

Investigating Perspectives on Interpersonal Violence in Indian Community.

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Abstract

Previous studies by Fanslow and Robinson (2004) have shown that people in New Zealand face a severe public health problem with a high rate of interpersonal violence. Interpersonal violence among Indians living in New Zealand has not been studied extensively. The following study examined Indian community leaders in New Zealand to obtain their perspectives on violence in the Indian community. The study employed an explanatory research strategy. Six semi-structured interviews with Indian community leaders were performed to gain information on interpersonal violence. After conducting a thorough thematic analysis, seven significant themes were identified. These include the perspective of IV, gender roles and expectations, empowered women, power and control, reporting abuse, barriers of IV and risk factors. The findings revealed that cultural variables influenced how perpetrators behaved and how victims responded to the violence. The participants expressed the belief that male dominance, patriarchal structures, and exercising authority and control cause violence. Victims are unable to seek help and are hesitant to seek help since the perpetrators are often the family members. The study concluded that traditional Indian culture plays a significant role in the perpetration and victimisation of IV. The outcomes of this study could be used as a starting point for future IV research amongst cultural-based IV studies. Therefore, a comparative research in future could examine if culture plays a key role in the perpetration and victimisation IV in other ethnic groups, such as Maori and Pacifica culture in New Zealand.

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Attestation of Authorship

I declare that this submission is entirely original work of mine, and to the best of my knowledge and belief, it contains no previously published or written material by anyone else (except where explicitly defined in the acknowledgements), nor any material that has previously been submitted for the award of any other degree or diploma from a university or other higher learning institution.

A small, square, brownish-grey image containing a handwritten signature in black ink. The signature appears to be 'A. Patel' with a stylized flourish underneath.

Name:

Date: 20 November 2021.

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Chapter One- Literature Review

Interpersonal violence (IV) is “the intentional use of physical force or power against a person, group, or community that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug et al., 2002, p. 5). IV is further subdivided into subcategories, which include intimate relationship and family violence and community violence. *Family* and *intimate partner violence* (IPV) are two terms that refer to violence that occurs inside a family or between private partners. It encompasses child abuse, intimate relationship violence, and elder abuse. *Community violence* happens between persons who are not related but maybe acquainted. It contains juvenile violence, bullying, rape, and violence in institutional contexts such as schools and workplaces. Violence may take various forms, including physical violence such as scratching, pushing, slapping, or hitting. Rape and unwanted sexual touching are examples of sexual violence. Psychological violence includes verbal and nonverbal communication aimed at injuring or manipulating the mind or feelings of another person. Financial abuse can consist of a range of behaviours around controlling or withholding money (Krug et al., 2002).

Effects of Interpersonal Violence

IV is a major public health and human rights issue. It may cause short and long-term health issues, including physical injury, death, unexpected pregnancies, gynecological disorders and sexually transmitted diseases (STDs), such as a human papillomavirus (HPV) (Abbot & Williamson, 1999; Coker et al., 2009; McCaw et al., 2007). Moreover, Krug et al. (2002) illustrated that the likelihood of STD and human immunodeficiency virus (HIV) infection is 1.5 times higher for women physically and sexually attacked than for women who were not in violent relationships. Consequently, physical abuse can impair the physical and emotional condition of the victim. All possibilities include physical injuries, such as cutting, fractured bones, joint damage, permanent deformation, hypertension or heart disease, and minor or major traumas. More serious physical abuse may result in traumatic brain injury (TBI), leading to memory loss, discomfort and even unconsciousness (Krug et al., 2002). As a result, IV victimisation is strongly associated with various mental health problems, especially among women (Sabina et al., 2017). Even when the abuse has ended, the effects are far-reaching and long-lasting for the victims. According to Peters et al. (2012), 31% to 84% of IV exposed women have post-traumatic stress disorder (PTSD). Violence may cause various mental

illnesses, including depression, alcohol or drug dependency, anxiety, abnormalities of personality, sleep and food difficulties and suicides (Rueve & Welton, 2008).

According to O'Connor (1995), 64% of abused women said their children were present and often witnessed the assault. Anxiety, disengagement, poor school performance, lack of self-esteem, disobedience and nightmares are just some of the emotional and behavioural concerns that children who have witnessed domestic violence suffer (Mc Closkey et al., 1995; Edleson, 1995). Longitudinal research in Christchurch, New Zealand, has established a link between childhood sexual abuse and future mental disorders such as depression, anxiety, and suicidal thoughts and behaviour (Fergusson et al., 1996). Witnessing or experiencing violence can substantially influence an individual's health and wellbeing, paralysing their ability to function well.

IV is a global phenomenon causing the death of 1.4 million people worldwide in 2011 (Krug et al., 2002). Adolescence and young adulthood are the most common age groups for victims of violence. In most countries, men are considered as perpetrators of IV, while women as victims (Itzin et al., 2010). Furthermore, violence affects people of every gender, ethnicity, age and sexual orientation (Itzin et al., 2010). More specifically this study aims to identify how interpersonal violence is a problem amongst Indian communities living in New Zealand (NZ).

Prevalence of IV in India

Interpersonal violence in India is marked by both its widespread prevalence and its underlying socio-cultural norms (Ghosh, 2007; Rao et al., 2000; Vindhya, 2000). According to Ghosh (2007), family violence is the most prevalent among violent acts against women in India. Rape (a forceful sexual action without a person's consent), kidnapping, dowry murders, mental and physical torture, molestation, sexual harassment, and trafficking are examples of violence against women in India (Ghosh, 2007). The National Crime Records Bureau (NCRB), reported that a woman is victimised by an abuse every three minutes. Every hour, at least two women are raped, and every six hours, a young married lady is beaten to death (Khosla et al., 2005). Additionally, Mahapatro et al. (2012) found that 39% of women reported having experienced some form of violence, either physical, psychological or sexual abuse. In New Zealand (NZ), police reports show that 55% of females report being abused by males in NZ (Fanslow & Elizabeth, 2011). In which two out of every three Indian women report sexual abuse in NZ. An NZ Herald article headlined "Indian women tell of NZ abuse" stated that "women who were sexually violated, were made to live in slave-like conditions and were threatened with

prostitution by their kiwi-Indian husbands” (New Zealand Herald, 2009). It illustrates that IV is prevalent in India and is an issue for Indians living in NZ.

Power and Control Wheel (PCW)

A conventional reaction to interpersonal violence is triggered by an abuser's desire to assert power and control over the victim (Nanda et al., 2014). The Domestic Abuse Intervention Project of Duluth, Minnesota, established the Power and Control (PCW) model to characterise the many types of abuse experienced by victims of family violence (Pence & Paymar, 1993).

Figure 1

Power and Control Wheel (The Duluth Wheel)



Note: This model was developed by Domestic Abuse Intervention Program in 1984, illustrating methods that men use to exert power to control individual's actions. From, Pence and Paymar, (1993)

In Figure 1, the centre of the wheel depicts the abuser's intention or intended outcome, which is using power to control an intimate partner or any individual. The wheels' spokes are the eight non-physically abusive methods that the abuser uses to control individuals. These include, coercion and threats, intimidation, emotional abuse, isolation, denial, the use of children, evoking male privilege and economic control (Pence & Paymer, 1993). The exterior boundary

of the wheel represents the risk of sexual and/or physical violence due to these power and control methods.

PCW wheel (Figure 1) illustrates that physical and sexual violence are not always present in an abusive relationship. The PCW argues that irrespective of violence, IV (in and outside the family) includes some or all power components, control and incorporates various psychological, emotional and financial strategies. Therefore, the perpetrator dominates its victims with compulsion, fear and/or threat of physical abuse to gain control (Pence & Paymer, 1993). A more extensive system of abuse evolves when the abuser employs other non-physical abusive behaviours in addition to physical assault (Scott, 2018). As a result, one or two instances of physical assaults are enough to instil dread of future violence and dominate the victim's life and surroundings (Scott, 2018).

Duluth Wheel is highly suitable for the ideology and the practice of Indian culture. For example, Nanda et al. (2014) examined men's attitudes and behaviours on subjects such as gender equality, son preference, and IPV. According to the findings, males in India often dominate their spouses by regulating many aspects of their lives and activities (i.e., complete control of their lives). For example, controlling what the partner wears, whom she talks to, and going outside. According to the findings, 36.8% of men exercised excessive control over their wives, while 63.2% exercised less or reasonable control. Fewer than one-fifth (23.3%) of women said their partner exerted extreme control over them, while three-fourths said their relationships were less or somewhat controlling (Nanda et al., 2014). Similarly, Mukherjee and Joshi (2019) also found that 43.2% of husbands were controlling. Ray et al. (2020) observed that women with only female children experienced more marital control than women with at least one male child. It might be connected to masculine desire and the idea of being the future breadwinner and caregiver in old age. Furthermore, while the patriarchal belief system operates in Indian societies, the social distribution of power between sexes and economic reliance remains uneven; violence numbers may continue to rise (Jenkin, 2000).

Men's acts of violence in Indian culture and within some minority groups in NZ culture are tied to socially constructed masculinity notions, expectations, and beliefs about what men should do or possess (Jewkes et al., 2014). However, the use of power, toughness, control and sexual dominance are all roles and traits linked with masculine ideology, which are strongly manifested in Indian culture through violence (Broverman et al., 1972; Eagly and Steffen, 1984). However, this could potentially be a gender-specific environmental factor. A person's

family and social surroundings influence their gender-specific behaviour. For example, boys are expected to imitate their fathers' conduct, such as going out to bring in money or portraying masculine characteristics. Women, on the other hand, would be taught how to fulfil their feminine obligations. Additionally, girls are taught how to be a good wife at an early age, including obeying everything the husband says, catering to his demands, and preparing meals for him and his family (Jewkwa et al., 2014).

Additionally, when a woman deviates from anticipated gender norms, such as speaking in a loud tone of voice to her husband in front of family and friends (Ray et al., 2020), she could face humiliation in front of everyone, which may adversely affect her and her family's honour. As mentioned earlier, many men use violence against their wives to create power and control over them (Gupta, 1987; Kabeer, 1996). It may include marital rape, sexual assault, physical abuse and psychological abuse.

