

Title: Giving voice to the voiceless: A multifactorial examination of IPV in Korean Americans

Authors: Kelly Pham, M.D., and Puja Sheth, M.D.

Both authors equally participated in topic conceptualization, literature search, compiling findings, and
paper writing

Faculty advisor: Anique Forrester, MD

Do not plan to submit for publication

Introduction:

The Centers for Disease Control and Prevention (CDC)¹ defines intimate partner violence (IPV) as abuse or aggression towards a romantic partner, including dating partners (past and present) and spouses. There are several types of violence: physical, sexual, stalking, and/or psychological aggression. Specifically, sexual violence involves not just forced physical intimacy but also non-physical events such as sexting when the partner does not consent.¹ Additionally, psychological aggression is using any communication means, including non-verbal communication, with the intention to harm or control the other.¹ The definitions above provide an idea of the range of behaviors seen in IPV, but some definitions are not universally accepted.

According to the World Health Organization (WHO)² nearly 30% of women worldwide have experienced physical and/or sexual violence. In the United States (U.S.), about 25% of women and 10% of men have experienced sexual violence, physical violence, and/or stalking with over 43 million women and 38 million men experiencing verbal IPV.¹ While IPV predominantly has male perpetrators and female victims, violence does occur in a bidirectional fashion.³ There are numerous ramifications of IPV, ranging from morbidity to mortality. Physical injury and death are of highest concern with data suggesting that about 1 in 5 homicide victims are killed by an intimate partner.¹ Other negative outcomes include acute and chronic medical and psychiatric conditions, with victims at a high risk for engaging in dangerous behaviors such as smoking, binge drinking, and risky sexual behaviors, and these consequences are worse for marginalized racial and ethnic minority groups.¹ In addition to the individual burden, there is an economic burden of approximately \$3.6 trillion (in 2014 and based on 43 million U.S. adults with a victimization history); some of the costs include medical services for IPV-related injuries (\$2.1 trillion), lost productivity from paid work (\$1.3 trillion), criminal justice costs (\$73 billion), and other costs including victim property loss or damage (\$62 billion).⁴

There is a lack of research on mental health utilization and IPV in Asians, let alone Korean Americans (Koreans who immigrated to the U.S.). The little data that is available indicates elevated levels of IPV in this population. Per The Asian Pacific Institute on Gender-Based Violence⁵, in 2015, 21-55% of

Asian women in the U.S. reported experiencing intimate physical and/or sexual violence during their lifetime. In a survey conducted in the San Francisco Bay area of 214 Korean women and 121 Korean men, 41.9% of respondents said they knew of a Korean woman who suffered physical IPV and 50.2% of respondents knew of a Korean woman who suffered verbal IPV and psychological aggression.⁶ Korean Americans are particularly vulnerable due to cultural and structural barriers they face in addition to lack of mental health treatment utilization. From a study in 2013, only 8.5% of Korean Americans engaged in mental health treatment when 23% reported depressive symptoms.⁷ Thus, the Korean American population is at a higher risk for sustaining the effects of IPV without engaging in subsequent mental health care.

The goal of this review is to summarize what is known about IPV in the Korean population and the role of culture, structural factors, and psychiatric factors in the prevention and treatment of IPV in Korean Americans. Given the lack of research of IPV in the Korean American population, the Korean population in the Republic of Korea (henceforth referred to as South Korea) (Koreans), which is a mostly homogenous population, were included in our review.

Methods:

PubMed was searched on September 23, 2021, using the following Medical Subject Headings (MeSH) terms and text words: ((intimate partner violence[MeSH Terms]) OR (spouse abuse[MeSH Terms]) OR (battered women[MeSH Terms])) AND (Korea[text word] OR Korean American[text word] OR korean immigrant[text word]). The text words were utilized to access papers specific to the Korean and Korean American populations. The search yielded 38 results and both authors read the articles. After review, six papers were not included, as two of them focused on children and the remaining four did not provide relevant or added information on the cultural, structural, and psychiatric aspects of IPV.

Literature Review:

With this review we hope to provide additional insights into IPV in the Korean American population, with themes that could be translated to the larger immigrant population. Additionally, we hope to offer contextual information for providers who encounter this population in the U.S. This review

is categorized into cultural, structural, and psychiatric aspects that should be considered in understanding the reasoning for behaviors and presentations.

