The Influence of Gender, Racial, Social, and Economic Inequalities

on the Production of and Responses to Intimate Partner Violence

in the Post-Migration Context

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ABSTRACT

This qualitative descriptive study explored the research question, "What is the relationship between gender roles, power relations, and social supports in the context of intimate partner violence (IPV) in the Sri Lankan Tamil community of Toronto?"

The literature reviewed highlighted the relevance of individual factors (based on biological and psychological explanations) and the larger systemic level factors (based on various sociological and feminist perspectives) in explicating the production of IPV. Despite the important gains we have achieved with the use of such theories, one key limitation – a lack of attention to women's experiences at multiple sites of oppression in the post-migration context – was noted. In order to address such a gap, a postcolonial feminist theoretical perspective in combination with an ecosystemic framework was used to guide this study.

In-depth individual interviews with 16 Tamil community leaders, 6 focus groups (3 with women and 3 with men) in the Tamil community in the Greater Toronto Area, and individual interviews with 6 women who had experienced IPV and who had left their abusive husbands, were conducted. Data generation, analysis, and interpretation were carried out concurrently.

The findings indicated that the production of IPV is shaped by a set of complex and intersecting factors involving race, gender, and class at the micro, meso, and macro levels of

society. These factors are addressed under the broad themes of: (a) experience of diverse forms of violence during displacement and border-crossing; (b) change in social network to one based on patrilocality; and (c) oppressive gender and race relations that prevent Tamil women from achieving equality at home, within the Tamil community, or in Canadian society at large.

The study is one of the first Canadian nursing studies on the topic of IPV in the post-migration context. Implications of the findings for nursing research, theory, and practice are outlined.

DEDICATION

With love and appreciation

To my husband, Kandasamy Illanko
To my parents, Don Andrayes and Leela Sepala Dahanayake
To my mentor, former Dean and Professor Emeritus Gail Donner

For their unconditional support, encouragement, and love
without which I would not have been able to complete this work

and

To the women and men in the Tamil community who participated in this research project

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CERIS	Centre of Excellence in Immigration and Settlement
CIC	Citizenship and Immigration Canada
CIHR	Canadian Institute of Health Research
CL	Community Leader
DSM	Diagnostic and Statistical Manual of Mental Disorders
ESL	English as a Second Language
FG	Focus Group
GSS	General Social Survey
GTA	Greater Toronto Area
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
I	Individual
IPV	Intimate Partner Violence
LTTE	Liberation Tigers of Tamil Eelam
P	Participant
PTSD	Post-Traumatic Stress Disorder
SACEM	Society for the Aid of Ceylon [Sri Lanka] Minorities
STDs	Sexually Transmitted Diseases
TTC	Toronto Transit Commission
U.K.	United Kingdom
U.S.	United States
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

INTRODUCTION

Both personal and professional interests, as well as a line of thinking and understanding that I have been developing since my undergraduate studies in nursing, motivated my work on the topic of male violence against women in marital relationships in the post-migration context. Therefore, I have decided to begin with an introduction to the dissertation that acknowledges my personal interests in the topic. While it would have been much easier to omit the "personal" in favour of the "professional", it would have led, at least partially, to the concealment of my location for investigation of the topic and interpretation of the data. According to Thorne and Varcoe (1998), locating the researcher's identity in relation to those of the study participants has been commonly acknowledged as an imperative in feminist research. My voice and my experience of who I am have shaped this study – from its conceptualization to the dissemination of its findings. However, I have also been mindful of the vulnerabilities that I risk when engaging in such an analysis within a racialized society and within a particular discipline such as Nursing.

My 14-year-long, quite arduous experience of obtaining permanent resident status in Canada has influenced my interest in immigrants' and refugees' health, and how I approach my work. Having lived my younger years as a member of the majority cultural group (Sinhalese) in Sri Lanka, I had not experienced what it means to belong to a "minority group" that is also "visible" until I left that country. Although patriarchal practices placed me, as a young girl and later as a teenager, in a disadvantaged position, some of the more individual family differences at home (such as not having any male siblings to be compared to) or my family's status (as in caste, class, and involvement in the community) made me feel

somewhat insulated from a harsher life that was in sight just outside the confines of my home.

Writing this dissertation required me to reflect on my experience of, as well as the importance of, social support in three different countries. While having lived and studied in another country before coming to Canada made some things (such as dealing with a much colder climate or a new public transit system such as the subway) less overwhelming for me in the post-migration context, the lack of informal social support systems made the whole process of settlement, especially in the first 5 years, a very isolating experience. The availability of support from close neighbours, friends, and family was no longer a guarantee; thus, seeking and building social networks became a purposeful activity for me in the post-migration context.

Other more difficult issues and concerns, such as not being eligible for the Ontario Health Insurance Plan, even though I was allowed to work and pay taxes like others, made me become aware of the difficulties refugees, especially those who were denied refugee status, may go through. When preparing my immigration applications, I found it difficult to meet the criterion of having a stable financial situation after having paid my immigration lawyers well over $30,000, in addition to paying international student fees of over $10,000 per year for my graduate studies. The difficulties in meeting immigration requirements such as financial stability and close ties to Canada have been identified in the literature (see, e.g., McDonald, 1999) as limiting the choices refugee women have in managing their lives in Canada.

Learning a new language has also been a difficult and ongoing process. I found that a lack of fluency in English (defined differently within each job category, educational

institution, and discipline), in combination with my immigration status, limited my potential for job security and advancement. In order to obtain university entrance, I had to study Grade 13 in Ontario (which meant that I had written Grade 13 exams or their equivalent three times – and in a different language each time). Lack of fluency in English has been one of the rationales given for the aggregation of recent immigrants and refugees at the lower echelons of the workforce in Canada. While professionals and especially those with university educations continue to be one of the preferred target groups of immigrants, as Mojab (1999) has noted, their "intellectual capacity had been undermined in Canada and, consequently, they were seen as a potential source of manual labour" (p.125).

This introduction would not be complete without a note on my own experience of racism. Although experience of racism is a not-so-rare occurrence in my life in Canada, I have chosen to highlight only two instances that were significant to me. My first attempt at filing a complaint was quickly dismissed (by someone whose responsibility was to help address students' complaints) with a question: "Are you sure you want to go ahead with this – it is after all your word against your teacher's word?" Ng (1994) has elaborated on racism (and sexism) as being systemic in the university. My second (and formal) complaint, which was against a large hospital/institution in the Greater Toronto Area (GTA), was rejected because of an argument from the hospital that it was a case of nepotism and not racism. My experiences of racism at work, however, have been minor compared to the horrific stories I was privy to during the in-depth individual interviews that I conducted with immigrant nurses in my role as a research assistant in Hagey, Choudhry et al.'s (2001) study.

These personal experiences have particularly attuned me to the complexities of migration and resettlement in a new country, and led me towards work addressing the health

and settlement concerns of immigrants and refugees. My ongoing volunteer work in various capacities and in various health and/or settlement organizations (currently, at North York Community House) has enabled me to continue to grapple with the diverse issues and concerns of immigrant and refugee women in Canada. I extended these interests into my professional life when I worked as a Clinical Nurse Specialist providing staff education in diversity, equity, and culturally sensitive patient care, and when I took part in various research endeavours to examine immigrants' and refugees' access to care.

The particular topic of male violence against women fits in with my research and clinical interests, which include women's health, psychiatric/mental health nursing, and immigrants' and refugees' health and access to care in Canada. My clinical and administrative work in psychiatric and mental health nursing at the Centre for Addiction and Mental Health in Toronto and, in particular, in the Women's Inpatient Unit provided me with an opportunity to work with women who had experienced abuse as a child and/or as an adult as well as with the nurses who provided care to these patients. This work experience exposed me to the enormity of the issue of male violence against women. I believe that nursing curricula continue to be limited in their focus on violence against women, in general, and on intimate partner violence (IPV), in particular. The consequences of such a gap are reflected in diverse practice settings where nurses often undermine the enormity and the impact of the issue on women and contribute to various myths and stereotypes about the women who experience IPV (see Varcoe, 1997, 2001). By doing so, nurses (who are predominantly women) also by and large ignore and silence even their own colleagues who have experienced IPV.

My research interests included examining health and settlement issues and the concerns of women, particularly those of immigrant and refugee women in Canada. I have participated in several projects that examined various aspects of IPV. I acted as the research coordinator of the project, "Best Mechanisms to Influence Health Risk Behaviour," which Hyman et al. (1999) carried out for the Ontario Ministry of Health and Long Term Care – Woman's Health Council. The purpose of the project was to conduct a critical appraisal of the literature, available programs, and interventions in the area of health promotion; one of the areas of focus for the project was wife abuse. Later, at the Centre for Research in Women's Health, we (Hyman et al., 2004) completed a report on the project, "Gender, Violence, and Health: The Role of Gender Relations in the Ethiopian Community," which was funded by the Canadian Institute of Health Research (CIHR). A follow-up study was conducted by the same team with funding from the Centre of Excellence in Immigration and Settlement (CERIS). I have referred to the findings of these studies later in my dissertation. However, the particular impetus for my doctoral dissertation came from an ethnographic study that I conducted with colleagues in Anthropology (Morrison [PI], Guruge, & Snarr, 1999) titled, "Social/Cultural and Behavioural Factors that May Put the Tamil-Speaking Sri-Lankan Population of Toronto at Risk for HIV/AIDS." The findings of this study are presented in Chapter 1 of my dissertation.

Although I brought to the study an understanding based on my personal and professional experiences and interests, working on this dissertation has been difficult; my struggle has been to learn how to portray immigrant and refugee women's shared experiences, while acknowledging the many inter- and intra-cultural differences in their experiences and in their choices about dealing with abusive situations in the Canadian

context. Se'ver (2002) contended that "most theories that try to explain violence against women do grave injustice to the topic by overlooking the cultural, patriarchal, and ethnoreligious systems that buttress such violence" (p. 10). In grappling with such a concern, I have attempted to avoid a dichotomous approach – culturalizing and essentializing versus disregarding the role of culture – and to search for a framework that would help explore the intersectionality of race, gender, class, and culture in the context of post-migration. While taking a reflexive and relational stance to my work has helped to address some of my concerns, frameworks of interpretation have helped me understand the topic in all of its complexity.

Organization of the Dissertation

In Chapter 1, I have contextualized the topic of IPV through an overview of selected health sciences literature that examined the topic within a post-migration and settlement context. I have discussed some of the key concepts I derived from the literature review, namely, gender roles, power relations, and social supports, in the context of intimate partner violence in immigrant women's lives, and in regard to how these ideas have shaped my study, in general, and my research questions, in particular.

Chapter 2 presents the theoretical perspective that underpins the study. Varcoe (1996) argued that the "way that violence is theorized is critical to nursing because.... the theoretical perspectives chosen either can align nursing with the status quo or can challenge the social foundation of violence and thus effect change" (p.62). I have used a postcolonial feminist theoretical perspective and an ecosystemic framework to highlight the impact of simultaneous oppressions that immigrant and refugee women experience at individual,

familial, community, and the larger societal levels in the context of conflicts and abuse at home.

In Chapter 3, I have provided details about the qualitative descriptive methodology and the research process that I used to explore post-migration changes in gender roles and power relations, and in informal social support systems in the context of IPV in the Sri Lankan Tamil community of Toronto. I have also elaborated on the data collection and analysis strategies used in the study, as well as ethical procedures and matters related to the trustworthiness of the study. In addition, I have also presented a demographic description of the study participants.

Findings of the study are presented in Chapter 4, with particular attention paid to the Tamil community members' perceptions about the factors that contribute to the production of IPV. By presenting ample quotes, I have attempted to ensure that the study participants' voices can be heard. I have also presented the study findings on women's perceptions of IPV and the determinants of their responses to IPV.

The study findings are discussed in Chapter 5 in relation to the research questions, existing literature, and theoretical framework. I have focused particularly on a number of factors at the individual, micro, meso, and macro levels that contribute to conflicts and abuse at home, shape women's perceptions of abuse, and, more importantly, constrain their choices in dealing with abuse in a manner that is more appropriate for them and their families. The centrality of gender, racial, social, and economic inequalities in addressing the production of IPV in the post-migration context is highlighted. The latter part of the chapter presents the limitations of the study as well as implications for research, practice, and theory.

CHAPTER 1: LITERATURE REVIEW

Violence against women takes many forms, such as female infanticide, (girl) child abuse, incest, rape, sexual harassment, intimate partner violence (IPV), and elder (women) abuse. Such acts can be committed by strangers, but more often they are performed by someone known to the women, such as their boyfriends, husbands, brothers, fathers, uncles, or other male family members in the immediate or extended family. Women also participate in violence against women. For example, in some patriarchal communities, women align themselves with their sons or brothers against their daughters-in-law or sisters-in-law. I am cognizant of the fact that the IPV that occurs in lesbian relationships also has serious implications for women's health and well-being. However, the most pervasive form of violence against women – the intimate partner violence committed by men against their female partners – is the focus of this study.

This chapter provides the background to this dissertation on IPV in the post-migration and resettlement context in the Sri Lankan Tamil community of Toronto, and the chapter is divided into four sections. In the first, I present a general background to the topic of IPV, which includes definitions, statistics, and details about the consequences of IPV. Because the target audience for this study includes healthcare professionals, in general, and nurses, in particular, who work with immigrant and refugee women in the Canadian context, Section 2 includes a review of the relevant health sciences literature on IPV in immigrant communities. Section 3 provides background information about the community of focus – the Sri Lankan Tamil community – to situate their migration to Canada within a historical, socio-cultural, economic, and political context. Finally, the rationale for the study, its purpose, and its significance are presented in Section 4.

Section 1: General Background to the Study

Various Terminologies and Definitions of IPV

Historically, most societies and their institutions have condoned various forms of

male violence against women (Condon, 2004; Yllo, 1993). IPV, in particular, is present in

most communities and countries around the world, cutting across socioeconomic, cultural,

religious, and national boundaries (World Health Organization [WHO], 1997; 2000a; Heise,

Pitanguy, & Germain 1994). IPV can be described as occurring in a cyclical manner in which

tension builds, violence erupts, tension is relieved, and a variable period of calm is followed

by a repetition of the cycle (Stewart & Robinson, 1998). Other definitions (e.g., Health

Canada, 1999) include IPV as being the threat of, or actual, physical, sexual, psychological,

or verbal abuse by a current or former spouse or non-marital partner, as well as coercion, or

the arbitrary deprivation of liberty that can occur in public or private life. However, other

forms of abuse within the marital context, such as financial abuse and dowry harassment are

also outlined in the literature (WHO, 2000). Forms of IPV that occur in the post-migration

context include preventing women from accessing language training, threatening deportation,

and withholding immigration documents (Sorenson, 1996). These forms of abuse may not

necessarily be recognized as abusive by both the women themselves and healthcare

professionals.

Many terms such as wife battering, domestic violence, spousal abuse, partner abuse,

wife abuse, and spousal assault have been used to describe male violence against women

within marital and/or intimate relationships. Much debate has persisted regarding appropriate

terminology. For example, Straus (1991) argued that terms such as *abuser* do not indicate

intentions to do *harm*, whereas the term *violence* assumes a purposeful inflicting of pain or

injury. Although *assault* has a legal implication that the violence was unlawful (Barnett, Miller, Perrin, & Perrin, 1997), *battering* is characterized by fear, oppression, and control (Adams, 1986), as well as by cyclical patterns and increasing levels of violence (Walker, 1979). Phillips and Henderson (1999) argued that terms such as *domestic violence* and *partner abuse* assume gender neutrality. The term *male violence against women* captures the fact that the violence is carried out by men; however, it does not capture the fact that the focus is on violence within married relationships. Thus in this dissertation, I will use the terms *intimate partner violence (IPV)* and *wife abuse* interchangeably.

The Extent and Prevalence of Intimate Partner Violence

At a global level, IPV occurs in epidemic proportions. The rates of IPV are comparable to those for cancer, HIV/AIDs, and cardiovascular diseases (Heise, Pitanguy, & Germain, 1994). According to the World Health Organization (WHO, 1997), 40 population-based studies conducted in 24 countries on four continents revealed that between 20% and 50% of the women interviewed reported that they had suffered physical abuse from a male intimate partner. More recent data compiled by WHO (2000a) suggested that the percentage of adult women who had ever been physically assaulted by a male intimate partner ranged from 5.1% to 67%. National samples indicated rates of 47% in Bangladesh (in 1992, $n =$ 1,225), 19.3% in Colombia (in 1995, $n =$ 6,097), 34.4% in Egypt (in 1995–1996, $n =$ 7,121), 20.8% in the Netherlands (1986, $n =$ 1,016), 67% in Papua New Guinea (in rural villages in 1982, $n =$ 628), 9.5% in Paraguay (in 1995–1996, $n =$ 6,465), 5.1% in Philippines (in 1993, $n =$ 8,481), 12.8% in Puerto Rico (in 1993–1996, $n =$ 7,079), 12.6% in Switzerland (in 1994–1995, $n =$ 1500), and 22.1% in the United States (in 1998, $n =$ 8,000). However, country comparisons could not be carried out due to study differences in definitions, sample sizes,

recruitment and data collection approaches, as well as other socioeconomic and geographical factors.

Statistics Canada's *Violence Against Women Survey* (1993), which included 12,300 women who were randomly interviewed, was the first of its kind to collect data on male violence against women in Canada. The findings indicated that 51% of adult Canadian women had experienced physical or sexual assault at least once since age 16; 29% of the participants had experienced physical abuse, and 8% had experienced sexual assault by a male intimate partner (Rodgers, 1994). Estimations based on the *Survey of Spousal Assaults* (1999) suggest that every week at least one woman in Canada is murdered by her boyfriend/partner, and that nearly 30% of Canadian women currently/previously married or living in a common-law relationship have experienced at least one incidence of physical or sexual violence during a relationship. Other data (e.g., peel Committee - Education Wife Assault,1997) indicate that in Ontario, three to six women are murdered each month by their current or former male partner.

Data from the more recently conducted *General Social Survey* (GSS, 2000), which included 20,000 participants (14,269 women) from 10 provinces who were 15 years and older, indicated that approximately 8% of Canadian women in married or common-law relationships experienced abuse from their partner on at least one occasion during the 5-year period prior to the survey, and that 37% of the women who had ever been married or in a common-law relationship had experienced at least one incidence of IPV. Very little information exists on the prevalence rates of IPV in immigrant households in Canada. When Cohen and Ansara (2002) re-analyzed data from the GSS, they found that the rate of abuse by a male intimate partner was lower among newcomer women (less than 10 years in

Canada) than among long-term immigrants, as well as Canadian-born women, for both severe and non-severe forms of violence. The authors contended that some of the disparity could be explained by differences in the definitions of abuse. After re-analyzing the same data, Hyman (2002) argued that it is not clear whether these differences are due to changes in newcomers' perception and interpretation of IPV over time as they learn about what constitutes abusive acts in the Canadian context. I speculate that this difference may also reflect newcomers' experience of a honeymoon phase of being in a new country or enjoying family reunification, and that conflicts and abuse may not occur as often during this phase or be perceived as such.

According to Cohen and Ansara's (2002) re-analysis of GSS data, the rates reported by women from 'visible minority' backgrounds were not significantly different from those of women belonging to 'non-visible minority' backgrounds for both severe and non-severe forms of abuse. Severe forms of abuse included being kicked, hit, hit with something, beaten, choked, and sexually assaulted, as well as being threatened or assaulted with a gun or knife. Non-severe forms of violent behaviours that women's partners exhibited included threatened to hit, threw something, grabbed, shoved, pushed, and slapped. In Cohen and Ansara's findings, the rate of emotional or financial abuse was 39.5% and 33.8%, respectively, for visible minority women living in Quebec and Alberta, compared to 20.3% and 22.6%, respectively, for non-visible minority women living in these two provinces. Using the same database, Ahmad, Ali, and Stewart (2005) suggested that new immigrant women reported significantly more emotional and financial abuse than Canadian-born women did (14.7% and 9.3%, respectively), but that no statistically significant difference was noted in physical abuse rates. However, these rates should be noted with caution, given the GSS's limitations

that it (a) was a telephone survey, which thus excluded those who did not have phones; (b) excluded those who did not speak English or French; (c) measured only violence that had occurred during the last 12 months and during the 5-year period prior to the survey; (d) did not measure certain forms of violence such as sexual abuse; and (e) may be subjected to reporting bias, as some women might have been hesitant to respond (or respond accurately) in a telephone survey to a "sensitive" subject/topic.

Consequences of IPV

The consequences of male violence against women within intimate relationships are many and reach beyond the individual level. At the latter level, the consequences can be physiological and psychological. Women with a history of abuse experience higher rates of pelvic inflammatory disease, sexually transmitted diseases (STDs) including HIV/AIDS, abnormal Pap tests, and other genitourinary problems than do women who have no history of abuse (Campbell & Lewandoski 1997; Radomsky, 1995). Other health problems include bronchitis and upper respiratory infections, chronic pain, fibromyalgia, headaches, gastrointestinal disorders, and irritable bowel syndrome (Abbott, Johnson, McLain, & Lowenstein, 1995; Radomsky. The psychological consequences of IPV can include depression, anxiety, fear, mood swings, and dissociative states (Arguelles & Rivero, 1993). Other emotional and psychological issues include sleep disorders, sexual dysfunction, anxiety disorders, alcohol and substance abuse, low self-esteem, suicidal ideation, and obsessive-compulsive disorders (Jiwani, 2001). IPV also generates enormous costs to society in terms of health, legal, and community services. In Canada, estimates of annual health-related costs of male violence against women exceed $1.5 billion, and, of these, inpatient costs range from $37.8 to $70.8 million (Health Canada, 2001a). These figures also include

the costs for treating injuries requiring both short-term and long-term medical and dental treatment, as well as for psychological care and the use of shelters and crisis centres.

The aforesaid numbers demonstrate the pervasiveness and the seriousness of the consequences of IPV on women's lives; however, until recently IPV was not taken up seriously as an issue by the health sciences research community. The recognition that IPV was not merely an intra-psychic or inter-personal concern (which, thus, was relegated to private quarters), but represented a serious social concern has come about only during the last 15 to 20 years (Campbell, 1992a, 1992b; Condon, 2004; Dobash & Dobash, 1979; Greenblat, 1985). Conceptualizing IPV as a serious public and global social issue has helped to bring it to the attention of scholars from diverse disciplines including nursing, social work, sociology, psychology, law and criminology, and feminist studies (Bannerji, 1999; Barata, McNally, Sales, & Stewart, 2005; Brownridge & Halli, 2002; Hyman et al., 2004; Mosher et al., 2004; Razack, 2003)

Canadian Nursing Interest in IPV Research

More recently, nursing interest in the topic has increased, and I agree with Ford-Gilboe (2001) that "a small number of nurses across the country have made important contributions to our understanding [in the area of IPV]" (p. 125). The most notable contributions, in general, have been made in the following areas: (a) the processes of leaving an abusive relationship, and women's strength and healing (Eriksen & Henderson, 1998; Henderson, 1990, 1993, 1995; Merritt-Gray & Wuest, 1995; Varcoe, 1997); (b) the health, social, and economic effects of IPV (Ford-Gilboe, Merritt-Gray, Berman, & Wuest, 2000; Ford-Gilboe, Wuest, Varcoe, & Merritt-Gray, 2006; Ratner, 1993, 1995); (c) nurses' understanding of, and responses to, women experiencing IPV (Gallop, Engels, DiNunzio, &

Napravnik, 1999; Gallop, McCay, Guha, & Khan, 1999; Hoff & Ross, 1995; Irwin, Thorne,

& Varcoe, 2002; Varcoe, 1997, 2001); and (d) nursing curricula and training needs related to

the topic (Page & Gallop, 2001; Hoff & Ross). An apparent gap exists in the Canadian

nursing literature on IPV in relation to women of diverse backgrounds, which includes

women who are homeless, women with disabilities, lesbian women, aboriginal women, and

immigrant and refugee women. Along with the work of other nurse academics (such as M.

Ford-Gilboe, personal communication, Spring 2006; W. Thurston, personal communication,

October & November, 2005) who are in the process of examining IPV in the post-migration

context, the present study will contribute to addressing this gap.

In order to better formulate the research questions for the study and to understand the

research-based knowledge beyond the discipline of nursing, I conducted a search of the

health sciences literature on the topic, the findings of which are presented next.

Section 2: A Summary of Relevant Health Sciences Literature

on IPV in Immigrant Communities

The literature review presented here is based predominantly on health sciences

literature that was written in English, published (from 1980 to 2004) in Canada and the

United States, and about IPV in immigrant communities in those two countries. The literature

search strategy I used involved the databases MEDLINE, CINAHL, EMBASE, and

PSYCHinfo, and a combination of key words and text-words including immigr*/refugee/

cultur*/ethnic*/ minority AND domestic/spousal/ partner/wife/marital AND abuse/assault/

battering/ violence. For example, the literature search strategy used for MEDLINE is

provided in Table 1 (in Appendix A).

The search captured a total of 297 articles in MEDLINE; 117 articles in CINAHL; 136 articles in EMBASE; and 23 articles in PSYCHinfo. I read the abstracts of these articles, while keeping the following inclusion and exclusion criteria in mind, to ensure that the articles focused on immigrant and refugee women who have experienced IPV in the post-migration context in North America. While time-consuming, this strategy for choosing relevant articles was also a useful means of dealing with the confusion or misidentification often seen in the literature between "minority" vs. "ethno-cultural" vs. "immigrant" women and groups. Similarly, this strategy was useful in eliminating any articles that examined husband abuse or the treatments or interventions for abusive husbands/male partners.

Inclusion criteria:
- Studied adult (> 18 years) immigrant or refugee women;
- Dealt with IPV in heterosexual relationships;
- Focused on forms of abuse, factors that contribute to IPV or explain women's responses to IPV;
- Focused on IPV in the post-migration context in North America; and
- Were primary studies.

Exclusion criteria:
- Were review or commentary articles;
- Focused on tool development or testing interventions;
- Included minimal "ethno-cultural" representation in study samples;
- Focused on screening (vs. disclosure) and healthcare professionals' attitudes;
- Focused on prevalence rates;
- Examined a very specific aspect of impact of IPV (e.g., *psychological distress among abused minority women with STDs* [Champion et al., 2002]); and
- Were conducted in the country of origin, thus, not related to the post-migration context.

After I applied the above noted inclusion and exclusion criteria, the literature search yielded 7 articles from MEDLINE; 10 from CINHAL; 10 from EMBASE; and 12 from PSYCHinfo. When any articles that appeared in more than one of the databases were excluded, the total reached 34 articles. However, I also used some of the excluded studies (e.g., a Canadian review article by Brownridge & Halli [2002]; articles on prevalence rates, such as Cohen &

Ansara's [2002]) as background literature throughout the dissertation. In addition, articles

such as those that included "African-American" women in the U.S. who were not immigrants

have been included (where appropriate) as their experiences in dealing with IPV in the

context of race, class, and gender oppressions are relevant in discussing the experiences of

immigrant women of colour who are dealing with IPV.

Overall Limitations of the Available Articles

Based on a review of the articles found in the search, I identified a number of

important gaps in the health sciences literature. First, there were very few articles on this

topic, and, of the relevant ones, the bulk of them ($n = 30$) were based on studies conducted in

the United States. Only a very few ($n = 4$), which I will describe in the next section, were

conducted in Canada.

The second limitation was related to the observation that a considerable number of

the studies conducted in the U.S. were small qualitative ones that included people of diverse

nationalities with a shared heritage (e.g., South Asians or East Asians). I argue that, while it

is important to explore the common experiences of women from diverse backgrounds, it is

also crucial to explore the ethnoracial, cultural, socioeconomic, and other contextual factors

that may make the perception and production of, and the responses to, IPV unique for

immigrant and refugee women who are from these broad geographical areas. For example,

findings based on a study sample that consisted of mainly (80–90%) women from India (e.g.,

Abraham, 1999) may not necessarily explain the situation of women from other South Asian

countries such as Pakistan, Bangladesh, Sri Lanka, Nepal, and Bhutan. What is not

recognized is that, even within India, the status and the circumstances of women vary by

region, class, caste, religion, life-cycle stage, education, and other socioeconomic statuses

(Miller, 1992).

Third limitation I observed concerned the focus of some of the studies. A

considerable number of those conducted in various African and Hispanic communities in the

U.S. (e.g., Kalichman, Williams, Cherry, Belcher, & Nachimson, 1998; Wingwood &

DiClemente, 1997) focused on sexual abuse, condom negotiation, substance use, and STDs.

Such a particular focus on these issues implies stereotypical assumptions regarding the

relevance of sexuality, multiple sexual partners, and addictions in particular communities in

comparison to the many other health and social implications of IPV.

The Canadian Health Sciences Literature on IPV in the Post-migration Context:

My search strategy identified four studies that were conducted by a Canadian

principal investigator who was from a health sciences background. These included a study by

Barrata, McNally, Sales, & Stewart (2005) in the Portuguese community and three studies

led by Hyman (two in the Ethiopian community and one in the Tamil community) in which I

took part (Hyman, Guruge, Mason, Stuckless, et al., 2004; Hyman, Guruge, Mason,

Mekonned, et al., 2006; Hyman, Mason, Berman, Guruge, et al., 2006). I have briefly

summarized these four studies in the following passages and have further referred to specific

findings from them throughout the dissertation.

Barrata et al.'s (2005) descriptive study measured the perception of wife abuse and

responses to it among a group of Portuguese women in Toronto. Eighty first generation and

54 second generation women were interviewed using a questionnaire. Overall, participants

defined wife abuse broadly, did not approve of wife abuse, and were likely to believe that

women should seek external help. However, the study findings identified a number of

generational differences. Second generation women were more likely to label an abusive behaviour as abuse, and first generation women were more likely to approve of abuse, endorse indirect or "traditional" options to deal with it, and hold stronger patriarchal beliefs. While this study adds to the scant literature available on the topic, two key limitations must be noted. First, the measure developed in English and then translated into Portuguese may not have reflected some of the same nuances, and, second, participants were not selected randomly (which leads to concerns about the generalizabilty of the study findings).

