Child Sexual Abuse and South Asian Adult Intimate Relationships

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Dedication

This paper is dedicated to several individuals who have been instrumental in my master's journey. Firstly, thank you to my supervisor Dr. Ron Manley, my second reader Dr. Alicia Spidel and my capstone director Laura Farres. Your guidance, expertise, time, and invaluable feedback throughout this journey have played an important role in this capstone. The process of writing this capstone has provided me with a deeper understanding of this subject matter and given me a sense of reassurance regarding my purpose in life and career path. Additionally, I would like to express gratitude to my husband, family, friends, and fellow classmates, who have been a constant source of support and encouragement throughout this significant chapter of my life. Your unwavering love, patience and support have shaped me into the person I am today.

CHILD SEXUAL ABUSE

Abstract

Child sexual abuse (CSA) is when a child is forced into sexual activity they are developmentally unaware of and are unable to give consent. CSA occurs in every country all around the world. In Canada, children who have been sexually abused have a hard time disclosing due to secrecy, fears of reporting and the social consequences. In India, the stigma and shame around the topic exacerbate the issue leading to higher rates of children underreporting. The impact of CSA is severe for the general population and for South Asian women (SA). In the SA community, there are high rates of intrafamilial child sexual abuse (IFCSA). CSA impacts survivors psychologically, physically, and spiritually and negatively impacts how they feel about themselves and the world. Survivors of CSA are more self-critical towards themselves and struggle with healthy communication and expressing emotions. The relational trauma of CSA impacts a child's future intimate relationships. It impacts their ability to trust their partner, feel safe and be sexually open. In SA culture, there are cultural norms and traditional attitudes that foster silencing of sexual coercion. This paper will include in-depth research for each of these topics pertaining to CSA, SA women, and intimate relationships. Lastly, this paper will conclude by creating a framework for a workshop designed to help counsellors and professionals in this field.

Keywords: South Asian (SA), child sexual abuse (CSA), stigma, shame, culture

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Chapter One: Introduction

South Asian Culture

Throughout a South Asian (SA) female's life, there are many ceremonies that reinforce the notion of males being superior (Kaur-Aujla et al., 2019). The celebration of 'Rakhi' involves females tying a piece of thread on their brother's wrist. This ceremony symbolizes the brother's role in protecting his sister and in return she receives a gift, typically money. This ceremony reinforces the notion of depending on males for strength. The celebration of 'Lohri' marks the birth of a boy in the family. Traditionally, there was no similar celebration for the birth of a girl and the female child was reminded that she would eventually get married and leave her maternal home. Girls learned this by observing their mothers, learning household chores at an early age, and upholding family honour. In recent years, some families have been moving away from the traditional notion of 'Lohri' and celebrating the birth of a girl as well (Kaur-Aujla et al., 2019).

In research from Couture-Carron (2020), the authors discuss SA cultural values and focus solely on SA Muslims. In Canada, SA's are the largest visible minority group, resulting in one-quarter of the visible minority population (Couture-Carron, 2020). The SA Muslim communities view dating and intimacy as shameful. A family's reputation and social status in the community impact how they are perceived in the community. SA families highly value maintaining a positive family image (Singh et al., 2010). Family honour is consistent and maintained with the actions and behaviours of each member of the family (Couture-Carron, 2020). For women in particular, their actions and behaviours can negatively impact family honour. Culturally, women are expected to sustain family honour by remaining virgins until they are married. Often, this is an unspoken expectation within SA families. Despite the social norms and expectations for

women, many SA Muslim women continue to have relationships before marriage (Couture-Carron, 2020).

In collectivist cultures, individuals are expected to have the best interest of their community (Couture-Carron, 2020). When it comes to dating and intimacy, women must think twice about their actions. When women engage in relationships before marriage, it can bring shame to the family. Women who engage in premarital relationships are stigmatized negatively. In some cases, women are forced into arranged marriages, are taken out of school, ostracised, and may get abused (Couture-Carron, 2020).

Most SA females grow up in familial settings (Singh, 2009). Being raised in a collectivistic culture, women's identities in relationships become interdependent. Often, women push their needs aside for the sake of their families. Deciding whether to report or remain silent is hugely impacted in maintaining the family honour (Reavey et al., 2006). To maintain harmony, women feel a sense of pressure to remain silent and disclosing abuse could potentially damage family ties (Singh, 2009). Compared to men, women have less authority in the family system. Since women are deemed to have less power, choosing to speak up could be emotionally or physically dangerous. Unfortunately, silencing is a tool used by perpetrators to continue sexually assaulting women. One cannot expect a child to speak up when they were raised in a culture where adults have more power (Singh, 2009).

The SA community desires to maintain honour and avoid shame (Sangar & Howe, 2021). Being labelled with a mental illness is considered shameful and can lead to ostracism from the family and community. This can discourage SA females from seeking mental health services. SA girls who grow up in the UK experience dual identity formation and cultural conflicts. Living in

a Western society and the interplay of cultures can be a factor in mental distress (Sangar & Howe, 2021).

Sexual abuse being shunned results in many barriers to seeking help. When SA women disclose abuse, there is a possibility that people will perceive them differently. If they decide to share and seek help from their loved ones, there is a likelihood of them facing blame and shame. In most cases, a woman's reputation gets negatively impacted more than that of their abusers (Reavey et al., 2006). When CSA is kept a secret and not talked about, survivor's risk long-term psychological effects that they are usually unaware of (Singh, 2009).

In Canada and India, younger generations of SA Muslims are dating and engaging in sexual activity more than previous generations (Couture-Carron, 2020). For second-generation immigrants, mainstream Western cultural norms play a factor in what women choose to do. Although Western influences play a factor in dating and relationships, upholding family honour still exists (Couture-Carron, 2020).

Shame

Shame is a powerful emotion that impacts how we view ourselves. One may feel judged, unattractive, worthless, flawed, and unlovable (Pinto-Gouveia & Matos, 2011). Socially, shame shapes our behaviour and impacts our self-esteem. Shame relates to how we see ourselves in the eyes of other people and can be triggered by social rejection or feeling socially unattractive. This can lead to negative self-directed emotions like anger and anxiety. Shame develops from early interactions with significant individuals and develops earlier than primary emotions like joy and fear (Pinto-Gouveia & Matos, 2011). Early self-beliefs get stored in a child's autobiographical memory and can shape how they perceive themselves. The autobiographical memories can be traumatic memories that are central to a child's personal identity and life story. Repeated

exposure to trauma may further integrate the negative memory into an individual's self-identity and become a central aspect of their sense of self. Early experiences of shame, emotional neglect, and abandonment impact the psychological development of the brain and can increase the likelihood of developing depression, post-traumatic stress disorder (PTSD), eating disorders, dissociation, anxiety, and personality disorders in adulthood (Pinto-Gouveia & Matos, 2011).

Overview of Topic

Purpose Statements

1) This Capstone will examine the current research on CSA among SA women.
2) The impacts of CSA on adult intimate relationships among SA women will be discussed.
3) The relationship between CSA and intimate partner violence (IPV) among SA women will be presented.
4) This Capstone will contribute to awareness for mental health professionals who are working with CSA survivors, specifically the SA population. A framework for a workshop will be created to help counsellors better understand the stigma around women and intimate relationships from an SA lens. The workshop framework will focus on best practices, derived from the research, for counsellors to better support this population.

Contributions to the Field

Experiencing sexual abuse during one's childhood negatively impacts adult intimate relationships among SA women (Jerebic & Jerebic, 2019). Individuals who have been sexually abused in their childhood have a hard time forming intimate relationships. Many SA women experience a decrease in their psychological well-being and long-term effects (Chopra et al., 2020). In a culture where sex, women and dating are taboo, stigma around sexual abuse leads to a gap in the literature.