Culture:

Confucianism, a guiding system for people to conduct relationships, with relatives and society in general, has been highly ingrained in Korean culture for hundreds of years.⁸ An important aspect is maintaining and valuing societal order, by putting societal needs above oneself and family members, and upholding familial order through patriarchal-based gender roles played by the husband and wife.^{8,9} As part of their gender role, women must maintain awareness of the social order.¹⁰ When a woman marries her husband, she leaves her subordinate position in her family and becomes a subordinate of her husband (or son if her husband dies).⁸ This subservient role over the course of her life is called the “three submissions”¹¹ or *Sam Jong Ji* principle. As part of this, her primary duty is to bear sons⁸ to continue her husband’s family line and to rear children.⁹ A husband’s role is to financially support the family, and his ability to fulfill this is how society evaluates him.¹² The combination of the cultural expectations of respecting those above in the hierarchy (whether it is the elderly, authority figures, or individuals of higher seniority), the importance of family reputation to preserve society’s face, the pride of suffering and grit, and the paternalistic societal and familial structure have important implications for IPV.¹³

To preserve overall harmony, an individual’s and/or family’s problem(s) may be minimized and hidden from others.¹⁴ If abuse is suspected by outsiders, it is considered rude to intervene; doing so may destabilize the overall societal balance.¹⁵ Justification for abuse is preventing the loss of respect in the community as family honor and reputation are important.¹¹ If the wife cannot fulfill her role, she may endure violence and manipulation from her husband.^{15,16} Raping women can be justified as a non-abusive act to fulfill the goal of bearing a son and can be easy to hide in a sexually conservative society such as South Korea.^{8,15} The wife is also a vessel for blame for the family’s problems and can be painted as a scapegoat.⁸ Given the subordinate role and societal expectation, including being married to one man for her entire life, the woman stays in her marriage until her duties as a mother are complete.¹⁵ This includes putting the needs of her children over her own, including her own safety in instances of abuse (unless the

child's life is in danger).⁹ The stigma of mental health issues with the task of maintaining societal harmony may lead to repressed anger and internal anguish about a woman's distress as she can't divulge information about her abuse.^{3,10,17}

The population of Korea, in general, views IPV as a personal problem, not a societal one.¹⁸ Korean women reported feeling that victims should try to understand their perpetrators and they ask to be beaten, coinciding with Confucian values.¹⁸ In North Korea, there is a higher emphasis on Confucianism, and in North Korean immigrants in South Korea, Confucianism is a tool for control and a basis for propagating violence.¹⁹ Thus, the propensity for violence in IPV is higher, and Confucianism is a risk factor for IPV.¹⁹

In a study of women attending a university in Seoul and were in a relationship for 1+ months and not living with their partner reported being controlled and oppressed through electronic devices and online communication in addition to traditional forms of IPV.²⁰ The propagation of this violence was impacted by one's culture, and beliefs and ideas about sex.²⁰ Someone who does not align with society's patriarchal beliefs tended to not use violence,²⁰ and those with open ideas on sex and/or were sexually assertive and females, compared to males, found it easier to recognize dating violence.²¹ However, as the frequency of dating violence increased, the recognition of it as violence decreased.²¹

In addition to an increased frequency of dating violence, the power dynamics imparted by patriarchal cultural values result in less cognitive or emotional capacity to perceive domestic violence as deviant behavior, in women compared to men.¹⁰ Male students' recognition of violence was affected by a sexual double standard (where men are thought to take charge in sex-related decisions with stricter norms applied to women compared to men) which was based on fixed ideas of traditional gender roles affecting men and women.²¹ In contrast, men with disabilities who could not fulfill their gender roles due to their disability, particularly if they lived in a rural area, reported encountering more domestic violence than women with disabilities (who have more risk factors for discrimination).²² Thus, the emphasis of patriarchal cultural values, in addition to social structures, likely drives the high rates of IPV despite South Korea being a country with low crime rates.²³

Despite increased globalization and some deviation from the traditional gender roles, these values are still prevalent in modern and urbanized areas of Korea. The number of employed women has increased, but they are expected to manage the household in addition to work responsibilities which may include social events and alcohol consumption.²⁴ Drinking alcohol is an integral part of Korean culture, whether it is drinking with work colleagues and others for networking and socialization, respectively, or as a societally accepted form of coping.²⁴ Women are held to a double standard when it comes to consuming alcohol and public drunkenness, something publicly tolerated with men.²⁴ It is less acceptable for women to seek help for alcohol use issues compared to men and are shamed by other women for drinking.²⁴ This leads to delays in care as they feel they have more to lose (being deserted or getting divorced).²⁴