Hyman, Guruge, et al.'s (2004) community-based qualitative pilot study explored the topic of post-migration changes in gender relations and IPV in the Ethiopian community of Toronto. In-depth interviews and focus group discussions were conducted with 8 couples who had been married in Ethiopia and migrated to Toronto. A number of post-migration changes in gender relations, especially in the areas of household responsibilities, work responsibilities, and couple relationships were noted. In terms of household responsibilities, findings indicated that men were sharing more tasks at home in the post-migration context but that the overall responsibility for household tasks remained with women. With respect to work responsibilities, all of the women participants worked in Canada, and their contribution to the household income was considered to be as important as their husbands'. In terms of couple relationships, both positive and negative changes were noted. On the positive side, there was more shared decision making and more time spent together as a couple. On the negative side, couples faced new stresses and potential conflict as a result of a lack of time together due to different work schedules, being tired, and feeling lonely. Individuals within couples adapted to change in different ways: acceptance of old ways, negotiation of new ways, equality, willingness to change, acceptance, resistance, sacrifice, tolerance, and

resignation. A few limitations related to the study sample must be noted. The study sample was restricted to couples who had been married in Ethiopia; thus, the situations of couples who got married in Canada within the Ethiopian community could not be explored. In addition, the majority of the sample had lived in another country prior to coming to Canada, and the experiences of migrating together and facing common challenges throughout appeared to have strengthened their relationships. Finally, the sample did not include individuals who had separated or divorced in the post-migration context; thus, it was not possible to understand the extent to which changing gender relations contribute to divorce.

The second study (Hyman, Guruge, et al., 2006) conducted in the Ethiopian community was a follow-up to the aforementioned one. This study explored whether post-migration changes in gender relations contributed to marital conflict and divorce among couples after they came to Canada. For this purpose, 7 Ethiopian women and 2 men who were divorced in the post-migration context were asked a number of questions including the following: "Have your expectations about the roles and responsibilities of men and women changed since you came to Canada?", "What contributed to your separation/divorce?", "How did you try to resolve arguments?", "Did you talk to anyone about the difficulties you were experiencing in your relationships and, if so, who was it and was it helpful?" While the sources of conflict were similar to those found in the previous study, differences in the strategies used to resolve conflict were evident. This group of study participants adopted more discordant patterns of resolving conflict (e.g., Resistance, In/Tolerance). Problems in communication emerged as a central issue for the majority of study participants. The study had a number of limitations. First, only 2 men were interviewed; thus, the men's perspective of the topic was not well developed in the findings. The study sample was limited with

regard to its diversity in socioeconomic status. In comparison to the previous study, in which all of the participants were from higher educational, occupational, and circumstances in Ethiopia, and had lived in a third country before coming to Canada, the current study sample was younger, more likely to have come directly to Canada, and to be less financially secure.

Building on a prior partnership between the Centre for Research in Women's Health and the Family Services Association of Toronto, Hyman, Mason, et al. (2006) undertook a study to explore perceptions of, and responses to, IPV among Tamil women in Toronto. Eight focus groups were conducted with Tamil women from different age groups and generations, and also with Tamil women who have experienced IPV. In addition to questions about male/female relations in their families of origin, and how and what they learned about being a woman, wife, and mother, focus group participants were asked, "What is domestic violence?" and "What types of language, actions, or behaviours, do you consider to be abusive?" Findings indicated that the Tamil women defined abuse broadly and included physical, sexual, psychological, and financial forms. These findings suggested that rather than a lack of recognition of various forms of IPV, the major barriers to help seeking that these women faced were related to legal, contextual, and cultural factors. These findings will be further discussed in relation to the findings of the current study in the dissertation.

Reports that were not published or Canadian government and policy-oriented literature were identified by searching the websites of the following organizations: Department of Justice, Health Canada, National Crime Prevention Council of Canada, Metro Action Committee on Public Violence Against Women and Children, and the Family Violence Initiative. Only three significant reports were identified (Jiwani, 2001; MacLeod, & Shin, 1990; and MacLeod, & Shin, 1994). However, no thorough search of the "grey"

literature was conducted for this study due to time and cost reasons. Findings from the three reports have been included throughout the dissertation.

Organization of the Literature Review

Despite the limitations of these studies, their findings can be used to gain an initial insight into the topic of IPV among various immigrant communities in Canada. I have organized my review of the available literature in the following manner. After providing a brief general discussion on the topic of immigration and resettlement, I summarized the health sciences literature on the topic of IPV. Included in the review are also a number of book chapters and other social sciences and humanities articles, books, book chapters, and other documents that I had come across in my work. There is a large body of literature on "culture in health care"; however, a full search and analysis of that literature is beyond the scope of this literature review and the focus of the study.

Immigration and Settlement: A General Overview

The term '*immigrant*' is used in this study to indicate those who were not born in Canada and who have come to Canada under the broad immigration categories of business class, skilled-worker class, and family class (Citizenship and Immigration Canada [CIC], 2002a). However, I do recognize the problematic use of this term in everyday discourse as including any woman who is 'seen' by others as an immigrant because of her skin colour, language, dress, and/or socioeconomic status. In this study, the term *refugee* refers to those who were born outside of Canada and who have claimed refugee status either within or outside of the country and who belong to one of the following three classes identified by CIC: the convention refugee abroad class, the country of asylum class, and the source

country class. In addition, under the Canada–Quebec Accord, Quebec has the responsibility

for selecting refugees who will live in that province. The previously mentioned terms do not

apply to those who have temporary status as visitors, workers, students, and/or their

dependents. I will use both terms, immigrant and refugee, and will make a special attempt to

address commonalities while acknowledging the differences between the needs, concerns,

and issues of people in both categories.

The literature is considerable on the topic of what is variously called acculturation,

adaptation, and integration, and on the stages an individual might undergo during the

processes of settlement in a new country (e.g., Berry, 1997). Regardless of the particularities

specific to each of these terms, they refer, in general, to a dynamic process of retaining

previously held social, cultural, and religious values and beliefs while choosing to embrace

certain new values and beliefs in the context of settlement/resettlement (Huff & Kline, 1999;

Isajiw, 1997). In this study, I have chosen to use the term *resettlement* to apply to the act,

process, or context of starting a life in a new country during the first 10 years since arrival.

The term *post-migration* (as in after migration) refers to the happenings during any time

period following migration. Depending on the context, I will use one or the other or both

terms.

Resettlement in a new country is a lengthy process that is affected by a number of

factors at the individual level, as well as at various societal levels. At the individual level,

such factors could include age, gender, level of education, and language skills, as well as pre-

migration experiences and exposure to individual, gender-based, or state violence, as may be

the case with refugees (Beiser, Gill, & Edwards, 1993; Beiser & Hou, 2001; Berry, 1997;

Isajiw, 1997; Nesdale, Rooney, & Smith, 1997). Successful resettlement, however, is largely

determined by various community and societal level factors. At the community level, factors include the availability of immediate or extended family, support and resources from neighbours, and access to employment opportunities, as well as access to, and support from, a well-established ethnocultural community. The larger societal level factors that can influence immigrants' and refugees' resettlement include the policies and practices of various institutions such as those under departments of immigration, education, health, labour, and justice. By and large, these factors can positively and/or negatively affect any newcomer's settlement; however, people of colour arriving in Canada face more structural and systemic barriers to successful resettlement than their white European counterparts (Beiser, Devins, Dion, Hyman, & Lin, 1997; Majumdar, Ellis, & Dye, 1999; Mulvihill & Mailloux, 2000; Pernice & Brook, 1996a). Such barriers and inequities, in turn, can have major consequences for their health. These issues concerning health are discussed next.

Health of Immigrant Women: Intersections of Gender, Race, Class, and Citizenship

Immigrants coming to Canada generally are in better health than the average Canadian (Chen, Ng, & Wilkins, 1996a; 1996b; Parakulum, Krishnan, & Odynak, 1992). Several factors related to immigration selection criteria and the immigration process itself (such as healthier people tend to travel and/or immigrate more so than those with a poor health status) have been associated with this healthy-immigrant effect. However, the health advantage, in particular, is lost after being in Canada for 10 years, when long-term immigrants appear to be in poorer health than their Canadian-born counterparts and are more likely to experience a number of chronic health conditions such as cancer and cardiovascular disease (Chen et al., 1996a; 1996b; Hyman, 2001). Factors identified as contributing to declining health of the long-term immigrants include multiple responsibilities, financial and

employment constraints, lack of acceptance by the receiving communities, difficulties obtaining services in a timely manner due to language differences, and the resulting sense of loss, alienation, and lack of social support (Chen et al., 1996a; 1996b; Hyman, 2001)

A number of Canadian health studies (Anderson, 1991; Anderson, Blue, Holbrook, & Ng, 1993; Gastaldo, Gooden, & Massaquoi, 2004; Hagey, Choudhry, et al., 2001; Turrittin, Hagey, Guruge, Collins, & Mitchell, 2002; Vissandjee, Weinfeld, Dupere, & Abdool, 2001) have examined the impact of these various factors, including multiple role burden, social supports, stress, and racism, on the health of immigrant women. According to a study conducted by the Women's Health Bureau (1993), immigrant and refugee women participants identified the following as key stressors that affected their health: lack of childcare, transportation, and social support; unemployment/underemployment; racism; discrimination; and lack of language and skills training. Based on the previously mentioned literature, I argue that immigrant and refugee women's health is related to multiple oppressions based on their race, gender, class, and citizenship that they experience both at home and in society at large.

The key ideas that emerged from the literature review, which led to the formulation of my research questions, are summarized next under the following headings: (a) patriarchal values and beliefs, and gender roles; (b) experiences of racism; (c) paid labour participation in the post-migration context; and (d) social support systems and networks. Although I have attempted to describe these topics under separate headings, there is much overlap among them, as is the case in real life.

(a) Patriarchal values and beliefs, and gender roles. Gender refers to a "social construct regarding culture-bound conventions, roles and behaviors for, as well as relations

between, women and men and boys and girls" (Kreiger, 1996, p. 134). Gender role

socialization refers to the internalization of particular gender roles messages via various

sources in the society. The extent to which gender and 'doing gender' is expected from men

and women can vary among class, caste, and education, and is time, place, and context

bound. As defined by Kreiger (1996), class is "a social category referring to social groups

forged by interdependent economic and legal relationships, premised upon people's

structural location within the economy – as employers, employees, self-employed, and

unemployed, and as owners, or not, of capital, land, or other forms or economic investments"

(p. 134). For example, Sri Lankan and Indian women from upper-middle or higher

socioeconomic classes and castes can and do hire both men and women from lower

socioeconomic classes and castes to carry out household work such as cleaning, cooking, and

laundry for them. Thus, they assume a higher status than both the men and women from a

lower caste and class within the same community.

Patriarchal ideology, in general, condones negative attitudes towards women, creates

rigid gender roles, non-egalitarian expectations within marital relationships and

institutionalized gender inequalities, and legitimizes male domination of assets and resources

(Counts, Brown, & Campbell, 1992; Dobash & Dobash, 1992; Levinson, 1989). Operating

through various institutions such as marriage, family, religion, politics, education, and health,

the ideology can exert both subtle and overt influences. For example, in Canada, as in many

other countries, institutionalized gender inequality operates covertly to limit women's

opportunities to be employed in certain jobs and positions (such as CEOs of hospitals or

Deans of most faculties/universities), as well as to maintain lower salaries for women for the

same educational and professional experiences and skills. In many patriarchal societies,

gender inequality takes the form of male privilege and authority within the household, the community, and society at large, where women's status and privilege is relational (as wife, daughter, mother, and sister) and tied to that of men. This situation creates power imbalances at the micro-, meso-, and macro-levels of society. Power is defined here in terms of access to assets and resources including income, education, employment, knowledge, skills, personal connections, and information (Cromwell & Olson, 1975).

Many studies attest to the fact that IPV is a common practice in many societies across the world where the larger societal, religious, and cultural values and beliefs support male dominance and entitlement within intimate relationships (Ahmad-Ghosh, 2004; Chatzifotiou & Dobash, 2001; Choi & Harwood, 2004; Danger, Hoff, & Scott, 1998; Espanioly, 1997; Gall, 2004; Haj-Yahia, 1998; Keenan, El-Hadad, & Balian, 1998; Lucashenko, 1996; Tang, Wong, & Cheung, 2002). In these societies, the husbands' position as ruler within the institution of marriage, has permitted men to justify violence in order to correct women, keep them in line, and/or demand their obedience (Ahmad et al., 2005; Finn, 1986; Haj-Yahia; Hassouneh-Phillips, 2001; Stith & Rosen, 1990; Yick, 2001). A number of authors, such as Dobash and Dobash (1992) and Kim and Sung (2000), have suggested that expectations of such power and authority have also led men to resort to violence against women when their power and privileges were being challenged or threatened.

The power differential between wife and husband may become even more apparent in the post-migration and resettlement context. Upon arrival in a new country, women who are sponsored by their husbands are often dependent on them for basic needs such as food, clothes, and accommodation, and may be vulnerable to threat, intimidation, and abuse by their husbands. A number of U.S.-based studies have noted the untold power that husbands

hold over their wives because of sponsorship requirements (Abraham, 1999; Das Gupta, 2000; Hassouneh-Phillips, 2001; Kulwicki & Miller, 1999; Yick, 2001). When faced with language differences and/or lack of reliable and appropriate formal and/or informal social supports, immigrant women may come to depend even more on their husbands. A number of studies point to the key influence of patriarchal gender roles with regard to IPV and women in immigrant communities (Huisman, 1996; Morash, Bui, & Santiago, 2000; Perilla, 1999; Perry, Shams, & DeLeon, 1998; Song, 1996; Tran & Des Jardins, 2000). These studies, conducted in diverse ethnoracial communities in the U.S., indicate a general perception that it is acceptable for men to "discipline" their wives if they do not stay within their prescribed roles.

The process of immigrating to and resettling in a new country can create also the potential of departing from previously accustomed gender roles and relationship. As noted in Bui and Morash's (1999) qualitative study in the Vietnamese community in the U.S. and in Hyman et al.'s (2004) qualitative study of an Ethiopian community in Toronto, newcomer women may find employment first or be the sole breadwinner in the family, which creates a situation within which the husband is financially dependent on his wife. This change is contradictory to men's "assigned" gender role as the sole or the main breadwinner in the family. While women can remain in the home and fulfil the roles of a full-time mother, housekeeper, and caretaker, men, in general, do not have a socially or culturally acceptable alternative role to breadwinner in most of the communities in the world. Therefore, rationales for not working outside the home are not available to them. When husbands are unable to provide for their families, the respect and status they enjoyed within and outside their home is lost or threatened. A number of studies conducted in the U.S. (Benson, 1994; Campbell,

1992a; 1992b; Krufeld, 1994; Kulig, 1994) have suggested that the reasons for tension, conflict, and men's abuse of their wives include women's (perceived and actual) increase in autonomy, loss of ethnic (and gender) identity, and changes in gender roles and responsibilities in the household, with their resulting changes in power dynamics in the post-migration context.

Such a situation, however, is not the case in every family and within all immigrant communities. For example, in our (Hyman et al., 2004) qualitative study with 10 recent immigrant couples from Ethiopia, the participants highlighted that women had often worked in paid labour in their countries of origin. While their income had been considered supplemental in Ethiopia, it had become a necessity since coming to Canada. The findings of a follow-up study (Hyman et al., 2006) conducted with divorced men and women in the Ethiopian community in Toronto indicated that while some couples successfully negotiated new gender roles and responsibilities at home, others could not agree on the maintenance of old roles or on an agreeable combination of the new and the old. As noted earlier, women's education, couples having lived in a third country prior to coming to Canada, and lack of social support, and economic necessity in Canada were key factors in their role negotiation as well as in their decision making about divorce.

While patriarchy has continued to play a major role in creating violence against women, in general, and IPV, in particular, I argue that the Western feminist focus on patriarchy as the only theoretical explanation for such violence is limited in its application to immigrant and refugee women of colour experiencing IPV in Canada. IPV in the post-migration environment occurs within a context of race, class, and other sites of oppression. Therefore, nurses and allied healthcare professionals require a frame of reference that moves

beyond a sole focus on gender. McDonald (1999), supporting such a view based on a qualitative study of IPV in the Spanish-speaking community in Canada, argued for the need to incorporate "multiple oppressions into a more comprehensive and complex conceptualization of power and control in intimate relationships in general" (p.163). In the next section, I will discuss the intersection of gender with race.

(b) Experiences of racism. Immigrants come to North America for a variety of reasons, the most important of which is the hope of securing a better future for themselves and, especially, for their children. The message about North America that is spread across the world through various forms of media implies that anyone who arrives there can enjoy economic prosperity, freedom, rights, and equality. In a Canadian report, Jiwani (2001) captured this idea in the following manner:

> Certainly, the picture that western countries have advanced, through various channels, to the developing worlds of the South is framed in the racially inscribed language of colonialism where the South is constructed as backward, traditional and in need of modernization (read westernization), and the North by contrast is presented as the realm of democracy, economic prosperity, individual freedom and equality. (p.6)

While there are many benefits of immigrating to the U.S. or Canada, the reality is that many immigrants, especially refugees and women of colour, in particular, experience a loss of financial stability through unemployment and underemployment, and racialization.

Miles (1989) defined racialization as "a process of delineation of group boundaries and of allocation of persons within those boundaries by primary reference to (supposedly) inherent and/or biological (usually phenotypic) characteristics. It is, therefore, an ideological process" (p. 74). Only a few authors in the health sciences in Canada have examined the effects of determinants such as racialization, neocolonization, discrimination, and marginalization on immigrants' health, in general, and on immigrant women's health, in

particular (e.g., Anderson, 1991, 2000a; Anderson, Blue et al., 1993; Cresse, Dyck, & McLeran, 1999; Dyck, Lynam, & Anderson, 1995; Oxman-Martinez, Abdool, & Loiselle-Leonard, 2000). As noted in the introductory chapter to this study, in a qualitative study of immigrant nurses' experience of racism in the GTA, (Hagey, Choudhry, et al., 2001), participants identified various physical and mental health consequences (e.g., high blood pressure, depression, and anxiety attacks) that they experienced during and after episodes of racial discrimination. Although the construct of race was originally conceptualized around biological and physical attributes, race is now understood to be socially constructed and used to define, structure, and organize relations between dominant and subordinate groups (Anderson, 2000a; Anderson & Hill Collins, 1995; Anderson & McCann, 2002). In a report on immigration and health, Kinnon (1999) has noted that in the case of immigrants of colour, racism can be an unexpected reality that makes the resettlement process challenging, if not traumatizing. Researchers are beginning to show interest in examining the correlation between or the effect of racism on mental and physical health (e.g., Karlsen & Nazroo, 2002; Moody-Ayers, Stewart, Covinsky, & Inouye, 2005; Noh & Kasper, 2003; Williams, Neighbours, & Jackson, 2003). Krieger, in particular, has done important work on racial discrimination and health (Krieger, 1999, 2000, 2003; Krieger & Sidney, 1996; Krieger & Williams, 2001; Mustillo, Krieger, Gunderson, Sidney, McCreath, & Kiefe, 2004).

The vulnerability of refugee women of colour is further increased by the perception and attitude of immigration officers towards women who are leaving their husbands or women who do not have other support systems in place apart from their husbands (MacLeod & Shin, 1990; McDonald, 1999). Recently, a Canadian TV program, *Country without Borders* (CBC, 2004), showed a young White female immigration officer questioning an

older South Asian woman as to why *she had allowed* her husband to take away her documents. Similar concerns were voiced in my personal communications with three immigration lawyers and consultants who wished to remain anonymous. Such systemic and bureaucratic obstacles, as well as the uncertainty associated with a life that would need to be rebuilt if the women were to leave their abusive husbands, in combination with the individual ethnocultural and socioeconomic circumstances at the family and community levels may limit, in particular, refugee women's choices in escaping an abusive husband in the Canadian context. Thus, women's choices in responding to abuse in the post-migration context are very much influenced by racism, combined with the effects of poverty resulting from de-skilling, underemployment and unemployment, and changes in occupation and vocation. This idea is further elaborated in the next section.

(c) Paid labour participation in the post-migration context. Even though recent immigrants are better educated than those who migrated to Canada previously (*Labor Market Letter*, 2002) and than the average Canadian, recent immigrants often are unable to find employment similar to what they held before migrating. Various systemic issues affecting their successful employment at a level similar to their prior one include racism and discrimination resulting in a lack of recognition of the skills, knowledge, and education obtained from most other countries in the world, as well as a lack of job training and skills development opportunities (Mojab, 1999; Schaafsma & Sweetman, 1999). For example, from 1995 to 2000, 34.5% of landed immigrants had a university education when they immigrated to Canada; by comparison, only about 20% of all Canadians had university degrees (Labor Market Letter, 2002). During the same period, the employment rate for university-educated, Canadian-born men was 94%, in comparison to the rate of 81% for immigrant men and 66%

for immigrant women at a similar educational level. Recent immigrants, in general, cannot afford to be unemployed or depend on welfare, as this situation would jeopardize their plans for sponsoring and reunifying with their family members. In order to sponsor a family member, one has to show minimum annual income of $15,000 to $20,000, which is difficult to do if one is paid at close to a minimum wage. While awaiting landed immigrant status, newcomers tend to be employed part-time and in low-paying jobs with no benefits; thus, they often hold several jobs, have to work long hours, and/or 6 to 7 days a week in order to make the bare minimum. Systemic exploitation is widespread of people with no landed immigrant status, who are desperate to obtain and maintain employment not only for their daily living, but also to meet immigration (financial) eligibility criteria to remain in the country. I will argue that the situation is worse for refugees, refugee women, and refugee women of colour, in particular.

Women tend to migrate for a variety of reasons, including economic incentives, family reunification, and educational opportunities, and to escape gender based and/or political violence and to gain more social independence (DeLaet, 1999). Women migrate internationally at roughly the same rate as men. For example, Canadian immigration statistics show that approximately 50 % of the newcomers to the country were women, and that half of the refugees also consisted of women. Both single and married women also comprise a significant proportion of illegal immigrants (Boyd, 1989). However, because of the assumption that women are merely followers of immigrant men as their wives or daughters, much less is known about women's migratory process (Delaet; Gastaldo et al., 2004). Furthermore, such a conceptualization of women's migration can and does play important roles in shaping immigration policies and regulations. The latter, in turn, shapes immigration

flows, which, consequently, influence expectations of family roles in the settlement countries

(United Nations [UN], 1993).

Furthermore, the assumption that women are mere followers of men reinforces the

myth that they are without skills and are financially dependent on their husbands. As

Shamsuddin (1999) and Mojab (1999), among others, have noted, this myth and its

associated repercussions of sexist immigration policies can result in a labour market where

women's skills and qualifications are not recognized or matched for the Canadian labour

market. The average income of immigrant women is much lower than that of their English-or

French-speaking Canadian counterparts (Citizenship & Immigration Canada [CIC], 2000b).

In fact, immigrant and refugee women's incomes are approximately 40% of the income of

their Canadian counterparts for the same job/position, which results from a legacy of

subordination and colonial practices (CIC). The immigrant women participants in Mojab's

(1999) study spoke about the lack of recognition of foreign credentials; for example, one

woman said, "For immigrants in Canada, I get the message that you should use your hands,

not your minds" (p. 125). Such inequality and discriminatory practices do not allow equality

to thrive within or outside the home for immigrant women and refugee women.

Canadian-born women account for approximately 46% of the paid labour force in

Canada (CIC, 2001). However, paid labour participation has not freed them from traditional

household work and child-rearing responsibilities. In fact, Canadian Mental Health

Association (1989a) documents indicate that the disproportionate share of domestic chores

that women undertake in addition to their full-time or part-time work in the paid labour force

serves to increase their stress, distress, and mental health concerns. While this is the reality

for working women in Canadian society at large, everyday discourse still has it that somehow

immigrant women's situations will improve with their participation in the paid labour force, which, in turn, will automatically facilitate their liberation from male domination.

While the findings of a number of studies (such as Krulfeld, 1994; Kulig, 1994) suggest that the process of immigrating to a new country may offer women possibilities that had not been previously available to them or that had been difficult to negotiate before relocating, other studies (e.g., Bui & Morash, 1999; Fernandez, 1997; Jiwani, 2001) suggest that women are not so advantaged by coming to North America. Paid labour, which may be a necessity for the family's basic survival, does not necessarily lead to a change in women's status relative to men at home or within the community. In fact, the women may be facing more discriminatory experiences in the post-migration context. According to a Canadian study on stress management by Majumdar, Ellis, and Dye (1999) involving 67 focus group participants consisting of immigrant, refugee, and minority women in the workforce, "racial, cultural, linguistic, social and sexual areas were most frequently cited types of discrimination" (p. 159). An increase in occupational and financial difficulties within the context of a lack of adequate child care and social support has been noted in various studies as contributing to ill health (Baker, Areseneault, & Gallant, 1994; Beiser, 1988a; 1988b; Sundquist, 1995; Vissandjee et al., 2001). Based on a number of previous studies, Majumdar, Ellis, and Dye observed that,

> As the number of women in the workforce increases, so does their exposure to these unique stressors (Gurber & Bjorn), which include open racial/sexual harassment; isolation/loneliness; and noisy, unclean, dangerous working environments. Although research in this area is limited, data show that women of high visible minority experience increased harassment on the job. (p. 154)

Other studies, such as Bui's (2003) IPV study in the Vietnamese community in the U.S., found that women's economic contributions did not reduce their husbands' dominant

positions and use of violence at home, but that economic hardships prevented the women from leaving an abusive relationship. Furthermore, experiences of and perceptions about racial discrimination prevented the women from relying on the formal social support systems to cope with abuse (Bui). Similar findings were noted in other studies conducted in diverse ethnoracial communities (e.g., Abraham, 1999, 2000), where immigration to the U.S., did not necessarily provide financial freedom or more opportunities for all women, especially when they no longer had access to previously available social networks and supports.

(d) Social support systems and networks. The population health framework (Public Health Agency of Canada, 2004) views social isolation and loneliness as determinants of health. That is, these factors can potentially influence people's health and well-being, their access to health care, and the effectiveness and outcome of the care they receive (Hall & Havens, 2001; Reevy & Maslach, 2001). A substantial body of literature (Antonucci, 1994; Belle, 1989; Cohen & Syme, 1985; Hall & Havens; Kessler & McLeod, 1985; Reevy & Maslach; Simich, Mawani, Wu, & Noh, 2004) indicates that social supports have a positive impact on people's physical and mental health, their ability to cope with major illnesses, and/or to change their health risk behaviours. Social support derived from one's social contacts is understood to be especially important to women who tend to rely on social networks for support, self-esteem, identity, and perceptions of control (Antonucci; Cohen & Syme; Simich, et al.). Research also demonstrates that women tend to provide and receive more support than men do, have larger and more diverse networks, and can more readily command support when in need (Antonucci; Belle; Kessler & McLeod). However, the attention paid to the role of social support in health promotion is much less than that given to the role of social supports in helping people to cope with major illnesses and/or to change

their health risk behaviours. Further, except in a few studies such as Gastaldo et al. (2004) and Gastaldo, Khanlou, Gooden, Massaquoi, and Curling (2002), not many attempts have been made to explore the role of social supports in women's health promotion and health outcomes in diverse communities (Adams, Madhavan, & Simon, 2002). Even less is known about the role of social networks and support or the lack of it in the post-migration and settlement context and, in particular, in relation to women experiencing IPV.

Any serious exploration of IPV in immigrant communities has to include an examination of how the dynamics of the family (both immediate and extended) are influenced, shaped, and reshaped by the presence or absence of social supports in the new setting. Culture and the cultural setting affect the structure, process, and function of support networks (Vaux, 1985). Cultural norms influence the meaning and value of social support systems to the individual. The meaning and value that individuals give to their informal social supports, in turn, shape how they understand and accept themselves as an individual, as well as a cultural being, living in a community (Meemaduma, 1999). Culturally based beliefs, attitudes, expectations, and behaviours influence the framework in which one receives and provides social support (Dilworth-Anderson & Marshall, 1996). For example, individualism and collectivism are two value orientations that shape the nature of close relationships and guide behaviour related to the role and the importance of social support within a culture. Individualism emphasizes independence and self-sufficiency, whereas collectivism prizes interdependence and the subordination of personal needs to the needs of the family/kin group (Dunkel-Schetter, Sagrestano, Feldman, & Killingsworth, 1996). These values help shape how one requests and/or receives social support. Empirical literature (such as Meemaduma; Rose, Campbell, & Kub, 2000) as well as anecdotal evidence suggest that

informal social support systems, which consist of extended family, friends, and kin, as well as neighbours, are generally better suited to meet the needs of women than formal support systems that can be patriarchal and racist. Formal support systems often include social and healthcare services that provide material supports or services in a manner lacking in cultural sensitivity or the emotional closeness, attachment, or sense of belonging that individuals require or to which they are accustomed (MacLeod & Shin, 1990).

Immigration, whether planned or not, often results in the loss of stable social networks and supports, and, consequently, in a loss or disruption of one's grounding as a cultural being living in a community. This disruption is felt especially by refugees fleeing war-torn countries (Beiser, 1993). Studies (Beiser; Falicov, 1995) have shown that the rate of depression and anxiety was much higher among refugees who came alone to their new country and that their mental health improved after reunion with their families. Other studies indicated that immigrating to an area where there is no similar ethnocultural community has a detrimental effect on people's mental health (Allodi, 1989; Baker et al., 1994). In such situations, people are faced with having to establish new and supportive relationships with others who are perceived to be different from their own cultural background. This task, which can be particularly challenging for those with less comfort and confidence in speaking English or French, has particular relevance for women dealing with IPV.

Nuclear family settings that are common in North America provide ready-made opportunities for abusive husbands to isolate their wives (Barnes, 1999). According to McDonald (1999), while women in abusive homes try to use various strategies to alleviate their isolation, their abusive husbands use multiple strategies to increase their wives' isolation by systematically minimizing their contacts with the outside world. Furthermore,

abusive husbands make their wives "nonexistent" to the outside world by "giving [them] absolutely no money and excluding [the women] from any bank accounts and moveable or immovable assets" (McDonald, 2000, p. 229). Based on the Canadian GSS data, Brownridge and Halli (2002) posited that immigrant women who are socially connected to others outside the home through employment and religious participation will be "more insulated from violence by their partner than those who do not participate in such networks" (p. 457). Often for immigrant women, especially those who appreciate collectivist decision making more than independent decision making, solutions to problems and concerns take place not only within their relationship with their husbands, but also within their extended familial social support networks. Along these lines, a number of studies found that IPV was rare in societies where wives' kin could intervene and offer sanctuary to women in abusive situations (Bui & Morash, 1999; Kerns, 1992; Lambek, 1992; Nash, 1992). Similarly, in a national probability sample of African-American households, Hatchett and Jackson (1993) found a substantial amount of extended kin contact and frequent aid for women within the extended kin systems, which allowed for the possibility of controls or sanctions against abusive husbands.