The purpose of this paper is to review the current research on CSA among SA women. I will be reviewing the literature on the psychological impacts of sexual abuse, the impacts on interpersonal relationships, IFCSA, recurrent victimization, and IPV. Literature for the general population and the SA community will be synthesized and the gaps will be highlighted. This paper is intended to help create awareness for mental health professionals who are working with SA childhood sexual abuse survivors. I fully acknowledge that this issue impacts many other cultures and communities including transwomen and non-binary women. For this paper, the focus will be on cisgender heterosexual women.

Theoretical Framework

During the process of gathering information for my capstone, I adopted an empiricism approach with a feminist lens. This served as a guiding framework for my literature review. I examined various research studies and empirical evidence on CSA and its impacts on SA women. By synthesizing research from multiple articles, readers will have an evidence-based understanding of this topic. Approaching this from an intersectional and gender-sensitive position will help readers understand the purposes of this paper. The aim of integrating empiricism and feminism was to shed light on the importance of the cultural considerations, prevalence, and psychological and long-term impacts of CSA and SA females. Addressing these issues through a feminist lens helped highlight the unique needs of SA survivors of CSA and create cultural awareness for counsellors and helping professionals.

Reflexivity and Positionality Statement

The long-term psychological impacts of CSA and the impact it has on adult intimate relationships is a topic that I am passionate about and feel deeply connected with. Being a cisgender, SA woman, my personal and professional life experiences have shaped me into the

woman I am today. I acknowledge that my views, opinions, and beliefs throughout this paper may be biased and have been constructed from my experience. Throughout my life, I have experienced a significant amount of silencing, guilt, and shame. SA women are socialized to remain silent in many areas of their lives (Singh et al., 2010).

My first experience with a counsellor helped me realize my desire to make a change in this field. The gap in cultural sensitivity made it difficult to build rapport. Processing the abuse and having to explain the culture-related psychological impacts can be a devasting process. SA women may not have translatable words to express their thoughts, feelings, and emotions (Reavey et al., 2006). The needs of SA women are not understood due to research lacking cultural sensitivity (Reavey et al., 2006). SA cultures are collectivist and patriarchal (Sangar & Howe, 2021). There is a high level of importance on family obligations over individual well-being (Sangar & Howe, 2021).

The SA community is a tight community. When my parents immigrated to Canada they lived with their siblings and cousins. I was raised in a collectivistic community surrounded by a big family. Living life as a SA female, I experienced shame for receiving a bad mark in school. I internally felt shame for not being ‘smart enough’ as my siblings or cousins. Growing up and watching television with my parents I remember them changing the channel every time there was a kissing scene. As a child, you develop this idea that kissing is bad, and you don’t talk about it. I remember buying a surprise mystery bag with my mom and in the bag I received a bracelet that said the word ‘sexy’ on it. My mom told me the word sex and sexy were bad words and she took the bracelet away from me.

In a community where sex and kissing are taboo topics, how can one expect their child to disclose sexual assault or abuse to their parents? As a child, I blamed myself for certain events,

and when I made a mistake I felt as if I was a mistake. Instead of feeling guilt, my internal construct was framed around shame and impacted how I viewed myself and the world. If upholding family honour is put on such a high pedestal for females, it is only natural for them to feel shame and guilt for negative incidents that occur. The internal shame that I felt as a child carried with me to my teenage years and adulthood. Being raised in a hush-hush community can impact a SA female's ability to form healthy relationships. When arguments occur in relationships, SA females with internal shame construct blame themselves and can become people pleasers.

Historical context, cultural barriers and stigmatization are a few of the reasons why we must be culturally competent and sensitive to the needs of SA females. When comparing SA culture to Western culture, it is important for readers to understand that expressing specific emotions and interpreting situations can be impacted by an individual's culture (Cole et al., 2006). Research from Cole et al. (2006) showcases an example of different emotional reactions from children in Tamang, Nepal and children in the US. Like other SA communities, Nepal is a collectivistic society where anger is discouraged, and shame is valued. Anger is seen to be a potential threat to social harmony and shame is seen as remorse for not complying with the social norms (Cole et al., 2006).

Children from the US and Tamang children expressed anger when they had to redo their schoolwork when someone accidentally ruined it by spilling water (Cole et al., 2006). US children stated that expressing their anger corrects mistakes in the present and future. On the other hand, Tamang children believed it was their own fault for placing their homework near the drink. Children from the US would address the situation and act on it, and Tamang children stated they would remain quiet. This research reveals distinct cultural scenarios. Children from

Tamang have different socialization experiences that internally construct their emotional responses (Cole et al., 2006). Shame-inducing events can lead people to isolate themselves from others and social interactions (Thomaes et al., 2008). When aggression is induced by shame, it can serve to protect one's ego. and self-esteem (Thomaes et al., 2008).

Advocating and creating awareness for my community of SA female survivors of CSA is why I chose to pursue my master's in counselling. Being SA adds another layer of difficulty and that is something that needs to be acknowledged. Upholding family honour and shame is deeply rooted in our core. I want to inform current and future counsellors about certain situations that they may encounter where their instinct might be to call the police. It is crucial to recognize that for some individuals and communities, reporting isn't always straightforward and could be an unsafe option. I want counsellors to understand the struggles behind SA females speaking up.

Definition of Terms

Child Sexual Abuse (CSA)

When a child is involved in sexual activity that he or she does not developmentally understand and cannot give consent to (Choudhry et al., 2018). Sexual activities include intercourse, fondling, initiating sexual touch, online child luring, prostitution, or pornography (Choudhry et al., 2018).

Coronavirus Disease 2019 (COVID-19)

In 2019, a highly contagious and infectious disease resulted in over 6 million deaths in the world (Cascella, 2023). It quickly emerged as a health crisis and a global pandemic (Cascella, 2023).

Family Honour

A family's reputation is based on their family name, status, and social prestige (Couture-Carron, 2020). Honour varies among different cultural groups and is not restricted solely to a particular culture or religious group (Sangar & Howe, 2021). Among the SA culture, family honour is ‘izzat’. The term izzat embodies the idea of family honour and self-respect but also includes an individual's social status, dignity, and reputation. An individual's actions reflect on their family’s image and all members of the family are expected to uphold family honour. If an individual fails to preserve family honour, it can result in social ostracism (Sangar & Howe, 2021).

Guilt

Guilt is experienced when individuals are focused on the perceived wrongdoing that they did (Sheikh & Janoff-Bulman, 2009). Guilt motivates individuals to be prosocial and repair relationships by apologizing and confessing. Early in life, guilt can be seen when children hurt others and try to make amends. These children are more likely to approach others in a reparative manner (Sheikh & Janoff-Bulman, 2009).

Intimate Relationships

A close relationship where the level of commitment, and physical and emotional closeness is mutual and reciprocated (Moss & Schwebel, 1993). Sexual intimacy between two people who share a bond and have experiences with one another (Moss & Schwebel, 1993).

Intrafamilial Sexual Abuse

A perpetrator that is biologically related to a child they sexually abuse (Fischer & McDonald, 1998). Examples include a parent, stepparent, sibling, or a blood relative. In some cases, the individual is someone living in the same household as the victim (Fischer & McDonald, 1998).

Self-Critical

When one sets high standards for themselves and those standards are not met, one may perceive oneself in a negative light and blame themselves (Lassri et al., 2018). These individuals are hard on themselves and have feelings of guilt, low self-worth, and fear of disappointing others (Lassri et al., 2018).