Similarly, shame surrounding IPV may prevent one from seeking help, or speaking up on behalf of their victimized peers, propagating a high tolerance for IPV.⁸ This can result in a culture-bound syndrome called hwa-byung, defined as “an illness that results from the suppression of anger, or hwa, or the projection of anger into the body due to certain repressive aspects of Korean culture.”²⁵ Per Park, Kim, and Schwartz-Barcott, et al,²⁵ hwa-byung is related to hahn, “an indigenous form of lamentation” and “simmering” as it is not socially acceptable to express hwa/anger, due to it subsequently affecting “social harmony.”²⁵ Feelings are internalized²⁵ and Korean women must suppress anger and rage to maintain family, and subsequently society’s, harmony.¹⁰ Thus, victims suffer from both repression and suppression of internal distress and anger due to Confucian values.

In addition to ingrained cultural views, Korean immigrants have the additional challenge of integrating into a Western culture. The definition of abuse may vary from culture to culture, with a fine line between punishment and abuse.²⁶ There is some thought that educating immigrants about the new country’s policies regarding abuse is moot as typically, the immigrants are aware, but justify their actions with cultural/religious reasons.²⁷ Immigration itself poses a threat to the values of Confucianism and gender roles. Due to financial difficulties, women may find employment in addition to fulfilling their duties as a wife and mother, and men may feel threatened with a loss of identity as the breadwinner.¹¹

Additionally, the dynamics between parents and children may change because of cultural differences between the two generations and the language used for communication.¹¹ There are varying degrees of acculturation, combining two cultures through the adoption of another culture, compared to enculturation which is adapting to the host culture for purposes of socialization and meaningfully participating in the host culture, with immigration and one indicator being whether one can engage in the language of the country they are in, subsequently affecting their perception of abuse.²⁶

In a study looking at Korean American physicians, less encultured physicians, those who have not adapted as well to the U.S. culture, screened less for IPV in patients than more encultured physicians.²⁸ They also provided less resources, did not help patients presenting for IPV, did not recognize IPV outside of specific situations, and diminished the victims' concerns.²⁸ Women victims with more patriarchal values were at a higher risk of IPV and more acculturated women (assumed to have less patriarchal values) were more help-seeking, readily revealed information about IPV, and received treatment.²⁶ Similarly, in clergy, older, male, less acculturated Korean ministers who adhered to more Korean (Confucian) cultural values were less likely to support victims from a safety standpoint; the opposite was also found to be true that younger, female, less patriarchal Korean ministers who have lived longer in the U.S. were more likely to support victims.¹³ However, even for the clergy that support victims, there may be a conflict between promoting the safety of the battered woman versus preserving the "sacredness of marriage."¹³

Manifestation of abuse towards women can be insidious and gradual. A husband can limit his wife's contact with her family in their native country and discourage or prevent her from learning English, stymieing her acculturation.¹¹ A wife who is a victim of IPV may not leave her husband for multiple reasons including keeping face, the stigma of divorce, family's immigration status, and/or losing her children.¹¹ Male perpetrators can be understood by looking at the gender role expectations and their presentation of anger.²⁹ Kim and Zane²⁹ discussed independent self-construal versus an interdependent view of self: those with an independent self-construal tended to be more autonomous and aligned with a Western perspective while those with an interdependent view of self found meaning in the larger context

of social relationships, a more Eastern perspective. Gender ideologies are assumed to be stronger in Eastern compared to Western cultures.²⁶ It was expected that Korean American men in the study would have an interdependent view of self, less anger, and more anger control, however, it was found that they had more anger and less anger control as well as more psychosocial stressors (economic, occupational, and immigration stresses, in combination with lack of help-seeking behaviors).²⁹ One's emotional regulation may also depend on acculturation, with more acculturation in a Western society leading to a more independent self-construal.

To relieve acculturative stress, Korean Americans go to church to participate in church activities and socialize with others in the community as the majority practice Christianity (71%).^{26,30,31} Religion itself is viewed as a vessel to propagate cultural values to the next generation.³¹ The relationship Korean Americans have with clergy impacts their experience of IPV. Clergy can reduce the occurrence of IPV by discouraging substance use and providing informal couple's therapy.³¹ Conversely, they can propagate IPV by silencing and invalidating victims, normalizing abusive behaviors, and/or preaching harmful beliefs about men and women.³⁰ Religiously affiliated women had a higher risk of sustaining IPV.³¹ The variations in engagement in religious services in both members of the couple affected the degree of IPV; likely when both individuals in a couple engaged similarly with religious services, there was less likely to be IPV due to potentially more harmony in the marriage.³¹