Several theories that posit control in a relationship may take many shapes and come from various sources, and its expression can be affected by human characteristics and cultural contexts. For example, in patriarchal societies, structural pressures legitimise a male-dominated social order and family structure, resulting in males exercising power and control over women in many ways, including violence (Gage & Hutchinson, 2006). In contrast, other patriarchal views argue that violence may arise due to a man's sense of helplessness and being intimidated by the loss of authority over an independent spouse (Sugihara & Warner, 2002). This may be connected to cultural expectations of males to support their wives and children financially.

Patriarchy System Of Indian culture

Kamala Bhasin defines "patriarchy is a society in which males have entire control over the proper economic, social, and political sectors and gender roles" (Bhasin, 1993, p. 3). Traditional gender roles in ancient India were very different. This attitude is reflected in the 500-year-old Hindu epic tale of Ramayana, which depicts women as having exaggerated feminine traits and being inferior to men (Sarshar, 2010). According to Uma Chakravarti (1993), caste (tight social groups determined by occupation and social rank) and gender hierarchies created patriarchy in India. The Brahminical patriarchy binds caste and gender via norms and rituals that force women to respect caste limits (Chakravarti, 2018).

Manu's regulations reflect Brahminical patriarchy, which emphasises the need for women to rely on men because they are naturally disloyal and the need of seeing their spouses (husbands)

as God (Chapman, 2014). In Banaras, India, Derne (1994) qualitative research examined men's perceptions about constraints on women outside of their homes. According to a small percentage of research participants, women's behaviours should always be supervised and limited to the house. One of the participants, claimed the following statement: "It is a tradition of our place that women here are not left independent. Women here are not free. They are under control...." (Derne, 1994, p. 208). As a result, a daughter or woman should always be observed by her father. As a wife, she should be watched by her husband. As a widow, she should be watched by her son (Chakravarti, 2018). The Brahminical patriarchal systems dispute the idea that the head of the family is always "man" and has complete control over the woman's mobility, decision-making, reproduction, labour, and sexuality (Kumar, 2014; Sarshar, 2010). However, these power dynamics are slowly changing as women become more empowered and independent. Hazarika (2011), illustrated that women are progressively acquiring financial independence and empowerment, as well as making substantial progress towards gender equality in all fields.

Violence towards Males

Although traditional systems have consistently suggested that women are constantly viewed as inferior to men and quiet sufferers of all kinds of maltreatment, whilst males are seen as superior, assertive, aggressive, and dictators throughout various myths and literature (Fanslow & Robinson, 2004; ICRW, 2004). In the patriarchal system, women are not allowed to be violent, aggressive, or oppressive because of their social role of nurture in society. However, numerous studies have suggested that men and women are equally violent and have similarly aggressive temperaments (Kumar, 2012; O'Leary, 2000; Denson et al., 2018). According to O'Leary (2000), in intimate relationship, women tend to be more physically aggressive than men. However, according to Denson et al. (2018) men are more likely to cause severe physical and psychological harm to their partners as they have greater physical strength. Additionally, Malik and Nadda (2019) found that 51.5% of males reported their female partners have abused them, whereas a common form of violence reported by the males was psychological abuse (51.6%).

Kumar (2012) and Despande (2019) stated that accepting violence towards males threatens their dominance and masculinity. There is a lack of research on violence against males because men rarely disclose abuse. For example, in male-dominated countries such as India, men may not report assault since seeking help can be considered feminine behaviour and a threat to

masculinity. However, asking for help can hurt male pride (Kumar, 2012). Additionally, the stigma associated with seeking help and lack of social support system (i.e. counselling, institutional support, familial) lead men to be in a continuous cycle of abuse (Kumar, 2012). However, abuse is not only experienced by men but also by the elderly group in the communities.

Elder Abuse

Elder abuse occurs when an older person is targeted, mistreated, or actions deliberately causes stress. According to Sembiah et al. (2020), more than a quarter of the population (25.6%) has been abused with have emotional abuse being the most prevalent. Additionally, Yon et al. (2017) meta-analysis from 52 studies carried out in 28 countries in different locations indicated that 15.7% of people 60 years and older had been abused at some point in their lives, of which 11.6% claimed psychological abuse. Although, research claims that these incidence rates are underestimated as 1 in 24 cases of elder abuse is reported (Yon et al., 2017). Most elderly victims do not report the crime for fear of embarrassing the perpetrator, and fearing retaliation. It is because family members at home look after most dependent elderly. As a result, family members are far more likely than strangers to perpetrate abuse towards elders (Orfila et al., 2018).

Many characteristics can increase the probability of elderly abuse, including age, mental and physical state, alcohol and substance abuse, sex, and shared living arrangements. Men and women are equally vulnerable to abuse, in certain cultures such as Indian, where women have lower social status, elderly widows face a higher danger of neglect and financial abuse (such as seized property) (WHO, 2021). The abuser's reliance on the elderly, who are especially vulnerable to mistreatment (WHO, 2021). Seniors in need of care may bear the burden of years of failed relationships with their families. Additionally, women particularly caregivers, face the responsibility of caring for their loved ones if they are required to be at home more frequently due to their jobs, leaving the elderly vulnerable to abuse and neglect (WHO, 2021).

Potential Risk and Protective Factors of IV.

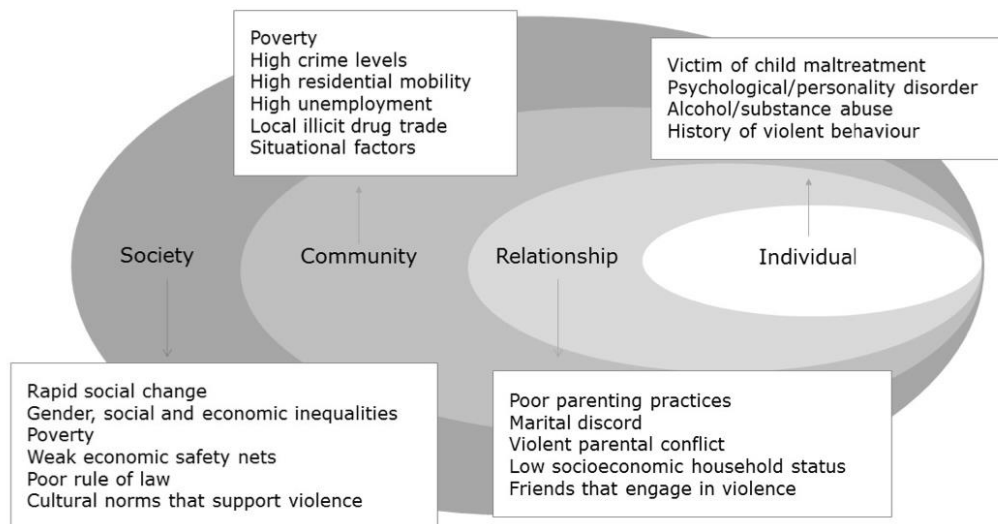
Ecological Model

Although research has revealed that no single factor can explain relative or dedicated acts of violence towards an individual, particularly the vulnerable (Gulliver & Fanslow, 2016). The Violence Prevention Alliance at the World Health Organization uses an ecological model that

explains that the perpetration of IV occurs due to the interaction of many factors (Gulliver & Fanslow, 2016). Figure 2 displays the risk and protective factors contributing to IV and several biological, social, cultural, economic, and political elements that influence violence. The concept is split into four categories: the individual, their social networks, local communities, and broader societal trends. This model aligns with the Indian culture and its tradition as it displays the patriarchal system and other factors that put an individual at risk of being victimised.

Figure 2

The ecological framework for interpersonal violence.



Note: This model was adapted by Heise in 1998, identifying the critical risk and protective factors that influence violence. From "Violence Against Women: An Integrated, Ecological Framework, Violence Against Women," by L. Heise, 1998, 4(3), p. 265. Copyright 2017 Elsevier B. V.

Levels of the Ecological Model

The ecological model begins by determining the biological and historical factors contributing to an individual's violent act. Demographic characteristics (age, income), impulsivity, low educational attainment, substance misuse, mental health disorders, a history of hostility, and child maltreatment are just a few examples.

The second level shows how personal interactions, such as those with peers, intimate partners, and family, can influence the likelihood of becoming victims or perpetrators of violence. For

example, Tome et al. (2012) found that friends or peers that exhibited violent behaviours have a higher chance of instilling unfavourable behaviours in their peers. As a result, when people are bonded in a long-term relationship, the likelihood of the perpetrator's abusing the victim rises. Chun and Hsu (2012) found that individuals assist in structuring their behaviour concerning how others in their environment behave.

The ecological model's third level focuses on the communal setting where social relationships occur, such as schools, workplaces, and neighbourhoods. This level illustrates the vital social variables that link victims and perpetrators of violence. For example, negative community impacts, such as drug trafficking, might have a more significant effect on the behaviour of others (Blum et al., 2003). Cunradi et al. (2011) studied several community settings with a high number of calls to the police in connection with acts of violence. The study discovered that criminal complaints about IPV incidents were more common in neighbourhoods where alcohol was prevalent. As a result, a person's actions and behaviour (alcohol consumption) are more strongly affected by the environment they are exposed to.

The socio-cultural elements make up the final level of the ecological model. These are broader environmental elements that contribute to the creation of an acceptable or inhibited atmosphere for violence. For instance, cultural norms that encourage and support violence; such as patriarchy, societal hierarchy, and parental dominance over children are all examples of conventions that place males in a position of power over women and children. Health, educational, economic, and social policies that perpetuate high levels of economic and social discrepancy between groups in society are larger socio-cultural challenges.

IV Migration

Additional other factors put people in a vulnerable situation of being victimised by violence; these include migration. When people relocate to a new country, they become more susceptible to violence and face several unsettling challenges. For example, lack of support from friends and family, difficulties obtaining services and information, stressful living conditions, economic instability, and social isolation (Pillai, 2001). Furthermore, some immigrants may encounter language problems and communication difficulties, leading to feelings of isolation, which may raise their chances of violence both inside and outside the home (Kumar et al., 2017). In a cross-sectional study, Napolitano and colleagues (2018) examined the depth of violent events among migrant people and refugees. 46.5% of participants reported experiencing

violence at least once after they had migrated into a new country. 53.2% of individuals experienced psychological violence, physical abuse (40.3%) and economic violence (18.9%).

