

Violence Against Women

<http://vaw.sagepub.com>

"Violence Is an International Language": Tamil Women's Perceptions of Intimate Partner Violence

Robin Mason, Ilene Hyman, Helene Berman, Sepali Guruge, Pushpa Kanagaratnam and Lisa Manuel

VIOLENCE AGAINST WOMEN 2008; 14; 1397

DOI: 10.1177/1077801208325096

The online version of this article can be found at:
<http://vaw.sagepub.com/cgi/content/abstract/14/12/1397>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Violence Against Women* can be found at:

Email Alerts: <http://vaw.sagepub.com/cgi/alerts>

Subscriptions: <http://vaw.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://vaw.sagepub.com/cgi/content/refs/14/12/1397>

“Violence Is an International Language”

Tamil Women’s Perceptions of Intimate Partner Violence

Robin Mason

Ilene Hyman

University of Toronto

Helene Berman

University of Western Ontario

Sepali Guruge

Ryerson University

Pushpa Kanagaratnam

Lisa Manuel

Family Service Toronto

Research on intimate partner violence (IPV) across populations is challenging because of the multiplicity of definitions and lack of clarity about the behaviors that constitute IPV. The purpose of this study was to examine the ways in which Sri Lankan Tamil women in Toronto understand, define, and experience IPV. Focus group interviews were conducted with women representing different ages and stages of life. Findings suggest that definitions of IPV were not culturally specific. Rather, the Tamil women defined IPV broadly and recognized different forms of coercive control. However, psychologically abusive behaviors were identified that held particular meanings for this community.

Keywords: *cross-cultural research; intimate partner violence; psychological abuse; Tamil women*

Research on intimate partner violence (IPV) across populations has been challenging, partly because of the multiplicity of definitions of IPV currently in use and the lack of clarity concerning the specific behaviors that constitute IPV, particularly across cultural settings. The recent development of standardized definitions by the Centers for Disease Control (CDC) and the World Health Organization

Authors’ Note: This research was funded by a grant from the Institute of Gender and Health of the Canadian Institutes of Health Research. The authors wish to thank the many women who shared their time and experiences by participating in this study, the members of the community advisory committee, and the research staff, Rajini Tarcicius and Tharsi Yoganathan.

(WHO) attempted to address these issues. Dozens of experts were involved in the development of typologies and definitions, yet seemingly missing from these discussions were how abused women, and in particular immigrant abused women, themselves define IPV (Latta & Goodman, 2005; Raj & Silverman, 2002). The questions must be asked: Are these definitions indeed universal? Do they have any validity when applied cross-culturally? Do they adequately cover the full range of IPV experienced? In this article, we report the results of a study of the perceptions, definitions, and the language used to define IPV in one newcomer community, Sri Lankan Tamils in Toronto, Canada, and we discuss the implications of this knowledge for researchers and frontline practitioners.

The struggle to create a unified set of definitions and behaviors to describe the phenomenon of men who abuse their intimate, or former intimate, partners led in 1999 to the naming of this phenomenon, IPV, by the U.S. CDC (Saltzman, Fanslow, McMahon, & Shelley, 1999). The CDC and later the WHO also developed typologies of IPV. Although these resemble each other, there are subtle differences between them. The CDC recognizes physical violence, sexual violence, the threat of physical or sexual violence, and psychological/emotional violence (Saltzman et al., 1999), while the WHO's schema includes "threats" as a form of psychological abuse and creates an additional type, deprivation or neglect (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Each of these organizations also tried to clarify what is meant by *psychological abuse*. The CDC defines it as "trauma to the victim caused by acts, threats of acts or coercive tactics where there has also been prior physical or sexual violence or prior threat of physical or sexual violence" (Saltzman et al., 1999, p. 12). Suggesting that psychological abuse can exist apart from prior physical or sexual violence, the WHO definition focuses on how psychological abuse makes the victim feel and defines it as "any act or omission that damages self esteem, identity or development of the individual" (Ellsberg & Heise, 2005, p. 93). Examples include humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm an individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behavior, and destruction of possessions.

However, cultural contingency—the notion that the meaning of IPV will vary from culture to culture and sometimes even within the culture—suggests these definitions and typologies may not be adequate when applied to diverse cultural groups (Krauss, 2006). Indeed, in many cultures and languages, the words *IPV* (or *domestic violence*) do not exist and are not readily translatable.

Understanding IPV

Although numerous etiological theories have been proposed to explain IPV, some operating at the level of the individual or couple and others at the societal level, as yet no single theory has dominated the discourse. Psychological theories root violence in individual psychopathology or dysfunctional personality structures that are

learned and shaped by early childhood experiences (Dutton & Golant, 1995; O'Leary, 1993). According to social learning theory, children learn aggression from their parents and reproduce this behavior in their own adult relationships (O'Leary, 1988). Couple and family interactions theory suggests that violence is rooted in dysfunctional relationship dynamics, with relationship counseling the proposed remedy (Straus, Gelles, & Steinmetz, 1980).

