

Bridging the Disconnect: Utilizing the Arts in Social Work to Empower South Asian Domestic Violence Survivors

Introduction

This paper begins with two statistics: (1) Community-based studies conducted in the United States have indicated that South Asian women experience intimate partner violence (IPV) at rates ranging from 40 percent to 60 percent (Murugan, 2017); (2) There are currently only 38, mainly nonprofit, domestic violence organizations focused on the South Asian community in the United States, many of which are inactive (Maitri, 2021). Social work is the primary institution through which South Asian domestic violence survivors (henceforth abbreviated as SADVS) receive external aid, including through case workers, clinical counseling, child welfare, immigration and translation services, and more. For the purposes of this paper, I will specifically focus on SADVS who are mothers, both working and unemployed, within the context of counseling social work services.

I will begin with broad coverage of the history of social work in America and its application for marginalized populations; subsequently, I will delve into and critique how the field has transformed since its official inception in the late 1880s to present day, followed by my positioning of social work as a critical healthcare tool, supported by contemporary paradigm of anti-racist social work. I will then frame the social work response for South Asian women who experienced and continue to experience domestic violence within the cultural context, following the second and third waves of South Asian immigration in the 1980s and 2000s respectively (Bhandari, 2022). I will comment on the history of counseling services available and its implications for South Asian

mothers who have children, and the gendered complications that arise in SADVS who are unable to leave their current situations or have left but require social, structural, and emotional support. I will also cover stigma and barriers to receiving care.

Finally, I will analyze the utilization of arts interventions and art therapy as a tool for recovery from intimate partner violence; I will touch upon the centrality of art in South Asian culture as a symbol of community, identity, and resilience. Counseling-based social work has a responsibility to provide mental health support that is culturally sensitive, and personalized. What does survivorship look like for South Asian mothers who choose to remain in their current family dynamic? For newly single mothers who are the primary caregiver for their children? Or for those who remain with a partner who may have harmed them in the past but no longer do so – what does healing look like in these cases? Social work has the unique opportunity to leverage the arts as a tool for holistic wellbeing, empowerment, and diverse survivorship modeling. The final part of my analysis will emphasize an arts intervention for SADSIV who are mothers receiving counseling.

This paper is for my mother, and for the South Asian children in America who are witnesses to domestic violence. Both our culture and the model minority myth mandates that success, as first-generation children and naturalized South Asian women in America, hinges on silence, assimilation, and submission. Our stories and our voices matter.

History of Social Work

Social work in the United States has a complex history. The idea of social work and social welfare policy, defined as an array of governmental programs, services, and institutions designed

to maintain the stability and wellbeing of society, was popularized in the late 1880s as a response to rapid urbanization, immigration, and economic shifts (Sage Publications, 2021). The social and environmental factors contributing to poverty and a housing crisis was the main priority, also known as the *settlement movement*. Policy-wise, the Roosevelt administration implemented the New Deal, which had a lasting effect on the country's social welfare programming, consolidating the Social Security Act of 1935 that expanded cash benefits and many forms of federal aid for poor persons.

The Great Depression, World War II, and era of social and political change after the Vietnam war marked pivotal points for transformations within the field: economic precarity led to the development of labor unions that protected social workers and the populations they served; post-war conditions expanded the understanding of health, wellness, and security of American populations; social conservatism in the in the 1980s Reagan era shrank government and social welfare programs and focused on trickle-down economics as the theory that would uplift middle-class and poor Americans. The latter was largely maintained until Obama's presidency in 2008, after which the Affordable Care Act, social welfare policy intended to cover healthcare costs and employ social workers to help marginalized groups navigate the healthcare system (including mental and behavioral health), was implemented (Sage Publications, 2021).

This "official" history lacks, quite plainly, a colorized lens. The field of "social work" seemingly came into existence as a primarily White profession, discrediting the roles of caregivers in indigenous, colored, and communal societies that have existed for centuries (Wright et al. 2021). Moreover, its practice is dominated by White individuals serving and assisting people of color, a

framework that dominates in modern day: According to the Council on Social Work Education 2019 annual report, 61.1% of full-time faculty and 58.3% of part-time faculty identify as White (Wright et al. 2021). Institutionalized racism is unfortunately embedded into the history of social work. Following colonial ideology, where aid was mainly distributed to “deserving” Americans, while segregation and a lack of social safety net for marginalized groups, particularly for African American communities, continued (Sage Publications, 2021).

