

The background image is a photograph of a group of women, mostly seen from behind, walking down a city street. They are wearing traditional Indian saris. Some of the women are holding up signs, though the text on the signs is not clearly legible. The street is lined with trees on the left and modern buildings on the right. The entire image has a warm, orange-brown color overlay.

# Together We Rise

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Voices from the Frontlines of South Asian Gender-Based Violence Work

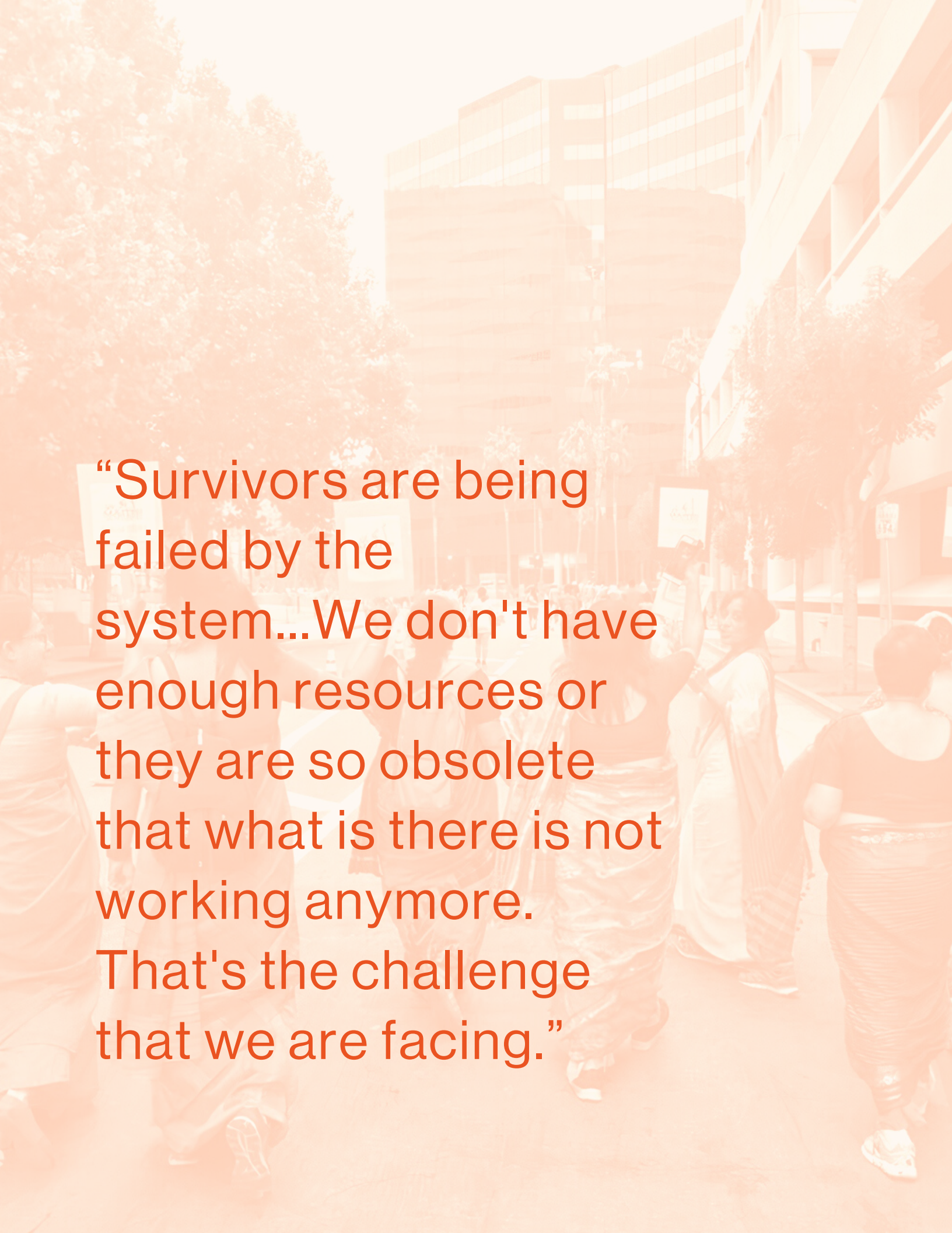
OCTOBER 2022

A NATIONAL REPORT BY SOUTH ASIAN SOAR



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Rise

A group of women, mostly wearing saris, are walking down a city street. Some are holding signs, and one is holding a camera. In the background, there is a large, modern building with many windows. The scene is overlaid with a semi-transparent orange filter.

“Survivors are being failed by the system...We don't have enough resources or they are so obsolete that what is there is not working anymore. That's the challenge that we are facing.”

A group of women, seen from behind, are walking down a city street. They are wearing traditional Indian saris in various colors like white, gold, and red. Several of them are holding up white signs with text on them. The street is lined with modern buildings and trees. The entire image has a warm, orange-toned overlay.

# Dedication

We dedicate this report to those whom we have lost to violence, to those who are healing from violence, and to those who dream boldly of a future free of violence.

# Acknowledgments

To each of the frontline staff and organizations who joined our listening sessions, provided feedback on the report, and do the daily life-saving work of serving South Asian survivors, we have tremendous gratitude for each of you. Your experiences and dreams are the backbone of this report.

API Chaya

Apna Ghar

Ashiyanaa

AADA

AFSSA

Awaaz

CHETNA

Daya Houston

DHF

API DVRP

Jahajee Sisters

Kiran, Inc.

Laal NYC

Mai Family Services

Maitri

Malikah

Manavi

Narika

Noor Family Services

Raksha

Saahas for Cause

Saheli Inc.

Sahiyo

Sakhi

Sapna NYC

Sanctuary for Families

SEWA - AIFW

Sikh Family Center

SAHARA

South Asian Network

SQWM

TMWF

Women for Afghan Women

To our funders and partners, we want to share a special thanks and our heartfelt gratitude to you for making this work possible.



## Ramesh & Kalpana Bhatia Family Foundation

Our founding supporters, the Bhatia Family Foundation, for your bold conviction in our shared vision and your invaluable partnership.



## Asian Pacific Institute on Gender-Based Violence (API-GBV)

Our trusted mentors, the team at API-GBV, for your attentive guidance and thoughtful support throughout this process.

# Contributors

To each person who poured their time, care, and energy into shaping and creating this report, this work would not be what it is without you.

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## Digital Access

The full report can be accessed at [www.togetherwerise.report](http://www.togetherwerise.report) or by scanning the QR code below:



## Content Note

Throughout this report, we cover topics such as gender-based violence and survivorship, including sexual assault, domestic violence, and other forms of abuse and oppression. If this content is triggering or distressing to encounter, we encourage you to engage with the report in the way that feels most comfortable for you.

If you are looking for resources for care and healing, you can find them on SOAR's Website at [www.southasiansoar.org/healingresources](http://www.southasiansoar.org/healingresources).

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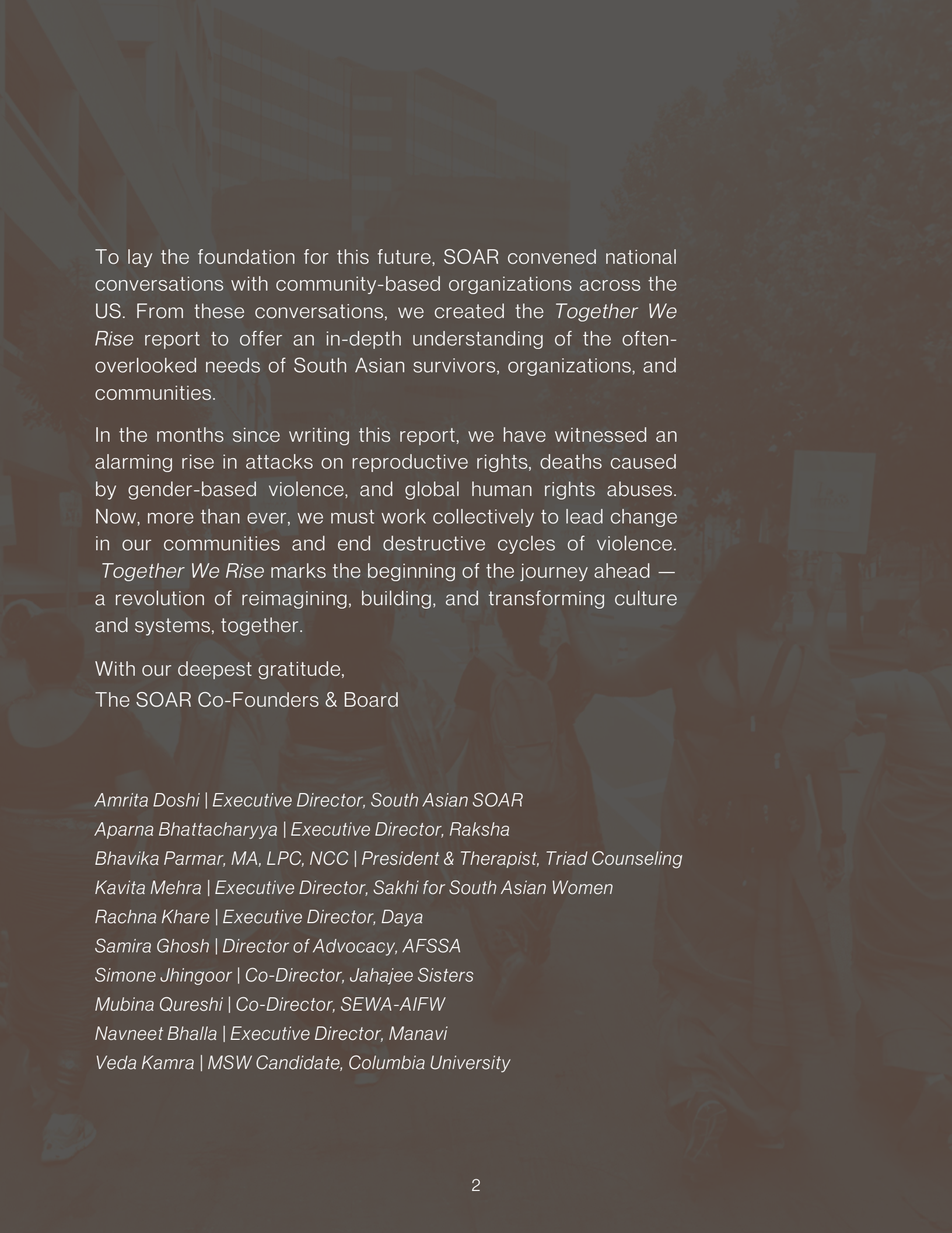
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## A note from SOAR's leadership

In 2020, amid a global pandemic, nationwide protests against anti-Black racism, and mounting anti-Asian violence, a shadow pandemic of gender-based violence was growing. In response to these intersectional outcries against structural violence, a small group of community leaders began meeting to reimagine the future of the South Asian anti-violence movement. Over several months, the group grew from five to nearly fifteen leaders working to envision a movement rooted in solidarity, trust, and belonging. Together, they shared their challenges, needs, and dreams for the South Asian survivor and gender justice movements across the US.

This is the origin story of South Asian Survivors, Organizations, Allies — *Rising* (SOAR), a national collective unified by a shared vision for joy, healing, and justice for South Asian survivors and communities. Our collective has been in the making for over forty years, building on a powerful legacy of organizers, scholars, and activists who paved the way for our organizations, and SOAR, to exist. With their fearless advocacy and activism, we have made tremendous strides toward addressing gender-based violence. Yet, as minoritized and marginalized communities, we face a long road toward dismantling the inequities that lead to violence.



To lay the foundation for this future, SOAR convened national conversations with community-based organizations across the US. From these conversations, we created the *Together We Rise* report to offer an in-depth understanding of the often-overlooked needs of South Asian survivors, organizations, and communities.

In the months since writing this report, we have witnessed an alarming rise in attacks on reproductive rights, deaths caused by gender-based violence, and global human rights abuses. Now, more than ever, we must work collectively to lead change in our communities and end destructive cycles of violence. *Together We Rise* marks the beginning of the journey ahead — a revolution of reimagining, building, and transforming culture and systems, together.

With our deepest gratitude,  
The SOAR Co-Founders & Board

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# About the Report

## Research Methodology

SOAR is a national collective of survivors, 32 frontline organizations, and allies advancing the movement to end gender-based violence (GBV) in the South Asian diaspora in the US.

