

Perceptions of and Responses to Woman Abuse Among Tamil Women in Toronto

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Cet article présente une étude conduite parmi les femmes Tamoul récemment arrivées à Toronto, Ontario et explore comment elles perçoivent les abus aux femmes dans cette communauté et quelle est leur réaction.

Violence against women has been identified as major public health problem with one of its most common forms, intimate partner violence (IPV),¹ experienced by women of every nation. Intimate partner violence is defined as the experience or threat of physical or sexual violence and/or financial or psychological/emotional abuse by a current or ex-partner (Saltzman, Fanslow, McMahon and Shelley). Although over the past decade IPV has been the focus of much research, few studies have examined how newcomer women perceive and define intimate partner violence and whether differences in their recognition of abusive behaviour represent a barrier to accessing help. This paper presents data from a study conducted among Tamil newcomer women in Toronto, Ontario that explored perceptions of, and responses to IPV in this community.

Literature Review

According to the 2004 Canadian General Social Survey (GSS) on Victimization, 7.0 per cent of Canadian women who were married or living

in common-law relationships reported experiencing physical or sexual abuse while 18 per cent, endured emotional or financial abuse by a current or ex-partner on at least one occasion during the five years preceding the survey (Statistics Canada). There is some evidence to suggest that immigrant women in Canada report slightly lower rates of IPV compared to Canadian-born women (Lutenbacher, Cohen and Mitzel) and that the risk of IPV increases with length of stay in Canada (Hyman *et al.* 2006).

The consequences of IPV are well established. IPV is associated with both acute and chronic health outcomes for women (Campbell, 2002; Coker *et al.*, 2000; Heise, 1993; Stark, Flitcraft and Frazier; Tjaden and Thoennes). In addition to physical injuries, there may be ongoing anxiety and depression (Jaffe *et al.*), pelvic pain, sexual and gynaecological problems (Plichta and Abraham; Schei; Schei and Bakketeig). Women who experience abuse are known to use health services at higher rates than women who have not been abused (Kernic *et al.*; Moeller *et al.*; Wagner and Mongan; Wisner *et al.*).

Despite the serious adverse impacts of IPV on women's lives, studies suggest that many abused women do not seek help (Henning and Klesges). According to data from the 1999 GSS on Victimization, only

half of Canadian women experiencing IPV sought help from social services (cited in Du Mont *et al.*). The data further suggested that the proportion of recent immigrant women (defined as less than ten years in Canada) who used social services was significantly lower than non-recent immigrant women and Canadian-born counterparts. These findings that immigrant women, particularly newcomers, underutilize existing services for IPV, are consistent with reports based on focus group and key informant data (Hyman *et al.* in press; MacLeod and Shin; Smith).

That women who experience IPV encounter numerous barriers to help-seeking is well-documented (Henning and Klesges). However immigrant women who experience IPV face additional and intersecting legal, contextual and cultural barriers (MacLeod and Shin; Raj and Silverman; Smith). Legal barriers relate to women's precarious immigration status. Women often are dependants of their spouse who may abuse their power and control by threatening with deportation and denied access to children, or to withdraw sponsorship of wife and extended family members (Jiwani; MacLeod and Shin). Contextual barriers relate to the immigrant experience and include lack of knowledge of services, lack of language-specific services or resources, lack of cultur-

ally appropriate services, racism, and fear of becoming involved with the Canadian legal system after experiences with repressive regimes (Moussa; Raj and Silverman). Cultural barriers relate to those shared beliefs, values, traditions and behaviours that influence understanding of normative male/female relations. Examples of these are patriarchal ideology, family values/filial piety, collectivism and religious beliefs, all of which shape understanding of how men and women should behave and what women should do in response to IPV (Haj-Yahia; MacLeod and Shin; Raj and Silverman; Smith).

However we identified very few studies that examined how and whether cultural differences in what constitutes IPV, to what it is attributed and the language used to describe it, represented barriers to help-seeking. It was clear from the literature in the area of physical and mental health that cultural variations in perceptions of health strongly influenced help-seeking behaviour (Aponte and Barnes; Berkanovic and Reeder; Woodward, Dwindell and Arons). For example, Western mental health professionals define many behaviours as mental illness that other cultural groups would ignore or regard as falling within the range of normal variation (Beiser). Since there were few research studies, we hypothesized that newcomer women may be defining IPV more in terms of physical rather than psychological abuse and this "lack of recognition" may explain the observation that recent immigrant women were less likely to seek help for IPV.