Numerous variables connected with immigration in NZ enhance the vulnerability of women and men to violence, including non-resident status common among Indian migrants, which raises the risk of assault. For instance, a man may exert control over his wife's behaviour and threaten violence in response to her legal status being threatened due to her visa (Menjivar & Salcido, 2002). Secondary scenario when a man or woman is entirely dependent on their spouse leads to dominating and abusive behaviour. New immigrants are frequently unaware of their legal rights and feel stuck in a vicious cycle. Frequently, victims are fearful of deportation and losing custody of their children. As a result, they are averse to seeking assistance and support (Raj & Silverman, 2002). Migrant men and women may be more vulnerable to abuse due to their cultural, social, and legal status, allowing abusers to maintain control over them while also preventing them from seeking and getting support.

Help-Seeking Barriers

Overall, it is apparent that how others react influences how people handle situations. Getting help for an abusive relationship is difficult for both men and women, especially in a foreign country like New Zealand. The perpetrators may exploit the victim's children or immigration status to encourage them to stay in a violent relationship (Robinson et al., 2020). As a result, abuse victims may be reluctant to tell their loved ones about their abuse. If they try to leave the relationship, they may fear that their family in the native country will be humiliated or face embarrassment from the community (Dasgupta & Warriar, 1996).

In Indian society, asking for help is seen as a show of weakness. For example, some women are afraid that if they come out with a complaint about domestic violence, their spouses would find out, which might lead to further abuse (Robinson et al., 2020). Victims may be coerced to stay in violent marriages by their families, citing their children as a justification. When a woman decides to leave an abusive relationship, she typically believes that she will be blamed for the collapse of the family (Shetty & Kaguyuntan, 2002). The concern is that her birth family may or may not accept her back because of the disgrace and dishonour she has brought to them by leaving her spouse (Dasgupta & Warriar, 1996; Supriya, 2006).

Indian woman who was physically abused by her husband reported to have been separated from her children and family in the "living at the cutting edge" study by Robertson et al. (2007). In the end, she sought help from a women's shelter. Due to the fact that her attorney did not

comprehend her complete story, she was unsatisfied with the conclusion and the lack of justice she received. As another woman had claimed, she was unable to communicate with the police officers due to linguistic issues (Robertson et al., 2007). The police were unable to arrest the husband because she was unable to explain in full the level of the assault, enabling women to remain in the violent relationship (Robertson et al., 2007). As a result, both men and women confront a variety of obstacles when seeking help for domestic abuse because they are migrants.

Covid-19 Impact on Violence

Many countries are currently fighting a worldwide "coronavirus". The global epidemic has left many immigrants and residents in economic and social instability. New immigrants are already struggling with financial uncertainty and the prospect of future financial troubles, and finding work is vital to their integration into a new country. A partner's bad behaviours might be exposed by working from home, financial loss, or unemployment. Social isolation can lead to domestic violence (Sharma & Borah, 2020).

Additionally, substance abuse, isolation, and financial difficulty have been associated with an increased risk of contracting IPV during pandemic. These situations may exacerbate loneliness, psychological and financial stress, and the adoption of harmful coping mechanisms like drug abuse (Usher et al., 2020). An individual's social network may be disturbed as a result of quarantine and social distancing, increasing the victim's susceptibility and the partner's potential to commit violence (Speed et al., 2020). While social support might assist individuals in escaping violence, the interpersonal tensions associated with lockdown and social isolation can result in severe abuse (Raj & Silverman, 2002).

Sabri et al. (2020) observed in their research that "The husbands lost their jobs (during COVID-19), and they are taking out all the heat on the women" (Sabri et al., 2020, p. 1298). Thus, during lockdowns in Covid 19, when everyone was under significant psychological and social strain, the incidence and degree of interpersonal violence increased in an abusive relationship between men and women.

My Place in this Research

I grew up in an Indian family that was inherently patriarchal. While I was growing up, I was always under the impression that my father was the "head of the family," with complete authority over all decisions, no matter how important. My mother was supposed to follow the

orders of her in-laws and spouse blindly. My mother used to tell us that you should learn to cook like a woman since society believes that women belong in the kitchen. My grandmother and mother were required to eat their meals after the male members finished their meals, as was customary. This always confused me, and it was not clear to me why various gender roles exist. Yet, in my experience, many Indians continue to assign gender-specific duties to individuals.

The treatment of women was considerably more equal when we moved to New Zealand with our family. The way people regarded gender roles had shifted, and women were no longer only caretakers. Some of the women I observed were the primary "breadwinners" for their families. My father's perspective on gender roles has shifted dramatically after we moved to New Zealand. After a time, I noticed how my father began to empower my mother, my sister, and me by pushing us to defy gender conventions and become self-sufficient. My father no longer makes all of the household's significant choices alone; instead, the entire family is included in the process. As a result, I was raised in two cultures: women were treated as second-class citizens compared to men, and one was given the freedom and resources to succeed. So this experience has sparked my curiosity in finding out whether the patriarchal system and violence are being used in other Indian families and communities in New Zealand.

I was exposed to violence daily outside of my immediate family. In Indian schools, corporal punishment was still very much in use. My family watched Indian news networks, which were full of domestic violence and rape stories regularly. The Nirbhaya 2012 Delhi gang-rape case comes to mind as an example of horrific violent act (Fadnis, 2018). I became intrigued by the patient and read everything I could find about it (Fadnis, 2018). This has to be one of the scariest things that have happened to me in my life. However, it was at this point that my interest in violence peaked.

After finishing my undergraduate psychology degree, I joined an all-female domestic abuse agency in New Zealand. While working there, I witnessed women's experiences through their voices about intimate relationship, rape and abuse, dowry exploitation, and divorce threats. I heard about a woman who killed herself owing to her husband's abuse. Before her death, she sought out a community leader's help. I'm not sure how helpful the leader was in getting her to safety. This experience was eye-opening for me. I began to wonder if Indians in New Zealand still followed the patriarchal structure. As I reflected, I wondered whether community leaders' understanding of Indian culture contributed to or amplified the likelihood of IV. I am seldom

aware of anyone in our community publicly discussing violence. My involvement with Indian culture and seeing violence has sparked an interest in abuse and violence in Indian communities in New Zealand. I hope to offer more insight on the issue and contribute to other studies that help alleviate social concerns through this study.

Conclusion

This chapter provided an overview and review of the literature that helped to contextualise my study more effectively. Interpersonal violence is shared among all demographics, ethnic and racial boundaries. It is vital to recognise that violence manifests in several ways. Violence can take the shape of physical acts (such as hitting someone) or non-physical actions (such as power and control, as seen in Figure 1). Thus, feminist studies (Anderson, 2005; Dasgupta, 2002) have focused on women's inferior position in society and their vulnerability to domestic abuse.

Unfair treatment of women is standard in patriarchal societies like India. Many studies have shown the importance of socio-cultural factors in violent acts. For example, how a person is raised and their upbringing regards their ability to become violent (illustrated in Figure 2). These cultural traits are passed on even when people leave their homeland. In theory, moving to a new country reduces the risk of domestic violence. However, nothing is known about their vulnerability to violence in NZ.

Interpersonal violence is widespread in New Zealand. However, little research was conducted in New Zealand that examines IV within the Indian community. Therefore my research is an initial step, focusing on Indian community leaders' perspectives on IV in the Indian community in New Zealand. My research intends to investigate the attitudes of community leaders on violence among Indians in New Zealand and the obstacles that Indian victims find in getting treatment for their affliction. The next chapter summarises the research approach taken to address the following research questions.

Research questions

1. How is interpersonal violence perceived/experienced in the Indian community in NZ?
2. What are the barriers for Indian victims in seeking assistance?

Chapter Two- Methodology

This study employed a qualitative descriptive approach to describe an individual's experiences and perceptions (Sandelowski, 2000). The current chapter explains the research methodology used in this work. It also includes participant selection, the data collection process, and the procedure used to analyse the data. Finally, the chapter briefly discusses the study's scientific rigour and ethical problems.

Methodology

The current study issue involves the use of a qualitative research technique to elicit and document community leaders' perspectives and experiences. A qualitative investigation sheds light on the nature and dynamics of violent relationships (Creswell, 2014). It assists in the collection of extensive information on people's lives and opinions. The quantitative technique, on the other hand, provides factual data irrelevant to the current subject. Interviews with experts will be conducted in a semi-structured format (Creswell, 2014). As a result, alternative methods, such as surveys, will be unable to provide the researcher with detailed, accurate information about the IV in the Indian community.

Research Approach

Lambert & Lambert (2012) recommend qualitative descriptive research (QD) for this project. It seeks to gather knowledge about a situation in a natural way (Sandelowski, 2000). The descriptive methodology is a well-known research method that is well-suited for determining "who", "what", and "where" events, experiences, or feelings occurred. It gathers perspectives from the participants about a poorly understood phenomenon (Sandelowski, 2000). Through the use of this design, I was able to assemble data that was rich in details.

As Lapam et al. (2012) noted, qualitative descriptive research can help researchers who share the same cultural background as their subjects. It was previously said that the researcher in this study is a New Zealander born and raised in India, who carries Indian features and culture. When researchers and participants come from the same cultural background, it is possible to create trust by connecting with and acting in accordance with participants' cultural values.

Sampling

The study's focus necessitates the use of a limited sample of community leaders (six participants). A community leader is someone who represents their community and is responsible for the well-being and development of the people in their community. Indian community leaders and self-identified Indians were the criteria for inclusion in the present study. The participant must be 20 years or older, a New Zealand resident, and knowledgeable about Indian culture.

Demographics Data

Table 1 illustrates the demographics of the six participants who took part in this research. Four participants reported they were born in India, whereas P4 and P6 identified themselves as Indian born in New Zealand (NZ). The NZ born community leaders were also the youngest leaders with P4, age 37 and P6, 33 years. The remaining four participants were aged 60 years or over. Five of the participants were married, with only one participant reporting divorce. All participants have spent more than ten years in New Zealand. Four of six were tertiary graduates and had a degree.

