

## Breaking Down the Silence: A Study Examining Patterns of Sexual Assault and Subsequent Disclosure among Ethnic Groups of Asian American College Women

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### Abstract

Sexual assault is a widespread problem with high prevalence among college women. Disclosure of such experiences is important because it can help mitigate stress, anxiety, and depression related to sexual assault. This article provides data on sexual assault prevalence of Asian American college women and their subsequent help-seeking patterns. Using a community-based participatory research approach, cross-sectional data were obtained through a Web-based quantitative survey (N=809). Descriptive statistics and chi-square tests conducted revealed that 35% of undergraduate female students experienced some form of sexual assault in their lifetime, and that more than half of women (54%) reported that their most recent incident occurred during college. The three largest Asian American ethnic sub-groups represented in the study, Chinese, South Asian, and Filipina, reported higher sexual assault prevalence during college than other ethnic groups. Women were more likely to disclose to informal sources, such as friends, family, and partners, than to formal sources. Asian Americans disclosed less often than Whites, 50% vs. 59%, respectively. The article explores existing resources to encourage disclosure and help-seeking behavior on campus, and provides suggestions for creating a more responsive campus environment.

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### Introduction

Sexual assault is a widespread problem with high prevalence among college women. Recognizing sexual assault as a serious campus and public health concern, the American College Health Association (ACHA) recommends fostering a safe and supportive campus environment that helps prevent sexual assault and promote disclosure of such experiences. Yet, disclosure of such unwanted sexual experiences is low (Crawford, Wright & Birchmeier, 2008). One reason for the difficulty in addressing ACHA's recommendation is lack of a commonly accepted definition for sexual assault. Various medical, legal, and law enforcement sources differently define the terms sexual assault, sexual abuse, and sexual coercion (Saltzman, 2004). Further adding to the confusion, these terms are often used

interchangeably and inconsistently. One accepted definition of sexual assault, however, broadly encompasses any form of unwanted sexual advances, including rape and any other form of non-consensual penetration (UCLA Rape Treatment Center, 2009). For the purpose of this paper, the terms unwanted sexual experience and sexual assault are used interchangeably and adopt the UCLA Rape Treatment Center's definition.

### Literature Review

Sexual assault is traumatic and can lead to persistent mental health problems, such as post-traumatic stress disorder or depression (Ullman, 1996; Ullman, Filipas, Townsend & Starzynski, 2007; Ullman & Long, 2008). Disclosure of sexual assault is an important help-seeking behavior that can mitigate some of these repercussions. Sexual assault often gives rise to

feelings of guilt, self-blame, shame, and a host of other psychosocial issues, making disclosure difficult (Cass, 2007). Furthermore, there are cultural norms, such as the reluctance to openly discuss sexual matters, which can affect disclosure of sexual assault, particularly for the Asian American community (Yoshikawa, Wilson, Hsueh, Rosman, Chin & Kim, 2003).

Asian Americans are a heterogeneous group, comprising diverse ethnicities, cultures and socioeconomic characteristics. As an emerging population in California, Asian Americans account for 17.1% of college students attending public institutions in the state and even higher within the University of California system (30.1%) (California Postsecondary Education Commission, 2009; University of California Statfinder, 2009). Nevertheless, there is little research on the cultural differences within the Asian American community and no ethnic-specific data on sexual assault on college campuses. Furthermore, there is limited research on sexual health of Asian Americans because either they tend to not be included in survey samples or, if they are included, they are often aggregated with other ethnic groups, masking ethnic-specific patterns, trends and significant data (National Asian Women's Health Organization, 1997; Meston & Ahrold, 2008).

The Asian American community represents more than 50 countries and over 100 distinct languages and dialects (Asian Pacific Islander American Health Forum, 2005). Although commonly referred to as an Asian Pacific Islander umbrella group, there is great diversity in language, immigration pattern, educational attainment, and socio-economic status. For instance, the level of educational attainment differs between Asian Indians and Filipinos, such that Asian Indians in the U.S. are more likely to have obtained a Bachelor's degree or higher than Filipinos (65% vs. 45%, respectively) (Ponce et al., 2009). Immigration patterns by time of arrival to the U.S. also vary among these groups. Chinese were the first group of Asian ancestry to arrive in the U.S. in the 1850s, whereas the influx of Asian Indians began after more friendly immigration laws were enacted in 1965 (Takaki, 1998). The term

*South Asian* encompasses many cultural and linguistic groups within the Indian subcontinent, and was used in this study for the purpose of conciseness. In this paper, Asian American data reflect the heterogeneity of the campus population with a focus on three distinct groups: Chinese, South Asian, and Filipina.

