

Intimate Partner Violence: Contextual Vulnerability, Risks and Resilience of South Asian
Immigrant Women

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Abstract

As a universal issue that affects all nationalities and ethnicities, Intimate Partner Violence (IPV) is a subject of extensive research among couples (Pajak, Ahmad, Jenny, Fisher & Chan, 2014). However, research attending to immigrant populations is inadequately limited, which consequently prevents mental health professionals from receiving the necessary education to effectively support this population. Culturally competent mental health professionals are essential in this field, especially for South Asian immigrant women who experience multiple layers of oppression and yet, have one of the highest rates for underutilizing mental health resources for fear of being judged or misunderstood (Yoshioka, Gilbert, El-Bassel & Baig-Amin, 2003). The purpose of this literature review is to explore the contextual challenges that increase South Asian immigrant women's vulnerability to IPV including patriarchy, culture, and acculturation, and to determine the most common strategies women use to cultivate their resilience. Findings revealed that the most helpful coping strategies include spirituality, social support, strength for children, and personal attributes. The findings from this review provide practical information about cultural competence in supporting this population and the issue of IPV.

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Dedication

I would like to dedicate this thesis to the hopeful immigrant women of North America who continue to fight the struggles of oppression, patriarchy, and above all else, Intimate Partner Violence.

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**Intimate Partner Violence: Contextual Vulnerability, Risks and Resilience of South Asian
Immigrant Women**

CHAPTER 1: INTRODUCTION

Background to the Problem

Intimate Partner Violence (IPV) is an ongoing universal issue that occurs across all nationalities and ethnicities (Pajak, Ahmad, Jenny, Fisher & Chan, 2014). In spite of the extensive research investigating the phenomenon of IPV among couples, research attending to the immigrant population, specifically the South Asian community, is limited (Paat, 2014). Despite the growing concern of IPV in developing countries, examining IPV in specific populations has only recently been explored (Shanthakumari, Chandra, Riazantseva, & Stewart, 2013). Consequently, investigations thus far have relied on the over-generalization of results typically based on Caucasian non-immigrant populations (Paat, 2014).

The 2006 Census data reported 1.3 million South Asians living in Canada, which is expected to grow to 4.1 million by 2031 (Thandi, 2014). Majority of South Asians in Canada live in Vancouver, British Columbia and Toronto, Ontario (Thandi, 2014), which reflects the diversity seen in these cities and the necessity for culturally competent mental health professionals. Not only does the lack of research sacrifice an understanding and appreciation of the diversity in North America, but also prevents multicultural communities from receiving adequate support as current mainstream interventions are catered to the dominant western population.

The World Health Organization (WHO, 2002) has documented the lifetime prevalence of physical IPV as 10-68% for women across 48 countries. This wide-ranging percentage demonstrates the contextual complexities that affect the vulnerability of some women (Ahmad,

Rai, Petrovic, Erikson, & Stewart, 2013). Of particular concern with IPV is the female immigrant population who face multiple facets of vulnerability and victimization while encountering multiple barriers including language difficulties, lack of social support, financial difficulties, differences in cultural values and beliefs, gender roles, acculturation, and fear of deportation (Thandi, 2014; Paat, 2014; Pajak et al., 2014). Many immigrant and refugee women face the reality of not knowing their rights and residential status in Canada (Sharma, 2001). These women tend to refrain from disclosing personal matters to professionals for fear of deportation or losing custody of their children. Consequently, by keeping matters to themselves they miss the opportunity to gain an education on their rights and resources. Their fears coupled with the loss of their established way of life and social support in their country of origin increase social exclusion, which perpetuates their vulnerability to IPV (Sharma, 2001). This increased risk for immigrant women and IPV has been demonstrated with recent studies showing that the prevalence of IPV is greater among immigrant women (Raj & Silverman, 2002; Frye, Wilt & Schomberg, 2000; Dutton, Orloff & Hass, 2000).

This study will investigate current research on South Asian immigrant women and IPV in North America. Though majority of the literature with multicultural populations is based on small samples of qualitative testimonials, research with immigrant populations provides “critical insight into how immigrant women’s cultures, contexts, and legal status can (a) increase vulnerability to abuse, (b) be used by batterers to control and abuse immigrant women, and (c) create barriers to women seeking and receiving help” (Raj & Silverman, 2002, p. 368). Delimitations of this study include the exclusion of men or non-immigrant populations. The focus on women’s experiences of IPV stems from the literature indicating that females are more likely to be victims of violence (Sharma, 2001). Further, this study will examine IPV with

heterosexual couples exclusively as they are reflective of the research regarding partner violence in the South Asian community.

Theoretical and Personal Framework

As an Indo-Canadian, my personal worldview stems from my familial upbringing and cultural background. Identifying with two different cultures, Indian and Canadian, has given me the exposure of different values, philosophies, and ways of living (Olk, 2015). As I have matured and with a better understanding of not only these cultures, but of who I am, I feel privileged to experience both individualistic and collective ways of being. The intricacies of our personalities, identities and worldviews stem from various factors; however, our personal history and cultural upbringing largely contribute to our interpretations of our world and consequently, our identity (Olk, 2015). Accordingly, I am fascinated in exploring the smaller nuances, customs, and traditions of diverse cultures and how these factors influence our thinking and behavior. We are all born with certain expectations and some of us are provided with more opportunities than others, which inevitably leads to the oppression of minorities and less privileged groups.

Given my interests in personal history and background, this thesis has been written within a feminist multicultural theoretical framework. The principles of this approach include acknowledging the influences of systemic oppression, gender roles and the cultural identity of individuals (Singh & Hays, 2008). Providing that traditional feminist theory originated in the United States, it developed with an individualistic framework that disregarded other forms of oppression (racism, heterosexism, and classism) in addition to patriarchy (Singh & Hays, 2008). However, this theory has recently cultivated into a holistic framework that incorporates the critical role of contextual factors that shape an individual's worldview and experiences.

Feminist therapy considers partner violence as a social phenomenon stemming from systemic and patriarchal norms that tolerate the subordination of females socially, economically, and politically. Consequently, this subordination eventually becomes embedded and internalized by abused women as they “integrate elements of this oppressive framework into their identity and use it to gauge their self-worth and potential” (Sharma, 2001, p. 1415). This thesis will explore this notion of internalized patriarchy with South Asian women, although similarly to IPV, this issue is not limited to this population, but rather, affects women of all nationalities and ethnicities (Pajak et al., 2014).

Purpose of the Study

With the South Asian culture consisting of collectivist values, there are many differences to the western, individualistic way of life. Accordingly, an awareness and understanding of these cultural differences will benefit those in the helping profession who may come across a diverse individual with traumatic experiences such as IPV. Understanding immigrants’ experiences of acculturative stressors prior to moving to a new country and after arrival is necessary in the counselling profession. Awareness of their lack of social support, economic turmoil, and the oppression of minorities can enable professionals such as counsellors and social workers to critically review their intervention strategies and revise their approach according to the population they are working with.

In addition to contextual factors influencing the experiences of South Asian immigrant women, this study will review the resilience strategies most commonly used by these women. By understanding how they cope with this challenge in their lives, we can utilize their strategies in our practices and educate others in need of support. As such, the purpose of this literature review is twofold; this review will explore the contextual factors influencing South Asian immigrant

women who have experienced IPV including rigid gender roles and cultural differences, followed by a review of the literature exploring how these women were able to cope and foster their resilience in the face of adversity.