In the summer of 2021, SOAR partnered with the Asian Pacific Institute on Gender-Based Violence (API-GBV) to convene a series of three hour-long listening sessions with SOAR's network of 32 organizations. The purpose of these conversations was to identify shared strengths, challenges, and trends among community-based GBV organizations whose primary missions are to provide direct services and support to South Asian or pan-Asian survivors. During these virtual sessions, participants used web-based jam-boards and discussions to share their responses to the following three questions:

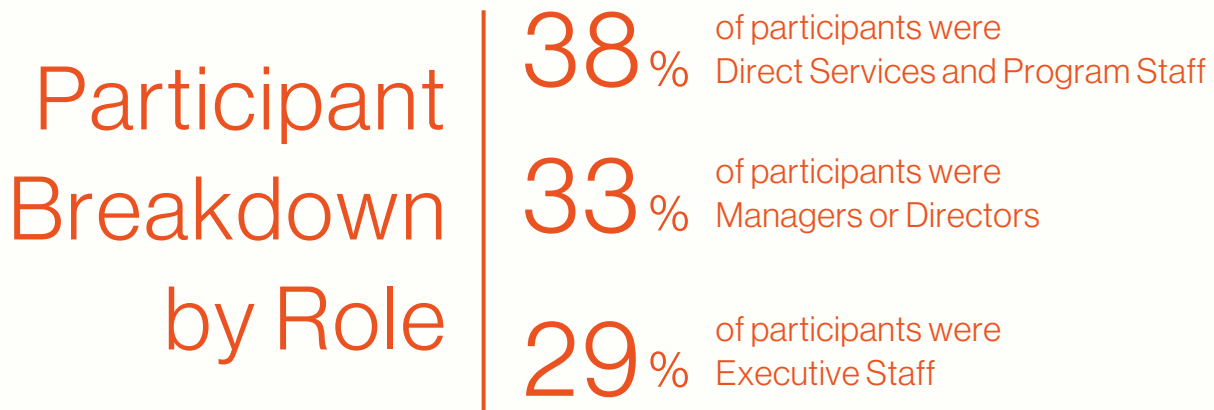
- **Survivors & Communities:** What challenges are South Asian survivors and communities facing, and what resources are required to meet their needs?
- **Frontline Organizations:** What challenges are frontline organizations facing, and what support is needed to sustain and grow organizations and their staff?
- **The Movement:** How can the South Asian diaspora advance a collective gender justice movement?

Through the listening sessions, frontline staff and leadership at GBV organizations elucidated the complex and nuanced, but often overlooked, challenges and needs of South Asian survivors and communities in the US. This report summarizes the key insights that emerged in the sessions and further contextualizes them with supporting research and data from existing literature. Since the initial listening sessions, SOAR has conducted follow-up surveys and discussions with its member organizations to dive deeper into these insights and move toward collective action.

## Voices in this Report

The insights and quotes in this report come directly from frontline staff and leadership at SOAR's network of 32 frontline GBV organizations across 13 states. Within the listening sessions, each organization was represented by one or more individuals with professional or lived experience with the challenges and needs of South Asian survivors, communities, organizations, and the anti-GBV movement.

Of the 24 participants in these sessions, 38% were Direct Services and Program Staff who provide direct services to survivors (i.e., case management or counseling), 33% were Managers and Directors who oversee programming or development departments, and 29% were Executive Staff who lead strategic planning, fundraising, and organizational growth. While these roles and responsibilities may vary across organizations, it is important to note that staff with diverse perspectives and experiences were present in these conversations.



## Research Limitations

We know that survivors are widely present both in this movement and at frontline organizations. We also recognize that everyone is impacted in some way, shape, or form by a culture that enables and perpetuates GBV. Therefore, we chose not to collect demographic or personal information from listening session participants, including their relationship to survivorship. In future research, it would be helpful to capture this information to uplift survivors' lived experiences. Furthermore, since our primary method for data collection was through listening sessions, our research was largely qualitative. Looking forward, we hope to supplement this qualitative research with quantitative data to illustrate our findings further.

Finally, the South Asian GBV organizations that participated in our listening sessions predominantly serve survivors of domestic violence (DV) or intimate partner violence (IPV). While DV and IPV often encompass emotional, physical, sexual, financial, and other forms of abuse, there are still forms of GBV that fall outside of this scope, which are described in greater detail in Key Finding 3: Oppressed & Underserved Populations. We acknowledge that our research and findings may not comprehensively represent survivors of all forms of GBV, and we hope future iterations of research will reflect a broader range of experiences.

## Audience for this Report

This report is intended for any person or organization working towards addressing, preventing, or ending GBV within and outside the South Asian diaspora in the US.

Survivors, Allies, and Frontline Organizations: We hope this report captures and reflects your experiences while raising the questions that will define how we move forward together.

Advocacy Organizations and Researchers: We invite you to deepen your understanding of the needs of South Asian survivors, communities, and organizations and partner with them on research, programs, movement building, and advocacy.

Policymakers and Funders: We urge you to invest in the leadership and ideas of the people most impacted by GBV — survivors, organizations, and communities.

# Language & Terminology

Language is both supportive and limiting, but even more so, it is always changing alongside a evolving movements. For this report, we have intentionally chosen to use certain terminology. However, we acknowledge that no singular term is perfect and each term's respective definitions differ based on their context. Below, we describe some key terms as they are used throughout the report.

## **Abuser OR Person who has caused harm**

We have chosen to use the term 'abuser' to refer to a person who has caused harm through abuse, and we also recognize that people of all genders and identities can be perpetrators of GBV.

We acknowledge that there is no perfect term that adequately identifies the experiences and realities of every person who has caused harm or any form of GBV. Ultimately, it is up to each person who has experienced GBV how they want to refer to the person(s) who caused them harm.

## **Caste**

Caste is a social, hierarchical structure of religiously codified oppression assigned at birth that affects over one billion South Asians around the world. Despite the illegality of the system, the oppressive effects are still felt today through numerous injustices at the interpersonal, social, and systemic levels.

## **Female Genital Mutilation/Cutting**

The practice of female genital mutilation/cutting (FGM/C) goes by a variety of terms in different cultures around the world, including 'Female Genital Cutting (FGC),' 'Female Genital Mutilation (FGM),' 'female circumcision,' or 'khatna' in the South Asian Bohra community. Regardless of what it is called, FGM/C is a form of GBV that "involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons."<sup>1</sup>

## **Forced Marriage**

The Tahirih Justice Center, a Virginia-based GBV response provider which convenes the national Forced Marriage Working Group, defines forced marriage as "a marriage that takes place without the full and free consent of one or both parties. Factors behind forced marriages are complex and varied, but may include economic concerns, cultural norms, or family agreements."<sup>2</sup>

## **Gender-Based Violence (GBV)**

Gender-based violence (GBV) is defined as “any type of violence that is rooted in the exploitation of unequal power relationships between genders,” including “gender norms and role expectations specific to a society as well as situational or structural power imbalances and inequities.”<sup>3</sup> In this report, we use GBV to encompass a range of harms that include physical abuse, emotional abuse, financial abuse, sexual abuse, intimate partner (IPV) or domestic violence (DV), female genital mutilation/cutting (FGM/C), family violence, sexual assault, sexual exploitation, child sexual abuse (CSA), stalking, human trafficking, and transnational abandonment.

We acknowledge that these forms of harm and abuse are not limited to sex or gender identity, and we use the term 'gender-based violence' to reflect the language currently used in the movement.

## **Human Trafficking**

API-GBV defines human trafficking as “the recruitment, harboring, provision, receipt, transportation and/or obtaining of individuals by using force or threats, coercion, fraud and/or using systems of indebtedness or debt bondage for purposes of economic exploitation that can include forced labor for domestic, industrial, agricultural or sex work; prostitution, pornography and sex tourism; removal and sale of organs; fraudulent adoptions; servitude, including servile marriages; and slavery.”<sup>4</sup>

## **Intersectionality**

The term 'intersectionality' was coined in 1989 by Kimberlé Crenshaw, a civil rights activist and legal scholar, who describes the concept as “a lens for seeing the way in which various forms of inequality often operate together and exacerbate each other.”

## **Sexual Assault and Violence**

According to RAINN, sexual violence is an “all-encompassing, non-legal term that refers to forms of GBV including but not limited to sexual assault, rape, sexual abuse, childhood sexual abuse (CSA), intimate partner sexual violence, and sexual harassment.”<sup>5</sup>

## **South Asian Diaspora**

In this report, we refer to the South Asian diaspora as those “individuals with ancestry from Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives” and “individuals of South Asian origin who have roots in various areas of the world, including the Caribbean (Guyana, Jamaica, Suriname, and Trinidad & Tobago), Africa (Nigeria, South Africa, Uganda), Canada, Europe, the Middle East, and other parts of Asia and the Pacific Islands (Fiji, Indonesia, Malaysia, and Singapore).”<sup>6</sup>

We recognize that there is no homogenous or singular South Asian identity or experience. While we use the term “South Asian” to capture the commonalities based on ancestral geographic origin, this report does not attempt to generalize the experiences of South Asians in the US. This is particularly important to us, given the existing hegemony within the diaspora along the lines of caste, class, immigration status, religion, language, and more.

## **Survivor OR Person who has experienced harm**

We define a survivor as a person who has experienced GBV. Though the terms ‘victim’ and ‘survivor’ are often used interchangeably, we use the term ‘survivor’ to refer to someone who has experienced harm and ‘victim’ in cases where the person who has experienced GBV has not survived. In addition, we recognize that people of all genders and identities can be survivors of GBV.

We believe there is no perfect term to describe the experience of survivorship, and it is up to each individual who has experienced GBV to choose how they describe themselves.

## **Transnational Abandonment**

Transnational abandonment is defined by the Center for Health Journalism as “a form of domestic abuse in which vulnerable immigrant women are abandoned in their country of origin by their husbands.”<sup>7</sup> This form of abuse can be experienced by individuals of all genders and sexual orientations.



# Introduction

## The South Asian Diaspora in the US

Today, South Asians are one of the fastest growing immigrant groups in the US, with an approximate population of over 5.4 million.<sup>8</sup> South Asians have grown their presence in the US over three distinct migration phases, each driven by complex histories of colonialism, displacement, forced migration, labor, and economic dislocation.<sup>9</sup> As a result, South Asians in the US are a widely heterogeneous group across gender, sexuality, caste, class, race, religion, language, migration history, ability, and more.

These complex histories have resulted in rather complex outcomes for the South Asian diaspora in the US. Externally, South Asians are forced to navigate model minority stereotypes which promote false ideas about success, socioeconomic status, and the prevalence of social problems for South Asians. Internally, South Asians have struggled to overcome their own oppression of other South Asians, often on the basis of caste, religion, and ethnicity. These realities are intimately connected to the colonization of South Asian people, which was driven by labor exploitation and economic gain. It is not difficult to see then why the South Asian diaspora in the US has experienced deeply inequitable outcomes. For example, Indian Americans have the highest income among Asian American subgroups while “nearly 472,000, or 10%, of the approximately five million South Asians in the US live in poverty.”<sup>10</sup>

Lastly, the South Asian diaspora in the US cannot be fully understood without acknowledging the profound effect of the “war on terror” on South Asian communities. Following the September 11, 2001 attacks on the US, South Asian Americans became the targets of a racist, xenophobic, and violent “counter-terrorism” campaign. Since then, specific subgroups, such as Muslim Americans, Sikh Americans, and caste-oppressed individuals, have faced increased surveillance and violence within and outside the South Asian diaspora.

Following the September 11, 2001 attacks on the US, South Asian Americans became the targets of a racist, xenophobic, and violent “counter-terrorism” campaign. Since then, specific subgroups, such as Muslim Americans, Sikh Americans, and caste-oppressed individuals, have since face increased surveillance and violence within and outside of the South Asian diaspora.