In fact, African American communities have long been employing models of care that have only recently begun to become adapted to social work pedagogy, such as strength-based theories, treatment courts, and trauma-informed practices (Wright et al. 2021). The African worldview of healing practices is holistic and focus on community and interconnectedness, including the interrelatedness of physical, emotional, cognitive, and spiritual functioning which mirrors what is now conceptualized as the biopsychosocial-spiritual approach (Wright et al. 2021). In terms of practical application, community-based models of care that resisted hierarchies, engaged local people, and drew on culturally informed methods of healing was central to African American survivorship and advancement in the United States. Social work became not just an isolated field, but a practice seen in professionals such as doulas and midwives, community health workers, and legal advocates. Perhaps the greatest example of this is the work done by the Black Panther Party from the 1960s-1970s, where social welfare was embedded in their political movement, providing free clinics, pushing against medical discrimination, and calling for justice against ethnicity-based healthcare inequalities (Nelson, 2011). Most notably, the party became embedded in American political consciousness in conjunction with their usage of social justice artwork, with covers,

posters, and flyers designed by Emory Douglas that influenced the movement nationwide (Coles, 2017).

This success, hard-earned by the African American community, sets an example for how social work can be expanded and tailored to the needs of specific ethnic communities, especially the South Asian community. There are traditions, cultural beliefs, and religious practices that are difficult to separate from South Asian understandings of health, wellness, and community. Social work that is truly unbiased and embodies anti-racist methodologies will be adept at contextualizing the sociocultural and economic factors create barriers from a target population from receiving care – in the same way that healthcare professionals such as nurses and doctors must orient themselves beyond a biomedical standpoint, social workers, too, must look beyond dismantle racial prejudices as well as Western beliefs of what holistic health looks like for South Asian Americans.

Social Work for South Asian Americans

The South Asian community began to grow exponentially in the United States following three waves of migration: the first from the 1960s–70s, the second from the 1980s, and finally, from the 1990s to the 2000s and onwards. By the third wave, there was a 106% increase in the population of South Asians in the U.S., with Bangladeshis having the fastest growing rate at 248%, Indians by 106%, and Pakistanis by 89% (Nagaraj et al. 2017). Contrary to popular belief, all immigrants did not consist only of professionals in the fields of medicine and engineering, but also blue-collar workers such as taxi drivers and motel owners (Bhandari, 2022). The perpetuation of the model minority myth, as coined by sociologist William Petersen in 1966, framed the Asian

community (including the South Asians) as a group characterized by strong familial and cultural values, collectivism, interdependence, and academic / financial success (Bhandari, 2022) resulted in blanket coverage of a population fraught with intergenerational and intercommunity struggle, who also became the target of discrimination after 9/11.

The dichotomy – South Asians publicly being viewed as smart and capable of climbing the social ladder – contrasted starkly with social work narratives when working with immigrants in need of translation and healthcare services, unemployment issues, domestic violence, and mental health. Stigma and shame surrounding social issues is unfortunately embedded into the culture, and model minority myth further perpetuated the need to maintain an outside appearance of functionality and success in order to survive in America's political climate. Social work's positioning as the "eyes" into social problems is in direct contrast with the community's values of solving inter-family problems themselves.

As analyzed before, the mistrust against the social work system is not completely unfounded. Sometimes legislation can restrict them, but other times, little support is provided to fully implement an unbiased, anti-racist practice: "Social workers are likely to act as gatekeepers rationing resources to those defined as "deserving, reinforcing institutional racism in the process...they become involved in a culture of suspicion and blame to justify the unjustifiable" (Dominelli, 2008). This can look like stereotyping South Asian culture as conservative, backwards, and anti-feminist, or being cast as "terrorists" that threaten liberal democracy as a result of Islamophobia (Dominelli, 2008). Growing up, I often heard my mother telling my siblings and I

to not call social services no matter what happened, because it meant it would break up the family, or that we would be sent to an abusive foster home – it was not a threat, but a worry.