Definition of Terms

South Asian Immigrant Women. South Asian immigrant women “include someone who migrated from... South Asian nations such as India, Pakistan, Bangladesh, Bhutan, Nepal and Sri Lanka; additionally, the term can include persons from places such as Africa, Fiji, the Caribbean and Europe who trace their origin to nations in South Asia. The region is linguistically diverse and world religions that are practiced there include Hinduism, Islam, Buddhism, Jainism, Zoroastrianism, Christianity and Sikhism” (Thandi, 2012, p. 220).

Intimate Partner Violence. The World Health Organization (WHO) defines intimate partner violence as “any behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behavior” (WHO, 2012; as cited in Ahmad et al., 2013, p. 1057).

Resilience. For the purpose of this thesis, the term resilience is defined as “a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain or regain their mental health despite exposure to adversity” (Wathen et al., 2012; as cited in Shanthakumari, Chandra, Riazantsev & Stewart, 2013, p. 704). As Khanlou and Ray (2014) discuss, it is important to consider resilience as a process that develops over time and that rests on a continuum. Providing that an individual can be on different parts of this continuum depending on many factors such as available support systems, having resilience does not imply that these women are free from facing challenges associated with their experience of IPV.

Significance of the Study

The majority of the literature on IPV has attended to the dynamics of violence and the oppression of non-immigrant Caucasian female victims. This review intends to summarize the current literature regarding South Asian immigrant women in the hopes of promoting awareness and further understanding of this population's contextual vulnerabilities. Cultural background, patriarchal oppression, and acculturative stress will be explored to help others truly gain an understanding of immigrants' experiences.

It is understood that IPV has staggering effects on women's economic, physical and psychological welfare. Due to experiences with IPV many women develop posttraumatic stress, anxiety, depression, substance misuse and suicidality (Paat, 2014). However, this study does not intend to dwell on the negative outcomes of IPV. Rather, this review will focus on those females who have managed to utilize their existing strengths and protective factors in fostering resilience.

Given the increase in the immigrant population in Canada and the increasing prevalence rates of IPV, mental health professionals who provide service to this population will require an understanding of how to effectively support these women. This research will assess those aspects that others have utilized in finding their resilience and in turn, review practical implications for future work with women involved in IPV.

Structure

This thesis will review the literature on IPV and South Asian immigrant women, followed by a discussion of the findings, and their implications to counsellors. The literature review will be divided into two chapters. The first chapter will focus on South Asian immigrant women and the second chapter will focus on their resilience. Further, these two chapters will be categorized according to the themes identified in the literature that either highlight the challenges

faced by these women or reveal the factors propelling their resilience. A summary of the findings of this review is intended to not only promote awareness of this issue, but to aid those in the helping professions to better understand women from the South Asian immigrant population, and effectively support their needs. By gaining an understanding of the various factors helping these women move forward from their adversities, counsellors and other service providers will be better suited and culturally competent in supporting this population who stem from a collective background and yet, are seeking help in an individualized society.

CHAPTER II: SOUTH ASIAN IMMIGRANT WOMEN AND INTIMATE PARTNER VIOLENCE

Introduction

The following chapter will explore the factors affecting risk and vulnerability to IPV. According to the literature, certain contextual factors can exacerbate exposure to IPV and may hinder recovery (Paat, 2014). By reviewing the contextual vulnerabilities and challenges that influence South Asian immigrant women experiencing IPV, we can gain a better understanding of how to facilitate the implementation of treatment programs that are tailored to this “relatively invisible, but growing population” (Paat, 2014, p. 726).

In spite of IPV being a global health concern, it continues to be a limited area of research among the immigrant population, particularly within the South Asian community (Paat, 2014). Accordingly, this chapter hopes to illustrate the contemporary literature on South Asian immigrant women and IPV. South Asian immigrant women reflect a subordinate population that experiences multiple oppressions of race, class, and gender. To gain critical insight of the experiences of these women, topics such as patriarchy, culture, and acculturation will be reviewed.

In order to avoid misinterpretations of the existing literature, prior to exploring the contextual complexities of these women, it is important to discuss the intention of this thesis. In this field of research, it is necessary for scholars to ensure that their findings are not misjudged or used to perpetuate preexisting negative stereotypes of this population. Sokoloff and Dupont (2005) discuss the significance of appropriately assessing the meaning of research findings. Considering that these women are already disempowered and disadvantaged, it is important to consider how the existing literature may affect them. They hold scholars responsible of ensuring

that their research findings will not be exploited to create policies that may further alienate these women. Sokoloff and Dupont (2005) note:

Although culture is crucial to understanding and combating domestic violence, we cannot rest on simplistic notions of culture. Rather, we must address how different communities' cultural experiences of violence are mediated through structural forms of oppression, such as racism, colonialism, economic exploitation, heterosexism, and the like. (p. 45).

Accordingly, this thesis does not intend to blame South Asian cultural differences or hold culture accountable for IPV. As opposed to associating patriarchy, gender roles, and the acceptance of domestic violence with particular cultures, we must accept that the marginalization of women is not limited to cultures categorized as minorities, but rather exists within all cultures, including the western culture in North America (DasGupta, 1998). As such, we must not confuse the role of culture with patriarchy as if they are interchangeable notions. Rather, we should consider how patriarchy manifests itself in different cultures and consequently, affects marginalized women in different ways.

The intent of this section is to explore the multifaceted experiences of IPV for South Asian immigrant women. The following section will highlight several hardships South Asian immigrant females endure as they strive to move forward from their abusive relationships, all of which include patriarchy, culture, and acculturation.

Patriarchy

Patriarchy is a traditional ideology that propels the oppression of women and is a significant part of the global issue perpetuating violence against women. A patriarchal structure refers to the unequal treatment of women, which continues to allow men to dominate socially, economically, and personally. Gaining insight into the patriarchal structures behind IPV will

enforce a paradigmatic shift in how this situation is perceived (Amirthalingam, 2005). For instance, instead of questioning why a woman experiencing IPV remains in her relationship, we could begin to question why her partner is abusive, and consider how to prevent the reoccurrence of this event in the future. This shift in thinking is required for legal, social, and professional reform. Currently, the tolerance of violence against women is the cause of its continued high prevalence on a global scale (Amirthalingam, 2005).

In the South Asian community, gender roles are typically well defined, providing males with dominance and power. While males are considered the breadwinners and chief decision makers in the family, females are responsible for domestic duties, such as housecleaning, cooking, and caring for children. These family dynamics may appear similar to those of a westernized household, however a different degree of male privilege exists within the realm of South Asian social norms (Thandi, 2009).

The documentary *India's Daughter* (2015) highlights the patriarchal mentality that presently continues to affect the women of India. The director and producer, Leslee Udwin, interviewed one of four men sentenced to death for raping and murdering a 23-year-old medical student in Delhi, India. This murder sparked outrage among women and men who began showing acts of resistance. Protests and riots lasted for a month after the incident and were described as the outbursts of accumulated anger, especially among women who have been oppressed and disrespected their entire lives.

Udwin (2015) produced this documentary in the hopes of exploring why men rape women. She recognized that the source of this abuse stems from a lack of respect for women, who are viewed as inferior and powerless. This outlook is reflected in Udwin's interview with one of the rapists as he describes how females are more responsible for this abuse than men. In

this case, the victim went to see a movie and was returning home around 8:30pm. The interviewee said he and the others wanted to teach the victim a lesson for thinking that she could go out with a male friend at night. According to them, boys and girls are not equal and girls should not be out late. IPV supporting attitudes have also been linked to patriarchal gender role attitudes by other researchers (Yoshihama, Blazeovski, & Bybee, 2014; Singh, 2009).