Most project teams in MacLeod and Kinnon's (2000) study corroborated the importance of informal social support networks in reducing the isolation that contributes to violence. The South Asian women participants of Abraham's (2000) study on IPV in the U.S. spoke about how their husbands' abuse and neglect may be compensated for by social ties to their own family and friends. Various family members and friends appeared to act as a buffer against stress and abuse for these women. Further, through their relative physical proximity, such networks also acted as a mechanism of social control and power over an abusive husband while they reduced the women's isolation. Unfortunately, the availability and

influence of extended family and friends appear to be lacking for some immigrant and refugee women in North America. For example, in our study (Morrison et al., 1999) in the Sri Lankan Tamil community in Toronto, some participants felt that no one was available in Canada to intercede on the women's behalf. Under such circumstances, the only contact that women have may be their husbands. Often the result is an increase in the husband's power and authority within the household, and a decrease in the space women have for resistance within marital relationships (Shakir, 1995), which makes the women's vulnerability more intense.

Yet the presence of their own ethnocultural community or extended family does not guarantee women protection from IPV. In a recent report from India, Ahmed-Ghosh (2004) stated,

> Due to the exogamous nature of marriages, the bride is transported to a family that is alien to her [and those] who witness domestic violence are either related to the husband, closely associated with his family (neighbours) or dependent on him or his family (as is the case of servants) and as such will not attempt to address the issue or to defend the woman. (p. 101)

Fernandez (1997) agreed that a woman who moves into her husband's home is often under the authority of his whole family, and not all of the violence comes from men. Similar findings have been noted in the post-migration context (e.g., Abraham, 1999; 2000). Moreover, negotiating between the expectations of the host country and their own ethnocultural community can create a constant "tug of war" for women (Meleis, 1991; Rack, 1977; Shuval, 1982). While the dominant society expects them to adapt, change, and abide by new roles and expectations and to acquire new identities that are appropriate according to mainstream values (Meleis), their own ethnocultural community members expect the women to maintain, preserve, and nurture their "traditional" cultural values and beliefs. In fact, the presence of

their own community and their heavy reliance on it (due to a lack of other support systems) can reinforce prior gender roles for immigrant women.

Summary of the Health Sciences Literature Review

In this section, I have discussed the common emerging areas of importance in the health sciences literature regarding immigrant women and IPV. The importance and relevance of the main themes that emerged as contributing to IPV in the post-migration context (patriarchal values and beliefs, and gender roles; experiences of racism; paid labour participation in the post-migration context; and social support systems and networks) varied according to the specific historical, social, cultural, and economic backgrounds of particular families and/or particular communities. As presented, refugee women who fled their country for fear of persecution without time to plan for a such move may respond differently to an abusive situation at home from the way chosen by an immigrant woman who is fluent in English, well-educated, and is supported by her extended family in the country of resettlement. Therefore, I will now discuss the historical context that led Sri Lankan Tamils — the community of interest in my dissertation — to immigrate to Canada in light of the key themes identified in the previous literature review.

Section 3: The Sri Lankan Tamil Community

Historical Context that Led to Migration and Displacement

Sri Lanka, formerly known as Ceylon, is a small island located off the Southeast coast of the Indian subcontinent. During the past 15 to 20 years, the country has been living through an ongoing civil war between the Sinhalese government and the Liberation Tigers of Tamil Eelam (LTTE), a Tamil militant/separatist group, who put forward an agenda for full

independence and a separate homeland. The estimated Sri Lankan population was 18.8

million in 1998 (UN, 1999), which included several ethnic groups. According to the 1981

census, the population was composed as follows: the majority Sinhalese constituted 74% of

the population; Tamils, 18.2%; Muslims, 7.4%; and others, 0.4% (Government of Sri Lanka,

1981, as cited in Cheran, 2000). More recent numbers are not available because no census

has been taken since the beginning of the civil war in 1983 (UN, 1997). Although the

previous census identified subgroups as low-country Sinhalese, high-country Sinhalese, Sri

Lankan Tamils, Indian Tamils, Sri Lankan Moors, and Indian Moors, the civil war has lead

to more consolidated identities (Cheran). Because the focus of the current study is on the Sri

Lankan Tamil community, I will concentrate on illuminating the historical, socioeconomic,

and political circumstances within which Tamils are leaving Sri Lanka. I have also

incorporated some information about the Sinhalese so that readers may gain a perspective

about Tamil–Sinhalese relations and understand my positionality as a Sinhala-Buddhist

woman conducting a research study within the Tamil community.

Sri Lankan Tamils make up 92% of the population in the Northern Province and 68%

in the Eastern Province of Sri Lanka. Sri Lankan Tamils also live in some parts of Colombo,

the capital of Sri Lanka. Up-country Tamils are the descendents of those who were brought

from South India by colonial rulers in the 19th century to provide cheap labour for tea

plantations. They form 5.5% of the Sri Lankan population and have since maintained, for the

most part, politically and geographically distinct identities from the Sri Lankan Tamils. The

Sinhalese reside in varying concentrations in the rest of the country.

The majority of the Tamils are Hindus, whereas the majority of the Sinhalese are

Buddhists. However, so-called missionary activities during colonial rule have created a

minority group of Christians within both Tamil and Sinhalese communities. The mother tongue of the Sinhalese is Sinhala and that of the Tamils is Tamil. During the civil war, the Tamil-Hindu identity became synonymous with the Tamil identity (Cheran, 2000). The political and economic consequences of colonial relations in Sri Lanka have led to oppositions between the identities of Sinhala-Buddhist and Tamil-Hindu. In each group's decolonization struggles and hopes to emerge ahead in political, economic, and cultural spheres in their attempt to re-establish themselves and to overcome the damages of a colonial past, new forms of domination and exploitation evolved. (A more complex and in-depth understanding of the post-political independence of Sri Lanka and the subsequent nation-building process, as well as the emergence of Tamil nationalism – which is linked to both Sinhala-Buddhist nationalism as well as colonialism – requires a much more extensive analysis than is possible here).

Sri Lankan Tamil Women: Negotiating New Roles in Sri Lanka and in Canada

Sri Lankan women are not a homogenous group; their status and power within and outside their homes, as well as their decision-making authority, varies according to their class, caste, ethnicity, culture, religion, education, and geographical location. Among the South Asian communities and countries, Sri Lankan women tend to fare better on important global measures of female status such as longevity, literacy rate, education, and child and maternal mortality rate (UN, 1999). Even though males had consistently outnumbered females in the total population in the past, a greater reduction in female mortality rates resulted in females' making up 52% of the total population according to 1996/1997 estimates (UN, 1999). The overall female mortality rates have been lower than those of males since the 1960s; in fact, female life expectancy at birth was 74.2 years for women in 1991, which is

approximately 5 years longer than men's. The discrepancy in rates may partly reflect the numbers of men who were killed during the civil war; furthermore, separate rates for Tamils and Sinhalese are not available.

In terms of education, even though boys outnumber girls in primary schools, girls outnumber boys at the higher levels, and the dropout rates are lower for girls, both at the primary and secondary levels. Female enrolment at universities has increased steadily from 10% in the 1942/1943 school year to 44.4 % in 1991/1992. This increase has also been accompanied by a change in the socioeconomic background of students entering university, a majority of whom now come from low-income families (UN, 1997). However, the rates of university entrance for Tamils, in general, have decreased during the pre- and post-civil war periods (Cheran, 2000), and current data specific to Tamils are not available. Although these statistics suggest opportunities for Sri Lankan women, in general, and despite their increased participation in higher education, gender stereotyping seems to affect the selection of disciplines: Females register predominantly in arts-based courses, whereas males choose science-based ones (UN, 1997). Regardless, it is important to acknowledge that the female literacy rate in Sri Lanka was 92% in 1996/1997, which was among the highest in the world (UN, 1997). The labour force participation for women was at 52.3% in the first quarter of 1999 (UN, 1999); however, women appear to experience lower wages, low status, and difficulty obtaining promotions, which (even though not limited to Sri Lanka or to developing countries) constrain them from achieving their full potential.

Despite the previously mentioned indicators that point to a better health status and well-being for Sri Lankan women in comparison to their counterparts in other South Asian countries, these advantages do not extend to all spheres of their lives. Depending on their

class, caste, education, and other socioeconomic statuses, women may occupy lower socio-

political, administrative, and economic positions within society. This inequality is also

evident in restrictive cultural and social practices (Human Rights Briefs, 1993) that have

been imposed on women, whereby they are expected to adhere to certain gender roles. Other

challenges Sri Lankan women face have been outlined in the UN (1999) document,

Convention on the Elimination of All Forms of Discrimination Against Women:

> It is the women who suffered most, for it is they who grieved for husbands,
> sons, and brothers who disappeared without a trace or were killed; it is they
> who without fear for their own lives spent days, months and sometimes
> years trying to track down their kith and kin; it is they who then assumed
> the status of head of household with all its attendant responsibilities to be
> shouldered single-handedly, a status resulting from personal tragedy rather
> than by choice or merit. These were unprecedented challenges thrown at
> women who had hitherto assumed for themselves a more complacent role
> in life. The country, while seeking to find a solution to the on-going armed
> conflict in the North and the East, has had to deal on a priority basis with
> consequential issues such as settlement of refugees and internally displaced
> persons. Many persons so affected are, unfortunately, women and children.
> (p.3)

As noted in the quote, Sri Lankan Tamils' (and Sinhalese') lives have been forever changed

since the riots in 1983.

As a result of the civil war, close to 60,000 civilians have died, and thousands of

people have disappeared (Cheran, 2000); there is no way to know the exact numbers. In

addition, close to one million people have been internally displaced (Cheran), and many

others have sought refugee status in countries like India, Norway, Germany, the U.K., the

U.S., and Canada (La, 2004; Philips, 2003). Canada has become one of the most popular

destinations for refugees, mainly because of its liberal immigration policies (La; Society for

the Aid of Ceylon [Sri Lanka] Minorities [SACEM], 2003) in comparison to those of the

U.S., the U.K., and other English-speaking nations in the world. This situation is reflected in

the number of Tamil immigrants admitted to Canada. For example, in 2003, Canada admitted more than 200 Sri Lankan refugees compared to the U.S., which accepted 43. In the U.K., only 1.6% of the Sri Lankan applicants (the majority being Tamils) were accepted as refugees (La). As a result, Canada is home to the largest Tamil community in the world outside of Sri Lanka (Cheran; Jedweb, 2005). (For a more in-depth analysis of the Tamil emigration history from Sri Lanka, see, for example, Sriskandarajah, 2002).

The majority of the Tamils who came to Canada have settled in major cities, including Toronto, Montreal, Vancouver, and Edmonton. In Toronto, the Sri Lankan Tamil community is estimated to be around 250,000; in comparison, the Sinhalese community in Toronto is less than 10,000 (Cheran, 2000). The majority of the Tamils in Canada have arrived within the past 10 to 20 years. Before that, the number of Tamils in Toronto would have been in the low hundreds. For the most part, they were well-educated, middle- and upper-class Tamils, the majority of whom were professionals (SACEM, 1993). Post-1983 Tamil immigrants to Canada came from a broad cross-section of the Tamil population in Sri Lanka. In the 1980s, the majority were men in their 20s to 40s; according to Cheran, almost 50% were single and did not have English language skills. Cheran further noted that in the 1990s, the male-to-female ratio of Tamil immigrants became almost equal.

Importance of Marriage

In Sri Lanka, as in many other countries, marriage is considered a sacred practice that needs to be undertaken by both men and women: "Socio-cultural ethics also required that a man should marry and produce sons to ensure the continuity of the family lineage" (UN, 1997, p. 49). Unmarried women have a much lower status in Sri Lankan society than unmarried men do. Recent decades, however, have witnessed significant changes in marriage

patterns in the sense that the proportion of never-married men and women has steadily

increased. This increase appears to be more marked among women than men, and more

prevalent among younger rather than older age groups. According to a recent UN (1997)

document,

> Between 1946 and 1981, the proportion of never-married women increased
> from 75.4 to 90.1% at ages 15–19; from 29.4 to 55.3% at ages 20–24; and
> from 11.8 to 30.4% at ages 25–29 years. Even at ages beyond 30 years,
> there was an increase in the proportion of single women during this 35-year
> period. (p.50)

The two demographic surveys conducted by the UN in 1987 and 1993 showed that this trend

in the increase in single women continued for all age groups; however, it is unknown whether

this trend is true for Tamils. The proportion of single women in the 15 to 19 age group is

90% in Sri Lanka, which is much higher than the figures in neighbouring South Asian

countries (India, 55.8%; Bangladesh, 31.2%; Pakistan, 68.9%) (UN, 1997).

Other changes in marriage patterns continue in Sri Lanka. For example, there appears

to be an increase in love marriages or romantic relationships that lead to arranged marriages.

Tamils believe marriage to be a spiritual and unbreakable alliance, which is not workable

without the blessings and guidance of parents and elders (Jegatheeswaran, personal

communication, 1997). Getting the daughters and sons married is the most important social

duty of the parents (UN, 1997), and in the absence of parents, it is the primary responsibility

of the eldest brother. Traditionally among both the Sinhalese and Tamils, marriages take

place within the caste and religion and, sometimes, within the geographical region. Dowry,

which includes money, house, land, and other assets, has also been an important

consideration in most arranged marriages; however, this practice appears to be not as

important or always possible among low-income families. "Since marriage is considered a

fundamental social institution and is also expected to be irrevocable except for special reasons, marriage in Sri Lanka is always formalized, either through legal registration or through socially sanctioned customs" (UN, 1999, p.50). Marriage is seen as an arrangement not just between the two individuals, but also between the two respective families. Each family, and especially the parents of both sides, have certain responsibilities and obligations to ensure that the marriage goes well. Because of the extraordinary support from their families, young people feel a sense of security and a need to make the marriage a lifelong commitment.

A number of studies have explored various concerns of importance to the Sri Lankan Tamil diaspora in Canada (Beiser et al., 2006; Hyman, Mason et al., in press; Morrison et al., 1999; Tyyska, 2005). Here, I will discuss Morrison et al.'s study in detail as our findings in the study, in particular, created the impetus for the present study. Based on a qualitative ethnographic study of 45 in-depth interviews conducted with Sri Lankan Tamils in Toronto, we identified a number of concerns related to the changes that the men and women underwent since immigrating to Canada: change in gender roles and responsibilities, change in marriage patterns, and identification of IPV as an emerging concern. These finding are addressed next.

Gender Roles, Power Relations, Marriage, and the Family

The Sri Lankan Tamil community, much like most other communities in the world, is influenced by patriarchal societal structures that encourage men and women to adopt specific gender roles. In general, the traditional gender role for the man is to be the head of the family, and for the woman, it is to be the mother, wife, caregiver, and homemaker. Even though there are differences among women within the Sri Lankan Tamil community based

on class, caste, and socioeconomic status, until about 15–20 years ago, most women, even if they were as educated or more educated than their husbands, spent most of their lives caring for their husbands and children. However, this situation has been changing in Sri Lanka. The change in traditional gender roles is even more apparent once men and women are in Canada. It has become necessary for many Tamil women in Canada to work outside the home, which requires them to juggle their job and household work as well as child rearing without the support of their extended family. There is some evidence that changes in post-migration gender roles affect power relations within families and have an impact on IPV in the Sri Lankan Tamil community (Morrison et al., 1999).

The previous forms of marriage patterns and practices appear to be changing for those who migrate to Canada. Young Tamils in their 20s and 30s in Canada are now being influenced by marriages based on love or convenience. Morrison et al. (1999) found that "younger men were veering away from arranged marriages after having lived away from Sri Lanka for a period of time. In contrast, female respondents felt more strongly about retaining the traditional form but did accept love marriages" (p. 150). Most, if not all, felt that even though there could be problems in both types of marriage, the arranged marriages offered the couple a tangible sense of security, family support, approval, and involvement from their families if problems arose in the marriage (Morrison et al.). Further, when asked about their choice of partners, both men and women felt that it would be unacceptable to marry a non-Tamil and that it would be easier to stay within the culture. Several of the men said that they preferred to marry a woman still living in Sri Lanka rather than one who has been living in Canada. Although not made explicit, it appeared that some men preferred marrying a woman who would not have been influenced by 'Western ways' (Morrison et al).

Although the topic of IPV was not part of the original interview plan in the Morrison et al. (1999) study, concerns regarding male violence that resulted in women's suicides were expressed spontaneously. It is possible that these concerns were directly related to several deaths that had occurred just prior to this (Morrison et al.) study. One of the main reasons for the suicides highlighted by the study participants was women's isolation from their extended family and close friends when they first arrived in Canada. They spoke about "strong community values and beliefs that were easy to impose in Sri Lanka, where everyone knows what is occurring in each other's households because of the open concept of the housing" (Morrison et al., p. 155). Doors were not kept locked and people entered at will. If something was taking place in the household that was not appropriate or acceptable, it was not tolerated by the nearby extended family. For example, one of the study participants said, "Sri Lanka no, it's [IPV] not very common. Usually if there is any problems… it's within the families, the families will get together and try to patch it up. She has support…." (p. 156). The situation in Canada is different; we keep our doors locked and most often live not knowing who our neighbours are. Similarly to other female immigrants, many Tamil women initially are very dependent on their husbands as their only link to survival. One of the respondents said, "Women are so completely isolated because they are economically dependent on their husbands. Women don't know their way around the city" (Morrison et al., p. 156).

The following quotations from the study (Morrison et al., 1999) highlight the isolation and abuse some of the Sri Lankan Tamil women experienced after migrating to Canada:

> Sometimes the wife does not know anything that's going on, especially if she cannot speak English. They are economically dependent on their husbands… and *virtually isolated*. That's why we heard of all this suicide.

Because *they are cut off, they have no relatives, no one to go to* [italics added]....

Because they have no other way, they have *no where to go*. All they know is they can jump off their balcony. And it's very hard to get them because they don't come out, *they don't meet anybody* [italics added] and we don't know that these people exist until they commit suicide. (p.156)

The isolation that Tamil women experience places them at a disadvantage. According to anecdotal evidence, within both the Tamil and Sinhalese communities in Sri Lanka, the practice of dowry giving, especially the practice of giving a house to the couple as part of the dowry, makes the young couple locate within the woman's neighbourhood. This matrilocal practice is somewhat similar to those seen in other communities around the world. The cultural practices and patriarchal structures that require male dominance and authority over women also make men (especially the eldest brother) responsible for protecting women from harm. Accordingly, the woman's brothers would get involved in resolving IPV situations, which may include seeking a peaceful resolution between the couple, removing the sister from the abusive home, or threatening the abusive husband.

It is not known how consistently this practice of brothers becoming involved is followed in Sri Lanka and whether it continues after migration to another country, as certainly there are indications that the practice is changing in Sri Lanka. Today, most often the nuclear family of father, mother, and children constitutes the core family system, which may be extended to include a close relative or two, usually an ageing parent or an unmarried sibling. However, economic considerations and personal conveniences continue to create the need for extended family living arrangements, especially in rural areas. In urban households where women have to work outside their homes, a female relative usually lives with the couple to help care for the children (UN, 1997). Thus, social support and loss of it in the

post-migration context were identified in the Morrison et al. (1999) study as a key factor in

Tamil couples' day-to-day management of household work and related conflicts.

Social Support Systems

Meemaduma (1999) conducted a study with 45 Sri Lankan women (24% Tamil) in

the U.S. on the importance of social support. They had immigrated as adults and had been in

the U.S. for a minimum of 6 years; their mean age was 42. The women were mostly middle

class, which was related to their husband's education and professional occupation, but

compared to their husbands, the women had a lower educational and occupational status. The

participants indicated that they moved from a "world within which day-to-day

responsibilities were shared, in which the support provided was unconditional, and in which

family/kin rights and responsibilities were valued and functional" (Meemaduma, p. 205) to

one in which they had minimal or no informal family/kin-based social support. The women

expressed a hierarchical preference for support network members. Without exception, if

family/kin members were available, they became the primary support system, especially

during the first 6 months in the U.S. If family/kin were unavailable, then other Sri Lankans

were the next choice of support. Participants said they did not expect support from "North

Americans".

According to Meemaduma's (1999) study, establishing supportive networks with

other co-nationals depended greatly on informal social contacts originating in Sri Lanka.

These contacts enabled the giver and the receiver of support to be "known" to each other in a

new country. This knowing process appears to have little to do with prior individual contact

between participants. Furthermore, the social support newcomers receive appears to be

similar to what they would have received from their own family/kin group. For example, a

44-year-old woman stated, "They [other Sri Lankans] came to my house and asked what to do. They tell me what to do, what not to do. They came and talked with us, they take us places, helped me clean, they take us shopping, they told me about schools for the children" (Meemaduma, p. 208). In addition, these initial contacts appear to help build further connections to co-nationals via lunches, picnics, and other formal and informal social functions, which were set up mostly for the Sri Lankan newcomers.

The following comments from Meemaduma's (1999) study of Sri Lankans, including Tamils, in the U.S. highlight the importance of immediate family members and friends in the Sri Lankan community:

> In Sri Lanka, there is some relationship connection to everybody and you are related to so many people. In Sri Lanka, it is impossible to be lonely the way you are here [in the United States]. When we lived in Sri Lanka people were always dropping in. I didn't feel lonely at all.
>
> I know they [family/kin] would help. They have always helped me. That is so hard about here, you are not sure who would help....
>
> I have always been homesick. I did not have anyone. I am not used to staying away from family this long. I couldn't believe it when I came here, how could people live like this without family around?

However, it is not clear whether such connections and relations exist in the Sri Lankan Tamil community of Toronto. Anecdotal evidence attests to such connections, and Morrison et al.'s (1999) study indicated that the community was concerned about women's isolation. Therefore, I argue that it is important to understand whether and how changes in social supports and networks, in addition to the aforementioned changes in gender roles and responsibilities, are shaping power relations at home and in the community, and their particular implications for the production of and responses to IPV in the Sri Lankan Tamil community in Toronto.

Section 4: Rationale, Purpose, and Significance of Study

Although there are no national rates available for IPV in immigrant populations in

Canada, various community leaders and advocates have raised concerns regarding the

prevalence of IPV in their communities as well (Cohen & Ansara, 2002; Health Canada,

1993; Hyman, Guruge, et al., 2004; McSpadden & Moussa, 1993; Morrison et al., 1999).

Furthermore, Health Canada (1993) has identified immigrant women, among other groups

such as adolescent girls, pregnant women, women with disabilities, rural women, and

aboriginal women, as being at higher risk for domestic violence. While some of the factors

that contribute to a high risk of IPV in these communities, such as isolation and poverty, may

be the same among some of these groups, additional factors, such as language difficulties,

fear of deportation, and lack of supportive networks, may increase the vulnerability of

immigrant women in abusive situations.

The paucity of health sciences literature on male violence against women in

immigrant communities is particularly evident in the Canadian empirical literature and, more

specifically, in the nursing literature. The lack of nursing research on the topic is especially

concerning given that nurses are often one of the first individuals to come into contact with

children and women who are abused and injured. Therefore, academia's scant attention to

post-migration IPV has significant consequences for immigrant women in abusive situations.

First, this lack of attention from healthcare professionals makes the issue invisible within

these communities (Jiwani, 2001). Second, the inattention to their situation hinders effective

and timely identification, intervention, and prevention of IPV within these communities

(Abraham, 2000). Third, it prevents any understanding of the systemic ways in which the

cultural, economic, political, and racist institutions of the "host" country contribute to the

violence against immigrant and refugee women (Abraham). Fourth, it prevents policy

changes or the formulation of new policies that are necessary to mitigate the problem

(Jiwani, 2001).

I have argued in this chapter for the importance of examining the intersection of the

multiple sites of oppression such as race, culture, gender, and class. Any attempt to

comprehend the topic of IPV must include an understanding that individual actions are very

much affected by the social institutions, structures, and barriers in the post-migration context.

In particular, I proposed that the Sri Lankan Tamil men and women who arrived mostly as

refugees have been directly or indirectly engaged in and/or affected by their long-drawn-out

struggle (since political independence from colonial rule) for an independent nation. Any

initiative made towards support and engagement with the topic with/within the community

has to take into consideration these factors, as women's and men's perceptions and actions

are embedded in the historical, social, cultural, and material contexts within which they

perceive and receive care. In short, I argue that the complexities of IPV can only be

explained by multiple determinants, and that any attempt at an examination of IPV within the

context of migration, diaspora, and displacement must acknowledge the centrality of race,

culture, gender, and class. I have elaborated this idea in the next chapter as part of the

theoretical underpinning for the study.

CHAPTER 2: THEORIZING INTIMATE PARTNER VIOLENCE

While numerous theories have been offered to explain why IPV occurs, there is little

consensus on the explanations. In general, most theories can be divided into two groups

according to their different focal points: (a) those that focus on the individual level (based on

biological and psychological explanations) or (b) those that emphasize the relationships at the

micro-, meso-, and macro systemic levels (based on various sociological and feminist

perspectives). Despite the important gains we have achieved with the use of such theories,

one of their major limitations is the lack of an integrated approach to factors at each of these

levels. Eakin, Robertson, Poland, Coburn, and Edwards (1996) noted that, "much insight is

lost by setting up the ideological dichotomy of the macro-level versus the micro-level [and] a

more constructive approach is to frame these two spheres as being in a dialectical

relationship with each other" (p.159). Moreover, such theories have not explored the role of

the intersectionality of race and culture with gender and class in understanding IPV. In order

to overcome such limitations, I have drawn on postcolonial feminist theoretical perspectives

— that take into account women's experiences at multiple sites of oppression including race,

culture, gender, and class — to guide this study. Such an approach is congruent with my

interest in producing knowledge that can transform nursing practice in the area of IPV in

large metropolitan Canadian cities such as Toronto. To operationalize the postcolonial

feminist theoretical perspective in nursing research, and to avoid the aforementioned

dichotomy, I have introduced an ecosystemic conceptual framework. Finally, I have

presented the research questions that were explored in this study.

Importance of Postcolonial Feminist Theoretical Perspectives in Addressing IPV

Exploring a Postcolonial Theoretical Approach

Postcolonial scholarship has emerged under the paradigm of critical theory (Denzin & Lincoln, 2000), alongside and much influenced by post-structuralist and postmodern perspectives (Ashcroft, Griffiths, & Tiffin, 2000). Key postcolonial thinkers include: Said (*Orientalism; Culture and Imperialism*); Fanon (*Black Skin, White Masks; The Wretched of the Earth*); Bhabha (*The Location of Culture*); Memmi (*The Colonizer and the Colonized*); Césaire (*Discourse of Colonialism*); and Ashcroft (*The Empire Writes Back*). Despite being a growing academic group over the last 40 years, these authors do not utilize a single definition of postcolonialism. Some of their definitions have been influenced by disciplinary angles and interpretations (Loomba, 1998). The departing point for them, though, is to academically address past and present effects of colonialism (Quayson, 2000). Colonialism, in general, refers to the process and ways utilized by some national or international elites to produce and/or maintain their privileges through unequal relations and control of economic and political power over other people's land and material goods while also subjecting them to social, cultural, and religious oppression and subjugation (Loomba; Said, 1979).

Postcolonial perspectives, in general, allude to a theoretical, political, literary, and/or empirical position that is taken up in order to address the diverse issues originating from the effects and processes of, and reactions to, colonization and neocolonization on cultures, communities, and societies across the world (Ashcroft et al., 2000; Loomba, 1998). Every colonial encounter, context, and process is different; therefore, any scholarly engagement with the topic requires that attention be paid to the specifics of the encounter, its unique features, and specific interplay between the context, process, and the encounter. Referring to

Wittgenstein's well-known metaphor of rope with many overlapping strands, for example,

Dutton, Gandhi, and Seth (1999) stated that while it is almost impossible to "tie the disparate

strands of postcolonialism into a single unified entity, paradigm or 'thing'" (p. 122), we must

look for its use in the various definitions of postcolonialism in order to resist, challenge, and

overcome the ongoing effects of colonial and neocolonial relations.

In fact, various postcolonial works converge on several key points. Some of the these

concerns that postcolonial theorists have identified include (a) the experience of colonization

on the culture and identity of those who were colonized; (b) the influence of colonial

relations on the economy of the previously colonized countries; (c) the past and the present

influence of colonial education, literature, science, medicine, technology, and tourism on the

new-nation states; and (d) the various forms of resistance against colonial control and the

extent to which decolonization has been possible (Ashcroft et al., 2000; Dutton et al., 1999;

Quayson, 2000; Young, 2001). Agreement is unequivocal that colonial control and relations

have left many damaging effects. According to Young,

> Though much was achieved, injustice, inequality, landlessness, exploitation,
> poverty, disease, and famine remain the daily experience of much of the world's
> population [and that postcolonialism] operates out of a knowledge that was
> formed through the realities of such conditions: its politics of power- knowledge
> asserts the will to change them. (p. 428)

Furthermore, most new nation states' administrative, legal, and economic systems are closely

modeled on and are tied to those of the former colonial countries; thus, they have limited

independent action (Ashcroft et al.). Such a link was made possible by the unprecedented

impact of Western knowledge, education, language, and literature on the previously

colonized countries.

Postcolonial theorists also agree that literature in the West continues to perpetuate images of the colonized as being inferior. In addition, the knowledge of those colonized has been and continues to be used to serve the interests of the colonizers. Said (1979) noted in his seminal work, *Orientalism*, that the Orient/Occident division, based on a constellation of false assumptions about the East, was used to sustain Western domination over the East. Moreover, other forms of knowledge (i.e., subjugated knowledge) that have been rendered different or labelled inferior are being used now to the advantage of neocolonizers in the West (Ashcroft et al., 2000; Loomba, 1998; Young, 2001). Neocolonization includes all the insidious and persistent ways in which various forms of control and domination are maintained either by former colonizers or by the new superpowers such as the U.S. (and, as Bannerji [1999] has stated, Canada on the coattails of the U.S.) over the people who are living in or from the East (South), as well as those who are often assumed to be immigrants even after having lived for many generations in the West (North).