Structural theories relate the occurrence of violence to social structures as opposed to individual traits or family dynamics. These include feminist theory and theories of status inconsistency. According to the former, gender inequality and male domination underlie violence against women (Dobash & Dobash, 1979). It is hypothesized that violence stems from women's traditionally devalued and inferior roles in the family and wider society. There is some research to support this perspective. For example, it appears that partner abuse is more common in patriarchal societies where cultural values, including social mores and religious beliefs, dictate male dominance in gender relationships, condone violence against women, and create separate codes of conduct for men and women (Sugarman & Frankel, 1996; Yick & Agbayani-Siewert, 1997). According to theories of status inconsistency, the family is a power system with variation in the distribution of resources among its members. Those who are threatened by their lack of resources, or perceive their status to be inconsistent with social norms, may use violence as a strategy to compensate for lack of power (Campbell, 1992; Goode, 1971; Yick, 2001). Changes in status frequently occur with migration, as stressors such as poverty, underemployment, minority status, discrimination, isolation, and role reversals affect newcomer families and shift the power dynamics between men and women, increasing women's vulnerability to IPV (Bui & Morash, 1999; Narayan, 1995; West, 1998; Yick, 2001).

IPV Defined in Immigrant Communities

Few studies have examined definitions and behavioral manifestations of IPV in immigrant and minority communities. When asked to define *abuse*, for example, more than one third of a Chinese American sample of women ($N = 31$) associated abuse with various types of physical violence. The majority mentioned hitting and striking, followed by beating and fighting; sexual, emotional, and verbal abuse were mentioned less frequently (Senturia, Sullivan, Ciske, & Shiu-Thornton, 2000). In another American study, 90% of the Hindu Asian Indian immigrant participants ($N = 30$) identified abuse as physical, mental, verbal, emotional, and economic and included two additional forms of abuse, comparative abuse (i.e., "when the husband frequently compares his wife to other women and constantly puts her down") and isolation (e.g., "limiting contacts," "neglect") (Mehotra, 1999). Others have also reported diverse forms of immigration-related abuse, including isolation of women by limiting external contacts, not allowing English-language training, threatening deportation, and economic abuse (Sorenson, 1996). Yoshihama (1999) identified

behavioral expressions of IPV that were particular to Japanese women, whether they resided in the United States or Japan (see also Yoshihama, 2002b).

In addition to unique forms of IPV, some studies have found cross-cultural differences in the social acceptability of abuse and in what is considered severe abuse. For example, Go et al. (2003) reported that Indian men and women accept high levels of IPV as a way of teaching, disciplining, or correcting wives. In a comparative study, women in the United States ranked 24 out of 26 domestic violence indicators on a screening tool as more severe than did women in Mexico (Peek-Asa, Garcia, McArthur, & Castro, 2002).

At variance with efforts to create unified, universal definitions of IPV are those theorists and researchers who argue that a contextual, interpretive framework is necessary to understand the social construction and cultural meanings of some abusive behaviors and victims' responses (Raj & Silverman, 2002; Swan & Snow, 2006; Yoshihama, 2002a). This tension between the need for universal definitions versus the need for particular, contextualized meaning becomes important when we consider that some "women belonging to minority groups, indigenous women, refugee women, migrant women . . . are especially vulnerable to violence" (United Nations, 1993). In fact, according to a U.S. review of the literature in this area, 30% to 50% of immigrant women have experienced IPV, and this proportion may be increasing (Raj & Silverman, 2002). Although Canadian findings suggest that rates of IPV are lower among immigrant women compared to Canadian-born women (Cohen & Maclean, 2003), it appears that the risk of IPV increases with length of stay (Hyman, Forte, Du Mont, Romans, & Cohen, 2006).

Race, class, religious identification, sexual orientation, ability, geopolitical location, and other such factors intertwine to frame identity, affect access to power, and shape experiences of discrimination and violence (Crenshaw, 1994). Immigrant women have widely differing histories, including collective and personal experiences of war; displacement; racism; and class, caste, and professional identity in their countries of origin. So too do experiences vary en route to their new countries and later in settlement, integration, and assimilation, with some maintaining greater and others lesser adherence to traditional cultural values and practices. For example, among immigrant women who experience IPV, those whose first language is not English, who are not White, who do not come from traditional European source countries, and who experienced war and deprivation prior to immigration have greater vulnerability, face more challenges, and have fewer options for help than do White, English-speaking immigrants (Bhuyan, Mell, Senturia, Sullivan, & Shiu-Thornton, 2005; Bhuyan & Senturia, 2005; Bui, 2003; MacLeod et al., 1993). Recognizing that past experience and sociocultural norms shape and color current experience leads to questions about the cross-cultural validity of accepted definitions of IPV and the universality of described behavioral manifestations. In other words, do the standard definitions of IPV hold across diverse communities, or are there culturally specific behaviors and forms of IPV? To explore this question, we undertook

a qualitative research study with Sri Lankan Tamil women in Toronto, Canada. The study set out to understand the ways in which Sri Lankan Tamil women at different ages and life stages understand, define, and experience IPV.

