Domestic Violence in South Asian Communities in America: Advocacy and Intervention

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VIOLENCE AGAINST WOMEN 1999; 5; 684
DOI: 10.1177/10778019922181437

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Research Note

Domestic Violence in South Asian Communities in America
Advocacy and Intervention

AMITA BHANDARI PREISSER
Mediart Communications

Domestic violence in the South Asian communities in America has gone unnoticed largely because the social stigma of admitting such information, even to close friends, is profound. Even though younger South Asian women victims of domestic violence who have been raised in the United States are more likely to seek institutional services than older immigrant women, cultural differences between the victims and the local social service institutions as well as service providers continue to be problematic. Service providers require a culturally sound model for dealing with South Asian victims. Such models are used by the few organizations operated by South Asians for their own communities but are rarely acknowledged by the larger American institutions. Transferring these cultural models into the mainstream will enhance communication between South Asian victims and service providers.

Domestic violence is a pervasive problem that touches all aspects of life. Presenting information on domestic violence to a specific cultural or ethnic group often carries the risk of oversimplification resulting in faulty interpretations. These range from misleading reports in the media about international issues to misunderstanding and stereotyping of the minority community by the social service providers. The failures inherent in person-to-person communication without a shared context are also involved.

This article discusses the evolution of a grassroots organization, the Asian Women's Self-Help Association (ASHA), which is based in the Washington, D.C., metropolitan area and serves the South Asian community there. A major part of the article will focus on the development of a culture-specific advocacy and

VIOLENCE AGAINST WOMEN, Vol. 5 No. 6, June 1999 684-699
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684
intervention model. This model is necessary for ensuring that general service providers offer competent services to the South Asian population.

ASHA serves the needs of South Asian women and, by extension, their children. As a community-based organization specifically designed to assist women in crisis, ASHA has managed to provide a vehicle for the South Asian community to share and define battered women’s experiences. ASHA materialized within a context. It was created with the basic principles that women have a right to live in dignity and without fear in their own homes. ASHA’s mission is to address, define, influence, and effect change in formal institutions and within the community. ASHA is a support and advocacy group whose activities have contributed to the understanding of specific services needed by South Asian women. Nonetheless, like other organizations, ASHA faces a range of challenges: overcoming community resistance, interfacing with institutional structures, defining its own internal structure as well as strategies, and dealing with its own growth as an organization.

THE FORMATION AND DEVELOPMENT OF ASHA

In 1989, a small group of dedicated South Asian women came together in the Washington, D.C., area to voice their concerns about the lives of the growing number of immigrant South Asian women in crisis. They felt that a community-based organization was needed to respond to the specific problems of “our” women. The original members of the group—a lawyer, a social worker, a homemaker, and a scientist—were representatives of the Greater Washington Metropolitan South Asian Community, specifically of India and Bangladesh.²

Several of the members had been active in other mainstream women’s organizations, but they felt that none of these groups specifically addressed the dire needs of South Asian victims of domestic violence. Recognizing that women from a common cultural background would feel more secure and comfortable in disclosing abuse to one another than to “outsiders,” they further assumed that women would also be more open to assistance from one another. This has proven to be true. The initial goal of ASHA
was to support women who faced crisis in their own homes. Gradually, ASHA has expanded to include peer counseling, initial legal information, emergency medical and shelter information, and financial assistance in the form of loans; ASHA is also a liaison to the formal service-providing community. In 1991, ASHA applied for and was granted federal tax-exempt status.

ASHA had found a way to encourage and empower more and more women to seek help in a safe and confidential atmosphere. With the increase in the number of clients, ASHA outgrew its informal setting and began holding formal monthly meetings in an office setting. This was a turning point in its operations. To be an effective community-based organization at this juncture, ASHA needed to formalize a South Asian perspective on domestic violence and other family issues.

ASHA has been active in confronting the problems of violence and has made great strides in reaching South Asian women in the Washington, D.C., area. Although a large segment of our diverse community does not acknowledge domestic violence, ASHA continues to grow, filling the gap between the community and institutions in the larger society. The task is daunting, complicated by the issues of language, culture, identity, class, community barriers, immigration issues, and the everyday pressures of American life.