## GBV in the Diaspora

GBV within the South Asian diaspora in the US is a silent crisis — one that is significantly under-researched, under-addressed, and underfunded. Among South Asians in the US, 48% of individuals reported having experienced at least one form of GBV.<sup>11</sup> The same study revealed that while the most prevalent type of violence experienced was physical violence (48%), 38% of South Asians experience emotional abuse, 35% experience economic abuse, 27% experience verbal abuse, 26% experience immigration-related abuse, 19% experience in-laws related abuse, and 11% experience sexual abuse.<sup>12</sup> Another 2016 web-based survey of South Asian adults, born both abroad and in the US, found that 25% of respondents experienced child sexual abuse (CSA), and 41% of respondents witnessed DV within their households as children.<sup>13</sup>

48 % of South Asians in the US experience physical violence

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38 % of South Asians in the US experience emotional abuse

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35 % of South Asians in the US experience economic abuse

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Though these statistics offer helpful benchmarks, it is important to note that the prevalence of violence is undoubtedly much higher than the data indicates due to underreporting. Moreover, the majority of research on GBV within the South Asian diaspora is over 15 years old, has not been disaggregated across ethnic subgroups, and fails to include marginalized groups of South Asians.

In particular, there has been little to no data gathered on GBV faced by caste-oppressed individuals, LGBTQIA+ and gender non-conforming individuals, and youth populations.

While GBV exists in all cultural and ethnic groups, the existing research has facilitated our understanding of the distinct factors that underpin the experience of GBV and help-seeking for South Asian survivors in the US.

## Individual & Cultural Factors

An individual's identity and cultural context are dynamic and shaped by many factors, including their race, religion, gender, sexuality, caste, class, location, citizenship, and ability. For South Asian Americans, some documented cultural factors that increase the risk of GBV include power imbalances produced by collectivist or joint family structures, patriarchal cultural norms, rigid gender roles, isolation and lack of social support, and expectations of marriage.<sup>14</sup> In particular, marginalized groups, as described in Key Finding 3: Oppressed & Underserved Populations, face increased discrimination and harm due to power structures across South Asian subgroups.

## Systemic & Structural Factors

Though individual and cultural factors provide context to experiences of GBV, it is paramount to understand GBV as a systemic issue as well. South Asians are at risk of increased vulnerability to GBV due to immigration status, employment barriers, language inaccessibility, economic insecurity, racism and discrimination, and a lack of information about their rights within the US legal system. These issues result from our entrenchment in systems of capitalism, heteropatriarchy, and white supremacy, which perpetuate power-based oppression and inequity.

## Impact of GBV on Survivors and Communities

The experience of GBV has profound and debilitating physical, mental, emotional, social, and economic impacts on survivors and their families. Research shows that 75% of all survivors experience clinical post-traumatic stress symptoms. One study on South Asian survivors found that they experience "increased sexual health concerns, poor physical health, depression, anxiety, and suicidal ideation."<sup>15,16</sup> Another survey found that South Asian women survivors of IPV were 2 to 3 times more at risk for a major depressive disorder and 1.5 to 2 times more at risk for elevated depressive symptoms.<sup>17</sup>

Socially and culturally, South Asian survivors are burdened with shame, stigma, and rejection or isolation from their community for leaving abusive relationships or households. In particular, financial abuse can have devastating, long-lasting impacts on survivors leading to accumulated debt, lost opportunities for education and wealth building, and poor credit. These effects can “compound over time” and “follow survivors for years even after they find physical safety,” which itself can be difficult to secure.<sup>18</sup> Alarming, 1 of every 4 unhoused women is homeless because they are a survivor of some form of GBV.<sup>19</sup>

Survivors of GBV are also at heightened risk of criminalization. This is particularly devastating for South Asian immigrant survivors who may be undocumented or whose immigration documentation often depends on their abuser, making them vulnerable to immigration detention and deportation.

It is important to recognize that the repercussions of GBV affect not only individual survivors but also their children, families, and entire communities. Undoubtedly then, the impact of GBV reverberates across multiple generations.

## Addressing and Responding to GBV

The movement to address and end GBV in South Asian communities in the US dates back to the 1970s and 1980s. In response to marginalization from mainstream feminism, South Asian women across the nation began leading grassroots efforts to organize their communities. These efforts were connected to a wider history of Black, Latine, and Indigenous organizing critiquing white feminism and calling for BIPOC-led movements to end GBV. Through this collective power, South Asian feminist organizers of color began shifting discussions of DV out from behind closed doors and into the public eye. In the decades following, many South Asian organizers and scholars founded or led culturally-specific frontline GBV organizations.

Within the past four decades, more than 40 culturally-specific organizations have emerged to address GBV in South Asian communities across the US (see Appendix for the list of organizations). These organizations provide vital support and direct services (including case management, shelter or housing support, mental health counseling, social services referrals, financial assistance, immigration and legal support, and more) to survivors and their families. Distinct from mainstream GBV organizations, these organizations ground their services in “a cultural and structural framework that meets the needs of South Asian survivors and their children.”<sup>20</sup>

Most frontline GBV organizations also conduct outreach and educational efforts, participate in local and national research and advocacy, and provide trainings and technical assistance to mainstream agencies. While the missions and services of these organizations are very closely aligned, they operate independently from one another with distinct structures, organizational cultures, sources of funding, and geographic locations.

It is important to note that the South Asian GBV organizations have not been immune to their own cultural challenges. Historically, these organizations have been led by dominant ethnicity and caste, upper class, and religious majority leadership. While change is necessary and occurring, there is still much to be done to center and amplify the leadership of systemically and historically marginalized groups of South Asians. Namely, several South Asian activists and organizers have founded collectives, projects, and networks of support and healing outside of the formal non-profit structure.

Nevertheless, South Asian frontline GBV organizations have served as a backbone for survivor safety, healing, and recovery. Together, they have laid the foundation for the South Asian anti-GBV movement and have provided "the impetus for social change at the level of the individual, community, and the larger society."<sup>21</sup>

Key Findings:

# South Asian Survivors

“We're hoping that we can give consistency to survivors... because the last thing survivors need is to change [their] therapist, to repeat everything all over again.”

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## KEY FINDING 1

Short-term crisis intervention alone is inadequate and deprives survivors of access to long-term support for rehabilitation, healing, and stability.

Historically, responses to GBV have focused on providing short-term crisis intervention services, oftentimes to the exclusion of long-term support. Yet, for many, surviving GBV is just the start of a long road to healing, recovery, and stability. Though providing crisis support is crucial and life-saving, South Asian survivors desperately need sustained wraparound services that enable them to move beyond survival. To ensure that survivors can achieve long-term safety and stability, they must have access to a wide breadth of services (employment and financial assistance, public benefits, housing, transportation, legal and immigration assistance, and mental health and medical services) at every point in their journey.

## What wraparound services do survivors need in the short and long term?

### Financial Assistance & Public Benefits

The financial impact of GBV on survivors is ruinous, often moving them into “poverty and economic instability.”<sup>22</sup> According to research by the Centers for Disease Control and Prevention (CDC), the estimated average cost of IPV for a cisgender female survivor is \$104,000 across her lifetime.<sup>23</sup> Furthermore, a recent study by FreeFrom, a national GBV organization, found that survivors’ financial well-being is in the bottom 10th percentile for adults in the US.<sup>24</sup>

Research also shows that survivors’ financial insecurity is in no small part due to economic abuse, which occurs in 99% of all instances of IPV and which worsened during the COVID-19 pandemic.<sup>25</sup> One frontline South Asian organization reported that at least \$40,000 in stimulus checks had been stolen from survivors by their abusers. Within South Asian communities, cultural and systemic factors such as rigid gender or labor roles, immigration and financial dependency, and barriers to employment further heighten the risk of financial abuse.<sup>26</sup>

To mitigate this impact, providing financial assistance to South Asian survivors is vital because it allows survivors to address immediate needs (housing, food, and transportation) and build toward financial security. Notably, frontline staff emphasized that this financial support must be direct, flexible, and trust-based. Even more specifically, survivors need cash assistance in order to quickly and safely meet their needs without the trace of credit cards or bank accounts.

Along with direct financial support, public benefits programs such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Unemployment Insurance (UI), and Medicaid or Medicare are critically important to survivors' financial security and livelihoods. As stated in a joint report by the National Domestic Violence Hotline, National Resource Center on Domestic Violence, and Esperanza United, these programs "enable survivors to afford basic necessities and help rebuild their lives after violence."<sup>27</sup>

However, South Asian survivors face significant barriers to accessing public benefits programs. For example, survivors may be ineligible for benefits based on their immigration statuses or choose not to apply due to the fear of deportation, detention, or other negative consequences.<sup>28</sup> Moreover, frontline staff shared that application processes for these benefits are prohibitively complex to navigate or lack cultural and linguistic accessibility.

They also highlighted how harmful model minority stereotypes play a role in discouraging South Asian survivors from seeking out these forms of support. Ultimately, financial assistance and public benefits should be readily accessible to survivors because they have a transformative impact on a survivor's ability to leave an abusive environment and achieve sustained financial independence.

## Short & Long-Term Housing

Research shows that DV is the leading cause of homelessness, and 38% of all DV survivors become unhoused at some point in their lives.<sup>29</sup> Compounding high costs of living and the lack of affordable housing, survivors face unique barriers to accessing shelters and housing. These barriers include poor credit and rental histories (largely due to economic abuse), lack of steady employment, housing discrimination, and loss of subsidized housing.<sup>30</sup> Data from our listening sessions also sheds light on how the COVID-19 pandemic has aggravated the housing crisis for survivors resulting in landlord harassment, discrimination, and eviction.

Unsurprisingly, frontline staff declared short and long-term housing to be one of the greatest needs for South Asian survivors as it poses a significant barrier to leaving an abusive situation and, ultimately, reaching safety and recovery. Beyond impacting a survivor's physical safety, housing also affects one's mental health, quality of life, access to education, economic outcomes, and overall well-being.

Yet, frontline staff stressed how challenging finding safe and affordable housing could be because shelters are frequently at capacity and located solely in bigger cities, leaving survivors with limited options, if any. For example, in areas such as Santa Clara County, "domestic violence shelters can take in just 63 people at a time and turn away nearly 2,500 requests annually."<sup>31</sup> Even if a survivor finds a short-term shelter solution, they may not find long-term housing support, forcing survivors to cycle between staying in shelters and returning to abusive homes. Lastly, mainstream shelters are often not well-equipped to accommodate the language, dietary, or cultural needs of South Asian survivors, which increases the complexity of finding housing solutions for them. Finding shelter and temporary housing is challenging, but finding permanent housing solutions is even more complex due to discrimination and years-long waiting lists.

To address housing challenges and shortages, South Asian GBV organizations are exploring creative solutions, such as partnering with organizations that offer hotel rooms for survivors and working with Community Land Trusts. Still, affordable, accessible, and safe housing remains a dire and growing need for South Asian survivors.

## Transportation

Survivors need access to transportation on a continued basis to not only leave abusive homes or situations but also to travel between shelters, appointments, work, court, or children's activities. According to the American Public Health Association (APHA), "restricting or denying access to personal transportation is a common tool of abusive partners to isolate [survivors] from basic needs and services as well as from potential support networks."<sup>32</sup>

However, frontline staff conveyed how transportation is often inaccessible and unaffordable for many South Asian survivors. Oftentimes, survivors do not have access to their own method of transportation or solely depend on an abusive partner or family member for transportation.

Furthermore, the high prices of gas and ride-sharing services are especially burdensome for survivors presenting a significant barrier to access.

This lack of mobility is a prominent barrier to safety and healing because it forces survivors to stay in abusive situations and prevents them from seeking employment or help. To address this, South Asian GBV organizations assist survivors in accessing transportation, including paying for ride-sharing services and providing public transit passes. These services are instrumental for survivors, but the need for increased access to transportation remains high.

## Legal Services & Advocacy

Surviving or leaving an abusive relationship or environment often requires reliance on the legal system. Data from our listening sessions show that legal services are one of the most common and urgent needs for South Asian survivors, as they often have no choice but to rely on legal remedies, including family and immigration law. Survivors need ample access to support for obtaining protection orders against an abuser, filing for divorce, seeking custody of or visitation with minor children, filing for child support, and more.

However, South Asian GBV organizations conveyed that navigating the legal system is typically a re-traumatizing and fatiguing process for South Asian survivors, who often have fears about the consequences of interacting with the legal system, as expanded upon in Key Finding 5: Evolving Our Approaches. Though many community-based organizations offer pro-bono or low-bono legal support (including referrals, court accompaniments, interpretation, and legal consultation or representation), survivors still face many barriers to receiving the help they need. To adequately support survivors, frontline staff stressed the need for access to affordable legal representation, legal training for caseworkers, and culturally-specific legal advocates.