Structure

In Korean and Korean American populations, sociodemographic and educational backgrounds of men and women are related to IPV. Lower education in women is associated with victimizing and inciting verbal abuse towards husbands and in men is associated with increased chance of violence, particularly verbal violence, towards partners compared to those with higher (college) education.^{20,32} Male victims with higher education are less likely to report victimization than those with a lower education (elementary school or less).²³ One article found that in pregnant women, higher education increased the risk of IPV, and socioeconomic status (SES) did not change the risk for IPV, however, this is contradictory to prior studies where younger and unemployed pregnant women were at an increased risk for IPV.³³ A woman in

a relationship may be financially dependent on her husband due to not working as much comparatively.³⁴ A woman's social position and socioeconomic background might impact how she responds to abuse as those who are less tolerant and have the means to are more likely to leave.⁸

In Korean American immigrants, financial and acculturation difficulties can arise due to language barriers, and parents may need to rely on their children for translation/interpretation.¹¹ Breadwinners may need to work jobs that are below their education and skill level, increasing overall stress levels.²⁹ Additionally, loss of familial support (such as extended family) can lead to increased demands at home and less perceived freedom, leading to increased risk of violence.¹⁴ Social support in the new country can either help or hurt depending on the supports' personal beliefs and/or what they encourage.

For example, Korean religious organizations in the U.S. provide a sense of community and aid to their patrons such as social functions, social welfare, education, recreation, job opportunities, business connections, financial support, health-related information and services, and emotional support.^{30,31} Clergy present in the U.S. for longer may be more familiar with the available resources and laws, thus provide better guidance.¹³ Conversely, Korean American clergy may be incentivized to recommend women not seek help from others to not portray Korean American men as criminals.¹³ One study found that Korean American women hoped the clergy and the police were sources for intervention, however, they were seen as supporting the maintenance of the violence.¹⁴ Even with this, as previously explained, victims are at the mercy of clergy's acculturation and views. This combination of limited language proficiency, economic stress, and social isolation leads victims to possibly have little knowledge of or access to services available to them should they require assistance.¹³

South Korean law and policy for IPV was implemented more recently, 1998, compared to the U.S., 1975.¹² As a result, there was an increase in resources for victims such as medical facilities, physicians, legal help, and shelters⁹, however, with caveats. The laws protecting victims are limited to violence between spouses only, despite the prevalence of IPV being two times lower in married couples compared to unmarried women, leaving the majority unsupported.³⁵ Additionally, stigma limits the use of these resources. For example, single mothers who left their abusive partners are not recognized as a

legitimate family structure in society and proponents of male privilege see social service organizations for battered women as propagation of an illegitimate family structure.¹⁶ While there is progress, there are significant limitations to change in the Korean population as compared to other developed countries.

Psychiatric

Hwa-byung, a culture-bound syndrome, is closely related to depressive and anxiety symptoms, however, with a more somatic focus.²⁵ It is typically viewed as a chronic illness that lasts for approximately 10 years after symptom-onset.¹⁰ In Korea, the prevalence of hwa-byung may be 4.2%, whereas in Korean Americans, the prevalence is about 11.9%.²⁵ Co-morbid major depression often presents with more physical complaints rather than emotional changes.¹¹ The overall level of distress and mental disorders increases in subsequent generations of immigrants (cumulative multigenerational trauma) due to the impact of acculturation and subsequent generations being involved in two distinct, and at times conflicting, cultures.¹⁴

Diagnoses of post-traumatic stress disorder (PTSD), borderline personality traits, and depression affect both perpetrators and victims before and after the act of violence itself.³⁶ Men perpetrators have an association with a prior diagnosis of depression and borderline personality disorder, and those with borderline personality traits incite violence but also receive it.³⁶ Treatment of these three disorders in both populations can reduce recurrent IPV in female victims.³⁶ There is a further correlation of anxiety, drug use, and suicide attempts with IPV, with higher anger, poor self-esteem, poor social support, and particularly depression affecting suicidal ideation.³⁷ The risk for anxiety disorder was highest in those who experienced sexual IPV, and those who experienced physical IPV had an association with alcohol use disorder.³⁵ In battered Korean American women, similarly, there was worsened self-esteem, depression and suicidality in response to perceiving that they have no option to leave their relationship.^{11,14} In a study of couples attending university in South Korea, men exposed to childhood domestic violence were more tolerant of using violence, and there is a subsequent increase in the risk for IPV.¹⁹ Women with victimization histories commonly had childhood neglect and are more likely to have