ISSUES OF ADVOCACY AND INTERVENTION

Mainstream American society sees domestic violence as a "nonissue" among South Asians. Two important reasons for this are that South Asian women do not come forward to make official complaints through institutional channels, and Americans see South Asians stereotypically as a trouble-free community. ASHA's experience in dealing with non-South Asian service providers indicates that they tend to view South Asians as achievement-oriented models of propriety and patience who value and respect family life. Although most South Asians would acquiesce to a stereotype that sees them as people who value and respect family life, many recognize that the extended or joint family may also be a structure in which violence is tacitly sanctioned. In South Asian communities, this family structure can be a barrier
to a woman seeking outside help, just as it can provide her with stability, safety, and interdependence.

For the South Asian client, the advocate (who may also provide legal and social services) becomes an important person. However, when South Asian women seek assistance from mainstream advocates or service providers, they are faced with communication problems. These problems arise in part from a failure of the service providers to understand the cultural context and issues of the client. It is instructive to listen to the voices of South Asian battered women as they describe what is important to them:

My counselor just doesn’t understand that I can’t report him [her husband] to the police . . . he has my passport and has applied for my permanent papers.4

I can’t go and talk to the counselor . . . I don’t want the whole community to know that the marks on my face were as a result of his cutting me with a knife . . . What if someone sees me coming out of an office? . . . I need to talk in my own language.

I told my counselor that I am not getting any spending money and that my husband does all the banking, and even though he doesn’t beat me, he makes all the decisions about how much money I can have. I also have a job, but he told me that in this country he knows how to handle money. The counselor told me I should just think about leaving him. How can I, when I don’t have any family.

These examples illustrate experiences of violence and portray the multidimensional problems encountered by women of South Asian communities. Obviously, service providers need to have adequate training and resources to address the multifaceted needs of their South Asian clients.

Those of us who have worked with South Asian women know that domestic violence is seriously underreported because we have seen many women who never get as far as the formal institutions. Often, South Asian women who do end up in court drop domestic violence charges, which become secondary to the divorce, immigration, and housing problems they have to struggle with. The Asian Pacific Islander/Domestic Violence Resource Project (API/DVRP) (1997), reporting the results of a 1996 survey sent to all legal, social service, and domestic violence providers in Washington, D.C., Maryland, and Virginia, said 25 agencies responded with the following key findings:
1. About 484 battered Asian women and children were seen in 1996, and the majority of the women were between the ages of 26 and 39.

2. Nearly half of all battered clients spoke little or no English.

3. Korean and Vietnamese were identified as the two main groups that needed language interpreters.

4. Cases of domestic violence were seen in nearly all Asian ethnic groups, with the majority of clients identified as Korean, Vietnamese, South Asian (Indian, Pakistani, Bangladeshi, Sri Lankan, and Nepali), and Chinese.

These agencies also confirmed what our own groups (ASHA and API/DVRP) had already identified as critical needs. In order of importance, these were:

1. Domestic violence prevention programs (the most critical service needed in the Asian community)
2. Multilingual/multicultural counseling, referrals, and links to other Asian organizations
3. Support groups that provide language and social transition skills and accompany clients to court and to other service agencies

The following case history typifies what service providers may encounter when working with South Asian women. The narrative, the story of a woman named Puja, was faxed to me in October 1997.

Call me Puja. I have lived in the United States for 18 years. I am a 45-year-old emotionally, mentally, physically, and economically abused woman. The abuser was my husband. I am of Asian Indian origin. I was married for 18 ½ years, with three children, two boys ages 17 and 14, and a girl age 10.

I left my husband, a doctor, after 18 ½ years of hurt, sadness, and occasional despair. I was told by many Indian women, such as my sister-in-law, educated and experienced in the workforce, that I should wait to leave until the kids were in college, that I would not be able to support myself, that I would cause hardship for my children. Also, my own sister told me that my children would be fatherless and that I should live in the same house as him and maintain a separate life, divorced but under the same roof to keep up appearances. They were not in my shoes, I don’t think they could be in my shoes even for a week. Finally, I left and took the children with me. I was asked by an Indian woman doctor, a psychiatrist, who says she is very supportive of women’s issues, why did I wait so long to leave or do anything about it. In the same breath she told...
me that I should "adjust" with him, a typical Indian phrase meaning "put up with it." If this is the response from a trained professional what could I expect from the everyday woman?