Severe Mental Illness (SMI)

One or more mental, emotional, or behavioural disorders that severely impact one or more aspects of an individual's day-to-day functioning (Chandra et al., 2003).

Shame

Shame's primary focus is on an individual's negative and wrongful aspects of themselves (Sheikh & Janoff-Bulman, 2009). The internal judgments are uncontrollable and motivate denial. Individuals begin to withdraw and escape situations that trigger shame. Early in life, shame can be seen in children who tend to distance themselves from other people. For these children, avoidance can be adapted as a coping strategy (Sheikh & Janoff-Bulman, 2009).

Among the SA culture, shame is 'sharam' (Sangar & Howe, 2021). Shame becomes an internalized construct that guides an individual's actions. Judgments of what is acceptable or shameful are influenced by gender expectations. For males and females, their expectations are based on notions of femininity and masculinity. Breaching societal values can bring shame to both the individual and their family (Sangar & Howe, 2021).

South Asian (SA)

Individuals from the following countries: Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan, and Sri Lanka (Kandula & Kanaya, 2021).

Stigma

Negative perceptions and views towards a group of people that behave in ways that are different than the society's norms (Ahmedani, 2011).

Relational Trauma

When a child is sexually abused or exposed to intense stressors by a parent or someone they trusted during a developmentally sensitive period of their life. The psychological impact of the relationship leads to complex trauma that can be seen immediately or manifests later within their intimate relationships. In relationships, this can present as mistrust and fear of closeness and vulnerability (Jerebic & Jerebic, 2019).

Outline of the Remainder of the Paper

The remainder of this paper includes a literature review for the general population and SA women. In each chapter, there are sections that showcase empirical research for both populations. To avoid confusion for the reader, subtitles are included throughout the capstone to highlight the research on SA women. In chapter two, the literature review begins by discussing the current research and prevalence rates of CSA in Canada and India. The chapter then examines the psychological impacts of CSA generally and among SA women and the mental health difficulties they face. The chapter explains the characteristics and impacts of IFCSA generally and among SA women. The chapter explores the impacts of CSA on intimate relationships and sexual functioning. Self-identity and the mental health of survivors are explored generally and among SA women. Revictimization and the gaps in research are examined. In chapter three the focus shifts to practical solutions for working with SA females. Cultural factors are highlighted and the barriers to seeking help and support are addressed. A

framework for a workshop is presented and the critical needs of creating awareness are addressed.

Chapter Two: Literature Review

Current Research & Prevalence Rates of CSA

In Canada, occurrence rates of CSA are based on evidence from child welfare and police reports (Shields et al., 2019). Many CSA incidents occur in private and therefore the cases go unreported. Children fear social and relational consequences and most of the time, perpetrators do not confess. Since the early 1990s, research suggests that there has been a decrease in CSA (Tufford, 2019). Research from Tufford (2019) indicates a decline in cases for both genders. Fifty percent of suspicion of child abuse and neglect is not reported. Service providers working with children often fear breaking trust and worry about the impact the report may have on the child's life. Ignoring the signs of abuse and neglect, having personal biases, and not being comfortable with reporting are a few of the several reasons behind child abuse not getting reported (Tufford, 2019).

In research from the Government of Canada from 2014-2020, the incidents of online child sexual exploitation and abuse increased from 50 incidents per 100,000 children to 131 incidents (Statistics Canada, 2022). CSA is often underreported. Children may fear reporting, might not have access to report or seek help, or could be unaware that sexual assault is a crime. Canadian police reported data indicates that 73% of girls between the ages of 12-17 get sexually exploited and abused online and 13% of girls that are younger than 12 get sexually exploited and abused online. More than 7 in 10 young children are suffering. Results from self-reported

victimization research indicate that only a fraction of offences are typically reported to the police (Statistics Canada, 2022).

With the Covid-19 lockdown, in-person sexual assault crimes were harder to be reported and detected but online incidents of crime against children and pornography increased (Statistics Canada, 2022). Before the pandemic, the increase in CSA numbers was hypothesized to be a result of police officers being trained to detect signs of sexual abuse and report the abuse. Another possibility for the increase in numbers was thought to be from survivors being more willing to report. When the pandemic occurred, the number of child sexual exploitation and abuse continued to increase. From 2019-2020, police reported cybercrime increased by 31%. In 2020, the rate of child pornography was 35% higher than in 2019. Child luring increased by 22% in 2020 compared to 2019 (Statistics Canada, 2022).

Most of the research on CSA is on school-aged and adolescent children. Research from Yüksel and Koçtürk (2020) discussed preschool-aged victims and the factors that affect reporting. Depending on the student, a preschool-aged child might not have the developmental skills to differentiate good touch from inappropriate touch. Speaking up and knowing right and wrong takes time to learn. These young children are unable to protect themselves and get taken advantage of by people who are supposed to protect them from harm (Yüksel & Koçtürk, 2020).

When preschool children get sexually abused, reporting may be difficult for them (Yüksel & Koçtürk, 2020). If a child doesn't know what CSA is, the incident is confusing and psychologically harmful for them. For preschool and daycare staff, training on detecting the signs of CSA and reporting is crucial. Teaching children the difference between good and bad touch, how to protect their bodies and providing them with resources on who to call when they

don't feel safe should be a requirement for everyone working with children (Yüksel & Koçtürk, 2020).

Current Research & Prevalence Rates of CSA in India

"India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th min, a child below 10 every 13th hour, and one in every ten children sexually abused at any point of time" (Chopra et al., 2020, p. 30). Due to the stigma, it is difficult to estimate accurate prevalence rates of CSA in SA Women. Since it is such a taboo topic, it is often not reported. Since the COVID-19 pandemic, India has seen an increase in numbers of both child abuse and IPV. In 2020, 53% of children in India had reported experiencing abuse (Poddar & Mukherjee, 2020).

The Childline India Foundation, a social service organization in India, received double the amount of phone calls during India's lockdown (Poddar & Mukherjee, 2020). Some of the regular calls were silent calls from children who did not have the words to express themselves or explain what happened. The lockdown made it difficult to seek support. Thirty percent of the calls were from children who needed protection from abuse, escaping an abusive situation and finding safety was even more complex during COVID-19 (Poddar & Mukherjee, 2020).

At a medical college in Southern India, researchers studied the prevalence rates of self-reported CSA (Rathinam et al., 2021). The participants were currently enrolled undergraduate medical students at the Indira Gandhi Medical College. Sexual abuse of any kind and at any age from the past to the time of the study was considered. Semi-structured interviews and a self-administered questionnaire were used. Out of the 148 female participants, 84% reported experiencing CSA. The results from the study indicated that the location where a third of the participants were abused was in their own home. The other locations that participants reported

were at a neighbour's house or an unknown area. For a quarter of the participants, the perpetrator was someone they knew from their friends and for 85% of the participants the abuser was a male. For some participants, their abuser was a neighbour, uncle, relative or someone they knew. For more than 50% of the participants, the abuser was under 20 years old and for the other participants the abuser was between the ages of 21-30 (Rathinam et al., 2021).

In one research study, more than half of the participants kept the abuse to themselves (Rathinam et al., 2021). These participants had higher rates of anxiety, depression, and suicidal thoughts and feared being disowned by their parents. Since sexual assault is a taboo topic in India, this leads to most victims suffering alone. Some individuals fear disclosing the abuse may lead to negative consequences from family members and feeling guilty. A few of the participants shared they did not disclose due to loyalty reasons to their perpetrator. When it came to disclosing to family members, most of the participants stated that they first disclosed the abuse to their friends and then a few chose to disclose the abuse to their mother and sister (Rathinam et al., 2021).