IPV experiences in the future, partly due to negative psychological outcomes from the first abusive incident.^{34,36}

From a national survey of Korean women, those who experienced mostly sexual abuse had a higher prevalence of a psychiatric diagnosis or ever having a mental disorder in their lifetime (specifically major depressive disorder, anxiety disorders, and nicotine dependence).³⁵ Specifically, married Korean women are more likely to have depression and middle-aged women have a higher chance of developing moderate-severe depression if they engage in and receive verbal IPV and are victims of physical IPV compared to those that do not.^{3,34} Women with depressive symptoms tend to have a higher chance of experiencing IPV suggesting that their own mental state may lead them to choose partners with significant mental health issues, such as substance use, conduct disorder, and impulse control issues, which, in turn, can further exacerbate IPV.³ A victim's ability to cope and identify harmful situations can be affected by depression, and they may also look like good targets for abusers due to the way they present themselves including their affect and other depressive symptoms.³⁴ In contrast, a study conducted by Park, Park, Jun, and Kim¹⁷ showed no relationship between IPV, depressive symptoms, and suicidal ideation in married Korean women, but there was likely a mediating factor of gender roles. Women victims self-identifying with traditional gender roles reported higher depressive symptoms and suicidal ideation compared to those without a traditional role in the family.¹⁷

For Korean American men, the cumulative effect of one's personal history (including high alcohol intake, "unemployment, antisocial behavior, and conflicts with partners"¹¹), avoidant attachment style, poor anger control, and life stressors (difficulty adjusting to a new life in the U.S. and possible loss of occupational status) contribute to spousal abuse.¹¹ Men with lower SES are reported to have more psychological distress and depression due to feeling they can't fulfill their gender role which subsequently was associated with physical violence incited by male partners.¹² However, another study found no association of IPV victimization/perpetration and depression in men.³ Korean American men have stronger interdependent self-construals, where one's self-worth is linked to where they fit in the social

schema and how they are perceived by others.²⁹ Therefore, they have less incentive to alter social relationships and IPV is more likely to be hidden to preserve one's own self-worth.

Substance use is common in Korean men and specifically, older men with familial issues and heavy alcohol use were victims of physical IPV.^{32,36} In Korean women the rates of alcohol use disorders have almost tripled between 1992 and 2002, with women in their 20s having the same rate of high risk drinking as men.²⁴ Severe alcohol use disorder requiring treatment in a facility manifests more quickly in women compared to men (in 4-5 years of heavy drinking versus 10+ years in men).²⁴ Stress and conflict from family and marital issues, including unfaithfulness in the form of infidelity by husbands are inciting factors of alcohol use in women, but can also increase their risk of perpetrating physical IPV towards their spouses and children.^{24,32} They also present with depressive symptoms and have poor views of themselves and their lives but have a stronger "feminine identity."²⁴

In general, Korean American victims have increased substance use¹¹ and in Korean victims, alcohol use is strongly associated with IPV and may be used as a coping mechanism after the abuse has occurred.³⁵ In the U.S., it was found that religious individuals drink less alcohol, thus reducing subjection to increased conflict between partners due to disinhibition.³¹ Religious men are less likely to be violent, but it did not matter what victims' religious beliefs were with regards to sustaining IPV.³¹

A study by Ko & Park¹⁵, assessed the behavioral and psychiatric aspects of IPV victims and perpetrators. Victims' self-esteem declined rapidly while they continued to stay with the perpetrator, leading to isolation, and the response to others showing positive feelings was suspiciousness.¹⁵ With more abuse, they felt anger, shame, and extreme guilt (to the point of self-blame) which continued when prior abusers pursued them after the relationship ended.¹⁵ Victims experienced trauma-and-stressor-related symptoms, including avoidance, after separating from the perpetrator and ruminated on memories of the abuser.¹⁵ These maladaptive behaviors hindered the process of forming positive relationships later.¹⁵

Additionally, because perpetrators changed behaviors from initial stages of relationship to time of abuse, victims had difficulty trusting others and engaging with those who reminded them of their abuser.¹⁵ This affected future relationships and victims took into consideration the family environment.¹⁵ Victims

entered new relationships anxiously, purposefully hid information (such as home and work location) and compared the new partner to the prior perpetrator.¹⁵ They would act as the weak counterpart, and it became difficult to navigate the new partner's negative emotions with subsequent fear and anxiety responses.¹⁵

