and culturally sensitive approach to research that integrates the multiple levels of systemic oppression experienced by these women to understand other potential risk factors that threaten the well-being of Asian American women.

Implications for Clinical Practice

Our study findings call attention to the damaging role that violence plays in the mental health of 1.5 and second-generation Asian American women. These findings are consistent with Beristianos and colleagues (2016) findings and suggest that IPV, as well as child abuse, must be eradicated through the provision of culturally competent services, community outreach, and systemic changes. At the individual level, clinicians who serve Asian American female clients need to be equipped with knowledge and skills to pay closer attention to both a history of family violence and past or ongoing IPV. However, clinicians must also be knowledgeable about the plight of Asian American women and the challenges in living and adapting to both minority and dominant cultural contexts. Clinicians should be aware of and address these challenges to prevent further perpetuation of internalized oppression in Asian American women. To actively monitor IPV risk, we need culturally adapted behavioral health interventions, such as AWARE, that are designed to prevent or reduce negative mental health outcomes through providing specific tools to better assess and protect Asian American women from IPV, recognize other life stressors such as childhood abuse that may be detrimental to their mental health, and ways to empower these women to cope with and overcome their experiences of trauma. Furthermore, a systemic approach should be taken to prevent the social marginalization of Asian American women, both within

the dominant and minority societies, and address the deleterious effects of oppression and violence in the lives of these women.

Conclusion

The findings from this present study provide quantitative evidence on the relationship of two critical factors that threaten the health, mental health, and safety of Asian American women: IPV and suicidality. Violence against women is a cross-cultural, global issue that affects millions of women and warrants broad and immediate attention in the field of social sciences and beyond. Further research is needed to not only uncover the complex process of how victimization leads to suicidality, but also to expand the knowledge base around the unique needs of Asian American women and the oppressive systems that affect their lives so that a more comprehensive and systemic approach is utilized in the provision of mental health and social services to these women.

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Table 1.

Prevalence of intimate partner violence and childhood abuse.

Conflict Tactic	<i>n</i>	Prevalence (%)
Any Psychological Aggression	104.0	63.8
My partner insulted or swore at me.	75.0	45.7
My partner called me fat or ugly.	10.0	6.1
My partner destroyed something belonging to me.	8.0	4.9
My partner shouted or yelled at me.	44.0	27.0
My partner stomped out of the room/house/yard during a disagreement.	52.0	31.9
My partner accused me of being a lousy lover.	21.0	12.9
My partner did something to spite me.	42.0	25.6
My partner threatened to hit or throw something at me.	3.0	1.8
Any Physical Assault	25.0	15.3
My partner threw something at me that could hurt.	9.0	5.5
My partner twisted my arm or hair.	5.0	3.0
My partner pushed or shoved me.	9.0	5.5
My partner used a knife or gun on me.	0.0	0.0
My partner punched or hit me with something that could hurt.	4.0	2.4
My partner choked me.	6.0	3.7
My partner slammed me against a wall.	3.0	2.8
My partner beat me.	0.0	0.0
My partner grabbed me.	13.0	7.9
My partner slapped me.	1.0	0.6
My partner burned or scalded me on purpose.	0.0	0.0
My partner kicked me.	0.0	0.0
Any Sexual Coercion	65.0	40.4
My partner made me have sex without a condom.	38.0	24.1
My partner used force to make me have oral/anal sex.	9.0	5.5
My partner used force (like hitting or holding down) to make me have sex.	1.0	0.6
My partner insisted on sex when I didn't want to (without physical force).	50.0	30.5
My partner used threats to make me have oral or anal sex.	0.0	0.0
My partner insisted on oral or anal sex (but no physical force was used).	29.0	17.8
My partner used threats to make me have sex.	2.0	1.2
Any Injury	7.0	4.3
I had a sprain, bruise, or small cut because of a fight with my partner.	5.0	3.0
I passed out from being hit on the head by my partner in a fight.	0.0	0.0
I needed to see a doctor because of a fight with my partner, but I didn't.	0.0	0.0
I had a broken bone from a fight with my partner.	0.0	0.0
I felt physical pain the next day after a fight with my partner.	4.0	2.5
Physical or sexual partner violence (physical assault, sexual coercion, or injury)	72.0	45.6
No physical or sexual partner violence	86.0	54.4

Table 2.

Chi-square tests of lifetime suicidal ideation or intent with childhood abuse and physical or sexual partner violence.

Variable	No Suicidal Ideation or Intent		Any Suicidal Ideation or Intent		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Abuse history					13.42	< .001
No childhood abuse	34	45.9	40	54.1		
Any childhood abuse	14	18.2	63	81.8		
Partner violence					9.24	.002
No physical and/or sexual partner violence	34	42.0	47	58.0		
Physical and/or sexual partner violence	12	18.5	53	81.5		

Table 3.

Logistic regression of lifetime suicidal ideation or intent.

Independent Variable	OR	95% CI	<i>p</i>
Korean (vs. Chinese)	.58	.20–1.71	.323
Vietnamese (vs. Chinese)	.53	.17–1.69	.287
Multi-ethnic/Other (vs. Chinese)	1.78	.48–6.53	.387
Age: 28–35 (vs. 18–27)	1.83	.53–6.31	.340
U.S.-born (vs. Foreign-born)	.86	.34–2.22	.759
Psychological Aggression	.61	.25–1.51	.283
Physical and/or Sexual Partner Violence	3.28	1.26–8.55	.015 [*]
Childhood Physical and/or Sexual Abuse	3.22	1.42–7.27	.005 ^{**}

Note: Childhood Physical and/or Sexual Abuse was added in the second-stage model. OR = odds ratios; CI = confidence interval.

^{*}
p < .05.

^{**}
p < .01.