The complexity of this fear requires a nuanced undertaking: there *are* certain cultural factors that contribute to intercommunity issues, but addressing it must be separated from making generalizing statements about the community. This is especially true for the issue of domestic violence, which is unfortunately gendered. Too often in the cultural discourse, women have struggled to get their specific oppressions recognized (Dominelli, 2008). Through extensive training and case study examples, social workers can help alleviate and provide resources for context-specific situations involving South Asian women who are survivors of domestic violence.

Contextualizing Domestic Violence Against South Asian Mothers

Reiterating the statistic mentioned at the beginning of this paper, studies convey that on average, 40 to 60 percent of South Asian women in the United States women experience intimate partner violence (Murugan, 2017). The National Institute for Health and Care Excellence (NICE) definition of domestic violence, or DV, refers to “Any incident or pattern of incidents of controlling behavior, coercive behavior or threatening behavior, violence or abuse between those aged 16 or over who are family members or who are or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes “honor”-based violence and forced marriage” (NICE, 2016). “Qualitative assessments show that patriarchal cultural norms, such as toleration of abuse and silence, often leave women feeling insecure, powerless, submissive, and lacking the competency to make their own decision. This in turn makes seeking help for DV very difficult” (Sultana et al. 2022).

Among second and third waves of South Asian immigration, the pattern traditionally followed working men, whether professionals or blue-collar workers, gaining green card or citizenship status for themselves and their wives – who either were, or became, housewives. Statistics convey that Asian mothers in general are 36 percent more likely to be mothers staying at home with their children (Cohn et al. 2014). SADVS who are mothers report that the stigma associated with divorce in South Asian cultures often prevented them from getting help; additionally, they reported a common fear that abusers would harm their children if they tried to leave the relationship (Sultana et al. 2022). Furthermore, some reported that they tolerated violence from their husbands and in-laws as they had dependent visas where abusive husbands had the authority to get them permanent residency status (Sultana et al. 2022). Combining these factors and depositing SADVS mothers in an environment where they have limited support from interpreters, midwives, and legal assistants due to language barriers places them in a position of vulnerability and uncertainty when seeking agency support.

Interestingly, South Asian women are still subject to high rates of DV even if they are not housewives or have significant language barriers. A study by Rai and Choi convey that “economic control is often cited as a tactic of DV perpetration” – those with middle education, vocational training, or an undergraduate degree are a higher risk of DV victimization due to threatening the status quo in South Asian households; similarly, those who were employed had a greater likelihood of experiencing DV as they try to increase their freedom and independence but are in relationships where men are averse to losing control. As a result, regardless of their employment status, they could be pressured to remain under financial control of their spouses and in-laws (Rai

and Choi, 2021). Consequently, direct employment is not always a straightforward solution for women who are SADVS.

Mental Health Implications

Before proceeding with the analysis, it should be noted that the specificity of motherhood for SADVS begins to decrease in the literature regarding their mental health, tailored social work interventions, and contexts regarding their children. This gap in data points to a larger issue in and of itself: DV survivorship has largely not been studied in mothers. I will reference an overall analysis and draw on the available data to make possible conjectures, as well as add implications from lived experience.

The long-term mental health implications for women who are SADVS are similar to most patterns of abuse: emotional distress, depression, anxiety, PTSD, low self-esteem, and cycles of relationship violence (Chowdhury, 2018). Emotional abuse can also cause sleep problems and respiratory issues (Bhandari and Millner, 2022). It's important to note that South Asian women hold a holistic view of health that often does not separate physical and mental distress – mental health is described or experienced somatically, and separation of issue can lead to confusion or stigma, as psychological distress is viewed negatively. Help-seeking behavior as a response to abuse is viewed as “losing face,” and in some cases, is not even taken seriously – as a result, women experiencing emotional abuse take longer to escape abuse and are less likely to recover their mental health (Bhandari and Millner, 2022). Collectivism presides as a value, but this does not mean that mental health for SADVS is not treatable – rather, it should be approached within the community context.

