**Assessing the Stigma and Lack of Reporting of Intimate Partner Violence in South Asian Women in Surrey, BC**

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Intimate Partner Violence (IPV) is a major public health concern globally and encompasses physical, sexual or psychological harm caused by an intimate partner (World Health Organization: WHO, 2024). South Asian women sit at a cross section of identities that significantly increases the risk of experiencing IPV with rates ranging from 30% to 50% of South Asian women experiencing some form of IPV in their lifetimes (Nagaswami & Yeung, 2023). Cultural norms and expectations rooted in patriarchal values creates an environment in which aspects of IPV are normalized and encouraged (Tasbiha & Zaidi, 2023). Socioeconomic conditions also increased the vulnerability of many South Asian women, such as immigration status, employment, education, and language barriers (Tasbiha & Zaidi, 2023). Cultural stigma and concerns for family honour prevents these women from seeking aid, too. As such, IPV in the South Asian community presents as a complex and challenging issue with a lack of clear linear solutions thus meeting the criteria of a wicked problem. In this outline we will discuss the wicked problem of stigma and lack of IPV reporting by the South Asian women of Surrey, BC and introduce three potential solutions to tackle this issue.

Wicked problems as described by Williams & Van’t Hof (2016) are novel, complex, ongoing issues that are poorly understood with no single cause and effect. Thus, there is no single solution to address a wicked problem—some solutions may be better than others (Williams & Van ’t Hof, 2016). This definition can be applied to understand the issue of IPV in South Asian communities.

Intimate partner violence (IPV) impacts many populations throughout the world. We decided to focus primarily on South Asian women who reside in Surrey, British Columbia. The term South Asian encompasses people who come from India, Nepal, Pakistan, Sri Lanka, Afghanistan, Bangladesh, and the Maldives (Baloch et al., 2025). These peoples are diverse with numerous languages and traditions, but they often share the same cultural values. Further, South Asian communities are uniquely all rooted deeply in familial concepts including patriarchy, family honour and collectivism. (Tasbiha & Zaidi, 2023).

For the purposes of this project, we are focusing on South Asian women of married age. Surrey, British Columbia is home to one of the largest South Asian populations in the province. In 2021, 38% of Surrey’s population were South Asian, compared to only 14% in the rest of Metro Vancouver (City of Surrey, 2021, p. 4).

Recognizing the impact that patriarchal values have on South Asian women is important. Women in patriarchal societies are expected to be subservient to their dominating male partners. Maintaining this power structure through acts of abuse and violence by the husband or other family members is permissible and culturally sanctioned. For this reason, many South Asian women have a limited understanding and awareness of what constitutes IPV and abuse (Tasbiha & Zaidi, 2023). The value of a woman in such a society is tied to her ability to maintain the family image or honour. The pressure to protect the family’s honour and reputation creates a significant barrier for South Asian women to leave abusive situations. Socially the consequences of familial shame, disclosure, separation or divorce can result in women being ostracized from their community and left without any source of support (Baloch et al., 2025). South Asian women are often blamed for the abuse they receive because of their perceived failures and accused of betraying their culture for speaking out against this treatment (Tasbiha & Zaidi, 2023). It is also important to not minimize the diversity in the South Asian population; various groups have unique challenges based on their histories, traditions and conditions of immigration to Canada that will impact specific needs and solutions (Nagaswami & Yeung, 2023).

The socioeconomic status of South Asian women also plays a large role in reporting IPV. Many people in Surrey who are of South Asian descent are immigrants or are children of immigrants, as 45% of Surrey’s population consists of immigrants (Surrey Local Immigration Partnership, 2025). In immigrant communities, women face pressure to uphold traditions which sometimes include silence or nondisclosure of abuse. Immigrant women may have concerns regarding their safety and protection and be worried about immigration status or fear of community criticism and family abandonment if the abuse is reported. Also, South Asian women may not speak English well, may have limited education, and may not have independent work visas (Marugan et al., 2023). Language barriers, immigration status and limited familiarity with health, legal and social service systems further increase vulnerability. They may also be the primary caregivers in their household (Marugan et al, 2023). Therefore, South Asian women will report these instances less if they are dependent on their partners to take care of themselves and their families financially (Tasbiha & Zaidi, 2023). Male partners may also weaponize their partner’s immigration status against them by withholding important documents related to immigration status, passports, threatening deportation and separation from their children (Tasbiha & Zaidi, 2023). Within this environment the stigma around IPV is amplified, discouraging disclosure and victims seeing help.