Post-political independence conflicts and civil wars related to building and/or maintaining new nation states that represented the many ethnicities making up such countries led to "oppression of minority groups whose practices clash with those of the dominant national mythology, whether over religion, language or cultural mores" (Ashcroft et al., 2000, pp. 194 –195). As a result, immigrants and refugees from these countries have sought and continue to seek refuge and better living conditions in the former colonizers' or the neocolonizers' countries, such as is the case of Sri Lankans living in the U.K., U.S., and Canada. The newcomers are subjected to new forms of colonization which are based on how race, culture, and otherness are conceptualized and practiced in these new contexts. At the same time, these population movements also have forced the colonizers and the

neocolonizers to re-examine who they are and what it means to accept, negotiate, or retaliate against the newcomers' cultures and ethnicities. Wisker (2000), for example, stated that immigrants "both unsettle and enrich what was thought of as the centre of imperial powers" (p. 16). The colonizers' and the neocolonizers' cultures are also irrevocably altered. Such an understanding creates the potential for recognizing that people's subjectivities are cultural, historical, temporal, and locational, but also partial. Thus, a potential for dismantling colonial and neocolonial relations is also created.

Choosing a Postcolonial Feminist Theoretical Approach

The field of postcolonial feminism arose in response to the gendered legacy of colonialism and to the limitations and the exclusions in Western forms of feminism. While postcolonial theorists have been preoccupied with racial oppressions relating to colonial experiences to the exclusion of other sites of oppression such as gender and class, until recently, Western feminists have shown a general disregard for the existence of feminism in Third World countries by privileging Western notions of liberation as the norm (Mohanty, 1991). My intent is not to codify Western feminism as being monolithic or to disregard the important contributions of most Western feminist work. It is now common knowledge, however, that Western feminists, in general, support a hegemonizing, homogenizing, and universalizing view of women's experiences, a view based on the experience(s) of middle-class White women. Such a perspective, along with their perceived authority to 'speak for' Third World women, has, by and large, silenced the Third World women's voices and rendered them invisible in the women's movements in the struggle against patriarchal oppressions towards equality for all.

More recently, both to support the rejection of the binary oppositions upon which patriarchal/colonial authorities have been constructed, and to confront and overcome the limitations and exclusions of postcolonial and feminist work, a number of authors have integrated ideas from these two canonical bodies of literature. Some of these key postcolonial feminist authors (listed in alphabetical order) include Collins (1990), Hooks (1984), Jayawardena (1986), Memmi (1967), Minh-Ha (1989), Mohanty (1991), and Spivak (1988). Based on their work, it is possible to argue that (as is the case with postcolonial theories) there is no single postcolonial feminist perspective. Writers in the South with such a perspective and their counterparts in the North inhabit different realities and, thus, speak from different social locations and positions (Anderson, 2002). However, all postcolonial feminist perspectives emphasize the importance of understanding the historical construction of Third World women and its consequences, and the need to recognize, as well as construct, knowledge from their perspective (Spivak, 1988). The key questions postcolonial feminist theorists address include the following: Who are the Third World women?; Who defines and writes about Third World women?; and What are their common and unique concerns, based on their cultural, historical, economical, temporal, and locational specificity?

The use of the term *Third World women* is controversial. Spivak (1988), for example, in her famous essay, "Can the Subaltern Speak?," pointed out the particular oppressions Third World women have experienced, and how their voices have been muted in the knowledge production process. Mohanty (1991) argued that the use of the term is indicative of a viable oppositional stance towards a common struggle rather than one based on colour or racial identification. Furthermore, she contended that "it is the third world women's oppositional political relations to sexist, racist, and imperialist structures that constitute our

political commonality" (p. 7). A number of postcolonial feminist theorists, such as Mohanty (1991), Duran (2001), McClintock et al. 1997), and Bose (2005), have written against the tendency to homogenize Third World women as passive victims of the ignorant, restrictive, and backward traditions, beliefs, and values of 'their' religions and cultures. Postcolonial feminist authors, such as McClintock et al. (1997), Sangari (1999), and Gandhi (1998), have documented women's contributions to nationalist and racial struggles as well as the complicities of nationalists and colonialists regarding the figure of "woman."

Those using postcolonial feminist theoretical perspectives have made several important contributions to academia. By focusing globally rather than narrowly on the West, they have challenged the authority and the representativeness of Western feminist theorizing (Mills, 1996). Postcolonial feminist perspectives push us to analyze gender, race, and class relations as simultaneously operating forces, and to examine the need to recognize the knowledge production (and knowledge as power) that occurs at different social and political locations. Postcolonial feminist theorizing has also contested the lack of engagement with the gender dynamics of colonial and post-colonial and neo-colonial effects, experiences, and contexts (McClintock, 1995). Further, postcolonial feminist theorists have placed "an emphasis on multiple differences, and complex diversities and locationality arising from issues of cultural hybridity and diasporic experiences, [and] a cautionary retention of the importance of a unified political identity" (Hughes, 2002, p. 76). Seibold (2000) argued that an uncritical assumption of a "necessary bond between being a woman and occupying certain social roles, does not necessarily help to uncover the ways in which women negotiate the world and the wisdom inherent in such a negotiation" (p.152). For example, referring to Carby's work, Anderson (2002) noted that black women are simultaneously subjected to

multiple oppressions such as patriarchy, classism, and racism, and thus cannot identify a

single source of oppression. In fact, according to Dhruvarajan and Vickers (2002),

> Until recently, many feminist theories and practice did not deal well with forces
> such as racism, nationalism, class conflict and homophobia, and ablism. Nor did
> many mainstream feminists understand why some women worldwide are
> skeptical of feminism and as likely to be mobilized by movements dedicated to
> nationalism, socialism, antiracism, or gay rights, or even antifeminist movements,
> and the fundamentalist movements now associated with many religions. (p.6)

Similar ideas were proposed by Meleis and Im (1999) who suggested that despite the

usefulness of cultural theories in nursing in understanding immigrants' and refugees' health

beliefs and practices, their healthcare experiences and needs have been stereotyped and their

voices made insignificant.

Using a Postcolonial Feminist Theoretical Perspective to Advance Nursing Research

There is a growing interest in nursing in integrating postcolonial perspectives, in

general, and postcolonial feminist perspectives, in particular, into nursing research and

practice. Joan Anderson (2000a, 2000b, 2002, Anderson & McCann, 2002; Anderson, Perry

et al., 2003) was the first nursing scholar in Canada to introduce postcolonial scholarship to

nursing. Following Anderson, a few others, such as Varcoe (2005), Racine (2003), Smye

(Smye & Browne, 2002), Reimer-Kirkham (2002), and Browne (Browne, Smye, & Varcoe,

2005), argued that postcolonial feminism provides a valuable analytical perspective from

which to develop knowledge relevant to nurses. While a number of these authors (Browne;

Racine; Smye; Varcoe) pointed out the relevance of such a perspective to nursing practice

with people from aboriginal communities (speaking of the Fourth World), a few others (such

as Anderson; Guruge & Khanlou, 2004; and Reimer-Kirkham) identified its relevance to

their work with immigrant communities in Canada. They argued that postcolonial

perspectives provide an alternative to the culturalist approach that is prominent in nursing –

particularly Leininger's Transcultural Nursing Theory – especially because the former pays a particular and central attention to the healthcare inequalities that are related to the process of colonization and neocolonization.

Postcolonial theoretical perspectives have provided us with a set of analytic tools to examine how we might 'theorize about culture' in ways that account for shared meanings within groups while leaving an 'openness' that allows for shifting identities and realities during displacement and diaspora without contributing to the existing power inequalities (Reimer-Kirkham & Anderson, 2002). Racine (2003) argued that postcolonial feminist theories provide nursing with a specific and useful lens "that allows access to the everyday experiences of marginalization, as structured by the micropolitics of power and the macrodynamics of structural and historical nature" (p. 95). The definition of postcolonialism that informed the current study includes the social, political, economic, and cultural practices that arise in response and in resistance to colonialism and neocolonialism. Such a view helps when critically examining the damaging results of the continuing effects of colonial and neocolonial practices on everyday life of people of colour, in general, and Third World women living in the West, in particular.

An analysis of the health sciences literature on the topic of IPV in the post-migration context indicates the complexities surrounding the production of IPV, which can only be explained by multiple determinants. Multiple sites of oppression that women experience at the family, community, and larger society levels affect how IPV is produced, understood, and responded to in the context of post-migration. In-depth information about these phenomena is necessary in order for nurses to provide equitable and effective care and services to women of all backgrounds. So far, limitations in our knowledge have given rise to various myths and

stereotypes, as well as to particular perspectives as being the only valid means of understanding the topic. For example, in North America, the prevailing discourse on women's health in nursing is dominated by a focus on gender and pays less heed to other key sites of oppression, such as race and class. Nursing practice based on research and policies underpinned by such a perspective do not adequately address the needs of immigrant and refugee women in Canada. Refugee women of colour, in particular, are disadvantaged by racialization and Othering that occurs under the guise of cultural sensitivity.

In summary, both the literature review and the discussion on postcolonial feminist theoretical perspectives demonstrated that individuals do not exist in a vacuum and that their lives are shaped by micro-, meso-, and macro-societal factors that are connected to the structures and processes that maintain social, cultural, economic, and gender oppressions. Eakin et al. (1996) argued that "everyday practices of individuals and groups produce, reproduce and transform those same larger structural forces" (p. 159). In order to bridge the gap between the individual, micro-, meso-, and macro-levels of analyses, and to operationalize postcolonial feminist theory into research practice, I have chosen to use an ecosystemic framework.

Section 2: Operationalizing a Postcolonial Feminist Theoretical Perspective Using an Ecosystemic Framework

The ecological/ecosystemic approach was first used to help organize various research findings on the etiology of child abuse (Belsky, 1980), but since has been applied to IPV (Carlson, 1984; Dutton, 1988; Edleson & Tolman, 1992). Belsky's ecological framework draws heavily on Tiorbergen's (1951) idea of ontogenic development as well as on

Bronfenbrenner's (1977, 1979) idea of the ecological framework of human development. Bronfenbrenner (1977, 1979) posited that in order to understand human behaviour, one needs to move beyond the immediate situation of the individual to consider the environment within which the individual is situated. Garbarino (1977) and Belsky viewed a person's environment as a series of settings/systems, each nested within the next broader setting/system in the following order: from the micro-environment of the family to the meso/exo-environment of the immediate social network, to the macro-environment of the society-at-large. According to this framework, child abuse was seen as a psycho-sociological phenomenon that is determined by multiple forces in the family, the community, and the larger societal culture in which both the individual and the family are embedded (Belsky). Given a particular combination of factors, an "interactional style develops within the family and it is in the context of this interaction that abuse occurs" (Browne & Herbert, 1997, p.36).

Following the previously noted idea, Loue and Faust (1998) proposed a framework to understand IPV that consists of the following four levels: (a) ontogenic (the individual history of the partners), (b) microsystem (the family setting in which the abuse occurs), (c) mesosystem (the social networks in which the family participates), and (d) macrosystem (the culture and society-at-large). Along these lines, I chose an ecosystemic perspective as the conceptual framework for this study in order to consider abusive situations as arising from the transactions between the individual, family, community, and the larger social and cultural environment. People and their environments are understood in the context of their continuous and reciprocal relationships. In other words, as Germain and Bloom (1999) noted, "people and environments influence, shape, and sometimes change each other" (p. 10). Next, I have presented in Figure 1, a diagram that depicts the framework in the context of immigration.

Figure 1. *Depiction of an Ecosystemic Framework in the Context of IPV Related to*

Immigration and Resettlement.

Post-migration context

Pre-migration context
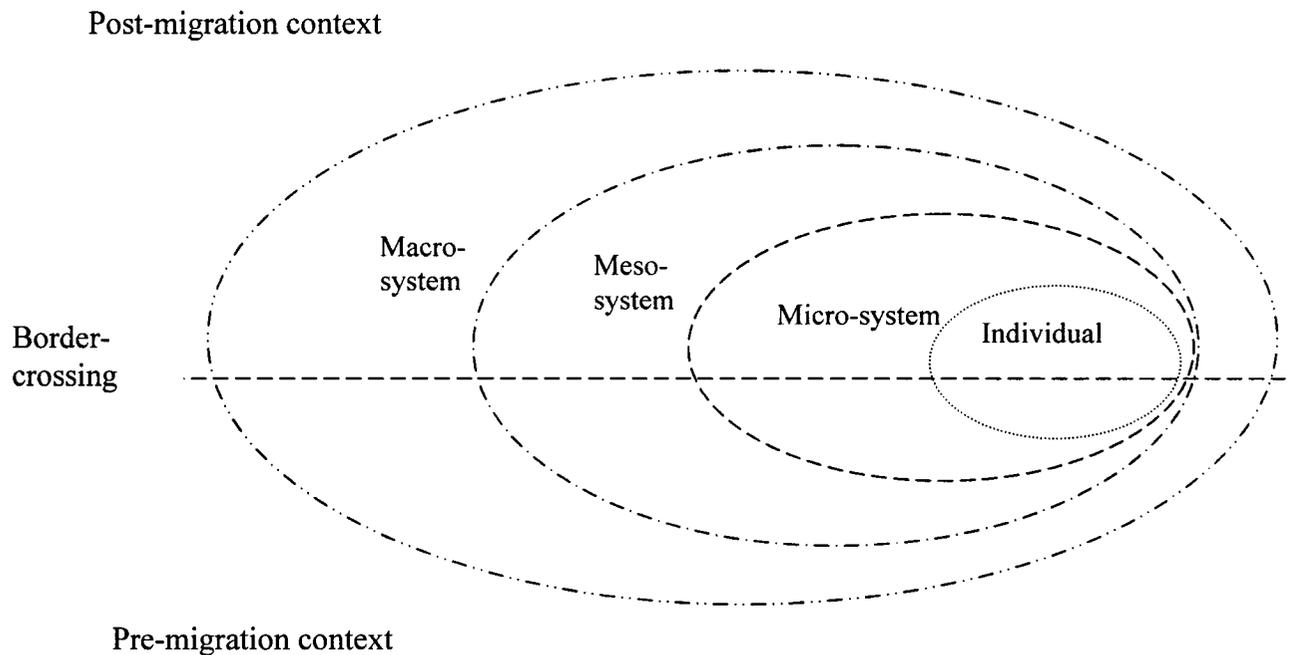
Individual or *ontogenic* factors refer to "those features of an individual's

developmental experience or personality that shape his or her response to microsystem and

exosystem stressors. In terms of developmental factors, only two have emerged as predictive

of wife abuse: witnessing domestic violence as a child and experiencing abuse as a child"

(Heise, 1998, p. 267). In addition, other individual factors such as mental health and

substance use/abuse have been linked to the production of IPV or the severity of the abuse

(e.g., Everett & Gallop, 2001; Tolman & Bennet, 1990).The *microsystem* refers to "those

interactions in which a person directly engages with others as well as to the subjective

meanings assigned to those interactions" (Heise, p. 269). Some of the microsystemic factors

highlighted in the literature include male authority and dominance in the family, male control

of wealth in the family, marital conflict, stress, and use of alcohol. The *mesosystem* includes

people and structures that have an immediate influence on the family to determine what occurs at home (Belsky, 1980). This system includes the neighbourhood, schools, workplace, both informal and formal social networks, and identity groups in one's own community. One of the key mesosysetmic factors for IPV is social support or lack thereof (both as a contributing factor and a by-product). The *macrosystem* refers to "the broad set of cultural values and beliefs that permeate and inform the other three layers of the social ecology" (Heise, p.273). The following macrosystemic factors have been linked in the literature to IPV: (a) the society's identification of masculinity with dominance, toughness, and honour; (b) rigid gender roles; (c) a sense of male entitlement, authority, and ownership over women; (c) religious approval of physical chastisement of women; and (d) a cultural ethos that condones violence as a means of settling interpersonal disputes (Brownridge & Halli, 2002; Heise).

The following scenario from Heise (1998) highlights how an ecosystemic framework functions to explain why one man might be violent in a certain situation while another man might not:

> Consider the case of a man who was abused as a child (ontogenic) and has a strong need to feel in control (ontogenic); who exists in a culture in which maleness is defined by one's ability to respond aggressively to conflict (macrosystem), and where "good" women are supposed to be submissive (macrosystem). Suddenly, he loses his job (exosystem) and his wife, who has become more empowered after participating in a community group, decides to get a job; this leads to power struggles, conflict, and violence in the relationship (microsystem). It could be that this man would not have become violent if he had not lost his job and been threatened by his wife's growing autonomy. Alternatively, given sufficiently strong ontogenic and macrosystem factors, perhaps the man would have been violent even without additional exosystem stressors. (p. 285)

Such an understanding of the interconnectedness of the factors operating at various levels allows us to view how any given situation is largely determined by factors beyond the

individual level. An ecosystemic framework provides a way to operationalize the postcolonial feminist idea of moving the analysis beyond the individual or the micro-level to the macro-level to explore the complex historical, socioeconomic, and political nexus within which individual experience is embedded. Although there appears to be room for interpretation and debate as to exactly where a particular factor might fit within the framework, more important than the location of any single factor is the dynamic interplay between factors operating at multiple levels. Unbalanced power relations imbedded in private and public spaces contribute to IPV at home and limit women's choices and responses to abuse. Using an ecosystemic framework, situated in a postcolonial feminist theoretical perspective, avoids the creation of simplistic views of IPV as relating to particular groups or to people with particular characteristics.

Based on the background information that I have provided so far about the topic of IPV committed against immigrant women, in general, and in the Sri Lankan Tamil community, in particular, I now present the research questions for the study.

Section 3: Research Questions

The purpose of this study was to explore the relationship between gender roles, power relations, and support systems in the context of post-migration male violence against women among immigrants to Toronto. The scarcity of information about the topic is problematic because it leaves many healthcare professionals, in general, and nurses, in particular, potentially unprepared to provide adequate support and care to women of diverse backgrounds. Further, this disinterest in the topic and a resulting lack of funding render their experiences invisible, unimportant, and unworthy of attention. To address the gap, I explored

the topic of IPV in one of Toronto's immigrant communities, the Sri Lankan Tamil community. Exploring the topic within one community makes possible an in-depth understanding of how multiple sites of oppression (based on gender, race, class, culture, and citizenship) within the larger community and society intersect to influence gender relations that, in turn, contribute to the production of IPV at home in the post-migration context.

Sri Lankan Tamils are considered to be one of the fastest growing immigrant groups in Canada (SACEM, 1993). This group comprises the first generation bringing their own cultural, religious, political, and social identities, beliefs, and values to Toronto (Morrison et al., 1999), where a large diasporic community is already present. However, there appears to be no research that has examined the issue of IPV in-depth in the Sri Lankan Tamil community. Based also on the findings of a previous study (Morrison et al.) conducted in this community, the following research question was raised: *How do gender roles, power relations, and informal support systems interact in the context of post-migration wife abuse in the Sri Lankan Tamil community of Toronto?*

A combination of a postcolonial feminist theoretical perspective and an ecosystemic framework helps to answer the research question in a manner that takes into account the intersectionality of race, gender, and class at each of the systemic levels of society to influence IPV at home. In the next chapter, I will detail the methodology for the study.

CHAPTER 3: METHODOLOGY

This chapter will describe the methodological procedures that were used to enhance the possibility of discovery, rather than hinder it. The methods used were chosen to inspire questions that would illuminate the issue of IPV in the Tamil community. The chapter is organized in the following manner: In Section 1, I have outlined the rationale behind the choice of qualitative methodology. Then in Section 2, I have presented an overview of the study design and the research process, which includes information about the study sample, participant recruitment, and data generation strategies. The issues of reflexivity and positionality are considered within the context of the research process. Section 3 highlighted the data generation, and Section 4, the process of data analysis. Finally, in Section 5, ethical considerations are summarized.

Section 1: Qualitative Methodological Inquiry

Qualitative methodology is best suited for studies of an exploratory nature when relatively little is known about a particular phenomenon of interest (Burns & Grove, 2001), as is the case in this study of IPV in the Sri Lankan Tamil community of Toronto. The purposes of the naturalistic inquiry associated with qualitative research are to uncover and make sense of multiple constructions of reality, to explain the social world, and to generate explanatory models and theories (Burns & Grove; Denzin and Lincoln, 1994; Morse & Field, 1995). Qualitative methodology is particularly useful for exploring associated factors when their relationship has not been previously well established (Marshall & Rossman, 1999). As noted in Chapter 1, to date the relationship between gender roles, power relations, social supports, and IPV has not been well established; thus, the topic is best explored through the

use of qualitative inquiry. Furthermore, qualitative inquiry offers the opportunity to obtain

detailed accounts of how individuals experience, understand, and explain IPV in their own

community. In addition, qualitative inquiry presents an opportunity for the researchers to

(re)present the voices of the participants to provide a more comprehensive picture of the

issue in all its complexity. Such an approach is particularly useful when exploring topics that

have been generally neglected in academic work, and in particular, when examining how

such neglect influences the kind of care, treatment, and attention these subgroups receive as a

result.

Qualitative Descriptive Methodology

In this study, I used a qualitative descriptive methodology. According to Sandelowski

(2000), using qualitative descriptive methodology is valid when a study is set up to come up

with a description of a particular phenomenon and to know "the who, what, and where of

events or experiences, or their basic nature and shape" (p. 339). Such an approach helps to

generate further thinking about the topic and consciousness-raising of the issue in the

community. The descriptive qualitative methodology helps to explore the meanings, patterns,

behaviours, and experiences of a group of participants in a holistic, contextual, and reflexive

fashion (Charmaz & Michell, 2001; Creswell, 1998; Morse & Field, 1995). Thorne, Reimer-

Kirkham, and MacDonald-Emes (1997) have noted that "because of the interdisciplinarity

inherent in nursing science and the availability of doctoral study in nursing, nurses might feel

freer to examine methodological traditions outside of the phenomenological tradition of

philosophy, grounded theory within sociology, and ethnographic tradition within

anthropology" (p. 171). Morse (1989) has noted that there are nurses who engage in research

involving description and interpretation that does not necessarily fall into the previously

noted traditions. Thorne et al. (1997) further noted that "often such research involves description of an interpretation about a shared health or illness phenomenon from the perspective of those who live it. Such descriptions can be considered a quintessentially nursing form of science in that they reflect a respect for knowledge about aggregates in a manner that does not render the individual invisible" (p. 171). Such a design helps to generate knowledge that is useful to inform nursing practice with individuals of diverse ethnoracial and socioeconomic backgrounds.

There has been much discussion in the literature on the use of theory and theoretical influences on qualitative studies. While, for example, Creswell (1998) discussed where in a research design one could integrate or use theory in relation to the five main qualitative research traditions, it is now well understood that no researcher engages in work with "an empty head." Based on Morse (1994), Thorne et al. (1997) argued that "'going in blind' can be counterproductive to nursing's scientific knowledge development" (p. 173). In fact, Sandelowski (2000) argued that qualitative descriptive studies can be influenced by and have hues, tones, and textures from diverse approaches. For example, "qualitative descriptive studies may have shadings from larger paradigms such as feminism" (Sandelowski, 2000, p. 337). Along these lines, I have used a postcolonial feminist theoretical perspective and an ecosystemic framework as a platform upon which to build my study.

Methodological Interpretations of Postcolonial Feminist Perspectives

Some of the key tenets that guided this study include the following that Gastaldo (2004) outlined based on Kinchelow and McLaren's work in 1998 (as cited in Gastaldo, 2004):

(1) All thinking is negotiated in the context of socially and historically constructed power

relations;

(2) Facts are not independent from the values and ideologies that support their existence;

(3) Relations between significant and signifier are not fixed but are negotiated in the

context of capitalist consumption;

(4) Oppressive situations act to the advantage of certain social groups;

(5) Certain groups experience social and economic privileges which are reproduced when

both the in-groups and the out-groups accept this situation as natural or as a legitimate

consequence of merit;

(6) Gender, race, and class act in relation to each other; and

(7) Researchers are often involved in the reproduction of oppression and subjugation of

certain knowledge.

In this study, such a perspective helps to challenge the status quo, especially along the lines

of multiples sites of oppression including race, gender, and class. It also offers the potential

to generate a rich and contextual understanding of the Tamil women's and men's experience

and perception of the production of IPV in the post-migration context that takes into account

the historical, political, economic, and social and cultural influences associated with the

diasporic life in Canada. Issues of power and oppression, racism, sexism, and classism are no

longer marginal ones, but are brought to the center of view in order to understand how they

contribute to, shape, and redefine this multifaceted problem.

In line with the critical theory paradigm, the aim of postcolonial feminist research is

to produce new knowledge that is transformative, and to use this knowledge towards a more

just society (Anderson, 2002). Generation of transformative knowledge is "accomplished

through the critique of the institutions and structures that oppress and exploit humans [and]

by questioning whose or for what purpose the ideology serves" (Lutz, 1997, p,5).

Transformative knowledge is "knowledge that is constructed from the social location of those

who have been marginalized" (Anderson, 2002, p.23). In line with the critical theory

paradigm, emancipatory and transformative studies can occur through a dialogic and dialectic

approach to research. Such an approach will provide space for critical, ethical, and respectful

exploration of commonly held assumptions within the researcher–researched relationship

(Reimer-Kirkham & Anderson, 2002). According to John (1996), knowledge produced this

way can provide change-oriented and practice-specific direction in nursing:

> Locations play a constitutive role in structuring the frames of reference within
> which we develop our projects, a role that deserves to be more fully analyzed.
> This included our institutions and disciplinary affiliations, the milieu of
> intellectual debate, the "background practices" and grain of every day life, not
> all of which can be rendered explicit. It will therefore be possible to begin a
> demonstration of my overall claims. (pp. 110–111).

Praxis is considered to be a major element of postcolonial feminist research. Praxis

articulated within postcolonial feminist research begins with a critical and reflexive

examination of the research process, the power dynamics at play at each step of the research

process, the nature of knowledge being produced, and how this knowledge is communicated

and used, as well as the influence of the positionality of the researcher on the aforementioned

items (Eakin et al., 1996; Reimer-Kirkham & Anderson; Thorne, 1997b). Such a stance may

lead to generation of new knowledge that is relevant and meaningful to the audience, but also

may result in personal transformation of the researcher (Reimer-Kirkham & Anderson).

Lather (1991) calls for emancipatory and transformative approaches to research that allow

both the researcher and the researched to become "the change and the changed" (p.56).

The postcolonial lens "always takes into account the context in which each life is

situated, analyzes how gender, race, class, and historical positioning intersect at any given moment to organize experience on the here and now" (Reimer-Kirkham & Anderson, 2002, p. 12). To overcome neocolonial practices in health sciences we need to be critical of taken-for-granted assumptions in health research that reinforce perceptions of low- and middle-income countries and their inhabitants as being primitive and "deserving" of their lack of progress or equity. A similar idea is employed in examining the various ways in which members of various diasporic communities in Canada are subjected to various forms of Othering and subjugation.

The construction of knowledge from the perspective of racialized women is especially important in the area of male violence against women in the post-migration context. As discussed in Chapter 1, there is a notable absence of health sciences literature on male violence against women in immigrant and refugee communities in Canada. Speaking of the lack of exploration of certain topics in nursing literature, Peter (2000) argued, "Implied in the neglect of [such] issues [is] that they are of such little importance that they do not require serious reflection and examination" (p. 108). This lack of interest in the area of IPV in immigrant and refugee communities has far reaching implications. One is the racialization of IPV that was evident in Varcoe's (2001) study of nurses working in emergency care settings. In a practicing discipline such as nursing, racialization leads to the perpetuation and exacerbation of women's vulnerability within the healthcare system.

Section 2: Overview of the Study Design and the Research Process

The qualitative descriptive research process involves a number of basic steps: identifying the phenomenon of interest, identifying the location of the study and who would

be most suitable to discuss the study topic with, gaining access or entry to the site/community, acquiring study participants, deciding the best strategies for data generation, and generating and analyzing data. However, these steps do not necessarily occur in linear fashion (Creswell, 1998; McDonald, 2000); in fact, the study design in qualitative studies is kept flexible because of the exploratory nature of the work and to accommodate emerging ideas and directions (Burns & Grove, 2001; Creswell; Lincoln & Guba, 1985).

Data Generation

In this study, I have used the term *data generation* instead of the commonly used term *data collection*. Data are not out there to be collected or gathered: "Data are generated or constructed within conceptual schemes and by various means that are deemed appropriate to serving particular purposes and answering particular questions" (Schwandt, 2001, p. 108). The most common qualitative data generation strategies include participant observation, individual interviews, and focus group discussions (Creswell, 1998; Sandelowski, 2000). Although originally my plan was to use all three types of strategies, approval from the Research Ethics Board to conduct participant observation was not received because of the fact that it could impinge on people's right to privacy. Consequently, a combination of individual interviews and focus groups was used to generate data in this study.

Despite the strategies used, data generation in qualitative studies does not occur independently of the researcher. Researchers often decide what to study, how to frame the research questions, whom to interview, how to access participants, what questions to ask, how to probe the answers, how to analyze the data, and so forth (Clough, 1992; 1994; Ratcliffe & Gonzalez-del-Ville, 1998). Thus, there has been considerable discussion about the idea of the researcher as an instrument in data generation. The researchers' experience in

the field, whether it is through their prior work in research or through their work as research assistants in others' projects, can become key in guiding the process of data generation. As noted in the introductory chapter, my work experience as a nurse in a number of different healthcare settings and my participation in other research projects provided me with ample opportunity to gain individual interview skills and to develop comfort in facilitating focus groups. However, in addition to my prior experience and engagement, my positionality is important in the data generation process. For example, Lowes and Prowse (2001) have noted that researchers' gender, class, race, ethnicity, values, and beliefs have an impact on the construction of knowledge. As such, it is neither possible nor desirable to exclude the researcher from the research process, research findings, and final report. Following this idea, I have presented a brief discussion in the next section on my positionality as the researcher in relation to the participants of my study.