The study conducted by Bhandari and Millner in Massachusetts provides a good example of this. In partnership with a community-based South Asian women's organization, their survey conveyed that within a pool where 134 participants identified as female, about 33 percent of SADVS reported accessing psychological counseling or therapy; the usage of the formal support systems like the police, legal assistance (16.7%), housing (4.2%) and job assistance (8.3%) has been low. Utilizing domestic violence counseling service was also low (10.4%), and 25% did not access any services (Bhandari and Millner, 2022). It is critical to emphasize that 33% reported utilizing the help of family and friends – the same amount as those who reached out to therapy services. Furthermore, they suggest that group therapy may not be as effective due to not wanting to share personal issues in a group and mistrusting confidentiality; in contrast, some may feel more comfortable with a trusted family member participating in the therapy process, and that their method of communication may be more indirect and implicative rather than explicit, and should be expected.

The insularity of acceptable support systems is difficult to gain access to at times, however. Mothers may fear that disclosing DV to the community will result in them losing their support system instead; they may also fear that their children will be taken by social services and placed temporarily or permanently in a foster home, where the quality of care and cultural environment cannot be ensured. The distress following the removal of a child may exacerbate mental health symptoms or even escalate DV – culturally, abuse can also be perpetrated by in-laws, who may blame the mother for removal of the child. Mothers will also be worried about the mental health and wellbeing of the child(ren), choosing between a potentially insecure foreign environment or

the current turbulent one, and decide that a familiar environment is better and that issues can be resolved within the couple, or that she can tolerate the abuse in order to not break up the family. Research shows, however, that witnessing DV over time has numerous negative effects on children in South Asian contexts: it can result in normalization of DV, pressure to remain perfect despite internal conflicts, identity confusion, difficult reaching out for mental health counseling due to perceived shame, and likelihood of experiencing DV in adulthood (Ragavan et al., 2018).

Strengths and Weakness of Current Services

Social work training surrounding family violence has been carried out inadequately in the past due to upholding gendered divisions of labor and the expectation of a traditional family unit (Gordon, 1988). Social workers previously operated within the constraints of the modern norm of private, nuclear-family child raising and child support, which is different from the models of child-rearing in South Asian communities. As mentioned before, South Asian mothers may rely on aunts, grandparents, family friends, and other members of the community to share in childcare. Case workers seeking to support SADVS mothers should factor in community response: would divorce proceedings result in negative community perception and result in the mother losing her support system? If it does not, who is reliably available to help her through and after the process? If she chooses to stay in the relationship, are there avenues for surrounding support, such as through older parents or a relative?

An exploration of available organizations may provide helpful models for such training. There are a number of non-profit organizations that are focused on providing South Asian women in the U.S. with social services, including help for DV. Among those are Maitri, “a free,

confidential, nonprofit organization based in the San Francisco Bay Area, that primarily helps families and individuals from South Asia facing domestic violence, emotional abuse, cultural alienation, or family conflict” (Maitri, 2021). They provide services such as a helpline, legal and policy advocacy, economic empowerment, housing, and outreach & prevention. Their brochures are currently available in three languages, and their website has a total list of DV Agencies for SADVS across the country – upon investigation, there are currently only 38, with some states having multiple organizations such as in New York, and a few that are inactive. The list is vital, but points to a larger issue of accessibility and mainstream awareness. Additionally, much of the work is done by South Asian community members and professionals.

The strategies implemented by organizations such as Maitri are vital and can be expanded. For example, traditional counseling paradigms are one-to-one, but can be adjusted by bringing a translator – who may be an official interpreter or member of the family. If the survivor wishes to rely on a male member of the family for patriarchal support, engagement with positive figures, such as an adult son, father, or brother, could be consulted. Contrastingly, the survivor may not want any males involved due to religious values or trauma – accommodations can be made to have only female social workers be involved, both in the social and medical sphere, which can keep the perpetrator’s suspicions at bay. Economically, work-from-home opportunities may provide the survivor with a subtle means for saving money to leave their current situation. Maitri also models engaging with religious organizations and affirming culturally based coping mechanisms, such as visiting houses of worship.

Theoretical backing that encompasses these strategies can be adopted broadly by social work pedagogy include psychologist John W. Berry’s biculturalism model (Worthy et al., 2020). It can aptly be described by the visualization below, but in summary, represents an individual’s comfort and proficiency with their heritage culture and the culture of the country in which they have settled.