The prevalence of sexual assault varies widely depending on how researchers measure and define it. Examination of the Spring 2007 cohort of the ACHA's National College Health Assessment (ACHA-NCHA), which included 107 institutions of higher education, indicates that 20.2% of college women had experienced some form of sexual assault within the last school year, defined as verbal threats, unwanted sexual touching, attempted sexual penetration, or non-consensual sexual penetration (American College Health Association, 2007). A further analysis of 13 California community colleges that were part of the Spring 2007 ACHA-NCHA cohort indicated a prevalence of 9.7% for all students in the sample of 7,898, and 10.6% for 18-24 year old female students (Health Services Association California Community Colleges, 2007). Of the 767 Asian American students aged 18-24 years in the California community college sample, a total of 12.9% (and 8.7% for women) reported having experienced some form of sexual assault. Another study of 5,446 undergraduate women conducted on two large public universities found that 11.1% experienced sexual assault after entering college (Krebs, Lindquist, Warner, Fisher, & Martin, 2009).

Research has shown that disclosing a sexual assault incident is important because it can help reduce its long-term negative consequences, which include post-traumatic stress disorder, depression, anxiety, social isolation, loss of self-esteem, distrust of others, and substance abuse (Cass, 2007; Ullman, 1996). The disclosure process can involve either formal reporting to professional counselors, health care professionals, or law enforcement, or informally telling a friend, family member, or peer counselor. Yet, despite legal reforms and education campaigns that have helped broaden the definitions of sexual assault and reduce blame on the victim, rape and sexual assault

remain among the most underreported crimes in the country (Rennison, 2007).

There are numerous reasons for not formally reporting to professionals, but some of the most common include shame, concerns about confidentiality, and fear of not being believed (Sable, Danis, Mauzy, & Gallagher, 2006). Instead, many people may be inclined to turn to a close friend or family member for support as part of the help-seeking response to a traumatic incident. Conversely, for those who choose not to disclose the incident, common reasons include guilt and self-blame (Sable et al., 2006).

### **Community-Based Participatory Research Approach**

This study was conducted using a community-based participatory research (CBPR) approach. CBPR is a collaborative process that begins with a research topic of importance to the community and engages its members to combine knowledge with action to achieve social change, such as improving health outcomes and eliminating health disparities (Campus-Community Partnerships for Health, 2010; Viswanathan et al., 2004). This study was a project of the National Asian Pacific American Women's Forum (NAPAWF), and was conducted by members of the California Young Women's Collaborative (CYWC), NAPAWF's comprehensive student-led research and activism project, which empowers Asian American college women to develop and lead community-based research and to organize campaigns around women's sexual health issues. CYWC members selected the present topic based on a needs assessment revealing that sexual assault is a stigmatized issue on campus, with limited focus on Asian American women. The CYWC comprised two separate research studies on a single campus, only one of which, the sexual assault study, is discussed in this paper.

### **Research Purpose**

The purpose of this paper is threefold: (1) to report disaggregated ethnic-specific data on sexual assault disclosure at a public university; (2) to report the primary reasons for disclosing or not disclosing; (3) to identify to whom these victims disclose. To our knowledge, this is the

first study to specifically examine sexual assault and subsequent help-seeking patterns among Asian American college students.

## **Methods**

### **Study Design**

This study was descriptive, quantitative, and cross-sectional, administered on a large, 4-year public university in California in the fall semester of 2008. The survey instrument contained 7 sections with questions, scenarios, and statements designed to assess respondents' attitudes toward sexuality and sexual assault as well as perceived barriers to disclosure and reporting. Socio-economic and demographic data were also gathered. The University Institutional Review Board approved the study.

### **Measures**

A total of 21 questions assessed demographic characteristics, including age, ethnicity, birthplace, parent/guardian ethnic and socioeconomic background, health insurance, relationship status, and involvement in campus activities. Participants were asked whether they had ever been pressured, forced or frightened into doing something sexually that they did not want to do, presenting a broad definition of sexual assault. Respondents who reported that they had experienced sexual assault were subsequently asked specific questions about the most recent occurrence: timing of incident, whether they told someone, whom they told, timing of disclosure, and the reasons for choosing to disclose or not disclose. One question assessed whether drugs and alcohol was perceived as a contributing factor to the sexual assault experience. In addition, campus sexual assault awareness and prevention event attendance was measured by specific questions assessing whether respondents had heard of and/or attended specific women's empowerment programs.

Although a hypothetical scenario was included to broaden the relevance of the subject matter to include those who had not experienced sexual assault, only the responses to actual experiences with sexual assault were analyzed for the purposes of this study. Furthermore, although

the survey instrument contains sections addressing feminist and ethnic identity, attitudes toward sexuality, and help-seeking propensity, they are outside the scope of this study, and will be discussed in a future paper. While specific measures were derived from existing tools and adapted for the purpose of this study, certain items were originally developed. The survey was reviewed by several content experts prior to administration, and was pilot tested to a similar demographic of students. A copy of the survey instrument is available from the primary author.