Table 1

Demographic data of study participants.

Participant number	Age (years old)	Gender	Education	Country of Origin	Relationship status	Time in NZ (years)	Type of Leader
P1	80	M	Tertiary graduate	India	Married	10	Community Leader
P2	60-80	M	-	India	Married	24	Community Leader/ Social Worker
P3	61	F	Tertiary graduate	India	Married	23	Community Leader
P4	37	F	Tertiary graduate	NZ	Married	37	Community Leader
P5	60	F	-	India	Divorced	29	Community Leader/ Social Worker
P6	33	M	Tertiary graduate	NZ	Married	33	Community Leader

Recruitment Procedure

Over the course of one month, I advertised the opportunity to participate in the research on several platforms, which included social networking platforms such as Facebook community pages. I also posted advertisements at Indian supermarkets, religious temples, and citizen advice bureaus about the proposed research project and recruitment. I also presented on my research at several community general meetings. The advertisement poster for the recruitment is attached in Appendix D, expressing the voluntary nature of the study. The project's anonymity is explained in the Participant Information Sheet (PIS) in Appendix C.

I was able to find some possible participants from these advertisements who expressed interest in the study. By distributing my information sheets and posting about my research online through internet chat groups, some of these individuals became instrumental in connecting me to new potential participants (snowball sampling). This method was repeated until a total of six participants had been identified. The participants then organised times and venues of their own choice. Four of the six interviewees requested that the interview take place at their respective offices in Auckland. Due to Covid-19 lockdown, the data from the remaining two participants were collected over zoom video calling.

During the recruitment stage, potential interviewees could ask the researcher any questions via email. The PIS (Appendix C) and written consent forms (Appendix B) were sent to potential participants once questions were answered, and printed copies were given to participants in person. Before and after participants completed the written consent form, the researcher clarified that confidentiality and privacy protection were crucial considerations.

Data Collection

The data were acquired by using semi-structured interviews, including closed (demographics) and open-ended questions (Lambert & Lambert, 2012). Semi-structured interviews help capture people's views and their interpretations of their thoughts and experiences (Rabionet, 2011). The data collection of the present study took place in Auckland, New Zealand, due to a higher concentration of Indian communities than other country regions. Semi-structured interviews were held in person, and video interviews were conducted using the Zoom platform. Participants were asked to explain or clarify any unclear comments and vice versa. To guarantee the safety of the participants, they were informed that participation was completely voluntary and they held the right to refuse to answer if they felt uncomfortable. Participants have the option of skipping questions if they so wish.

The duration of the interviews was approximately between 45 minutes. With the participants' agreement, audio recordings of the interviews were made. Participants signed informed consent forms before the interview began. The participants' consent was obtained via email, for those interviews were conducted via Zoom. The researcher engaged with participants in an informal, friendly manner throughout the interviewing procedure, which was critical building a rapport and gathering crucial historical information and allowing the researcher to manage the order of questions (Creswell, 2014). The researcher transcribed all the audio recordings of the interviews using the dictation tool on Microsoft word and stored them in a password-protected folder on the researcher's laptop to safeguard the participants' privacy. Before data analysis and combining themes, the respondents were requested to approve specific aspects of the research, such as checking the accuracy of their interview transcripts. During the data analysis, only the researcher and her supervisor had access to these files. Participants were notified of the 0800 hotline number and the AUT counselling service numbers after the interview was completed for any mental health assistance with what was mentioned during the interview. At the end of the interview, the participant received a \$20 fuel coupon as a token of gratitude for their time and expertise.

Data Analysis

Qualitative thematic analysis was used to examine the data. Braun and Clarke (2006), indicated that thematic analysis aims to illustrate participants' perceptions, interpretations, and realities. Analyzing data includes familiarity with the data, initial coding, searching, evaluating, and defining themes.

For the first phase in my analysis, I transcribed the interview data, read them several times, and took relevant notes in the margins to familiarise myself with them before moving on. As a second step, I created codes by systematically coding unique aspects of the whole data. This study made use of the colour coding technique to identify the patterns that were found. To put it another way, the codes were then organised into groups based on topics. A theme is a recurring pattern in data analysis that highlights an important or interesting aspect of the data or study subject. This was accomplished by looking for reoccurring themes and themes that were both interesting and related to the research questions. Finally, a thematic map outlining analytical links was created. This was completed on Microsoft Excel, where I was able to group and extract all the essential concepts. Finally, these themes were labelled and re-checked.

Rigour

Rigour in qualitative research is necessary to establish consistency and trust in the findings of the investigation. Lincoln and Guba (1986) identified four characteristics that help determine the overall trustworthiness of qualitative research. These include credibility, transferability, dependability and confirmability.

Peer debriefing, interviewing processes and procedures, and long-term involvement contributed to the study's credibility (Lincoln & Guba, 1986). The researcher held a series of meetings with supervisor to debrief and discuss the findings' primary themes and sub-themes. The semi-structured interviews increase the credibility of the data acquired because small prompts from the researcher allowed the extension of replies from the participant and allowed the researcher to request further information (Shenton, 2004).

Characteristics of dependability include an emphasis on reliable and consistent research findings (Lincoln & Guba, 1986). The researcher documented and stored all data in a secure location to ensure the study's dependability, including audio recordings of the interviews, an audit trail, and transcripts (Creswell, 2013). Participants' perspectives were reviewed through member checking to verify the research's reliability and trustworthiness (Creswell, 2013; Lincoln & Guba, 1986). Transferability is the research's external validity and the results' relevance to oneself or other situations (Lincoln & Guba, 1986). The researcher used purposeful sampling and detailed data descriptions to achieve transferability (Lincoln & Guba, 1986).

Confirmability is when the researcher ensures and communicates to the reader. Ensures that the findings of the study are based on and reflective of the information provided by the participants, rather than the researcher's interpretation or prejudice. The researcher in this study followed the participants' interpretations rather than leading the interviews. The researcher and participant both asked questions for clarification when needed. Thus, this research focused on thorough descriptions of participants (Lincoln & Guba, 1986).

Ethical Consideration

As noted in Appendix A, the Auckland University of Technology Ethics Committee (AUTECH) approved the ethics application on 30th June 2021 (AUT reference number 21/197). It was necessary to seek ethical clearance through EA1 in order to safeguard participants' autonomy, rights, secrecy, and well-being (Berg, 2004). For further in-depth ethical considerations and Te Tiriti O Waitangi (participation, partnership and protection), please refer to EA1.

Summary

In the research process section, this chapter highlighted the study's rationale, offered an overview of the research procedure, demonstrated how rigour was supported and addressed ethical considerations. Participant recruitment, data collection, and analysis were all addressed. Next chapter will review the findings of my research.

Chapter Three: Results

This chapter introduces participants' perceptions of interpersonal violence in the Indian community living in New Zealand. This is accomplished by conceptually analysing the data and presenting the themes and subthemes discovered. The study found that culture and gender had a pervasive effect on the commission and occurrence of violence. Seven themes in total were discovered in the present study. Four of these themes were recognised and connected to culture: gender roles and expectations, power and control, reporting abuse, and empowered women. The remaining three themes were distinct from their cultural roots: addressing IV, risk factors and barriers of IV.

Theme 1: Perspectives on IV

All participants reported familiarity with interpersonal violence. As is evident in the passages below, participants generally reported a broad understanding and experience with interpersonal violence, encompassing physical, emotional, sexual, verbal and financial abuse.

"Hitting, punching, pushing... intimidation you know making or just overpowering someone,how might grip someone's wrist, you know the way you might talk to them...." P4

" Physical, financial, emotional, sexual..." P3

"We see isolation, we see verbal... we see the abuses, we see physical... we see sexual...." P5

However, some participants suggested that interpersonal violence in the form of physical violence occurs at a lower scale in the Indian community; instead, violence is more prevalent in the form of aggression.

"I don't believe there is a lot of physical violence...." P1

"Physical violence is a very small percentage more of the violence or disputes we see are conflicts of interest.....or in form of anger..." P6

Theme 2: Gender Roles and Expectations

Few participants reported that cultural expectations were to blame for the gender discrepancy in household tasks. While males are expected to provide financial assistance, they are not required to help with household chores or care for the children. When women ask males to help with household chores even though they work outside the home, they risk being subjected to violence.

“I think the roles of men and women or in relationships, what are men supposed to do and what women are supposed to do obviously, back in India, men go to work comes home and the women been doing the laundry and cooking looking after the kids...there is an imbalance in the relationship...” P4

“Although men and women are working the same. Even the women is going out, they are getting good money everything, but she has to come back, and feed the husband and feed the children, it is equal work, equal job, but she has to do everything. The boys not doing anything. Sometimes when she says oh why don't you do, again the fight starts....”.P5.

Another example of cultural expectations is when a woman must maintain discretion when her in-laws are around. Husbands who believe their spouse is insulting them in front of their parents may begin to display their dominant tendencies, leading to violence.

“If the husband feels wives is insulting, his father or mother and not giving proper care or not taking proper care so he becomes a little abusive...” P2.

Elderly people expect their daughter-in-law to take care of them, which includes making tea for them when she arrives home after a long day at the office. If these expectations are not met, violence may follow.

“Cultural baggage from India you know, so my daughter-in-law has to give me tea when she gets back from office...”P3

Gender is affected by societal expectations about what traits and behaviours are suitable for women and men. Allowing males to believe that they may assert control over their wives is a common cultural feature leading to the abuse cycle.

“It's kind of like you are the wife, you are supposed to do all this, and then allowing the men to feel yes I am right, I can behave like this and my parents are okay with it because they think it normal and again it creates the cycle....” P4.

“In India is the power of males over females it is a normal component of a visit normal thinking person...” P6

Theme 3: Empowered Women

The study described interesting findings that slowly, as women gain more education and financial independence, they are becoming more powerful and less tolerant of abuse. They no longer want to suffer in quiet or in ignorance of their rights. Women have started to stand up and fight for their rights, making them more vulnerable to intimate partner violence for minor issues, as indicated by the participants. These findings deviate from the previous results of behaving in gender-specific expectations.