Description of Study

In 2002, a partnership was formed between the Centre for Research in Women's Health and Family Service Association of Toronto (FSA) a major social service organization in Toronto, to conduct research to better understand perceptions of and responses to IPV in the Sri Lankan Tamil community. The main objec-

tive was to examine the experience of IPV from the point of view of Tamil women at different ages and generational stages. A community advisory group composed of eleven representatives from agencies serving the Tamil community was formed. The advisory group reviewed the study objectives, played a critical role in the development and translation of research questions, and assisted with outreach and recruitment.

Data were collected between March and June 2005 using focus group methodology. Eight focus groups were conducted with Tamil women of different ages and experiences: young women aged 18-24 who were born in Canada or immigrated at age 13 or younger (two groups); adult women aged 25-64 who were living with an intimate partner, whether married or common-law (two groups); women over the age of 65 who were currently or formerly married or living common-law (two groups); and women who had received services from FSA for IPV (two groups). Study participants were recruited using non-probability sampling and snowballing techniques, flyers, community organizations, and the media. Participants for the fourth focus group were recruited by staff from FSA's Violence against Women program (VAW) from amongst their former client population. Participants who were assessed as being in a currently safe place were contacted by telephone by their counselors and invited to participate in a focus group.

Focus groups followed a standard format that included an introduction to the study, guidelines for focus group participation, a short ice-breaker, and specific questions arising from our list of topics. The questions were reviewed by our partners with particular attention on language, cultural specificity and ease of translation. Examples of focus group questions included: "What is intimate partner violence (IPV)?" "What type of language, actions, or behaviours do you consider to be abusive?" and "Are there times or situations when

those behaviours should be tolerated?"

Each focus group lasted approximately two hours. Focus group interviews were translated and transcribed into English by the RAs. As accuracy of the translation in capturing nuances and subtleties was essential to the project's outcomes, cross checks of tapes and English translations were performed by the two interviewers. N6 software was used to facilitate data management, coding and report generation. The project team developed a preliminary coding scheme. Coding focused on the range of behaviors considered abusive, tolerating abuse, community norms and social imperatives. At regular team meetings, coded transcripts were compared, discussed and revised, and differences were resolved.

Description of the Tamil Community in Toronto

Sri Lankan Tamils are considered to be one of the fastest growing immigrant groups in Canada (SACEM). In 1999, Sri Lanka was one of the three leading sources of refugees to Canada (10.7 per cent of the total refugees admitted to Canada). According to community members, there are over 250,000 Tamils living in Toronto. Most Tamil immigrants to Canada originated in the northern and eastern provinces of Sri Lanka. Sri Lankan Tamils who came to Canada before the start of a civil war between the Tamil and Sinhalese in 1983 were mostly well-educated professionals who arrived as landed immigrants. Because of the disruption in their lives and limited access to higher levels of education, Tamils who came to Canada following the civil war did not bring similar professional skills and mostly arrived as refugees. While there is heterogeneity in the Tamil community in Toronto, there are a number of cultural norms and values that are shared by the majority of Tamils, with language being one of its strongest emblems of ethnic identity (Pandian).

The traditional Tamil family is

Table 1: Responses of Tamil women to the question: “What is intimate partner violence?”

Young Women	Women at Midlife	Senior Women
<ul style="list-style-type: none"> •Physical •Emotional •Abusive language •Facial expressions •Tone of voice •Controlling behaviour •Threats of deportation •Insults 	<ul style="list-style-type: none"> •Using weapons •Fighting •Hurting by words •Too much control over spending •Controlling behaviour •Sexual abuse •Suspicion 	<ul style="list-style-type: none"> •Physical •Suspicion •Beating everyday •Insulting and criticizing wife’s parents or family •Emotional/psychological: “hurting the mind” •Insults, strong words, calling you animal names

patriarchal. In Sri Lanka, men and women occupied clearly defined and rigid gender roles: men as the head of the household, women as the care-givers. A study of the Tamil community in Toronto suggested that as these roles erode following migration, there has been a subsequent increase in domestic conflict and violence (Morrison *et al.* 1999). It also experiences multiple linguistic, cultural and systemic barriers to health and social services.