The researchers chose medical students because they anticipated their recollection and memory of the CSA would be better and they would be able to recognize the signs and symptoms of CSA (Rathinam et al., 2021). They also believed that the medical students would be more likely to participate in the study and be open to talking about their experiences. One strength of this study is that despite all the pain and trauma the survivors may have carried with them, they chose to attend college to create a better future for themselves (Rathinam et al., 2021).

Researchers Chopra et al. (2020) conducted a research study on CSA perceptions and experiences of 800 college students in Panchkula, India. The participants in this study were males and females over the age of 18. When choosing participants for the study, the researchers

chose college students to avoid any ethical dilemmas that may occur for children under the age of 18. A self-administered questionnaire with 28 close-ended questions was administered in English but translated to Hindi at the Swami Devi Dyal Group of Institutions. Once the questionnaire was completed, the participants were invited to attend a free informative lecture on CSA. For all the participants, this was their first time attending an information session that solely discussed sexual abuse. The results indicated that 20% of the boys and 16% of the girls had experienced CSA. For this paper, the summary of the results will be focused on the female participants (Chopra et al., 2020).

When the female students were asked about their perception of CSA, more than half of the participants believed that children who came from families that had a good reputation in the community were not victims of CSA (Chopra et al., 2020). The lack of awareness and education around CSA has resulted from it being a taboo topic. The shame that CSA in India carries leads to children not disclosing abuse. When a child gets sexually assaulted, they are more likely to remain silent and keep it to themselves. Only 5% of participants indicated that their parents have had conversations with them regarding sexual abuse. The education and some awareness that the participants had regarding sexual abuse was information they had learned from the media or their teachers and friends. When asked about future changes and desires, most of the participants shared and highlighted the need for more education and awareness in their community around sexual abuse. The participants shared and reflected on the importance of knowing the rights of children and preventative strategies. One limitation of this study was that it was solely based on self-administered questionaries. The researchers took into consideration the participants' perspectives. They believed that face-to-face interviews could be uncomfortable for participants (Chopra et al., 2020).

Psychological Impacts

A child's sexual identity, sense of safety and trust in others may be destroyed by CSA (Sigurdardottir & Halldorsdottir, 2018). When a child experiences a stressful life experience early on, it can cause emotional and physical dysregulation throughout their lifespan. When a child no longer feels a sense of control in their world, they lose a part of themselves. CSA impacts individuals emotionally, mentally, physically, and spiritually. Survivors of CSA have a higher risk of experiencing mental health disorders and illnesses (Sigurdardottir & Halldorsdottir, 2018).

In research from Sigurdardottir and Halldorsdottir (2018), the authors discuss the negative impact the medical system has on CSA survivors. Systemically, CSA is treated with medication and the mind and body are seen as separate. Many survivors experience symptoms that medically are not explained. CSA survivors often deal with emotional and psychological problems that impact their well-being and day-to-day living. CSA can lead to difficulties in coping with the trauma and repressing the negative memories (Sigurdardottir & Halldorsdottir, 2018).

CSA causes long-term problems that affect adults' social, interpersonal, and sexual functioning (Mullen et al., 1994). The long-term impacts of CSA have been researched and studied for many years. Depression, anxiety, trouble sleeping, self-injury, shutting down, and feeling frozen are other long-term impacts of CSA (Sigurdardottir & Halldorsdottir, 2018). Dissociating from the trauma and negative memories can lead to CSA survivors being at risk for developing complex PTSD (Sigurdardottir & Halldorsdottir, 2018).

Psychological Impacts on South Asian Women

CHILD SEXUAL ABUSE

Sexual violence and abuse have been extensively researched since the 1970s. More recently, the focus has been on the psychological impacts on women and child survivors (Reavey et al., 2006). Government-sponsored research in Manchester, UK identified that sexual abuse leads to decreased psychological well-being and self-harm among SA women. Long-term psychological and behavioural impacts that SA women may face include suicidal ideation, substance use, and body dysmorphic disorder (Chopra et al., 2020). In research from Deb and Mukherjee (2011), the authors discussed the impacts of sexual abuse on SA women.

School-aged girls between the ages of 13-18 residing in Kolkata, India were studied by researchers Deb and Mukherjee (2011). The sample consisted of 120 SA girls who were sexually abused and 120 SA girls who were not sexually abused. For this study, the researchers examined sexual abuse history using a questionnaire and gathered information regarding their socioeconomic and family background. The results from this study indicated that 93.3% of the girls came from families with a low educational background. 73.3% of them were abused sexually after they were lured with false promises of a better life with future job prospects or marriage. The psychological long-term impacts were low self-confidence, emotional vulnerability, abstaining from sexual intimacy, chronic pain, and substance use. The researchers measured emotional and social adjustment for both groups of girls. The group of girls that were sexually abused as children were short-tempered, bitter, negative, and dealt with depression. These girls also struggled to build rapport with new friends, neighbours, and teamwork (Deb & Mukherjee, 2011).

Intrafamilial Child Sexual Abuse

"Somewhere in the world, a child is suffering deliberate harm inflicted by someone who is supposed to care about them, at this very moment" (Chopra et al., 2020, p. 32). IFCSA is one

of the most common forms of CSA (Katz & Field, 2020). In research from Fischer and McDonald (1998), victims of IFCSA are typically 3 years younger than extrafamilial victims at the time of the abuse. For interfamilial abusers, younger children are more accessible at any time of the day. School-aged children are at school and attend after-school activities which makes them less easily accessible. In terms of duration, extrafamilial abuse may involve a single incident, whereas intrafamilial abuse could be several incidents or repeated occurrences. In the research article from Fischer and McDonald (1988), the results indicated that only 23.5% of IFCSA involved a single occurrence and 62.45% of extrafamilial sexual abuse was one occurrence.

When sexual abuse happens within the family, the children typically choose to remain silent or disclose the abuse when they are older (Tener, 2017). IFCSA can lead to the victim feeling responsible and embarrassed for what happened. The child holds onto the burden and fears negative reactions from their friends, family, and society. When the abusers are family members, children feel betrayed and lose a sense of safety and trust in the world. On the other hand, if the child lives in a toxic and negative family household that lacks open communication, they will hold on to the trauma and withhold from sharing and disclosing. Many survivors have the urge to tell someone but also don't want others to know (Tener, 2017).

When a child gets sexually abused by a close family member they were dependent on for emotional and physical survival, it causes feelings of confusion and betrayal (Katz & Field, 2020). When children are abused by a parent in their home, that is the only home they have. If the abuser was a parent, the child would still need to live and have their survival needs met. If the child has no one else for guidance or support, the parent that abused them will be the parent they continue to go to for help (Katz and Field, 2020).

Intrafamilial Child Sexual Abuse and South Asian Women

In India, 93% of perpetrators are family members, relatives, friends, or acquaintances who are known to the victim (Poddar & Mukherjee, 2020). This high percentage showcases the likelihood of SA victims feeling hopeless, trapped and alone. In 2007, a study conducted in 13 different states in India by the Ministry of Women and Child Development discovered prevalence rates of different forms of child abuse. In the study, researchers discovered the prevalence rate of CSA to be 53% and most of the abusers were family members or relatives who were entrusted to care for and provide for the children (Tyagi & Karande, 2021). In many cases, the perpetrator is living under the same roof as the victim or is someone they might see at family events (Singh et al., 2010).

In research from Deb and Mukherjee (2011), the authors gathered information from SA school-aged girls from Kolkata, India. Close to half of the girls (45.8%) reported being sexually abused between 14-17 years old, 37.5% were abused between the ages of 10-13 and the remainder were sexually abused between the ages of 6-9. When asked about who the perpetrator was, 55.8% of the girls indicated they were abused by a stranger and 44.2% of them were abused by a family member, relative or someone they knew. In research, the number of girls who are sexually abused by someone they are related to or familiar with is high (Deb & Mukherjee, 2011).