The documentary explores the early teachings of patriarchy, as young children are taught that males are more important and powerful than females. For instance, the birth of a boy is celebrated with sweets for friends and family whereas the birth of a girl lacks the same rejoice. This favoritism of males instills a sense of authority and power over females and the documentary explores some of the practices that perpetuate this mentality. From being allowed to eat before their sisters to having more freedom, males are simply the preferred and privileged gender in the South Asian society as in many others.

This favoritism helps foster and internalize a patriarchal attitude for both males and females. Eventually, women may believe that their mistreatment and disrespect represents their self-worth. In a sense, patriarchy becomes tradition and is so embedded in the South Asian community that it is viewed as a cultural norm. This internalization is exemplified in an interview with a rapist's wife. She spoke about her husband's conviction with anger and frustration and explained how she would rather die than raise her child alone and not have a man to live for. Her response represents the internalized oppression of women, as she associates her life as worthy as her husbands. In spite of his actions, she would rather die than be without her man.

Kanagaratnam, Mason, Hyman, Manuel, Berman and Toner (2012) wanted to collect information on perceptions of coping with IPV. They held group discussions with 63 Tamil

women from Sri Lanka who migrated to Toronto, Canada. Findings demonstrated that the views of these women were “deeply embedded in their sociocultural context and influenced by gender-role expectations from the community” (Kanagaratnam et al., 2012, p. 647). Many women found comfort in utilizing a coping strategy of self-blaming, as the women questioned their own faults that led to their abuse. Accordingly, women presumed that working to modify themselves would result in less abuse from their partners. Further, an additional coping method used by these women was normalizing the abuse. Though there were debates between the women about tolerating abuse, many women believed that acceptance as opposed to seeking outside help would lead to the least amount of interpersonal issues with their partners. According to them, disclosing the abuse would not help their partners stop abusing them. Rather, it would only perpetuate anger.

Furthermore, the stigma associated with divorce also led many of these women to accept the abuse, as seeking outside help correlated to them separating from their partners. For many, the decision to seek help depended on the likelihood of divorce as the women unwilling to separate from their partners remained silent. Kanagaratnam et al. (2012) mentioned how the burden of maintaining family honor led to self-blame, and also noted how “their perceptions are largely shaped by the norms and values of womanhood in general and in the Tamil culture in particular” (p. 655). It appears that choosing to normalize IPV and to self-blame was a means of personal protection for the women, as they wanted to avoid social judgment and further aggravating their partners, which in turn, would lead to further abuse.

Despite what may appear as cultural norms, patriarchy is not an issue of culture or religion. Rather, it represents a widespread problem that manifests itself in different ways, with some communities accepting a greater degree of male privilege. According to Almeida and

Dolan-Delvecchio (1999)

Wife battering is not culture; dowries, wife burning, and female infanticide are not culture; the forced use of purdah or veiling for women are not culture; foot-binding and the practice of concubines among the Chinese are not culture. These are traditional patriarchal customs that men have practiced, and women have accepted, for generations. (p. 667).

Unfortunately, violence against women can be viewed as an element of culture in immigrant communities, as opposed to a product of dominant men (Razack, 1998). This outlook is itself a way in which patriarchy can remain present worldwide as the blame is misplaced.

Culture

The South Asian population generally comprises of people living in many countries including Africa, Bangladesh, Bengal, Bhutan, India, Nepal, Pakistan, Sri Lanka, Trinidad and even Afghanistan (Singh, 2009; Shankar, Das & Atwal, 2013). Culture is defined as “a collection of values, behaviors, and meanings held by a group as they create their interpretations of the world” (Singh, 2009, p. 362). In spite of the diversity within the South Asian community in terms of religiosity, linguistics, and culture, the term South Asian is used as an umbrella term that signifies a common worldview and collectivist values.

The individualist/collectivist dichotomy is frequently used when differentiating between social and cultural patterns (Kim, 2009) and is described as the most significant difference among cultures (Triandis, 2001). Approximately 70% of the world’s population is considered to be collectivist in nature (Kim, 2009). Parallel to collectivism, the South Asian culture is strongly based around family and community. Providing that family welfare is prioritized for all members, family obligations and advantages are expected through personal sacrifice (Rana &

Sihota, 2012). Those obliged to sacrifice are generally the weaker and powerless members of the family (Kim, 2009). Given the extensive power imbalance between genders, it is often women who are expected to sacrifice for their husbands and children. In this collective culture, women develop their identities based around group orientation and are respected for their interdependency (Singh, 2009). In spite of the invaluable nature of interdependency for both women and men, a gender hierarchy remains unchanged, with women expected to sacrifice more than men, and hold less power, if any.

For example, a South Asian woman's domestic duties and care giving of both her children and her husband are prioritized over personal aspirations, limiting her use of opportunities for work and socialization with others, and exacerbating the preexisting power imbalance between her and her husband (Ahmad et al., 2013). Further, women experience a double bind while assessing whether to reveal their abuse to others or remain silent to maintain familial support. Given the social stigma associated with IPV and divorce, women may choose to remain silent as a means of maintaining respect from their social circles (Singh & Hays, 2010). For some women, IPV may be a small price to pay in order to maintain the support of not only their in-laws, but also their immediate family.

Also, for other immigrant women disclosing IPV may not be an option due to a lack of knowledge or language barriers. Upon arriving to their host country, many immigrants are unaware of their rights and abilities, which only perpetuates their sense of isolation as minorities (Thandi, 2009). Accordingly, this double bind places women in a challenging position. They can choose to deviate from social norms and risk damaging their family name by seeking social support or they can keep the IPV a secret and in turn, preserve their family image and assurance of familial support.

In addition to familial pressure, other cultural distinctions can highlight women's motivations behind their silence of IPV. Collectivist cultures value relationships and significance is placed on maintaining these relationships with the utmost respect. Triandis (2001) discusses this difference between collectivist and individualistic cultures, with individualistic cultures prioritizing their own needs over the needs of a group. For instance, in conflict situations, Ohbuchi, Fukushima, and Tedeschi (1999) showed that in collectivist societies most women are mainly concerned with maintaining their relationships, whereas in individualist contexts most women likely prioritize achieving justice. Consequently, in collective cultures most women are primarily concerned with saving their relationships and engaging in conflict resolution. This cultural distinction can help clarify why some women refrain from disclosing IPV in order to preserve their familial relations.

An additional aspect that may inhibit women from revealing their familial issues is the reinforcement received from their willingness to sacrifice for their family and endure suffering. Moreover, suffering and sacrifice in a lifetime is viewed as a "form of self-discipline that helps one move toward a higher, more spiritual experience of being" (Almeida & Dolan-Delvecchio, 1999, p. 661). The invaluable nature of emotional restraint within the South Asian culture is especially prevalent among women, who are expected to fulfill their duties without protest (Thandi, 2009). Emotional expression is associated with weakness and a lack of self-discipline, whereas emotional restraint in the face of adversity reflects courage and self-control. This emotional pressure to endure suffering highlights the obstacles mistreated women experience when seeking social or professional help. Consequently, South Asian women may prioritize endurance for fear of appearing selfish or weak.

Yoshioka, Gilbert, El-Bassel and Baig-Amin (2003) compared help seeking tendencies with African American women, Hispanic women, and South Asian women. Compared to African American and Hispanic women who have experienced IPV, South Asian women were much less likely to speak to professional resources such as lawyers, police officers, and counsellors regarding their experience of IPV. The interesting element of this study is that South Asians were compared to other minority cultural groups, and yet, still continued to seek help less than others.