### **Data Collection**

The Office of Student Research provided email addresses of a random sample of 4,190 undergraduate female students of sophomore, junior, and senior class standing. As described earlier, this study as well as another CBPR study took place concurrently, and the email distribution list was shared between the two research teams. Freshmen were excluded because the survey was administered in the fall semester, and their experience to date with campus events and college life was limited. To ensure a broad representation across campus, all five major ethnic groups (i.e., American Indian, Asian/Pacific Islander, black, Latina, white) were included, and ethnic minority groups were oversampled. The other concurrent CBPR study, however, focused specifically on Korean and Vietnamese women; consequently, these populations were underrepresented in our email list. Chinese, South Asian, and Filipina are the three highest Asian American ethnic subgroups represented in our list.

Participants were invited to take an anonymous online survey via SurveyMonkey, which took 20-25 minutes to complete. Completion of the survey implied consent to participate, and a resource list for local sexual assault and counseling services was made available to them. Incentives were offered for survey completion by way of a random drawing with a grand prize of an iPod Touch. A response rate of 30% was achieved.

### **Statistical Analysis**

Raw data from the survey collected on the SurveyMonkey website were downloaded onto

an SPSS database and cleaned for missing values prior to analysis. Of the 1,206 surveys that were initiated, a total of 809 (67%) was included for analysis in this survey; incomplete surveys (defined as missing responses to key variables of interest) were excluded. Descriptive statistics were calculated for demographic information and sexual history, ethnic-specific and Asian American subgroup sexual assault disclosure prevalence, primary reasons for disclosing and not disclosing, and to whom victims disclosed. Pearson chi-square tests were calculated to determine associations of demographics and experience with sexual assault and disclosure. Significance was defined at an alpha level of .05 or less, and adjusted for multiple comparisons/statistic tests. SPSS software version 15.0 was used for all analyses.

## **Results**

### **Sample Population**

The analytic sample consisted of 809 undergraduate women, sophomore to senior. The mean age of women in the sample was 20.93 years. The study represented the following ethnic groups: white (39%), Asian American (38%), Latina/Chicana (16%), black (6%), and American Indian and multi-racial students (1%). American Indian and multi-racial students, however, were excluded from the final analysis due to small sample size (Table 1). The Asian American sample included the following ethnic groups: Cambodian, Chinese, Filipina, Hmong, Japanese, Korean, Mien, Pacific Islander, South Asian, Thai, and Vietnamese. Analyses included the four remaining ethnic groups (white, Asian American, Latina/Chicana, black), and sub-ethnic breakdown of the three largest Asian American sub-groups represented in this study: Chinese, South Asian, and Filipina, comprising 15%, 7% and 6% of the total sample population, respectively. These three groups were chosen because they encompassed approximately three-fourths (74%) of the total Asian American sample. Whites served as a reference group with which to compare Asian American data.

### **Prevalence of Sexual Assault**

The survey results revealed that 35% of undergraduate female students experienced

**Table 1**  
 Selected Demographic Characteristics of Sample Population (N=809).  
 Percentages represent the proportion of an ethnic group in a given category,  
 summing to the total column value for each variable.

	White		Asian		Latina		Black	
	N	%	N	%	N	%	N	%
<b>Ethnic Background (N=809) <sup>+</sup></b>	319	39	310	38	133	16	47	6
Chinese			153	15				
South Asian			75	7				
Filipina			58	6				
<b>Student Status (N=809)</b>								
Sophomore	93	29	90	29	41	31	14	30
Junior	80	25	90	29	25	19	11	23
Senior	142	46	112	42	65	50	22	47
<i>Chi-square = 22.78 (d.f.= 9; p &lt; 0.01)</i>								
<b>Place of Birth (N=809)</b>								
Born in U.S.	294	92	219	71	119	90	45	96
Not Born in U.S.	25	8	91	29	14	10	2	4
<i>Chi-square = 63.67 (d.f.= 3; p &lt; 0.001)</i>								
<b>Ever had sexual intercourse (N=809)</b>								
Yes	216	68	145	47	79	59	28	60
No	100	31	158	51	50	38	19	40
Decline to Answer	3	1	7	2	4	3	0	0
<i>Chi-square = 31.02 (d.f.= 6; p &lt; 0.001)</i>								
<b>Sexual Orientation (N=806)</b>								
Heterosexual	281	88	288	94	119	90	46	98
Lesbian	1	1	2	1	3	2	0	0
Bisexual	29	9	6	2	6	5	1	2
Decline to Answer	8	2	11	3	5	3	0	0
<i>Chi-square = 27.76 (d.f.= 12; p &lt; 0.01)</i>								