In the research study highlighted above by Deb and Mukherjee (2011), 98.3% of the sexual abuse incidents were not reported. Out of all the participants, only two of the victim's families took action to report the incidents. Fifty-four percent of the participants stated they were afraid reporting the incident would lead to them being ostracized in their community. 33.3% of the participants' families chose not to report to avoid the aftermath and follow-up questions from

making a report. The remainder of the families did not report due to being threatened by their daughter's perpetrator. The statistics from this research study highlight the urgent need for awareness, education, and support for SA females and their families (Deb & Mukherjee, 2011).

In research from Chandra et al. (2003), the researchers investigated sexual coercion rates among female psychiatric patients in Bangalore, India. Out of the 50 participants with severe mental illness, 10 of the participants stated the perpetrator was an uncle or cousin, 13 of the participants reported the perpetrator was a friend or acquaintance and 24 reported the perpetrator was their spouse. One of the participants disclosed her brother as her perpetrator and two stated the perpetrator was a stranger. More than half of the women in this research study knew who their perpetrator was. The participants disclosed that most of the incidents happened in their own homes. For SA females, their home can be a place for victimization and sexual abuse. Home is supposed to be a safe place where one feels loved and supported. SA girls are raised with the expectation of remaining silent about any abuse that occurs in their household (Chandra et al., 2003).

Relationships

Impacts on Intimacy & Sexual Functioning

When children are unable to stop the abuse, they feel helpless and learn to accept the assault. This affects their belief system for the way they view themselves, the world, and future relationships (Filipas & Ullman, 2006). Not understanding what's appropriate and acceptable behaviour impacts a child's worldview. Women who have been sexually abused in their childhood may have a hard time accepting love in their intimate relationships. Although they may crave it, they may have a hard time accepting the fact that they are worthy of unconditional love. This results in challenges in interpersonal skills and intimate relationships. Confiding with

their partner and having open conversations is something that many CSA survivors struggle with (Mullen et al., 1994).

In research from Jerebic and Jerebic (2019), the authors discussed the interpersonal relationship difficulties that CSA survivors face. These challenges include mutual trust, safety, and feeling sexually satisfied. Experiencing CSA impacts an individual's long-term relationships. The lack of trust and paranoia can lead to the individual experiencing challenges with their partner. Mistrust can impede physical, emotional, and sexual connection in a relationship and impact relationship satisfaction. When an individual is traumatized, their ability to express themselves emotionally with others gets negatively impacted. When CSA survivors struggle to trust their partners, it can affect their ability to relax and be sexually vulnerable. The fear of betrayal and getting hurt again remains a conscious worry (Jerebic & Jerebic, 2019).

When sexual abuse happens, it occurs within a relationship of two or more people (Jerebic & Jerebic, 2019). When a child is abused, their trust in others and feelings of safety are damaged. A complex psychological long-term impact of CSA is relational trauma. If relational trauma is developed during a developmentally sensitive time, the effects may be immediate or may show up later in the child's life and intimate relationships. The betrayal that the child holds onto can be projected onto their future relationships. When the feelings are transferred, the survivor may feel triggered again. When it comes to closeness, the trauma could be expressed as uncertainty and indecisiveness. In relationships, the trauma may manifest as fear and suspicion (Jerebic & Jerebic, 2019).

Research from Girard et al. (2020) aimed to study the correlation between CSA and sexual anxiety and sexual victimization. The participants in this study were heterosexual women in a romantic relationship for 6 months or longer. Participants were asked questions regarding

the age of abuse, the relationship with the perpetrator and the type of sexual abuse. Participants were also asked about their current experiences of sexual anxiety. Results of this study indicated that 22.1% of the participants had experienced CSA and 21.1% of women had reported at least one incident of sexual coercion by their partner within the past 12 months. The findings from this study indicate that CSA survivors avoid sexual intimacy to avoid feeling sexually anxious. This can lead to conflict and sexual coercion in the romantic relationship. When women are dealing with sexual anxiety, their thought process could be full of worries, fears, and doubts. This results in lower levels of sexual assertiveness and impedes their ability to advocate and set boundaries for themselves (Girard et al., 2020).

For future research, inquiring about the length of the participant's romantic relationship would be helpful during the assessment process (Girard et al., 2020). The relationship dynamic could be assessed using a questionnaire to determine if the participants are in a healthy relationship. An interview with the participants to further explore when sexual anxiety arises would help to better understand their fears and struggles. This could include survivors lacking the confidence to communicate their sexual needs to their partner or fear of sexual refusal. The results of this study highlighted the crucial need for sexual rights education and intervention strategies aimed at helping women with sexual anxiety. Awareness and coaching are needed to help women set boundaries and recognize warning signs of sexual violence (Girard et al., 2020).

Impacts on Intimacy & Sexual Functioning and South Asian Women

Self-identity and Mental health

Research from Lassri et al. (2018) indicates that CSA survivors are more likely to be self-critical towards themselves and internalize negative emotions. When individuals are self-critical towards themselves, they can have constant fears and worries about disappointing people and

being rejected. Self-critical individuals have a hard time trusting their partner in relationships and tend to shy away from closeness. Lassri et al. (2018) were the first researchers to conduct a study examining the impacts of CSA and self-criticism on romantic relationship satisfaction. The research from this study was conducted in a two-wave cross-lagged follow-up study with women who were CSA survivors and knew the perpetrator, and women who had never experienced sexual trauma. Participants in the study were women between the ages of 18-39 that had been sexually abused as a child. The inclusion criteria consisted of being in a romantic relationship for one month within the past three months and the perpetrator was a nonpeer or was known to the victim (Lassri et al., 2018).

The study consisted of well-functioning individuals who were screened using questionnaires (Lassri et al., 2018). Different aspects of their life including work, education, social, physical, and physiological well-being were addressed. To further assess individuals on their level of functioning, a psychologist screened individuals using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM 4). CSA survivors who are abused by a trusted family member or friend deal with unbearable negative emotions. The results from this study indicate that CSA has a direct impact on women in developing a self-critical personality style. The self-criticism can be to the extent of women unintentionally abusing themselves with their own negative words and thoughts. Women with a self-critical personality style have a hard time trusting others. When women are self-critical, they cope with negative emotions by hyper-focusing on personal autonomy and accomplishments (Lassri et al., 2018).

CSA survivors may have a sense of fear and anxiety in their future relationships (Lassri et al., 2018). The self-criticism can negatively impact their personal and romantic relationships. When handling stress in interpersonal relationships, CSA survivors are more likely to blame

themselves. At the surface level, it may appear as if CSA survivors are functioning well and satisfied with their romantic partners, but internally they might anticipate becoming retriggered (Lassri et al., 2018).

Research from Girard et al. (2020) aimed to study the correlation between CSA and sexual anxiety and sexual victimization. The participants in this study were heterosexual women in a romantic relationship for 6 months or longer. Results of this study indicated that 22.1% of the participants had experienced CSA and 21.1% of women had reported at least one incident of sexual coercion by their partner within the past 12 months. The findings from this study indicate that CSA survivors avoid sexual intimacy to avoid feeling sexually anxious. This can lead to conflict and sexual coercion in the romantic relationship. The fears, doubts, and worries result in decreased sexual activity and impact their ability to set boundaries. For future research, inquiring about the length of the participant's relationship and dynamics would aid in gaining more insight. The results of this study highlighted the crucial need for sexual rights education and intervention strategies aimed at helping women with sexual anxiety. Awareness and coaching are needed to help women set boundaries and recognize warning signs of sexual violence (Girard et al., 2020).