Ahmad et al. (2008) explored the underlying reasons for the lack of help seeking in the South Asian community and discussed reasons for delays and overall experiences with professionals. In spite of suffering from mental, social, and physical health consequences, these women still chose to wait a considerable amount of time before disclosing their experiences of IPV to professional services. They quoted social stigma, gender roles, children's well being, loss of social support and lack of knowledge as reasons for the delay in help-seeking and only sought help when conditions were unbearable. As Segal (2001; as seen in Rana & Sihota, 2013) cautions, "even when counselling is sought voluntarily, they often feel they have been reduced to a level beneath their dignity and pride" (p. 134).

An additional issue relates to the social stigma on divorce. South Asian women may feel compelled to stay committed to their partner and fail to see the significance of revealing the abuse and shaming their family name (Ahmad et al., 2013). Further reasons for underreporting of IPV include poor language skills, lack of understanding sponsorship procedures, lack of knowledge of community resources and financial dependence (Shankar et al., 2013).

Acculturation

Acculturation reflects the foreseeable changes in beliefs, values, and attitudes that occur in immigrants post migration (Yoshihama et al., 2014). Despite the increased opportunities that come with migration, the process of migrating and socially integrating to a foreign place is naturally challenging and stressful. Accordingly, growing attention has been paid to the influence of acculturative stress on IPV for the immigrant population (Lee & Hadeed, 2009).

Previous research assumed that the process of acculturation is inevitable among immigrants who change and adopt the host country's values and attitudes. However, accumulated evidence supports the "bi-linearity of acculturation; this model acknowledges both adopting attributes of the host culture and retaining or enhancing those of the culture of origin; the latter is referred to as enculturation" (Yoshihama et al., 2014, p. 250). Immigrants who successfully learn to embrace the opportunity of understanding two different cultures, philosophies, values, and ways of living face less complication in adapting to a foreign place (Paat, 2014). Those able to embrace the dominant culture without forgetting their roots appear to surpass their counterparts, who migrate and remain within their own comforting enclave. Several studies have also found a positive correlation between acculturation and more egalitarian gender role attitudes among various immigrant populations (Haj-Yahia, 2003; Singh, 2009, Yoshihama et al., 2014; Paat, 2014).

Yoshihama et al. (2014) investigated the effects of enculturation on IPV supporting attitudes among the Gujarati population in the United States. They found that enculturation (maintaining traditional values, diet, attire, behaviors, and community practices) was the strongest predictor of patriarchal gender roles and IPV supporting attitudes. Interestingly, IPV supporting attitudes were not found in the enculturation-community participation group, which

highlights the significance of community based programs for prevention of IPV and intervention with this population.

Prior to understanding how to adjust to a new way of life, the process of adaptation and social transformation can be a cultural shock for many immigrants, especially South Asians who migrate from a vastly different culture. Being immersed into a country with different social norms and beliefs, and especially a different worldview can propel immigrants to feel socially isolated and in turn, strain familial relationships. A study with 160 South Asian women in Boston demonstrated this effect, with social isolation being a marker of increased risk to severe IPV. Women who reported no familial support were three times more likely than women with local family support to have been physically injured by their partner (Raj & Silverman, 2003). Experiences of limited economic support and social resources, loss of familial support, language barriers, racism, and social marginalization increase relational distress, which further alienates women and increases their vulnerability to IPV (Lee & Hadeed, 2009; Singh & Hays, 2009).

Adjusting to a new culture and way of being can change the dynamics of a relationship in terms of routine and communication (Paat, 2014). For the first time, a South Asian male may begin to experience a sense of subordination, weakness, and powerlessness due to migrating to an unfamiliar place. Consequently, this social and economic plummet can provoke frustration and conflict (Thandi, 2009). Loss of control is especially prominent if women are required to work and financially help support their families. By being employed, women are given an opportunity to socially integrate into the host country, possibly at a faster rate than their partners (Paat, 2014). Though female employment can appear to be a marker of independence, it may propel anger among male partners who feel threatened by their growing independence and liberation.

Summary

To conclude, this chapter identified the contextual complexities and the dominant discourses in the South Asian community that illuminate the challenges and suffering many immigrant women endure. These challenges also clarify why many women refrain from seeking social and professional support. Ahmad et al. (2013) describe the contextual vulnerability of immigrants as a “triple jeopardy” (p. 1057) due to arriving in a new country with an ethnic minority status, economic challenges, and limited social support. This chapter highlights how South Asian immigrant women experience additional challenges due to strict gender roles, patriarchal norms, and collectivist values. The following chapter will explore the resilience of many South Asian immigrant women who despite their contextual factors, are able to utilize their resources in a manner that helps them move forward from their abuse. The construct of resilience will be explored, followed by risk factors that can undermine resilience, and a discussion of the coping strategies that other women have effectively used.

CHAPTER III: FOSTERING RESILIENCE IN SOUTH ASIAN IMMIGRANT WOMEN

Introduction

The following section will explore the resilience strategies of South Asian immigrant women who have experienced IPV. Most if not all humans experience a variety of challenges throughout their lives. Certain people respond in a way that leaves them better able to function in their daily lives, whereas others suffer from long lasting effects of traumatic experiences. The literature on resilience seeks to understand why certain individuals are better able to endure their challenging experiences (Fletcher & Sarkar, 2013).

Providing that South Asian women derive from a collectivist culture that embraces interpersonal abilities, Hartling (2005) critiqued the individualistic approach to resilience. She addressed the lack of attention to issues of oppression, and the advantageous nature of privileged identities (Singh, 2009). Unlike these privileged identities, marginalized groups lack the same access to resources. She proposed that exploring relational resilience (the ability to connect with others) is better suited to collectivist populations.

What is Resilience?

There are several definitions for resilience, but for the purpose of this thesis the definition is one reached by international consensus: “resilience is a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain or regain their mental health despite exposure to adversity” (Wathen et al., 2012; as cited in Shanthakumari et al., 2013, p. 704).

Part of the challenge in researching resilience is the lack of consistency in the way resilience is defined due to discrepancies in whether it is a trait, process, or outcome (Fletcher & Sarkar, 2013). When considered a trait, resilience represents personal characteristics that help

individuals adapt to adversity (Fletcher & Sarkar, 2013). However, Khanlou and Ray (2014) note how fostering and maintaining a resilient attitude is a process as opposed to a constant entity. Rather, resilience transitions on a continuum, depending on many intrinsic and extrinsic factors. To this end, resilient women may continue to experience the manifestation of any symptoms associated to IPV.

Resilience signifies the ability of these women to utilize their resources and strengths to minimize these associated symptoms and effectively meet traumatic challenges (Singh, 2009). Resilience is a term that recognizes the ability to pick up strategies and utilize protective factors. However, the role of counsellors or mental health professionals is to support this process as defined by their clients, and not as defined by their individual outlook of what resiliency should look like. Therefore, resiliency to South Asian immigrant women, or anyone, may look different to what a health professional may consider.

Risks Factors Undermining Resilience

Many people associate IPV with physical abuse, although women can experience IPV in different ways including psychological, mental, sexual, and economic (Shanthakumari et al., 2013). Any form of IPV can have damaging effects including depression, physical injury, sexually transmitted diseases, posttraumatic stress, anxiety, substance misuse, or even death (Paat, 2014).

Health consequences of IPV have been well researched with other populations, but a limited number of studies have investigated the association between health and IPV with South Asian women. Hurwitz, Gupta, Liu, Silverman, and Raj (2006) conducted in depth interviews with South Asian women and found that those who reported IPV showed increased poor physical and mental health. These health concerns “stem both directly from injury and indirectly from the

stress of IPV victimization” (Hurwitz et al., 2006, p. 257). Reported complaints include headaches, backache, body pain, and gastrointestinal problems in addition to described feelings of sadness, stress, uncontrollable crying, nightmares and appetite reduction, many of which have been corroborated with other findings (Campbell, 2002; Humphreys, Lee, Neylan, & Marmar, 1999; Hathaway, Mucci, Silverman, Brooks, Matthews, & Pavlos, 2000). In terms of mental health outcomes, the researchers found mental health issues similar to other findings in the literature including depression, posttraumatic stress disorder, suicidality, and generalized anxiety disorder (Hicks & Bhugra 2003; Patel & Gaw; 1996). These findings demonstrate the devastating effects of IPV that potentially challenge the growth of resilience.

