



Violence *and* Discrimination Against Asian Californians:

FINDINGS FROM THE ASIAN CALIFORNIA VIOLENCE
EXPERIENCES (CaIVEX) SURVEY 2023

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EXECUTIVE SUMMARY

The past few years have seen an increase in experiences of discrimination and violence faced by Asian Americans, but we have little understanding of the connection between discrimination and violence and their impact on mental health in these communities. In 2023, we examined these issues among Asian Californians. As part of our larger 2023 Californian Violence Experiences Survey (CalVEX), which focuses on experiences of diverse forms of violence across the lifespan, we included an oversample of Asian Californians. We partnered with the survey research firm NORC at the University of Chicago to conduct the online survey with approximately 3,500 California adults, inclusive of 711 Asian participants, inclusive of the following groups: Chinese, Japanese, Filipino, Indian, Southeast Asian, Other East Asian, and multiple Asian groups.

We found that 40% of Asian Californians have experienced physical violence ever, and 43% report having experienced sexual violence (assault or harassment) ever. Almost one-third of people (30%) have experienced intimate partner violence (IPV) ever, inclusive of physical, sexual, emotional, and economic abuses from a current or former romantic or sexual partner. One in seven Asian Californian adults—875,000 people in the state—experienced physical and/or sexual violence in the past year, with women more likely than men to experience this violence from a partner and men more likely than women to experience violence from stranger.

We see variation in the prevalence of these experiences of violence, with higher prevalence of violence ever among Filipinos and those of multiple Asian heritages, and past year IPV higher for Asian Indians and Southeast Asians. Few report these experiences to the authorities, especially in cases of sexual violence. We also

found that 1 in 4 Asian Californians—1.7 million people—are living with everyday discrimination and that those who are contending with this discrimination are also at increased risk for all forms of violence we assessed. We saw no variation in prevalence of discrimination across Asian ethnic groups.

Finally, we evaluated whether exposure to these experiences contribute to mental health concerns among Asian Californians. Across our Asian Californian sample, we find that those who have experienced violence and discrimination are at increased risk for a range of mental health concerns, including depression and anxiety, suicidality, and substance use and misuse. Impact on suicidality is particularly strong. Among those reporting experiences with everyday discrimination, we see an 11-fold greater risk for suicidality.

What can we do about violence and discrimination against Asians in California?

- *Funding for violence prevention should be earmarked for Asian American community organizations* to effectively reach diverse and specific Asian communities in California. Financial safety net programs, such as guaranteed housing and food security, can prevent violence and support mental health.
- *Continuation of funding of programs to stop discrimination and hate crimes against Asians* in California is needed. In 2021, the State of California invested \$110 million in its “Stop the Hate” funding program, which funds direct services for survivors of hate, as well as hate prevention and intervention services. However, this budget will end in 2024, despite limited time for existing efforts to have had impact.

- ***State policies can address harassment and discrimination in public spaces.*** California has policies to collect data on harassment on public transit (SB 1161), monitor and share these data for the ten largest transit agencies in the state (SB434), and support training and certification of businesses to create environments free of discrimination and harassment (AB 2448). These policies should be expanded beyond public transit and businesses to include schools, health care settings, and public spaces.
- ***IPV prevention and intervention tailored for Asian Indian and immigrant Asian communities*** must be prioritized, and these

efforts will require approaches that do not require engagement in criminal justice systems, as these approaches can be a deterrent in reporting for immigrants.

- ***Health equity policies should include outreach to Asian communities,*** particularly for mental health services, and trauma informed mental health services must include consideration of traumas due to racial/ethnic discrimination and hate crimes. These services would benefit from connection to diverse Asian communities to improve access and reduce stigma related to receipt of services.

BACKGROUND

Asians in California

Asian Americans are the fastest growing racial/ethnic population in the United States (U.S.), doubling in size since 2020 [1]. Nearly one-third of all Asians in the U.S. live in California [1]. Approximately one in six Californians is ethnically Asian, and within the past decade, the Asian American population in California has grown 27% [2].

While Asian Americans are the fastest growing immigrant population in the U.S. and California [3], there are also multi-generational Californians of Asian heritage due to the long history of Asian labor migration in the state [4]. Dating back to the 1800s, Asian migrants, many from China, Japan, and the Philippines, primarily served as low-cost laborers for white-owned businesses and industrialists, with racism and racist policies often denying them rights to wealth generation and permanent residency [4, 5]. Cycles of anti-Asian sentiment and restrictive immigration policies continued throughout the 20th century, such as the Gentleman's Agreement of 1907–8, limiting Japanese and Korean immigration, and the Immigration Act of 1917, barring Southeast Asian immigration during World War I [5]. In the later 20th century, U.S. policies restricted migration to individuals with higher education, namely scientific and technological skills. These policies led to the increased immigration of highly educated Asians, often from China, India, and Korea, which allowed them to leverage those skills into income generation. Asylum seekers from Southeast Asia also entered the United States in the later 20th century as refugees, typically coming from nations where U.S. armed forces presence contributed to the devastation of their nations, such as Cambodia, Laos, and Vietnam [4]. Filipino migration was heavily influenced by U.S. colonial rule in the Philippines from 1898–1946.

These immigration patterns over the past 200+ years have led to a diverse and growing Asian population in the state. Today, the largest Asian ethnic subgroups in California are Chinese, Filipino, Indian, Vietnamese, Korean, and Japanese, with Nepali and Mongolian as the two fastest growing populations in the past decade [6, 7]. While Asian Californians have higher educational attainment and income relative to Californians on average, this is not true for all Asian subgroups, pointing to the need for disaggregated data about diverse Asian communities. For example, among Hmong Californians, less than one-third hold a college degree and less than half are homeowners [8]. Nonetheless, across Asian subgroups and regardless of socioeconomic positioning, we find that issues of discrimination are substantial, with indication of increasing discrimination in recent years [9].

Discrimination and Violence Against Asian Americans

Asian Americans have faced discrimination across their history in the U.S., and even prior to the COVID-19 pandemic, there were indications of a rise in anti-Asian discrimination and discriminatory violence or hate crimes [9]. High profile attacks on elderly Asian Americans during the pandemic helped increase awareness of these concerns and led to research to examine anti-Asian hate [10]. The organization Stop AAPI Hate began tracking acts of hate, including but not limited to crimes, and has received over 11,000 reports of hate against Asian Americans (AA) and Pacific Islanders (PI) since the start of the pandemic [11]. Stop AAPI Hate's nationally representative survey of AA and PI adults found that nearly half (49%) have experienced racial/ethnic and other forms of discrimination that may constitute a civil rights violation, but only 21% of

these incidents were reported [12]. Discriminatory experiences compromise mental and physical health and functioning [13], and may even escalate risk for perpetration of violence against others [14, 15].

Statewide data are now available to understand these issues across racial/ethnic groups. The [California Violence Experiences \(CalVEX\) Survey](#), which has been conducted annually since 2020, offers data on experiences of discrimination and violence in the state [16]. Findings from this work indicate that Asians are less likely to experience

violence relative to Black and Latinx Californians. However, broad comparisons between Asian Californians and other racial/ethnic groups can mask increased vulnerabilities to violence for Asian sub-populations, particularly those who are contending with socioeconomic risks and vulnerabilities. Further, prior research from CalVEX has not focused on the associations between discrimination and violence by race/ethnicity, which is important given that discrimination is often based on race/ethnicity.

INTRODUCTION

Purpose of this Project

The purpose of this project is to 1) examine violence and discrimination experiences among Asian Californians, 2) assess whether these experiences differ across Asian subgroups, and 3) determine whether exposure to these experiences contribute to risk for mental health concerns among Asian Californians.