“Women have to come more aggressive and independent when they get job, so financial independence is there, so they don't want to listen to their husbands and for minor things they get violent and violence starts...” P2

“Younger generation has got more education and are more financially independent. they normally don't accept violence...” P3

“Women are getting more educated, aware of things, aware of their rights...” P4.

P5 said that Indian females are intelligent and, as a result, are willing to put up with abuse if it means living in New Zealand for the rest of their lives. Once they've acquired their residence and changed their immigration status, they intend to separate from their husbands and use them as a stepping stone to New Zealand. As a result, the participant

indicated that women are likely to abuse men to gain permanent immigration status in NZ.

“The girls are very smart, when they come from India they think once I get my residency they will divorce, because NZ government, will listen to the women, and some women are like that.....now the girls are taking advantage of abusing boys...” P5

Theme 4: Power and Control

According to the study's findings, perpetrators employ emotional, social, and financial control to assert power over their victims.

Emotional Control

Participants stress that the perpetrators do not need to physically hit someone to hurt the victim. They could use verbal or emotional language to humiliate the victim and hurt them psychologically.

“I don't physically hit someones, I can say things about them that can be seen as a form of violence, you can take action against someone that is gonna demean them...” P6

Gendered and power aspects of interpersonal violence of all types were evident. Beyond physical violence, subtleties such as males using a strong tone of voice and through to more obvious abusive words to harm or humiliate women were noted. This seemed to function to reiterate male superiority within the social structure.

“You may not physically touch them but if you're just right over that person screaming and yelling.... belittling them yeah basically making sure the woman knows where she sits in the family and that's under him you know....” P4

To achieve and sustain power, the participants suggested that men employed non-physical tactics. The abuser uses a victim's emotional fear to control the victim, according to P1. The victim may obey out of love, fear of punishment, or a combination of both.

“When you want to take out the benefit of the person, you first have to create a kind of emotional fear in his/her mind, then only he will not cry either he will do it sentimentally, out of love or out of fear....” P1

P6 stated that the perpetrators believed they had the ability to dominate their new immigrant partners whose immigration status was still uncertain. The abusers may take advantage of the situation. Their argument is that if they help the victims get settled in New Zealand by helping them keep their immigration status, the victims will be bound to follow their every command. By emotionally manipulating the victim, they may agree to do awful acts if they believe that obtaining permanent immigration status will provide them with a better future in the long run.

“they have their own families around here and they say okay, we are here from last many generations, so you are here to find a residency or wants to be a citizen, you are like a slave to us....I can provide you with the stepping stone if you can do this this and this even though that this this and this may not be legal and may not be fair and sometimes it can be even inhumane the migrant is willing to do it because he's looking at his future five years ahead and you know some people in the community will look see this as an advantage and use it mistreated.....” P6.

Social Isolation

P4 claims that men socially isolate their wives to keep social control over them. As a result of their emotional strain, women may be hesitant to seek assistance. New immigrant women in New Zealand are afraid to approach the police and ask for support.

“I think it's probably also that they think that their spouses are not going to do anything about it. They probably feel like, they have got them in the grip and that there is nowhere for them to go or whom are they going to talk to, they don't know how to talk to the police, they don't know how to you know, they control all that and limit all those, accessibility I guess to be able to speak out...”P4

Financial Control

Participants reported that financial control was a prevalent form of violence amongst the older Indian population. Residents of New Zealand can apply for government benefits such as superannuation, pensions, and doI. These advantages aid the elderly in maintaining their independence. However, in Indian culture, this is not the case. The grown children of elderly parents handle their financial affairs by establishing joint accounts with them, transferring the fund to their names or by taking out loans on their parents' names, paralysing elderly parents accessibility to finances. As a result, older adults lose their independence.

“once they start getting the benefit from the government there are many who, go for a joint account with their seniors and once they have a joint account, the seniors lose their independence from the financial part. By culture, we Indians have the close affectionately for our children that is how the seniors are willing to part their funds....”P1

“so you know there have been articles around elder abuse, and finances and taking control of their finances and using it, and taking out loans under their elderly grandparent's names and that sort of stuff...”P4

Adult children impose control over the elderly parents' finances to the point where they must get permission from their children to access their own money, leaving the elderly in a vulnerable position and entirely reliant on their adult children.

“....they had a joint account with their parent's benefits to the extent that the old lady wants to buy some gifts to give to her other sons' place in the US or India. She wants to make purchases, she has to seek the permission of her daughter-in-law....very well paid son and employed daughter in law trying to control the benefit of the parents in the Indian community....” P1

Limiting access to bank cards is another way that the elderly are financially disadvantaged. Adult children bring their elderly parents to New Zealand on a dependant visa exclusively to look after their children (grandchildren to the elderly parents) to take care of them. Once their grandchildren achieve maturity and no longer require their assistance, the adult children ask their elderly parents to leave them, leaving them in a homeless situation.

“When they get like dols or WINZ anything as such so the boy or the girl they take their ATM card with them, they don't give their money to the parents and after having like everything, their children all grown up, they say to get out from our house we don't need you. Go wherever you want....” P5

Theme 5: Reporting IV

According to participants, victims frequently do not seek assistance due to cultural barriers because perpetrators are often family members. Few participants reported that victims do not want to talk about the abuse outside of the home because it will only bring embarrassment to the family. So to protect the public image of the family, victims often suffer in silence.

“Culture trait we don't want to bring out family faults in public. We don't want to wash dirty linen in public. That is it. Purely Indian and Hindu culture. We just don't do it....” P1

“You don't air out your dirty laundry, you don't talk about, you don't tell people, you don't, you just get on with it....” P4

“It's not something that the Indian communities speak about openlythey will do anything to protect their image....” P6

Participants suggest that women whose partners have been mistreated do not seek treatment since doing so in public causes them to feel guilty and humiliated. As a result, she prefers to remain silent. Males are just as likely to be mistreated as females, but they are also the least likely to seek help. Even though violence is largely condemned in our culture, males face a lot of shame when they seek help for abuse. Seeking assistance comes as a threat to their masculinity and dominance.

“Women don't ask for help because, most of the time the perpetrators are families, or caregivers who are known to them so they feel guilty, and shame to complain against them, so they kind of suffer in silence and again men also face violence, they are too proud to ask for help as well. there is a lot of stigma...” P3

P5 has described a case of elderly abuse. Victims of elder abuse are frequently hesitant to come up because the perpetrators are usually their children or grandchildren. Many elderly victims avoid exposing their children to public humiliation because they believe they have a short time left on this earth. They don't want to be a burden to their loved ones. Putting their children in front of the public will only bring humiliation and dishonour to their families. That is why they do not talk about their abuse in public.

“No, they are very quiet when they are abused by their family they can't come out directly because they say oh don't tell my son, don't tell my daughter anything they will suffer. It is again the Indian mentality, when they are grown up older, they say okay, it is our age to go...”P5

The study also found that people do not intervene when they see someone being assaulted or abused. It is a cultural trait that people often do not provide such help to the victim. It could be the fair to take on the responsibility or helping may come as having to assist the victim financially. As a result, people may avoid helping those in need. Whether or not the general public is interested in family affairs is another aspect that affects this cultural attitude. Contrarily, witnesses also do not ask the victim for help if they need it.

“That is a big problem in our community because people do not put their hand up and say hey I will help because they will say it is their matter let them deal with it. Again it comes to awareness to say that, someone being abused is not okay and if that person is not able to help themselves, somebody has to support them in that process.....”P3

“No, culture in our community of intervening, do you know what I mean? If you see something that is not right we don't tend to go in and say hey you okay, do you need support, do you need help. you know we tend to say that's not my problem, you know they'll reach out if they need help but they not gonna reach out necessarily but we don't go in there either and it could be also, a thing of you know if I do what responsibility would that mean on me. am I gonna have to home this person, or am I gonna have to give them money or am I gonna have to be the social support for them. and maybe they don't want them that responsibility, so it's easier for them not to get involved....”P4

When it comes to asking for help in public, it's not a common practice in Indian society. It can be quite difficult for women and men to seek treatment or even discuss such topics with others. Specific individuals may avoid seeking assistance from others as a result of guilt and shame.

“They won't go out and you know voice and say hey look I've got this problem can you help me seeking help in these kinds of avenues is not something that's normal for the Indian community...” P6

Most of the time, it's just a cultural attitude that people will keep putting up with violence until they can no longer take it anymore. However, P1 and P3 argue that individuals are more likely to speak up when there is an incident of severe violence. That is when victims begin to speak openly about their mistreatment or attempt to seek assistance. Older adults who have been exposed to extreme forms of violence are more prone to develop depression.

“Whenever there is an acute case, somehow, it opens up...” P1

“They only start complaining when it's gone beyond that, stage and it's gone off to another level whether its physical or, which causes depression in seniors....”P3

Theme 6: Barriers

According to the participant, abuse is a significant problem for Indian immigrants, and they encounter two significant obstacles in addressing or getting help. These include language and mental health.

Language

Language is a hurdle for new immigrants in New Zealand to seek support for the abuse. Perhaps there is a cultural barrier preventing new immigrants from communicating and explaining their experiences.

“language, understanding of their situation like you know if your also going to someone, who is not your same culture how would they really understand where your coming from, like for example, you have a mixed generation household,

and you're actually getting abused by your in-laws. amm, again that might be normalised in India..."P4

"I think language, which could be one I think the understanding of the two wheels so just a conflict of what they've brought up to understand what the norms here are so I think those two would be the major two pairs I think language being the number one...." P6

For victims of domestic abuse who are socially isolated and have little knowledge of available options, this can be a challenge. Although individuals may know where to go for help, the language barrier makes it difficult to speak and share their experiences with those who can help.

"their language is a barrier first, they can't express themselves, second, they are not allowed to go out most of the time so they don't know what to do, some people don't know where the WINZ are, where the IRD are, they don't know how to go to the doctor. ahh like they need to be educated, these are some of the barriers they don't know...." P5

P3 identified that as a result of language problems and transportation issues, older individuals who relocate to New Zealand become dependent on their families, putting them in a vulnerable position.