Gaining Access to the Participants' Community

One of the key steps in data generation is gaining entry into the community of interest or the study site/field (Burns & Grove, 2001; Hodgson, 2001). Gaining entry implies that one is an outsider. However, not only I, as the researcher, but also the study participants, occupy various positions. In addition, these identities and positions shift as we negotiate who we are and what our agendas are during the research encounter. In fact, as Naples (1997) has noted, we are "never fully outside or inside the 'community' [we may be] both insiders and outsiders, members of some groups and sometimes, not of others" (p.71). Consequently, it becomes difficult, if not impossible, for any of us to maintain a fixed insider or outsider status. For example, I bring a certain kind of insider knowledge to this study from my own experiences as a Sri Lankan, as someone who grew up in a patriarchal society, and as one

who has had close contacts with various Tamil student and community members during the past 20 years. In contrast, as a Sinhalese and a Buddhist, I might remind the study participants of the marginalization they had to endure in Sri Lanka and of the civil war between the Sinhalese and the Tamils. Therefore, in this sense, I am an outsider to this community.

Yet, I also bring a certain kind of shared knowledge (and subjectivity) about what it means to immigrate to and resettle in another country, including experiencing a long and exhaustive battle with the bureaucratic immigration system and many experiences of racism in the post-migration context. As a nurse, researcher, and someone who is associated with academic and healthcare institutions in Canada, I bring certain knowledge, status, and associated authority with me to the research encounter. In addition, I bring forth my connection to this community through my husband, whose position in the community, as a Tamil man who has Canadian university education in engineering, seems to elicit acceptance and respect among those who know him. As a result of all these positions I occupy, I do not stand totally outside the community, although I am also not an insider in the true sense of the community. Therefore, I am simultaneously both an insider and an outsider. I am a member of some groups, and not of others. "Insiderness" and "outsiderness" are ever shifting statuses, which are differentially experienced, valued, and expressed by various members of the community (Naples, 1997). I am aware that over the course of the study, both the participants and I may have created or co-created new statuses. Such shifting, multiple, and hybrid identities have a huge impact on the quality of my relationship with the study participants, which, in turn, influences the knowledge we co-construct and how I myself as the researcher of this study construct the "other."

In addition to my status as an insider, outsider, or an outsider within, or any combination of these depending on my positionality and the relationship with each of the participants, I believe that a strong recommendation and introduction by a few key community leaders strengthened my capacity to conduct the study within this community. In the next few paragraphs, I have elaborated on my attempts to create and/or strengthen my connections within the Tamil community. Knowing who can help or block access to the community, as well as informing and gaining permission and support of the key people in the community is critical to a successful data generation process in a qualitative study (Hammersley & Atkinson, 1995). Next I have outlined a number of strategies I used or worked to my advantage in building new relationships and also in maintaining or strengthening my previous relationships within the community.

Building Connections

During the period of the previous study (Morrison et al., 1999) in the Tamil community, I participated in a number of community activities and projects. For example, I conducted a workshop on diabetes and hypertension at the Lansdowne Tamil Co-op Housing (1994) for 10 women and co-facilitated a HIV/AIDS workshop for 35 Tamil men and women at the Thorncliffe Neighbourhood Office (1995). Further work involved being a member of the advisory committee of the Tamil Community Health Project that organized the Tamil Health Fair (1995) in conjunction with the Family Services Association and the Wellesley Hospital. The goal of the Health Fair was to bring together healthcare service providers in Toronto to inform the Tamil community of resources available to them. During the fair, I also conducted an information booth on diabetes, as well as recruited and directed the volunteer translators. Furthermore, after completing the study, we shared copies of our first

publication (Morrison et al., 1999) with a number of community leaders, some of whom have used our paper in their formal and informal work (e.g., Cheran, 2000). Participation in such community activities and the reciprocal nature of the support I extended during and following the previous study allowed me to easily "gain entrance" to the community for the current study. Furthermore, soon after enrolling in the PhD program, I informed a number of community leaders of my study plans and solicited their approval of the research topic, as well as support in accessing potential study participants. Throughout the study period, I attended a number of community events (such as a symposium on violence prevention in the Tamil community, which was held on November 19, 2005, at the Scarborough Civic Center) in support of the community leaders' work to address health and settlement concerns of the newcomers in the community. The community leaders' support for recruiting study participants proved critical to the success of my work.

Recruiting Participants

I began recruiting study participants from the Greater Toronto Area soon after obtaining ethics approval from the University of Toronto Research Ethics Board. In Toronto, the Sri Lankan Tamil community, which was estimated to be over 250,000 (Cheran, 2000), is most highly concentrated in the areas of Downtown Toronto, Scarborough, and North York. Recruitment of study participants was carried out over a period of 8 months. However, a gap in data generation of about 1 ½ months occurred immediately following the tsunami that affected Sri Lanka, particularly the eastern and north-eastern provinces where many Tamils are from. I resumed the data generation process when I received cues from a number of community leaders to continue my work. Initially I used a convenience sampling (that is, approaching the people that I knew previously first and asking them to refer me to others),

which was following by a purposive sampling (that is, looking for people with particular

personal and/or professional experiences) to fill the gaps in emerging ideas in my data

analysis.

Three sets of participants were interviewed for the study: community leaders, men

and women who may not necessarily have experienced abuse, and women who have

experienced abuse. The purpose of selecting these individuals was to capture those who can

best describe the phenomenon of interest from diverse point of views and to identify a wide

range of situations pertaining to the topic (Schensul, Schensul, & LeCompte, 1999). For

example, community leaders were presumed to be better suited to explore the influence of

macro-systemic factors on IPV, whereas women who experienced abuse were better qualified

to speak about the unique and salient features of individual situations. Men and women from

the rest of the community were invited to learn more about the influence of meso-systemic

factors on IPV and to hear about the general opinions in the community about the topic.

Although I attempted to privilege one or two system(s) in the questions I posed for each

subgroup of participants, they tended to address factors related to all four ecosystems.

My premise is that certain topics such as male violence against women cannot be

fully understood by hearing only women's perspectives. For example, Anderson and Hill

Collins (1995) proposed the need to "shift the center" which means,

> Putting at the center of our thinking the experiences of groups who have formerly
> been excluded. Without doing so, many groups simply remain invisible. Shifting
> the center is a shift in stance that illuminates the experiences of not only the
> oppressed groups but also of those in the dominant culture. For example, the
> development of women's studies has changed what we know and how we think
> about women; at the same time, it has changed what we know and how we think
> about men. This does not mean that women's studies is about "male-bashing." It
> means that we take the experiences of women and men seriously and analyze the
> way that gender, race, and class have shaped the experienced of both – although
> in different but interrelated ways. Likewise, the study of racial-ethnic groups

begins by learning the diverse histories and experiences of these groups, but in doing so, we transform our understanding of White experiences, too. The exclusionary thinking we have relied upon in the past simply does not reveal the intricate interconnections that exist between the different groups comprising American society. (p. 2)

Hence, the data generation plans for this study involved individual or group interviews with these subgroups of Tamil men and women. In the next section, I have introduced the process of recruiting Tamil women and men to participate in the study and a description of their demographic characteristics in order to make visible the process and the unique or common backgrounds of the participants.

Locating and Interviewing Study Participants

Interviewing individuals (which is the most commonly used data generation strategy) involves a set of techniques one might apply in a one-on-one person encounter with the purpose of generating information about various facets of a particular phenomenon (Schensul, Schensul, et al., 1999; Schwandt, 2001). I used a combination of unstructured to structured, and open-ended to close-ended questions to allow maximum flexibility in exploring the topic in-depth. In comparison, focus groups discussions, also known as group interviews, are facilitated by a moderator who will seek simultaneously the opinions of a group of 5 to 15 people about a particular topic (Burns & Grove, 2001; Lane, McKenna, Ryan, & Fleming, 2001; McDaniel & Bach, 1996). Focus group discussion can generate extensive information from a diverse group of people in a relatively short period of time to gain insights that would not be possible without the reactions and interactions that take place amongst the group's members (Kitzinger, 1994; Schensul, LeCompte, Nastasi, & Borgati, 1999). The use of focus groups in the study is "consistent with critical science because it is

characterized by group discourse. It thus becomes a dialogical tool (Padilla, 1993) to identify

the 'themes' of the people (Freire, 1972)" (as cited in Fulton, 1997).

Individual interviews with community leaders. Generally, in-depth interviews are

conducted first with *key informants* who are usually those who can best articulate aspects of

the topic (Schensul, Schensul, et al., 1999). Because of the negative connotation associated

with the term *informants* (Fetterman, 1998), I have used the term *community leaders* in my

study. I began the process of formal data generation with phone calls to some of the

community leaders I had been in contact with since the beginning of the study. After

providing them with further information, I sought their interest in participating in the study.

One individual known to me through personal contacts (who was not interviewed for the

study) was crucial in securing many new contacts, who then referred me to others. All

participants told me to use their names when contacting the people they had identified for

me, which proved to be quite useful in obtaining their agreement to participate in the study in

spite of their busy schedules. Only one person – a Tamil man – refused to be interviewed

(due to personal reasons). Nonetheless, he was happy to meet with me to discuss the topic

"unofficially," told me to take notes if I wished, and provided a number of valuable

community contacts.

Once I obtained the name and contact information of a potential study participant, I

called and left a message that said who I was and the purpose of my call, as well as how I

obtained the person's contact information. In most cases, the community leaders returned my

phone call right away. After they agreed to be interviewed, a time and place of convenience

for them was decided upon. Half of the interviews were conducted at participants' work

settings, but outside work hours. I met a few in their homes when this was the best option for

women because of childcare arrangements or when they had other appointments close to home. I began the interviews after obtaining their consent to participate in the study (see Appendix B for a copy of the consent form). Whenever I visited a participant who preferred to be interviewed at home, depending on the time of the day (either before or after the interview), I was invited to have tea with cakes or biscuits, or breakfast or lunch comprised of Sri Lankan food.

A total of 16 community leaders who were employed in the health and settlement sectors in the GTA and were well-known in the community for their broader grasp of the issues affecting Tamils in Toronto were interviewed. This subset of participants included both men and women who were in their early 30s to early 60s and were mostly Hindu. Approximately half of the participants were born in Jaffna. Except one, all had lived in Sri Lanka most of their lives. Their level of education varied from Grade 10 to graduate level university education. Approximately 50% had engaged in paid employment while in Sri Lanka. All participants were married, and only two were divorced. Their length of stay in Canada varied from 1.5 years to 20 years. Further demographic information about the participants is provided in Table 2.

Table 2

Demographic Characteristics of Community Leaders

Characteristic	Response
No. of participants	16
Gender	10 women, 6 men
Age group	6 (in their 30s), 5 (in their 40s), 5 (over 50 yrs)
Birth city	9 (Jaffna)
Decade left Sri Lanka	1 (1970s), 8 (1980s), 4 (1990s), 3 (2000s)
Lived in a third country	10
Years in Canada	1.5 – 20: 6(1-5yrs); 2(6-10yrs); 6(11-15yrs); 2(16-20yrs)
Level of education	Grade 10 – University
Work type in Canada	Health or settlement sectors (n = 16)

Based on a literature review, my previous work in the community, and advice from my dissertation committee and a number of community leaders, I had developed a list of areas for exploration (Appendix C) with the community leaders. However, in order to capture any factors that I might not have thought about during the planning stage of the study, I began each interview with a single question: "Wife abuse occurs in every community and culture. Why do you think it happens in the Tamil community in Toronto?" Then I posed individualized questions based on their answers and/or my knowledge of what might be more suitable for each participant to discuss. For example, those employed in the health sector were asked more focused questions on healthcare. Each community leader was also asked to complete a basic demographic questionnaire (see Appendix D).

This set of formal interviews was conducted over a 4-month period. Interviewing community leaders first was important as they helped to (a) better formulate the interview guide (to be used during the rest of the study) in terms of the cultural appropriateness of the questions and their wording, (b) deal with practical concerns such as times and locations for meetings, and (c) recruit potential study participants. Further, their help and support provided legitimacy for the study with the study participants, in particular, and within the community, in general.

Focus groups with Tamil women and men. Next, focus groups were conducted with Tamil women ($n = 26$) and Tamil men ($n = 15$) who were recruited through word-of-mouth and through staff at a number of health and settlement agencies. The number of male participants in focus groups varied from 4 to 6, and the number of female participants varied from 6 to 12. The initial plan was to involve only recent Tamil immigrants, that is, those who have been in the country for less than 5 years. The plan was to exclude those who have lived in Canada for more than 5 years, who were presumed to experience issues that may not necessarily be related to settlement in a new country. Although the flyer I prepared for recruiting potential focus group participants outlined this criterion (see Appendices E and F), a small group of women and men who arrived at the sessions having heard about the study through word-of-mouth had been in Canada longer than 5 years; they were not turned away. Those who had been in Canada for less than 6 months were excluded because they might be undergoing immediate settlement stresses that could make participating in interviews a bigger burden for them.

In total, eight sessions were conducted at locations convenient to the participants. At each of the three geographical areas – Downtown Toronto, Scarborough, and North York –

one focus group was conducted with women and another with men, totalling six initial focus groups at the three sites. Because of interest in continuing discussion of the topic, one separate extra session was held with women participants in the Downtown Toronto focus group and one with men in the Scarborough focus group.

Participants were a diverse group with respect to their age, gender, class, religion, length of their marriage and number of children, and location of their residence in the GTA (see Table 3 for demographic information about study participants). Their age varied from 24 to 69 years. Almost all were born in Jaffna or in the surrounding areas, and were Hindus. Their level of education varied from Grade 8 to university. Except for 2 in Focus Group # 3, all other participants were married for a length of 3 to 50 years. Most women were in arranged marriages, whereas only approximately half of the male participants were in arranged marriages. Their length of stay in Canada ranged from 1 to 18 years. However, the majority had been in the country for less than 8 years. Most men and approximately half of the women had engaged in paid employment while in Sri Lanka. (Additional demographic details of the participants are not included here in order to maintain their anonymity and ensure confidentiality of their responses).

Table 3

Demographic Characteristics of Focus Group Participants

Focus group	1	2	3	4	5	6
Location	Downtown Toronto		North York		Scarborough	
No. of participants	8	6	12	5	6	4
Gender	Women	Men	Women	Men	Women	Men
Age range	30 – 63	41 – 50	27 – 65	25 – 62	24 – 69	35 – 69
Birth city	Jaffna	Jaffna	Jaffna	Jaffna	Jaffna	Jaffna
Years in Canada	1 – 10	2 – 12	2 – 11	1 – 11	2 – 11	8 – 18
Level of education	8–13	8 – 13	10 – 13	10 – 13	<8 – Univ.	13 – Univ.
Arranged marriage	All	3	8	2	4	2
Second session	Yes (n=7)	-	-	-	-	Yes (n=4)

The women's focus group discussions were facilitated by a female community leader,

and the men's by a male community leader, who had previous training in leading focus group

sessions for research and community work purposes. I spent some time before the interviews

with each of the facilitators discussing the study purpose and interview questions. The fact

that community leaders invited people to participate in the focus groups and then facilitated

them demonstrated their support for and the legitimacy of the study. While such an approach

can create limitations, the assurance from the community leaders was important, not only

because of the sensitive nature of the study topic, but also because of the sensitive nature of a

Sinhalese person "collecting information" in the Tamil community. This support was

particularly important during the aftermath of the tsunami, as allegations of unfairness in

resource allocation and distribution among Tamils and Sinhalese were a major concern.

Each session began with the facilitator introducing me, the study, and the consent forms in a manner similar to the following:

> F1: Thanks for coming today. I am XXXX. Sepali is a PhD student at the nursing faculty of University of Toronto. She is a nurse. She is doing the research.
>
> Basically, the objective for this research is to understand the perceptions of the members of the Tamil community about the domestic violence issue in the Tamil community. We would like to understand the kinds of experiences that you have had, not necessarily the personal, and to know what you have heard or seen about family violence in the Tamil community. Thirdly, to understand the experiences, the changes in attitudes that happened as you began your settlement process in Canada as a newcomer and also how through these experiences your attitudes regarding family violence had changed.
>
> So, to understand the perspective of the people in the community, we are conducting focus group discussions.
>
> As you would read in the consent form, you have a right to not talk about an issue that you don't want to discuss. Also, you have the right to withdraw from this focus group discussion at any point in time and that all the things that are shared are according to your own willingness.
>
> Also, if you don't want to share anything specific with others, it will be better that if you don't talk about that.
>
> If you might have any questions after the focus group, please feel free to contact me or Sepali. Also, you can participate in this focus group in a language of your choosing, in English or Tamil. You can also mix and speak (laughter).

The participants were asked to read the consent form (see Appendices G and H), and following clarification of any questions, were asked to sign the consent form and complete a demographic information sheet (see Appendix I). The following quote highlights how the rest of the session began:

> F1: Firstly, we have all immigrated to this new country. The process of immigration is an important milestone in our lives. During that time, there could have been a lot of changes in your emotional makeup as well as in your

family set up. Also you are arriving in a new country, leaving behind all the social support that you might have had back home. When you came, you might have come at different age, through different means and thus you would have gained different experiences. So, if we can start our discussion at that, we can continue from there.

If we can talk a little bit louder for the sake of recording, it will be better. Also, when we are talking, it is better to talk one at a time.

If you don't have anything to say on a particular topic, you may elect to not say anything, but it is be better if we can all share our experiences.

So, what was your immigration experience like? Some might have been sponsored and some might have come as refugees. And, when you came here, did you have anybody to support/guide you? Or did you have to learn everything on your own? So, if you would just go back to the time that you came here, it will be easy.

In order to capture the perspectives of Tamil women and men who did not speak English fluently, all the focus group sessions were conducted in Tamil. While this approach allowed me to capture the voices of the study participants who might not have been able to participate in my study had I conducted the focus groups only in English, the approach placed me at a disadvantage. During my life in Sri Lanka, I had very little personal contact with Tamil people and limited exposure to the traditions, values and beliefs, and language of the community. However, during my first year of university studies away from Sri Lanka, I lived in a residence with over 30 Tamil students. As the only Sinhalese student in the residence, I was often invited to Tamil students' get-togethers. Since we were all struggling with a foreign language (Russian), the group often resorted to speaking in Tamil, especially as the evening progressed and people were either getting tired or feeling relaxed. My language experiences continued throughout the past 10 years during which I participated in my husband's and my friends' get-togethers, where I was the only non-Tamil speaker. These language immersions helped me to grasp the general themes and directions of the focus

group discussions and to ask some questions that I felt were not raised by the facilitator in response to some of the emerging discussions. In general, I felt comfortable with the spontaneous questions posed by the facilitators. At times, a number of participants repeated in English parts of what they had said in Tamil to ensure I understood them. I was also able to follow the discussion because of the use of a semi-structured questionnaire.

The semi-structured questionnaire used in the focus groups allowed the facilitators to maintain the directionality and agenda of the discussion while feeling flexible to explore new ideas (Schensul, Schensul, et al., 1999). The questions were related to migration experience, social supports, gender role changes, and the participants' perception of IPV in the post-migration context within the community (see Appendix J). During natural pauses, if it appeared that the participants had said all they could in answering a particular question, new questions were introduced. When the conversation veered away from the topic, I indicated to the facilitator that we needed to move on to the next question to finish the session on time. Often the facilitators were able to do so without my interruption. Furthermore, if the participants appeared unsure of what the question meant, the facilitators shared some of their own experiences pertaining to the question. This sharing of information by the community leader created a more comfortable feeling within the group and, I believe, led to the enrichment of the data generated.

Snacks and drinks were provided during the focus group sessions. With the support of the female facilitator, I organized childcare for one of the focus group sessions with women participants. However, some women kept their children (under age 3) with them during the session. Children ran around in the large room, and two mothers fed their babies while others continued the discussion. As soon as possible after the focus group meetings, I met with the

facilitator to discuss the content and the process of each session and to note initial impressions of the discussion, as well as to deal immediately with any concerns arising out of the session (e.g., to follow up with a woman who was upset during a session). The sessions were audio-taped and later translated and transcribed in English. The focus groups were conducted over a period of 3 months and overlapped with the next set of in-depth individual interviews.

Interviews with participants who had experienced IPV. Based on feedback from the community leaders about whom I should be interviewing to address the gaps in emerging ideas, capturing the views of women who had experienced IPV was important. The recruitment process involved self-referral or referral through staff from various settlement community agencies serving Tamil clients. Three participants approached me directly as a result of hearing about the study in the community. The rest of the participants were first approached by community leaders who knew them through their work involving settlement concerns. The leaders explained the study and asked whether they would be interested in hearing more about it. If the women voiced their interest, they were asked whether they wished either to call me or to receive a call from me at a particular time and day convenient to them. The preferred choice was to receive a call from me.

Six women who had experienced abuse since arriving in Canada and who were separated or divorced from their abusive husbands at the time of the study were interviewed. However, one woman experienced ongoing occasional harassment by her husband. Another woman maintained some regular contact with her husband who had spent occasional days or nights at the woman's place. Most women had come to Canada directly from Sri Lanka, and only two had spent a number of years in another country before arriving in Canada. The

women's length of stay in Canada varied from 3 to 12 years, with the majority having lived in the country for less than 5 years. Most had obtained their permanent residency and citizenship. Most of them were in their 20s and 30s, and only one woman over 50 years was interviewed. Except for 2 women (1 had no children and another had five children), the rest had one to two children whose age ranged from 6 years to adult children. The women's level of education varied from less than Grade 8 to university, with the majority having obtained secondary school education. At the time of the interviews, some ($n = 3$) worked outside the home, 2 were on Ontario Disability Support Pension, and another was on welfare while learning English with a plan to secure a job in the near future (see Table 4 for a summary of demographic information).

As the purpose of the study was to explore the topic of male violence against women in marital relationships in the post-migration and settlement context in the Tamil community, I had not planned to interview men who had experienced IPV. However, I met a man at a community centre during my volunteer work in the community, and decided to interview him when he showed interest in my study and asked me a few interesting questions. Information about his experience of emotional abuse came to light during the interview; I have used it minimally in the report of this study in order to keep to the topic of wife abuse.

Table 4

Demographic Characteristics of Individual Interview Participants

Characteristic	Response
Participants	6 women, 1 man
Age	25 – 70 years
Religion	Mostly Hindu ($n = 5$)
Birth city	Mostly Jaffna ($n = 5$)
Lived in other country	No ($n = 5$)
Length in Canada	3 – 12 years
Level of education	Grade 8 – university
Studies in Canada	ESL – college
Length of marriage	2 – 50 years
Arranged marriage	Yes ($n = 5$)
Worked outside home in Sri Lanka	Yes ($n = 5$)
Type of work in Sri Lanka	Varied – some were students
Currently employed	Yes ($n = 3$)
Work type in Canada	Varied
No. of children	0 – 5

Initially, the plan was to conduct the interviews away from the participants' homes and at a community centre where there would be fewer interruptions by family members and where the process of getting support and resources for women (e.g., onsite counselling or referral to outpatient counselling) in a timely manner would be less complicated. However, most women requested that I conduct the interviews in their homes. Only three people were interviewed outside of their homes: one at a coffee shop, another at a community centre, and the male participant at the Faculty of Nursing, University of Toronto. I conducted the interviews in person and by myself, except for one that required the help of a community leader who acted as an interpreter.

Each of the interviews began with a question: "I am interested in understanding why wife abuse happens in the Sri Lankan Tamil community. In particular, I would like to learn from your experience about what was helpful and what was not helpful in dealing with an abusive relationship." Most participants recounted their experience of arriving in Canada and the abuse in chronological order. Once in a while I sought further details for clarification purposes. Only one woman requested that I ask her direct questions. She felt that she needed some focus, structure, and direction; thus, I used some of the questions from the interview guide (see Appendix L). These interviews were conducted over a period of 2 months.

From research funds I received as part of a Doctoral Fellowship from the Canadian Institute of Health Research, as well as those from a small research grant from the Nursing Research Interest Group of the Registered Nurses' Association, each community leader was given a token of appreciation at the end of the interview in the amount of $50 for their time spent in direct (being interviewed or clarifying or verifying emerging findings) and indirect participation (such as providing advice on the research process) in the study. An honorarium

of $30 was given to all other individual interview and focus group participants who met with me for an approximately 2-hour long session for the purpose of study participation.

Section 3: Ethical Considerations

Before the study began, an ethics review proposal was submitted to the Research Ethics Board at the University of Toronto in April, 2004. Revisions to the proposal, which included changes to consent forms and the flyer, as well as deletion of a participant observation phase, were made, and subsequently approval was obtained in September, 2004. Addressing ethical concerns is an ongoing process; thus, I have highlighted some of the ethical concerns in previous sections and summarized here a few issues regarding consent, confidentiality, risks, and benefits.

Consent

Before each interview or focus group session, up to half an hour was spent informing the potential participants, both via consent form and verbally, of their right to refuse to participate or answer any questions or to terminate their participation at any time. Focus group participants were told that they could leave the focus group at any time without suffering any repercussions from the centre's staff. They were also encouraged to ask me (or the focus group facilitator) any related questions at any time. However, most focus group and individual interview participants required no further information about me or the study. At least 3 to 4 days elapsed between the scheduling of the individual or the group interview and the actual date, which provided individuals with an opportunity to change their mind regarding participation in the study. The focus group participants were also told the facilitator's name at the time of the scheduling, which provided them once again with time

and reason to change their mind. Every one approached (except one man) agreed to participate in the focus groups.

All the individual interviews (except in one case) were conducted in English, and the participants were given a consent form written in English (see Appendices B and K). In the case of one woman who did not speak English fluently enough to participate in English, the community leader used the Tamil translation of the focus group consent form in combination with the English version of the individual consent form to explain the study. The focus groups were conducted in Tamil, and the participants were given a consent form written in English or Tamil based on their choices (see Appendices G and H). Two independent community leaders verified the accuracy of the translated consent forms.

Confidentiality, Risks, and Benefits

Confidentiality

Confidentiality was maintained by (a) assigning all participants code numbers so that the data remained anonymous, (b) storing the consent forms and identifiers in a locked cabinet in my office, and (c) storing the interview tapes and the transcribed data in another locked cabinet in my office. Only I had access to the name/code book. Participants' names and all other identifying material were removed from the transcription of the tapes. The interview tapes were destroyed after they were all transcribed. Further, in order to minimize the number of people listening to the focus group discussions that were conducted in Tamil, I requested the focus group facilitators' help in translating the taped discussion. They were also asked to sign a confidentiality agreement (see Appendix M). Similarly, the transcriptionists who transcribed the individual interviews conducted in English were also asked to sign the same confidentiality agreement.

The strategies I utilized in my re-presentation of data (in the results chapter) to avoid potential guesses and scrutiny regarding the participants included (a) combining all data sets in the analysis; (2) selecting quotes in a manner that avoided unique details (such as unique manner in which physical violence was carried out); and (c) not assigning fictitious names that might belong to a woman who would potentially be misconstrued as having participated in the study. In addition, during the focus groups, group agreement on the terms of confidentiality was sought in the following manner. At the beginning of each session, the participants were asked to respect each other's information and not to discuss any names or identifying information with others. They were also asked not to disclose to the group any of their personal information that might make them feel uncomfortable about themselves. Both the focus group facilitator and I told the focus group participants that in our respective capacities as a settlement worker and a nurse, we were obliged to report cases of child abuse.

Risks and Benefits

The potential for further abuse by their husbands and for stigmatization within the community was considered in every case and addressed with the women themselves and the community leaders who provided the women's contact information. It was decided that no one in the area would know why I met with the women unless the women themselves decided to disclose the information to others. For example, in two cases, the women had informed their children that I was going to visit them to talk about their experience of immigration as well as their experiences of dealing with abuse, and had asked the children (between 8 and 12 years old) whether it was OK with them. The children were present in the home during the interview. However, after initial introductions, they were out of hearing range, and the women appeared comfortable talking about the topic. In one case, well into the

interview, the woman told me that her ex-husband was sleeping in the house, at which time, I mentioned to the woman my intention to leave to avoid any harm befalling to her. She told me that her husband was "only doing financial abuse" and that she would not be at any risk due to my presence there, and that it would be "good to show" her husband that she was not alone or to know that a "nurse visited" her. The woman later told this reason to the community leader with whom she had worked with previously.

With each individual interview and focus group session, up to half an hour was spent in "wrapping up" or "taking leave," during which time participants were encouraged to ask any questions about the study. In addition, all participants were given work phone numbers if they wished to discuss any aspect of the study with me (in English) or with the facilitator (in Tamil) or to withdraw from the study before the formal data generation was finalized.

Some researchers have raised concerns around the risks and benefits for participants in studies that address sensitive issues. Depending on the questions, participants can experience certain emotional reactions during the interviews, such as anger, sadness, and varying degrees of anxiety (Bergen, 1993; Castor-Lewis, 1988). But by reflecting on their own previous experiences within a research (and safer) context, they may also derive such benefits as catharsis, self-acknowledgment (validation of self-worth), sense of purpose (helping others), self-awareness, empowerment, healing, and being heard (Draucker & Madsen, 1999; Hutchinson, Wilson, & Wilson, 1994).

Some respondent burden was inevitable by virtue of participation in the interviews. Even though I was conscious of the length of the interview and attempted to keep the interviews "to a minimum", all interviews and focus groups generally lasted for about 1 ½ to 2 ½ hours. As noted earlier, in two focus groups sessions, we decided to have a follow-up

session to continue the discussion because of the study participants' interest in continuing to talk about the topic. Only one person left a focus group session while it was in progress. However, he had mentioned before the session that he had to leave early for another engagement. Not a single woman participant left the focus group meetings early.

It remains unclear why each individual was motivated to participate in the study. However, one became upset and tearful as she recounted her story of the difficulties she had experienced with not being able to obtain her permanent residency status to sponsor her children still living in Sri Lanka, despite producing all necessary legal papers. She was asked whether she wanted to take a break from the session or to leave it, but she chose to remain until the end of the session. She continued to speak about her experience and gained support from the rest of the participants. I contacted the community leader with whom she had been working to ensure that her concerns were not recent and to follow up with this participant.

During individual interviews with women participants who had experienced IPV, I asked several times whether they preferred to stop. In five of the six interviews, women spoke at length and did not want to stop. During and immediately following the interview, the women's level of distress and anxiety appeared to be minimal. I had asked them to call me if they felt at all upset and needed support from me or from a community leader to address their concerns and needs. Only one interview, the one with the woman who was interviewed with the help of a community leader, was of real concern to me because the participant was tearful and upset over her husband's actions the night before. However, she also appeared to want to talk about the incident. Because her husband and children made her feel (once again) that she had abandoned them, the recall about the abuse during the interview might have helped her to remember out loud why she had made the decision to

leave. The community leader felt capable of following up with her in terms of her concerns and had, in fact, dealt with previous and similar incidences concerning the husband with the woman. However, this was the shortest among all my interviews for the study.