South Asian women may seek out medical assistance for the psychological and physical effects of IPV. Often, however, they will strongly conceal the cause of injury. Concerns related to privacy and confidentiality when seeking medical aid are worsened as many women are not alone when meeting with healthcare providers (Baloch et al., 2025). Partners or family members are often present due to social norms, language barriers, or in an intentional act to suppress free expression of their concerns. Attitudes related to disclosure create additional barriers. South Asian women report feelings of embarrassment, guilt and shame when disclosing IPV (Baloch et al., 2025). It may be difficult for health care workers as well if providers lack cultural sensitivity or health care facilities do not provide adequate translation or outreach services. There is a present fear that disclosure will worsen violence, may result in confinement, will be ineffective in preventing abuse and will halt necessary social and financial support.

These challenges are visible daily in the Surrey Memorial Hospital Emergency Department. As an ER nurse, Melissa frequently encounters South Asian women who present with injuries that raise concerns for IPV but deny abuse. Often the alleged abuser or another controlling family member, such as a mother-in-law, accompanies the patient. In-laws controlling their daughters-in-law and further perpetuating this behaviour is an abuse that is also unique to the South Asian community, appropriately named In-Law Abuse (Mughal & Arnault 2024). This prevents open disclosure. In these moments, fear is palpable despite the excuses given for injuries. The patient’s body language, hesitation and lack of eye contact suggest that the excuses are not true. These encounters highlight how stigma, cultural pressure and lack of safe spaces silence women, even in acute care settings.

Resources in Surrey include Fraser Health’s Forensic Nursing Service and Embrace Clinic which provide trauma informed medical and forensic care, alongside community supports such as DIVERSEcity and the Surrey Women’s Centre. These services remain under resourced, however, and are often not tailored to the cultural realities of South Asian women. Baloch et al. (2025) emphasize that many South Asian women feel dismissed in healthcare interactions, reinforcing the need for culturally safe, trauma informed approaches.

Research examining IPV in the South Asian context is limited and there is minimal exploration into the efficacy of avenues to tackle this problem (Mughal & Arnault, 2024). Therefore, we have come up with three potential solutions to hopefully lower the stigma around reporting IPV in South Asian communities.

**Solutions**

**Solution 1: Initial ED Screening and Assessment**

To improve our ability to identify intimate partner violence early, the ED assessment form should place a question about safety at home among the first five questions asked during assessment rather than burying it at the bottom. It should become routine and as easily asked as “Do you have any allergies?” We suggest the question should be “Do you feel safe in your home?” This wording is less accusatory and frames the issue in terms of safety rather than blame. It should also become standard protocol that only the patient be present in the room during the initial assessment. No visitors, including spouses or family members, should be present until the nurse has finished her assessment exam. This gives the patient a safer, private space to disclose any abuse and reduces the power dynamics that silence many survivors. This approach aligns with recommendations from the scoping review by Lock et al. (2025), which stresses that to screen and assess IPV effectively among women from culturally and linguistically diverse backgrounds, health professionals must build trust, ensure safe settings, and adapt tools for cultural safety.  Solution 1 will be presented by Melissa Umali.