Anderson, Renner and Danis (2012) discuss how the negative consequences of IPV can take precedence over the strengths and resources many women utilize to recover, which misrepresents the healing process. By attending to posttraumatic symptoms of IPV, we fail to consider a complete picture of recovery, as many women demonstrate a capacity for perseverance in spite of their challenges. Their pain should not be minimized, but it also should not be a marker for their identity and experience. Consequently, Anderson et al. (2012) speak to the connection between growth and pain. As opposed to being mutually exclusive, these two constructs are linked in recovery from trauma, as many people likely experience a blend of heartache and strength.

Interestingly, Herman (1996 as cited in Singh, Hays, Chung, & Watson, 2010) compared the psychological healing of trauma survivors to the process of immigration, “they must build a new life within a radically different culture from the one they have left behind” (p. 446). The following sections will identify investigations on resilience and explore the ways in which these women are able to utilize their internal and external resources to help them deal with their

challenging circumstances.

Investigations on Resilience in South Asian Immigrant Women

In terms of responses to an abusive relationship, the literature has focused far more on posttraumatic symptoms and risk factors than resiliency (Anderson et al., 2012). Given the high prevalence rates of IPV, we know that many women are able to recover from this phenomenon, but information on how recovery is sustained and achieved is needed (Anderson et al., 2012). By exploring the various coping strategies utilized by South Asian women, we can begin to create more culturally competent interventions. The notion of resilience has only recently been a topic of exploration and consequently, research dedicated to this area is limited, especially within the South Asian community. The following section will summarize the investigations on resilience in the South Asian immigrant population.

Singh et al. (2010) interviewed 13 South Asian immigrant women between the ages of 22 and 48 years old to explore how their cultural backgrounds influenced their resilience strategies in healing from sexual abuse. The researchers hoped that this phenomenological design would promote a “deep structural understanding of South Asian women’s experiences of resilience” (Singh et al., 2010, p. 447). Themes of South Asian context that influenced their abuse are similar to those previously reviewed including strict gender socialization, maintenance of family image, influence of ethnic identity, and acculturative stressors. The researchers identified five major themes regarding resilient strategies including social support, hope, social advocacy, intentional self-care, and silence.

Shanthakumari et al. (2013) also explored the perspectives of South Asian women who have experienced IPV and self-identified as resilient. The researchers hoped to understand the coping strategies and resources these women utilized to foster their resilience. They interviewed

16 women who reported IPV and whose husbands were being treated for alcohol dependence. They identified six major themes as factors that helped their resilience including support from women, support from men of the family, personal attributes, dignity and work, strength for their children, and faith in God.

Further, Ahmad et al. (2013) investigated resilience strategies among South Asian immigrant women healing from IPV. Eleven participants were interviewed regarding five main themes including their (a) resources before their turning point, (b) resources after the turning point, (c) transformations in self, (d) adapted social networks, and (e) being an immigrant. Their findings will be further discussed in the following section.

Kanagaratnam, Mason, Hyman, Manuel, Berman and Toner (2012) held group discussions with 63 Tamil women living in Toronto and discussed their perceptions of their recovery process from IPV. Popular coping strategies used by these women include faith in God, engaging in community activities, social support, and seeking professional help.

Coping Strategies Fostering Resilience

The previous section summarized four main studies investigating IPV and resilience in the South Asian immigrant population. This section will further summarize the results of these investigations and explore the women's insights and experiences of coping with IPV.

Spirituality

Spirituality served as a coping mechanism for several women who credited their faith in God as a contributor to their sense of balance and wellbeing. Participants in Ahmad et al.'s (2013) study believed that God provided assistance in their journey by creating accessible paths such as subsidized housing. Although, women from Shanthakumari et al. (2013) and Kanagaratnam et al.'s (2012) studies who also credited their faith as a resource also stressed the

importance of taking action and not only depending on spirituality for support. As opposed to relying on destiny for their chosen paths, they accepted responsibility for their choices and lives. Overall, faith in a higher power played a significant role in the women's ability to move forward from their abuse.

These findings echo those of Anderson et al. (2012) who investigated resiliency in the aftermath of IPV with 37 (majority Caucasian) participants. Thirty-one participants credited their faith in a higher power as a contributor of emotional support, their courage to prevail, and their ability to recognize the benefits of their suffering. Further, they believed that their faith gave them purpose and meaning in their lives. These findings demonstrate how spiritual connections can be valuable for other populations in addition to the South Asian community.

Social Support

The women in Singh et al.'s (2010) study credited their social support as a primary feature of their healing process. Not only were their close family and friends supportive throughout this process, but also their local community. According to them, reconnecting to their South Asian community in spite of the stigma associated with sexual abuse revived their sense of belonging. Their findings can provide hope for women who may not have close social circles to depend on. Women who are isolated can turn to community members as way to rebuild a sense of connection.

Similar to the results of Singh et al. (2010), a strong component of the participants' resilience in Shanthakumari et al.'s (2013) study was receiving social support. Friends, relatives or colleagues who were considered role models and provided emotional support helped these women feel accepted and understood. In turn, they described how supporting other women who were in similar circumstances gave them a sense of purpose and helped them feel stronger. The

women also felt gratitude for the supportive men in their lives, including brothers, brother-in-laws, and fathers.

Similar to the previous two studies, the women in Ahmad et al.'s (2013) investigation described social support as a motivator to improve their situation. They credited the continuation of support from family and friends as a strong contributor to their resilience. In addition to moral support, they appreciated simple gestures such as babysitting and temporary accommodation in their transitions.

Kanagaratnam et al. (2012) discuss the significance of social support as factor that can either propel or refrain women from moving forward. Revealing physical, verbal, or sexual abuse can promote feelings of shame and humiliation for many. Receiving negative feedback upon disclosure can leave women feeling discouraged and hopeless. Kanagaratnam et al. (2012) found that there is little social support for the Tamil immigrant women in their study, which they credited to the harsh responsibility they carry in maintaining family honor and unity. These expectations are largely shaped by the patriarchal norms globally and especially in the Tamil community, which the researchers found led to self-blame and normalizing the abuse.

Social Advocacy

All of the women who credited social support as a contributor to their resilience also credited social advocacy. They indicated that by contributing to their community they were able to find purpose in their lives, as their compassion for others was reciprocated. By receiving social support from others these women felt accepted and understood and in turn, they described how supporting other women who were in similar circumstances helped them feel stronger and gave them meaning (Shanthakumari et al., 2013).

In line with collectivism, the women in Ahmad et al.'s (2013) study described feeling a greater connection with their local community. A trend within the few studies about resiliency was a desire to stop trans-generational abuse. The women were able to rebuild their trust with others from community organizations and in turn, felt a greater sense of appreciation.

Strength for Children

The women in Shanthakumari et al.'s (2013) study indicated that their children were strong motivators to change their situations. They expressed concern for their children's well being and a yearning to protect them. Ahmad et al. (2013) also found that these women wanted their children to develop in a healthy environment, which stimulated their willpower to change their abusive situation. Despite associating the disclosure of IPV with dishonoring the family, the Tamil women in Kanagaratnam et al.'s (2012) study said their children motivated them to seek outside help. To them, children should be prioritized and they were willing to sacrifice their reputation for their children's welfare.