## Immigration Support & Advocacy

Studies have shown that “immigration status prevents a large percentage of survivors from leaving abusive relationships, and that abusers often use immigration-related tactics.”<sup>33</sup> At South Asian GBV organizations, this is of particular concern due to the high volume of immigrant clients served. For example, up to 90% of Sakhi for South Asian Women’s clientele are immigrants.<sup>34</sup> Furthermore, for many South Asian immigrant survivors, their legal immigration status is tied to their abusive partner’s status, which poses a significant risk when leaving an abusive marriage or relationship.

Though federal legislation has been amended to include special protections for immigrant survivors, the reality is that these legal remedies are highly inaccessible and tend to have backlogs of many years. For instance, the widely used U Visa remedy has a wait time of approximately six years.<sup>35</sup> While a survivor is waiting for a decision to be made, they are often still without legal status, which could lead to detention or deportation.

“The H1 Visa issue [that many South Asian immigrant survivors face] is most ignored. The wait time is insane. No effective action has been taken. This group is a huge part of the American economy.”

Additionally, many immigrant survivors are uninformed of their legal rights or fear the consequences of seeking legal protection. One frontline staff member shared that survivors who are H-4 visa holders “are dealing with domestic violence and challenges of abandonment, separation, divorce, and [they’re] very confused about what to do.” This complex intersection between immigration and abuse is an enormous barrier to gaining safety and stability. Frontline organizations declared the growing need for more policies, partnerships, and support to provide immigration relief to survivors. Without these resources, “[organizations] end up with so many survivors who have lost their immigration status, and then even survival itself becomes difficult.”

## Physical & Mental Healthcare

Survivors of GBV face a staggering number of short-term and long-term physical and mental health challenges. For example, “IPV was found to be associated with poor physical health including poor functional health, somatic disorders, chronic disorders and chronic pain, gynecological problems, and increased risk of STIs.”<sup>36</sup> In addition, 75% of survivors develop clinical post-traumatic stress, anxiety, and depression symptoms.<sup>37</sup>

Yet, data from our listening sessions show that South Asian survivors face compounding financial, cultural, and situational barriers to accessing the medical and mental health care they need. For example, abusers may block access to or weaponize healthcare, threatening to cut off access to medical insurance if the survivor leaves the relationship. For South Asian survivors, cultural stigmas against seeking help worsen mental health issues, leading to high diaspora-wide rates of mental health disorders. Unsurprisingly, a history of DV is one of the predictors of mental distress among young South Asian women.<sup>38</sup>

It is crucial for survivors to have access to trauma-informed, culturally competent, identity-affirming, free or low-cost, long-term physical and mental health resources, including access to doctors and therapists, psycho-educational materials, support groups, and more. To address this need, frontline organizations have been growing their capacity to provide physical and mental health services by recruiting more counselors, sharing referrals, and developing partnerships. Despite these efforts, the urgent need for additional culturally-responsive and trauma-informed support remains much greater than what organizations can provide. Without these services, survivors are stripped of the tools and support for mental and physical healing.

“I'm setting up mental health appointments, and there are four [appointments] per month. And since we started in April 2019, there's not a single one that has gone empty.”

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## KEY FINDING 2

Survivors are forced to navigate broken systems that further dehumanize and exclude them, leaving them without access to vital services and support.

When South Asian survivors attempt to access support and services, they face numerous systemic barriers, including a lack of long-term support, lack of cultural responsiveness, language barriers, financial barriers, and technology-related barriers. Increasing rates of GBV during the COVID-19 pandemic further heightened these barriers, leaving many survivors without avenues for help.

These obstacles marginalize or exclude South Asian and immigrant survivors from accessing critical relief. While frontline staff at culturally-specific GBV organizations tirelessly advocate for survivors, the public institutions and programs built to support survivors (housing, healthcare, and the legal system) continue to fail them. Moreover, when survivors do not have access to the support they need, they are at risk of being further traumatized and even forced to stay in abusive relationships or environments.

To eliminate barriers to support, services and systems must be accessible, affordable, and tailored to the needs of South Asian survivors and their families.

## What systemic barriers do survivors face when accessing services?

### Lack of Long-Term Support

As previously described, survivors face enduring physical and mental health as well as social and economic challenges.<sup>39,40</sup> The journey of survivorship and healing is far from linear; it is often long and arduous, necessitating support beyond the moment of crisis. During our listening sessions, frontline staff underscored the need for South Asian survivors to have consistent and long-term access to services to ensure a safe, successful, and supportive healing journey.

However, most funding to date is allocated primarily towards meeting the immediate needs of survivors and does not consider the support necessary throughout survivors' long-term recovery journeys. Although many frontline advocates are keen to provide longer-term support, they first need increased financial resources to provide and manage such interventions.

## Lack of Cultural Responsiveness

Many survivors regularly interact with a vast ecosystem of institutions, including government agencies, law enforcement, medical providers, and non-profit organizations. However, the data from our listening sessions show that most mainstream services are not culturally-responsive to South Asian survivors, which often causes further harm or dissuades a survivor from seeking help.

A lack of cultural responsiveness can manifest as exclusive language, cultural bias, discrimination, and an inability to meet dietary, cultural, or religious needs. According to research from API-GBV, this “not only affects survivors’ ability to get help, but also employment, housing, benefits, health and mental healthcare, and to advocate for social and educational services for their children.”<sup>41</sup>

Although culturally-specific GBV organizations were created to bridge this gap, South Asian survivors still continue to face significant challenges in accessing services such as public benefits, medical and mental health care, housing, legal support and more. To remedy this, South Asian GBV organizations often conduct cultural responsiveness training for social service or government agencies and personnel.

Within South Asian GBV organizations, marginalized and underserved groups of South Asian survivors (described in Key Finding 3: Oppressed & Underserved Survivors) face a lack of cultural responsiveness when accessing services.

## Language Barriers

The distinct need for language access and justice is of utmost importance in order to effectively serve the linguistically diverse South Asian survivor population. As stated in a report from API-GBV, “when systems do not provide bilingual services, interpretation, or rely on untrained interpreters, they discriminate against Limited English Proficiency (LEP) survivors by failing to provide the same level of access to services as English speakers have.”<sup>42</sup>

Due to the language diversity in South Asian communities, South Asian GBV organizations prioritize language access. For instance, organizations such as Chicago-based Apna Ghar provide services in as many as twenty languages.<sup>43</sup> However, frontline organizations declared the need for increased language access within and outside their organizations. For example, frontline staff expressed the "lack of interpreters for court hearings" and the "need [for] support for resources to be translated in many languages."

With limited resources, many organizations utilize creative methods to increase language access by utilizing interpretation lines, asking volunteers to translate materials, and hiring linguistically diverse staff. Fundamentally, language access is pivotal in reaching all, but especially the most marginalized South Asian survivors.

## Financial Barriers

As described in Key Finding 1: Short & Long-Term Support, experiencing GBV can have a disastrous impact on a survivor's financial security. A recent study by FreeFrom states that the median amount of money survivors report having is \$175.50, and the median savings survivors report having is \$0.<sup>44</sup>

This economic impact and abuse, combined with the steep costs of seeking legal, health, and other necessary care, often lead to devastatingly precarious financial situations for survivors. While many frontline GBV organizations have historically offered their services to survivors at no cost, additional supportive services such as therapy, medical care, transportation, housing, and legal services can be costly. Across the board, there is a high need for low-cost, sliding scale, and pro bono services for survivors that do not compel them to return to abusive situations for economic reasons.

## Technology-Related Barriers

Data from our listening sessions show that the COVID-19 pandemic ushered in the remote adaptation of many client-facing services, including new and increased usage of helplines and textlines. Frontline staff revealed the two-fold effect of this shift to technology-based solutions being both helpful and harmful.

Specifically, the increase in online services has been advantageous for survivors who experience geographic, transportation, or childcare-related barriers to seeking help in person. Simultaneously, this shift has also exacerbated the digital divide for survivors who don't have access to devices or the internet for financial or coercive reasons, survivors who are less technologically savvy, such as elder populations and survivors of technology-facilitated abuse.

As one frontline staff member noted, "the reliance on technology during the pandemic means we don't reach those without access [to technology]." For example, technology-facilitated abuse skyrocketed during the COVID-19 pandemic, as 97% of DV programs report that technology is used as a tool to stalk, harass, and control survivors, based on research by the National Network to End Domestic Violence.<sup>45</sup>

As a result, frontline staff expressed that they have made efforts to bridge the gap by purchasing devices for survivors and educating populations on how to utilize technology. However, more efforts are needed to reach and serve survivors without access to technology through technology-related safety planning, in-person services and outreach, and increased technology access and assistance.

**"During the pandemic, we created a text-line to reach more survivors, [but we] still struggle with the digital divide."**

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### KEY FINDING 3

Oppressed and underserved groups of South Asian survivors face heightened barriers when seeking support and justice.

As described in the Introduction, South Asians in the US are a widely heterogeneous and diverse group across many facets of identity, including but not limited to caste, class, gender, sexual orientation, language, religion, age, immigration status, geographic origin, and ethnicity. Due to power structures within and outside the South Asian diaspora, certain groups have been historically and systemically oppressed, including Dalits, Muslims, members of the LGBTQIA+ community, ethnic minorities, and more.

Survivors from these subgroups often experience GBV at the intersection of multiple oppressions, contributing to further discrimination, isolation, economic and social challenges, and lack of access to services.

To ensure survivors from these groups are not overlooked, there is an imminent need to break existing barriers to accessing support, increase outreach, and tailor services to the needs of these survivors. Without the knowledge and resources to serve survivors with intersectional identities and experiences, organizations risk causing additional harm by repeating oppressive practices and systems.

## Which survivor populations require stronger outreach and services?

### Religious & Ethnic Minority Survivors

South Asian survivors come from diverse ethnic and religious backgrounds, including but not limited to Muslim, Sikh, Hindu, Jain, Buddhist, Christian, and Jewish traditions.<sup>46</sup> Religious and ethnic minority survivors within the South Asian diaspora face unique adversities. For instance, Muslim survivors living in a post-9/11 world deal with significant stressors such as heightened surveillance, xenophobia, incarceration, and isolation, which lead to increased state-sponsored violence.<sup>47</sup>

Some South Asian GBV organizations were founded to meet specific religious or ethnic communities' unique needs, such as the Sikh Family Center, which serves Sikh survivors, and Laal NYC, which serves Bengali and Bangladeshi survivors. Still, frontline staff expressed the need for training and resources to better reach and support South Asian survivors from religious and ethnic minority backgrounds.

## Caste Oppressed Survivors

Caste is a social, hierarchical structure of religiously codified oppression assigned at birth that affects over one billion South Asians worldwide, most notably in India, where it originated. The oppressive effects of the caste system are still felt today, as "caste-oppressed [or 'lower' caste] groups continue to experience profound injustices including socioeconomic inequalities, usurpation of their land, rights, and...brutal violence at the hands of the 'upper' castes" according to Equality Labs, a Dalit civil rights organization.<sup>48</sup>

Caste and casteism have spread throughout the South Asian diaspora, and for South Asian survivors, "caste-specific dynamics have a huge part to play in how GBV occurs and is dealt with."<sup>49</sup> These dynamics impact the experiences of GBV and help-seeking for caste-oppressed survivors prompting the need for caste-related training at GBV organizations.

## Poor & Unhoused Survivors

Survivors commonly face a multitude of financial difficulties, as expanded upon in Key Finding 2: Systemic Barriers to Services, because GBV often acts as a catalyst for poverty and homelessness. These challenges start a vicious cycle as poor or unhoused survivors rarely have the resources they need to flee violence and rebuild their lives. It is not surprising that at New York City-based Sakhi, approximately 75% of clients live below the federal poverty line. This is a common trend among GBV organizations and these numbers have only increased during the COVID-19 pandemic.

Frontline staff expressed that there has been an increased emphasis on providing poor, working-class, and low-income survivors with assistance to meet their basic needs, such as food. For example, Narika first established its Food Justice program at the start of the COVID-19 pandemic by partnering with local food banks and volunteers to provide survivors with groceries, hot meals, and other supplies.