Self-identity and Mental Health and South Asian Women

Chandra et al. (2003) conducted a research study on female inpatient participants at the National Institute of Mental Health and Neurosciences in Bangalore, India. The sample consisted of 50 women who had severe mental illness (SMI) and who had been sexually coerced. Two-thirds of these women stated they experienced sexual coercion before the onset of their SMI. Diagnoses for SMI among the patients included schizophrenia spectrum disorder, recurrent depression disorder, and bipolar disorder. Out of the 50 women, 16 of them presented with acute illness, 34 of them had a chronic illness, 18 reported a history of CSA, and 30 out of the 50

women remained silent and did not seek help. These women felt a sense of fear and helplessness and were ashamed to disclose the abuse. Only 4 of the participants from this study reported that they had disclosed the incident to someone. The findings in this research study showcase the high percentage of CSA cases that are underreported (Chandra et al., 2003).

Revictimization

CSA Revictimization

Statistics from the Government of Canada (2021) indicate that 6.2 billion women aged 15 and older who were in an intimate relationship had reported sexual, psychological, or physical violence. Women who have been sexually abused before the age of 15 are 50% more likely to experience IPV. Individuals who have experienced adverse childhood events have a higher risk of being revictimized in their adulthood. When children are exposed to interpersonal violence during their childhood, they might develop the expectation of violence being a part of relationships (Statistics Canada, 2021). According to social learning theorists, children who have experienced childhood maltreatment view aggressive behaviours as normal (Li et al., 2019). In adulthood, when they form intimate relationships they tolerate violence in their intimate relationships and view it as acceptable behaviour. Survivors of childhood trauma struggle with insecure attachment, emotion dysregulation, mental health disorders, and self-blame. These long-term impacts of child abuse can make them vulnerable to IPV (Li et al., 2019).

CSA Revictimization and South Asian Women

Married SA Muslim women in abusive relationships have a hard time leaving (Couture-Carron, 2020). Before marriage, SA Muslim women are expected to only have one intimate partner and having several partners is forbidden. SA Muslim women may hesitate to disclose abuse for fear of a negative reaction and choose to remain silent. Being a victim of abuse leads to

the possibility of being excluded from their community. In these situations, women may fear disclosing the relationship to their parents. To avoid shame and maintain family honour, women may choose to put their safety and happiness aside and remain in the abusive relationship. Many SA women may choose to date their abusive partners in secrecy. In these situations, seeking help becomes a barrier and leads to a constant fear of their parents or community discovering their relationship (Couture-Carron, 2020).

Researchers Reddy et al. (2020) conducted a research study in Bangalore, India to examine the relationship between CA and IPV. This study took place at a tertiary psychiatry care center, the National Institute of Mental Health, and Neurosciences. The researchers solely focused on CA and IPV rates among SA women who were diagnosed with a mood disorder. The comparison group involved healthy women, that is, those without a history of a mental health disorder. The sample consisted of 609 SA women with a mental health disorder and 100 healthy women. The ages of the women ranged between 18-50 years. Of the 609 women who had a mental health disorder, 293 were diagnosed with a mood disorder. Out of those women, only the women who were married, in a relationship, or had an intimate partner in their lifetime were selected for the clinical group (Reddy et al. 2020).

The study consisted of 121 women with unipolar depression, 130 women with bipolar disorder and 72 healthy women. These diagnoses were assessed using the DSM IV. Semi-structured interviews were conducted to gather information on their socio-demographic background, marital status, and family background. The assessment consisted of 26 questions about sexual, emotional, and physical abuse before the age of 18. Participants were asked questions about the abuse, the age, frequency of abuse and their perpetrator (Reddy et al., 2020). The results indicated higher rates of mood disorders in CA survivors compared to healthy

women (Reddy et al., 2020). Although further research is needed, the results showcased the risk of IPV among CA survivors. When women are not doing well psychologically, they may be prone to IPV. Clinicians need to identify and evaluate any psychosocial stressors that could occur in intimate relationships (Reddy et al., 2020).

In the research from Chandra et al. (2003) on sexual coercion rates, 10 out of 50 SA female psychiatric patients believed that abuse is a common thing that happens to women. They also believed that discussing the abuse with others was shameful. In many cases, the perpetrator was the husband. In these situations, the participants stated they chose to remain silent and keep the abuse private. Women feared they were going to be blamed for the incident instead of being understood. Ultimately, they accepted this way of living and believed it was out of their control. Many of them who reported being sexually coerced did not view the incident as abusive. These women were raised with the traditional Indian attitudes towards marriage. Regardless of their own desires, women in this study believed that it was their job to provide sex to their husbands whenever they pleased. They feared saying no and believed that if they didn't please their partner, their partners would go seek pleasure from other women (Chandra et al., 2003). The findings from this research study highlight the importance of developing informative, educational, and supportive services for SA survivors of sexual abuse and the ones who are currently living with SMI.

Summary and Synthesis

In Canada, CSA often goes unreported since many incidents occur in private and children fear the social consequences of reporting. In India, CSA is a significant issue with high rates of abuse. Stigma around CSA leads to underreporting and the COVID-19 pandemic exacerbated the issue. IFCSA is common with younger victims compared to extrafamilial abuse. When a child is

abused by a family member, it creates feelings of betrayal and confusion. Most of the time, victims remain silent due to feelings of shame, responsibility, embarrassment, and fear of negative reactions from family members. Relational trauma impacts intimacy, trust, and safety in future romantic relationships. In India, a large percentage of the perpetrators are known to the CSA victims. Survivors of CSA have a higher risk of developing depression, anxiety, and PTSD and are prone to self-injurious behaviours.

SA women experience decreased psychological well-being, self-harm, suicidal ideation, body dysmorphic disorder and substance use. CSA impacts individuals emotionally, mentally, physically, and spiritually. In adulthood, CSA impacts an individual's ability to form trusting healthy romantic relationships. It can lead to challenges in expressing emotions, communicating, and being sexually vulnerable. Survivors are self-critical and project their worries, fears, and suspicions on their partners. When conflict occurs in interpersonal situations, CSA survivors blame themselves. CSA has been linked to an increase in IPV among women in India with mood disorders. Traditional cultural values and attitudes towards marriage are a factor in remaining silent. In the next chapter, I will discuss a framework for a workshop to help counsellors better understand the cultural stigmas, views and attitudes related to SA women.

Chapter 3: Suggested Best Practices and Workshop Outline

The purpose of this paper is to address the different aspects of CSA and the prevalent issues occurring in both Canada and India. The literature review examined the current research and prevalence rates in both countries, including intrafamilial abuse, psychological impacts, self-identity, adult interpersonal relationships, and revictimization. The goal of this paper was to provide an in-depth understanding to readers, helping professionals and counsellors. The framework for this workshop is created from an SA lens. This chapter will provide a framework for a workshop that is created for individuals working with SA women who have experienced CSA. In this chapter, I will discuss the SA family dynamics, raise awareness around CSA and shame, and discuss the challenges of speaking up, reporting, and seeking treatment. The chapter will conclude with different interventions and modalities that would be beneficial for counsellors working with SA survivors of CSA.

This workshop would begin with an interactive conversation with guiding questions about shame that have been adapted from research conducted by Sangar and Howe (2021). Individuals would be encouraged to share their experiences, knowledge, and expertise. The aim of these questions is to create an open dialogue and welcoming environment where individuals feel comfortable sharing and reflecting on their own outlook while listening to the diverse perspectives of others in the group.