How we conducted the CalVEX 2023 Survey and obtained an Asian oversample

In March–May 2023, we implemented the online CalVEX survey with 3,560 adult Californians. We partnered with the survey research firm NORC at the University of Chicago, who conducted this year's survey with a focus on garnering greater responses from Asian Californians, enabling us to include 711 Asian participants in this study. This sample included at least 50 participants from each of the four largest Asian Californian ethnic subgroups: Chinese, Japanese, Filipino, and Indian; we subcategorized other groups for analysis, detailed below.

The CalVEX 2023 survey is a 15-minute online survey conducted with a statewide sample of adults residing in California and asks about experiences with physical and sexual violence, discrimination, mental health, and a range of other related constructs. Survey research group NORC implements their survey with existing panels of random approach and opt-in respondents. For more details on survey procedures, please see the CalVEX 2023 survey report [16]. The survey was offered in English and Spanish. It was not offered in Asian-specific languages, as Asian language was not used at the time of recruitment for the online panel. English reading comprehension for these respondents often exceeds their verbal fluency. Likely, we are

limited to representation of Asian respondents with English language proficiency and comfort with online surveys.

How we analyzed the CalVEX 2023 Survey and the Asian oversample for this report

We present prevalence rates of violence and discrimination for the Asian Californian sample by Asian subpopulation ethnicity and for California as a whole. Asian categorizations included:

- Each country of heritage with 50 or more respondents: Chinese, Filipino, Japanese, and Indian (including mixed race with one Asian ethnicity in these categories);
- Aggregate regions as follows: Other East Asian [Korean, Mien, Taiwanese], Southeast Asian [Burmese, Cambodian, Hmong, Khmer, Laotian, Malaysian, Singaporean, Thai, Vietnamese, Indonesian];
- Multiple Asian Heritages (for example, Chinese and Indian)

Only 7 respondents did not fit into these categorizations (indicating Afghan, Bangladeshi, or Pakistani heritage), and 21 did not specify their heritage. Those of mixed race with one Asian identity were categorized within that one Asian identity group. All data are weighted to represent California census data for the adult population as a whole with regards to a number of factors including age, education, income, metropolitan area residence, and region of the state, with the caveat that non-English speakers and those uncomfortable with online surveys may be under-represented or missing from these data. Qualitative data was categorized into five main themes: physical violence, sexual violence, intimate partner violence, racial discrimination, and other types of violence.

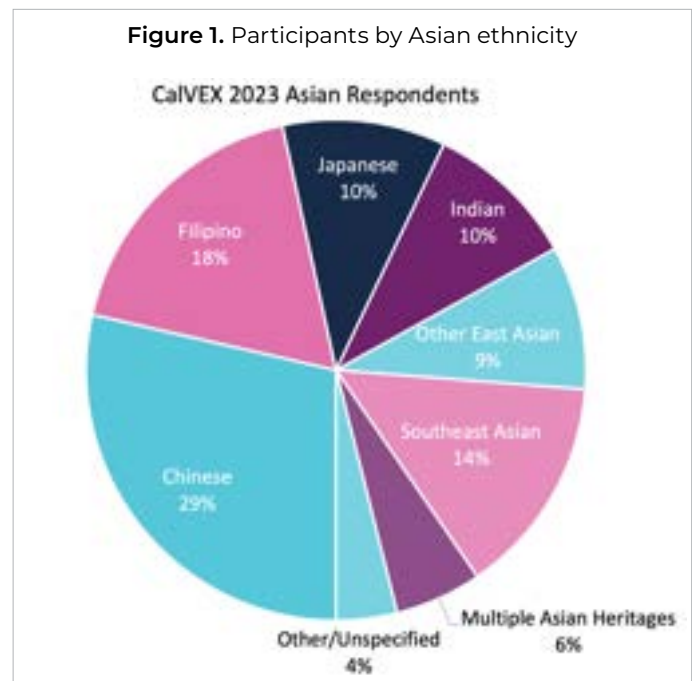
WHO WERE OUR ASIAN CALIFORNIAN PARTICIPANTS?

Participants were aged 18 to 87 years old, with a median age of 41 years [IQR 31–55]. The largest ethnic groups were: Chinese (29%), Filipino (18%), Indian (10%), and Japanese (10%) (see Fig 1.). One-third (35%) of our participants were born outside the US, which is under-representative of Asian Californians. The gender identity of participants is 42% women, 54% men, and 3% non-binary, gender fluid, gender queer, or other self-described gender identity. We do not report on rates specific to the non-binary/self-described category due to small absolute number of respondents (n=10) to ensure confidentiality.

One in seven (14%) had less than a high-school education, 28% had a high school diploma or GED, 29% had a 4-year college degree, and 30% held a graduate degree. Over half (53%) reported an annual household income of at least \$100,000 and 15% had household incomes less than \$30k. More than one in eight (13%) identified as lesbian, gay, bisexual, or other self-described sexual identity, while 87% identified as straight, and 23% reported having a disability.

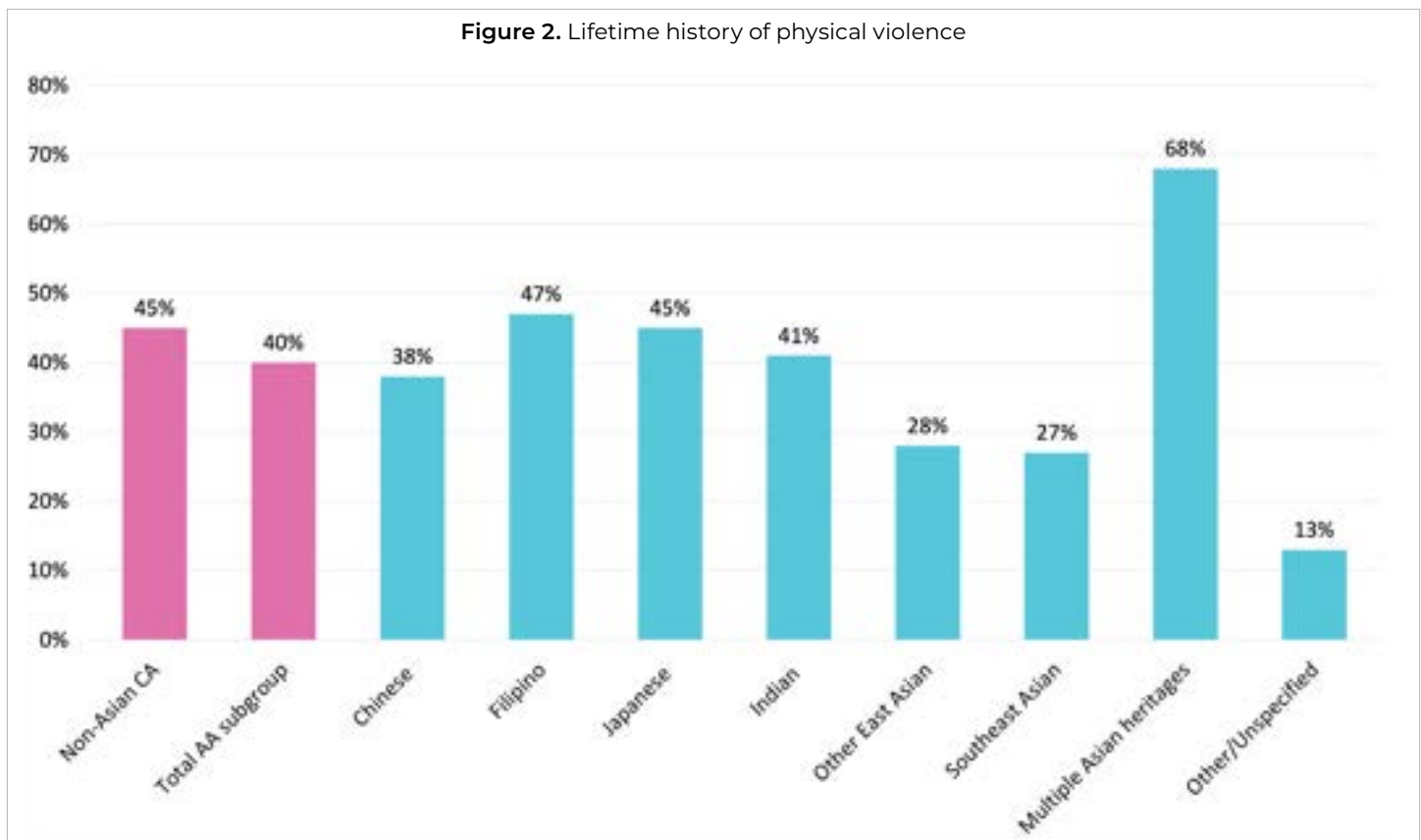
We conducted analyses to assess demographic differences between Asian ethnic subgroups and found some significant differences. In terms of age, we found that Japanese respondents were the oldest (mean age 48 years), and Indian respondents were the youngest (mean age 37 years). For education, we found that other East Asian, Chinese, and Indian respondents were most likely to hold a graduate degree (45%, 42% and 38%, respectively), where Filipino and multiple Asian heritages respondents were most likely to lack a high school education (24% and 24%, respectively). Regarding income, respondents with multiple Asian heritages, Indian, and Filipino respondents were more likely to be low-income (<30k/year) (30%, 24%, and 23%, respectively), where Chinese and Other East Asian respondents