I did not tell my family about the abuse for over 10 years. I was embarrassed; also I did not want to distress my parents. It was like admitting defeat. Culturally, I could not rock the boat or declare to the world that I, an educated Indian woman, was trapped in fear. If I was so helpless, mostly because of the economic situation, think about those Indian women who are not educated, do not have a supportive network of friends, like I do, who do not know where to go in the first place, and do not know whom to call, exposing their shame. Language is also a barrier for some. Sometimes the women in despair gather up courage and dial a number such as ASHA’s and then cannot leave their number for a case worker to call them back for fear that their husband will intercept the call, as mine did.

My husband would say he is a good son and brother because he was sending money home to India to support his extended family, while deprivings my children and I of things we needed. His position was that he is a Hindu, and as a Hindu, he has to fulfill his duty to his mother and other family members. "This is the Indian way." he would say. "if you don’t like it, you can leave, it’s my money and my house, I can do what I want, you’re my property, and you better fulfill your duties according to our culture." There was no reasoning with this man, so I did leave.

I went to the abused women's center in Maryland, near my house. It took a great deal out of me to walk into that center. For the most part, they were very kind and helpful. However, they wanted me to get an ex parte order against my husband and have him removed from the house with a restraining order. I hesitated to do that, how would I face the children and his family if I did that? I couldn’t bear to see the children watch their father being led away. I felt I would be this terrible person who was vindictive and destructive.

I went to the police to file a complaint after he came into the house, yelling at me and threatening me. The first policeman I spoke to said, "So what can we do about it? His yelling doesn’t mean anything. Is he hitting you?" I felt like I was being accused by that police officer. I asked to speak to a female police officer, who took my report and explained to me the rules of the Maryland court system.

Now I’m going through the court system. I have temporary custody and possession of the house, but I’m broke. He took all the money out of the banks. There may be a trial. He’s in contempt, he has not paid me alimony for 2 months, the child support checks bounced. I’m putting off a biopsy that needs to be done because I want to make sure I have enough money for my children and our basic needs. I feel victimized when I go to court. When my husband’s lawyer saw the police report where it clearly states that he
had hit me, the lawyer said, "Well, you called him a bad word, didn’t you?" As if that justified hitting me. I had called him an SOB in verbal defense after years of abuse from him.

Life goes on. I am free from him, but not of his legacy. I am shunned by some women in my community because, according to them, I broke tradition, and I am a bad example for leaving my husband and depriving my children of their rights to their father’s family.

Sometimes, I feel great satisfaction that I have shown my sons that abuse of women will not be tolerated and that women need to be respected. That is true Indian culture. To my daughter, I have demonstrated that she can hold her head up high, be treated with dignity, and that she need not sacrifice her life for others in the face of abuse. I’m so frightened sometimes as I don’t have any money and after being a housewife for all these years, I will need to go back to school and learn new skills. But I have medical problems and my children are going through a rough time.

Puja’s case is not unusual. It has unique and salient features that are common to South Asian women. In Puja’s situation, the cultural and familial ties created a tension and conflict that contributed to her ongoing silence. Disdain from her community created a social vacuum and a feeling of rejection that forced her into an identity crisis. It is very clear that the service providers, police, and other institutional workers Puja dealt with did not take her context into consideration.

INTERVENTION ISSUES AND TOOLS

Table 1 shows an alarming increase in the reports of domestic violence among South Asians according to ASHA statistics. The number of help calls doubled from 75 in 1995 to 150 in 1996. The 1997 total was 277, an increase of about 85% over the previous year. More than 80% of the calls were from women in the Washington, D.C., metropolitan area, with the remaining 20% coming from as far away as India. The calls from South Asian countries are often from people who ask ASHA to help solve a local problem because of the repercussions that will be generated “back home” if it is revealed there. The women who called ASHA within the United States expressed fear of going to the authorities based on the perception that they would lack understanding of their cultural, ethnic, linguistic, and immigrant issues.
As we recognized that most service providers had limited knowledge of our particular immigrant group, educating them on cultural issues became very important to ASHA. This remains an ongoing challenge. Generally, mainstream service providers have very little knowledge about the South Asian client’s background and often are not cognizant of the client’s expectations. Simply telling service providers that South Asian women come from societies that have different institutional mechanisms may help matters only to a limited degree. However, even a little attitude change on the mainstream advocates’ part could motivate an otherwise reluctant client to seek help from outsiders.