<sup>+</sup>American Indian and Multi-racial Students were not included for analysis due to insufficient sample size

some form of sexual assault in their lifetime (Table 2). Asian American (26%) women were less likely than white (42%), Latina (38%), and black (45%) women to report they had experienced sexual assault ( $\chi^2 (6) = 23.44, p < 0.001$ ). More than half of women (62%) reported that their most recent incident occurred during college. Filipina women (86%) were marginally more likely to report that their latest sexual assault incident occurred in college, compared to their Chinese and South Asian counterparts (60% vs. 50%, respectively;  $\chi^2 (2) = 5.95, p < 0.10$ ). Asian American women who had experienced sexual assault perceived that alcohol or drug use was involved half as often as

reported by White women (32% vs. 62%, respectively;  $\chi^2 (3) = 28.56, p < 0.001$ ).

#### Disclosure of Sexual Assault

Disclosure of the sexual assault incident was less common among Asian Americans in comparison to white women (51% vs. 58%, respectively), though results were not statistically significant. The “decline to answer” response option was included in extraordinarily sensitive questions. Although not statistically significant, Asian American (9%) women tended to be more likely to choose “decline to answer” than White (4%) women. Forty percent of Asian American respondents did not disclose their sexual assault

experience to anyone. Figure 1 shows that disclosers (N=164) were more likely to share their sexual assault experiences with informal sources. There were no ethnic differences in regard to sources to which women felt comfortable disclosing the sexual assault experience. Among disclosers, 81% disclosed to their friends; 22% disclosed to their parents;

21% disclosed to their partners; and 13% disclosed to other relatives. Among formal sources, 18% of disclosers shared their sexual assault experience with counselors, 12% with doctors, 8% with police, and 4% with the campus health center (Fig. 1). Percentages exceed 100%, as participants may have disclosed to more than one source.

**Table 2**  
Prevalence of Sexual Assault Among College Women by Ethnic Group<sup>^</sup>

	Total %	χ <sup>2</sup> (df)	White %	Latina %	Black %	Asian %	Asian American Breakdown			χ <sup>2</sup> (df)
							Chinese %	South Asian %	Filipina %	
Experienced Sexual Assault	35	23.44***	42	38	45	26	22	24	35	ns <sup>^^</sup>
Experienced in College	62	ns <sup>^^</sup>	67	47	57	63	60	50	86	5.95 <sup>†</sup>
Involved Drugs or Alcohol	45	28.56(3)****	62	34	29	30	30	19	48	ns <sup>^^</sup>

<sup>^</sup>Prevalence is calculated among those who have experienced sexual assault in the past

<sup>^^</sup>Not significant †p < 0.10 \*\*\*p < 0.001 \*\*\*\*p < 0.0001

Among those who disclosed, 78% reported disclosing because they needed support; 56% reported disclosing for their personal well-being; 15% did not want the assault to happen to others; and 13% disclosed because they did not want the perpetrator to get away with the crime. Percentages exceed 100%, as participants may have selected more than one reason for disclosing. There were significant ethnic differences for two of the reasons, namely support and personal well-being. Asian American women disclosed less often for support reasons than did White women (27% vs. 50%, respectively;  $\chi^2(3) = 10.13, p < 0.05$ ). Similarly, fewer women who disclosed for personal well-being were Asian American (26%), compared to White (52%), ( $\chi^2(3) = 8.51, p < 0.05$ ).