1) What are the ways we construct shame? (Sangar & Howe, 2021).
2) What constructions of shame regulate human behaviour? (Sangar & Howe, 2021).
3) In what ways do we construct mental health? (Sangar & Howe, 2021).
4) How do the constructions of shame and mental health impact help-seeking? (Sangar & Howe, 2021).

Raising Awareness Around South Asian Culture

Next, the workshop will begin with introducing SA culture and the obstacles that women face. These stages of the workshop will include psychoeducation around cultural attitudes, family honour, shame, and stigma. In this collectivist culture, family influence and traditional gender roles all impact SA women's ability to report. The importance of maintaining family honour makes CSA a taboo sensitive topic to discuss for many SA women. To truly help SA women, it is important for counsellors to be mindful of the cultural differences that will be discussed. The shame that SA women hold from CSA has shaped their identities and self-concepts.

In the SA culture, it is rare for households to have open conversations about human anatomy, sex, and dating. Having to tell a parent or guardian that a family member, relative or stranger is responsible for sexual abuse isn't an easy conversation to have. Children who have been sexually abused often remain silent. Feelings of shame, embarrassment, and guilt arise, and often children debate the pros and cons of sharing.

SA women have distinct societal and familial challenges that obstruct their ability to seek help (Reavey et al., 2006). In the SA culture, the influence of an individual's family plays a factor in their self-identity. The collectivistic culture, power dynamics and expectations for females make it difficult for SA women to address their personal problems. Shame and family honour make it difficult for women to discuss sexual abuse. Understanding familial concepts will help counsellors understand how the internal concept of self and identity has been shaped and influenced for SA women (Reavey et al., 2006). Women are blamed and raised with the belief that abuse is shameful and bad. Many SA women have lived their whole lives believing that abuse is something that should not be discussed. Women blame themselves for incidents that

they had no control over or developmental understanding of. The self-blame becomes a self-concept and impacts one's identity, coping and future relationships.

In Pakistan, the conversations around sexual abuse involve shame, denial, and blame which discourages disclosure (Nadeem et al., 2020). SA cultures are collectivist, and the needs of the family are prioritized. SA females are taught to uphold and protect family honour. The cultural attitudes around sexual abuse make it harder for women to report and share what happened. Having a strong family unit and preventing the teardown of a family is the societal norm in SA cultures. Females are taught that their reputation and their family's reputation are important for their future and marriage prospects (Nadeem et al., 2020).

To make this group an interactive experience, the group would then be asked the same questions as cited in Sangar and Howe (2021) with an emphasis on SA women. These questions are designed to serve as guided discussions to aid in understanding the group's perspectives on SA women and the SA culture.

1) In what ways do South Asian women construct shame? (Sangar & Howe, 2021).
2) What constructions of shame regulate the behaviors of South Asian women? (Sangar & Howe, 2021).
3) In what ways do South Asian women construct mental health? (Sangar & Howe, 2021).
4) How do the constructions of shame and mental health impact help-seeking for South Asian women? (Sangar & Howe, 2021).

The last question would be an introduction to the next topic. Psychoeducation around barriers that SA women face when it comes to seeking support will be discussed.

Barriers to Seeking Support

CHILD SEXUAL ABUSE

Intuition and experience are two things that reporters rely on when it comes to child abuse (Tufford, 2019). Mandatory reporting is placed in Canada in hopes of ending child abuse and neglect. In a research study from 2017, the results indicated that of 33,000 Canadians, 93% of the sample indicated that they didn't report situations of child maltreatment to the police or child service authorities (Tufford, 2019). Decision-making is now recognized as an action that involves logic and emotion. When it comes to reporting, helping professionals fear the potential challenges for their clients, who may feel remorse and judgment. These factors negatively or positively impact their decision to report (Tufford, 2019). Research from Tufford and Lee (2020) indicates that positive therapeutic relationships occur when clients are given autonomy. Supporting clients to report, reporting together with the client and being present result in better outcomes. When counsellors emphasize transparency in the counselling room, positive behaviour changes occur (Tufford & Lee, 2020).

In the Western culture, cognitive-behavioral therapy (CBT) and medication are two of the primary options for the treatment of sexual abuse (Nadeem et al., 2020). For SA societies like Pakistan, there is a gap in culturally competent treatment. In some situations, families remain silent about the abuse until the female displays severe psychological symptoms, self-harm, academic decline, or suicidal ideation. In these situations, the family seeks help from physicians and in most cases, the abuse is only revealed if the nurse, doctor, or social worker assesses for it. If the perpetrator is a family member who is currently living with the victim, it is the helping professional's responsibility to ensure the safety of the victim and aid in alternative living arrangements (Nadeem et al., 2020).

For SA women, many instances of CSA involve intrafamilial abuse (Chandra et al., 2003). A significant number of perpetrators involve a brother, cousin, or uncle. Although many

households and families may appear loving and supportive, many SA women have homes where they have been abused and victimized. This makes it challenging for them to speak up and seek support. In the research study discussed in chapter two by Chandra et al. (2003) on sexual coercion, many of the SA participants who reported sexually coercive experiences were not aware it was considered abuse. In the SA culture, women have duties and responsibilities. Married SA women in the study believed that it was their role as a wife to fulfill and prioritize their husband's sexual desires, even if those desires included experiences they were not comfortable with. SA women didn't view sexual coercion as abuse but rather viewed it as an obligation of marriage. They had accepted it and believed it was shameful to disclose it to anyone (Chandra et al., 2003).

Seeking mental health services in the SA community carries a negative stigma causing women to be reluctant to seek support (Arora et al., 2016). Preserving a positive family image is the main priority for many women living in SA households. In the SA culture, marrying daughters into a family that is highly respectable in the community is a sacred responsibility. In collectivistic cultures, many families have a say in marriage. Upholding the family honour in favour of a respectable marriage includes only disclosing limited information. In the SA culture, many believe that revealing abuse and mental health struggles could impact the decision-making of prospective marriage partners. The complex dynamics of SA culture highlight the multifaceted challenges that women encounter in reconciling cultural traditions with their own well-being (Arora et al., 2016).

During this segment of the workshop, participants would be encouraged to engage in a moment of self-reflection to explore barriers they may have encountered while seeking support. These barriers could be manifested in their personal life or even in their professional career.

Participants would be given the opportunity to share their reflections within smaller intimate groups. Depending on comfort level, individuals would be encouraged to share their experiences with the entire group. Next, the group would be asked to discuss the SA barriers that surprised them the most. The aim of collective sharing in this workshop is to validate and create feelings of human connection.

Moving into the next stage of the workshop, the focus would transition into equipping participants with tools and strategies for working with SA survivors of sexual abuse. This section of the workshop delves deeper into the interventions, strategies and various therapeutic modalities that can be effective for SA women. Cultural competence and cultural sensitivity are emphasized and acknowledged for providing support. The workshop would conclude with a hands-on therapeutic art activity. The aim of this activity is to provide participants with an opportunity to explore creative ways of healing through self-expression.

The Counselling Room

Discussing the impacts of abuse in the SA community often entails hesitation (Nadeem et al., 2020). It is important for help professionals to be mindful of the family dynamics, and anxieties that could potentially arise when discussing sexual abuse. For a positive therapeutic alliance, a family-focused approach can be effective when working with certain SA females (Nadeem et al., 2020). Culturally, a woman's value in society is defined by her role as a mother and a wife (Singh & Hays, 2008). Women are expected to instill social norms within the family and play the main role in raising children. For these women, professional and personal development outside of the home is often less valued. When counselling, it is important to ask SA clients about gender roles and gender identity. Feminist counselling highlights the importance of recognizing how gender and culture impact an individual's interpersonal

relationships. SA women living in Canada have their collectivist cultural background and their current Western individualistic cultural views. Community, connections, and relationships shape SA women's view of individuals and themselves (Singh & Hays, 2008).