However, frontline staff emphasized that poor and unhoused survivors need additional support, including financial assistance, as expanded upon in Key Finding 1: Short & Long-Term Support, along with help navigating welfare bureaucracies, public entitlement programs, and housing programs.

“It’s been really difficult to reach and support unhoused and low-income survivors, especially during the COVID-19 pandemic.”

## LGBTQIA+ Survivors

Many studies show that the LGBTQIA+ community is disproportionately impacted by GBV and faces unique barriers to accessing services. For example, a recent survey by FreeFrom found that "80.1% of queer survivors have been subjected to sexual assault, a rate that is 2.1x that of cisgender, heterosexual survivors."<sup>50</sup> In addition, the National Sexual Violence Resource Center (NSVRC) states that 47% of all transgender people have been sexually assaulted at some point in their lives, and these rates are even higher for trans people of color and those who have done sex work, been homeless, or had/have a disability.<sup>51</sup>

While this data is not exclusive to the South Asian community for whom very little data exists, evidence suggests that LGBTQIA+ South Asians in America may suffer from a disproportionate burden of sexual violence and depression.<sup>52</sup> This is likely due to belonging to a culture that values heteronormativity and is yet to accept queer, non-binary, and gender non-conforming populations.

Furthermore, many queer populations throughout the South Asian diaspora do not conform to Western notions of sex, gender, and LGBTQIA+ identity. For instance, "third gender" populations are commonly found throughout the diaspora and are often referred to as Kinnar, Hijra, Kothi, Aravani, Shiv-Shakthis, Jogti, Nupimanbi, Mangalamukhi, or Thirunangai.<sup>53</sup>

These individuals could be perceived as transgender, intersex, nonbinary, or queer, but they also challenge these distinct categories. Regardless, these populations face widespread persecution, discrimination, increased rates of GBV, and poor socioeconomic outcomes and need increased support.<sup>54</sup>

As a result, many frontline staff in our listening sessions expressed the need for additional funding and training to serve the South Asian LGBTQIA+ community and their families. However, a survey conducted by API-GBV found that only 26% of 160 API organizations surveyed provided tailored services to LGBTQIA+ survivors.<sup>55</sup> The heteronormative language often utilized by many organizations excludes these populations from seeking services. South Asian GBV organizations must evolve their languages and services to responsively meet the needs of LGBTQIA+, non-binary, and gender non-conforming South Asian survivor populations.

## Youth Survivors

South Asian youth survivors (ages 15 - 24) experience unique barriers, especially their lack of mobility and access to resources. One frontline organization, Sakhi for South Asian Women, reported that youth might experience increased stigma and backlash when disclosing their abuse to their family, on whom they are often dependent. Barriers are heightened for youth survivors who suffer abuse at their family's hands, as they are often forced to suffer in silence.<sup>56</sup> This trauma often compounds due to this population's limited financial means and mobility to escape and seek care. Furthermore, youth who witness their parents experiencing abuse are also often abused. Finally, the consequences of mandatory reporting laws can make help-seeking especially difficult for youth survivors, particularly those with undocumented parents.

In addition, South Asian youth face distinct challenges, such as mental health issues, cultural barriers, and "poor acculturation and discrimination, coupled with high parental expectations and pressure, which can lead to increased stress."<sup>57</sup> For example, many South Asian immigrant, first-generation, and second-generation survivors often feel pressured to remain silent about any abuse they have experienced due to cultural barriers. Many young South Asians also struggle to find support within their families, who may hold more traditional values, stigmatize discussions of abuse, or minimize the abuse. These realities similarly discourage South Asian youth from seeking help altogether, putting them at greater risk of harm.

As a result, many frontline organizations from our listening sessions reported referring to and implementing youth counseling programs for youth survivors. It is clear that young, South Asian survivors need specialized services. In particular, frontline staff expressed that survivors who are minors or under 18 need new systems that allow them autonomy and options to leave abusive situations independently.

## Elder Abuse Survivors

The CDC defines elder abuse as “the intentional act or failure to act that causes or creates a risk of harm to an older adult (someone aged 60 or older).”<sup>58</sup> Data shows that 1 in 10 elders will experience abuse, and in 2 out of 3 cases, their abuser is a family member.<sup>59</sup> In South Asian households, many elders live with and rely on their children and in-laws for care in a joint-family, multigenerational structure. This can create an unhealthy power dynamic leading to neglect and abuse where the dependent person (the elderly) on others (their children or in-laws) is subjected to physical, emotional, verbal, and financial abuse.<sup>60</sup>

Often, elder abuse is not recognized as a form of GBV and is heavily stigmatized or treated as a private family matter, which leads to survivors being discouraged from disclosing their abuse.<sup>61</sup> In addition, other help-seeking barriers may include restricted mobility, lack of financial, technological, and other resources, language barriers, non-permanent immigration status, and ageism.<sup>62</sup>

During our listening sessions, frontline staff revealed added barriers that elderly survivors face. For instance, elderly survivors tend to take more time to open up about the abuse they have faced and are often reluctant to take action. Frontline staff also revealed that there are very few meaningful avenues for reporting and stopping elder abuse. While some direct service organizations have programs dedicated to older adults, it is clear that elder survivors need systems that will take their abuse seriously with specialized outreach and support.

## Male Survivors

CDC data indicates that approximately 1 in 10 men across the US are victims of sexual and physical violence and/or stalking by an intimate partner during their lifetime.<sup>63</sup> Yet, similar data for South Asian male survivors is exceptionally scarce.

This lack of data may be due to how society conditions South Asian male survivors to associate sexual assault with emasculation, fear the stigma surrounding survivorship, and not consider themselves victims.<sup>64</sup>

Meanwhile, male survivors who open up about their survivorship are often discredited and disbelieved. In a research thesis conducted on South Asian male survivors of childhood sexual abuse, one participant revealed that "the main reason he did not wish to disclose [his abuse] to his family was a fear of being disbelieved and as the only son in his household, that he would be seen as a failure being the firstborn male."<sup>65</sup> Narratives like these provide insight into the complex familial and societal challenges that South Asian male survivors frequently navigate.

In addition, male survivors in the LGBTQIA+ community often experience survivorship in complex ways, as described earlier in this Key Finding. According to a study on gay male sexual assault survivors, "because some of the widespread myths about homosexuality are also related to sexual assault, internalized homophobia may be particularly relevant to LGBT survivors. Specifically, these myths include the notion that sexual assault causes homosexuality."<sup>66</sup>

Many GBV organizations also utilize exclusive, "women"-centered language, with some DV shelters not accepting male survivors as clients. Male survivors often experience multiple layers of harm that make it less likely for them to reach out to GBV organizations for support. Therefore, additional outreach and tailored services are required to serve this population, such as more inclusive policies, language, and training for advocates.

## Underserved & Unrecognized Forms of GBV

As described in the Introduction of this report, South Asian GBV organizations in the US have historically catered their services to survivors of domestic violence (DV) or intimate partner violence (IPV). However, there are many survivors of other underserved and unrecognized forms of GBV, both within and outside DV, such as sexual violence, human trafficking, forced marriage, transnational abandonment, and female genital mutilation/cutting. Thus, frontline organizations need increased support in providing services for all survivors of GBV.

### Sexual Assault and Violence Survivors

A 2022 study conducted in the New York State region found that South Asians aged 18 to 34 experience sexual assault at alarmingly high rates. The community-driven study found that 85.2% of all participants reported experiencing some form of sexual assault, and "types of assault experienced included no-contact (97.6%), contact (75.2%), rape attempts (50.2%), rape (44.6%), and multiple rapes (19.6%)."<sup>67</sup>

Frontline South Asian GBV organizations reported primarily working with sexual assault survivors within the context of IPV and frequently needing to refer sexual violence survivors to other mainstream GBV or sexual assault organizations. Within the scope of DV, frontline advocates named common barriers, including cultural taboos and shame surrounding sex, sexual assault, and reproductive autonomy. In addition, frontline advocates highlighted the lack of knowledge and understanding that marital rape is a form of abuse. Overall, South Asian GBV organizations expressed a need for more specialized services and training to serve all South Asian survivors of sexual violence, especially those outside of IPV.

### Human Trafficking Survivors

According to the United Nations, Asian women are the most trafficked group worldwide and nearly half of the people trafficked into the US are Asian women.<sup>68</sup> Human trafficking survivors are often in situations of DV and/or forced marriage as well. The National Network to End Domestic Violence states, "human trafficking and domestic violence don't occur in silos – rather, there is a marked overlap in the pattern of behaviors that both abusers and traffickers use to exert power and control over a victim."<sup>69</sup>

While data is scarce for South Asian populations in the US, many culturally-specific frontline organizations explicitly support South Asian human trafficking survivors, such as Maitri and API Chaya. This support includes providing specialized legal assistance and remedies for human trafficking survivors, along with many of the same services offered to IPV survivors, such as counseling and housing assistance. However, human trafficking is a complex issue that requires more understanding and support from all GBV organizations.

## Forced Marriage Survivors

A 2011 survey by the Tahirih Justice Center found at least 3,000 known or suspected cases of forced marriage in the US over a two-year period.<sup>70</sup> Data from our listening sessions also supports this trend of increased cases of forced marriage survivors.

In most cases, data shows that forced marriage often manifests through acts of DV and abuse, similar to IPV and human trafficking survivors. According to Manavi, a New Jersey-based South Asian GBV organization, this harmful, traditional practice has been happening for many years in South Asian communities due to various cultural factors.<sup>71</sup>

It is also important to note that not all arranged marriages commonly seen in South Asian culture are instances of forced marriage, with "the fundamental difference between arranged and forced marriage coming down to the issue of choice and consent."<sup>72</sup> Overall, frontline organizations asserted that survivors of forced marriage survivors need tailored support and advocacy.

## Transnational Abandonment Survivors

The issue of transnational abandonment sheds light on the violence that occurs at the intersection of immigration "overlapping with socio-cultural norms relating to marriage and gender."<sup>73</sup> Narika, a Bay Area-based GBV organization, reported that "as acts of violence towards women intensified worldwide in the 'shadow pandemic,' so did the frequency of transnational abandonment by Indian nationals."<sup>74</sup>

These survivors often face unique challenges, including the inability to return to their homes, losing custody of their children, difficulties supporting themselves in their home countries, lack of enforceable transnational legal orders from courts, and more. Therefore, as frontline staff have expressed, these survivors need specialized support from frontline organizations both in the US and internationally, including policy changes that allow for transnational legal support.

## Female Genital Mutilation/Cutting Survivors

According to Sahiyo, a GBV organization leading efforts to empower Asian and other communities to end FGM/C, this practice is an act of trauma that has no health benefits for people with biologically female body parts.

Research has shown that survivors of FGM/C frequently suffer from negative physical and mental health consequences. Yet, the CDC estimates that over half a million female-bodied people across the US are impacted or at risk of female genital mutilation/cutting (FGM/C).<sup>75</sup> In addition, the first-ever global study on FGM/C conducted by Sahiyo on Bohra women in the South Asian community found that 80% of women had been cut.<sup>76</sup>

As a result, Sahiyo has collaborated with Bay Area-based GBV organization Asian Women's Shelter (AWS) to expand AWS's capacity to support survivors of FGM/C and impacted communities with their crisis line. Still, few resources exist for FGM/C survivors, especially within culturally-specific GBV organizations, and additional outreach and services are required.

Key Findings:

# South Asian Communities

“This is a watershed moment for us as a movement to discuss our complicity with law enforcement, particularly when we're working within our South Asian communities.”

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## KEY FINDING 4

Existing legal systems fail to meet the needs of and often perpetuate further harm for survivors and communities.

South Asian communities across the US often experience harm at the hands of the criminal legal system, which purports to help them. This harm is part of a wider pattern of violence caused by the criminal legal system that specifically targets communities of color, especially Black communities. For South Asian survivors, engaging with the criminal legal system has led to dangerous consequences, including deportation and criminalization, for themselves, their families, and entire communities.

To reimagine systems of justice, South Asian GBV organizations need resources and training to build and invest in new solutions outside the current legal system. In addition, organizations can follow and amplify pre-existing Black, Muslim, and Dalit-led transformative justice organizing efforts. With this investment, communities can support the development of survivor-centered and community-based programs that do not involve the police or require state intervention, including mental health services, restorative and transformative justice strategies, and community accountability and healing. Instead of perpetuating further violence, these solutions to address and prevent GBV must prioritize safety and care for survivors and their communities.