were most likely to report household incomes of 100k+ (68% and 63%, respectively). We did find that income was associated with education, but among our Indian participants we additionally found either highly educated participants or lower income participants with less education, we found little representation of middle income participations in our Indian subsample.



In terms of nativity, Indian respondents were most likely to be born outside of the U.S. (58%), while Japanese respondents were least likely to be born outside the U.S. (11%). For sexual identity, individuals with multiple Asian heritages and Filipino respondents were most likely to identify as lesbian, gay, bisexual, or other self-described sexual identity (35% and 20%, respectively). Indian and Southeast Asian respondents were most likely to identify as straight (95% and 94%, respectively). In terms of disability, those with multiple Asian heritages and Filipino respondents were most likely to report a disability (36% for both). Chinese and Other East Asian respondents were least likely to report a disability (9% and 17%, respectively).

PHYSICAL, SEXUAL, AND PARTNER VIOLENCE AGAINST ASIAN CALIFORNIAN ADULTS



We asked about lifetime and past year victimization, including experiences with physical, sexual, and intimate partner violence:

Physical violence included physical (contact) assault, knife violence, and gun violence.

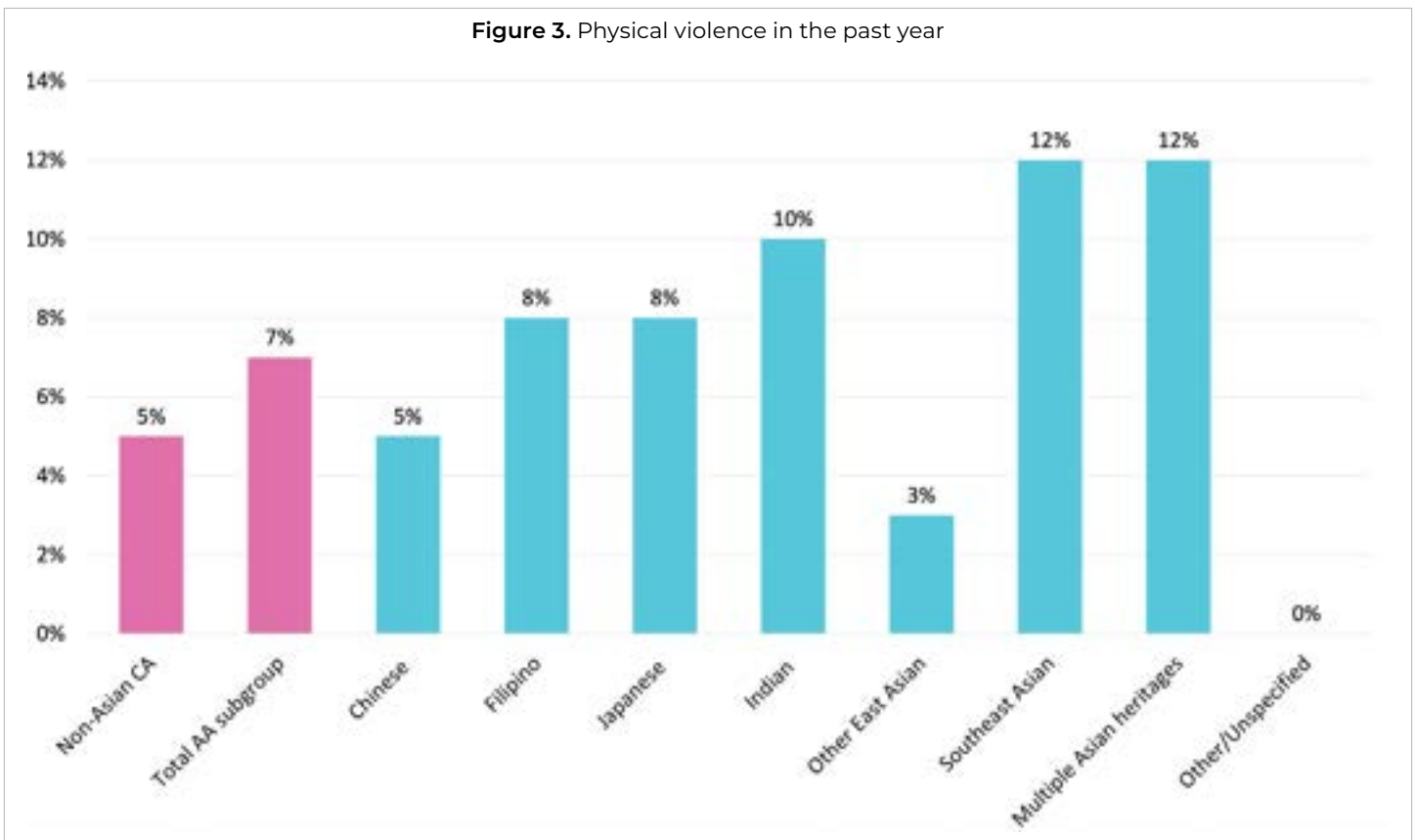
Prevalence of lifetime history of physical violence among Asian Californians was 40% (35% of women and 43% of men); this was not significantly different from that seen for non-Asian Californians. We did find a significant difference across Asian subgroups ($p < .001$), with lifetime physical violence ranging from 13% for the Other/Unspecified Asian subgroup to 68% for the multiple Asian ethnicities subgroup. Filipino

and Japanese subgroups had the next highest prevalence of physical violence, at 47% and 45%, respectively. (Fig 2.)

Prevalence of physical violence in the past year was 7% (6% of women and 6% of men)¹ among Asian Californians, which is higher than that seen for non-Asians in California, but the difference was not statistically significant. While Asian subgroups were not statistically significantly different on this outcome, we do see a range of 0–3% for the other Asian and other East Asian subgroups, to 10–12% for Indians, Southeast Asians, and the multiple Asian heritages subgroups. (Fig 3.) Inadequate sample size may affect our ability to detect statistically significant differences.