Survivors of sexual abuse often experience a decline in their mental well-being (Rani & Hassan, 2020). When working with SA women who have experienced abuse, it is important for counsellors to practice trauma-based and informed interventions. Being aware of differences among SA women and understanding how abuse is perceived is important. Helping women cope with feelings of guilt and shame and developing coping skills and communication skills is essential. Restoring confidence, and highlighting strengths and positive coping mechanisms can be encouraging and motivational. To help reduce distress, counsellors can teach breathing techniques and meditation. Helping SA women find their creative selves and healthy ways of expressing their anger through writing and art are tools that many might not be aware of.

Understanding ethnic identity, and cultural acculturation can help counsellors develop appropriate treatment plans (Girard et al., 2020). To help women reduce sexual anxiety, psychotherapy can help diminish the risk of sexual victimization and enhance safety. Helping women manage their anxiety through mindfulness techniques can aid in being aware of bodily experiences and being present. A valuable skill to teach SA women is sexual assertiveness. Sexual assertiveness can improve their future interpersonal relationships. Teaching the aspects of healthy relationships and establishing consensual sex allows individuals to have positive pleasurable experiences in their future relationships if they desire. Helping women facilitate open conversations about their boundaries, needs and desires can enhance trust and safety in the relationship (Girard et al., 2020).

To better understand our clients and their unique life experiences, asking open-ended questions about their culture can foster connection. Facilitating open dialogue can aid in creating a supportive environment where one feels understood. Allowing individuals to express their cultural identities and personal narratives can help create an open comfortable environment. The below questions have been adapted from research conducted by Singh and Hays (2008). These questions allow counsellors to interact with SA clients on a deeper level and understand their challenges. A client-centred approach can enhance the counselling experience and aid in the client's healing journey.

To ask about SA values, counsellors could ask which one of your values is most significant to you (Singh & Hays, 2008). When assessing conflict styles, counsellors could ask, how do you approach conflict? From your cultural upbringing, what methods of addressing conflict were taught to you? It is important for counsellors to highlight the positives of cultural upbringings and how they have shaped us into the individuals we are today. To help empower clients and instill hope, counsellors could ask, what positive qualities do you appreciate and value as a South Asian woman today? Which one of your strengths do you appreciate today (Singh & Hays, 2008)?

As counsellors, it is also our role to assess risks, create safety plans and help minimize risks for future abuse. To avoid challenges in sensitivity and empathy, it is important for counsellors to be aware of their own personal biases, values, and countertransference. For effective work, counsellors should embrace cultural humility, be culturally sensitive and have an awareness of the SA culture (Rani & Hassan, 2020). Some SA women might find it challenging to speak up about their experiences, and many SA women lived a life where abuse was shunned and hidden.

Art Therapy

Incorporating art therapy into the sessions may help SA women feel more comfortable sharing their experiences. Drawing their journey and using different colours for words and symbols to express their thoughts and emotions can help get the conversation started and break the barrier (Singh & Hays, 2008). Art therapy can be used to express the abuse and their cultural upbringing (Singh & Hays, 2008). When working with SA survivors of CSA, being patient and going at their pace is necessary.

In research from Murray et al. (2017), the authors discuss the advantages of art therapy for survivors of sexual assault. Art therapy can provide trauma survivors an opportunity to articulate their experiences without verbal expression. Talk therapies can be intimidating and individuals might find it difficult to find the right words to convey their emotions. For intense challenging emotions, art can provide clients with a means to process emotions and aid in the healing process. The creative experience can create awareness around strengths and enhance an individual's self-worth. Art interventions can help establish safety after abuse or can help clients move forward beyond the abuse. Exploring the different representations of symbols and colours in clients' artwork can empower clients to provide meaning to their experiences (Murray et al., 2017).

Discussing sensitive topics such as sexual abuse with SA women who have been silenced can be challenging. The stigma and cultural attitudes around abuse can make it difficult for SA women to express themselves to counsellors. Art therapy can provide a medium for them to share their story without feeling obligated to use their words. It can be a positive outlet that counsellors teach and encourage individuals to practice. In the SA culture, the dynamics of abuse often lead individuals to believe that their own needs are insignificant. Art therapy can teach

individuals a form of self-care they enjoy and the importance of focusing on their own well-being (Murray et al., 2017). It can help SA women cope with difficult feelings of anger, understand their trauma, and help them take control of their lives. Providing SA women alternative ways to share their stories in different therapeutic interventions that they feel comfortable with can help them make sense of their experiences. Art therapy can provide a culturally sensitive approach for SA women.

Group Psychotherapy

Due to the shame and stigma around abuse, many SA women feel alone with no social support. Group therapy with SA women would be beneficial for them to practice social skills, connect with others and practice setting boundaries. It would give them the opportunity to share their experiences of CSA that they have been shunned for. In a group setting, SA women might feel more comfortable sharing with other women who have experienced similar challenges and share the same cultural background. This can help foster a sense of community and reduce feelings of shame and stigma. Interacting in a group setting can symbolize positive relationships outside of the group. Individually and in group settings, counselling can offer an opportunity for SA women to process and share their experiences, an opportunity that was most likely missed during childhood.

Closing Activity

This workshop would end with an opportunity for individuals to ask questions and engage in group discussions. Participants would have the opportunity to further explore any of the themes that were discussed in the workshop. As part of the group closure activity, the group would be invited to showcase their current emotional state through creative expression. Art supplies and playdough would be provided. Participants would be encouraged to share their

artwork with others and if comfortable, answer questions from other participants. This would be a great opportunity for counsellors who are less familiar with art therapy to explore its potential. The purpose of this activity is to allow the group to experience the beauty of self-expression through alternative avenues of verbal dialogue. In alignment with the goal of this workshop for creating awareness around SA culture, a thoughtful touch of traditional Indian snacks and chai tea will be offered. Creating an inclusive and warm environment reflects the essence of the SA collectivistic culture of community and connections. The sharing of food and drinks would represent the unity of SA culture.

Final Reflections

The suggested best practices and workshop framework outlined in this paper have been tailored to better understand and support SA women. The proposed framework, created from an SA lens includes a culturally sensitive approach to understanding the multifaceted challenges that SA survivors face. This framework was aimed to create an open space for facilitated guided discussions. The discussions include an opportunity to comprehend SA family dynamics, family honour and shame and their influence. Cultural attitudes influence SA women's perceptions and reactions to CSA. The deeply rooted values that place a high priority on family honour play a big factor in silencing CSA survivors. Understanding the complex difficulties that SA women face in disclosing abuse is important for counsellors working with this population. The stigma around mental health and the risks associated with disclosing or remaining silent is a challenge that many SA survivors face. This chapter explored the various barriers that SA survivors of CSA have when it comes to accessing treatment. It highlighted the importance of culturally sensitive and client-centred approaches. Addressing the unique needs of SA women and understanding their gender roles and cultural values is important when working with this demographic group.

Additional intervention plans could include feminist-based modalities and trauma-based interventions. The incorporation of group therapy can be useful in reducing feelings of isolation. The pace and structure of therapy should be determined based on the client's needs. To best aid in the healing process, fostering a positive therapeutic alliance while being culturally aware is essential for counsellors. Counsellors should be mindful of countertransference, biases, and any preconceived judgements they may carry. The strategies that were presented in this chapter included culturally sensitive information for counsellors to be aware of when working with SA survivors of CSA.

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