## How can we create survivor-centered systems of healing and justice?

### Examine Reliance on the Criminal Legal System

The criminal legal system in the US consists of policing, prosecution, courts, and corrections, which includes law enforcement, jails, and prisons. Our conversations with frontline organizations showed that "engagement with the criminal legal system can be complex and harmful" for South Asian survivors due to fear, language barriers, and misinformation about legal rights.<sup>77,78</sup>

## “The [criminal] legal system is largely failing our clients.”

Survivors who interact with the system are likely to experience further harm or trauma as state intervention can lead to arrest, deportation, intensive examination and questioning, involvement in the family regulation system without consent, or court-mandated mediation.<sup>79</sup>

For example, the legal system often fails to hold abusers accountable while putting the unreasonable burden of proof on survivors. Furthermore, exorbitant legal fees make it extremely difficult for survivors to access legal support, especially since legal issues often take years to resolve. Unfortunately, abusers often use this to their advantage. One frontline staff member noted that their organization has seen “many abusers who use lawyers to deplete their partner of all their finances.”<sup>80</sup>

In addition, law enforcement and immigration officials repeatedly violate people's legal and fundamental human rights, including searches without correct warrants and lying or withholding crucial information about legal processes.<sup>81</sup> Data indicates that 80% of all rapes, 75% of all physical assaults, and 50% of all stalking perpetrated against women are not reported to the police, while those that are reported are usually not resolved safely or effectively.<sup>82</sup>

Through legislation such as the 1994 Violence Against Women Act (VAWA), GBV has increasingly been recognized as a crime and has led to deeper investment in police and criminal responses. However, this growth in police and criminal responses has not been found to eliminate violence but has exacerbated it. Research by the Ms. Foundation for Women found that “women who experience violence may request assistance during a violent episode but find that they lose all control over the intervention once the system enters their lives.”<sup>83</sup>

Consequently, frontline organizations brought up the immense and urgent need to examine and reassess relationships with the criminal legal system, with South Asian survivors and communities at the center of the conversation.

## Invest in Transformative Justice & Healing

The failures of the US criminal legal system have made it clear that the creation of new survivor and community-centered systems is essential. One of the approaches that communities have been exploring is transformative justice which, as opposed to the punitive justice principles of our current system, focuses on addressing the root causes of violence and prioritizes accountability, healing, and safety for all involved.

For decades, many South Asian survivors, activists, and organizers have been practicing grassroots models for healing, including transformative justice. This praxis is part of a long legacy of Black and People of Color-led organizing to create safety outside the system and includes collectives such as INCITE! Women of Color Against Violence, The Bay Area Transformative Justice Collective, Audre Lorde Project's Safe OUTside the System (SOS), and many others.

While this work has a long legacy, the movement for Black Lives and Black Lives Matter protests in 2020 led to increased national attention on the harmful role of policing and the vital need for defunding and abolishing carceral systems. In response to this organizing, many frontline South Asian GBV organizations voiced the pressing need to explore transformative justice, abolition, and other community-based approaches to healing and accountability. In particular, frontline staff expressed a need for learning and training on specific, tangible alternatives to law enforcement to offer survivors and approaches to working with individuals who have caused harm.

Frontline organizations have also stated the importance of defining collective values across the field and collectively investing in methods that focus on care and healing. It is worth noting that these practices are already reflected in survivors' choices, as "only 38.5% of survivors would call the police in a moment of crisis or danger involving their harm-doer, and when asked who they would call in a crisis, the number one response was a family member or friend (62.8%)."<sup>84</sup> Instead, South Asian survivors and communities must inform and lead these solutions throughout the diaspora.

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## KEY FINDING 5

GBV should not solely be approached as an interpersonal issue but as an intersectional and structural issue that requires dismantling all forms of oppression.

Traditionally, approaches to GBV have focused on interpersonal relationships, which has led to the direct services model that focuses on crisis intervention. However, GBV does not occur in a vacuum and often intersects with other forms of systemic discrimination and violence, including caste- and class-based oppression.

Across the sector, South Asian GBV organizations must shift from approaches that foreground the interpersonal nature of GBV towards a community organizing approach that addresses culture and structural causes of violence. Within South Asian communities, analysis and strategies for ending GBV must include eradicating all forms of violence and oppression.

## How can we evolve our approaches to preventing and ending GBV?

### Address Cultural & Systemic Causes

GBV responses and interventions primarily focus on addressing interpersonal violence rather than culture or systems' roles in perpetuating GBV. However, frontline staff at South Asian GBV organizations overwhelmingly highlighted the need to address the prevailing systems of oppression that lead to GBV, including, but not limited to, patriarchy, capitalism, racism, and imperialism.

To do this, frontline staff expressed the need for resources and capacity to collaboratively build and implement structural anti-oppression frameworks for prevention and intervention. For organizations, this also includes the necessary work of developing internal processes for decision-making, conflict resolution, and accountability that are transparent and supportive.

At the community level, South Asian GBV organizations recognized the need to provide political education on racism, casteism, and other forms of oppression to survivors and community members. By addressing cultural and systemic factors with education and preventative programming, South Asian communities can work towards a future free of stigma and shame and rooted in care and belonging.

## Apply an Intersectional Approach

As mentioned earlier in this report, the South Asian diaspora in the US is highly diverse across several factors. It is important to note that there is no singular identity or image of a survivor, and holistically meeting a survivor's needs requires understanding all facets of their identity and the harms they face. During our listening sessions, frontline staff at South Asian GBV organizations highlighted that survivors from marginalized backgrounds encounter additional barriers to accessing necessary resources and support or may face additional stigma from disclosing abuse. By utilizing an intersectional approach to providing services, South Asian GBV organizations can more effectively address and meet the needs of South Asian survivors who often experience multiple, intersecting forms of oppression.

For frontline organizations, this work may begin with integrating intersectionality and anti-oppression within their organization's values, as further expanded on in Key Finding 7: Frontline Staff Wellbeing. One staff member noted, "we hide [Islamophobia] under the carpet, and it's not really mentioned." At the community level, it is crucial to combat the cultural, hegemonic structures that produce different forms of oppression, including but not limited to anti-Blackness, Islamophobia, and casteism, as further expanded upon in Key Finding 8: Prevention Efforts.

Key Findings:

# South Asian GBV Organizations

“We are constantly in 'survival mode' and haven't been able to think beyond the immediate needs.”

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## KEY FINDING 6

Chronic underfunding plagues the GBV sector and forces frontline organizations to operate in survival mode.

South Asian GBV organizations are chronically underfunded, leaving them to operate with scarcity and hindering sustainable growth and scalability. Underfunding challenges are further compounded by restrictive funds, laborious grant applications, and funding requirements that strain the capacity of understaffed organizations.

To unlock sustainability and growth, organizations require multi-year, general operating grants and unrestricted funding that enable them to strengthen operations and infrastructure, increase staff salaries, and provide life-saving services to survivors. In addition to increased financial support, funding practices must evolve to center trust, equity, and respect for frontline organizations and their staff.

## What do organizations need to operate and grow sustainably?

### Unrestricted & Trust-Based Funding

Frontline GBV organizations highlighted limited organizational capacity for fundraising and grant management as a significant challenge for financial growth. Underfunded organizations are forced to dedicate a substantial amount of their scarce resources to completing fundraising applications and reporting requirements, which may be futile if grants are not awarded.

For instance, this strain is especially true for smaller, volunteer-heavy organizations. As one frontline staff member stated, "the entire team would sit together and distribute the work [of grant writing], and it adds a lot to your already heavy workload." Data from our listening sessions also highlighted that existing funding sources are overwhelmingly earmarked for programming, with very little unrestricted funding available for infrastructure and institution building, which are essential for an organization's growth.

Frontline organizations also noted challenges securing corporate and government funding, including highly selective, invite-only grant structures that repeatedly favor larger, mainstream organizations and extensive application and reporting processes. One frontline staff member noted that "all of the government grants are done on a reimbursement basis, and it's often really difficult for us to front the money... so we just end up passing up a lot of the government funding."

Overall, directors and staff members specifically expressed the need to expand fundraising capacity by hiring development staff instead of using the resources of programs and client-facing teams. With unrestricted and trust-based funding, organizations can invest in hiring operational and development staff, creating healthy workplace cultures, and building sustainable infrastructure.

"We are having challenges with grant writing, just to find the time [to do it]. And the thing is, you write and write for maybe a couple thousand dollars just to not get it and be stretched so thin."

## Operational Policies & Procedures

Frontline staff indicated they have limited bandwidth to develop organizational and programmatic policies and procedures due to insufficient staff capacity and financial resources. These policies concern client and helpline operations, program evaluation, staff training, and HR.

For example, program evaluation presents a great challenge for organizations which are required to present data and impact to funders. Oftentimes organizations, especially those with smaller teams, have limited capacity to conduct arduous, time-consuming data collection and management, resulting in greater difficulties in grant reporting processes.

This lack of investment in policy and procedural structure can be vastly detrimental to organizational growth and sustainability, especially for GBV organizations where turnover and burnout is high.

To combat this cycle, frontline staff suggested leveraging shared program models, policies, and financial systems across organizations to strengthen their collective capacity.

## Community Awareness & Outreach

While some South Asian GBV organizations have existed for several decades, many still face challenges with reaching and providing services to survivors and community members. For example, frontline organizations noted the difficulty of raising community awareness about the existence of their services, especially when trying to reach survivors who are often isolated due to GBV. Some organizations, such as California-based Narika, employ unique outreach strategies to solve this problem, including posting informational flyers with their hotline number in public restrooms. However, these initiatives tend to be very resource-intensive and unsustainable.

Organizations of all sizes also named the issue of needing to build credibility within the community to be viewed as trusted service providers. Other organizations cited language and technology barriers to reaching particular survivor populations, as expanded upon in Key Finding 2: Systemic Barriers to Services and Key Finding 3: Oppressed & Underserved Populations. Finally, stigma, ongoing abuse, fear of backlash, privacy and confidentiality, lack of data, and the cultural taboo of discussing sexual violence, were also highlighted as issues that disincentivize and silence many survivor communities from seeking services. Organizations such as California-based Maitri have started podcasts and regularly host community discussions to increase community awareness and outreach. While social media has been instrumental for many frontline organizations, increased investment and capacity are greatly needed to grow their marketing, communications, and outreach efforts.

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## KEY FINDING 7

The people on the frontlines of GBV work are underpaid and undervalued, causing burnout, unsustainable working conditions, and high staff turnover.

Many South Asian individuals who work on the frontlines of GBV work are primary or secondary survivors of GBV themselves. However, staff at all levels, from entry-level staff to Executive Directors, are often underpaid and undervalued, leaving them without livable wages, sustainable jobs, or career growth opportunities. These working conditions heighten the risk of burnout and lead to high turnover rates within organizations, leading to unfortunate consequences for survivors and communities.

Organizations and boards need funding and training to internally develop institutional cultures that support employees' well-being and professional development while providing adequate compensation and benefits. Simultaneously, organizations need resources to develop and practice anti-oppressive and liberatory values that uphold gender-inclusivity, caste equity, and anti-racism in the workplace.

## How can organizations support the well-being and growth of people in the movement?

### Workplace Culture & Values

In conversations with organizations, frontline staff shared their pride in leading authentically, which includes breaking down hierarchies, consciously making space for vulnerability, and fostering a supportive and transparent culture.

Simultaneously, many organizations reported the imminent need to address inequities and inequalities that manifest within the work and workplace. For example, one frontline staff member noted they were "struggling to create a gender-inclusive and expansive environment as folks are slow to change, and it's exacerbated by the virtual setting, wherein productivity is prioritized over relationships."

Moreover, many direct service organizations are led by privileged individuals within the South Asian community, resulting in marginalized survivors experiencing an added and often invisible power dynamic, hindering their ability to seek and receive help.

While many frontline staff are already utilizing anti-oppressive approaches, it is clear that organizations' work cultures must reflect and practice these approaches across the board. This commitment includes but is not limited to expanded training and affinity spaces around classism, caste oppression, Islamophobia, etc., utilizing queer and trans-affirming language, actively hiring staff with varied lived experiences, and building equitable pay structures.

“Having LGBTQ+ staff who are vocal and are system disruptors has been transformative. We need to hire more consciously around issues we care about and our values.”