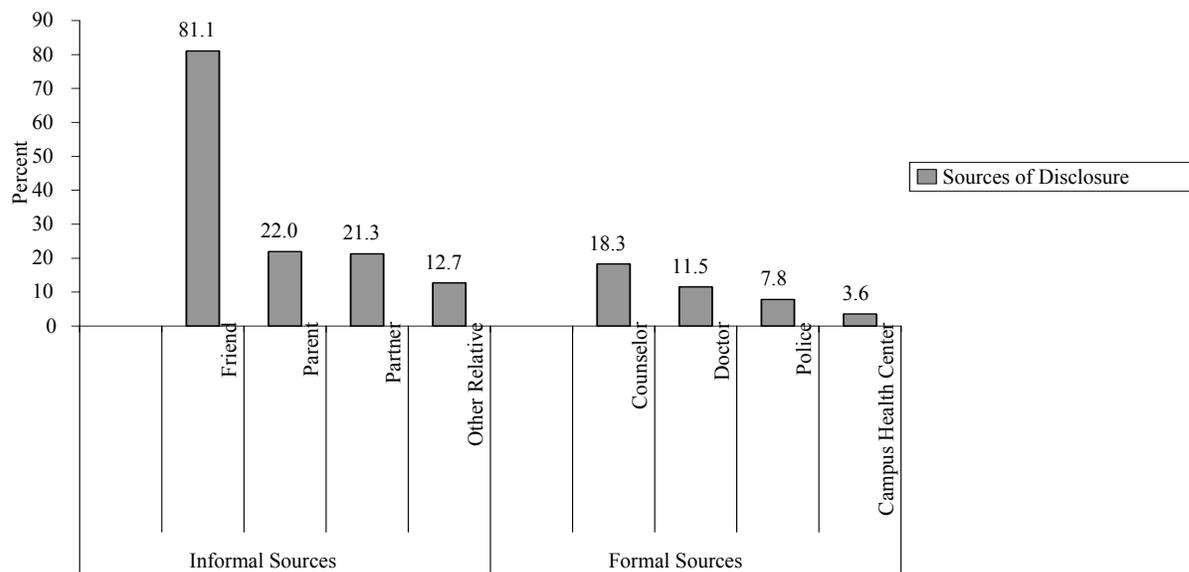
Respondents who did not disclose their sexual assault experience were presented with six

possible reasons for why they chose not to do so. There were no ethnic differences across these reasons. Among those who did not disclose (N=120), 54% felt uncomfortable telling anyone, 44% felt that it was a personal matter, 35% were unsure if the incident was considered a crime, 34% were afraid someone would tell, 26% did not know who to tell; and 9% did not want to damage their family's reputation. Percentages exceed 100%, as participants may have selected more than one reason for not disclosing.

Finally, 79% of all women (not all who experienced sexual assault) never attended or utilized an event or service organized for sexual assault support (i.e., Take Back the Night, Vagina Monologues). Asian American (84%) women were more likely than White (78%), Latina (70%), and Black (75%) women to have never attended such events.

**Figure 1**

Informal and formal support sources to which women in the study sample disclosed their most recent sexual assault experience, and percentage of women who disclosed to each source (N = 164).  
No significant ethnic differences were present



\*Percentages exceed 100%, as participants may have disclosed to more than one source.

### Discussion

This study explored prevalence of sexual assault and subsequent disclosure on a large, four-year university campus, the reasons for disclosing and not disclosing, and differences among ethnic groups. Our data included a generally representative sample in comparison to the campus demographic composition. Furthermore, the sample of Chinese, South Asian, and Filipina women represented in this study was proportionally higher than that of the campus population. The exclusion of freshmen likely raised the mean age of women in the sample.

### Prevalence of Sexual Assault

In this study, 35% of women across all ethnic groups reported that they had experienced some form of sexual assault in their lifetime. This figure is higher than that of previous data collected from the ACHA-NCHA both nationally and within the state of California (American College Health Association, 2007;

Health Services Association California Community Colleges, 2007). The definition of sexual assault used for this study is broader than the 2007 ACHA-NCHA definition used, as we asked respondents to report on any unwanted sexual experience rather than offering specific categories of sexual assault. The ACHA-NCHA survey assessed sexual assault in the form of verbal threats, sexual touching, attempted sexual penetration, and sexual penetrations. Sexual assault figures reported in this study may also be higher because lifetime experience with unwanted sexual advances was assessed, whereas ACHA-NCHA asks about experiences within the last school year. For this study, lifetime experience was chosen as the measure in order to capture a longer period than within the last school year. The difference in time frame and therefore sexual assault prevalence between this study and the ACHA-NCHA cohort is an example of the difficulties cited by researchers who study the scope of the sexual assault problem; namely, a wide range of

prevalence under multiple circumstances (Carr, 2005).

This study is consistent with other similar studies, which report higher prevalence of sexual assault once women enter college (Krebs et al, 2009). One factor associated with campus sexual assault incidents is alcohol and substance use (Cass, 2007). Abbey and colleagues (2002) found at least 50% of college students' sexual assaults were associated with alcohol use by either the perpetrator or victim. In the present study, Asian American women reported alcohol or drug involvement in sexual assault incidents half as often (30%) as white women (62%). This finding may reflect differences in participation in social activities involving alcohol or other drugs between Asian American and white women. For example, ethnic minority women are underrepresented in Greek sororities, an aspect of campus life associated with higher incidence of alcohol consumption (Park, 2008; Wechsler, Kuh, & Davenport, 2009). It is also possible that Asian American women may not have perceived drugs and alcohol to be a contributing factor to their sexual assault experience. An important area of future study would be to explore in greater detail the victim's perceptions of contributing factors to sexual assault, especially among Asian American college women.