Personal Attributes

Self-Confidence, optimism, hope, courage, perseverance and diligence were important factors in achieving resilience for the women in Shanthakumari et al.'s (2013) study. The women seemed confident in their ability to change their situation as one participant said "I feel I could live better in future and also feel that this problem could be solved..." (Shanthakumari et al., 2013, p 706). The women in Ahmad et al.'s (2013) study similarly described positive changes in their mental state including an increase in self-esteem, optimism, and confidence. They recognized their individual potential and their freedom attributed to being in Canada. They also recognized their newfound positive outlook on life as they tended to focus on future goals and current achievements as opposed to their past struggles.

Self-care

The women from Singh et al.'s (2013) study described intentionally focusing on their self-care. Attending to the healing process, these women stressed the importance of intentional self-care for the mind, body and spirit. According to them, self-care counteracted the negative impact of sexual abuse on their bodies. In a sense, they re-stitched their wounds and made up for a time when their bodies were disrespected. Furthermore, they also utilized the notion of silence to their advantage. These women found that introversion was a useful way to separate from others in order to heal. They decided to transform this cultural norm as a way of coping as it provided them with the opportunity to self-reflect and understand the significance of boundaries in relationships.

Professional Services

Only the women in Ahmad et al. (2013) and Kanagaratnam et al.s (2012) studies described using professional services such as counsellors or social service workers. However, despite the women's use of services, they described feeling hesitant in accepting assistance from others for fear of feeling judged. Parallel to collectivist values, the women wanted to avoid placing a burden on others (Triandis, 2001). Moreover, the women's hesitancy derived from the social stigma of receiving social assistance in the South Asian community. These findings reflect the fear of many immigrant women, who would rather endure their suffering than seek help from professionals for fear of being judged or stereotyped. Furthermore, the women found that finding housing was especially important, as they were able to enroll their children in school. They also discussed financial independence as essential to their "survivorship."

Summary

To summarize, themes of coping strategies for these women include spirituality (Yoshiama et al., 2014; Shanthakumari et al., 2013; Ahmad et al., 2013), social support (Singh et al., 2013; Shanthakumari et al., 2013; Ahmad et al., 2013), social advocacy (Singh et al., 2013; Shanthakumari et al., 2013; Ahmad et al., 2013), strength for children (Shanthakumari et al., 2013; Ahmad et al., 2013; Kanagaratnam et al., 2012), personal attributes (Shanthakumari et al., 2013; Ahmad et al., 2013), self-care (Singh et al. 2013), and the use of professional services (Ahmad et al., 2013; Kanagaratnam et al., 2012).

This chapter investigated the resiliency of South Asian immigrant women. The chapter reviewed the physical and mental health risks associated with IPV including depression, anxiety, and PTSD. It further reviewed the literature on the women able to protect themselves from such risks. It is understood that women are able to move forward from their adversities, but further information on how they recover is required. Of the four investigations discussed, the main coping strategies were social support and faith in a higher power. Parallel to Hartling's (2005) point, the ability to connect with others is of primary significance to the women's resiliency. The following section will discuss the implications of this literature review for counsellors and other mental health professions.

CHAPTER IV: IMPLICATIONS AND CONCLUSION

Introduction

The purpose of this literature review was to explore the contextual challenges that increase South Asian immigrant women's vulnerability to IPV, and to determine the most common coping strategies women use to cultivate their resilience. The contextual challenges that were reviewed include patriarchy, culture, and acculturation. By exploring these vulnerabilities, mental health professionals can gain a better understanding of the South Asian culture and how it can affect the experience of IPV for immigrant women. Furthermore, by exploring the coping strategies that help facilitate women's resiliency, we can begin to assist and educate other women in our practices. As such, this chapter will discuss clinical implications for how to best support this population according to the findings of this review.

Implications for Mental Health Professionals

Providing that South Asian immigrant women experience multiple layers of oppression including race, class, gender, and ethnicity, there is a need for culturally competent mental health professionals who understand the impact of each entity. This need is especially evident since studies have shown that the South Asian community has one of the highest rates for underutilizing mental health resources (Shankar et al., 2013; Ahmad et al., 2004, Yoshioka et al., 2003). These studies have demonstrated that women prefer to seek help from family or community members rather than professional resources for fear of being judged, stereotyped, or misunderstood.

In spite of suffering from mental, social, and physical health consequences, women choose to wait a considerable amount of time before disclosing their experiences of IPV to professional services (Ahmad et al., 2013). If seeking help correlates to shame for this

community, then mental health professionals have profound barriers to maintaining a trusting and collaborative relationship with this population. Building a beneficial therapeutic alliance is unlikely when one member feels ashamed, hesitant or misjudged. As such, these findings demonstrate a need for prevention strategies to address and educate this population about IPV, impacts of delayed help seeking, and the benefits of speaking with a counsellor or other mental health professionals. If this community gained a better understanding of the benefits of seeking help, then they may be more inclined to take the initiative. Suggestions on ways to educate women are further discussed in the Changing Our Practice section.

Considering Acculturation

As described, the process of migrating to a foreign place and leaving one's country of origin is a source of stress and confusion for most immigrants and accordingly, it can increase an individual's vulnerability to IPV (Yoshihama et al., 2014). Since acculturative stressors can profoundly impact the mental health of South Asians (Singh, 2009), it can be an important place for counsellors to begin exploring with women who present with issues of IPV. By working collaboratively in exploring acculturation, mental health professionals can also gain an understanding of their clients in terms of their norms, values, and overall worldview.

By inquiring on how connected a South Asian immigrant is with her family and community, mental health professionals can determine whether these connections are supportive or a source of stress for various reasons including high expectations, gender roles, power imbalances, etc (Singh, 2009). This awareness can provide insight and progress in supporting an immigrant who may be hesitant to share his/her experiences with a stranger.

Furthermore, Kallivayalil (2007) notes how traditional South Asian values are inconsistent with certain principles of western therapy. As described in Chapter II, collectivism

entails sacrificing personal needs to benefit the needs of a group, including a family. As such, individualistic therapeutic interventions, which can include independence, self-actualization and whole disclosure, can deter this population from continuing with therapy. Consequently, it could take longer than counsellors anticipate for a South Asian female to feel comfortable sharing her experiences. Her hesitancy could reflect a fear of judgment for her choices, such as not separating from her partner (Kanagaratnam et al., 2012). Therefore, mental health professionals must take extra caution when addressing sensitive topics, such as the notion of independence.

Also, professionals will benefit from exploring what their clients needs and goals are in therapy, especially for new immigrants as their intentions for counselling might be different than expected. Being new to western therapy, they be unaware of what to expect or what their needs are. The following section will further suggest changes in mental health practices that may help encourage these women to seek help from professional sources.

Changing Our Practice

Without the necessary support, immigrant women can become increasingly dependent on their partners. Changes in our practice that can help break this cycle include helping these women gain greater accessibility to information regarding their immigration claims and legal rights (Sharma, 2001). Being available for these women soon after they migrate can profoundly impact their immigration experience, as it can reduce their anxiety and stress of moving to a new place. Further, providing a safe and comforting space for new immigrants to share their experiences gives them the opportunity to discuss their transition process and any associated emotional turmoil. This supportive environment can exist within all agencies that have early contact with immigrants including the Canada Border Services Agency (CBSA), which can have information about available resources such as shelters, available support workers, employment

assistance, etc.