## Staff Salaries & Benefits

Underpayment at nonprofits has historically been a widespread, systemic issue. One frontline staff member attributed underpayment to public perceptions of nonprofit work in South Asian communities, sharing that “when many of [our] organizations were started, there was this belief that we're just doing charitable work.” This statement highlights the shift needed to recognize the value of the specialized work of South Asian GBV organizations, where staff are often paid low wages compared to the market rate and given few to no benefits. Although all staff at GBV organizations are affected by these issues, direct service and programmatic staff are disproportionately burdened.

Our listening session data revealed how this level of pay inequity negatively impacts staff, hiring practices, and overall organizational sustainability. For example, the inability to offer competitive, living-wage salaries results in hiring challenges or the tendency to hire folks from more privileged socioeconomic statuses. Some frontline staff also reported taking on additional part-time work to make ends meet on top of already unsustainable full-time schedules. Low wages and limited rest time exacerbates burnout for frontline staff and hinders their ability to thrive or effectively serve their communities to the best of their capacity.

Organizations are taking strides to make pay and benefits more equitable, such as increasing buy-in from board members and implementing HR policies to increase salaries and benefits. Fundamentally, the root of the problem is the lack of funding for overhead and administrative costs, including salaries, leaving nonprofits in a starvation cycle.

## Staff Trauma & Wellness

Direct service providers "experience high levels of cumulative stress from direct and indirect exposure to trauma while working closely with trauma survivors." This stress is further compounded by "a culture that tends to minimize or deny the existence of domestic violence, and therefore, provides limited resources for addressing the aftermath of such violence."<sup>85</sup> In addition, many direct service providers are survivors of trauma themselves. Data from our listening sessions show that the emotional impact of this type of stress can lead to severe conditions, including burnout, secondary and vicarious trauma, and compassion fatigue, which exacerbates the risk of turnover for frontline advocates. For instance, one frontline staff member noted the "real challenges that you feel as a provider --you feel burnt out that you're unable to make any difference."

Frontline staff also expressed the need for additional wellness support as they simultaneously experience and respond to the compounding crises of anti-Asian violence, the rise in global GBV during the pandemic, and the COVID-19 pandemic itself.<sup>86</sup> Although organizations note that some resources are available to staff to engage in self-care, addressing burnout and turnover requires organizational change beyond self-care at the individual level.

**"We are cognizant of staff burnout, but the need of the community is daunting."**

## Staff Capacity & Development

During our listening sessions, staff members from both small and large organizations reported the need for capacity-building and professional development. These resources are crucial for individual and organizational sustainability and growth, especially for new, understaffed, and growing organizations. One frontline staff member from a newly founded organization shared their need to "build connections with other organizations and offer training to our volunteers and board members who are new to this field of work."

South Asian GBV organizations need capacity-building support for skills such as fundraising, advocacy, and data management and training on topics including working with LGBTQ+ populations and transformative justice. Frontline staff also expressed a desire to see more mentorship and coaching opportunities within and across organizations, potentially utilizing models that encourage peer learning, knowledge sharing, and professional growth.

Many staff also noted the overwhelming need to invest in leadership development, such as one executive director who asked, "how can we ensure that we're supporting existing leaders, but also building ones that will be taking on these roles in the upcoming future?" With high turnover rates, frontline organizations agree that proactive succession planning and leadership development is vital to ensure passionate emerging and existing leaders remain and grow in this field, especially for younger folks, people of color, and other historically marginalized groups.

"We're down to two staff members, and we're wearing multiple hats. We don't have an Executive Director. We don't have any directors right now. So [we] just need to be training and building staff."

## Board Structure & Development

Non-profit boards at South Asian GBV organizations have historically played a crucial role in organizational growth, supporting governance, strategic planning, hiring, and fundraising. Some organizations in our listening sessions described positive relationships and communications between the board and staff members, and others noted areas of growth and development for boards.

For example, frontline staff raised the need to develop and diversify boards across class, caste, and relationship to survivorship so that they are more representative of the communities that their organizations aim to serve. This process also involves rethinking traditional board mechanisms, such as board giving commitments that may be inaccessible to lower-income board members.

Further support is needed to implement mechanisms that support consistent engagement and accountability for board members. For instance, some staff suggested that board members, like staff, should receive more skills- and topic-based training, especially around fundraising and GBV, to better understand the context in which organizations operate.

Data from our listening sessions also showed that South Asian GBV organizations are finding themselves reevaluating how their boards function. Frontline staff pointed out that in some organizations, boards are "supervising all the staff when they shouldn't be." Organizations must examine existing power and decision-making structures and evolve the role of boards to meet the needs of organizations and, ultimately, survivors.

“Most of the board members that we have are part of the community, but definitely have no understanding of domestic violence or the needs of people... It is so important that board members have to take part in [training]”

## Volunteer Infrastructure

Volunteers have always been a tremendous resource for South Asian GBV organizations by supporting organizations to provide direct services, raise funds, or do community outreach. Data from our listening sessions show that frontline organizations have historically relied heavily or solely on volunteer or unpaid support, and many still do today due to underfunding. This over-reliance on volunteer support can lead to negative consequences.

For instance, volunteer-led organizations have higher turnover rates as volunteers donate their time semi-permanently or temporarily and change commitment levels due to work, family, or personal reasons.<sup>87</sup>

Consequently, staff reported that volunteer-led programs are difficult to develop and maintain due to challenges with recruitment, training, accountability, and misalignment of volunteer interests with organizational needs. For example, many GBV organizations provide some variation of a forty-hour Domestic Violence Advocacy Training (DVAT) program to train staff and volunteers. However, DVAT programs take a significant investment of resources from small teams and may not lead to increased volunteer involvement.

With increased funding, South Asian GBV organizations are shifting more towards relying on salaried staff to lead programs to combat these inherent challenges. Still, resources and support to build and maintain volunteer programs are needed to help organizations develop sustainable pathways for community involvement and service provision to survivors.

“We are really struggling to find volunteers...We do not have enough volunteers to do the background work, the admin work, the organizational work, the fundraising work. And they come for maybe a couple of weeks, three weeks, four weeks, and then we are not able to maintain them. So that is really hindering us from growing.”

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## KEY FINDING 8

Organizations are starved of sufficient funding, resources, and capacity to meaningfully invest in upstream and prevention work.

GBV is rooted in systemic and cultural conditions that must be addressed and eliminated. However, most GBV services focus on responding to violence only after it occurs. In addition to providing crisis and intervention services to survivors, South Asian GBV organizations lead community education and prevention programming. Yet, organizational funding and resources to invest in prevention efforts remain sparse. Without the critical support for upstream and prevention work that addresses the root causes of GBV, cycles of GBV will continue endlessly across generations.

To effectively prevent and end GBV in South Asian communities, frontline GBV organizations need increased support to address interpersonal, cultural, and structural inequities and factors that lead to GBV.

## How can we strengthen organizations' GBV prevention efforts?

### Engage Community Leaders & Allies

Over time, South Asian GBV organizations have fostered strong relationships with community leaders who can serve as allies for outreach and prevention efforts. Frontline organizations leverage their relationships with community leaders to provide education, support, and an extension of their work into the community, as it is an effective way to reach communities directly.

However, in our listening sessions, organizations urged the need for even stronger partnerships with community leaders across faith-based institutions, healthcare, education, media, and more. For example, many South Asian GBV organizations have attempted to cultivate relationships with religious leaders at places of worship, including gurdwaras, temples, and mosques.

Yet, a challenge repeatedly mentioned was developing these ties with religious leaders, who are often difficult to engage on issues on GBV due to cultural stigmas and taboos. Unfortunately, these attitudes are not uncommon due to pervasive cultural attitudes regarding GBV. With greater engagement and allyship from community leaders, South Asian GBV organizations can expand the scope and impact of their prevention work.

“Religious leaders are hard to reach out to and engage because they are more concerned about having a specific projection of their roles, and they don't want to talk about menstruation, domestic violence, sexual liberty, and the LGBTQ+ community.”

## Engage Men & Boys

Though people of all genders can perpetuate GBV, research shows that boys who witness their fathers perpetrating harm against their mothers as children are up to 63% more likely to harm a partner.<sup>88</sup> A recent Alliance for Men and Boys of Color report also highlighted the need for "engagement of those who identify as men to be partners in ending GBV and advocates for specific reforms to the intimate partner violence response system."<sup>89</sup> By deepening our understanding of the roles of men and boys, the report states, "we develop the ability to see [them]...as survivors of GBV, as our family and community members, and as potential leaders in interrupting GBV—and therefore, people in need of greater investment and support."<sup>90</sup>

During our listening sessions, frontline staff vocalized a lack of resources and an immense need for programming directed toward South Asian men and boys. For instance, one staff member noted that it has been challenging for their organization to include men and boys in their spaces due to a lack of understanding of the need to engage them. To break cycles of GBV, investing in engaging men and boys through education, outreach, and robust services is paramount.

## Prioritize Financial Security

One of survivors' most prominent obstacles to safety and healing is financial security, as further expanded on in Key Finding 2: Systemic Barriers to Services. One study from FreeFrom cites that "73% of survivors reported staying with their harm-doer longer than they wanted to because they couldn't afford to leave."<sup>91</sup>

South Asian GBV organizations expressed the importance of economic empowerment programs to combat these challenges, as they are a vital pathway to address the structural factors that make South Asian survivors vulnerable to GBV. Staff reported that these programs, including financial literacy, ESL training, career development, and job search support, foster economic independence and self-reliance. These prevention efforts also focus on vulnerable subgroups, such as youth, elders, or low-income populations.

However, in a web-based search of all South Asian GBV organizations in the US, only 25% of these organizations have programs that focus on economic empowerment and financial security. Thus, as many frontline staff reported, it is crucial for more South Asian GBV organizations to further develop and strengthen programs geared toward financial literacy and security.

Key Findings:

The South Asian  
Anti-GBV Movement

“We can learn from each other and also really reevaluate how we're doing the work, and what might need to change in the work that we're doing.”

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## KEY FINDING 9

People who are most impacted by GBV, including survivors, youth, and marginalized communities, should be centered in leading change.

Historically, those most impacted by GBV have been excluded from identifying and creating mainstream solutions to address and end GBV. Unsurprisingly, this exclusion of survivors, especially marginalized survivors, leads to developing programs and policies that do not center or meet survivors' and their families' needs.

To build long-lasting, meaningful change, those closest to and most impacted by issues of GBV must be the people guiding, creating, and leading the solutions. To do this, an investment in survivor leadership, particularly of survivors most impacted by racism, classism, ableism, and cissexism, through leadership development and resource redistribution is essential.

## Whose leadership should be centered in the anti-GBV movement?

### South Asian Survivors

Survivorship is at the core of the work to end GBV, as a research study from API-GBV and other organizations noted that "building the power of those 'most impacted' by social, political and economic problems has been a central tenet of practice, policy and research."<sup>92</sup>

More than ever, there is a need to center and empower the individuals closest to the experiences of GBV in this movement. It is crucial to center working-class, queer, trans, caste-oppressed, and marginalized survivors whose voices are disproportionately silenced. By doing so, we ensure that responses to GBV do not only exist for a select, privileged few.

In our listening sessions, many frontline staff expressed the need for increased pathways for survivor involvement and leadership at their organizations.

For example, some culturally-specific organizations such as Sahiyo and Maitri have created storytelling programs for South Asian survivors to support individual healing and social change.

It is also important to note that many frontline organizations are already staffed and led by survivors, as 1 in 2 service providers working in the GBV movement is a survivor themselves.<sup>93</sup> Thus, to remain survivor-centered, organizations must begin by supporting their staff with trauma-informed practices and cultures that promote long-term healing and financial security, as expanded upon in Key Finding 7: Frontline Staff Wellbeing.

## South Asian Youth

Youth-led activism, organizing, and solutions are vital components of the anti-GBV movement. Children, adolescents, and teens are not only the movement's future, but many are also survivors of GBV themselves, as further expanded upon in Key Finding 3: Oppressed & Underserved Populations. Despite this, many young people have historically been left out of discussions on how to combat GBV.