One methodological difficulty in sexual assault research and sex-related research in general is the issue of underreporting (Catania, Binson, van der Straten, & Stone, 1995; D'Onfrio, 1989). For Asian Americans, cultural factors of shame and stigma may contribute to lower response rates, especially because the topic of sex in Asian American culture is taboo, with strong sanctions against sexual activity outside of marriage (Chin, 1999; Chin & Kroesen, 1999; Hirayama & Hirayama, 1986). In this study, Asian American women were less likely than women of other ethnic groups to report they had experienced sexual assault. This finding may stem from cultural reticence regarding sex, although prevalence of sexual assault may simply be lower among Asian American women in the sample. In addition, Asian American

women had a higher percentage of "decline to answer" for the question on whether they had ever experienced sexual assault than any other ethnic group. This type of "refuse" option may provide an alternative response to extraordinarily sensitive questions or as an option for nonresponse (Broach, Ahsan & Hoffer, 2004). Given that sexually taboo topics such as assault may be underreported especially among Asian American women, our study's finding of high prevalence of sexual assault among Asian American women during college is even more alarming. Clearly, more attention to research and prevention efforts toward campus sexual assault is warranted, especially with regard to Asian American students' cultural mores.

### **Disclosure of Sexual Assault**

Disclosure is a critical component of efforts to mitigate the long-term negative impact of sexual assault, though different ethnic groups and cultures vary in levels of comfort with the disclosure process. Existing literature shows that social and cultural norms discourage Asian American women from openly and directly discussing sexual matters (Yoshikawa et al., 2003). The present study indicated no ethnic differences regarding sources to which women disclosed. Women in the sample were more likely to disclose to informal sources, such as friends, family, and partners, than to formal sources for reporting, including professional and peer counselors, rape crisis professionals, doctors, lawyers, and police officers. The National College Women Sexual Victimization Survey found similar results: 66% of completed or attempted rapes were reported to friends but not to family or school officials, and less than 5% were reported to the police (Nasta et al., 2005). Many campuses have already recognized that sexual assault is often disclosed only to friends, and in response, have developed peer health education programs on sexual health and sexual assault. Training is often provided to resident assistants in dormitories so that they may respond and make appropriate referrals. Given that there tends to be a pattern of informal disclosures, such peer interventions should build on the infrastructure of informal networks to create a safer and more responsive campus

environment.

Additionally, over one-third (35%) of all women in this study did not disclose because they were unsure whether the incident was considered a crime. This finding suggests that campus administrators need to develop more innovative strategies for educational programs to raise student knowledge of campus crime and safety resources. Materials relating to sexual assault should clearly define what can be reported to law enforcement. Message dissemination through various mediums such as public education campaigns and peer-led presentations is encouraged to better reach the campus community.

#### **Attendance at Campus Sexual Violence Awareness Events**

As with many schools, a variety of events that address women's empowerment is offered on the subject campus. Such programs may create a campus culture that encourages students to feel more comfortable disclosing and discussing sexual assault incidents. More active participation by college campuses in national events to break the silence regarding violence against women, such as V-Day (educational movement of performances), Take Back the Night (a march and candlelight vigil), and Clothesline Project (visual display of clothing recognizing female victims of violence), may lead to increased attendance by campus women because of perception of legitimacy through a national movement. The present study found that a vast majority of women (79%) who experienced sexual assault never attended an event or utilized a service organized to offer support, suggesting the need for campus programming from a broader perspective be more accessible to and inclusive of all students. Furthermore, Asian American women were more likely than women of other ethnic groups to have never attended such an event. Adapting such programs for specific minority populations to better reflect the needs of the campus community may increase utilization. For instance, event planning could coincide with Asian Pacific Islander Heritage Month each May, when ethnic-specific ob-

servances occur. In de-stigmatizing these issues, open and honest discussion should be facilitated.

#### **Strengths and Limitations**

Although findings from this study contribute to the scant body of sexual assault research available regarding Asian American students, certain limitations must be acknowledged. This study was conducted on a single university campus; therefore, caution should be used in generalizing these findings across campuses. Certain large segments of this campus's population were also excluded from analysis, such as Korean and Vietnamese undergraduates. This was due to the sharing of the random sample of e-mail addresses given by the Office of Student Research between two concurrent community-based participatory research studies conducted under the CYWC project. In order to gather disaggregated data on Asian American ethnic groups, such partitioning of the e-mail distribution list was necessary, but the exclusion of these populations may affect validity of the findings because not all of the major Asian American ethnic groups were included. Additionally, the online administration of the survey might have prohibited some respondents with limited Internet access from participating; however, Internet access was readily available on campus. Finally, survey administration occurred during the end of the fall semester, and overlapped with periods of exams and winter break, which may have discouraged survey participation. Fall semester was selected to allow sufficient time for proper cleaning and analysis of the data, providing student researchers an opportunity to implement a social action campaign using research findings. Shifting survey administration to the spring semester may have allowed for the inclusion of freshmen students, who would have experienced more college life by then.