The Tamil Community in Canada

Every year, approximately 250,000 immigrants and refugees arrive in Canada, with 60% of recent immigrants coming from Asia and the Middle East (Citizenship & Immigration Canada, 2003). According to the 2001 census, in Canada's most populous city, Toronto, immigrants represented 44% of the population, a proportion higher than that found in Miami (40%), Los Angeles (31%), or New York City (24%) (Citizenship & Immigration Canada, 2003).

Sri Lankan Tamils are considered to be one of the fastest growing immigrant groups in Canada (Society for the Aid of Ceylon, 1994). In 1999, Sri Lanka was one of the three leading sources of refugees to Canada (10.7% of the total refugees admitted to Canada). According to the agencies serving this community, there are more than 250,000 Tamils living in Toronto.

Most Tamil immigrants to Canada originated in the northern and eastern provinces of Sri Lanka. Those who came to Canada before 1983 and the start of a civil war between the Tamil and Sinhalese emigrated as professional class landed immigrants. As a result of the civil war and the disruption of civic life, those who came to Canada following 1983 mostly arrived as refugees. Differences of class, rural versus urban experiences, and length of stay contribute to the heterogeneity of this community. Nonetheless, there is a strong sense of collective identity nurtured throughout their long history in Sri Lanka, their shared experience of political and cultural strife (Morrison, Guruge, & Snarr, 1999), and their common language and religion.

In Sri Lanka, Tamil family structures are patriarchal and patrilineal with clear and rigid gendered roles and expectations. Traditionally, women have occupied an inferior role and have less status than do either men or boys. The degree to which these structures and values are maintained in the Diaspora is unknown, and there is little published research on the issue of IPV in the Tamil community. In commenting on the issue of IPV in South Asian communities in general, at least one article noted that the "obstacles to understanding IPV in this community are enormous, including the high level of secretiveness and fear operating among its members, which demarcate the very nature of the problem" (Sheehan, Javier, & Thanjan, 2000, p. 167). Although we found no studies of IPV conducted in Sri Lanka, the one Canadian study of IPV in this community reported widespread "wife abuse" within the Tamil community in Toronto and that many women suffer the abuse in silence (Morrison et al., 1999).

Description of the Study

This qualitative study used focus group interviews as the main data source. Additional insight was provided by a community advisory committee comprising representatives from 11 different local organizations that provide services to the Tamil community. This committee was invaluable in helping to develop culturally appropriate questions for the focus group interviews, translating those questions into Tamil, assisting with participant recruitment, and contributing to the research team's understanding and appreciation of cultural norms and values. At a final meeting, the committee provided feedback on the key findings, including expanding the research team's appreciation of contextual factors, and assisted in the development of recommendations.

A variety of recruitment methods were employed, including snowballing techniques, flyers, community organizations, and an article in the local Tamil newspaper. Participants for the fourth focus group (women who had experienced violence) were recruited by our community partner, the Family Service Association's (FSA) Violence Against Women program, from among their former client population. Participants were assessed for their current level of safety and, when appropriate, were invited to participate in a focus group. Procedures were implemented to protect the rights of all participants, including informed consent, ethics approval, and debriefing. Ethics approval for the study was obtained from the Sunnybrook and Women's College Health Sciences Ethics Board. The focus groups took place between March and June 2004. Each focus group lasted approximately 2 hr. Participants' consent to audiotape the focus group discussion was obtained.

Study Participants

Eight focus groups were conducted with Tamil women of different ages and experiences: young women, ages 18 to 24, who were born in Canada or immigrated at age 13 or younger (two groups, $n = 17$); adult women, ages 25 to 64, who were living with an intimate partner, whether married or common law (two groups, $n = 16$); women over the age of 65, who were currently or formerly married or living common law (two groups, $n = 18$); and women who had received counseling services from our community partner, FSA of Toronto, for IPV (two groups, $n = 12$).