Findings

The study population consisted of 17 young women (19-23 years), 16 midlife women (35-45 years) and 18 senior women (60-77 years). All of the young women were single and Hindu. Most had been in Canada an average of 12.5 years (range: 3-17 years), were attending university and were fluent in English. All of the midlife women were married, had children, and Hindu. The midlife women had been in Canada an average of eight years (range 4-14 years) and most did not have post-secondary education. The vast majority had completed ESL training in Canada but preferred to use the Tamil language. Approximately half of the senior women were married and half were widowed; they had been in Canada an average of eleven years (range 3-17 years). The majority of

senior women were Hindu and just less than one third (29 per cent) had attended college or university.

The findings presented here represent the responses of Tamil women of different ages to the questions “What is intimate partner violence?” and, “Are there times or situations when those behaviours should be tolerated?” Data from the abused women’s focus groups are not presented as their understanding of IPV and tolerance were undoubtedly influenced by their contact with FSA.

Table 1 presents the definitions of IPV provided by the study participants. All focus groups identified both physical and psychological forms of abuse. Specific examples of physical acts of violence were hitting; hitting with fists, belts or weapons; beating every day; and throwing things. One senior participant noted that “even in good families there are husbands who hit.”

Emotional and verbal abuse were defined using references to controlling behaviours (e.g., being prevented from speaking or visiting with one’s family and access to finances), insulting behaviours (e.g., being called a dog or other animal name, disrespectful forms of address, lack of respect, silence, destruction of personal belongings), and threatening behaviours (e.g. suicide).

It was apparent that the definitions provided by young, midlife and

senior women were more similar than different. Minor differences noted were that young women focused more on emotional abuse such as controlling behaviours, and insults made by boyfriends about clothing, hair and other aspects of appearance. With the exception of senior women, all of the study participants recognized financial abuse as a form of violence. As a midlife woman described,

If there is control (to keep) spending within the income, that is different, but there are people who do not give money for food, for basic clothing. Too much control is abuse.

The most frequently cited and painful form of abuse identified by senior and midlife participants was male suspicion. Suspicion included accusations of marital infidelity, name-calling (using words like prostitute and/or whore), intolerable jealousy, and mistrust.

However, when we asked the study participants if and when IPV should be tolerated, Tamil women of all ages identified various conditions and circumstances that influenced their responses. Among these, existing community norms and values clearly played an important role as shown in the following examples.

Respect for men and maintaining

family honour were strongly ingrained community norms voiced by women of all ages. Behaviours that might cause loss of respect for a family, especially for a male family member, were frowned upon. A senior woman states:

She is leaving because she wants to save herself but she is not considering her husband's respect. She is

lief that living with both parents was essential for children's mental health and stability, the stigma associated with separation and divorce in a family jeopardized the future marital prospects of their children. A young Tamil woman explains:

The married couples, the older married couples who have kids, they can be like "Oh we have to

women felt it was justified. In the following example a senior woman argued that psychological or verbal abuse should be tolerated:

If it's verbal abuse it is better not to seek immediate help for some time. Because if it is made into a big deal and taken to the police, it will increase—the problem will get bigger.

Although there was a great deal of consensus among Tamil women of all ages that responses to intimate partner violence must consider community norms, especially those related to respect and children, there were some dissenting voices, particularly among the younger generation.

not protecting her husband's respect. Even if he does so much torturing and harassment, she needs to tolerate it.

It was clear from the focus group transcripts that many Tamil women felt obligated to avoid bringing shame or stigma upon their families. This midlife participant described what her brother said to her after her separation,

It is a shame for me; in my wife's family they are telling me that this is disrespectful and a disgrace for me and for our family. Please go and be with him together.