Intervention strategies work when cultural, historical, and ethnic contexts are taken into consideration. The areas of counseling and therapy are of particular importance in this regard. The counselor’s or therapist’s specific training is crucial in addressing the needs of the client from a different culture. Das and Kemp (1997) concluded that in addition to a general knowledge of cultural values, therapists need to keep in mind two key concepts: the degree of acculturation that the client has undergone in the mainstream culture and the type of ethnic identity that the client has developed. Because these are ongoing influences in determining identity, counselors and therapists need to become educated to the
specific cultural values and the status of women in relation to the community.

Providing competent services requires clarification of issues and the use of a much more comprehensive definition of domestic violence in the South Asian context. Domestic violence against South Asian women is embedded in the context of cultural, historical, and economic relationships. The forces of class, caste, intrafamily structures, religion, immigrant status, and economic status all have elements of control, which could be directed at women. Table 2 shows some of the dimensions of family abuse South Asian women experience (Preisser, 1997a).

In the South Asian community, domestic violence occurs not simply between a woman and her spouse but between a woman, her spouse, in-laws, and the community at large. One reason for this may be that certain practices and traditions have legitimized the subordination of women to elders in South Asian cultures. A woman may subscribe to this value system and may not consider it negative in the normal course of life. But when abused, issues such as obedience to family elders, upholding of family honor, fear of losing children, and dictates of religious practices may influence her to suffer in silence rather than seek help. The experience of violence of a South Asian woman includes coercion, exploitation, ostracism, and discrimination within her family and the community.

Intervention tools specifically designed for intervention with South Asian clients have been developed by Dasgupta and Warriner (1995). Of particular interest are their focus on cultural understanding of values such as tolerance, child rearing practices, discipline of children, dating and marriage, insider/outsider distinctions, and public versus private behavior. For example, in South Asian cultures, there are various indigenous devices that work to mitigate the victim’s plight. At times, the formless feeling that others are watching curbs the abuser’s behavior. At other times, it is the victim’s knowledge that she can go to an older relative or back home to her natal family that helps her cope with the situation. These are tools that the community has at its disposal, which may or may not be effective. However, we must recognize that most of these intervention methods are founded on interdependence and are compatible with a South Asian woman’s understanding of self.
<table>
<thead>
<tr>
<th>The Victims</th>
<th>The Perpetrators</th>
<th>Types of Abuse(^a)</th>
<th>Issues</th>
</tr>
</thead>
</table>
| Women from India, Pakistan, Bangladesh, Nepal, Sri Lanka, and Bhutan | Spouse and his family (direct):
- mother-in-law
- father-in-law
- sister-in-law
- brother-in-law | Physical:
- battery/assault
- deprivation of food, shelter, medical care
- reproductive coercion
  (amniocentesis as basis for abortion) | Divorce:
- custody of children
- immigration |
| We are: | The Community (indirect):
- religious
- social
- cultural
- her family
  (silence maintained by group pressure, justification, honor, saving face, ostracism) | Economic:
- deny access to bank account, and so on
- garnishing wages
- hiding assets and keeping secrets
- claiming dowry as his own | Counseling:
- psychological
- legal
- cultural
- economic
- identity-related
- housing
- employment
- language
- shelter
- food
- courts
- lawyers |

\(^a\) Not exhaustive.
When a South Asian woman accompanies her husband to settle in America, she loses the factors that have helped her to define herself and organize her personal life in her natal culture. Some of the old rules may still apply, but as surrogates such as friends supplant relatives, the importance or "social weight" of family members dwindles, and they lose influence on the couple. As a result, the victim of violence lives in a greater state of dependency on her spouse than previously. Furthermore, because the victim is still unprepared to acknowledge a new model of intervention—the legal and social services prevalent in America—she is more deprived of support than she might have ever been. ASHA counselors have tried to bridge this gap, but it has been hard to find qualified counselors and therapists who can meet all the needs of abused South Asian women.