"vulnerable in a sense that when they come from India. first of all, they are old age 70-80 years, so there is a language issue, there is a transport issue, they don't know the systems here, they have to depend on family. the power and control changes, maybe in India they had their own house they were the owner of life and house everything and there is extended family there and where you can go and meet them and go to the temple and do what you want to..." P3

Mental Health

The participant indicated that mental health issues are a barrier in seeking assistance for IV. When a person has a mental illness, they cannot make a rational decision, recognise the abuse,

or even consider leaving the situation and getting help. Mental health can put people in a bind and trap them in a circle of dependency and abuse, acting as a barrier to seeking help.

“I think mental health is a barrier because, if you are in a state of depression anxiety, there might be underlining mental health issues that, you would be born with but not necessarily recognised. Ummm like schizophrenia, dyslexia and stuff, if none of that is recognised your state of mind might be all over the place, you know what I mean you think what is acceptable and what is not. weather you can even mentally think about an escape route, or whether you feel you boxed and that if I stay in this box whether you have that mental courage to do anything about it is a big one I think. Whether your capable of thinking about it or I just gotta get through this day, I just gotta get through this day, and you never really think about the future and those people definitely, wouldn't step away necessarily.....” P4

Older adults have a high rate of mental health concerns, according to P3. Many older people are abused in their own homes because of dementia. If a loved one is suffering from mental health concerns, family members may not be aware of it. For example, a family member may incorrectly feel that their elderly parents are intentionally forgetting things on purpose and start screaming at them when they have dementia. Even while mental health and treatment are considered a societal stigma in Indian society, they also contribute to people not seeking help.

“older people, dementia never gets diagnosed quickly many times we see changes in people here, we tell them why don't you go for assessment something is wrong. they start acting funnily and starts conflict in the house. like you know. they don't know what they are doing, the family doesn't know they have dementia, so how does a problem will solve. like they will open the water and she will not close it. and the daughter in law will think that this lady is forgetting to close it, I am having to pay the bills and the conflict starts you know simple examples like that. but again depression is stigma everything is stigma people need to ask for help themselves.....” P3

Theme 7: Risk Factors

The participants identified alcohol and substance abuse and the Coronavirus pandemic as two main contributing factors towards violence in the Indian community.

Alcohol and Substance Abuse

The participants suggested drug addiction, including alcohol, contributes to acts of violence in the Indian community. They further indicated that their perception was that the number of Indians abusing alcohol and other drugs is steadily rising amongst the younger generation and older people.

“Alcohol drugs there's something different that's there I think in the Indian community it is the percentage of that is less is quite low but we do see it happening more and more now the abuse of drugs and alcohol is increasing not only in the young but also in the older as well and so I think although in the past that may not have been such a big issue it is creeping into the Indian community from the external influence of social media influence of peer pressure and influence of settling in and being ...I think it's differently on the rise but previously it was not something that was a major part of the Indian community understanding...”. P6

“I think any situation where excessive alcohol is involved definitely, especially like, you have not grown up with alcohol and all of the sudden you got these people kind of in these age group of like 30- 60, and just heavily drinking and not understand their behaviours and taking it out on their family. and whether that is physically, mentally, financially you know....”.P4

“It aggrieved more violence when they consume alcohol...” P5

One participant suggested that if there is a tendency towards interpersonal violence, then the range of risk factors is likely to be very broad.

“I will say drug and alcohol is a factor, not having a proper job, frustration, you just need an excuse, if you want to abuse you know everything is a risk factor, being vulnerable, older person's age is a risk factor, being a migrant is a risk factor...”P3.

Again, genders aspects to interpersonal violence were noted, suggesting that alcohol increased the risk of violence when it was perceived that women were not fulfilling their caregiving responsibilities.

“Drinking is also a factor and not taking care of the men's mother and father and that is one of the reasons....” P2.

Coronavirus Lockdowns

As a result of the pandemic, many individuals lost their jobs, generating financial stress, and everyone stayed at home more than usual, producing dissatisfaction and conflicts among family members. This increased the likelihood of violence perpetration and victimisation.

“During the covid time, we saw a big increase, maybe people are sitting at home, people lost their jobs, have to stress, not being able to go out, locked up in the house, too many people in the house, arguments, frustration...” P3

During a lockdown, P5 said that because both spouses are required to stay at home, often they cannot work and have children who cannot attend school or childcare. The household becomes increasingly stressed, which escalates abuse and aggression. These examples can be even more complex in intergenerational families.

“Most of the time when girls and boys are married and are staying together like in lockdown you can just see that they can't go out they are staying in the same place and they can't handle each other like the guy is not going to work, the girl is not going to work, staying together anything aggravate violence. Anything. It is a small small thing, and if the son or daughter is making noise or not listening to the father or parents it aggravates violence....” P5

Chapter Four: Discussion

The study's primary objective was to determine the Indian community's perceptions of interpersonal violence in New Zealand. Additionally, the research seeks to uncover the barriers to reporting abuse. The outcomes of this study found that the culture contributes significantly to the perpetration and victimisation of violence in the Indian community. This chapter discusses the findings of the current research in detail.

Perceptions on IV

Research indicated that participants' perceptions of IV were culturally influenced. However, a face-to-face discussion helped the respondents better articulate their experiences and identify the violence prevalent in the community. The findings indicated that physical violence was less common, while psychological abuse was more prevalent. However, the participant's views may have been shaped by their cultural experiences or personal and professional community experiences. For example, some participants have connections to domestic violence organisations that can inform their views about the prevalence of violence against women and children in their communities. The participants' responses were inconsistent with previous literature (Krishnamoorthy et al. 2020; Ram et al., 2019), indicating that physical and sexual violence was a more prevalent form of violence in the Indian community. However, it could be argued that victims who experience physical forms of violence are also more likely to be experiencing emotional distress and disturbance in psychological well-being due to physical violence. Further investigation is needed to understand why participants believe physical violence occurs at a low level.

Gender Roles and Expectations

The current study indicated that Indian society places a lot of pressure on women to play expected gender roles. The findings agree and validate Sayeed's (2012) and Tesar's (2020) assertion that societal norms such as patriarchy and gender expectations impact people's understandings and behaviours. These data corroborate the ecological model illustrated in Figure 2 (Heise, 1993). The model indicates that social and cultural norms allow individuals to accept violence as a means of resolving disagreement, such as men expressing their masculinity through imposing violence. Additionally, the findings suggested the existence of a second layer in the model: the relationships. The results demonstrate that an Indian woman is expected to

fulfil a "good wife's duties," as taught by her parents and anticipated by her in-laws. To hold the family unit together, a wife must handle all household duties, care for her husband's parents and tolerate and endure abuse.

Even though gender norms and patriarchal views are not directly responsible for IV's prevalence, they encourage a culture of male dominance and female subordination. As a cultural norm, gender-specific chores and behaviours are taught to children at a young age. However, Indian women in New Zealand are questioning and challenging these gender-specific roles (discussed in the next section).

Empowered Women

The younger generation is trying to end discrimination against women and eliminate the barriers preventing women from being fully equal to men and practising their rights. According to the present study's findings, women will not accept violence of any kind since they are more educated, financially independent, and aware of their legal rights. Bell (2003) argues that women with poor income typically have to negotiate and compromise with their lives to survive better and provide for their children, including staying in an abusive relationship. In comparison, women who are well educated and have a stable source of income are more likely to leave an abusive marriage because they have the financial capability to do so without risking themselves or their children. Schuker et al. (2013) found that IV decreases as women's economic position rises and become more aware of their legal rights and entitlements. However, as men's anxiety and insecurity about women's financial independence increases, it may result in additional violence in romantic relationships (Rahman et al., 2011). Dalal's (2011) findings suggested that employed women who support their families are more likely to be victims of domestic abuse than their male partners who support their families. Thus, IV can emerge when a man's expectations of a woman's reliance on him are challenged.

The findings illustrated that men are as susceptible to IV as much as women are. As the study demonstrated, women exploit their legal privileges in order to cause harm to male partners. For instance, they misuse men's legal status in order to obtain residency in New Zealand and subsequently divorce them. According to the participant, rules and regulations favour women, and there is a dearth of legal structures to prosecute women for violent acts against men. As a result, male survivors receive minimal social recognition and legal protection (Onyango & Adhiambo, 2011). Further study is required to determine whether women are abusing their partner and legal rights in order to obtain permanent residency in New Zealand.

Power and Control

The effective use of the non-physical method of violence by the perpetrators intending to gain control and dominance over their partners. This includes acts of intimidation, social isolation, financial and psychological abuse.

Emotional Control

The study suggested that abusers use intimidation to threaten and humiliate their victims. The perpetrator's primary goal is to guilt the victim. While verbal and emotional abuse does not leave outward marks like bruises, it can create severe emotional and mental discomfort, leading to stress-related illnesses. The victim eventually loses their self-esteem, confidence, trust in their thoughts and feelings, and sense of self (Karakurt & Silver, 2013). As a result, the perpetrators become successful at controlling the victim.

Social Isolation

Additionally, the data demonstrated that emotionally abusive individuals usually attempt to isolate their partners to gain power in the relationship. The victim's instability and dependence on the abuser are exacerbated by isolation. Victims who grow financially or emotionally dependent on their abusers have a more challenging time escaping abusive situations because their abusers have a firmer grip on them (Barnett, 2000; Kim & Gray, 2008). Additionally, victims who believe no one can assist them or don't know how to seek help are more likely to continue being victimised (Bhuyan, 2008). Simultaneously, when individuals are mentally unstable and disturbed, their social isolation may worsen, as they prefer to withdraw socially (Boyda et al., 2015), thus increasing their vulnerability to violence.