Four of the women said they were glad to discuss their experience in detail, felt that they had learned much in telling their stories to me, and hoped other women would learn from their experience. One woman said, "For the first time [she felt she] could speak with someone honestly about the experience without feeling shameful." Another participant approached me during a community event to mention that we had not discussed health issues related to IPV (since this was a "nursing" study) and asked whether I needed to interview her again to discuss the "health effects" of the abuse. A number of focus group participants appeared to have taken the message about IPV to their friends and family members. The female facilitator had received a number of phone calls following the focus groups from women who requested her advice, support, and direction in leaving their abusive husbands or in helping their friends.

I have previous clinical experience in mental health nursing, during which I worked with and provided in-patient care to women who had experienced childhood and/or adult abuse. I also co-facilitated a discussion group on issues related to gender role socialization with a group of outpatient clients and felt prepared to address any emotional and psychological concerns arising out of these sessions. I also had the support of the community leaders who were willing to address any issues related to immigration and settlement work. The female facilitator also provided her business card in case any of the focus group participants required settlement supports. I carried a list of contact information for health and settlement centres/agencies and shelters that employ healthcare professionals including

nurses, doctors, psychiatrists, and psychotherapists. However, the list was not needed. Each participant who had experienced IPV had access to a settlement counsellor with whom she had worked over a considerable period of time. Some had called to tell their settlement counsellors that they were going to participate in the study, and the counsellors called me to ask how the interview went and whether they needed to make a follow-up call.

Section 4: Issues Pertaining to the Study's Trustworthiness

The quality of studies that have a qualitative design is measured using a set of criteria that examine the trustworthiness of the study. While there has been much discussion about the criteria for judging the quality of qualitative studies (Denzin & Lincoln, 2000; Eakin & Mykhalovsky, 2003; Sandelowski, 1993; Whittemore, Chase, & Mandle, 2001), the most commonly used criteria in the health sciences literature are the ones that Lincoln and Guba (1985) proposed. These relate to matters of credibility, transferability, confirmability, and dependability. *Credibility* is about the assurance of the fit between the participants' views about the study topic and the researcher's representation of such views. Credibility is maintained by ensuring the gathering of diverse perspectives, triangulation, member check, peer debriefings, and prolonged engagement (Horne, 1995; Lincoln & Guba, 1985). *Transferability* refers to the applicability of one study's findings to other subgroups and situations, and it is maintained by providing a thick description to make judgments about contextual similarity. *Confirmability* refers to the assessment of findings to ensure that accuracy is maintained and that they are free from the researcher's biases. The strategies used to ensure confirmability include maintaining a reflexive journal and keeping an audit trail. *Dependability* is about ensuring that the research process was logical and documented so that

it is traceable, which also can be accomplished by creating an audit trail. I will discuss the strategies I used (i.e., prolonged engagement, triangulation, member checks, peer review, audit trail, and thick description) next.

Prolonged engagement is considered to be a key step in qualitative studies (Lincoln & Guba, 1985). In this study, I invested in 8 months of data generation activities to gain an in-depth understanding of the Tamil community's views on the study topic. Data generation, analysis, and interpretation do not end after the last interview when the researcher is part of the community or has ongoing contact with the community. Although I engaged in formal data generation for 8 months, my involvement within the community prior to and following this period (through social involvement with my husbands' friends and also through attendance and participation at seminars on various topics including IPV and seniors' mental health) provided a longer period of engagement in discussions related to issues and concerns within the community.

I also employed triangulation techniques. Data triangulation was achieved through interviews with community leaders and community members (both men and women), and with those who have and have not experienced IPV. Method triangulation was accomplished through individual interview and focus group discussions. While acknowledging that, as Clifford (1986) noted, "truth is always multiple and located in specific historical, social, political, and cultural contexts and, as such, are 'inherently partial – committed and incomplete'" (p. 7), I used the triangulation techniques to maximize the richness and diversity of data (Elder & Miller, 1995; Krefting, 1991), and, to enhance the credibility of the study (Fetterman, 1998; Polit, Beck, & Hungler, 2001).

Furthermore, triangulation is often seen as a way to verify common themes or to seek

consistency, and what is not common is often discarded or not discussed: "Underlying this

view is the assumption that contradictions can and should be eliminated [which in turn] hides

the 'political' nature of research and its outcomes by masking differences in interests,

ideologies, assumptions and power" (Eakin et al., 1996, p. 159). I kept data generation and

data analysis in an iterative manner. During this process, I paid attention to both the

confirming and disconfirming evidence of the ideas on the topic, as they helped me to

understand the topic in depth and to highlight the complexities of the situations and

phenomena. I also used the ongoing individual and focus group discussions to clarify any

incongruence.

While member checks is a commonly used strategy for increasing the trustworthiness

of data, it is important to be critical of the idea of member checking. Sandelowski (1993), for

example, mindful of the idea of multiple and constructed reality, challenged the technique in

this manner:

> The stories that members tell in interview are themselves constantly changing.
> They represent members' efforts to order, find meaning in, and even live their
> lives at a particular moment in their lives.... Stories are not simply vehicles for
> the communication of information that can be easily categorized and counted
> for consistency; rather they are time-bound, interpretive, political, and moral
> acts. (p. 5)

In my study, I used member checking discriminately, that is I did not engage in member

checking with every participant. I decided when and with whom a particular idea checked out

depending on the interview and the particular background of the participants (such as work

experience in the health field). In general, I also engaged in member checking within the

same focus group by paraphrasing or asking for examples, summarizing the key ideas, and

inviting the participant to challenge, clarify, and/or to provide further explanations (Horne,

1995; Roper & Shapira, 2000). Further, my understanding of the focus group discussions, in particular, was verified during translation and transcription by the two (female and male) focus group facilitators. Additional "internal checks" were made during my discussions about the emerging themes with my husband, as well as with a colleague (Cheran, who also co-organized the Tamil Studies Conference at the University of Toronto in June 2006).

During the data collection and analysis process, I also engaged in "external checks" that included debriefings with my thesis supervisor and committee members in an ongoing manner regarding the development of my ideas. I also had many informal discussions and presentations with my colleagues interested in the topic of violence against women and children in Nursing both at the University of Toronto and Ryerson University. More formal discussions about the research process as well as the development of subthemes and themes were also conducted in two qualitative research courses I took, with PhD students from diverse disciplinary backgrounds, that were led by two professors at the University of Toronto.

In order to assess the dependability, the exact methods of data generation, analysis, and interpretation must be described in detail (Krefting, 1991). Accordingly, at the beginning of this chapter, I provided details about key contacts, who participated and who refused, and the coding plan. Further, I also wrote field notes immediately following contacts and during the data analysis process. Memos regarding the development of codes were kept, and detailed and plenty of quotes from the participants are provided in the dissertation to demonstrate the kind of understanding generated in the study (Greenhalgh & Taylor, 1997; Huston & Rowan, 1997; Patton, 1999). By doing so, I have provided an audit trail for others to determine why

differences in findings or opinions may result, and the context within which the findings are valid.

While some (such as Miles & Huberman, 1998) have referred to confirmability as the freedom from bias, I argue along side of Lincoln and Guba (1985) and Patton (1990) that the researcher is neither objective nor neutral and detached from the study participants, and that, as such, confirmability should be about the systematic organization, reconstruction, and presentation of the data, such that the themes, the subthemes, and the conclusions derived could be corroborated by the data. For this purpose, as previously noted, I have provided details about the research process and the context, and sufficient information about the conduct of the study as well as detailed quotes to allow an audit trail. Further, throughout the study, I maintained a reflexive journal to keep track of how who I am and my positionality in relation to the study participants influenced my study. I have attempted to address this concern throughout this dissertation.

The purpose of the current study was to understand the phenomenon of IPV in depth within one community, with attention to the social, political, and cultural context. The purpose in qualitative studies is not the generalizability of the study findings. However, it is possible to draw some applicability to other groups, that is, to discuss the potential for transferability of the findings. For example, the findings, especially in terms of the production of IPV in the post-migration and settlement context, have the potential to be applicable to other communities that consist of people arriving as refugees due to wars and other political and religious-based conflicts, such as, possibly, Ethiopian immigrants in Toronto. However, any discussion has to take into account the unique historical, social, and political context within which most of the Ethiopian immigrants arrive in Canada. Similarly,

the determinants of women's choices and responses have applicability beyond this study. For example, the concerns regarding lack of interpreters or seamless services, or the services based on a medical model are transferable to the situations of women from other ethno-cultural backgrounds. As is the case with other aspects of the study, I have attempted to provide sufficient descriptive data for the reader to judge the extent to which the findings are applicable to other subgroups and/or situations.

Section 5: Data Analysis and Re-presentation

Data analysis is an active process that involves making sense of the perceptions, interpretations, and feelings regarding what was seen and heard during the data generation process (Schwandt, 2001). According to Wolcott (1994), data are not independent from the researcher who decides that some things and not others will become data, and from the specific interactions between the researcher and the participant. In fact, Thorne (2000) argues,

> Because data collection and analysis processes tend to be concurrent, with new analytic steps informing the process of additional data collection and new data informing the analytic processes, it is important to recognize that qualitative data analysis processes are not entirely distinguishable from the actual data. The theoretical lens from which the researcher approaches the phenomenon, the strategies that the researcher uses to collect or construct data, and the understandings that the researcher has about what might count as relevant or important data in answering the research question are all analytic processes that influence the data. (p. 68)

However, "analysis also occurs as an explicit step in conceptually interpreting the data set as a whole, using specific analytic strategies to transform the raw data into a new and coherent depiction of the thing being studied" (Thorne, p. 68). It is this explicit process that is described next. Noteworthy is the notion that descriptive qualitative studies do not involve as

in-depth an interpretation as is required in other traditions of qualitative methodologies, such as those involving critical ethnography or grounded theory.

From Interviews to Transcriptions

My initial aim was to transcribe each interview on my own soon after it was completed. I was able to do so only for the first couple of interviews. Transcribing was a time-consuming activity (Lapadat, 2000; Sandelowski, 1994), which took me 5 to 20 hours per interview, depending on the length of the interview and how fast the participants spoke. Due to lack of time and my wish to continue the interviews in a timely manner, I sought the help of a professional transcriptionist. Because of the delay in her work, a nursing student at a Toronto university was recruited next.

Although conventions for transcription are useful and, over the years, have been a topic of discussion (Cook, 1990; Van Maanen, 1988), there is no one agreed upon convention across studies and methodologies (Lapadat, 2000). In this study, the tapes were transcribed verbatim, which captured details such as pauses, coughs, laughs, sighs, and other emotional responses, as well as all the "uhms" and "arghs." Conversations that had veered away from the topic due to a phone call or some other interruption, as well as false starts and overlaps, were noted. The conversations that were not discernible due to background noise were identified as such in the transcript. I checked each transcript for its accuracy and completeness by listening to the corresponding tape while reading the transcript, a strategy suggested by Field and Morse (1985). I made corrections or filled in the gaps that had occurred in the paid transcriptions due to difficulty in understanding my accent as well as those of the participants.

Early Stage of Data Analysis

Early data analysis involved a continual process of reading and thinking about each completed transcript. Following each interview, I wrote down my immediate observations, feelings, impressions, and reflective thoughts about it. These notes served as additional data, as well as an initial framework for analysis, and provided directions for ongoing data generation.

I began the formal data analysis process by reading through all transcripts and notes to obtain a sense of the whole, a procedure advocated by Tesch (1990), Creswell (1998), Agar (1980), and others. Initial notes and reflective thoughts (more in the form of questions to myself) were written in the margin. Next, I began line-by-line in-vivo coding. Codes are shorthand devices that can be used to separate, label, and organize data (Charmaz, 1983; Schwandt, 2001). As Creswell, and Field and Morse (1985) outlined, the process of initial coding entails breaking down the text of the transcript into components or constituent parts or segments which are, then, captured using short phrases or key words that are descriptive and closer to the data. During this exercise, I first underlined the text segment and noted the related key word in the right hand margin of the transcript. Priority was given to examining the data through an open "lens" to allow themes that were important to the participants to emerge from the data (i.e., a posteriori concepts), which, according to Charmaz, is part of "emergent induction analysis" (p.112). As a result, new ideas emerged that were not thought of during the proposal writing stage; for example, women's experience of being in a new and different physical place was a new idea that emerged.

Particularly in the earlier stages, qualitative data analysis is "unsystematic, messy, confusing and uncertain" (Mauthner & Doucet, 1998, p.122). One of my concerns during this

initial stage was the relevancy of the data generated, especially in terms of the research questions and conceptual and theoretical frameworks I had chosen for the study. Therefore, I also examined the first transcript for a priori codes (which I noted on the left margin of the transcript). I then decided to submit my first attempt at a priori and a posteriori coding as part of an assignment in the qualitative research course I was taking at the time (September – December, 2004). The professor's feedback on the similarities and differences between my understanding and her reading of the text and the ways in which refinements of the codes could be done made me feel more comfortable with moving forward with the rest of the data analysis. Furthermore, the gap in data generation during the aftermath of the tsunami created additional time for me to reflect upon the data already generated before resuming focus group and individual interviews. I stopped data generation when the already developed categories had been saturated and no new ideas and categories could be generated from further interviews and or focus groups (Guba, 1978; Patton, 1990).

Later Stages of Data Analysis

Coding the text line-by-line was quite useful to me initially; however, as I generated more and more data, this type of coding became cumbersome. Consequently, I decided to proceed with sentence-by-sentence coding. After manually coding the first three interviews, I chose the N6 (formerly NUD*IST [Non-numerical Unstructured Data Indexing Searching and Theorizing]) software program for ongoing data sorting and organizing, with which I also became frustrated by the time I completed computer coding the first six interviews. When each interview was dissected and the text segments placed under separate codes and files, the meaning, context, and essence of the interviews as a whole were lost. As Malone (1995) noted, "sometimes a participant would discuss a particular experience, and that

experience would precipitate another idea, reflection, or experience. By setting each topic apart, I felt I was losing the flow of interconnecting ideas and reflections which added to the depth and breadth of the interview itself" (p. 104). Concerns about being distanced from or reducing engagement with the data while using computer programs are not new (Dey, 1995; Lee & Esterhuizen, 2000; Weitzman & Miles, 1995). Confirming these concerns, St. John and Johnston (2000) stated that as popular as software packages have become, they can lead to "creating sterile and dehumanized data" (p.394). Thus, I resumed manual coding.

I read each new interview for any new codes as well as for ideas and ways in which new data supported the already identified codes. At this stage, I needed a way to keep track of and manage the codes. Schwandt (2001) noted that "the inquirer employs a variety of strategies that involve sorting, organizing, and reducing the data to something manageable and through exploring ways to reassemble the data to interpret them" (p. 7). One of the strategies I used was colour-coding the transcripts based on related codes, a strategy which I had not known at the time that Field and Morse (1985) had suggested earlier. Keeping the transcript as a whole while coding helped me to know and see the interview in its entirety while being easily able to locate codes across interviews.

In order to move away from descriptive to more interpretive thinking and to achieve a higher level of generality, I examined the codes themselves for the ways in which they converged or departed within and across interviews (Lofland & Lofland, 1995). I wrote all codes on a flip-chart page and began drawing arrows and lines to connect related codes in a way that made sense in order to group and raise them to the level of subcategories. For example, I connected physical abuse, emotional abuse, sexual abuse, and financial abuse to create a subcategory called "types of abuse" which I later changed to forms of abuse. During

this process, I changed flip-chart pages when each page became a "mess" as a result of all the

sorting, reorganizing, and adding of new codes, notes, and more arrows. The subcategories

were compared, contrasted, and integrated with those developed earlier to determine

commonalties and variations, and to collapse and condense the subcategories to develop

relevant categories (LeCompte & Schensul, 1999; Morse & Field, 1985). According to

Charmaz (1983), the core category is the central idea around which all the other ideas can be

subsumed. In the present study, I created three broad categories, namely, production of IPV,

perception of IPV, and determinants of choices and responses to IPV. The diagrammatic

representation of the emerging picture was shared with two professors and classmates in a

qualitative research course I was taking at the time (January – April, 2005). Based on their

feedback, I modified the diagram, which was then transferred to a table format (see Appendix

Q). Based on feedback from my dissertation committee, I reduced the repetition of ideas

between the factors by incorporating the latter two (perception of IPV, and determinants of

choices and responses to IPV) into one theme.

The last stage of data analysis involved deductively relating the emerging findings to

the postcolonial feminist theoretical perspective that informed the study to explain IPV

within the Sri Lankan Tamil community of Toronto. In order to do this, I needed to merge

data sets. Pooling the data helped create the analytical linkages between the particular and

personal at the individual, family (micro), local (meso), and institutional (macro) levels.

Merging the data sets also made sense as many common themes emerged from each one. For

example, while individual women spoke about seeking social supports at the individual and

micro level, the community leaders spoke about their experiences of providing social

supports at the meso-level and the limitations in the kind of social supports and services at

the macro level. Similarly, individuals do not experience, for example, racism in isolation; only by bringing together the data sets is it possible to observe how the experience of racism-at-large shapes women's responses to abuse and, thus, to gain a more complete picture of the situation.

I presented parts of the study results at various forums (e.g., Lunch and Learn in the School of Nursing at Ryerson University) and conferences (e.g., International Conference on Community Health Nursing Research in Tokyo) and received feedback on the content. Feedback from my dissertation committee was helpful in re-organizing and renaming some of the subcategories and categories, as well as in re-examining the quotes I highlighted and in questioning my interpretation of the data. Data analysis, however, entails interpretation, which, according to Patton (1990), means, "attaching significance to what was found, offering explanations, drawing conclusions, extrapolating lessons, making inferences, building linkages, attaching meanings, imposing order, and ..." so forth (p.423). Interpretation entails subjectivity. The interview itself is a production of immediate interpretations made by the participants and the researcher in relation to what the other said. What I gleaned from the nuances and hunches and so on during the actual interaction with the participants, in turn, shaped my interpretation of the transcribed text. The act of interpretation was further influenced by my personal, disciplinary, and professional backgrounds, identities, and experiences. Along these lines, locating the researcher's identity in relation to those of the study participants has been acknowledged as an imperative, particularly in feminist research (Thorne & Varcoe, 1998).

Summary

In this chapter, I provided a description of the methodology and the methods I used to generate data. I discussed the steps of data analysis that I conducted concurrently with data generation. I have also addressed the issues of location and positionality, as well as the ethical considerations and issues pertaining to trustworthiness of the study. I will present the study results in the next chapter.

CHAPTER 4: RESULTS

This presentation of the results of the analysis of data based on in-depth interviews

and focus group discussions with Sri Lankan Tamil women and men about IPV highlights the

dynamic and complex nature of the production of IPV. I have attempted to "bring in the

voice of participants" as much as possible (Creswell, 1998, p. 171) by providing a thick

description (Denzin, 1989) in which I used three types of quotes: short eye-catching quotes,

quotes embedded in the text, and longer quotes (Richardson, 1990). It is important for me, in

accordance with my choice of a postcolonial feminist theoretical perspective, to bring

participants' voices and views to the forefront of my re-presentation of data and to ensure

that my research methodology does not lead to silencing the study participants.

I have presented community leaders' voices (Community leaders' interviews noted as

Set 1) more in the section about the *production of IPV*, as their interviews better highlighted

the complexity and interrelatedness of the micro- and macro-level factors that contributed to

the production of IPV. In comparison, only those who had been in abusive relationships

could speak about what it was like to experience it. It is through their own stories that we can

come to know not only their vulnerabilities, but also their individual strengths and

resiliencies. Therefore, the section about the *perceptions of IPV and determinants of women's*

choices is dominated by the voices of individual women (identified as *Set 3*) who had

experienced IPV. The focus group discussions with men and women (noted as *Set 2*) from

the community were useful in capturing general viewpoints about the topic. Through their

agreements and disagreements, we can observe the diverse perspectives about IPV within the

community. Where possible, I began each section with an excerpt from a focus group's

participants' dialogue "to emphasize and illustrate the dynamic and discursive character of the focus group interactions" (Evans, 2000, p. 274).

Section 1: Production of IPV

The production of IPV in the post-migration and settlement context is associated with a complex and interconnected array of individual(onto), family (micro), community (meso), and larger societal (macro) level factors, which I have broadly captured under the following headings: (a) experiences of violence during displacement and border-crossing; (b) gender inequity in the marital institution; (c) perceptions of status, rights, and privilege: gender and race lenses; and (d) local and transnational social support systems. Although I have described these subthemes separately, each influences and is influenced by the others.

Experiences of Violence During Displacement and Border-Crossing

The following excerpts were taken from a discussion between a focus group (FG # 2) of Tamil men (participants identified as P1, P2, P3 ...) and a male community leader (facilitator noted as F1). The excerpts highlight the complexity of the experiences, challenges, and stresses surrounding the immigration process. The group discussion identified a number of issues surrounding the migratory process:

> P1: I came here through Montreal. After 3 hours of questioning I was sent out. I came out and I tried to call a Toronto number. I didn't know that I had to dial 416. I couldn't understand what it was saying as it was in French. I thought something was wrong with the phone and I tried using the other phones. However, I didn't get the connection. So, I had to stay in the airport for 2 days. Then a Tamil family came to the airport...they were looking for someone. They asked me what I was doing there. I said that I came yesterday and I don't have anywhere to go. They took me to their house and helped me call a friend in Toronto.

> F1: When you got down, what was your feeling?

P1: When we come here, we have the urge to earn and look after the family, and when I got off the plane, I had a happy feeling. But when I stayed in the airport for 2 days, I was afraid of my future.

P2: It is because of the civil war we had to leave the country. We never had that thought until then. I came here through America. Until then I have never been to a jail. But there, they put me in jail for a month. I was very much affected mentally due to this as we didn't commit any crime. We came here after a month. Until we got our family here, I was a bit tensed up. Our intention when we came here is not for us to live alone but to create a peaceful life for our family. We cannot be happy whatever we do because we are worried about our people back home.

P3: I arrived at the Toronto airport. I didn't have anyone. I was told I could call a few friends and when I called them, they told me there was no space to accommodate me. Some of them didn't answer the phone. They were afraid they will have to help out and go around to places with us. Then, after 13 years of separation from my family, from the love of my father and mother, love of my wife and children, they got here.

P6: I left Sri Lanka in 1991. I got to Canada in 1994. When I got here, they didn't take me for enquiries right away. They took me somewhere. I was really afraid and upset they will deport me. I cannot speak much English at that time and I couldn't understand what the officers were talking. I was scared the whole time. They took us to a hotel and I was there for 3 days. I was crying all three days. I borrowed money from an uncle to come here. I was worried if I could give back the loan. Also, my siblings were back home. I was the eldest. If in the case I was deported...I was worried who will give back the loan that I got. In our culture, as you know, the girls have to be married off by the boys and we need to give dowry for that and only then we can get married. So these were all pressures on me. I have an elder sister [who needed to be married off] and I was crying about that situation.

The previous discussion indicates the complexities of travel, which, for the participants quoted, included confusion, uncertainty, mistrust, abandonment, and violence. These ideas are elaborated next, starting with the pre-migration context within which Tamils leave their homeland.

Displacement in the Homeland

Tamil men and women have experienced many atrocities since the Colombo riots in 1983 and the ensuing civil war. As the following narratives illustrate, many people have experienced a number of losses, including loss of property, houses, businesses, and employment. For example, one of the community leaders (CL) spoke about his uncle's losses:

> He had four big stores in Colombo and he earned very good money from the business. He had a rich life. All of this was destroyed during Colombo riots in 1983. He lost everything. (Set 1, I # 11, CL in his 30s)

Not only did Tamils have to contend with damages to or loss of property, but they also had to deal with issues related to physical safety. One female community leader (Set 1, I # 5) spoke about her experience of being trapped (with her husband and two children) inside their house, which was set on fire from outside. A focus group participant said, "When the war starts, we need to run around with the kids from place to place" (Set 2, FG # 2, P2). Several other participants spoke about their experiences with the constant threat of bombing and having to run to bunkers at the sound of sirens. Because often only short notice was given for evacuating their homes or, at times, for evacuating complete villages, a number of individual interview participants spoke about having to sleep in travel clothes and shoes in order to be ready for night-time travel to other villages or camps. Some of the focus group participants spoke about the complete destruction or disappearance of villages. During one of the focus group (Downtown Toronto) discussions about such destruction, a woman participant who had asked about my husband's hometown commented, "There is nothing there anymore."

According to another woman, arrests during times of escalating conflicts were common: "There were lots of checkings, and arrests were being made. You cannot even walk on the road after 5 or 6 [p.m.]" (Set 3, I # 6). A considerable number of young men were subjected to threats and torture by the Sinhalese Army. One community leader spoke in the following manner about the various forms of state violence that men and women in the Tamil community experienced:

> In the pre-migration era, and what they have gone through, ahh, in the home country, you know, a sort of a, chaos in terms of, you know, husbands being separated from their wives, husbands being taken away by the army or disappearing and you know, coming back later. Sons disappearing.... They

have been taken out for interrogation...having to always suspect another person whether he is an enemy or not. (Set 1, I # 6, CL in her 30s)

A number of participants made a connection between men's participating in, witnessing, or experiencing violent activities during the civil war and their levels of tolerance, anger, and aggression at home. This idea is highlighted in the next few quotes from the interviews with community leaders who work with Tamil men and women:

> All the effects war has had and everything people have gone through...people are scared of those who have been soldiers or those who have been victims of violence, they can also become violent... some people say that they do get aggressive, right, because the limit of tolerance is sort of low. And people say that...they were not like that before but now just small things can make them so irritated, right? The past, all the things that's happening to them, and if it's affecting them in some way they can only put it on a person who is close to them and that can be the wife. Maybe these men they don't have any problems with their wives but that is the only place they can, you know.... (Set 1, I # 2, CL in her 30s)

> In terms of what's happening in the Northern – Eastern parts ahh, and in terms of the war and the pressure for men and women to join the LTTE or any other groups and have participated in, I guess, a fight against an army, or, I guess in general, quote unquote, violent activities and have experienced trauma and having dealt with all that and...if...if they have shot and killed other people, then you become very numb. What does that mean in the long run? (Set 1, I # 14, CL in his 40s)

These observations indicate the potential of the psychological stress and trauma related to the civil war to negatively influence the lives of men and women. A similar idea was voiced by another community leader, who also alluded to the possibility that learned behaviour affected how one manages conflicts and/or anger:

> Like men being involved in the freedom struggle; in the war, so... how has that affected them, what it has done in terms of their personality, in terms of how they relate to the world, and in terms of how they, in general, cope with life. ... being involved in the struggle might make you kind of hard or aggressive. And the children grow up seeing, you know, people fighting and killing, you know, and anger and aggression becomes a totally acceptable way of expressing your discontent with something, which is, you know, what you have often when you come to a new place. (Set 1, I # 10, CL in her 30s)

The participants across all three sets of data spoke about girls' and young women's vulnerabilities during the ongoing civil war. These vulnerabilities varied from having to agree to an early marriage to being abducted from homes and subjected to rape. The parents were afraid about the safety and the future of their children, in general, and girls and young women, in particular. A woman spoke about her own experience of parental pressure to get married and move out of the country in the following excerpt:

> Unfortunately a friend of mine... disappeared in Sri Lanka because of this fight. [civil war?] Yeah, civil war, she's my neighbour. So my family was worried that I was going to disappear. So they started proposing me to somebody from England. I didn't want to marry anybody that time. I wanted to study and get a good job. I was studying at the time but I didn't feel safe at all. We hear all kinds of things happening to girls. I was missing my friend and that had a very bad effect on me. And my family was kind of scared, and started to react. That is how I ended up in this situation. (Set 3, I # 5)

Because of the fear, this woman agreed to marry a man that she hardly knew so that she could leave the country and be safe. There appeared to be not enough time to look into the potential suitors' backgrounds, which usually is associated with arranged marriages. This woman spoke about her regrets later when her husband became abusive.

While some young women openly discussed their experience of rape and trauma, to make sure the personal became political, because of the stigma and shame associated with experiences of rape, many kept such incidents hidden from their family members and husbands or potential husbands. The latter response is evident in the following quote from a community leader who works with Tamil men and women in her capacity as a settlement counsellor:

> I've also heard that women are raped and they never talk about it, even when they come -- they do it if they have to, for this refugee clearance. They go to the Centre for Canadian Victims of Torture and they just talk there and then they never come back. And I've also heard from a service provider at (...) who said this Tamil girl was raped but she doesn't want to talk about it. Maybe they'll

never talk about it till their death. But what sort of impact this would have on the relationship, how is she going to be, ahm, you know, have a relationship with her husband and also sexual relationship. (Set 1, I # 2, CL in her 40s)

The ongoing violence in Sri Lanka affected not only the lives of those living in Sri Lanka, but also the lives of those living in Canada. For example, one woman participant said that she wanted to return to Sri Lanka to get away from her abusive husband; however, her parents, who were concerned about her safety if she were to return to Sri Lanka, did not support her plan: "They are saying, 'Don't come. You are safe in Canada. It is not safe in our village to be alone. We can't protect you'." Because of such a response, she remained with her abusive husband longer than she would have liked to had she had the chance to move out right away to her parents' place.

Border-Crossing: Gendered Experiences

While I do not want to underestimate the plight of the over 500,000 people displaced within Sri Lanka, I have focused here on the complexity and implications of international travel. The complexity of travel between countries, and the resulting stresses and various forms of violence experienced, were noted by the study participants as contributing towards the production of violence at home once in Canada.

Although Canada has made considerable accommodations to accept Tamil refugees, there are limitations in immigration policies and regulations as to admissibility criteria. This has made it difficult for Tamils to claim refugee status while in Sri Lanka. Further, some have experienced delays in family sponsorship in Canada. As a result, most Tamil people, especially men, traveled with agents who would, for a certain amount of money, take individuals to other countries such as Canada. The next quote captures the majority of the study participants' views regarding this situation:

> Most Tamil refugees come through agents – so they come illegally. No matter how they come, they don't get visas to come here. Now more than 90% came through like that. (Set 1, I # 6, CL in her 30s)

Traveling across countries for the first time can be a stressful experience, even for those who possess the required (legal) travel documents. When traveling illegally, border-crossing can be a daunting process.