A MODEL OF INTERVENTION

In an integrated approach to intervention strategies for legal and social service providers, the models I developed were based on two specific goals: (a) to identify the clients' contexts for specific services and (b) to help provide education and guidance to service providers. In addition to existing models and the cultural backdrop of gender violence in the South Asian context, the experiences of the South Asian clients with mainstream service providers were extremely useful in developing these strategies. When viewed only in terms of hierarchical relations and patriarchy, this framework risks being oversimplified. Despite that, it provides a way to conceptualize specific issues and, to some degree, allows insight into them. It also suggests ways of understanding culturally sanctioned behaviors, which are useful tools for responding to the client's ongoing need for specific counseling.

The integrated approach presented here focuses on the complexity of issues and offers a range of approaches to advocates and service providers. The strategies underscore and emphasize the necessity of an ongoing educational component for advocates and service providers. Because there is little data or research on this particular segment of the population, the challenge for advocates and service providers is to seek resources within established South Asian women's groups such as ASHA and Manavi.6
The application of this integrated approach poses a certain challenge for the service providers, who are bound by existing protocols and limited by a lack of training as well as time. Operating within these constraints, the providers may fail to understand the actual violence within a client's context. Without the common understanding of a context, the client and provider may be talking at cross-purposes. This problem may be circumvented if the client becomes a partner with the service provider in developing intervention strategies. This approach itself would be empowering to the South Asian client, who has generally been perceived by mainstream practitioners as a passive participant in her own healing.

For the advocate and service provider, the implications are clear: providing competent services to a diverse South Asian population requires an integrated approach, which must include training in the specifics of gender violence and a sensitivity toward and respect for the client's cultural and ethnic background. Service providers must seek resources within the South Asian professional community and organizations that are involved in directly helping women in crisis.

**SOCIAL SERVICE INTERVENTION STRATEGIES**

For a number of South Asian women, the Western model of therapy and counseling is problematic. Both the model and the agents of the model are seen as intrusive because the non-Western woman's concept of herself is not compatible with the counseling model: interaction with a dispassionate agent acting as an impartial listener-observer. The Western model underscores the agent's role as separate and independent from the client. The non-Western approach relies on an openness and interdependence that characterizes the agent's relation to the community and the woman.

The following is a list of social service intervention strategies I developed while working with ASHA (Preisser, 1997b):

1. Examine your own biases and assumptions about South Asians.
2. Explore the socioeconomic, cultural, historical context of the woman.
3. Recognize the multidimensional nature of the problem.
4. Understand that her natal family is very often "back home" and that in seeking help she has run out of resources.
5. Understand the diversity of South Asian family structures and the roles of community members.
6. Familiarize yourself with the woman's "baggage" and know that she has brought that sense of herself to her new home.
7. Know that in South Asian society, great emphasis is placed on kinship issues.
8. Understand that communication patterns are different.
9. Understand the roots of fear, reluctance, or seeming lack of trust in formal institutions.
10. Understand that her identity involves belonging to her community.
11. Attend workshops conducted by South Asian women's groups and network.
12. Develop programs that integrate the culture-specific needs of women.
13. Therapists and counselors need to be familiar with alternative models of counseling that are consistent with South Asian norms.
14. Issues of identity, privacy, marriage, dowry, caste, religion, child rearing, collective sense of identity, role and structure of family life all need to be taken into account.
15. Other stress factors in American life need to be understood.
16. Identify for her your role as a service provider; explain the extent to which you can assist her and your limitations.
17. Understand that the family is the core institution that legitimizes the subordinate status of women, participates in dowry violence, economic and reproductive coercion, and so on.
18. Understand that education and employment are no defense against domestic violence. A woman faces the same set of social issues regardless of whether she's a housewife or a doctor.

According to Shamita Das Dasgupta of Manavi, there are very few cases where an abused woman needs a therapist for mental health problems. This has been the experience of ASHA as well. We have found that when battering stops and the victims are removed from abusive environments, counseling on practical issues such as education, employment, and helping children to cope with the situation were first on women's lists. Few sought mental health counseling. However, the few who did seek mental health intervention were encouraged to seek it.

In individual cases, South Asian women have preferred to seek services of mainstream providers for fear that their close-knit ethnic community would find out. In a study of sexual assault programs for refugee women from Southeast Asia, some victims
specifically requested non-Asian service providers because all of the community caseworkers and translators were either friends or extended family members (Kanuha, 1987). ASHA has had to overcome similar reluctance by establishing a record of trustworthy behavior.