Financial Control

According to the study, as we age, our risk of financial abuse grows. However, research has demonstrated that Indian culture is not individualistic but rather a family-oriented culture that values elders (Chadda & Deb, 2013). Prior studies have suggested that the danger of exploitation for financial purposes increases for the elderly when they become entirely dependent on the abuser for care, whether because of health concerns or because they have recently migrated (Chadda & Deb, 2013; Momtaz et al., 2013; Wolf et al. 2002; Peri et al. 2008). Due to their vulnerability of age and migration into a new country, abusers may take advantage and strategically gain control of an older person's finances and mistreat them, making them dependant upon their financial resources. This study was consistent with Kosberg

and Nahmiash (1996)'s research, which found that the abusers are often close family members (i.e., adult children). Adult children are often trusted by their older parents. In Indian society, adult children are expected to care for their ageing parents. For most Indian families, caregiving has become an integral part of their cultural practice (Dhar, 2012). Therefore, the elderly may happily assist their children with the care of grandchildren while enabling their children to take care of their financial responsibilities. While the advancement in technology and parents willingness in giving the children financial control. This means that the older parents are trusting their children with their finances. However, adult children break the trust and financially abuse more aging parents by limiting their access to money and paralysing their independence (Lee & Eaton, 2009). As a result, older people may be unable to identify any form of financial abuse.

Additionally, the elderly's do not have the option available to live independently on their own. Due to the loneliness of age, older people often want to stay with their family to feel protected and live in a stress-free environment. More background to the research of the same scenario with elders across different cultures would help understand how culture affects perceptions of financial abuse and elder exploitation.

Reporting of abuse

Cultural norms heavily influence abuse reporting. In this study, participants stated that victims generally avoid discussing their abuse outside of the home because the abusers are often members of their own family (i.e. adult children). Indians believe that a family problem must be resolved privately within the family, and they do not wish to discuss it with anyone outside of the family (Chadda & Deb, 2013). In Indian culture, the victim tends to protect their family and children from shame, embarrassment, harm and disgrace to save the family's face in the community at large. As a result, abuse is not reported or discussed openly.

The previous research attempts to find explanations for its underreporting. For instance, Chan (2011) discovered that men frequently underreport IV perpetration. In contrast, women were more likely to underreport their victimisation and overestimate their violence perpetrations. In Rabine et al. (2006), victims are reluctant to report abuse because they fear retaliation from their abusers. Pillemer and Wolf (1986) speculated that older victims might also experience a great deal of shame in admitting abuse by their relatives or friends and therefore want to protect their children in order to preserve the image of good parenting (Beck & Ferguson, 1981).

Garcia (2004) indicated that people begin to talk about violence outside the family when there are extreme acts of violence. It was revealed that only the most severely beaten women thought their condition was terrible enough to report; other women regard types of beating and abuse as normal (Rao, 1997). Thus, abuse has become so normalised in the Indian community that people are reluctant to speak out and call for help until the violence has escalated and significant harm has been inflicted.

In addition, as the research indicated that victims aren't always willing to seek help, but people also do not step in to help victims in need. Gracia (2004) points out, victim's lack of support is a product of social silence and reluctance in which people are aware but choose not to inform or aid those in need of assistance. The present study explains that people contemplating assistance are afraid or shy of what responsibilities it might bring along with it if they go out and help the abused victims. For example, help would mean providing their home to the victim or providing financial or emotional support. The findings of this study corroborate the phase diffusion of responsibility described in the bystander effect theory. People believe that there are others known to victims, such as friends or relatives, who could take the responsibility to help in such a situation. Therefore they are less likely to help a victim (Darley & Lantane, 1968; Karakashian et al., 2006). Additionally, individuals fear providing unwanted assistance to victims or being involved in legal matters due to helping (Darley & Lantane, 1968). Further research could investigate the reasons behind people's reluctance to assist violence victims. It could aid in developing better resources to support violence victims and those who are contemplating help.

Barriers to seeking support

Findings indicated that new immigrants from India typically encounter various obstacles when seeking treatment for violent behaviour. The two most significant roadblocks discovered by the researchers were language and mental health. It was noted that language might be a problem for immigrants coping with violence, making it difficult for them to get the help they need and communicate their requirements (Wolf et al., 2003; Ahmadzai et al., 2016). Crenshaw (1991), argue that non-English-speaking women are prevented from using available support services. Language, for example, restricts access to shelter and organisation information as well as communication with people in need of help. Immigrant women who experience abuse have additional challenges due to language limitations, including increased vulnerability, estrangement, and mockery. According to Menjivar and Salcido (2002), language can benefit

immigrant women who have been subjected to IV by lowering the authority and control their abusers have over them. Immigrant women, for example, may benefit from being able to communicate their needs through the use of their native language. Immigrant women who cannot communicate in English face challenges such as isolation and difficulty getting resources for victims of domestic abuse (Wolf et al., 2003). Although, there is further need to develop additional awareness around the language support available for new immigrants

A participant in the current study made the surprise revelation that understanding New Zealand cultural characteristics might limit a person's ability to seek aid. For example, when a person is afraid that the other person or service provider won't understand the victims' Indian cultural traits of violence, it puts them in a vulnerable position. It prevents them from getting the help that they need.

Although previous literature has consistently found evidence suggesting interpersonal violence can impact an individual's mental health. However, the present study's findings align with previous literature (Latalova et al., 2014), indicating that mental health could be seen as a barrier to seeking assistance. According to McHugo et al. (2005) and Brier and Jordon (2004), poor mental health can increase the risk of being in an abusive relationship and being victimised by violence. Bellack et al. (1992) found that mental health impairs persons' thinking processes and managing conflict situations. These problems can reduce the self-protecting mechanism leaving them at a higher risk of victimisation.

Risk Factors

Consumption of alcohol is connected to masculinity and gender expectations. Male toughness and dominance have been demonstrated to be symbolised by alcohol (Capraro, 2000; Hunt and Laidler, 2001) as a way for males to demonstrate that they are "real men" (Campbell, 2000; Capraro, 2000). For this reason, heavy drinking has an effect on the brain disruptor that inhibits information processing, causing violence (Capraro, 2000). Drinking also decreases a person's capacity to recognise cue-giving indications, hence raising the chance of aggression and violence. Kumar et al. (2017) indicated that men who consumed a lot of alcohol were more likely to physically abuse women. In several studies the husbands of battered women were shown to have consumed alcohol prior to the assault (Walker 1979; Fagan, Stewart & Hansen, 1983). Thus, alcohol use and abuse is cultural risk factor for violence.

Coronavirus pandemic was found to be an additional risk factor in the study. There have been safety measures taken by countries worldwide, such as school closures, work from home

requirements, and restrictions on private contacts to prevent the spread of the virus. People's mental and physical well-being is at risk because of these actions necessary for public safety. According to empirical research, the number of calls to domestic violence helplines and child protective helplines increased significantly throughout the pandemic (Ravindran & Shah, 2020).

In addition, the lockdown compelled people to stay at home and isolate themselves from the rest of the population. For a variety of reasons, this improved the offenders' ability to exert control over their victims. Due to social isolation and workplace lockdowns, victims cannot flee abuse or seek professional or social aid when they work from home. Another drawback of working from home is that abusers are constantly present, increasing the risk of abuse (Buttell & Ferreria, 2020; Usher et al., 2020). Due to the pandemic's impact on the economy, short-term contract workers and those who have lost their jobs may face financial hardship. Previous studies have shown an increase in domestic violence following economic recessions (Schneider et al., 2016). Parental conflict is also exacerbated by the close proximity of daycare centres and schools, which forces parents into the position of renegotiating household duties, causing even more strain (Adams et al., 2021). Lastly, social exclusion, economic insecurity, and a rise in the burden of health care may harm mental health, which is a major risk factor for contemporary IV (Riggs et al., 2000). Alcohol-fueled violence, unexpected pregnancies, and early trauma have all been found to enhance the incidence of IV during pandemic (Yakubovich et al., 2018). People who have been a victim of violence should be given mental health and professional aid to lessen their risk of re-victimization.

Strengths and limitations

As a small, purposively selected qualitative study, this research has limitations within which the findings should be considered. Clearly, as a small exploratory study, six participants cannot be sufficient to assess the experiences and perceptions of the Indian community more generally or even the larger group of community leaders. Nonetheless, community leaders provide a broader range of experiences and views that most and as such are appropriate for an exploratory study of this nature.

The findings of the study indicated the cultural homogeneity among participants, and the thoughts and opinions were restricted to one geographical area, although that area was explicitly the focus of this research. Therefore, cultural attitudes on violence may not be generalisable to other locations and constrain the applicability of the findings across a wider

sphere. It is impossible to extend these findings to represent broader opinions for the reasons stated above because every person would have a different opinion based on their exposure and experience of violence encountered in the community. However, the outcomes of the investigation were typically in agreement with previous findings.

The use of qualitative research design and semi-structured interviews as a data-gathering tool was a positive aspect of this study. As a result of the six community leaders who decided to engage in the study, I critically explored their views on Indian culture and the way they see violence. However, the strength of this research can be seen as a drawback. As a result, I only spoke to community leaders who consented to participate. In order to conduct my study, I did not need authorisation from other organisations, so I did not interview a wide spectrum of community leaders and social workers. As a result of this, my findings may have been skewed by participants who were interested in the subject matter.

Another strength of this research was my ethnicity. Being an Indian myself, and my prior experiences discussed earlier in the study, I was able to connect with the participant and understand their cultural beliefs and values. I was able to provide a culturally safe environment for the participant to feel safe to open up their thoughts. Therefore, sharing same culture helped me minimise misinterpretations of the data. This means that my data reflected the understandings and experiences of the leaders accurately.

Chapter Five: Conclusion

Interpersonal violence was the focus of this study, which aimed to discover how members of the Indian community perceive, comprehend, and know about it to answer two research objectives.

1. How is interpersonal violence perceived/experienced in the Indian community in NZ?
2. What challenges do Indian victims have while trying to get help or report a case of interpersonal violence?

For practically everyone, IV meant non-physical violence. On the whole, their interpretation of the participants did not fit the WHO definition. As the interviews progressed, it became evident that physical violence was part of IV, although at a lower level in the Indian community. Participants indicated that emotional abuse was a common form of abuse perpetrated amongst Indians. However was conflicting findings with previous studies (Krishnamoorthy et al. 2020; Ram et al., 2019).