Per Kim and Kim³⁸, "a battered woman's behavior can be conceptualized as unresolved grief in the form of multiple losses of role, self-esteem, security, and anticipatory losses."³⁸ Those with more family and social support had lower levels of depression and were subjectively happier than those without.³⁷ Similarly, staying in shelters with other women victims and receiving support in that way could help lower anxiety/depression.³⁸ A victimized woman's decision to continue to stay with her partner (perpetrator) may depend on the subsequent negative emotions and physical harm felt after the violence.⁹ Verbal IPV was a factor in the association between low satisfaction level in family relationships and the incidence of depressive symptoms.³

Discussion

In order to identify, treat, and prevent IPV in Korean Americans, it is important to acknowledge the role of culture, societal structure, and the prevalence and association of psychiatric disorders in this population that play a role in IPV. Confucianism, the underpinning of the Korean population, negatively affects the recognition of violence and victims' actions. These beliefs may be tempered in Korean Americans, but there will likely still be remnants present, as was observed in North Korean immigrants in South Korea.¹⁹ The main cultural themes implicated in IPV include gender roles (and resulting power dynamics) that disproportionately affect women, patriarchal values, oppression and control, and the importance of family and societal harmony. In Korean Americans, immigration may affect social support and cause financial difficulties which disrupt gender roles and the traditional family structure.¹¹ Gender roles are also implicated in men's self-view and subsequent regulation of emotions, leading to perpetration of IPV.^{21,22,29} The patriarchal values with methods of oppression and control in Korean Americans can affect wives' acculturation and social support which, in combination with the complexities associated with immigration can propagate IPV.¹¹ It was also found that these patriarchal values in

combination with Christian religious beliefs further propagated cultural values through less acculturated clergy which can be harmful for victims.^{13,30,31} The engagement in religious organizations is how Korean Americans receive social support, especially with the loss of traditional forms of social support.^{30,31} The family structure in immigrants may change with children may have to play a larger role in helping their parents engage with the new community.¹¹ Familial harmony, and thus societal harmony, may be disrupted by these changes.

Alcohol consumption was noted to be an important component in Korean society and hwa-byung, a culture-bound syndrome, can be a consequence of IPV. In Korean Americans, the additional stressors of immigration and subsequent conflict increases alcohol consumption and therefore the risk of IPV.^{24,32} This may be mitigated by religion, however, this has yet to be fully examined. In addition to alcohol use, depression was implicated in IPV in Korean Americans despite PTSD and borderline personality traits being implicated in Koreans with IPV. The lack of these findings in the Korean American population is likely due to lack of research, rather than illnesses not being present in this population. In Korean Americans, hwa-byung was highly associated with major depression that presents with somatic complaints.²⁵ Identification of this symptom complex can aid in understanding contributory stressors related to IPV. It is crucial for providers to ask questions in culturally relevant manner as IPV may be downplayed by patients given the importance of social harmony.^{13,28} However, the degree of enculturation of Korean American physicians significantly impacted the care of this population, further highlighting internal biases that can prove to be dangerous and even fatal for IPV victims and perpetrators, especially from a mental health standpoint.²⁸

Limitations

There are several limitations to this narrative review. The literature review of this topic was performed on September 23, 2021, on PubMed, so it is possible more papers and literature on this topic has been written in the interim. Only one search engine was selected to obtain articles for the literature review. Additionally, the MeSH terms utilized were with the goal of narrowing the scope of our literature review as much as possible; however, upon doing background research, we did find literature that

discussed the topic at hand, but these papers did not result when we performed our formal literature search. We did not assess the quality of the articles by way of analyzing the methods section. This was done as the quantity of articles was sparse and there was no consistency between articles with regards to methods used.

The definition of IPV is not consistent throughout the studies. Some studies mention specific types of violence or abuse that they evaluated in their study populations, not necessarily all forms of IPV. However, other studies did not provide a definition of IPV at all. Non-heterosexual relationships were not examined in any of the papers and the spectrum of gender/sexual orientations were not included in any articles.

Conclusion:

The hope of this paper is to demonstrate the factors that may contribute to the presentation, perpetration, and propagation of IPV in the Korean American population by also looking at research conducted on IPV in the Korean population. For health care workers interfacing with this population, it is important to understand the cultural, structural, and psychiatric factors that may contribute to the presentation of the patient. The added effects of immigration and acculturation with Confucian and religious beliefs separate the Korean American and Korean populations and create a unique situation for perpetrators and victims.