¹ Rate of past year physical violence was higher among non-binary, gender fluid, genderqueer, or other gender identity Asian Californians; however, due to confidentiality protections which prohibit reporting for group sizes ≤ 10 and the small number of Asian respondents indicating this gender identity ($n=10$), results for this group cannot be reported.

Figure 3. Physical violence in the past year



Sexual violence included non-contact sexual harassment (verbal sexual harassment, cyber sexual harassment, homophobic or transphobic sexual harassment), physically aggressive sexual harassment, quid pro quo sexual harassment or coercion, and forced sex.

Prevalence of lifetime history of sexual violence was 43% (62% of women and 26% of men) among Asian Californians. This was not statistically significantly different than the prevalence seen for non-Asians in California. We also did not see a statistically significant difference in prevalence of lifetime history of sexual violence across Asian subgroups, with all groups ranging from 35–54%. (Fig 4.)

Prevalence of sexual violence in the past year was 11% (12% of women and 6% of men) among Asian Californians, which was higher though not statistically significantly higher than that seen for non-Asian Californians. While there was not

Victimization from violence is not uncommon among Asian Californians, with 40% reporting ever experiencing this.

*1 in 14 Asian Californians—
435,000 people—experienced physical violence in the past year.*

*1 in 9 Asian Californians—
669,000 people—experienced sexual violence in the past year.*

Variation across Asian subgroups is suggested, with the multiple Asian heritages subgroup at greatest risk.

Figure 4. Lifetime experience of sexual violence

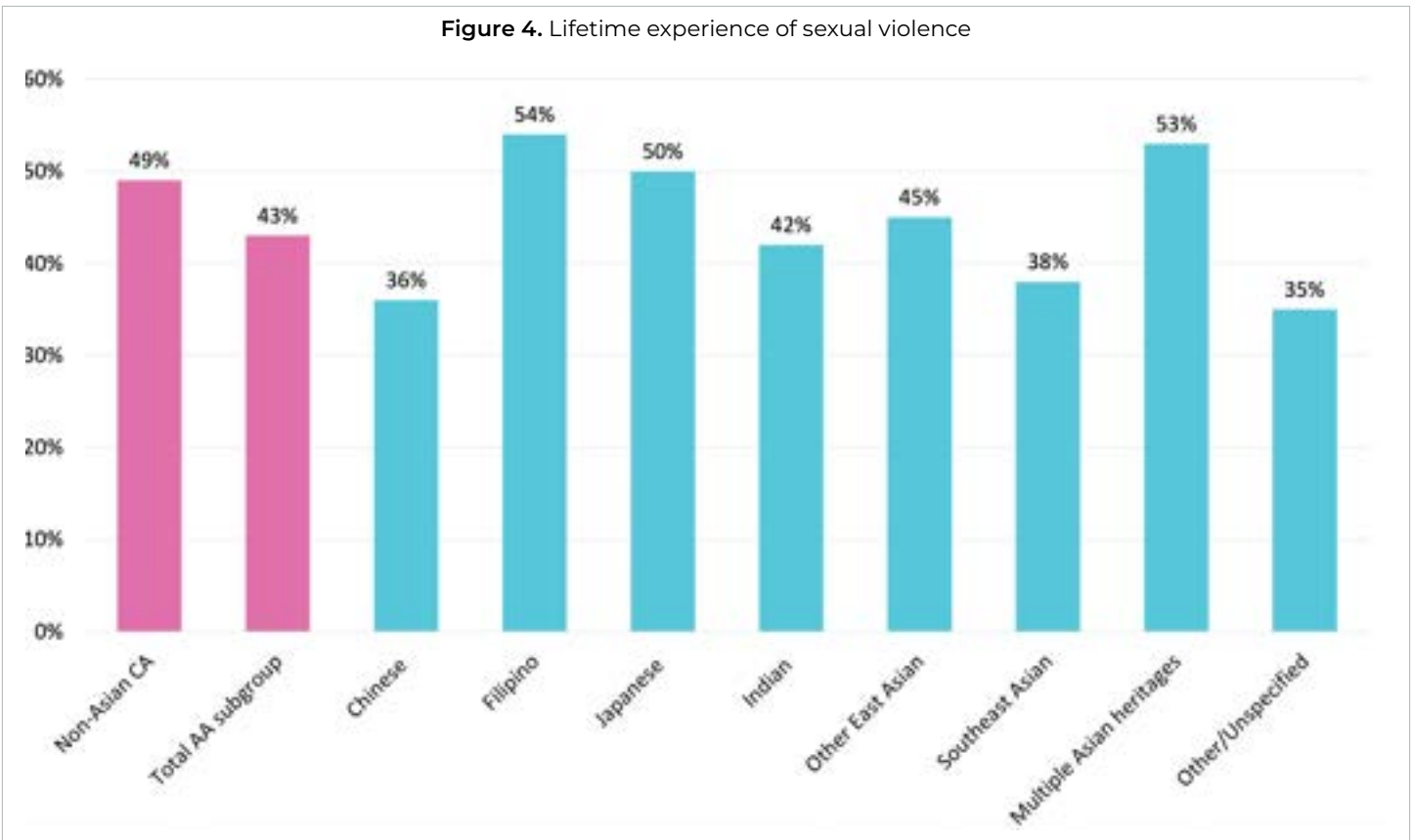
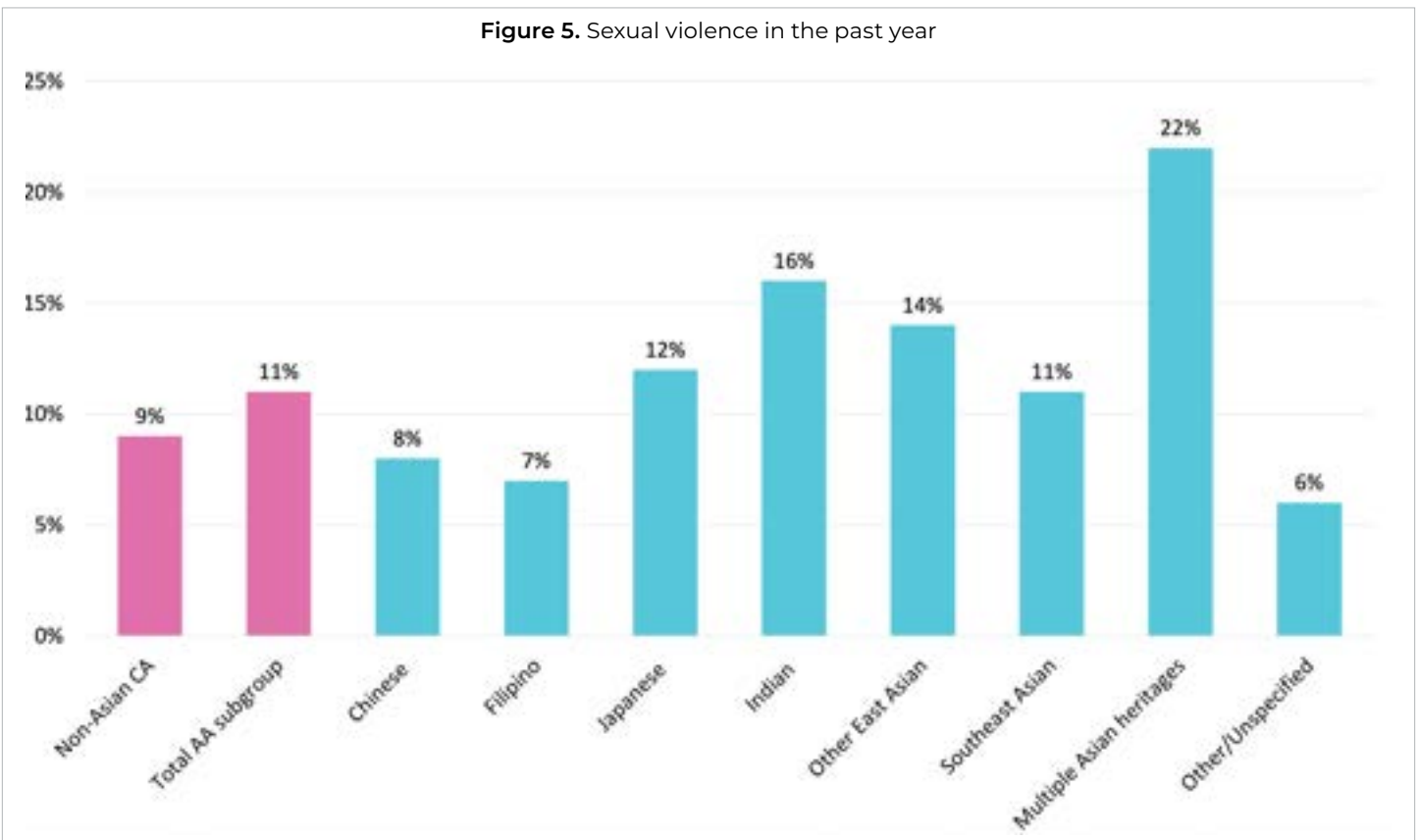