All of the young women were single and Hindu. Almost all had been born in Sri Lanka and had lived in Canada an average of 12.5 years (range = 3 to 17 years). All of the young women were attending university and were fluent in English. These two groups were conducted in English, although occasionally the participants spoke in Tamil. All of the midlife women were married, had children, and were Hindu. They had been in Canada an average of 8 years (range = 4 to 14 years), and most had no postsecondary education. The vast majority had completed ESL training in Canada but were more comfortable using Tamil. The midlife focus groups were conducted

in Tamil. Approximately half of the senior women were married and half were widowed; they had been in Canada an average of 11 years (range = 3 to 17 years). All of the senior women were Hindu, and just less than one third (29%) had attended college or university. The senior women focus groups were conducted in Tamil. All participants in the FSA groups were separated from their intimate partners, except for one woman who described herself as single. They had been in Canada an average of 11 years (range = 2 to 21 years). Ten women described themselves as Hindu; the remainder left the answer blank. Eight women had completed secondary school, two had some secondary school, one had completed university, and one had not completed elementary school. Two women each had one child; the remainder had two or more children. The FSA focus groups were conducted in Tamil.

The focus groups were facilitated by two Tamil-speaking research assistants (RAs) using a standard format and interview guide. Focus group participants were asked about the stories, proverbs, myths, or sayings that taught them about how men and women should relate to each other; about male/female relations in their families of origin, and how and what they learned about being a woman, wife, and mother; behaviors and acts that were considered acceptable in their country of origin that are labeled abusive in Canada and vice versa; the words and imagery used when speaking to other community members about abuse; and the language they used or would use when speaking to health care providers about these issues.

Data Analysis

Focus group interviews were translated and transcribed into English by the RAs. Random cross-checks were regularly carried out. Disagreements on the particular translation of a thought or phrase were resolved through consultation with a Tamil-speaking researcher from the community advisory committee. QSR N6 software was used to facilitate data management, coding, and report generation. After translation and transcription, the eight members of the project team independently coded each transcript. Codes were compared over a series of meetings and a coding template developed. During regular team meetings, the coded transcripts were compared and discussed, and differences in coding were resolved. Themes were formed when codes were later clustered. The themes included definitions of IPV, abusive behaviors, sources of stress and conflict, community norms, and social imperatives. The results presented here focus on the definitions and behaviors considered abusive.

Results

Focus group participants defined IPV broadly and referred to a variety of forms of abuse, including physical violence, sexual abuse, emotional/psychological abuse, and financial abuse. Thus, the participants, irrespective of their age or status, agreed

with the definitions of IPV suggested by the CDC and WHO. As a participant in one of the midlife groups explained, “debating, beating, interfering in other’s freedom, controlling for example, ‘Don’t do that’ ‘Don’t go there’ . . . that is violence.” In a rapid exchange, three other participants in the same group added “by words,” “by using weapons,” “by hands, by using belts.” In one of the young women’s groups, a participant said, “It could be emotional, physical, verbal, another one is financial. . . . So, it’s not just physical, but also verbal, emotional are involved in domestic violence.”

When asked what each of these forms entails—“What behaviors are physically abusive?”—participants in each of the groups provided specific examples of physical acts of violence, such as “hitting”; “hitting with fists, belts, or weapons”; “beating every day”; and “throwing things.” One senior noted that “even in good families there are husbands who hit.”

Among the women who experienced abuse, financial abuse was frequently reported. For example, one participant said, “Initially, he did not allow me to go to work, but then I went to work for three years and gave my cheques to him. He would take them and spend them . . . he got a taste for it.” Later, when she was out of work because of illness, “he did not allow me to rest, he created hardship for me” and pushed her to return to work. Another type of financial abuse described by some of these same participants resulted from husbands financially supporting family in Sri Lanka to the detriment of the wife and children in Canada. As another participant asked:

If you send all the money, then what can we do here and what can you do for the children? There is \$2,000 income and \$1,000 they send to their families, \$900 is what you have to pay for rent, and for \$100 how can you eat? Is it possible?

When asked to describe forms of psychological abuse, participants in all of the groups provided multiple examples of how men psychologically abuse their partners. These examples fall into three types: (a) abuse related to specific social locations, notably marriage and the family of origin; (b) abuse related to culturally specific expressions, such as some forms of verbal abuse, and behaviors, such as extreme suspicion; and (c) abuse with culturally specific meanings that lends added negative impact to the experience.

Abuse Related to Specific Social Relations

Marriages in this community were frequently “arranged”; “love matches” were uncommon, and dowries still figured prominently in the marital contract. Participants in all of the groups, with the exception of the young women’s groups, made reference to a form of abuse in which men made false marital promises or lied about their status while negotiating a marriage contract. Several women described occasions

when Tamil women married Tamil men in Canada only to later learn of a preexisting marriage in Sri Lanka and, in some instances, second families left behind. In one such example, a woman in the seniors' group told of a young woman who had been sent to live with relatives in Canada while her parents remained in Sri Lanka. Shortly after the young woman married in Canada, she learned of her husband's preexisting marriage and children in Sri Lanka. Not knowing what to do, she called the police. Before the police could respond, her husband beat her, took their money, and fled. When her Canadian relatives arrived at her home, they, too, began to beat her for discrediting the family's honor by her marriage. This was described as problematic in this community because of the serious stigma associated with divorce. Thus, a woman seeking a divorce finds herself ostracized by the community. As one participant explained, "if a woman goes for a divorce, it is only her fault. There are such perceptions in our society." The women who had experienced IPV were all either currently separated or divorced. These participants painfully acknowledged the impact of this status on their social roles. One woman described it thus:

. . . If you separate, you lose the respect of society [there will be no respect for that family]. Due to this, a lot of women tolerate and endure a lot. Everyday they have problems; they get beaten by their husbands and struggle to have a day-to-day life. But due to social pressure [they stay].