		Value and Maintain Native Culture	
		YES	NO
Value and Maintain Host Culture	YES	Integration	Assimilation
	NO	Separation	Marginalization

According to the study *Understanding Health, Violence, and Acculturation Among South Asian Women in the US*, results found that immigrants who fall into the integration category or who are ‘bicultural,’ have better psychosocial outcomes (Nagaraj et al., 2017). This is consistent with reports from the World Health organization stating that indicating that certain cultural and social norms can support violence, while challenging cultural and social norms that are supportive of violence can prevent acts of violence (WHO, 2009). As Berry’s model assumes culture “is a dynamic and bilinear process (i.e., participation in one culture does not prevent the individual from participating in another culture)” (Nagaraj et al., 2017), it is key to understand that social work care paradigms should support cultural and faith-based strategies in order to ensure positive

survivorship outcomes. Separating them may result in further distress, disconnect, or even favoring a DV context due to cultural familiarity.

The biculturalism model provides a tool for social workers to integrate modern family violence interventions with tailored methods that are culturally specific to the South Asian community. Collaborative relationships foster belonging, and multiculturalism is a strength rather than a barrier. Social workers promoting cohesive communities combats the idea that segregation is self-imposed and not a result of institutionalized racism (Dominelli, 2005) – furthermore, it creates space for the idea that SADVS mothers are not isolated nor helpless, but rather are valuable members of their communities and society at large, and are more than capable of balancing cultures and moving forward.

Intervention: Art as Healing and Resistance from Domestic Violence

As with this program, there are budding centers of research that focus on arts-based interventions as a way to improve health outcomes. Framing DV and family violence as a public health issue requires not only policy change, but tools that survivors can be equipped with to cope with existing situations and heal from them in the aftermath. Studies focusing on the benefits of art therapy or psychotherapy and artistic pathways for empowerment have recently begun to emerge.

Research shows that the utilization of art psychotherapy with traumatized individuals has shown that art has a healing effect and contributes to a reduction in trauma and depression symptoms (Schouten et al., 2015). Art can be used as a medium for communication when

individuals are unable to express their emotions, whether due to emotional distress or language barriers. “Because making art involves cognitive, emotional, and sensory elements, art expression may help to bridge the implicit and explicit memories of a stressful event by facilitating the creation of a narrative through which the person can explore the memories and why they are so upsetting. Traumatic reactions and art-making use dissociating and distancing processes (Johnson, 1987). Once symbolically externalized, the traumatic experience may be easier to revisit and speak about” (Buschel and Madsen, 2006).

Moreover, in the context of motherhood, it indicates that art plays a critical role in communicating what both the mother and the child is going through, as “crucial protective factors for children include their own mother’s mental health – thus any mental health intervention for IPV exposed families should attempt to intervene systemically with both mothers and their children” (Woollett et al., 2021). Subsequently, art interventions offered to mothers and their children in unfamiliar situations, such as in domestic violence shelters, have shown to improve the mother’s mental health and parental stress, especially when studied in conjunction with their worries and relationship to their child after DV (Woollett et al., 2021). Art functions not as a stationary tool but a dynamic one, allowing for multiple areas of mental health and relationships to be targeted.

Specific studies on diverse arts forms have also been conducted. In a study by Jamie Bird, women who experienced IPV were given the opportunity to create a collage using drawing and painting materials. “Collage also allows for the tactile qualities of materials to be exploited in a way that enables a multisensory approach to the representations of memory, imagination, thought

and feeling. It was found that through their creation, three overarching themes emerged: escape and harmony; relationships and social support; and agency and resistance” – each area told the transitional story of domestic violence and abuse, and how the women not only survived, but resisted mentally and eventually moved away from the situation (Bird, 2017). Also referred to in this study is sociologist Lisa Frohmann’s *Framing Safety Project*, which was a collaborative and participatory photography project involving Mexican and South Asian immigrant women in the U.S. who had experienced IPV and abuse. “Participants were asked to take photographs of domestic and public places that were perceived as ‘zones of safety’ with the resultant photographs being used to elicit conversations about safety” (Frohmann, 2005). Safe spaces aren’t only at doctors’ offices or social work groups – they could be around food at the family table when the mood was good, or areas near the home that provided seclusion or autonomy, such as a backyard garden or sewing room in the house.

In the specific context of SADVS, I would like to point to the art forms of painting, drawing, sewing, and writing methods for communication and catharsis, and will expand on its cultural relevance in the next section, as well as give examples of successful art interventions that have been tailored to specific cultures.