Even when IPV is detected and help is sought out, there is an added factor of the lack of mental health treatment utilization by the Korean American population, something that the literature cannot fully support but is inferred from general trends in the Asian American population. There is a need for further research into this population to better understand and serve their needs from an individual and public health perspective. Culturally sensitive history-taking by all providers, specifically non-psychiatric providers, is crucial to identify and address IPV in this population, especially given that it may be dismissed by same-race providers and by victims. It is clear that the issue of IPV is multifactorial, complex and unique in Korean Americans; the care and consideration of the cultural, structural, and

psychiatric factors in this marginalized population are recommended to provide thoughtful and considerate care.

References:

1. Centers for Disease Control and Prevention. Fast Facts: Preventing Intimate Partner Violence. Published November 2, 2021. Accessed August 20, 2022. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
2. World Health Organization. Violence against women. Published March 9, 2021. Accessed August 20, 2022. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
3. Han KM, Jee HJ, An H, et al. Intimate partner violence and incidence of depression in married women: A longitudinal study of a nationally representative sample. *J Affect Disord.* 2019;245:305-311. doi:10.1016/j.jad.2018.11.041
4. Peterson C, Kearns MC, McIntosh WL, et al. Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *Am J Prev Med.* 2018;55(4):433-444. doi:10.1016/j.amepre.2018.04.049
5. Asian Pacific Institute on Gender-Based Violence. Statistics on Violence Against API Women. Accessed August 20, 2022. <https://www.api-gbv.org/about-gbv/statistics-violence-against-api-women/>
6. Yoshihama M, Dabby C, Luo S. *Facts & Stats Report, Updated & Expanded 2020 Domestic Violence in Asian & Pacific Islander Homes.*; 2020.
7. Park SY, Cho S, Park Y, Bernstein KS, Shin JK. Factors Associated with Mental Health Service Utilization Among Korean American Immigrants. *Community Ment Health J.* 2013;49(6):765-773. doi:10.1007/s10597-013-9604-8
8. Choi M, Harwood J. A Hypothesized Model of Korean Women's Responses to Abuse. *Journal of Transcultural Nursing.* 2004;15(3):207-216. doi:10.1177/1043659604265115
9. Kim JY, Lee JH. Factors influencing help-seeking behavior among battered Korean women in intimate relationships. *J Interpers Violence.* 2011;26(15):2991-3012. doi:10.1177/0886260510390946
10. Choi M, Belyea M, Phillips LR, Insel K, Min SK. Testing women's propensities to leave their abusive husbands using structural equation modeling. *Nurs Res.* 2009;58(6):435-443. doi:10.1097/NNR.0b013e3181b4b5fb
11. Han AD, Kim EJ, Tyson SY. Partner Violence Against Korean Immigrant Women. *Journal of Transcultural Nursing.* 2010;21(4):370-376. doi:10.1177/1043659609360710
12. Kim JY, Oh S, Nam SI. Prevalence and Trends in Domestic Violence in South Korea: Findings From National Surveys. *J Interpers Violence.* 2016;31(8):1554-1576. doi:10.1177/0886260514567960
13. Choi YJ. Determinants of Clergy Behaviors Promoting Safety of Battered Korean Immigrant Women. *Violence Against Women.* 2015;21(3):394-415. doi:10.1177/1077801214568029
14. Sorenson SB. Violence against women: Examining ethnic differences and commonalities. *Eval Rev.* 1996;20(2):123-145. doi:10.1177/0193841X9602000201