Another woman added, "Only when you are together as husband and wife will you be respected. When you are separated from the man, then society looks at you differently."

Marriage is a serious state that brings together two sets of extended relations. Arranged marriages are sought with the best interests of both the individuals and their families in mind. Divorce, even when there is known abuse, is frowned upon. Thus, the participants identified a form of IPV that described men lying about their professions, social standing, or economic status to receive a better dowry from the bride's family. The dowry was a location for major disputes and long-lived problems as husbands (and their families) complained of insufficient dowries, unfulfilled dowry promises, and the inadequacy of the bride's contribution to the household.

The family of origin appears to be another prime locus for the exercise of psychological abuse. Participants described having experienced or observed a variety of abusive behaviors aimed at discrediting or hurting a woman or her family. For example, young women in dating relationships described being "blackmailed" by their partner's threats to tell parents about their relationship. Wives reported being forbidden from visiting parents or siblings and/or having their parents or siblings excluded from the matrimonial home. Wives described having their families slandered by their husbands and/or being slandered or criticized in front of family members. They also reported instances of their husbands' families criticizing or complaining about them to their husbands. Although some of these behaviors might

be considered examples of a dysfunctional rather than abusive relationship, as reported by the participants, the strictures against divorce and expectations of female obedience and compliance render their impact equivalent to other forms of IPV.

Abusive Expressions and Behaviors

Excessive suspicion, jealousy, and anxiety about wives' fidelity were mentioned by focus group participants as forms of "intolerable" abuse. As one participant who had experienced IPV said in outlining forms of abuse, "there is also suspicion. Most of our men suspect a lot. It is like they are born with this characteristic. Generally they look at women or their wives with a suspicious eye." Several women described themselves as being "tormented" by their partners' jealousy and controlling behaviors.

Participants also referred to experiences of verbal abuse as particularly painful and psychologically destructive. One senior participant noted, "By a word he can hurt your mind." In one of the midlife groups, a participant said, "Some of the verbal abuses are more harmful than the physical," whereas another responded, "Even if you forget the physical abuse, you cannot forget the verbal abuse." One of the women in the abused group noted, "They call you a whore or a prostitute, even if the woman is chaste that is what comes out of a bad man. . . . This is the first word that comes to the mouth of a man. This is the main word." One senior participant said, "They call you by all kinds of animal names . . . goat, cow, dog, donkey, like that. Those words are very mentally abusive . . . right?" Younger women agreed that animal names were extremely abusive in Tamil (but not English) and added that insults related to their appearance ("You're so fat") or their intelligence ("You are so dumb") were more common among their peers. Participants, especially the young women, also indicated that the words in Tamil for bitch, prostitute, whore, or slut were more hurtful and powerful than these same words in English. To be called any of these, they said, was extremely abusive. As one young woman explained:

When you hear it in Tamil, I think it is more . . . Tamil words can be more hurtful than using an English word. Especially when they swear in Tamil, it's like, so bad. You don't *want* to be there when it's happening.

As with many languages, Tamil includes both familiar and formal forms of address. Respect dictates the form of language that women are permitted to use when addressing men. Thus, Tamil women are prohibited from addressing men with the familiar form or using a man's given name, even their husband's, in public. All of the focus group participants referred to this norm and the impossibility of breaching it. Addressing her husband with the familiar form in a public place was so unheard of that one participant in the midlife group explained she should be beaten if she attempted it:

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 ok. We have to give respect and we have to talk to them with respect in public places. . . . So I have to call him like, "appa vaango" ["Dad, please come here"] and cannot call his name or pronounce his name in front of other people.

Abuse With Culturally Specific Meanings

The Tamil women also reported several forms of threatening behavior they considered abusive. For example, one participant described an abusive man who burnt his wife's saree. Other participants told of men who threatened to send their wives "back to Sri Lanka." Again, although threats of this nature are not specific to this community, remembering that our interviews began just 3 months after the decimation of the country by the Tsunami of 2004 and that there is still a raging conflict between the Tamils and Sinhalese in Sri Lanka, there is a particular and potent impact to this threat. In addition, the threat contained in being "cast off" by one's husband, disgraced in the eyes of the community and forced to live out the rest of one's life with the stigma of an abandoned wife, should not be underestimated.