Despite these limitations, this study has notable strengths, including being one of the first to identify the disproportionate prevalence of unwanted college sexual experiences among certain Asian American sub-groups. Future efforts should include larger samples to facilitate

a more nuanced analysis of sexual assault among various Asian American communities. This study also had a 30% response rate, a higher percentage than the typical response rate from web-based surveys like the ACHA-NCHA, the most comprehensive college health survey, which generally achieved a rate of 20% (ACHA, 2003). The relatively high response rate may have been related in part to the survey title, "Wanted and Unwanted Sexual Experiences," which did not directly mention "sexual assault," a potentially stigmatizing phrase. In recognition of the fact that sexual assault survivors are not only women, future studies should also include male survivors and examine whether similar Asian sub-group differences exist among men. Results of this study may be of interest to a broad audience, including college health professionals, campus police departments, the Asian American community, public health officials, and women's health advocates working toward providing and improving existing

resources to encourage greater disclosure of sexual assault incidents and help-seeking behavior.

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#### **References**

- Abbey, A. (2002). Alcohol-related sexual assault: a common problem among college students. *Journal of Studies on Alcohol Supplement*, 14, 118-128.
- American College Health Association (2007). American College Health Association National College Health Assessment Spring 2007 Reference Group Data Report (Abridged). *Journal of American College Health*, 56, 469-479.
- American College Health Association (2003). American College Health Association – National College Health Assessment 2003 User's Manual Version 2004. Linthicum, MD.
- Asian Pacific Islander American Health Forum, Diverse communities, diverse experiences: the status of Asian Americans and Pacific Islanders in the U.S. , San Francisco, CA. Retrieved May 31, 2009, from [www.apiahf.org](http://www.apiahf.org).
- Bargard, A. & Hyde, J.S. (1991). Women's studies: A study of feminist identity development in women. *Psychology of Women Quarter*, 15, 181-201.
- Broach, R. J., Ahsan, S. and Hoffer, T. B. "The Effect of an Explicit 'Decline to Answer' Option in Web Surveys." *Paper presented on May 11, 2004 at the annual meeting of the American Association for Public Opinion Research, Pointe Hilton Tapatio Cliffs, Phoenix, Arizona*. Retrieved March 14, 2010 from [http://www.allacademic.com/meta/p116070\\_index.html](http://www.allacademic.com/meta/p116070_index.html).
- California Postsecondary Education Commission. Retrieved August 21, 2009, from [www.cpec.ca.gov/StudentData/EthSnapshotTable.asp?Eth=1&Rpt=Enr\\_Tot](http://www.cpec.ca.gov/StudentData/EthSnapshotTable.asp?Eth=1&Rpt=Enr_Tot).
- Carr, J.L. (2005). American College Health Association campus violence white paper. Baltimore, MD: American College Health Association.
- Cass, A.I. (2007). Routine activities and sexual assault: an analysis of individual and school-level factors. *Violence and Victims*, 22, 350-366.
- Catania, J. A., Binson, D., van der Straten, A., & Stone, V. (1995). Methodological