Art as Central to South Asian Culture

As pointed out by Professor Doris Sommer, who led the Rx: Arts for Global Mental Health class I took this semester, art is not only a product, but a process. When faced with a crisis, an individual is placed at a crossroads, where they have to make a decision (i.e., go left or right). Art supports agency-building as you go through the creative process – the act of choosing a color,

deciding on a sewing pattern, or molding a sculpture a specific way activates neural pathways in the brain that may be unused or paralyzed due to trauma (Sommer, 2023).

This model is consistently valid in a variety of ethnic groups. In a study conducted with Turkish female survivors of DV with PTSD, they were given the opportunity to create marbling art, which involves manipulating the color and form of marbling liquids in shape-based trays. This unique artform is more common in Turkish culture due to the centrality of marble architecture (Delta Stone Collections, 2020). The participants produced masks, tulips, free blocks, images of the ocean, and variety of products that, when later interviewed, represented their journeys with DV: “Paths of different colors are intertwined...maybe some roads will be open, and some will be closed, but we cannot know without trying,” one participant said (Ozkafaci and Eren, 2020). It was measured both qualitatively and quantitatively that the study resulted in a significant decrease in symptoms of depression, anxiety, and hopelessness. Additionally, as referenced earlier in the paper, art as utilized by the African American community has been key in their collective resilience. Works such as family-based embroidery, urban graphic art, and empowering photography inviting witnesses are all tools that have been employed for Black women who are survivors of DV and other forms of violence (Robinson and Jones, 2017).

Art is indeed central to many South Asian cultures and plays a strong role in memorializing identity. Anecdotally, Bangladeshi culture has a strong involvement in arts culture – many from the immigrant generation either played classical instruments, could sing, learned to sew, paint, and dance, and were deeply involved in literature and poetry. The latter mediums are especially important to the Bengali identity due to liberation pride over the Bengali language, with

immigrants from my parents' generation holding on to nationalism through poetry, books, and songs. The ability to make, wear, and style traditional clothing in a textile-heavy industry also points to sewing as both a revered and culturally embedded form of creation. There is also much overlap with Indian culture, which dominates mainstream representations of South Asians, to include forms of creativity such as jewelry-making, makeup, and fabric and fashion design.

The following example blends Muslim and South Asian cultures. In 2011, a Muslim artist called Nadia held an exhibition with the theme “Healing & Empowerment: Violence, Women & Art.” Art pieces included a Muslim woman with a scarf raising her hands supplication, a photograph called “Inside Out,” by an artist named Afia that demonstrated the feeling of having injuries that are not on the outside but on the inside, a poem by writer Naima that stated “God was the first to attend to my story,” and more (Hammer, 2022). Another artist featured in the exhibition, Saadia, used her painting of a woman in veil and traditional bright clothing as a framework for viewing culture as negotiable rather than static, and the ethics of her culture abusing religion to justify certain practices when it was apparent to her that they were not religiously supported (Hammer, 2022). [*Faces of Domestic Violence*](#), a striking series done by two Canadian women shown below, contains paintings of Punjabi women (originally from a region of East Pakistan and Northwestern India) who have been subject to abusive relationships and sought to speak out against their situation, with the hope to raise awareness for DV in the South Asian community in Canada (Kaur Life, 2014):



South Asian identity values cohesiveness and harmony. Applications of art can be done in creating paintings of positive memories, writing and performing poetry or songs about painful experiences, or even hemming old clothes into new and unique patterns. In a personal example I was given permission to share, my mother expressed feeling the loss of her youth after she fell out of driving practice, restraining her ability to leave the house, as well as developing economic constraints for some time. She expressed her desire to create a canvas painting out of old lipsticks that she bought and hoped to wear one day but remained untouched, and use them to create a portrait of flowers from Bangladesh that remind her of her childhood and agency before marriage.

Application by Social Workers

The fluidity of art allows it to embody a bicultural model of healing. Specifically, it creates an avenue for integration for SADVS mothers who may be struggling to apply U.S. models of empowerment and independence from her own culture and the needs of her child. Before working with SADVS, social workers should study previous interventions that have been successful within the community and study the role different types of art has played, if any, in empowering survivors. Visiting installations and interviewing or consulting former SADVS could also be a key way to gain insight before beginning a new case.