Discussion

Given the proliferation of typologies and measures of IPV, this study aimed to examine the extent to which existing definitions of IPV were universal, cross-culturally relevant, and inclusive of the range of behaviors recognized as abusive. Although previous research found cultural differences in the recognition of IPV (Mehotra, 1999; Senturia et al., 2000), our findings suggest that definitions of IPV are not culturally specific. Rather, Tamil women, irrespective of their age or stage of life, defined IPV broadly and recognized it as rooted in power and control, where coercive control is expressed in different forms, including physically, sexually, psychologically, verbally, and financially.

We also found there were manifestations of IPV, most notably forms of psychological abuse, that did have particular meanings for the Tamil community. These included forms of abuse related to social roles and relations, in particular the role of dowries, expectations of wives, and the role of in-laws and extended families in the married couple's life; abusive behaviors or forms of expression, such as the wounding power of being called some form of animal name or being sworn at in Tamil; and abuse that resonates with more power for community members because of the particular meanings ascribed these acts, such as the stigma associated with being a castoff wife sent back to a war-torn country. These findings were similar to other studies reporting cultural differences in the behavioral manifestations of IPV (Mehotra, 1999; Sorenson, 1996; Yoshihama, 1999, 2002b).

These findings suggest that structural theories of IPV are relevant to the Tamil community in Toronto. It appears that the exercise of power and control, at the heart of feminist theories of IPV, may cross cultural lines. For example, as the focus group participants described, “debating, beating, interfering in other’s freedom, controlling for example, ‘Don’t do that’ ‘Don’t go there’ . . . that is violence.” Status inconsistency theories are supported by the participants’ numerous accounts of financial abuse. Although these etiological theories may, in fact, be relevant to newcomer communities, nevertheless, in the determination of whether specific behaviors are considered abusive, greater consideration needs to be paid to the cultural context. Recognizing this, it follows that the WHO and CDC typologies describing abusive tactics rather than specific behaviors and emotions induced in victims may indeed be appropriate to the study of IPV across populations, countries, and communities. Despite this support for the typologies as they have been developed, it must be noted that the CDC’s definition of *psychological abuse*, as occurring only when there has “also been prior physical or sexual violence or prior threat of physical or sexual violence,” is not supported by the findings of this study. The participants, irrespective of age or life stage, agreed that verbal and psychological abuse can occur in the absence of physical abuse and that these words “can hurt your mind.”

In terms of violence prevention and response services, the findings suggest a need to develop these in both a culturally appropriate manner (Bhuyan & Senturia, 2005) and in ways that capture the experiences of abuse in a particular community. Thus, prevention strategies need to be designed to address the issue of IPV as well as the common behavioral manifestations of IPV in any specific community. Public education and media campaigns should be developed and targeted to specific communities, using imagery and messages that are acceptable to community members. Response services need to recognize that immigrant women are often triply victimized by their race, gender, and immigration status and that serving these women requires an understanding of the community context in which they live. Service providers should recognize and acknowledge the strongly entrenched cultural norms that perpetuate gender inequality and stigmatize women (and their children) who leave or divorce their husbands. Both individual- and community-level work needs to take place to begin the slow shifting of community values that will result in more egalitarian relationships.

Finally, we note that culture is multidimensional and does not remain static; languages, values, beliefs, and behaviors do change. Thus, any study of a particular community’s understanding of IPV will be uniquely rooted in the specifics of that time and place. In this study, the Tamil women began by defining IPV as physical, sexual, psychological, and financial abuse but went on to describe cultural norms that perpetuate inequities as in the privileging of boys and men over girls and women, the dowry system, and strictures against separated and divorced women. It may be that through continued discussion with women and men alike, these traditions

will be modified, women's roles and status increased, and their vulnerability to IPV diminished.

Afterword: The Community Takes Action

In response to a growing awareness of the problem of IPV in their community, the Tamil community of Toronto initiated a small-scale violence prevention project about 5 years ago. The public message campaign was targeted to community movie houses and was shown during a film's intermission. The message, developed with input from a community advisory council, was a still photo depicting a couple and their two children with the message "family violence hurts your family" running below. At the end of the year, when the money for the project ran out, the theater voluntarily ran the message for another 18 months. Two years later, the multicultural television station ran a public service announcement in Tamil that depicted a husband and wife arguing loudly while in the background their children were listening. Once again, the message, "family violence hurts your family," was used. In 2004, at the same time we formed our Advisory Committee, another Tamil grassroots organization began a community survey to learn about community attitudes toward IPV. The following year, 2005, there was a Tamil community health fair that included a presentation on IPV; in 2006, a training workshop on IPV was organized for counselors and service providers who work with the Tamil community, and the local Tamil television show included a segment on our research and an interview with one of the RAs. Clearly, momentum is growing within this community to begin the complex work of addressing this issue in culturally appropriate ways.