Border-crossing was experienced differently by men and women. Tamil men were subjected to detention and interrogation by Canadian authorities (or authorities in between the two countries). Some of the uncertainties, stresses, and challenges people experienced during travel to Canada could be detected in the focus group excerpt presented at the beginning of Section 1. The quote from P6 indicates that even after spending 3 years en route to Canada, he felt uncertain about his chances of entering or remaining in Canada. Also, the turmoil P6 experienced during the 3 days he was detained can be sensed in his comments. Issues surrounding Immigration's authority and violation of refugees' rights (such as the right to have an interpreter or a reason given for detention) could be gleaned from this focus group excerpt.

In comparison, the women's experience was described as follows. Even though, in the early years following the 1983 riots, it was often the men who arrived in Canada first and then sponsored the remaining family in Sri Lanka, in recent years, Tamil women were also the first to arrive. In other cases, due to delays in the immigration processing system that were evident in the 1990s, women also traveled alone and illegally to reunite with their families. Some arrived with relatives, but others were accompanied only by agents. The traveling process placed women at a particular disadvantage, as they may have had to depend on their male relatives or agents (who are always men) for financial, physical, or

psychological support and security. The following quotes demonstrate this vulnerability:

> Just leaving the country for the first time you are just... you are just a kid [chuckles], you know, just, just 22 years old, coming alone, I found it, oh my god! I'm coming alone, leaving my country...I don't know anybody except some friend of my father who I don't know. I'm coming to the airport and a white man is having this, you know, board hanging on his chest saying, "(name), where are you," right? (Set 1, I # 2, CL in her 40s)

> We met this Tamil girl at the Moscow airport, a young girl who was sort of crying, she didn't know what to do because she has come together with an agent and she ...she couldn't find him or something like that. You know, things happen that you have never imagined in your past. (Set 1, I # 2, CL in her 40s)

> I was 26 when I came here. I came with agent. I was scared. I don't know him. He was sometimes nice but most time he was upset. Sometime he yell at me. He didn't like me asking questions. Sometimes we just stay at this hotel and waiting. He didn't want to spend money because we didn't know how long we have to stay. There was not much food and we stayed in the same room. (Set 3, I # 2)

While the pursuit of a new home and safer place holds promise, uncertainty and fear surrounds the process until one gets to the country of destination. Although the previously quoted participants addressed this uncertainty and fear, a number of participants also spoke about the unexpected and unplanned formation of new and consensual intimate relationships, especially when travel is interrupted due to unforeseen circumstances. Women might feel vulnerable and/or grateful because they relied solely on one person for their safety, life, and future. Such relationships have drastic consequences for unmarried women.

While men's experience of state violence both in Sri Lanka and in Canada could be openly discussed with few repercussions at home or within the community, women's experience could not be discussed openly. As noted earlier, women, in general, did not discuss violence that they experienced either in Sri Lanka or during border-crossing, as these incidents would have major consequences for themselves and their families. A community leader who

tends to work exclusively with women in abusive situations said the following about women's

vulnerabilities:

> Some of them have been threatened and abused while...I mean agents brought
> them over here right? "Ahh...you've got to sleep with me" .... I have had
> women telling me that... then, if they are married, then they have to sponsor
> their husband and it is very tough for them. It's all hidden, yeah. Very few
> even talk about it or say what had happened during the process where they
> had to leave Sri Lanka within the period where they stayed in different places
> with different people and what happened to them. That also plays a part in
> their lives because they are unable to talk about it, right? (Set 1, I # 7, CL in
> her 50s)

These experiences can also shape how women respond to an IPV situation. In one focus

group session (Set 2, FG # 6), women spoke about the need for women who have

experienced abusive situations during their travel to remain silent, as knowledge about such

experience would give their husbands further ammunition to use against them. Some of the

study participants further noted that if the women who had undergone such experiences had

felt responsible or guilty about the experiences, they might even believe that their husbands

deserved better; such thinking could shape a woman's experience and responses to abuse at

home.

Post-Migration and Resettlement Challenges and Stresses

Tamil men and women arrived in Canada, which is often promoted as a heaven for

newcomers, to have a peaceful life that is, by and large, free from major life stressors.

However, the reality is far from it for most Tamil refugees and their families. The following

excerpt taken from one of the focus groups (FG 4) highlights a number of stresses Tamils

experienced in the post-migration context, including having to work long hours or in multiple

jobs, having to care for children with no social support, sponsorship responsibilities, and lack

of time for family:

P1: There are a lot of stresses here. Canadian system needs to be changed. Everybody is being overworked. Most are working till 9:00 p.m.

P2: There are various kinds of stresses. If you work three jobs, you are bound to be stressed out. If you have more than four, five, or six children, you are bound to get stressed [chuckles]. If you are forced to sponsor a relative boy here, you are bound to experience stress. So you are bound to get so many types of stresses.

P4: In Sri Lanka they worked, Canada they worked, but it is a different type of work. You don't earn the same level of pay [here], so you have to work two, three jobs, so you work long hours. What does it do to relationships with your wife and children?

As noted above, these quotes allude to a number of stresses that Tamil women and men might experience. In addition, the dialogue also hint at racist and systemic discrimination resulting in underemployment, long work hours, and multiple job demands, and their effect on family relationships. The next excerpt shows one example of the processes family members can undergo in order to manage the household expenses and some of the consequences:

For example, they buy the house and they actually rent the ground floor to somebody else and they live in the basement. Both parents work because they have to pay the mortgage, because they bought the mortgage with 5% down payment. So the payment is very high, then, they might have a car and in order to...they may have other debts from before also, you know. This is a true story you know, the boy actually was not going home and he was just hanging around and eventually started doing a job.....So, the father works daytime shift and comes home in the evening and he goes to another job: 8 to 4 and then 5 to 12 or 1 a.m. or something. Mother works in the evening and also in the day shift. So, the boy doesn't meet the parents often. He only meets them actually on the weekend and he doesn't feel loved and he only eats from the fridge. There is no social interaction between the parents. Parents are thinking we are actually doing this for our kid, may be rightly so. But, what are they doing really? So, one day what they find is that the kid is in the jail or on the street. So everything collapsed, you know. This is how the whole process works...this kind of distant relationships didn't happen back home.... I am just using the kid as an example.... (Set 1, I # 4, CL in his 30s)

As noted in the preceding excerpt, finances are a major source of stress for many who have come to Canada with the hope of creating a better life for themselves and their families.

These circumstances in the new setting seem to lead to resentment and a breakdown of relationships within the family.

Gender Inequity in the Marital Institution

Gender inequity at home is largely shaped by gender inequity in the larger society, as the home is a microcosm of society. Coming from a patriarchal society such as the one existing in Sri Lanka, men and women were socialized from their childhood to take on certain roles within the marital institution. Various messages regarding gender roles were reinforced by the family members, neighbours, workplaces, the community, and the society at large. Moving to a new country has given women the possibility of resisting and negotiating new roles for themselves. The following excerpt from a focus group with men (FG # 6) indicates the changes in gender roles and responsibilities that they have noted since coming to Canada:

> P2: When we started having problems was in the last year.... I was laid off. There was more frustration. She [wife] had to look after the child and so she couldn't go to work. At that particular time, I was also doing some work for the community, and I spent a lot of time with the computer without helping her. I knew what the problem was, and so I would spend more time doing the [household] work after that. So you have to be able to compromise. Where I learnt this was at the university.

> P4: I have three children and they wouldn't allow my wife to do anything. If I was not doing anything to help, it will also create tension. So, what I would do is, if I was not able to spend any time the next day, I would cook the night before. Then she would know that, "He has cooked and I shouldn't be complaining." So creating such an atmosphere is my system.

> P1: In my case, there is almost a competition. If I were to vacuum, she would want to do that. If I went to mow the lawn, she would want to do it instead. In our case, we share our work among ourselves.

> F1: In the case of your friend you mentioned [earlier], the wife after coming here is employed in a better position than her husband. Back home, he was the only one employed. So when the roles were reversed, what kind of changes did you observe?

> P1: In some cases they would continue to play the same role.

P2: I also agree with his statement.

P1: He would expect her, even if she had just come from work, to bring the food to the table, etc. Some are not like that. They would do their chores.

P2: Male supremacy is something that had been prevalent in our community in our homeland. So, it is not possible to remove that immediately. ... so even if somebody goes there and gets married or whatever, they should follow some course or program and learn these things. But as a community, we should go through something like that and learn these things. If they would, we will have less conflicts.

As noted in these excerpts, negotiating gender roles and responsibilities in a new context was a topic of dispute among Tamil couples. Although some successfully negotiated a new set of roles and responsibilities, others maintained previously held gender role expectations. Following this idea, in the next section, I will discuss the gender roles and responsibilities that Tamil men and women were socialized into through various media, and how these roles and responsibilities are being maintained, negotiated, and/or changed in the post-migration context in Canada.

Impact of gender role socialization. Gender is one of the key dimensions of inequality and key sites of oppression. Gender inequality in terms of income, wealth, and status is maintained through various social institutions such as marriage and the family. The study participants spoke about the many forms of media that promoted messages about gender role socialization within an exclusively heterosexual context.

These messages were, first and foremost, ingrained in them by their immediate and extended family members. Schools were also seen as places that reinforced girls' and boys' socialization into certain roles, as was discussed in the following quote:

Even if you see a syllabus in our schools, even in Grade 1, I have some pictures, women doing cooking and that sort of thing and men are doing outside work, like gardening or going to work. The stories always tell, oh, you know, your father... he went to work, mother cooked your food, or something like that. So usually, from our studies and in our home you could see this. (Set 1, I # 3, CL in her 30s)

Girls and boys were expected to behave in certain ways during childhood, and then take on certain roles and responsibilities as adults before and after marriage. Girls were expected to dress properly, not laugh often, or be loud, assertive, aggressive, or play hard or rough. As can be observed in many other cultures/communities, girls' assertiveness is seen as aggressiveness. The boys were not expected to be restrained, nor were they reprimanded if they were not acting this way. The apparent double standard in expectations is evident in the following comment by a focus group participant:

> I grew up with brothers and sisters and we were told to be quiet, patient, get home right away from school, and not to laugh out loud, or talk back to anyone older than us. My bothers didn't have that kind of restrictions. They had freedom. (Set 2, FG # 5, participant in her 20s)

However, the degree of curtailed freedom and gendered expectations varied between families. For example, a number of female participants who had no male siblings did not feel the restrictions to the same degree, as is evident in the words of a woman who participated in the North York focus group session: "We were all girls so we did not feel any control; the only thing they were careful about was our protection, so we were asked to come home on time whether it is from school or relatives' place. If not someone walked with us to make sure we got home OK." (Set 2, FG # 4, participant in her 30s).

Girls and unmarried women were often instructed not to speak with boys or men, as such encounters could hinder their chance of getting married easily or into a respectable family. The worry about "girls' protection" was about ensuring their safety, but also their virginity until they got married. The importance of purity and virginity and the belief in one marital relationship could be observed in songs, drama, movies, and stories (such as the case in the famous historical story about Rama and Seetha). A woman's purity was perceived to bring success to her husband and home. Girls and young women's fathers and brothers were

entrusted to safeguard them (from other men) until they were married at which point their husbands could take over the protector role. A community leader in her 30s spoke about the tendency in the media to reinforce this idea: "It's kind of brainwash. The women are always shown as powerless and they always depend on the man. The hero always come and save her from all sorts of difficulties" (Set 1, I # 3). In turn, girls and young women were expected throughout their life to respect and be obedient to their fathers, brothers, and husbands.

As is the case in many societies, in the Tamil community the hero role the boys and men are expected to take on is constantly reinforced through the media (television, radio, newspapers, magazine, novels, videos, and CDs), which are the most powerful carriers of gender role socialization messages. Boys were expected to get a good education, grow up to be strong men, and obtain a good job to be "responsible for their wives and children financially, and for ensuring that they have enough food and clothes, and a roof above their head, and in safeguarding them at all times" (Set 1, I # 8, CL in his 40s).

Besides families at the micro-level, schools (meso-level) and the culture and religion (macro-level) reinforced gender role messages. A community leader discussed her interpretation of aspects of Hindu religion in this way:

> In our religious values… you could see the male god is the powerful. From my point of view, the powerful goddesses live alone, they, they are not…their behaviour is not acceptable in our normal society. Sometimes, you know, they say, "you are behaving like Kali" (a goddess). Kali never listened to others and she does, you know, very extreme things. (Set 1, I # 3, CL in her 30s)

In response to her comment, a number of both male and female community leaders declared that more equality among men and women was displayed in the Hindu religion compared to other religions. One male participant said, "In other religions there is only one God – a male God. You know, in Hindu religion, Shiva [a male God] and Parvathy [a female God] are equal.

At least the idea of equality is there (Set 1, I # 4, CL in his 30s). Tamil men and women pray to

female goddesses for their blessings in achieving success in education, prosperity, and wealth.

While the concept of male and female gods is apparent, the practice of religion demonstrated

contradiction in its restrictions of women's participation in religious ceremonies during

menstruation, childbirth, and so on.

Gender inequality is most prominently practiced in the marital institution. While a

young woman's education and employment were considered assets during marriage

proposals, her looks, behaviour, caste, dowry, and her family's status and standing in the

village were accorded greater importance. Attractive features of a man included the kind of

employment he had, financial security, and family's status. In Sri Lanka, men were

considered to be the primary breadwinners; thus, the utmost importance was placed on his

education and employment. The majority of men did not do household work, but when they

did, they were responsible for activities such as gardening and repairs and physically

demanding work such as lifting and moving. Tamil women were primarily responsible for

cooking, cleaning, and child-rearing, even when they engaged in paid labour. These

perceptions and practices are evident in the following quote from a female participant:

> My sister is in Sri Lanka. Both [she and her husband] are working, but she has
> to do most of the household chores. Her mother-in-law asked her to do.
> Sometimes she [sister] is tired and sleeps, and he comes home late, her
> mother-in-law would wake her up and kindly ask her to serve, *kindly*
> [sarcastic tone] ask her, "Oh, look at him, your husband is here, go, go and
> serve." But, you know, when she [sister] comes from work, nobody is there to
> serve her. My sister has to take her food and eat. (Set 1, I #3, CL in her 40s)

The husband's work is seen as the most important contribution at home, and the wife's work

outside the home and the salary earned were seen as supplementary.

Gendered role prescriptions dictated the notion of a "good woman" in a conjugal

relationship as someone who would cook, clean, and take care of the household. A good

woman is seen as one who practices virtue, tolerance, compassion, and obedience, and one

who would put her desires and rights aside or would be willing to make sacrifices for her

husband and/or children. In addition, a good wife is expected to know how to get things

done by her husband at the right time in the right way, and to control her partner's responses.

One female community leader elaborated on this responsibility:

> The other thing, there's a Tamil saying, again I am not sure whether you
> have heard but that means, umh. See, this is a spell that you cast on the
> pillow, which means, at night, when you're in bed with your husband, you
> can get a lot of things done. Basically, there are things like, you know, the
> way to a man's heart is through his stomach (laugh). So yeah, when they
> talk about how to handle the husband, even the funny ones, you know. One
> is through being able to cook well and then the other thing is being able to
> please him in bed, and then you know, knowing how to talk to him about
> issues that are bothering you, it up to you. So, a lot of onus is on the
> women, it's not on the man. (Set 1, I # 10, CL in her 30s)

Thus the onus is on wives to manage their husbands' behaviour, reactions, and responses by

using a number of strategies that included not talking back (self-silencing), pleasing the

husband (such as serving food), and asking for things while in bed. The notion of the wife's

power in controlling a man is captured in the saying, "Behind both the success (construction)

and the fall (destruction) of a man is a woman" (direct translation of a Tamil saying). Such

messages can play a crucial role in shaping the response of a woman who is in an abusive

relationship, especially if her husband and the families on both sides suggest to her that it is

her fault for not managing her husband's actions or anger.

Maintaining patriarchal gender roles and responsibilities. In order to maintain such

gender roles and expectations, most single Tamil immigrant men returned to Sri Lanka to

find a suitable wife. The underlying assumption was that young Tamil women who grew up

in Canada have adopted Canadian values that may not be appropriate for "good"

girls/women or on par with (often Hindu) Tamil values. This idea is captured in the next

excerpt:

> Young men, umh, refusing to marry young Tamil girls from Canada because they
> have all these ideas about equal rights, so we want to get a good girl right, quote
> – unquote. Good girl from back home. For example, if my expectation is that I
> would go to work, I would come back, and she would have done the meals for
> me, and she would take care of the children, and you know, I would come home,
> I can read the paper, watch the TV, or go to the community centre. But when you
> get someone from here, you are being forced to treat your wife as a partner right?
> Wife becomes a partner now. And, she has to go to work, and time to time, I may
> have to cook, and I can't come home and expect to have someone cook for me,
> and, umh, I had to do at least some of the household chores, and, umh, I don't
> have the privilege that I had before, right? (Set 1, I # 14, CL in his 40s)

As made clear from the previous excerpt and from other focus group discussions, as well as

from interviews with community leaders, there is a perception that Tamil girls growing up in

Canada may have adopted Canadian norms about pre-marital sex, love, and marriage, as well

as those about shared household responsibilities and tasks, and equal rights within a married

relationship.

Most Sri Lankan men who came alone had no family members in Canada and were

forced to assume household tasks. This was especially the case with the single men who

arrived in Canada soon after the 1983 riots. However, according to a number of focus group

and individual interview participants, the men often transferred these responsibilities to the

women (sisters, mothers, and wives) as soon as they arrived in Canada. This perception that

household responsibilities are women's domain is conveyed in the next couple of quotes:

> During that period when men are here and alone, they get used to doing
> everything on their own, but most people change...they take...that hierarchy
> situation. Men assume position automatically...yeah. As soon as their parents
> come, as soon as their wife comes, as soon as their sisters come, they [men]
> started expecting them [women] to work for them. There are exceptions. But

> mostly, as soon as they [the women] come, they [men] hand it over to women. (Set 1, I # 5, CL in her 50s)

> I know a lot of men who can cook so well. Once I met this family, he's such a good cook, but once he got married he rarely cooked because it's his wife's duty. Sometimes he doesn't like how she cooks a particular meal, but he doesn't want to say anything to show that he knows it [how to cook] better...(Set 1, I # 14, CL in his 40s)

Most participants felt that the patriarchal division of household work was often maintained in Canada. As noted in the latter quote, some husbands were perceived to go to various lengths to adhere to such gender roles and responsibilities. Some of the strategies men used included not cooking even when they could cook better than their wife or ordering food from the many Sri Lankan and/or Indian take-out places.

According to a number of participants, even if women are employed outside the home, work an equal number of hours as their husbands, and contribute equally to household income, some men adhered to the previously learned divisions of roles and responsibilities, as highlighted in the following:

> The husband only worries about bringing the money. He comes home, he sits on the couch.... "Oh [name], bring me the newspaper." Why can't he reach out and get it? The poor woman went to work too. She would have done a 9-to-5 job, and still she has to come home and cook, clean, and wash the plates and do all this because he worked. She also has gone to work, but that is not considered. (Set 1, I # 15, CL in her 50s)

This kind of pressure to maintain the traditional division of gender roles at home in the post-migration context came mostly from husbands. Women themselves also felt internalized pressure to maintain or take on the traditional division of household labour. While many women expected and felt happier in the long-term that their husbands shared household responsibilities with them, especially soon after their arrival in Canada, some women felt compelled to take on the full responsibility of managing the household. The reasons identified by the study participants for such an action on the women's part were (a) out of

happiness for finally reuniting with their husbands, (b) out of gratitude to their husbands who

are seen as having worked hard to financially support them and their children while they

were still living in Sri Lanka, and (c) out of gratitude to their husbands for bringing them to a

country like Canada where they "are able to get a good sleep and have some peace" away

from the fear and destruction of the civil war in Sri Lanka. Regardless of the reasons,

women, thus, also played a role in maintaining gender inequality between couples.

Some women also felt direct and/or indirect pressure from other family members to

maintain such roles. One woman spoke about the pressure she felt from both her own mother,

who is still living in Sri Lanka, and her mother-in-law, who lived with her and her husband:

> Sometimes my mum tell me, oh, you know, "Your husband is coming, now
> you're talking with me [on the phone], why don't you go greet your husband,
> and you know, serve him food and do things like that?" My mother-in-law
> never ask me to do things, but she immediately stop whatever she was doing
> and went and serve food for her son. But she never told me, "Oh you are his
> wife, you have to go and do things." But she thinks that she is doing because of
> love. (Set 1, I # 3, in her 30s)

As seen in the previous account, the transnational networks women (and men) maintained

with those in other diasporic communities in the U.K., U.S., Norway, and Germany, for

example, as well as those in Sri Lanka, also contributed to the perpetuation of patriarchal

gender roles. It is also important to note, however, that because of the disruption and the

ongoing war activities, not all Tamils living in Sri Lanka have access to modes of

communication such as phone, fax, or e-mail; consequently, they are not able to maintain

such connections. Thus, considerable discussion about and negotiation of gender roles and

responsibilities occurs between husbands and wives. This process of negotiation of roles and

responsibilities is considered next.

Negotiating new gender roles and responsibilities: Opportunity for change? Women

arriving in Canada had diverse expectations of themselves as well as their husbands.

Although some women who arrive in Canada to reunite with their husbands or to join new

husbands may be from lower socioeconomic backgrounds, not well educated, or have not

had any prior reasons or opportunity to learn English, others are middle-class women who

are well educated and speak some English or are fluent in English. While they may arrive

with the hope of continuing work or studies in their area of interest, they are also willing to

obtain and maintain any job to earn an income and to become financially stable as a family.

Although they found some of the work demeaning, the work allowed them to join the labour

market, reduce their dependency on their husbands or the immediate family, and, in some

cases, to gain respect, power, and authority both within and outside the home. As the next

two comments indicate, some women appeared to be able to get jobs easier and to earn an

income equal to or greater than their husbands', which seems to create changes in family

dynamics:

> When women migrate to this country, they are prepared to do any kind of job
> because they want to provide food for them. Because women are very creative,
> they can do anything. So they go out and work and start earning a good sum of
> money. And this man, who had been the provider of the family for so many
> years, now has to depend on the wife for money or for whatever; so he doesn't
> like it. When the role changes, he doesn't like it. Then there is jealousy, and the
> family dynamics changes. (Set 1, I # 15, CL in her 50s)

The general perception, however, is that these kinds of behaviour and expectations are

changing, albeit very slowly.

The changing attitude is evident in the excerpt provided at the beginning of this section,

which was taken from a focus group discussion among a group of men. Similar views were

shared in women's focus group discussions. A female focus group participant said, for

example, "Not all men do that...I know a few of my friends' husbands who are cooking,

cleaning, and also taking children to school" (FG # 3, P10 in her 20s). The change seems to

be more apparent among those who have immigrated to Canada at a younger age. One male

community leader spoke about the men who are willingly adopting new roles, often out of

their own initiative:

> I will tell you one example, you know. This is another guy...not educated couple, lower caste and I think ...he is very much a short tempered guy... but his wife was sponsored and when she came, right away I saw a change in him. His body language changed, his persona changed. I thought what happened, and I started talking to him...because I was worried that something must have happened to him. He started telling me then, "I am helping my wife and I am washing dishes. She has two kids and they had the baby after she came here. I am helping her.... I am a truck driver and she is alone so I have to come back and clean for her...so I decided to take local trips instead of long-distance trips." So this guy was actually able to see that his wife or partner going through that kind of suffering and able to actually contribute to her work. Instead of saying, "I don't want to cook," he is participating in dividing the work. So there is potential for people to change on their own too. (Set 1, I # 4, CL in his 30s)

Some couples successfully negotiated household roles and responsibilities based on who

could do the task better and easier, who had more time at a particular time of day, and who

enjoyed doing the task. Many others adopted new gender roles and responsibilities because

they had no choice, owing to their work commitments and timing and so on. One male

participant spoke about the changes men adopted because of lack of choice:

> Sometimes I can't ask my wife because she would have gone for work right? Sometimes, you know I go for night shift and she goes for day shift, so we don't see each other. So I had to make my own coffee; sometimes I have to do my own cooking too, and then I had to go and pick up my kids. Then take them to dance practice, this practice, and that practice, and then listen to them as well because, you know I can't ignore them. So that's, that's the situation a lot of men are in. So we, we have...I think I suppose a good number of men having been changing, but it's, it's very difficult; it's going to take a long time to change right? And umh...for a good number of them it would be forced change because of...what choice do I have, you know? If I don't have...and I go to Tim Horton's and get a coffee, but if it's too cold [outside], I don't want to go, and I have to make it myself. (Set 1, I # 14, CL in his 40s)

Thus, some men, willingly or not, took on more household work such as cooking, cleaning, and participating in child-rearing activities such as feeding, bathing, clothing, and taking them to school.

Relevance of gender role socialization to production of IPV. Both female and male participants spoke about the general community belief in male dominance within the marital institution. Connected to this belief is also a general perception in the community that "a slap here and there" was justified when it was appropriate or necessary for the husband to discipline his wife. In other words, a husband's disciplining his wife was perceived as acceptable if the woman deserved it or needed to be kept on track, or if it was used to prevent further and bigger family problems. The reasons given for needing to discipline one's wife were very much grounded in the gender roles and responsibilities assigned to women and in the "proper" behaviour expected of them. These reasons included incomplete or avoidance of household work, affairs or suspicion of extramarital affairs, the husband's right to have sex, talking back, giving the husband a difficult time, or asking for things at inappropriate times, for example, as soon as he gets home from work.

A lack of household work being done by the time men got home was one of the main reasons used to justify abuse, which is captured in the following statement:

> When the husband comes back from work, he expects his wife to be very active and doing things and taking care of him. Whereas she sits in the corner and mentally down, and maybe crying or watching TV or eating more...or staring at the wall or all sort of compensatory things she is doing when she must be doing things, and this leads to abuse. (Set 1 , I # 6, CL in her 30s)

This expectation appeared to be even more important for those men who worked long hours in multiple jobs or jobs that required heavy physical labour.

The second reason used to justify abuse was the husband's suspicion that his wife

was having an extramarital affair. This idea is evident in the next two quotes:

> For example, my father would say you can't beat your wife. He would put a stop to
> that, but for him, if a married woman is having an affair that is too much. In that
> case domestic violence would not be seen as that bad. Because then he [husband]
> has to, as a man, do something about it. (Set 1 , I # 8, CL in his 40s)

> That kind of cultural thing is there among the community. So when a woman have
> a, I mean, even just friends say, it doesn't have to be a sexual relationship, it just a
> friend, you say, they will talk bad about her, "You know she's a married woman
> why she hanging with the other opposite, men." (Set 1 , I # 7, CL in her 60s)

As discussed in the literature review and background section, extramarital affairs were

heavily frowned upon in the Tamil community (as in many other communities). However, a

double standard appears to be operating with regard to this behavior: a wife who has an

extramarital affair is considered as having committed a more serious and damaging act than

if such an act were committed by a man. As one participant noted, it is considered "not a big

surprise if a man does it," but women are expected to be the caretakers, nurturers, the one's

with virtue and control, and bearers of children, and are expected to uphold and pass on the

cultural values. The general practice in the Tamil community (as is the case in Sinhalese and

many other South Asian communities) is for men to have male friends and women to have

female friends. Men's and women's actions and activities together usually occur under close

watch and scrutiny. The practice of maintaining friendships with people of the same sex is

expected in the new context, even more so for women. The reason for the double standard is

highlighted in the following opinion:

> I really believe that in general when people go to a new country ... um men want to
> keep things in the way they were used to more so than women. This has been
> happening for ages like men want to keep the woman in a certain place because
> they are always afraid that if we give them more freedom they are going to cheat. It
> is present in all cultures, I think, there is always a certain proportion of men who

want to keep the things the way they were before moving to another country. (Set 1, I # 1)

The impossibility of closely watching men's and women's joint activities and interactions when one is located among people of many other communities with diverse values, beliefs, and practices has created the potential for men and women to have friendships with the opposite sex.

A husband's right to expect sex was a reason given to justify sexual abuse, in particular. As is the case in most societies, a wife is expected to have sex with her husband and vice versa; there appears to be a presumption of consent for sex within a marital relationship. Abusive husbands used this assumption as a reason for justifying their abuse of their wives. A male community leader (in his 30s) alluded to a situation that demonstrated such abuse in the following manner:

> What he does is he says that he expects sex every day. She can't do this. What she does is she is so frustrated with this and says go and find on your own. He wanted her to say this to the psychiatrist too, right. Then he [the psychiatrist] didn't understand that he [the husband] is asking every day and all these things. So, he asks, "You are husband and wife and why don't you do it." So, she feels offended first that the guy [psychiatrist] is telling like this, second, what can she do after that. Anyway he started to go and seek sexual favours from others. (Set 1, I # 4)

The previous excerpt highlighted the fact that not only did the husband and the psychiatrist agree that the wife should have sex often (with the implication that it should occur whenever the husband desired it), but also how the husband manipulated the situation so that he could have extramarital affairs as well. Further, such sexual abuse by their husbands could be even more unbearable for women who experienced sexual assault or rape either in Sri Lanka or during their travel to Canada.

Abuse was also justified if a woman talked back to her husband. A woman participant said she experienced physical abuse because she talked back to her husband. This reason

given for a husband's violence towards his wife was evident in a couple of other women's stories. The general expectation is that a good wife does not talk back to her husband. As one community leader pointed out, "When you come from a patriarchal society, you are taught you are a bad women if you talk back to your husband. [They think] "my mom kept quiet, therefore I also have to keep quiet." So it – it is transcended" (Set 1, I # 16, CL in her 50s). Ultimately the reasons given to justify the abuse of women within marital relationships are very much shaped by the patriarchal notion of what constitutes a "good" woman/wife/mother and by the distribution of power in the domestic sphere.

Perceptions of Changes in Class Status and Privilege: Gender and Race Lenses

Migration to a country like Canada seems to have changed the Tamil couples' class status. For example, as noted earlier in the dissertation, class is usually associated with education and jobs, access to property and so on. Many lost their businesses and property during the 1983 riots and ensuing civil war. Many others spent their savings and sold their property to secure a safe trip to a country like Canada. One's class status was further complicated in the context of post-migration, where people with higher education who have held professional jobs (and, thus, often a higher socioeconomic status or the potential to move to a higher socioeconomic class) are unable to maintain such status due to de-skilling and de-professionalization in the context of racial oppression. Some Tamil couples attempted to re-establish their class status and privilege within the community by various means. I have further described these ideas in the next few sections.