Figure 5. Sexual violence in the past year



a significant difference between Asian ethnic subgroups on this outcome, we do see a range of 6–8% for other Asian, Filipino, and Chinese subgroups, to 22% for the multiple Asian ethnic subgroup. (Fig 5.) Inadequate sample size may affect our ability to detect significant differences.

15% of Asian victims of physical violence in the past year reported it to the authorities.

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No one who experienced past year sexual violence reported it to the authorities.

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1 in 4 Asian Californians with physical violence and 1 in 3 of those with sexual violence told no one.

Disclosure of Violent Experiences. We asked those who experienced past year physical and sexual violence if they reported the experience(s) to any formal authority or told anyone, as prior research highlights both discomfort reporting experiences to police and shame in disclosure [17]. Among those who experienced physical violence in the past year, only 15% of Asian Californians (14% of women and 19% of men) formally reported it to an authority figure; 21% (23% of women and 26% of men) told no one. Among those who experienced sexual violence in the past year, no single person reported it to a formal authority figure; 29% (33% of women and 30% of men) told no one at all.

Intimate partner violence (IPV) included emotional abuse, controlling behaviors, threats or acts of physical assault, and sexual assault from a current or previous romantic or sexual partner.

Prevalence of lifetime experiences of IPV was 37% (41% of women and 33% of men) among Asian Californians, which was significantly lower than that seen for non-Asian Californians ($p < .001$). We did not see a statistically significant difference in IPV ever across Asian subgroups, but the range was notable, from 28–55%. (Fig 6.)

Prevalence of IPV in the past year was 8% (5% of women and 9% of men), slightly but not statistically significantly higher than that seen for non-Asian Californians. We see no statistically significant difference by Asian subgroup on this outcome, but we do see variation, with a prevalence of 0% and 5% reported by other Asian and Chinese subgroups, respectively, to 14–15% prevalence for the Southeast Asian and Indian subgroups. (Fig 7.) Inadequate sample size may affect our ability to detect significant differences.

1 in 3 Asian Californians has experienced IPV in their lifetime.

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*1 in 12 Asian Californians—
503,000 people—have experienced
IPV in the past year.*

Figure 6. Lifetime experience of IPV

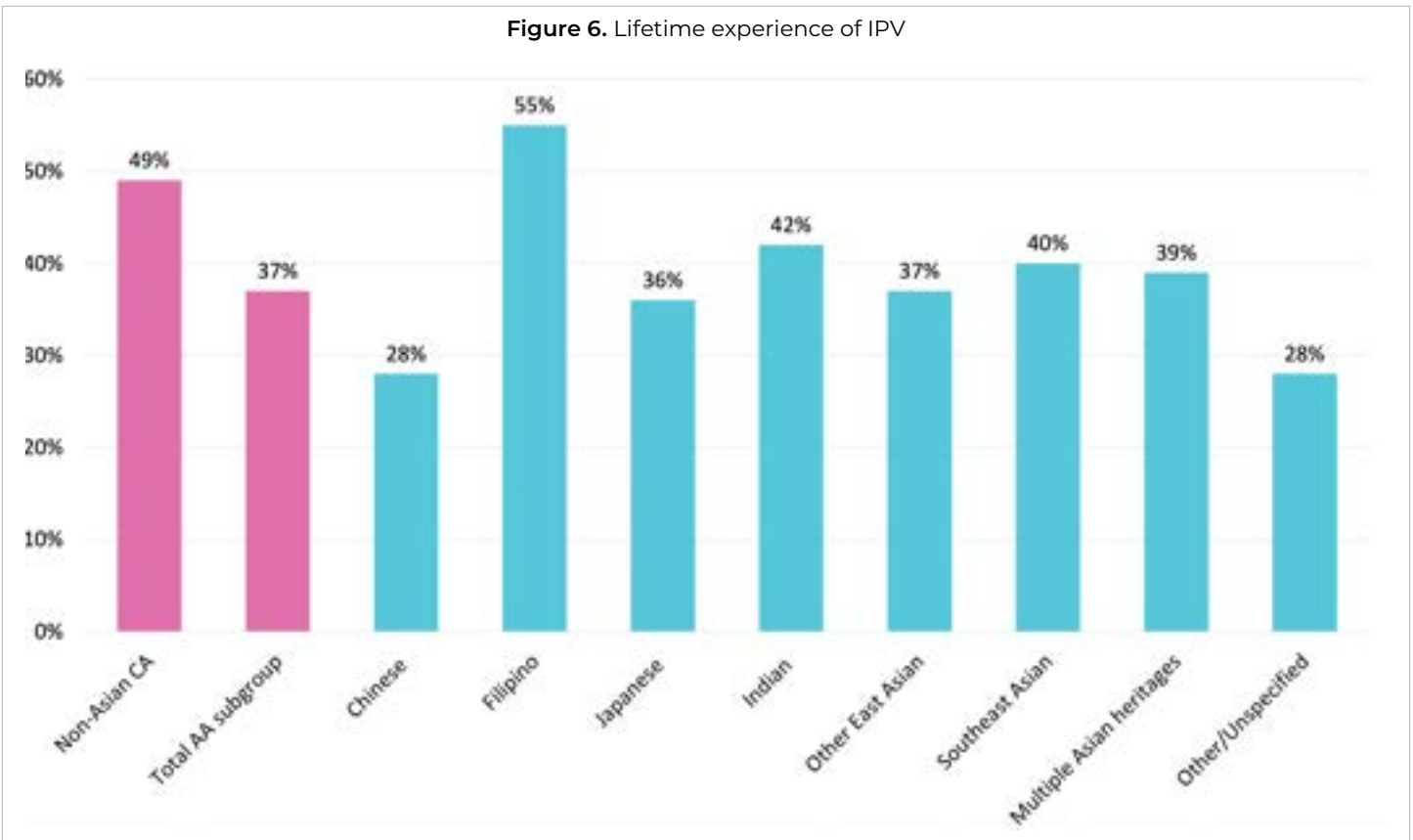
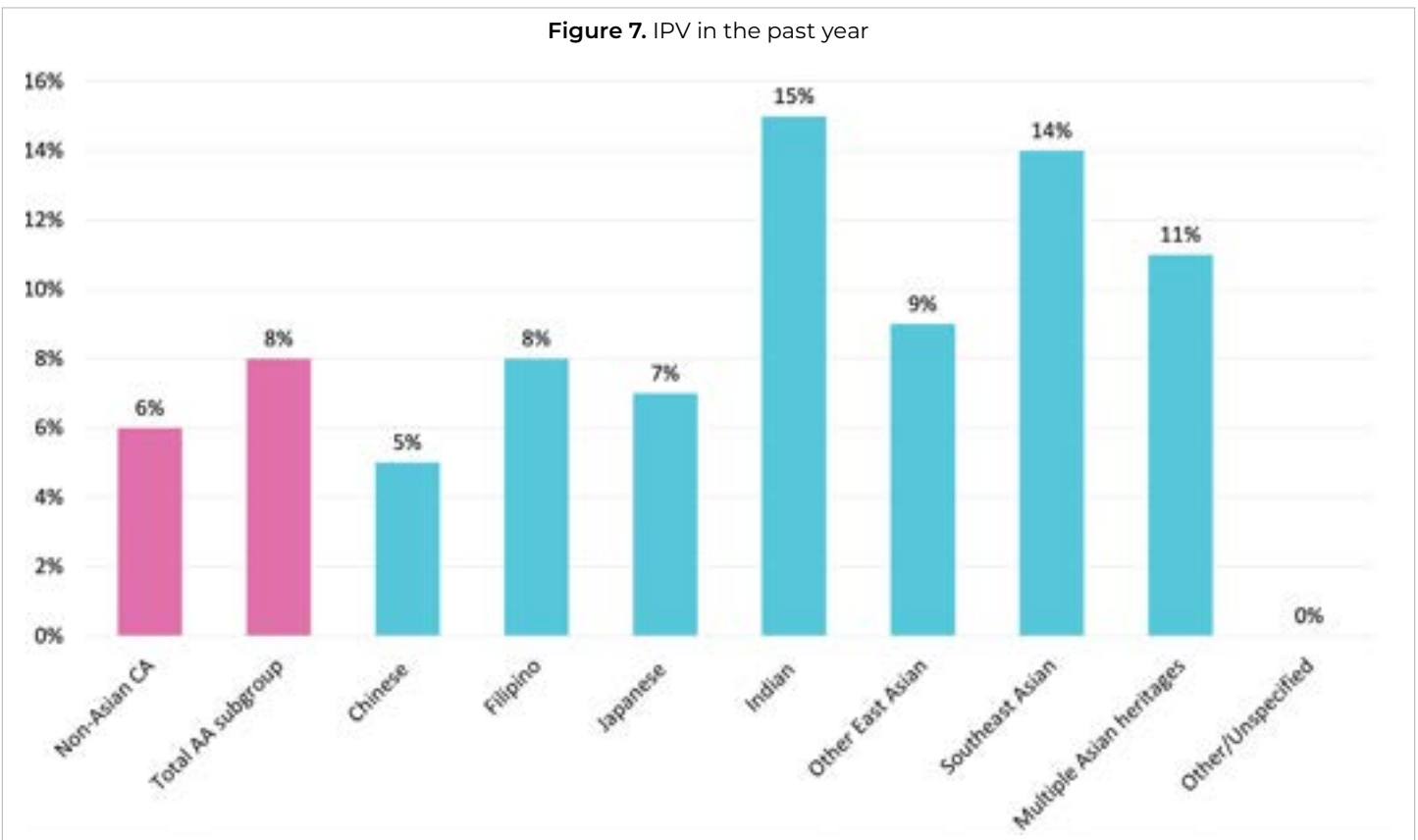