A web-based search of South Asian GBV organizations revealed that nearly 100% of organizations offer youth services or leadership programming, and two organizations have established youth cabinets or boards. While many frontline organizations in our listening sessions expressed a great desire to engage youth further, they also describe capacity and funding-related barriers to supporting youth-focused and youth-led programming. Despite this, most frontline organizations reported taking strides to engage youth through leadership, outreach, counseling, and arts programs, as well as partnering with student-led groups at high schools or colleges.

Therefore, frontline organizations need to continue to invest in youth leadership, particularly in uplifting South Asian youth whose voices have often been neglected by mainstream organizations. This investment should include increased funding and capacity for initiatives such as youth cabinets and boards. These steps are crucial to ensure that South Asian youth survivors are actively involved in creating solutions to combat GBV.

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## KEY FINDING 10

Silos across organizations and movements stifle progress.

Collaboration is critical to building solidarity and driving collective action.

There are over 40 organizations currently working to address issues of GBV in South Asian communities across the US. Working independently has allowed organizations to be attentive to their local communities' needs yet has stunted collective reimagining and power-building possibilities.

By exchanging information, insights, and best practices, these organizations stand to grow from each other's experiences and expertise, leading to strengthened programs and workplaces. Moreover, collaboration and communication across intersecting movement groups are needed to build a cohesive movement for gender and survivor justice that combats patriarchy, racism, casteism, capitalism, and white supremacy.

## How can we build a collective movement?

### Cross-Movement Solidarity

During our listening sessions, frontline staff in the South Asian GBV field expressed the need for solidarity with other movements, including but not limited to racial, economic, reproductive, disability, immigrant, and environmental justice movements.

Many South Asian GBV organizations already support and collaborate with these movements, both within and outside of GBV spaces. Some frontline staff reported actively working towards immigration advocacy and justice, given that many survivors seeking their services are immigrants, as expanded upon in Key Finding 1: Short & Long-Term Support. For example, New York-based Laal is piloting a reproductive justice curriculum tailored for Bengali and Bangladeshi immigrant families.

The movement to end GBV is inherently connected with all other social justice struggles as they share mutual roots in dismantling patriarchy, racism, casteism, capitalism, imperialism, and other forms of systemic oppression. Fundamental to the future of collective action and liberation is our commitment to fight against all forms of oppression, beginning with individual and organizational solidarity across all social justice movements and oppressed communities.

"We still have to [name] the intersections of domestic violence and racism...and how that's part of the same power and control or anti-oppression work."

## Coalition & Network Building

Networks and coalitions are critical for increasing collective capacity, mobilizing a unified voice and agenda, challenging conditions that perpetuate GBV, and engaging in systems advocacy and change. Furthermore, GBV South Asian organizations urgently need increased collaboration within and outside the diasporic community. In particular, frontline organizations brought up the need for culturally-responsive referral networks, collaborative policy agendas, national conferences, and shared events. These forms of collaboration are especially crucial for newer organizations, as one frontline staff member expressed that one of their greatest needs "is more partnership with other organizations who are doing the same work."

Outside the South Asian diaspora, there are currently multiple national resource centers and coalitions, as well as state, territory, and tribal coalitions focused on GBV. In addition, there are culturally-specific resource centers, including Ujima, Esperanza United, API-GBV, and the Coalition to End Violence Against Native Women. Though South Asian GBV organizations have collaborated previously on policy advocacy, organizing, and educational efforts, South Asian SOAR is the first organization to formally connect them to build capacity and power to end gender-based violence.

"We must collect the trends and the data across different organizations, study, understand, and come up with solutions."

# Moving Forward

This report is many things. It is an introduction to the South Asian diaspora in the US. It is the first national compilation describing South Asian survivors' and organizations' needs, concerns, and ambitions. It is a roadmap for joy, healing, and justice among South Asian survivors and organizations to which we will hold ourselves accountable. Above all, this report is an invitation to survivors, organizations, and allies who share our commitment to ending GBV in the US South Asian diaspora.

This is our clarion call for change to invest in increasing data and research, funding, and policy, all of which have the power to transform the response to and prevention of GBV.

## Research, Stories, & Data

Research, stories, and data are our most powerful tools to aid increased funding, programs, and policies that address and end GBV in South Asian communities across the US. However, as previously mentioned, existing data and research in this field are outdated and inadequate. To address the need for current, comprehensive, and meaningful research and data, we must prioritize collecting and publishing disaggregated data on the prevalence and incidence of GBV in South Asian communities.

Researchers must commit to working alongside survivors, communities, and organizations to conduct community-informed, participatory research to generate more accurate and inclusive understandings of the state of GBV across this widely heterogeneous diaspora. We must integrate survivors' voices at every stage of the process for research, storytelling, and data collection.

## Unrestricted & Trust-Based Funding

Traditional funding models and practices must be radically restructured to realize our vision of joy, healing, and justice for South Asian survivors. From prohibitive application requirements to laborious reporting to highly restrictive funds, the existing funding infrastructure inherently excludes those most in need of increased funding. As previously mentioned, South Asian GBV organizations are chronically under-resourced and underfunded, making lengthy applications and intensive reporting burdensome to their existing caseloads. Critical to the sustainability of this work is the growth and vitality of organizations and their staff, whose salaries, benefits, and well-being need to be supported by generous and sufficient funding.

Yet, restrictive funds severely limit the scope of services South Asian GBV organizations are able to provide survivors. Funders must take the initiative to shift their funding models away from distrust and hyper-accountability and towards trust, flexibility, and sustainability. Through funding and funders, we can start addressing GBV across the lifespan within the US South Asian diaspora and not just as one-time, short-term events.

## Survivor & Community-Centered Policy

It is long overdue for South Asian survivors and organizations to be at the policy table. All too often, the needs of the South Asian diaspora are downplayed and overlooked — largely due to the pervasive model minority myth. However, as we shared in this report, the nuances and complexities of South Asian communities result in distinct and significant barriers that threaten the physical, mental, emotional, social, and economic health of South Asians in the US.

More work is needed to invite, make space, and allow for greater South Asian representation in the policy, budget, and decision-making process. Additionally, policymakers must proactively pass policies that respond to the unique needs of South Asian populations within the US, alongside other immigrant and marginalized communities and communities of color.

# Conclusion

At SOAR, our mission is to transform the culture and systems that lead to violence. This mission is brought to life by SOAR's collective of survivors, organizations, and allies whose relentless dreams of a world abundant with care and healing drive the work necessary to achieve them. We do this work because behind the "48% of South Asians in the US experiencing some form of GBV," there are children, families, and communities grieving in silence and silos while violence persists.

Our work stands on the shoulders of our ancestors and predecessors who inspired in us the courage to reimagine what love, safety, and joy feel like in our bodies. We are eternally grateful to the fearless advocates who have continued this legacy despite the world's chaos. We at SOAR are heartened and humbled to step in and step up in the movement to end GBV.

This report is the first step in documenting what will be a transformative journey for the South Asian diaspora in the US. We hope you will join us in achieving the healing and transformation our communities need.

# Appendix

# About South Asian SOAR

South Asian SOAR is a national collective of survivors, 30+ organizations, and allies advancing the movement to end gender-based violence in the South Asian diaspora. Our mission is to grow survivor and collective power to transform the culture and conditions that lead to violence. Our vision is joy, healing, and justice for all South Asian survivors and communities.

## We build survivor leadership

We provide forums and programs for survivors to heal, lead, and tell their stories so that they are at the forefront of cultural and systemic change.

## We strengthen the field

We convene a network of 30+ direct-service and advocacy organizations and individuals that serve South Asian survivors to evolve the sector of anti-violence work.

## We shift the narrative

We publish data and community-based research to generate knowledge, awareness, and dialogue about gender-based violence in the South Asian diaspora.

[www.southasiansoar.org](http://www.southasiansoar.org)  
[hello@southasiansoar.org](mailto:hello@southasiansoar.org)  
[@SouthAsianSOAR](https://www.instagram.com/SouthAsianSOAR)



# South Asian GBV Organizations by US State

To the best of our knowledge, there are no South Asian GBV Organizations that are located in the following states: Alaska, Arkansas, Colorado, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, West Virginia, Wisconsin, or Wyoming.

If you know of any organizations, please email [hello@southasiansoar.org](mailto:hello@southasiansoar.org).

## Alabama

AshaKiran  
Website: [ashakiranonline.org](http://ashakiranonline.org)  
City: Huntsville, AL

Sahara  
Website: [saharacares.org](http://saharacares.org)  
City: Artesia, CA

## Arizona

Arizona South Asians for Safe  
Families (ASAFSF)  
Website: [asafsf.org](http://asafsf.org)  
City: Scottsdale, AZ

South Asian Network (SAN)  
Website: [southasiannetwork.org](http://southasiannetwork.org)  
City: Artesia, CA

## Connecticut

Sneha  
Website: [sneha.org](http://sneha.org)  
City: West Hartford, CT

## California

Maitri  
Website: [maitri.org](http://maitri.org)  
City: Santa Clara, CA

Narika  
Website: [narika.org](http://narika.org)  
City: Fremont, CA

North American Islamic Shelter  
for the Abused (NISA)  
Website: [asknisa.org](http://asknisa.org)  
City: Fremont, CA

Saahas for Cause  
Website: [saahasforcause.org](http://saahasforcause.org)  
City: Cerritos, CA

## Florida

Shakthi US  
Website: [shakthius.org](http://shakthius.org)  
City: Orlando, FL

## Georgia

Raksha  
Website: [raksha.org](http://raksha.org)  
City: Atlanta, GA

Noor Family Services  
Website: [noorfamilyservices.org](http://noorfamilyservices.org)  
City: Suwanee, GA

## Illinois

Apna Ghar  
Website: apnaghar.org  
City: Chicago, IL

## Maryland/Virginia/ Washington D.C.

Ashiyanaa (formerly ASHA for Women)  
Website: ashiyanaa.org  
City: Bethesda, MD

Asian/Pacific Islander Domestic  
Violence Resource Project (DVRP)  
Website: dvrp.org  
City: Washington D.C.

## Massachusetts

Saheli Inc.  
Website: saheliboston.org  
City: Burlington, MA

## Michigan

Mai Family Services  
Website: maifs.org  
City: Livonia, MI

## Minnesota

SEWA-AIFW (Asian Indian Family Wellness)  
Website: sewa-aifw.org  
City: Brooklyn Center, MN

## New Jersey

Manavi  
Website: manavi.org  
City: New Brunswick, NJ

Wafa House  
Website: wafahouse.org  
City: Clifton, NJ

## New York

Domestic Harmony Foundation  
Website: www.dhfny.org  
City: Hicksville, NY

Jahajee Sisters  
Website: jahajeesisters.org  
City: New York, NY

Laal NYC  
Website: laalnyc.org  
City: Bronx, NY

Sakhi for South Asian Women  
Website: sakhi.org  
City: New York, NY

Sanctuary for Families  
Website: sanctuaryforfamilies.org  
City: New York, NY

Sapna NYC  
Website: sapnanyc.org  
City: New York, NY

South Queens Women's March  
Website: southqueenswomensmarch.org  
City: Queens, NY

Saathi  
Website: saathiofrochester.org  
City: East Rochester, NY

Turning Point for Women & Families  
Website: tpony.org  
City: Flushing, NY

## North Carolina

Kiran, Inc.  
Website: kiraninc.org  
City: Raleigh, NC

## Ohio

Asha Ray of Hope  
Website: asharayofhope.org  
City: Columbus, OH

## Texas

Asians Against Domestic Abuse  
Website: aadainc.org  
City: Houston, TX

Asian Family Support Services  
of Austin (AFSSA)  
Website: afssaustin.org  
City: Austin, TX

Awaaz  
Website: awaazsa.org  
City: San Antonio, TX

Chetna  
Website: chetna-dfw.org  
City: Dallas-Fort Worth area, TX

Daya Houston  
Website: dayahouston.org  
City: Houston, TX

Texas Muslim's Womens Foundation  
Website: tmwf.org  
City: Plano, TX

## Washington

API Chaya  
Website: apichaya.org  
City: Seattle, WA

## National

Asian Pacific Institute on Gender Based  
Violence (API-GBV)  
Website: api-gbv.org  
City: Oakland, CA

Sahiyo  
Website: sahiyo.org  
City: Burlington, MA

Sikh Family Center  
Website: sikhfamilycenter.org  
City: National

South Asian SOAR  
Website: southasiansoar.org  
City: National

Malikah  
Website: malikah.org  
City: National

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