**Solution 2: Community Outreach in Cultural and Religious Centres**

 Cultural awareness and understanding of IPV as discussed stands as a major hindrance to addressing this wicked problem. Shifting the cultural attitude is therefore an essential component of addressing IPV among the South Asian community (Baloch et al., 2025). Leveraging the significance of cultural leaders and centres on the broad South Asian community could be an impactful and novel way to introduce this campaign with a community-centered approach in mind (Mahapatra & Rai, 2019; Mughal & Arnault, 2024). The leaders in these spaces hold a strong influence on the values, beliefs and opinions of their communities. Creating partnerships with these leaders not only allows for a top-down flow of information, but for a reciprocal transfer of community concerns and perspectives through their chosen leadership. Religious centers are often the few spaces in which very insulated women may be able to participate freely and are used as spiritual places to cope with the abuse (Bhandari, 2017). This approach additionally targets the ‘kinship network’: family, friends, or coworkers that support women in leaving abusive situations (Ahmad-Stout et al., 2018; Pio & Moore, 2021). This bystander training is vital as it builds social support and resources, while also facilitating a pathway for women to access formal support (Mahapatra & Rai, 2019; Rai, 2020). Healthcare providers (HCP would set up a booth or table with resources pertaining to IPV that are culturally sensitive and appropriate to discuss and distribute to the public in a Temple, Gurdwara, Mandir and Masjid. There are some resources available in other languages such as Punjabi and Hindi, however most resources are not. In person conversations with HCPs that speak the same language assists in overcoming this barrier and also acts to provide the opportunity to model how technologies can be used to translate materials (Mughal & Arnault, 2024). Solution 2 will be presented by Surleen Shoker.

**Solution 3: Public Awareness Campaign**

A barrier to reporting IPV in South Asian communities may include lack of awareness of the issue itself. South Asian women may think the violence they incur is normal or expected and may not realize that it is an issue (Baloch et al, 2025). To combat this, our third solution is an awareness and exposure campaign using South Asian media outlets in Surrey, BC and using posters and information cards in popular South Asian restaurants and grocery stores. These media outlets include popular radio stations, such as redFM (93.1 FM), Sher-E-Punjab Radio (AM600), and Radio India (1100AM). Popular South Asian TV shows and stations include Sanjha TV, Prime Asia TV, and OMNI Punjabi. There are many popular restaurants in Surrey for the South Asian community, most of which have poster boards available for locals to advertise and raise awareness about other issues. The same goes for South Asian grocery stores, such as Fruiticana, Sabzi Mandi, and SunFarm.

Awareness and exposure campaigns aim to increase awareness of the issue. The goal of this solution is to spark conversations to reduce the stigma around reporting IPV. Specifically, an awareness campaign on IPV in South Asian communities would help members of the community recognize patterns and attributes of violent behaviours, and thus hopefully shift social norms, as noted by Pryor et al., (2025) when assessing other public health campaigns on domestic violence. Further, awareness campaigns on IPV can help relay warning signs and community resources, and previous campaigns have noticed an increase in awareness of resources (Keller & Honea, 2016), as well as an increase in domestic violence hotline calls (Gadomski et al, 2001). Lastly, media campaigns have a wide reach across populations (Pryor et al., 2025) and using South Asian media outlets and popular South Asian restaurants and grocery stores specifically could help in raising awareness in the specific population we want to reach (Mahapatra & Rai, 2019). Message reinforcement is where messages are repeated over time in different contexts leading to increased recall of information (Pryor et al., 2025). We would use this technique to our advantage. We would use a combination of information posters, interviews on radio shows and TV shows, and short advertisements on radio and TV channels to hopefully spread awareness and reduce stigma on our wicked problem. Solution 3 will be presented by Karmjoth Grewal.

**Conclusion**

Intimate partner violence among South Asian women in Surrey, BC is a complex, culturally influenced, and deeply ingrained issue that meets all the criteria of a wicked problem. Rooted in patriarchal values, family honour, and immigration related vulnerabilities, IPV in this population is often concealed, underreported, and compounded by systemic barriers within health care and social services. While there is no single solution to eradicate IPV, targeted and culturally sensitive approaches can help break cycles of silence and stigma. Our proposed interventions of enhanced ED screening protocols, outreach within cultural and religious centres, and awareness campaigns represent multifaceted strategies aimed at both prevention and early intervention. Together these approaches will create safer spaces for disclosure, challenge harmful cultural norms, and increase awareness of available resources. Addressing IPV within Surrey’s South Asian community requires collaboration between health care providers, community leaders, policymakers, and survivors themselves. By fostering culturally safe, trauma informed and community embedded solutions we can begin to dismantle the systemic and cultural barriers that perpetuate IPV and move toward a future where South Asian women are empowered to seek safety and support.

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