LEGAL INTERVENTION STRATEGIES

Bhattacharjee (1992) states,

An Indian woman’s immigration status is often contingent on her husband’s sponsorship because she usually enters the United States as his wife. Her dependence on him for legal status adds to her vulnerability, and that is a threat that her husband often does not hesitate to use to his advantage. (p. 36)

While working to secure competent services for women, I found that advocates in legal and social service organizations often lack knowledge and skills to effectively help the client. As a result, women who sorely need help often do not use these services, despite the fact that they are entitled to receive high-quality services. The following are some effective legal intervention strategies for working with South Asian clients (Preisser, 1997c):

1. Understand the multidimensional nature of domestic violence.
2. Examine your assumptions, notions, and prejudices about South Asians.
3. Understand the historical, cultural, and economic context of the client.
4. Understand the familial authority relationships, gender and generational, and their role in the abuse.
5. Understand the real fear of reprisals.
6. Update your knowledge about immigrant and visa-related issues and keep informed of international and country-specific laws on divorce, property, dowry, and so on.
7. Keep abreast of all current laws and legislative issues regarding domestic violence.
8. Network with South Asian women’s groups in your area.
9. Provide both criminal and civil remedies.
10. Provide impartial interpreters who are known to women’s groups.
11. Provide all legal options and consequences, and an understanding of the U.S. legal system (judges, lawyers, rules of evidence, etc.) in plain language.
12. Train/educate judges, lawyers, law enforcement officials about the scope and nature of domestic violence in the South Asian community.
13. Monitor court cases and the role of the police. Make reports and publicize them. Challenge the legal institutions by targeted political action.
14. Contribute, lobby, and participate in the formulation of new laws, policies, and procedures in your community, as well as at the national and international levels.
15. Develop a kinship relationship with the woman to enhance communication. Do not mistake her silence for passivity. It takes a long time to build trust.

It is also critical to outline for women their various legal options. Given the complexity of their immigrant status, many South Asian women opt for civil rather than criminal remedies. We have to recognize that South Asian women have had limited, negative, and fearful experiences with formal institutions in their own countries, particularly the police. As a result, they may not pursue a course that the legal advocate has charted.

CONCLUSION

The South Asian woman needs service providers who recognize the importance of her specific cultural issues. Service providers must understand the role of the family and community in a South Asian woman’s everyday life and recognize that this context is essential to providing effective services. In dealing with an abusive situation, substance abuse, the stress of the immigrant experience, racism, and the backdrop of other societal experiences should be taken into account but not allowed as excuses for abuse. ASHA’s experience shows that when the proper tools are provided, intervention becomes positive and successful. Advocates in the service communities need to be trained and organizations such as ASHA can be valuable places for such training. The bottom line remains that regardless of the variables of class, history, ethnicity, family, and other complex issues, abused women want the violence to end.
NOTES

1. ASHA, an acronym, means hope in Sanskrit and most North Indian languages. ASHA is a member-supported organization in the Washington, D.C., area and is board driven. I was a member of ASHA's Board of Directors from 1992 to 1997.

2. Besides India and Bangladesh, South Asia includes Pakistan, Nepal, Sri Lanka, and Bhutan. Although this region shares strong similarities, the political, religious, and socio-economic contexts are different.

3. A joint family can be defined as a group of people who generally live in one residence, may hold property jointly, and are closely related, such as parents, unmarried children, and married siblings.

4. These three quotes are taken from my own notes as a peer counselor at ASHA from 1992-1997.

5. All names have been changed to protect the privacy of the individuals.

6. Manavi, a 13-year-old South Asian organization based in New Jersey, was established in 1985. It works to end violence against women and provides social services.

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Amita Bhandari Preisser is a consultant and trainer on domestic violence and women's services. She is former program director for New Endeavors by Women and has had a long career in human rights and women's issues. She has served on the boards of various organizations, including ASHA, International Campaign for Tibet, and the DC Coalition Against Domestic Violence. She is the managing consultant of Mediart Communications. One of her film credits, Ocean of Wisdom, a biographical sketch of Tibet's 14th Dalai Lama, won an Award of Excellence at the 1990 San Jose Film Festival and a Silver Apple Award at the 1991 National Education Film and Video Festival.