To reach and support new immigrants who are hesitant to seek help from professional sources, we must make an effort to think outside of the box or outside of the traditional therapeutic setting. Aside from community or women's centers and counselling settings, we must move outward and attempt to reach hesitant immigrants in innovative ways (Sharma, 2001). For example, this review on resilience identified spirituality as a main source of healing for South Asian immigrant women. As such, spiritual places, such as temples where new immigrants may seek comfort can have information on resources regarding professional services such as counselling. Further, some agencies can inquire about holding psycho-educational groups for South Asian women at different locations outside the traditional therapeutic setting to attract newcomers.

Providing that South Asians are less likely to seek help than other ethnicities (Yoshioka et al., 2003) it is clear that the stigma associated with counselling can repel those who need it. Given the social stigma on divorce and the notion that collective cultures primarily focus on maintaining their relationships privately (Triandis, 2001), mental health professionals can ensure these women that seeking help does not correlate to separating from their partner. Rather, it is a safe place for them to share their experiences in a confidential and nonjudgmental setting. Professionals can thoroughly review the limits of confidentiality to ensure these women are fully aware of their rights and are comfortable to freely speak about their personal issues.

The stigma around help seeking may also stem from the perception that counsellor's fail to integrate the South Asian faith or culture in their practices (Sharma, 2001). Cultural competence is the awareness and understanding of cultural differences between a professional and the individual he/she is working with (Sokoloff & Dupont, 2005). In order to be culturally

competent, service providers must not only educate themselves on cultural differences, but also on how these differences can affect their therapeutic process. Mental health professionals have less value and ability to help these women unless they feel safe and comforted. Unfortunately, language barriers can prevent new immigrants from accessing the very same resources that are implemented for them (Sharma, 2001). Some women may refrain from seeking help due to language restrictions, or the fear that no one will understand their cultural background.

Sharma (2001) places responsibility to those agencies seeking to help a diverse community as she states that “immigrant and racially visible women’s accessibility to resources is therefore strongly connected to the resource’s ability to meet their linguistic and cultural needs” (p. 1423). New immigrants may resist seeking professional services due to the lack of racially visible professionals in the organizations meant to help them. As such, community-based services can increase the diversity of the populations they help by hiring interpreters and/or minority women as counsellors, community workers, and advocates. This can help bridge the gap between South Asian immigrant women and professional western resources. In turn, these women may feel more comfortable sharing their experiences and expressing themselves either in their native tongue or with someone who understands their culture.

Given the increased risk of social isolation after immigration, providing options for new immigrants that can increase their social and support contacts can help them feel more safe and secure. In turn, if there are issues of IPV, these women may feel more comfortable revealing their abuse. Awareness of career or voluntary opportunities can help women become more involved in their communities (Sharma, 2001). Entering the workforce can help women maintain a sense of emotional and financial independence from their partners. However, as mentioned, it is important to remember that this independence can further frustrate abusive partners, resulting

in further experiences of IPV. As such, mental health professionals must be careful about suggesting opportunities for work, and need to probe about possible risks associated with increasing independence.

Fostering Resilience

Research as shown that three affective protective factors necessary for resilience are connectedness, opportunities for participation and contribution, and high self-expectations (Brown, 2004; Bernard, 2003). These factors resemble those described in the literature about South Asian women and coping with IPV. For instance, this literature review established that common coping strategies from IPV were utilizing social support, contributing to the South Asian community through social advocacy, and personal attributes such as optimism and perseverance. Brown (2004) suggests that promoting resilience should include a balance between recognizing people's strengths and interests, and focusing on protective factors through ongoing processes and assessments.

In alliance with cultural competence, in addition to these factors, Singh (2009) mentions how current resilience focused models should include an analysis of an individual's cultural background and that an "examination of how they both resist and are resilient to abuse would be an important contribution to building a strength-based perspective of South Asian women in therapy" (p. 370). By acknowledging that resilient strategies can be culture-bound, mental health professionals can look outside their traditional view of resiliency and find alternative ways to explore strengths.

For instance, women have described transforming the cultural command of silence into a positive coping strategy (Singh et al., 2010) as they recognized how introverting meant having time and space for themselves to comprehend the significance of boundaries. This issue demonstrates the complexity of resilience as an individual's cultural background and past

experiences play a significant role to their coping. A well-intended mental health professional may view the socialization of silence as an obstacle to resilience and accordingly, could have overlooked an opportunity for exploration and insight.

Exploring the influence of culture on an individual's experience with IPV through the lens of resiliency and cultivation can help clients understand their own abilities and strengths. This requires us to change our static perspectives on influential elements of culture and resilience. As described earlier, mental health professionals have the role of helping their clients recognize their resilience as defined by them, and now our perspective of what resilience is. Accomplishing this means seeing all potentials of a construct including the negative and positive. Inquiring about how the impacts of culture influence an individual's experience with IPV in a positive manner can be helpful for clients who might be unaware of their own ability to transform cultural or patriarchal constructs into helpful coping strategies.

Conclusion

Despite the worldwide concern of IPV, it continues to be a limited area of research among South Asian immigrants (Paat, 2014). Although, given the increasing numbers of this population migrating to Canada (Singh et al., 2010) and the high international prevalence rate of IPV (WHO, 2002), mental health professionals will likely work with South Asian women presenting with this issue. Given the vastly different culture this collective population comes from, western mental health professionals will likely experience challenges and uncertainty in attempting to build a trusting therapeutic alliance with this community. As described, culture is a representation of a multifaceted and complex collection of values and traditions. Therefore, the diverse nuances of a culture can only be understood and familiar to experienced cultural members (Almeida & Dolan-Delvecchio, 1999). For nonmembers, attempting to fathom these

cultural nuances and truly understand diverse communities is complex and challenging.

However, this understanding is essential for culturally competent counsellors who are in the helping profession and have the responsibility to understand and support their clients, including minorities.

The purpose of this literature review was to explore the cultural factors that can further victimize the already oppressed South Asian immigrant women who experience IPV, and to understand the strategies they use to cultivate resilience. Most of the literature on IPV focuses on the dynamics and consequences of violence, and it has been established that IPV has profound effects on women's economic, physical and psychological well-being. However, the significance of this literature review is the focus on these women's strengths and resilience. The most commonly used coping strategies used by the women in the literature include spirituality, social support, strength for children, and personal attributes. Mental health professionals working with female immigrants presenting with IPV can begin exploring these factors with their clients. As described by many of these women, they were unaware of their strengths and coping methods until they were probed to discuss it. This empowerment can also inspire others who struggle with IPV to discover their own strengths and intrinsic capabilities.

To conclude, this thesis project explored the contextual challenges of South Asian immigrant women and their resilience strategies. The findings from this review provide practical information about cultural competence in supporting this population and the issue of IPV. By gaining an awareness of the multiple oppressions of minorities, mental health professionals can critically review their intervention strategies and individualize their therapeutic approaches. As described, stepping outside the traditional therapeutic box may be necessary for collective populations who may struggle with individualistic western talk therapy.

References

- Ahmad, F., Rai, N., Petrovic, B., Erickson, P. E., & Stewart, D. E. (2013). Resilience and resources among South Asian immigrant women as survivors of partner violence. *Journal of Immigrant and Minority Health, 15*(6), 1057-1064.
- Ahmad, F., Shik, A., Vanza, R., Cheung, A., George, U., & Stewart, D. (2004). Popular modes of health promotion among East Indian and Chinese immigrant women. *Women and Health, 40*(1), 21–40.
- Almeida, R., & Dolan-Delvecchio, K. (1999). Addressing culture in batterers intervention: The Asian Indian community as an illustrative example. *Violence Against Women, 5*, 654- 683.
- Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery Resilience and Growth in the Aftermath of Domestic Violence. *Violence against women, 18*(11), 1279-1299.
- Amirthalingam, K. (2005). Women's rights, international norms, and domestic violence: Asian perspectives. *Human Rights Quarterly, 27*(2), 683-708.
- Benard, B. (2003). *Resiliency; What we have learned*. San Francisco: WestEd.
- Brown, J. H. (2004). Resilience: From program to process. *The California School Psychologist, 9*(1), 89-98
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet, 359*(9314), 1331-1336
- Dutton, M. A., Orloff, L. E., & Hass, G. A. (2000). Characteristics of help-seeking behaviors, resources and service needs of battered immigrant Latinas: legal and pollicy implications. *Geo. J. on Poverty L. & Pol'y, 7*, 245.
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist, 18*(1), 12.