Focus group participants of all ages considered the impact on children to be a critical factor in women's decisions about responding to IPV. It was widely believed that a two-parent family was best for children. As described by this midlife participant,

In a few minutes from their emotions and tension he can beat her. So because of that if they separate, that is not just between them, there are children. Being together is the best.

In addition to the widespread be-

tolerate." They stay together because they still think they have daughters and they have to get them married.

Finally, tolerating IPV was closely associated with prevailing beliefs and norms about marriage and divorce. For example, Tamil women of all ages described how in Tamil society, a woman's respectability was contingent on being married and the marriage bonds were sacred. As these young and midlife Tamil women explained,

Especially after you get married you can't undo it, you can't throw the "thali" (a yellow thread or golden chain that symbolizes marriage) away.... (young woman)

We cannot go out to seek help for problems but we have to live this forever. Only at the time of death, only then can we be separated from each other. (midlifewoman)

Trying to determine when intimate partner violence should be tolerated or not, involved consideration of multiple and complex factors. These included the severity of IPV, duration of IPV, whether violence was mutual and whether

Other study participants suggested that a single occurrence of abuse, or abuse resulting from men's alcohol or drug usage, should be tolerated as well.

Finally, several Tamil women described their role in a relationship as "keeping their husbands happy" and "not provoking" him. In other words, some Tamil women felt that IPV was at times justified. As described by these midlife women,

Usage of words cannot be tolerated except if we have made mistakes, that situation we have to accept and tolerate.

If I address my husband like "enga vada" ("come here," using the familiar form) in a public place, I should be beaten by him. But at home if we are talking it's okay.

Although there was a great deal of consensus among Tamil women of all ages that responses to intimate partner violence must consider community norms especially those related to respect and children, there were some dissenting voices, particularly among the younger generation.

As one young woman expressed, "abuse is abuse," while another added:

I think age is also a factor. People our age and that who grew up here, we don't take that kind of SHIT! We don't take that kind of stuff from guys in general—yet....

Discussion

This article presented data from a study exploring whether newcomer Tamil women define IPV differently from women in the general population and whether differences in their recognition of abusive behaviour can explain why they underutilize help. When we began our study, we thought that immigrant women may particularly struggle to name and define their experiences as abusive due to varying levels of familiarity with concepts of domestic violence. We had anticipated that Tamil women might define IPV more in terms of physical violence rather than psychological violence, and that this might explain the observation that newcomer women underutilize health and social services for IPV. However, contrary to our expectations, Tamil women defined IPV broadly and included physical, sexual, psychological and financial forms of violence in their definitions.

Although the Tamil women in our study recognized IPV, it was apparent that strongly entrenched community norms about respect, family honour, children, marriage, and divorce contributed to Tamil women's decisions to endure and not to seek help.

These study findings confirm the importance of cultural barriers to help-seeking for IPV but they also raise questions about the adequacy of current definitions of IPV, particularly psychological IPV. For example, the finding that Tamil women used their own parameters to define IPV and which abusive behaviours should/could be endured, requires further examination in both immigrant and non-immigrant populations.

Our findings have implications for service providers and the Tamil com-

munity. Service providers need to be aware that violence is an international language and behaviours constituting IPV are well-recognized by all women, regardless of immigrant status. They need to understand the multiple and complex barriers facing newcomer women who experience IPV and to be aware that for many newcomer women "leaving" may not be a viable option. They also have an important role to play in educating families about the negative impacts of IPV on children's psychological, emotional and cognitive development.

Changing community norms that perpetuate IPV and represent a major barrier to help-seeking for Tamil women is a major challenge for the Tamil community. Study findings suggest the need to target Tamils of different ages and involve both men and women. For example, school-based programs can focus on healthy relationships, healthy patterns of communication and empowering both boys and girls. Family and community-based programs can encourage dialogue between men and women about gender roles, marriage and family relationships in Canada. There is also a strong need for community education about IPV and its negative consequences on the family and to increase community awareness of the negative impact of stigmatizing victims of marital conflict and intimate partner violence.

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¹Although the terms woman abuse and intimate partner violence may be

used interchangeably, we prefer the latter in this paper because it is consistent with the CDC definition used in our literature review and because it was the term used to explain our study to Tamil advisory committee members and study participants

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