Researchers observed that many offenders' behaviours and victims' feelings and help-seeking were impacted by culture when participants were questioned about their views and attitudes towards violence. All participants, for example, indicated that the behaviours of offenders fit the categories of violent behaviour described in the Duluth Wheel of Violence. Researchers found elements of power and control in cases of elder financial exploitation. When emotional and financial abuse goes unnoticed, it might lead to physical aggression. To gain the upper hand in a fight or exert control over their spouse, emotional abuse and social isolation were frequently employed in abusive relationships. Violence is so common in our society that people don't think of it when they do regular acts of violence. According to previous research findings, components of power and control were evident in nearly everything they did (Kim, 2019). Men might exert control over their women because of social pressure to conform to gender stereotypes, highlighting the power disparity in the marriage. However, Indian women in NZ are changing the gender stereotypes as an exciting discovery in the research findings observed. As women become empowered and educated, they are more aware of their rights. They seem to tolerate less violence. They will either leave the abusive relationship or fight against it and seek legal help. In contrast, lower-income women are more likely to be dependent upon their partners, which causes women to be in the continuous cycle of violence.

It was noted that victims of IV seldom speak about it outside the home since the perpetrators are frequently members of their own families. People were reluctant to disparage their relatives in public for fear of bringing the family into disrepute. As a consequence, abuse is never reported. A further point made by a single participant was that people's attitudes against IV originate in their families. It appeared that violence and aggressiveness were a part of their everyday lives. The ecological model, suggests that IV behaviours are learned from childhood in the home and within the family, via other connections and interactions, as well as through social influence. In response to these pressures and expectations, participants have said that people are often hesitant even to ask others if they require assistance. As a result, of this many people do not receive any support.

When it comes to getting help, language and mental health become further obstacles. Language is one of the most significant challenges for immigrants from India who arrive in New Zealand, preventing them from communicating with others and trapping them in an intergenerational cycle of violence. People who are suffering from mental illness might face extra obstacles since they are rationally incapable of thinking about an escape plan or seeking assistance for violence.

To summarise the cultural influences of the Indian community in New Zealand are contributing to an increase in interpersonal violence. Traditional practices allow men to dominate their spouses, obstructing the victims ability to obtain resources for support. Victims are often reluctant to come out because of the embarrassment and shame it would cause their families. Language and mental health become additional barriers in reporting abuse. However, slowly women are starting to become empowered and fight for their rights. Recommendations for future research are mentioned below.

Recommendations

Indian community in New Zealand is growing, and due to its cultural factors, violence within the community is also increasing. Therefore, the leaders of the Indian communities must take some form of educational training that teaches the leaders some of the critical skills to help victims of violence. The government could support smaller communities by creating culturally appropriate resources where individuals and families could reach out to. I think the government needs to empower more minor organisations leaders within the community to put practices in place so that they can reach out and to more families and ultimately the wider Indian society.

There is overwhelming evidence that aggressive behaviour can be decreased or even eliminated. Parents and communities must work together to prevent violence in the family by educating children on how to develop healthy and loving relationships in their own homes.

Final Remarks

This research has been a difficult trip for me, as violence is a topic that is rarely discussed in our community. This project would not have been possible without the assistance of my participants and others in the community. They helped me get the word out about the issue and raise awareness and impact change in the community. The aim is that this research is the first of many that will add to international evidence regarding IV and help establish culturally acceptable policies and interventions to eradicate such issues from our communities.

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APPENDIX A: ETHICS APPROVAL

30 June 2021

Jason Landon

Faculty of Health and Environmental Sciences

Dear Jason

Re Ethics Application: **21/197 Investigating perspectives on interpersonal violence in the Indian community.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 30 June 2024.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken. Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat

Auckland University of Technology Ethics Committee

Cc: fts6739@aut.ac.nz

APPENDIX B: INFORMED CONSENT FORM

Project title: Investigating perspectives on Interpersonal Violence in the Indian community.

Project Supervisor: Associate Professor Jason Landon

Researcher: Anjali Patel

- ☐ I have read and understood the information provided about this research project in the Information Sheet.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a summary of the research findings (please tick one): Yes ☐
No ☐

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

.....
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 30 JUNE 2021 AUTEK Reference number 21/197.

APPENDIX C: PARTICIPANT INFORMATION SHEET

Date Information Sheet Produced:

06/05/2021

Project Title

Investigating perspectives on Interpersonal Violence in Indian Community.

An Invitation

Namaste!!!

My name is Anjali Patel, and I am a student at Auckland University of Technology (AUT) completing my Bachelor of Health Science in Psychology (Honours) qualification. This project is part of the qualification and will form the basis of my dissertation and possibly my future master's degree. I am undertaking research that looks at understanding Interpersonal violence from an Indian leader's perspective here in New Zealand. Your participation in this research is entirely voluntary and can withdraw at any time before the data collection is completed. Your contribution to this project by giving your time will be greatly appreciated.

What is the purpose of this research?

Interpersonal Violence is a pervasive public health concern across the world and in New Zealand. Interpersonal violence is defined as behaviours that involve physical force intended to hurt, damage, or kill. The purpose of this descriptive qualitative study aim at exploring Indian community leaders' understanding of family abuse or Intimate partner abuse in the Indian community/ factors influencing interpersonal violence. Many programs and initiatives are available today that aim at violence intervention; however, there is little to no data that explores views on interpersonal violence in the Indian community. Furthermore, this study will also examine the participant's knowledge of available services for the victims and barriers that Indian men and women experience in seeking support. The aims are that findings will be used to inform further policies and practices to enhance knowledge about Interpersonal Violence in the Indian community. The findings of this research may also be used for academic publications and presentations.

How was I identified, and why am I being invited to participate in this research?

We are looking to document community leader's knowledge around interpersonal violence. We consider you are the experts and role model for many people in our Indian community hence, your views will be valuable to our research project. We would like to invite you to take part in this study you have seen an advertisement and contacted the researcher and fit the inclusion criteria for this study:

- Participant being a community leader the Indian community.
- Participant being 20 years or older.
- The participant has basic knowledge about Indian culture.

- The Participant identifies themselves as Indian or Indian with New Zealand citizen.
- The participant has basic/extensive knowledge about Interpersonal violence.

How do I agree to participate in this research?

If you wish to participate in this research, you can contact me through email (fts6739@aut.ac.nz). I can answer any further queries you may have and schedule a time for our interview. Before commencing the interview, you will be requested to complete a Consent Form which I will provide.

Your participation in this research is voluntary (it is your choice), and whether or not you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

Once you have agreed to participate, we will schedule a time that works for you. Prior to the interview, you will be asked to complete a Consent Form, which I will provide. I will interview you and ask you few questions regarding the presenting issue of Interpersonal Violence/ risk and protective factors of violence in the Indian community. This research is centred on your perceptions about interpersonal violence that occur in Indian society. It is anticipated that the duration of the interview would approximately take up to 45-60 minutes. We can arrange your interview at a location that best suits you, for example, an office at an AUT campus or office that is convenient to you. The primary researcher Anjali will record the interviews for supervision purposes, and you are welcome to add any further comments if you wish. If you want to review and amend the interview transcript, I can email it to you at your request. Your participation is voluntary, and should you feel the need to withdraw from the study at any time, and you may do so without questions before the completion of data collection.

What are the discomforts and risks?

No risks and discomfort are anticipated in this research however, the nature of the topic might cause distress.

How will these discomforts and risks be alleviated?

There should be no discomforts or risks; however, if at any time you feel the need to stop the interview or move on to another question, we can do so. If you choose to stop the discussion, you may do so without any consequences to you. Below I have listed some support services that you could seek free counselling support from:

Shine free national helpline is free to call from any phone in New Zealand

(Website) <http://www.2shine.org.nz>

(Phone): 0508-7444-633

AUT Student Counselling and Mental Health is able to offer three free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to:

- drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 921 9998.
- let the receptionist know that you are a research participant and provide the title of my research and my name and contact details as given in this Information Sheet.

You can find out more information about AUT counsellors and counselling on <https://www.aut.ac.nz/student-life/student-support/counselling-and-mental-health>

What are the benefits?

Your participation in this study will allow an opportunity to share your views about interpersonal violence in Indian families and communities. The results will contribute to national and community decision-making processes about factors influencing interpersonal violence amongst men and women in communities. The findings may also help develop resources that will help support the Indian victims. It will also potentially help the health care sector work on culturally appropriate programs to bring awareness about such sensitive topics of violence in community. They will also help me complete my BHSc (Honours) degree.

How will my privacy be protected?

In order to maintain confidentiality, the information collected will only be accessible by the primary researcher Anjali and supervisor, Jason. To ensure privacy, the raw data will be stored securely as electronic files at AUT north shore campus and will be destroyed six years after completing the research.

The primary researcher Anjali will transcribe the interviews. Anjali will use Pseudonyms to name each participant in the transcripts. Anjali will not engage in any casual conversation about interviews or interview material and will ensure that the discussions during the interviews are not overheard in any way, shape, or form. The transcribed data and recordings will be shared with the primary researcher Anjali and supervisor Jason.

What are the costs of participating in this research?

There will be no financial costs. The only cost of participating in this research is your time.

What opportunity do I have to consider this invitation?

You will have time until data collection is completed (end of July 2021).

Will I receive feedback on the results of this research?

If you wish to have a copy of the final report, I am happy to email or mail it to you. You can request it at any stage by contacting Dr Jason Landon or me by letting me know at the interview.

What do I do if I have concerns about this research?

If you have any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, *Associate Professor Jason Landon*, email: *jason.landon@aut.ac.nz*

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, *ethics@aut.ac.nz*, (+64 9) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Anjali Patel

Email: *fts6739@aut.ac.nz*

Project Supervisor Contact Details:

Dr Jason Landon

Email: *Jason.landon@aut.ac.nz*

Approved by the Auckland University of Technology Ethics Committee on *30 June 2021*, AUTECH Reference number *21/197*

APPENDIX D: POSTER

Research participants needed

Indian Community Leaders

**If you are an Indian community leader, we invite you to
participate in our research:**

We are conducting a research project called “Investigating
perspectives on Interpersonal Violence in the Indian
community.”

What does this study involve?

A one-on-one interview of approximately 60 minutes in
duration with questions focused on understandings of
interpersonal violence in the Indian community in New
Zealand.

To participate, you must be a leader who is working
extensively with Indian communities.

All queries are confidential, and your participation is voluntary
and confidential.

For more information or to schedule an interview, please
contact

Anjali Patel at:

fts6739@aut.ac.nz