Frye, V., Wilt, S. A., & Schomburg, D. (2000). *Female Homicide in New York City, 1990-1997*.

New York City Department of Health, Office of Health Promotion and Disease Prevention.

Haj-Yahia, M. M. (2003). Beliefs about wife beating among Arab men from Israel: The influence of their patriarchal ideology. *Journal of Family Violence*, 18, 193–206.

Hathaway, J. E., Mucci, L. A., Silverman, J. G., Brooks, D. R., Mathews, R., & Pavlos, C. A. (2000). Health status and health care use of Massachusetts women reporting partner abuse. *American journal of preventive medicine*, 19(4), 302-307.

Hartling, Linda M. (2005). Fostering resilience throughout our lives: New relational possibilities. In Dana Camstock (Ed.), *Diversity and development: Critical contexts that shape our lives and relationships* (pp. 337–354). Belmont, CA: Thomson Brooks=Cole

Hicks, M. H. R., & Bhugra, D. (2003). Perceived causes of suicide attempts by UK South Asian women. *American Journal of Orthopsychiatry*, 73(4), 455-462.

Humphreys, J. C., Lee, K. A., Neylan, T. C., & Marmar, C. R. (1999). Sleep patterns of sheltered battered women. *Image: The Journal of Nursing Scholarship*, 31(2), 139-143.

Hurwitz, E. J. H., Gupta, J., Liu, R., Silverman, J. G., & Raj, A. (2006). Intimate partner violence associated with poor health outcomes in US South Asian women. *Journal of Immigrant and Minority Health*, 8(3), 251-261.

Kallivayalil, D. (2007). Feminist therapy: Its use and implications for South Asian immigrant survivors of domestic violence. *Women & Therapy*, 30(3-4), 109-127.

Kanagaratnam, P., Mason, R., Hyman, I., Manuel, L., Berman, H., & Toner, B. (2012). Burden of Womanhood: Tamil Women's Perceptions of Coping with Intimate Partner Violence. *Journal of Family Violence*, 27(7), 647-658.

- Khanlou, N., & Wray, R. (2014). A Whole Community Approach toward Child and Youth Resilience Promotion: A Review of Resilience Literature. *International journal of mental health and addiction*, 12(1), 64-79.
- Kim, S. S. (2009). Individualism and Collectivism: Implications for Women. *Pastoral Psychology*, 58(5-6), 563-578.
- Kumar, S., Jeyaseelan, L., Suresh, S., & Ahuja, R. C. (2005). Domestic violence and its mental health correlates in Indian women. *the British journal Of psychiatry*, 187(1), 62-67.
- Lee, Y. S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities Health/mental health consequences, help-seeking behaviors, and service utilization. *Trauma, Violence, & Abuse*, 10(2), 143-170.
- Moe, A. M. (2007). Seeking silenced voices and structured survival: battered women's help seeking. *Violence Against Women*, 13(7), 676-699.
- Nash, S. T. (2005). Through black eyes: African American women's constructions of their experiences with intimate male partner violence. *Violence Against Women*, 11, 1420-1440
- Nurius, P. S., Macy, R. J., Nwabuzor, I., & Holt, V. L. (2010). Intimate partner survivors' help-seeking and protection efforts: A person-oriented analysis. *Journal of interpersonal violence*.
- Ohbuchi, K. I., Fukushima, O., & Tedeschi, J. T. (1999). Cultural values in conflict management goal orientation, goal attainment, and tactical decision. *Journal of Cross-Cultural Psychology*, 30(1), 51-71.
- Olk, N. (2015). A Personal Philosophy of Clinical Supervision. *City University of Seattle*
- Paat, Y. F. (2014). Risk and Resilience of Immigrant Women in Intimate Partner Violence. *Journal of Human Behavior in the Social Environment*, 24(7), 725-740.

- Pajak, C. R., Ahmad, F., Jenney, A., Fisher, P., & Chan, L. M. (2014). Survivor's Costs of Saying No: Exploring the Experience of Accessing Services for Intimate Partner Violence. *Journal of interpersonal violence*,
- Patel, S. P., & Gaw, A. C. (1996). Suicide among immigrants from the Indian subcontinent: A review. *Psychiatric Services*.
- Rana, R., & Sihota, S. (2013) Counselling in the Indo-Canadian Community. *Diversity, culture and counselling: a Canadian perspective* (pp. 114-138). Calgary: Brush Education
- Raj, A., & Silverman, J. G. (2003). Immigrant South Asian women at greater risk for injury from intimate partner violence. *American journal of public health*, 93(3), 435-437.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women the roles of culture, context, and legal immigrant status on intimate partner violence. *Violence against women*, 8(3), 367-398.
- Razack, S. (1998). What is to be gained by looking White people in the eye? Race in sexual violence cases. In S. Razack (Ed.), *Looking White people in the eye: Gender, race, and culture in courtrooms and classrooms* (pp. 56-87). Toronto, Canada: University of Toronto Press.
- Shankar, J., Das, G., & Atwal, S. (2013). Challenging cultural discourses and beliefs that perpetuate Domestic Violence in South Asian communities: A discourse analysis. *Journal of International Women's Studies*, 14(1), 248-262.
- Shanthakumari, R. S., Chandra, P. S., Riazantseva, E., & Stewart, D. E. (2013). 'Difficulties come to humans and not trees and they need to be faced': A study on resilience among Indian women experiencing intimate partner violence. *International journal of social psychiatry*, 0020764013513440.

- Sharma, A. (2001). Healing the wounds of domestic abuse: Improving the effectiveness of feminist therapeutic interventions with immigrant and racially visible women who have been abused. *Violence Against Women, 7*(12), 1405-1428.
- Singh, A. A. (2009). Helping South Asian immigrant women use resilience strategies in healing from sexual abuse: A call for a culturally relevant model. *Women & Therapy, 32*(4), 361-376.
- Singh, A. A., & Hays, D. G. (2008). Feminist Group Counseling with South Asian Women Who Have Survived Intimate Partner Violence*. *The Journal for Specialists in Group Work, 33*(1), 84-102.
- Singh, A. A., Hays, D. G., Chung, Y. B., & Watson, L. (2010). South Asian immigrant women who have survived child sexual abuse: Resilience and healing. *Violence against women, 16*(4), 444-458.
- Yoshihama, M., Blazeovski, J., & Bybee, D. (2014). Enculturation and attitudes toward intimate partner violence and gender roles in an Asian Indian population: Implications for community-based prevention. *American journal of community psychology, 53*(3-4), 249-260.
- Yoshihama, M., Ramakrishnan, A., Hammock, A. C., & Khaliq, M. (2012). Intimate Partner Violence Prevention Program in an Asian Immigrant Community Integrating Theories, Data, and Community. *Violence against women, 18*(7), 763-783.
- Yoshioka, M. R., Gilbert, L., El-Bassel, N., & Baig-Amin, M. (2003). Social support and disclosure of abuse: comparing South Asian, African, and Hispanic battered women. *Journal of Family Violence, 18*(3), 171-180.