15. Ko Y, Park S. Building a New Intimate Relationship After Experiencing Intimate Partner Violence in Victim-Survivors of South Korea. *J Interpers Violence*. 2020;35(1-2):3-24. doi:10.1177/0886260518814265
16. Kim B, Titterington VB, Kim Y, Wells W. Domestic violence and South Korean women: The cultural context and alternative experiences. *Violence Vict*. 2010;25(6):814-830. doi:10.1891/0886-6708.25.6.814
17. Park GR, Park EJ, Jun J, Kim NS. Association between intimate partner violence and mental health among Korean married women. *Public Health*. 2017;152:86-94. doi:10.1016/j.puhe.2017.07.023
18. Han YR, Jeong GH, Kim SJ. Factors influencing beliefs about intimate partner violence among adults in South Korea. *Public Health Nurs*. 2017;34(5):412-421. doi:10.1111/phn.12326
19. Nam B, Kim JY, Ryu W. Intimate Partner Violence Against Women Among North Korean Refugees: A Comparison With South Koreans. *J Interpers Violence*. 2020;35(15-16):2947-2970. doi:10.1177/0886260517699949
20. Arenas-Carbellido C, Arias Astray A, Emery CR. Dating Violence Heterogeneity in University Couples. The Cases of Spain and South Korea. *Soc Work Public Health*. 2020;35(6):368-379. doi:10.1080/19371918.2020.1775747
21. Kim Y, Lee E, Lee H. Sexual Double Standard, Dating Violence Recognition, and Sexual Assertiveness among University Students in South Korea. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2019;13(1):47-52. doi:10.1016/j.anr.2019.01.003
22. Kim KM, Lee BH. Risk factors associated with domestic abuse directed at adults with disabilities in South Korea. *Disabil Health J*. 2016;9(3):491-497. doi:10.1016/j.dhjo.2016.01.003
23. Ferrareso R. Risk and protective factors associated with intimate partner violence in a nationally representative sample of Korean men. *Journal of Preventive Medicine and Public Health*. 2020;53(2):135-142. doi:10.3961/jpmph.19.292
24. Kim W, Kim S. Women's alcohol use and alcoholism in Korea. *Subst Use Misuse*. 2008;43(8-9):1078-1087. doi:10.1080/10826080801914212
25. Park YJ, Kim HS, Schwartz-Barcott D, Kim JW. The conceptual structure of hwa-byung in middle-aged Korean women. *Health Care for Women International*. 2002;23(4):389-397. doi:10.1080/0739933029008955
26. Kim C. The impact of perceived childhood victimization and patriarchal gender ideology on intimate partner violence (IPV) victimization among Korean immigrant women in the USA. *Child Abuse Negl*. 2017;70:82-91. doi:10.1016/j.chiabu.2017.05.010
27. Sorenson SB. Judgments about intimate partner violence: A statewide survey about immigrants. *Public Health Reports*. 2006;121(4):445-452. doi:10.1177/003335490612100413
28. Chung GH, Oswald RF, Hardesty JL. Enculturation as a condition impacting Korean American physicians' responses to Korean immigrant women suffering intimate partner violence. *Health Care Women Int*. 2009;30(1-2):41-63. doi:10.1080/07399330802523568

29. Kim IJ, Zane NWS. Ethnic and Cultural Variations in Anger Regulation and Attachment Patterns among Korean American and European American Male Batterers. *Cultur Divers Ethnic Minor Psychol*. 2004;10(2):151-168. doi:10.1037/1099-9809.10.2.151
30. Choi YJ, Orpinas P, Kim I, Ko KS. Korean clergy for healthy families: online intervention for preventing intimate partner violence. *Glob Health Promot*. 2019;26(4):25-32. doi:10.1177/1757975917747878
31. Kim C. Religion, Religious Heterogeneity, and Intimate Partner Violence Among Korean Immigrant Women. *J Interpers Violence*. 2021;36(3-4):NP2228-2247NP. doi:10.1177/0886260518757224
32. Lee M, Stefani KM, Park EC. Gender-specific differences in risk for intimate partner violence in South Korea. *BMC Public Health*. 2014;14(1). doi:10.1186/1471-2458-14-415
33. Lee S, Lee E. Predictors of intimate partner violence among pregnant women. *International Journal of Gynecology and Obstetrics*. 2018;140(2):159-163. doi:10.1002/ijgo.12365
34. Kim J, Lee J. Prospective study on the reciprocal relationship between intimate partner violence and depression among women in Korea. *Soc Sci Med*. 2013;99:42-48. doi:10.1016/j.socscimed.2013.10.014
35. An JH, Moon CS, Kim DE, et al. Prevalence of intimate partner violence victimization and its association with mental disorders in the Korean general population. *Arch Womens Ment Health*. 2019;22(6):751-758. doi:10.1007/s00737-019-00997-x
36. Kamimura A, Nourian MM, Assasnik N, Franchek-Roa K. Intimate partner violence-related experiences and mental health among college students in Japan, Singapore, South Korea and Taiwan. *International Journal of Social Psychiatry*. 2016;62(3):262-270. doi:10.1177/0020764016629700
37. Jo HK, Kim HK. Factors Affecting Suicidal Ideation Among Middle–Aged Korean Women in an Urban–Rural Province. *Arch Psychiatr Nurs*. 2016;30(5):539-543. doi:10.1016/j.apnu.2016.04.010
38. Kim S, Kim J. The effects of group intervention for battered women in Korea. *Arch Psychiatr Nurs*. 2001;15(6):257-264. doi:10.1053/apnu.2001.28682