References

- Bhuyan, R., Mell, M., Senturia, K., Sullivan, M., & Shiu-Thornton, S. (2005). "Women must endure according to their karma": Cambodian immigrant women talk about domestic violence. *Journal of Interpersonal Violence, 20*, 902-920.
- Bhuyan, R., & Senturia, K. (2005). Understanding domestic violence resource utilization and survivor solutions among immigrant and refugee women. *Journal of Interpersonal Violence, 20*, 895-901.
- Bui, H. (2003). Help-seeking behavior among abused immigrant women. *Violence Against Women, 9*, 207-239.
- Bui, H., & Morash, M. (1999). Domestic violence in the Vietnamese immigrant community: An exploratory study. *Violence Against Women, 5*, 769-795.
- Campbell, J. C. (1992). Prevention of wife battering: Insights from cultural analysis. *Response, 14*, 18-24.
- Citizenship & Immigration Canada. (2003). *Facts and figures 2002: Immigration overview*. Retrieved June 30, 2007, from cicnet.ci.ca/english/pub/facts2002/immigration
- Cohen, M. M., & Maclean, H. (2003). Violence against women. In M. Desmeules, D. Stewart, A. Kazanjian, H. Maclean, J. Payne, & B. Vissandjée (Eds.), *Women's health surveillance report: A multidimensional look at the health of Canadian women* (pp. 45-47). Ottawa, Ontario, Canada: Canadian Institute for Health Information.

- Crenshaw, K. (1994). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In M. A. Fineman & R. Mykitiuk (Eds.), *The public nature of private violence* (pp. 93-118). New York: Routledge.
- Dobash, R. E., & Dobash, R. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.
- Dutton, D. G., & Golant, S. K. (1995) *The batterer: A psychological profile*. New York: Basic Books.
- Ellsberg, M., & Heise, L. (2005). *Researching violence against women: A practical guide for researchers and activists*. Washington, DC: World Health Organization, Program for Appropriate Technology in Health (PATH).
- Go, V., Johnson, S. C., Bentley, M. E., Sivaram, S., Srikrishnan, A. K., Celentano, D. D., et al. (2003). Crossing the threshold: Engendered definitions of socially acceptable domestic violence in Chennai, India. *Culture, Health & Sexuality*, 5, 393-408.
- Goode, W. J. (1971). Force and violence in the family. *Journal of Marriage and the Family*, 33, 624-636.
- Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. M. (2006). The prevalence of intimate partner violence in immigrant women in Canada. *American Journal of Public Health*, 96, 654-659.
- Krauss, H. H. (2006). Perspectives on violence. *New York Academy of Sciences*, 1087, 4-21.
- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva, Switzerland: World Health Organization.
- Latta, R., & Goodman, L. A. (2005). Considering the interplay of cultural context and service provision in intimate partner violence: The case of Haitian immigrant women. *Violence Against Women*, 11, 1441-1464.
- MacLeod, L., Shin, M. Y., Hum, Q., Samra-Jawanda, J. W. R. S., Minna, M., & Wasilewska, E. (1993). *Like a wingless bird: A tribute to the survival and courage of women who are abused and who speak neither English nor French* (No. H72-21/110-1994E). Ottawa, Ontario, Canada: National Clearinghouse on Family Violence, Minister of Supply and Services.
- Mehotra, M. (1999). The social construction of wife abuse: Experiences of Asian Indian women in the United States. *Violence Against Women*, 5, 619-640.
- Morrison, L., Guruge, S., & Snarr, K. (1999). Sri Lankan Tamil immigrants in Toronto: Gender, marriage patterns and sexuality. In G. Kelson & B. Delaureat (Eds.), *Gender, immigration and policy* (pp. 144-160). New York: New York University Press.
- Narayan, U. (1995) "Mail-order brides": Immigrant women, domestic violence and immigration law. *Hypatia*, 10, 104-119.
- O'Leary, K. D. (1988). Physical aggression between spouses: A social learning theory perspective. In V. B. Van Hasselt, R. L. Morrison, A. S. Bellak, & M. Hersen (Eds.), *Handbook of family violence* (pp. 31-56). New York: Plenum.
- O'Leary, K. D. (1993). Through a psychological lens: Personality traits, personality disorders and levels of violence. In R. J. Gelles & D. Loseke (Eds.), *Current controversies on family violence* (pp. 7-30). Newbury Park, CA: Sage.
- Peek-Asa, C., Garcia, L., McArthur, D., & Castro, R. (2002). Severity of intimate partner abuse indicators as perceived by women in Mexico and the United States. *Women & Health*, 35, 165-180.
- 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, 367-398.
- Society for the Aid of Ceylon. (1994). *Tamils: Ten years that made a difference: 10th anniversary publication for the aid of Ceylon (Sri Lankan) minorities*. Toronto, Ontario, Canada: Author.
- Saltzman, L. E., Fanslow, J. L., McMahon, P. M., & Shelley, G. A. (1999). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, Version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Senturia, K., Sullivan, M., Ciske, S., & Shiu-Thornton, S. (2000). *Cultural issues affecting domestic violence service utilization in ethnic and hard to reach populations: Executive summary* (No. 98-WT-VX-0025). Seattle, WA: Public Health, Seattle & King County.