One way that art can be utilized is as a form of communication to the social worker. If language is a barrier, she may draw a depiction of a situation going on in her home as a way to ask for help; if language isn't a barrier, it can still be utilized as a way to avoid suspicion from her abuser. Creating artwork can also be useful for the child(ren) – for one, it models a period of calm in what might be a turbulent household, fostering a safe space for both parent and child.

Additionally, this artwork may be replicated by the child at the request of the mother, or even naturally, in outside spaces such as school to create opportunities for social workers to intervene if external contact is being tightly controlled.

However, this strategy operates in a scenario where the mother has a desire and is willing to leave the current situation. Artwork done by a child that invites social work intervention may be counteractive to how some mothers may want to handle the process, as they could fear community exposure and judgment. It's important for social workers to reassure SADVS mothers about the confidentiality clause and affirm that help will be as discreet as possible if the mother does not wish to disclose her situation to the community. Additionally, it should be on the mother's terms: unless there is immediate threat to the child, if the mother wishes to stay in the relationship and resolve it internally, her autonomy should be respected in the decision-making process and instead focus on providing her with resources that could alleviate her stress in dealing with the situation on her own. This can include helping to create an emergency list of people she can go to if a situation escalates, resources for internal or external creative or artistic activities she can go to have a safe space for herself, or helping her identify trusted community caregivers that can tend to her child(ren) if they need to be placed temporarily outside the home, rather than in government-provided housing.

In the aftermath of DV, art can be suggested as a critical tool for the healing process. In both scenarios, whether the SADVS mother has independently resolved the conflict with the partner and is engaging in individual or mutual healing, or if she has left the relationship, the act of creating will allow her to process what she's been through. Instead of simply giving an address

or link to a local art class or art therapy, social workers should take specific factors into consideration: Will the survivor have the means to travel to this location? The economic capacity to finance it? Is this art therapist trained in dealing with SADVS's specific cultural issues and stigmas? What is the demographic of this particular art group – is it majority White, does it have male members, is it culturally appropriate (such as a therapy-informed nude drawing class, which may be one way for DV survivors to empower themselves but would likely deter a South Asian older survivor, contrasted with a multilingual poetry class, or sewing class). Not all survivors have the privilege of accessing resources in the area that meet the requirements for all their needs, but social workers can strive to create that sense of agency by putting in the extra work to connect the mother with culturally informed resources. They may even consult South Asian social service organizations such as Maitri to better understand their client's situation and what methods might have a greater impact based on their current resources.

Conclusion

Social work in the United States has well-intentioned roots, but certain ideologies continue to be pervasive and inefficient in its application, particularly with institutionalized racism, heteronormative models of the family unit, and generalizable interventions. The field, however, has made and continues to make great strides, especially in the mental health arena. Books such as *The Road Not Taken: A History of Radical Social Work in the United States* convey the work being done by and for marginalized groups in the U.S. historically until now, providing an alternate and progressive history to mainstream social work pedagogy (Reisch and Andrews, 2002). Furthermore, current socio-political discourses continue to shape how care is modeled, who it's for, and how effective it really is.

Subsequently, marginalization of South Asian domestic violence survivors in America, particularly those who are mothers, are largely understudied. SADVS research has slowly started to gain some traction in social work analysis and minority and ethnic studies in America, but the unique circumstances surrounding mothers and South Asian models of motherhood has great room for expansion. There are avenues to draw parallels from successful interventions for mothers in other minority groups, such as African American or Hispanic mothers. One of the main barriers to South Asian DV perception lies in cultural biases of the model minority myth and the stereotypes it perpetuates, as well as specific South Asian cultural factors that emphasize keeping silent in domestic matters. Overcoming or even working alongside such barriers requires a critical understanding of Berry's biculturalism model, long-term commitment, and intentionality in envisioning alternative models of empowerment.

Arts-based interventions focusing on drawing / painting, writing, and sewing can be an effective tool for social workers to communicate with their clients, but also as a way to empower South Asian mothers and foster their healing and mental health trajectories. It is therapeutic, autonomous, and expressive – qualities that are too often overshadowed in South Asian culture, but especially in motherhood, regardless of culture. It is my hope that art can bridge the gap between the care social workers want to provide and the narratives of South Asian mothers who are also survivors of domestic violence. In many ways, it has already begun.

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