- research on sexual behavior in the AIDS era. In R. C. Rosen (Ed.), *Annual review of sex research: Vol 6* (pp. 77-119). Mason City, IA: Society for the Scientific Study of Sexuality.
- Chin, D. (1999). HIV-related sexual risk assessment among Asian/Pacific Islander American Women: An inductive model. *Social Science & Medicine*, 49, 241-251.
- Chin, D., & Kroesen, K. W. (1999). Disclosure of HIV infection among Asian/Pacific Islander American women: Cultural stigma and support. *Cultural Diversity and Ethnic Minority Psychology*, 5, 222-235.
- Crawford, E., Wright, M.O., Birchmeier, Z. (2008). Drug-facilitated sexual assault: college women's risk perception and behavioral choices. *Journal of American College Health*, 57, 261-272.
- Campus-Community Partnerships for Health. Retrieved January 23, 2010, from <http://depts.washington.edu/ccph/commbas.html>.
- D'Onfrio, C. N. (1989). The use of self-reports on sensitive behaviors in health program evaluations. In M. T. Braverman (Ed.), *Evaluating health promotion programs* (pp. 59-74). San Francisco: Jossey-Bass.
- Health Services Association California Community Colleges (2007). National College Health Assessment aggregate data of 13 community colleges dataset. Available from HSACCC Board at [www.hsaccc.org](http://www.hsaccc.org).
- Hirayama, H., & Hirayama, K. K. (1986). The sexuality of Japanese Americans. In L Lister (Eds.), *Human sexuality, ethnoculture, and social work* (pp. 81-98). New York: Haworth.
- Krebs, C.P., Lindquist, C.H., Warner, T.D., Fisher, B.S., Martin, S.L. (2009). College women's experiences with physically forced, alcohol or other drug-enabled, and drug-facilitated sexual assault before and since entering college. *Journal of American College Health*, 57, 639-647.
- Mackenzie, C.S., Gekoski, W.L., & Knox, V.J. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health*, 10, 574-582.
- Malcarne, V.L., Chavira, D.A., Fernandez, S., & Liu, P. (2006). The Scale of Ethnic Experience: Development and Psychometric Properties. *Journal of Personality Assessment*, 86, 150-161.
- Meston, C.M. & Ahrold, T. (2008). Ethnic, gender, and acculturation influences on sexual behaviors, *Archives of Sexual Behavior*, October Issue
- Nasta, A., Shah, B., Brahmanandam, S., Richman, K. Wittels, K., Allsworth, J., Boardman, L. (2005). Sexual victimization: incidence, knowledge and resource use among a population of college women. *Journal of Pediatric Adolescent Gynecology*, 18, 91-96.
- National Asian Women's Health Organization (1997). *Expanding Options: A Reproductive and Sexual Health Survey of Asian American Women*. Retrieved May 31, 2009 from [www.nawho.org](http://www.nawho.org).
- Park, J. (2008). Race and the Greek System in the 21st Century: Centering the Voices of Asian American Women. *NASPA Student Affairs Administrators in Higher Education Journal*, 45, 103-132.
- Ponce, N., Tseng, W., Ong, P., Shek, Y.L., Ortiz, S., Gatchell, N. (2009). *The State of Asian American, Native Hawaiian and Pacific Islander Health in California Report*. UCLA Center for Health Policy Research.
- Rennison (2007). Reporting to the police by Hispanic victims of violence. *Violence Victim*, 22, 754-72.
- Sable, M.R., Danis, F., Mauzy, D.L., Gallagher, S.K. (2006). Barriers to reporting sexual assault for women and men: perspectives of college students. *Journal of American College Health*, 55, 156-162.
- Saltzman, L.E. (2004). Issues related defining and measuring violence against women: response to Kilpatrick. *Journal of Interpersonal Violence*, 19, 1209-34.
- Takaki, R. (1998). *Strangers from a Different Shore: A History of Asian Americans*. New York, New York: Back Bay Books.
- The Santa Monica - UCLA Rape Treatment Center. Retrieved August 22, 2009, from <http://www.911rape.org/>.

- Ullman, S.E. (1996). Do social reactions to sexual assault victims vary by support provider. *Violence Victim, 11*, 143-157.
- Ullman, S.E., Filipas, H.H., Townsend, S.M., Starzynski, L.L. (2007). Psychosocial correlates of PTSD symptom severity in sexual assault survivors. *Journal of Traumatic Stress, 20*, 821-831.
- Ullman, S.E. and Long, S.M. (2008). Factor structure of PTSD in a community sample of sexual assault survivors. *Journal of Trauma Dissociation, 9*, 507-524.
- University of California, Statfinder. Retrieved September 1, 2009, from <http://statfinder.ucop.edu/>.
- Viswanathan, M., Ammerman, A., Eng, E., Gartlehner, G., Lohr, K.N., Griffith, D, Rhodes, S., Samuel-Hodge, C., Maty, S., Lux, L., Webb, L., Sutton, S.F., Swinson, T., Jackman, A., Whitener, L. (2004). Community-Based Participatory Research: Assessing the Evidence. Evidence Report/Technology Assessment No. 99. Prepared by RTI University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication 04-E022- 2. Rockville, MD: Agency for Healthcare Research and Quality.
- Wechsler, H., Kuh, G. & Davenport, A.E. (2009). Fraternities, Sororities and Binge Drinking: Results from a National Study of American Colleges. *NASPA Student Affairs Administrators in Higher Education Journal, 46*, 395-416.
- Yoshikawa, H., Wilson, P.A., Hsueh, J., Rosman, E.A., Chin, J., & Kim, J.H. (2003). What front-line CBO staff can tell us about culturally anchored theories of behavior change in HIV prevention for Asian/Pacific Islanders. *American Journal of Community Psychology, 32*, 143-158.

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## Appendix A

**Figure 2**

Most common reasons for disclosure and nondisclosure as indicated by women in the study sample who had experienced sexual assault (N = 284). No significant ethnic differences were present.