- Sheehan, H. E., Javier, R. A., & Thanjan, T. (2000). Introduction to the special issue on domestic violence and the South Asian community. *Journal of Social Distress and the Homeless, 19*, 167-171.
- Sorenson, S. B. (1996). Violence against women: Examining ethnic differences and commonalities. *Evaluation Review, 20*, 123-145.
- Straus, M., Gelles, R., & Steinmetz, S. (1980). *Behind closed doors: Violence in the American family*. Garden City, NY: Anchor Press/Doubleday.
- Sugarman, D. B., & Frankel, S. L. (1996). Patriarchal ideology and wife-assault: A meta-analytic review. *Journal of Family Violence, 11*, 13-40.
- Swan, S. C., & Snow, D. L. (2006). The development of a theory of women's use of violence in intimate relationships. *Violence Against Women, 12*, 1026-1045.
- United Nations. (1993). *Declaration on the elimination of violence against women*. Retrieved August 25, 2007, from [http://www.unhcr.ch/huridocda/huridoca.nsf/\(Symbol\)/A.RES.48.104.En?Opendocument](http://www.unhcr.ch/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En?Opendocument)
- West, C. M. (1998). Lifting the political gag order. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 184-209). Thousand Oaks, CA: Sage.
- Yick, A. G. (2001). Feminist theory and status inconsistency theory: Application to domestic violence in Chinese immigrant families. *Violence Against Women, 7*, 545-562.
- Yick, A. G., & Agbayani-Siewert, P. (1997). Perceptions of domestic violence in a Chinese American community. *Journal of Interpersonal Violence, 12*, 832-846.
- Yoshihama, M. (1999). Domestic violence against women of Japanese descent in Los Angeles: Two methods of estimating prevalence. *Violence Against Women, 5*, 869-897.
- Yoshihama, M. (2002a). Battered women's coping strategies and psychological distress: Differences by immigration status. *American Journal of Community Psychology, 30*, 429-452.
- Yoshihama, M. (2002b). Breaking the web of abuse and silence: Voices of battered women in Japan. *Social Work, 47*, 389-400.

Robin Mason, PhD, is a research scientist in the Violence and Health Research Program at the Women's College Hospital Research Institute and an assistant professor with the Dalla Lana School of Public Health at the University of Toronto, Toronto, Canada. Her research focuses on the health effects of intimate partner violence (IPV), the experience of IPV in ethnocultural communities, and training and educating health care professionals on these issues. She has been involved in the development of policies and curricula on IPV locally, provincially, and nationally.

Ilene Hyman, PhD, has expertise in the area of health and its determinants for immigrant and racialized populations. She has been involved in several research studies examining intimate partner violence in newcomer communities, including studies of prevalence, risk factors, and help-seeking behavior. She is an assistant professor in the Dalla Lana School of Public Health at the University of Toronto.

Helene Berman, RN, PhD, is an associate professor in the School of Nursing at the University of Western Ontario and Scotiabank Research Chair, Centre for Research and Education on Violence Against Women and Children. She has been the principal investigator of two national studies concerning violence in the lives of girls and young women, with particular attention to the intersections of gender, race, class, sexual orientation, and (dis)ability. She is past chairperson of the Alliance of Canadian Research Centres on Violence.

Sejali Guruge, RN, PhD, is an associate professor in the Daphne Cockwell School of Nursing at Ryerson University, Toronto, Canada. Her doctoral dissertation at the University of Toronto explored the influence of gender, racial, social, and economic inequalities on the production of and responses to intimate partner violence in the postmigration context. Her postdoctoral work at the University of Western Ontario focused on health effects of intimate partner violence. Her program of research on violence against women throughout the migration process is supported by a Canadian Institutes of Health Research New Investigator Award.

Pushpa Kanagaratnam, PhD, is a counselor in the Violence Against Women Program of Family Service Toronto. She has extensive experience as a clinical psychologist and in clinical research, in particular research on the impact of war trauma on the Tamil Diaspora in Toronto and on Tamil child soldiers living as refugees in Norway. She received her PhD in clinical psychology from the University of Bergen in Norway.

Lisa Manuel, PhD, is the manager of both the Violence Against Women and the Seniors and Caregivers Support Programs at Family Service Toronto. Her expertise in issues of aging and violence against women has enabled her to provide unique leadership in both areas including the impact of aging on intimate violence. Under her leadership, staff in both programs are actively committed to making services accessible and useful to the full spectrum of Toronto's diverse peoples. She received her PhD in sociology from the University of Toronto.