Figure 7. IPV in the past year



EVERYDAY DISCRIMINATION EXPERIENCED BY ASIAN CALIFORNIAN ADULTS

More than 1 in 4 Asian Californians—1.7 million people—are experiencing everyday discrimination, and these are attributed to the combination of racism and xenophobia, highlighting the intersectionality of oppressions they face. Disturbingly, there appears to be connection between discrimination and violence, and these findings suggest that discrimination may exacerbate risk for violence among Asian Californians.

To understand participants' experiences of everyday discrimination, we asked whether each of the following occurred for them in a typical week:

1. I receive poorer service in restaurants or stores compared to the service other people receive.
2. People treat me as if I am not intelligent.
3. People act afraid of me.
4. People treat me like I am dishonest.
5. People treat me like they're better than me.

Those responding yes to any item were identified as experiencing everyday discrimination.

More than one in five Asian Californians (28%; 23% women and 28% men) reported that they experienced everyday discrimination in a typical week, and this is significantly higher than that seen for non-Asian Californians ($p < .05$). (See Fig 8.) There are no statistically significant differences across Asian ethnic subgroups, but we see a wide range, with everyday discrimination reported by 17% of Chinese respondents, 38% of Indians and Southeast Asians, respectively, and 42% of Filipino respondents.

Among those reporting everyday discrimination, we asked what characteristic (e.g., gender, race, appearance) they thought incited their experiences of discrimination. Characteristics most often reported were race/ethnicity (35%), physical appearance (20%), and immigrant status (13%). (See Fig. 9.) This highlights the intersection of racism and xenophobia affecting Asian Californians in terms of their experiences of discrimination.

Associations between Discrimination and Violence among Asian Californian Adults

Asian Californians reporting everyday discrimination are at higher risk than non-Asian Californians for past year violence, suggesting that these may be co-occurring abuses.

- 11 times more likely to report physical violence (22% vs 2%)
- 4 times more likely to report sexual violence (24% vs 6%)
- 3 times more likely to report IPV (65% vs 26%)

Figure 8. Experiences of Everyday Discrimination

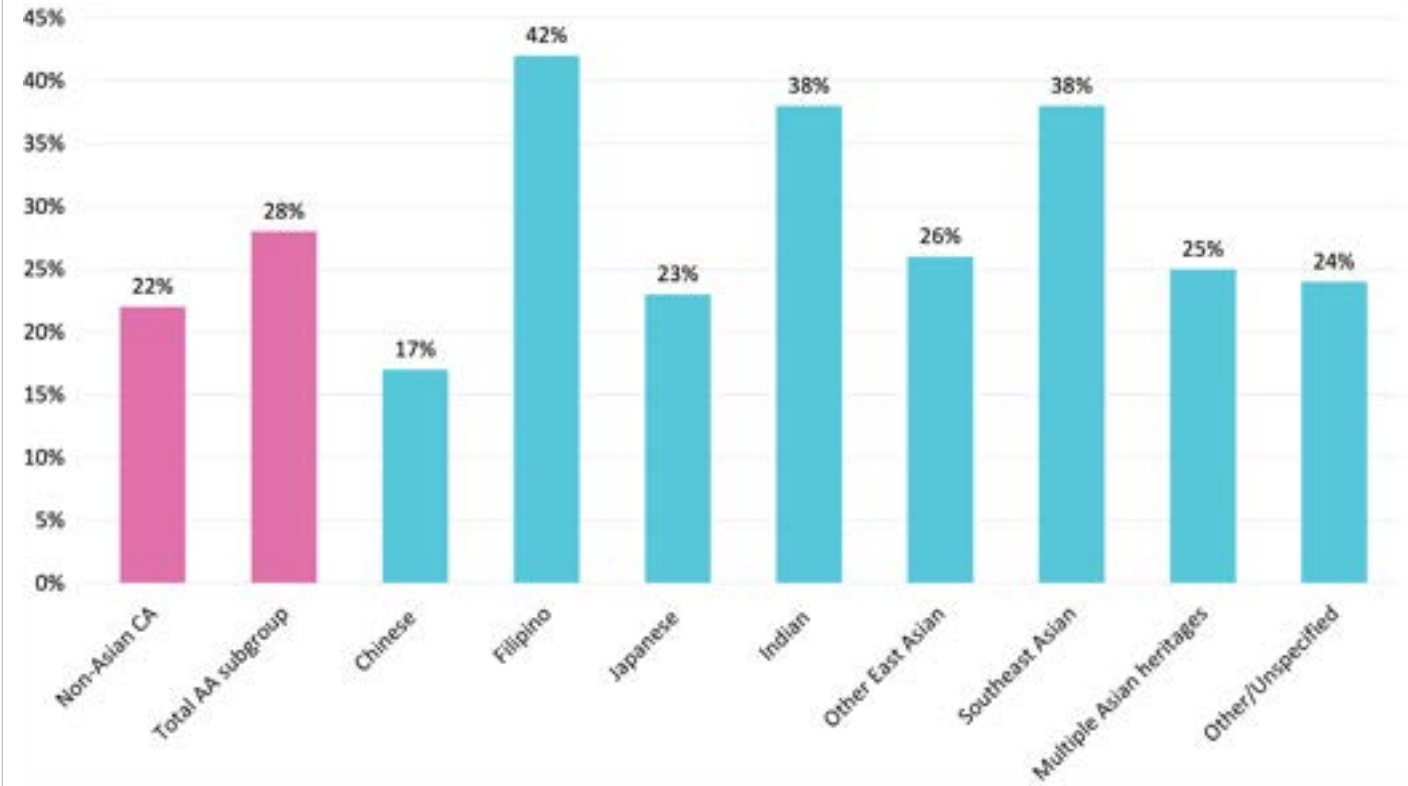
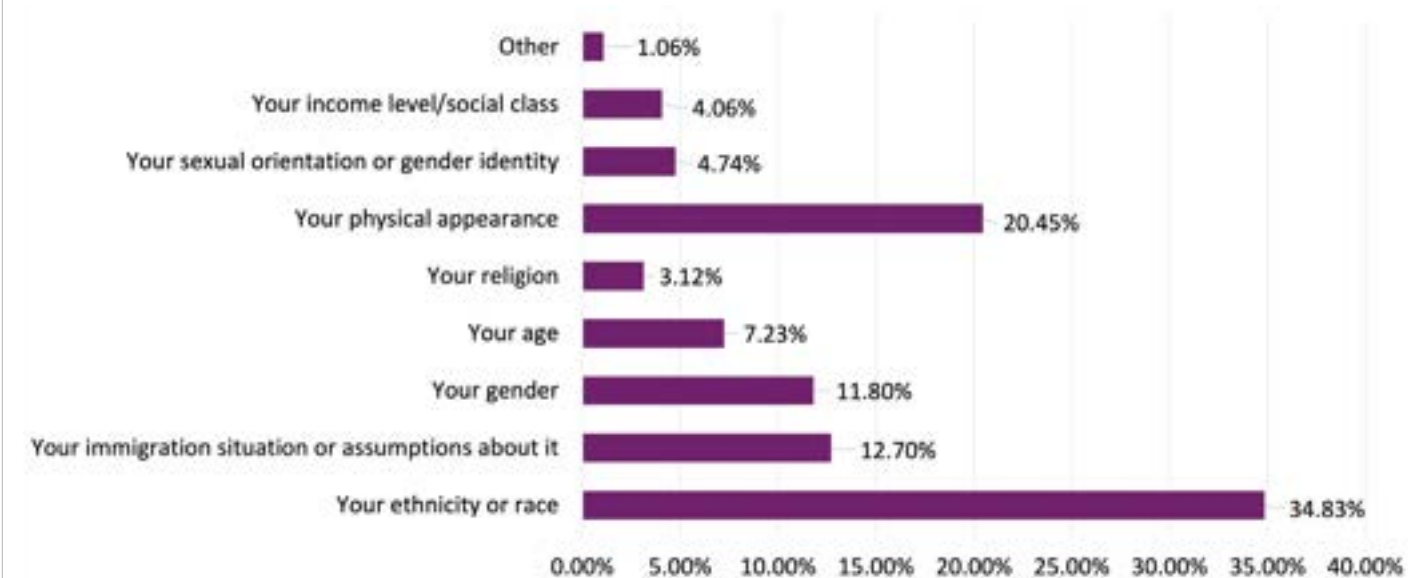


Figure 9. Reasons for experiencing discrimination among Asian Americans reporting everyday discrimination.



MENTAL HEALTH EFFECTS OF VIOLENCE AND DISCRIMINATION AMONG ASIAN CALIFORNIANS

Asian Californians reporting past year violence and discrimination are at higher risk than non-Asian Californians for *moderate to severe depression and/or anxiety symptoms*.

- Those reporting past year physical violence are 2.5 times more likely to report moderate/severe depression/anxiety (42% vs 17%)
- Those reporting past year sexual violence are 2 times more likely to report moderate/severe depression/anxiety (33% vs 17%)
- Those reporting past year IPV are 2 times more likely to report moderate/severe depression/anxiety (34% vs 17%)
- Those reporting everyday discrimination are 2 times more likely to report moderate/severe depression/anxiety (31% vs 14%)

We found that both past year violence and everyday discrimination created a 2-fold or greater risk for mental health concerns, including moderate to severe depression and anxiety, suicidality, and substance abuse/misuse. The strongest effects were seen on suicidality. Those reporting everyday discrimination were 11x more likely to report past year suicidality.

Asian Californians reporting past year violence are at higher risk than non-Asian Californians for *past year suicidality*.

- Those reporting past year physical violence are 3 times more likely to report suicidality (19% vs 7%)
- Those reporting past year sexual violence are 5 times more likely to report suicidality (25% vs 5%)
- Those reporting past year IPV are 2.5 times more likely to report suicidality (18% vs 7%)
- Those reporting past year everyday discrimination are 11 times more likely to report suicidality (22% vs 2%)

Asian Californians reporting past year violence are at higher risk than non-Asian Californians for *substance misuse/abuse*.

- Those reporting past year physical violence are 3 times more likely to report substance misuse/abuse (75% vs 24%)
- Those reporting past year sexual violence are 2.5 times more likely to report substance misuse/abuse (60% vs 24%)
- Those reporting past year IPV are 3.5 times more likely to report substance misuse/abuse (82% vs 23%)
- Those reporting everyday discrimination are 2 times more likely to report substance misuse/abuse (43% vs 22%)

CONCLUSION

We conducted a first-time statewide survey on discrimination and violence experiences with a large enough sample of Asian Californians to allow for us to understand these issues for the population as a whole and for some Asian ethnic subgroups. We see notable variation in the prevalence of lifetime history of violence, with higher risk among Filipinos and those who identified as multiple Asian ethnicities. In our sample, these same ethnic subgroups were most likely not to finish high school, identify as lesbian/gay or bisexual, and have a disability, which are factors associated with risk for violence victimization [16]. It may be these risk factors that increase risk for violence for Filipinos and those who identified as multiple Asian ethnicities in the state, or it may be other issues. More research, including qualitative, multilingual work, is needed for further insight.

More research is also needed to understand vulnerability for Californians with multiple Asian heritages as they are not only at greater risk for violence ever, but also at greater risk for past year sexual violence. This is a growing population as mixed-race children are increasing in number in the U.S. It is possible that Asians with multiple Asian heritages may result in less community protection for these individuals, as “belonging” can be affected by mixed race ethnicity [18]. Interestingly, Filipinos and the

multiple Asian heritages subgroups are not at greatest risk for past year physical violence and IPV; here we see Indians and Southeast Asians more likely to report these forms of violence. These may be newer immigrants, and more recent immigration or younger age may confer greater risk in some contexts. Again, more research is needed to clarify these findings. Also, these subgroup differences should be viewed cautiously, as most findings did not indicate statistically significant differences by Asian ethnic subgroup. Larger samples are needed to determine statistically significant differences.

Previous research has documented high rates of limited English proficiency in Asian communities [19–21]. Due to the online nature of the Cal-VEX survey, our study was conducted only in English and Spanish which limits our understanding of violence among Asians with limited English proficiency. Findings should be considered in light of this limitation. Language access is a barrier to health literacy, health services use, and general quality of life for Asian ethnic groups [19–21]. Future work should be conducted in Asian languages to reach Asians with limited English proficiency. State and local budgets need to allocate funds for community-based organizations providing culturally competent health services in Asian languages.

RECOMMENDATIONS

Funding for violence prevention should be earmarked for Asian American community organizations to effectively reach diverse and specific Asian communities in California, and particularly in urban and suburban areas with larger representation of Asian communities. Financial safety net programs, such as guaranteed housing and food security, can help support violence prevention and consequent mental health concerns.

Intimate partner violence prevention and intervention efforts tailored for Asian Indian and immigrant Asian communities must be prioritized, and these efforts will require approaches that do not require engagement in criminal justice systems, as these approaches can be a deterrent in reporting for immigrants. Funding for Asian community-based research and programs for IPV prevention must be prioritized as part of these efforts. In 2019, AAPI Equity Alliance and its partners piloted a domestic violence prevention project to train twenty community leaders to facilitate parent and youth groups [22]. These community group sessions were culturally tailored and multilingual, aiming to break cycles of violence and promote healthy relationships while addressing stigma and barriers in the community.

Health equity policies should include outreach to Asian communities, particularly for mental health services, and trauma informed mental health services must include consideration of traumas due to racial/ethnic discrimination, hate crimes, and community violence. These services would benefit from connection to diverse Asian communities to improve access and reduce stigma related to receipt of services.

Public health agencies and community organizations need to eliminate barriers to violence disclosure. Disclosure of violence experiences is not common among Asian Californians, with only 15% of those reporting past year physical violence reporting it to an authority, and not one person reporting past year sexual violence experiences to an authority. Fear of police engagement, particularly for immigrants, and shame regarding victimization likely affect formal reporting. About 1 in 4 people told no one about their physical violence, and 1 in 3 told no one about their experience of sexual violence. Non-disclosure impedes support and validation for those who have been victimized and compromises healing [23]. Community-based services tailored to specific subpopulations of Asian Californians may be helpful to support those affected by violence and increase reporting and health service utilization. A study by Stop AAPI Hate and NORC found that Asian Americans and Pacific Islanders feel most comfortable reporting civil rights violations to civil rights groups and advocacy organizations serving their respective communities while police or prosecutors were less favorable options for reporting civil rights violations [12]. The CA vs. Hate reporting center is a resource that connects survivors of hate to a professional trained in culturally competent care without necessarily including law enforcement. This resource for hate survivors demonstrates potential for survivor-centered care by focusing on providing direct care and linkage to culturally competent services. Linkage to mental health services following violence reports is important given that these experiences of violence and discrimination are associated with higher risk for depression and anxiety, suicidality, and substance abuse/misuse.

Mental health services must recognize that experiences of violence and discrimination may be affecting the well-being of Asian Californians and should include assessment of these experiences as part of understanding mental health risks. Further, stigma and lack of in-language services are barriers to accessing mental health services among the Asian community [24]. State and local public health departments need to work alongside community-based organizations to destigmatize mental health services and increase access to culturally competent mental health.

Integrated violence and discrimination prevention efforts are needed in Asian Californian communities. Our findings indicate that a context of discrimination may elevate risk for violence. Thus, violence prevention must be integrated with prevention of racial/ethnic discrimination of Asians in California. Along with integrated prevention, screening for violence and discrimination should be standard in health settings and services should be integrated to fully address health and wellbeing. We need more funding for disaggregated Asian American research to improve our understanding of subgroup differences in violence and discrimination.

Continuation of funding of programs to stop discrimination and hate crimes against Asians in California is needed. In 2021, the State of California invested \$110 million in its “Stop the Hate” funding program, which funds direct services for survivors of hate, as well as hate prevention and intervention services. However, this funding will end in 2024 and the California

legislative budget needs to include sustained annual funding for discrimination and violence prevention to organizations reaching Asian American communities, especially Asians with limited English proficiency.

State policies should address harassment and discrimination in public spaces.

Responses from our survey, as well as anti-Asian hate reports to Stop AAPI Hate, demonstrate that Asian Californians experience violence and discrimination in spaces open to the public, such as shopping centers, post offices, or on public transportation [11]. California Senate Bill 1161 created the first-ever survey tool for transit agencies to use to collect rider data about street harassment on public transit systems. California Senate Bill 434 also enacted into law, builds on Senate Bill 1161 by requiring California’s ten largest transit agencies collect and publish rider data regarding street harassment on their systems with the goal of improving safety and growing ridership on public transit. Additionally, California Assembly Bill 2448 requires the California Civil Rights Department to develop a pilot program that trains and certifies businesses to actively create environments free of discrimination and harassment. While these laws are strides in state violence prevention efforts, partnerships with Asian-serving community-based organizations will be integral to forming culture-specific solutions and fully preventing discrimination against Asians.

DEFINITIONS OF VIOLENCE IN THE CALVEX 2023 SURVEY

CalVEX 2023 assesses both experiences with victimization from violence, as well as committing violence against others, using the following definitions.

Physical abuse	Physical abuse includes being hit, slapped, punched, shoved, choked, kicked, shaken, or otherwise physically hurt through violent or abusive behavior.
Knife violence	Knife violence includes being threatened with or hurt with a knife.
Gun violence	Gun violence includes being threatened with or hurt with a gun.
Physical violence	Physical violence includes any of the above three forms of violence: physical abuse or threat or use of a weapon (knife or gun).
Verbal sexual harassment	This can include someone whistling, leering or staring at you, or calling out to you in ways that make you feel disrespected or unsafe; someone talking about your body parts (such as your butt or breasts) inappropriately or offensively or saying sexually explicit comments or questions ("I want to do BLANK to you"); and someone repeatedly asking you for a date or your phone number when you've said no. In some cultures, this is also known as 'eve teasing'.
Homophobic or transphobic comments	This can include someone misgendering you or calling you a homophobic or transphobic slur, like "Fag," "Dyke," or "Tranny."
Cyber sexual harassment	This can include someone electronically sending you or showing you sexual content without your permission, such as over e-mail, snapchat or Facebook or on their phone or computer. This can also include someone taking and/or sharing sexual pictures or videos of you without your permission.
Physically aggressive sexual harassment	This can include someone flashing or exposing their genitals to you without your permission. This can also include someone purposely touching you or brushing up against you in an unwelcome, sexual way.
Quid pro quo sexual harassment or coercion	This can include someone forcing or pressuring you to do a sexual act in exchange for something (such as a good grade, a promotion, a job, drugs, food, money, or something similar) or instead of something (like paying rent or a citation, etc.).
Forced sex	This can include someone forcing you to do a sexual act without your permission or explicit agreement (including while you are under the influence of alcohol or drugs).
Sexual violence	Sexual violence includes any of the above six forms of violence: verbal sexual harassment, homophobic or transphobic comments, cyber sexual harassment, physically aggressive sexual harassment, quid pro quo sexual harassment or coercion, or forced sex.
Intimate partner violence	Inclusive of physical, sexual, economic, and emotionally controlling IPV, as well as threats of violence against self or a pet, from a current or former romantic or sexual partner.

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