The complexity of the changes related to socioeconomic status is depicted in the two following quotes:

> [In Sri Lanka] men's income was central to the household and that way they held
> high status at home. Often even the educated women stayed at home. When they

came here the change was upside down. Women got the jobs and men didn't have jobs sometimes. Then wife takes the upper hand even if they don't do it that way, men are perceiving it that way. Perception can be different from what is actually happening. They [men] are unable to adjust to the transition. Here he is a nobody. In the meantime women who are working, decorate herself, and puts make up. If both were working back home, then it is okay here too. Some women don't understand his dilemma and pestering him for not getting a job – may be real and sometimes imaginary – this creates conflicts at home. (Set 1, I # 12, CL in his 50s)

Men often work for $7 per hour or so. It is not just about the money; it is also about dignity of labour. White people may say that someone has to do this work. Well we don't see a lot of white people in Toronto washing dishes in restaurants, cleaning buildings, and working in factories and doing those kinds of jobs. We are used to a culture where man is expected to hold a better paying and equal or higher status jobs. When we come here the husband is no longer held to the same status. This affects mental health; it creates stress, causes depression. There is a lot happening to maintain that [the previous] social status even if for appearance's sake. For example, 400 people are invited to attend a ceremony for child attaining age. This costs easily about $ 20,000 or more. This is about negotiating social status and prestige. (Set 1, I # 13, CL in his 40s)

In the Tamil community, as in many others, a man's worth is defined in terms of his educational, professional, and occupational successes, as well as by his income and wealth. As noted in the previous section on gender role socialization, Tamil men were socialized into expecting elevated status and respect at home. However, since coming to Canada, they have undergone considerable downward mobility in their professional, and economic statuses and the resulting change in social status. These changes are discussed next.

Change in professional status. As is the case in many immigrant communities, Tamils arriving in Canada are from diverse socioeconomic and educational backgrounds. They have, in general, experienced downward mobility in their professional status since immigrating to Canada. This is especially true for Tamil men from middle-class backgrounds who have experienced difficulty gaining employment considered appropriate for their educational, professional, and previous employment skills, training, and experience. While Tamil women from middle- and upper-class backgrounds are also often unable to obtain employment at the

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level of their educational and professional backgrounds, the impact of this change in status is felt more severely by men, which then results in various consequences at the individual level and beyond.

A number of women focus group participants spoke about the desperation their own husbands and other men in their community felt about wanting to work in their professions. Men found it difficult to maintain excitement, enthusiasm, and belief about a better future in this regard. They were stuck in jobs that they began many years ago, often as a stepping stone into a better job that did not materialize because of various constraints in the system. The participants' accounts implied that immigrants provided a source of cheap labour for the Canadian government. The general perception about various purposeful and systematic barriers is captured in the following quote:

> Basically in my honest opinion, I really believe what is happening is this: Canadian government is bringing all these educated immigrants to this country to basically clean their toilets and work in restaurants. You should be very naïve to think that Canadian government is very humanitarian... no, it is because the Canadian government needs people for its economy, I read somewhere,...this is a well-established fact that every year about 200,000 or so new people are allowed to come to Canada because the birth rate is so low and because not enough workers in the working age group but what is even more important is that they need people to clean their offices, clean toilets, and clean banks, deliver newspapers, and wash dishes in restaurants because not that many white Canadian people want to do these low-paying, low-status jobs... so there is no real motivation for Canadian government to invest in these people in a way that they become successful. Then who will do these types of jobs? (Set 1, I # 1, CL in his 40s)

The kind of work perceived traditionally by most Canadians and Tamils equally as being household chores (such as cooking, cleaning, washing dishes) are now also allocated to men of colour, such as Tamil men. Tamil men who are well educated and have been in professional employment found such work defiling and demeaning. The participants also spoke about the lack of availability of information and support in order for them to prepare

for and become aware of professional employment opportunities. They felt that the effects of

racism were deeply embedded in the professional employment sector.

A number of participants spoke about developing various physical health problems

from doing repetitive work (such as heavy lifting,) that they were not accustomed to nor had

the proper training for. In cases of injury in the workplace, their lack of fluency in English and

unfamiliarity with navigating various systems in Canada made it harder for them to deal with

the situation. Due to financial losses in the pre-migration context and debts related to the

subsequent migration process, Tamil men often were not in a position to take sick leave, nor

were they given the same choices offered to Canadian-born employees. In addition to the

examples of physical health concerns, participants also addressed the mental health concerns

that could occur subsequent to such changes in one's professional status. The following

passage from a female community leader emphasizes the impact that such changes can have on

men's mental health:

> That has affected quite a number of qualified people who came from Sri Lanka,
> who were doctors, lawyers, who couldn't get jobs according to their
> qualifications...quite a number had mental issues. I know a few of them who
> became...got mental health issues because of this. They went into depression.
> Because one thing, they had to get Canadian experience. To get the Canadian
> experience you must have the first chance of working somewhere right? So that
> was a big problem. And then, even, their qualifications weren't recognized,
> right? If you are in many other countries like England, they [the qualifications]
> are recognized, and you immediately go into a teaching profession if you're a
> teacher....because of, of, of, we, we were a British colony. I know of teachers
> who have worked with me who went to England and immediately got into
> teaching jobs, whereas [in Canada] you have to go through another phase of
> learning or doing another degree or whatever it is, to get into a job. And the
> doctors found it difficult, umh...accountants found it difficult, teachers found it
> difficult. So they got into any job that was available. It became degrading for
> them. It was very depressing, and many of them didn't want to even talk about
> their jobs that they had here, right. They were so sad and embarrassed. (Set 1, I #
> 7, CL in her 60s)

The previous quote indicates that while, in comparison to other English-speaking countries,

Canada appears to have more liberal attitudes and policies towards accepting refugees and

immigrants of colour, it employs various other means of systematically racializing people of

colour.

Besides commenting on their change in status, the speaker in the previous excerpt

also referred to the men's feelings of sadness and embarrassment within the community.

Often we are identified and judged by our education and employment, a custom which is

especially important to men coming from a patriarchal society where they are expected to

hold a higher employment status than women. One's employment is also a common area of

interest and discussion during social gatherings, which led some Tamil men to withdraw

from social gatherings and events within their own community. One female community

leader described her experience of witnessing her husband's distress and her own dismay as

follows:

> Believe it or not, I am a living example; I live with a man who is going to a job
> day in and day out because he is…his experience or his knowledge is not being
> validated here. His degrees are nothing here, it's not "wow" anymore. (Set 1, I #
> 16, CL in her 50s)

Another woman spoke about the implications of the change in husbands' professional status

on family dynamics in the following manner:

> You don't know what it does to the family, not just to the man, you know.
> Because when we marry, women always marry someone who is doing a better
> job or is better than you professionally or whatever. But, here a woman lawyer
> can marry a chef, she can marry anyone and it is not a problem at home. But our
> society is set up to say that women should always marry up or higher. So, when
> we come here, things become upside down. It does affect the family a lot. Like I
> mean, he doesn't like to go out much – so it's social withdrawal. Only with very
> close relatives. (Set 1, I # 15, CL in her 50s)

As a result of the downward mobility in their husband's status, some Tamil women also

experienced distress and/or often sympathized with their husbands, and re-considered their

own experience at home within such a context. The participants spoke about the fact that

while Tamil women attempted to achieve gender equality at home, they were not looking to do so at the cost of their husband's failure and loss of status and respect within the community. The hope is for the whole family to gain better status, equality, and quality of life together.

Change in economic status. The economic status of the Tamil families was influenced by a number of factors related to the pre-migration, border-crossing, and post-migration contexts. The relevant pre-migration factors included loss of property and wealth, and the displacement costs within the country associated with renting new homes and apartments. Staying in Colombo to obtain immigration and travel documents or to find an agent to arrange a trip to a safe country was costly. Tamils who stayed in Colombo – the business capital of the country which is a Sinhalese-governed area – were vulnerable to threats, searches, and other concerns owing to the many incidences of actual or attempted bombings by LTTE or other Tamil militant groups. Accommodations that did not easily attract the Sinhalese Army's attention and were not subjected to frequent searches were costlier. In addition, hiring an agent who would bring Tamils to Canada could cost from $20,000 to $60,000 per person, depending on the length of the route, the countries through which the journey occurred, and the delays or changes in the journey that could occur.

Initial post-migration costs were associated with starting a new life in Canada. Because of the intricacies of travel, most Tamils arrived with only the basic items for day-to-day living. The resettlement expenses varied depending on whether they came alone or as a family. Tamil men who came to Canada without their immediate family often shared accommodation with other (Tamil men) friends, acquaintances, or distant relatives, and often received basic supplies from them. However, as illustrated in the following excerpt, the cost

of living increased substantially when the families reunited:

> When they [the family] were there [in Sri Lanka], sending money for them was
> easy, you know. Because if you send $100 from here and they convert it [and] it's
> a lot of money for the family in Sri Lanka. But when they [the family] come here,
> you cannot manage here. They need a lot of money, they need to buy coats, they
> need to buy clothes, they need to buy boots, and shoes, school uniform, and
> everything. Because most of the people working…for minimum wage, so they
> can't afford to do anything. So this financial burden on the man, they don't know
> how to… they blame themselves also, they are unable to provide for the family,
> and then they can't be a husband, they lose this main thing. They become violent
> too. (Set 3, I # 5)

The burden of supporting the family rests mainly on Tamil men, and when they are unable to

fulfill this responsibility, their prestige and privilege as a husband and a father diminishes,

which, in turn, was attributed as a factor that could create abuse at home. A number of

participants spoke about the children putting their fathers down for having left them behind,

or for not being able to bring them to Canada sooner, or for not being able to afford the

things other children had. This topic of loss of status is further elaborated next.

Men's attempts to regain their status at home. Downward mobility in citizenship,

professional, and economic status often resulted in loss of social status for men at home, as

well as within their extended family, the Tamil community, and the larger Canadian society.

This loss, which does not fit with the gender role assigned to Tamil men in a patriarchal

society, can be a demoralizing experience. Across the interviews in this study, there was

agreement that, as part of the custom of arranged marriages in Sri Lanka, women almost

always tended to marry men with equal or higher educational and professional status with

associated living standards. When the men cannot fulfil this role, difficulties can occur

between the couples. While most women were seen to be supportive and understanding about

the change, according to a number of community leaders, some women also tended to use

their husband's lowered status as a weapon, especially during arguments. An example of an

insult was described as follows: "I didn't marry a factory worker, I married a teacher" (Set 1, I # 13, CL in her 40s). These kinds of criticisms, in turn, were noted to lead to conflictual situations at home. For example, another participant observed, "How women kind of react to this, how she handles this in her interactions with her husband... can create problems at home" (Set 1, I # 10, CL in her 30s). Men tended to regain their status and household authority through various means; some found new ways (e.g., finding a hobby to excel at) to gain some sense of self-esteem and identity beyond their roles as a husband and a father, but others were perceived to resort to abuse to regain status and control at home.

Local and Transnational Social Support Systems

Coming from a collectivist society and culture, the Sri Lankan Tamils were used to a particular social structure and networks that both positively and negatively influenced the Tamil families' lives, especially those of new couples, young families, and/or those who were undergoing any kind of difficulty or challenge. These networks also functioned to enforce certain values, beliefs, and expectations from Tamil men and women. The social networks reinforced patriarchal gender roles and responsibilities through effectively keeping a close eye on men's and women's activities.

The social networks within the Tamil community in Canada are different from those that they were accustomed to when they lived in Sri Lanka. The next excerpt, taken from the discussion among Focus Group # 5 participants, alludes to the importance of social support for both men and women, and to the impact of the changes they experienced in their social supports in the post-migration context:

> P1: Support is not the same as what it used to be back home. But it also depends on how we maintain it. For example, in the case of my cousin sister, we have a good relationship. If something were to happen they will be there to provide support. But the relationship is not as close as what used to be there. If there was

a festival at a temple, we would get together and take the cooked food at the temple to relatives, and there was more dialogue amongst us. Here this is not possible.

P2: How is it practically possible? The husband would have at least two or three close friends…wife would also have some. So, of those, two or three families would become close. They will come for a party or something or what not. These are the people that will be helpful to each other. If one were to have a stomach ache…they will be there immediately to do something. Even if conflicts were to occur, it will be easy to resolve in such a group. But, most don't make use of these opportunities. Some are converting these good things into big alcohol parties at a hall or this hall…and it ends up bad.

P4: Relationships are much tighter back home. I just went back with my family. Even now when we go back you feel the same connection. It is not the same here. Even when we have relations here, we would think about interfering or not.

P3: In my opinion, when there is fragmentation in the family unit, there is bound to be fragmentation in the society. Family is what makes a society.

P4: Things like Death anniversaries are an opportunity, in the name of a loved one, for families to gather. There is also a difference between how you do these kinds of things back home and here. Back home, these things are usually affairs that last for a couple of days. Women will gather and plan who is doing what and how. But here it is just that day…you come together eat and do some small talk and then go your separate ways. There, males will be talking in one group and females will be talking in a group. There is lot that happens when they are talking.

This excerpt points to the changes in the social networks (as in structure) and the support (as in the function of the network) the participants experienced in the two countries.

In Sri Lanka, Tamil men and women sought support from a selected group comprised of their immediate and extended families, as well as their neighbours and friends. Elders were seen and accepted as "looking out for you." This perception is evident in the next quote:

Back home you have the support of your parents, your uncles, your aunts, and your extended family. And also elders who are there, I mean, who are always looking at you or caring for you, and maybe giving you some sort of, not advice exactly but… umh… caring for you. (Set 1, I # 7, CL in her 60s)

Support and advice were often given by those who were older and more experienced. During

a focus group discussion, a male participant said that in Sri Lanka, the close contacts they

had with extended family meant that "good" advice was easily given to one another:

> In the past, our families are used to living together in "Natchar" [homes
> with four sections] homes as a joint family. After coming here they have
> all been separated. You look after your own thing. There, we had people
> to give advice. Mostly, 80–90% of the times, you used to get good
> advice. Only some were unneeded. (Set 2, FG # 6, participant in his 60s)

In addition to giving advice, social networks provided instrumental, informational, and

emotional/psychological support and resources.

The availability of instrumental support contributed to the smooth functioning of the

household and provided a space within which the families could spend more time with each

other and with other families and friends. The following quote demonstrates one participant's

perception of what instrumental support was like for the women in Sri Lanka compared to

what is available within and outside the Tamil community in Toronto:

> [In Canada] if she can't take the kid out, how many other parents are there
> to go and say, "I'll go do that for you today. I am going down so, I can
> pick up your kid also, you can stay at home today," you know? All the
> networking things haven't been done here…everybody is walking down.
> Why? Unnecessarily, right? I mean, if they could actually figure out, ok I
> will go do this today and you go do this tomorrow, right. Back home we
> had that right? Back home we had that! (Set 1, I # 4, CL in his 30s)

In addition to instrumental support, members of the extended family and close friends

provided emotional support and advice to married couples. Another participant spoke about

the informational support and sharing that occurred through the informal social networks:

> In Sri Lanka, you will find…ahh…yet again it goes back to the extended
> family and people getting together on a Saturday or a Sunday, where
> they talk, and they…I mean, it's talking right? Communicating. And so
> there, there's an opportunity for them to get together and talk and maybe
> joke and play, do everything. It is about information-sharing…people
> learn from each other, whereas here…. (Set 1, I # 7, CL in her 60s)

There appears to be a tendency to see social supports that existed in Sri Lanka only in a more

positive light. The following quote further highlights the closeness the participants generally

felt existed in their communities back home:

> Support system in Sri Lanka is very great. Like when you fall there's a big cushion to take care of your fall, I think. From what I've seen because of the dowry system like I mean, they have the money, and the whole community, if there is a mishap or something, the whole community weeps with you, even the vegetable vendor. Like I mean, she will ask, "What is wrong with you today baby?," like I mean, you know that's the thing. You are not alone. Here even if you're dying, even if you are coughing, nobody – they just ask you, "Oh how are you today," but they don't expect an answer. They don't even expect an answer. It's like a computer default, like umh, it's just – it's with automatically comes in without a response. (Set 1, I # 16, CL in her 50s)

The honesty and security the Tamils felt in the "back home" networks appear to be lacking in

the new context. The changes in the social networks and supports Tamils experienced in the

post-migration context are discussed next.

Since coming to Canada, Tamils have witnessed a change in their informal social

supports, both in terms of the size and the structure of the social network and in the quantity

and quality of the support received. The support networks have become smaller and non-

existent in some cases; however, this situation is varied for men and women and has evolved

over the past 20 years. Those who arrived in the 1980s to early 1990s appeared to have had

more support, even though the informal support networks were smaller. Two of the focus

group participants spoke about the support they received from friends and family:

> We went to Montreal because we had friends there. We came here [to Toronto] because we had friends here too. So, there was not too much need for us to go to any other associations. We did most of the things through our friends. It was our friends who helped us find a school and a job. (FG # 2, P1)

> I didn't approach any organizations. My cousins were able to let me know about landed papers, social [insurance] card, etc. I was able to go and do things and go to places as they instructed so it was OK. (FG # 2, P3)

Others had obtained support from strangers (e.g., Tamils meeting in an airport) and were

pleased with the kind of support they received within the already established Tamil

community.

This support, however, has not been consistent for both genders or over the years. For

example, women who came to Canada after being sponsored by their husbands or future

husbands were at a disadvantage because they often had to rely heavily on their husbands'

family. According to a few community leaders (such as I #1, I # 4, and I #5), this situation is

changing as more relatives are being sponsored by women themselves. However, in recent

years, even though more family members are being sponsored and the Tamil community is

becoming larger, Tamils have found it more difficult to obtain adequate support readily as

compared to the 1980s and early 1990s. Even if relatives and friends live in the GTA,

obtaining support from each other has become more difficult owing to busy lives and time

constraints. A female community leader noted the distress felt in the community:

> [Social support] is something they point out to as a big problem here related
> to all sorts of these issues because there they are--you have your extended
> family and there's this structure in the village and everyone knows each
> other. And there's more support and people get involved.... But here,
> people are sort of... everyone is sort of cut off from, from... there's very
> little contact within families. Here, either the person who was your
> neighbour, might be in Canada but may have to take three buses to go [or]
> that person doesn't have the time to talk to you. (Set 1, I # 2, CL in her 40s)

As face-to-face contact was limited, some sought to connect with each other over a phone

conversation. However, many complained about the limitations of such connections. One

participant said the following about phone conversations in comparison to face-to-face

contact:

> What actually happens is that you feel like you said something and you get tired
> also because you are spending so much time explaining things, but it is not deep
> enough to... you know. So you feel like a tack...you know...just stays
> there....lot of worries and things like that. (Set 1, I # 4, CL in his 30s)

The other reason for the differences in support was related to adopting, or being forced

to adopt, Canadian values. Many participants felt that since coming to Canada, people have

adopted more nuclear family values and placed less value on extended family structures. As

well, they adopted the practice of "minding your own business" or not interfering in others'

matters, in line with their Canadian counterparts. While they seemed to have adopted such

values, many Tamils also complained about the lack of contact and connection with and

support from friends and family. Such a push-and-pull process and the resulting changes in

social support have major consequences for individuals as well as families.

First of all, the participants felt that in Sri Lanka, men and women learned life skills

through social networks that are not available here for a number of reasons. Some of the

consequences are apparent in the following:

> If you take a person who came in 84, it took him about 10 years so to get his
> [immigration] papers; thereby for 10 years he had to wait to sponsor his family
> members or whatever, right? Then the men actually were living on their own
> or sharing apartments with other guys. To develop their social skills to be with
> a woman and to understand how to be a parent, informal support systems were
> not available. They didn't have any roles models. They were just boys, you
> know, and they never had the social uhm [training to become a family] so this
> is going to affect later and nobody knew that right? (Set 1, I # 4, CL in his 30s)

The previous comment indicates the kinds of consequences that the lack of informal social

supports has on marital relationships, such as a lack of role models. The nature of the

changes the community has experienced in terms of social supports also has implications for

Tamil men and women and their children, especially in the context of IPV.

A lack of social support can increase the stress and household responsibility of both

partners, as well as their reliance on each other for support and help rather than on family and

friends. This sole reliance on each other can cause a tremendous amount of stress for each

partner. A participant has highlighted a possible scenario:

> When there is pregnancy, when there is childbirth, and all that, they have no

one to care for them, and that is the time when they need them [family and friends] the most, you know what I mean. That is the time when the husband also might feel stressed out that he has to look after them and care for them. And, he might move out...(Set 1, I # 7, CL in her 60s)

Such stress and resentment appear to change family dynamics and, at times, lead to separation and divorce. Not only did the change in social networks and support lead to increases in stress and conflicts within the marital relationships, but it also shaped women's perception of abuse and their responses in dealing with it. In the next section, I will discuss the perceptions of IPV and the factors that determine women's responses in abusive situations.

Section 2: Perceptions of IPV and Determinants of Women's Choices

Women's perception of abuse is very much shaped by both gender role socialization and the perception of abuse in the micro-, meso-, and macro-levels of the society within which the women are located. I begin this section with an excerpt from a group of women participants (FG # 3) to indicate the husbands' controlling behaviour in limiting women's freedom in the post-migration context:

P2: Everyone is facing the same problem. There back home, I had more freedom. When I was living with my parents, I went anywhere. Whereas here, I find that my husband controls it. Wherever I want to go, I have to say that I'm going here or I have to get the permission, "Can I go? Can I participate?" I feel that my independence and freedom totally lost here.

P3: I agree with her. When we were with parents, we were more free, we were happy. Then I left that freedom and came to a controlling... person. I have to listen to him, I have to ask him, I have to live obediently to...to prove that I am a nice wife... a total transition from there to here. We can say, umh, we have more freedom for woman in Canada, but personally, this is the way we are living here.

P4: I agree, even though people tend to say that there is more freedom... more rights here, for women, in reality...this is the situation.

P1: Even for a place that I wanted to go… it could be a function or anything, I have to ask whether he also likes that…umh, if time is suitable. When he comes home from work, I have to look …whether he is in a good mood or a bad mood, stress mood; or he is really, really tired, I have to look for those things…signs.

While there is a common tendency in many societies to equate abuse with the physical form of abuse, in this study, the participants spoke about various forms of control, threat, and abuse. Their perception of various forms of abuse is presented next.

Forms of Abuse

During both individual interviews and focus group discussions, participants described various forms of abuse including physical, verbal, emotional, sexual, and financial abuse. However, they felt that, in general, the concept of abuse held in the community related mostly to physical abuse, which was also often thought to be the worst form of abuse. One of the female participants described her experience of physical abuse as follows:

I live with one fight and start another fight. One time, he…I argue little, very little much, not more but he abused, abused many times, beat me in the face, everywhere bodies and everything and next day I had a pain…a lot of pain, everywhere it is blue. Everyday maybe, every, every, everyday, one week he abused me, Okay. Next day, I can't turn, I can't see, my face is blue, blue. I don't know how to say, many bruise or something. (Set 3, I # 4)

Along with physical abuse, a number of participants mentioned being isolated:

He started isolating me. I didn't have any of my family but he started isolating me from his family. Because whenever there is a function or things like that, he will bring up a fight, or he would just dress up and go and tell them that I am sick, or he will say something nasty about me. So they got nothing to do with me that is his way of preventing me from [meeting] them. (Set 3, I # 5)

Referring to their isolation, some participants also spoke about being "locked up" in their homes, which is evident in the next excerpt:

Five years I spend my time in home-jail, home-jail! Home was like a jail, I didn't go outside, always sitting in my home. Umh, sometimes he took the phone too at work. [He took the phone?] Yeah. The phone receiver, he took, I don't know why. (Set 3, I # 3)

This participant compared her experience to being in a jail. Her husband not only locked the

door from outside so that she could not leave but also prevented her from speaking to anyone

over the phone. Another woman spoke about how her husband stopped her from leaving the

house to further her education:

> He saying why you want to go and study. I always tell him I want to go out and
> finish my education, I want to continue. He said why you have to study? Why
> you going there? You wanna see a man or something like that? (Set 3, I # 6)

Others spoke about their experiences of verbal abuse and their attempts to avoid it. In

the first of the following two quotes, a female participant shared her experience of being

verbally abused by her husband; in the second, a female community leader (CL) spoke about

"keeping quiet" to avoid verbal abuse:

> He calls me Nai [dog/bitch] and he calls me Vesai [slut] and he calls me these
> everywhere. I do not want to say these names because in Tamil it sounds worse.
> He says these things in front of children and my son has also begun to use some
> of the words. (Set 3, I # 2)

> You don't talk back, so, if you talk back, you are arguing, you know. If you
> talk back, it is a big thing, you are arguing, you know, you cannot argue. So
> even trying to discuss something, I have problems with my husband. I don't
> argue. I just talk about it, but he would say, "Why are you arguing or why are
> you jumping at me, why are you doing that?" So we cannot say anything even
> the right thing you cannot say, sometimes…I just keep quiet. That is better
> because it hurts when they talk back and hurt you, you know, it is hard. (Set
> 1, I # 15, CL in her 50s)

Sexual abuse was discussed very hesitantly by participants. One of the main reasons for

this response was the fact that sex and sexuality were not considered appropriate topics for

conversations among family members or with outsiders. Another reason was that some

family members did not take the issue of a husband forcing sex on his wife seriously. One

community leader spoke about these ideas in the following manner:

> It is a big agony, you know, the sexual harassment. You don't want to have

sex with somebody who is really harassing you sexually, you know. He could be my husband, but I don't want to sleep with him. It is like sleeping with the enemy for the woman, which the relatives…she can't explain to them and they don't understand and…such cases are there. This particular woman told me that when she was uhm even traveling in the train this man will hold her and put his hands near her breasts. I mean this is his wife and you have all the time to make love at home. When you are harassing like that, you know, and in front of the children and he wouldn't let her go and she is scared when she gets home. (Set 1, I # 6, CL in her 50s)

One of the strategies women used to escape sexual abuse by their husbands was to sleep in the same bed or the room with the children. However, when they perceived that he would make his advances in front of children, they often gave up these attempts to find safety.

The participants also spoke about their experience of emotional abuse. In the following excerpts, two participants explained that the emotional abuse they endured was far worse than any physical abuse they experienced:

Once in a while he wouldn't talk to me for one week. He would be very silent. I wouldn't know what I did wrong to make him mad…to not talk with me. I hope and pray that he would talk to me again soon. There were things like this. The smallest, smallest events. He told me one day, "I don't know why you are not getting pregnant," but I don't think anything is wrong with me. But I was not going to question him. Then I became pregnant. Then he didn't like the idea that I was throwing up. He was saying I was fat and then he wanted me to end, end this pregnancy. And I didn't know what to do. I didn't know where to go. Then one of his cousin, she told me to go terminate. I know it's a sin but I wasn't sure what to do. She is an older person, and she has a son, and she's telling me and he is telling me. So I did the abortion. It was agony for me. (Set 3, I # 5)

My husband after work would go home to his mother's place. He would come home very late in the night to sleep. He was doing this for awhile. So when I ask, say all these nasty things. He would say, "Oh, why you care if I go there and come. I went to see my mother, why are you getting mad? You cook, take care of your child, be home." And he wouldn't even help me to do the shopping and everything even in the winter. Then I was kind of low and desperate for help. Mentally I couldn't go through this any more. I was born as a Hindu. Through these experiences, then I thought where is God. 'Cause I was very honest, very honest. And I was thinking, you know, I didn't do any harm, why do I have to suffer? Where is God in all these things? (Set 3, I # 6)

The women also talked about various ways in which their husbands exerted control over them and their lives. For example, one woman (Set 3, I # 6) spoke about the threats she experienced even before she was married. While she was dating her future husband, he started threatening her that he was going to tell her parents about their love affair and the fact that they were being intimate. She said that he threatened to send their letters and photos to her parents and neighbours if she broke up with him. To avoid shame to herself and her family, she remained in the relationship and eventually married him.

A number of women spoke about financial abuse, which appeared to have more significance in a new country, especially for those who had no family and friends in Canada and spoke no English or limited English. The following excerpts highlight how some men abused their wives financially, regardless of whether the woman earned an income or not. In one case, the woman was not employed outside the home; in the second, the woman was receiving social assistance, and in the last example, the woman was earning a considerable salary of her own:

> I always take my kids to …doctor. He gave to me only bus tickets, up and down, two tickets, no money. One time I ask to him, "Please give me $2 or $1 sometimes I like…not I like, sometimes I need to drink some juice or something." "No, no, no, you don't drink anything out of the home, you come back and drink juice. Why do you need for the money?" No. Sometimes [I ask for] 25c for urgent [situations], I want to phone… okay, please. Nothing, only two bus ticket, only two, up and down. (Set 3, I # 4)

> Most of the people that we help here are poor, and they have social assistance – they are on social assistance. So what happens is their social assistance comes under husband's name and he does not give it to her (Set 1, I # 16, CL in her 50s)

> I know that women they get a pay cheque and bring it and give it to their husband…the whole pay cheque…and they don't get a cent from that. That is very, very sad, you know. He does whatever he wants. They say, just to have peace, they are doing that…and he's taking care of the money matters…(pause)…but she doesn't get a…I know a family…the wife goes to

> work...she brings the pay cheque...and the husband buys her 10 [TTC] tickets every week, and gives her the 10 tickets and that's all...so no pocket money...once in a while one or two dollars...and she earns about a thousand eight hundred dollars a month. Bus tickets...TTC...so that is it in her purse...there will be 10 tickets and maybe one or two dollars for the week for a coffee or so. (Set 1, I # 5, CL in her 50s)

As can be noted in the previous excerpts, husbands often controlled the finances at home. Supporting this idea, another community leader said, "Maybe about 20% of the women might have their own accounts" (Set 1, I # 14). This insight is also related to the fact that, especially initially, it is the husbands who arrive in Canada and sponsor their wives and to the fact that initially the women might not work.

Often women experienced multiple forms of abuse. However, of the various forms of abuse, less stigma appears to be attached to financial abuse, which may lead women to acknowledge it more openly. One community leader (in her 50s) explained:

> There is financial control. So from that they talk about the emotional abuse and the verbal abuse. He puts her down, and he uses demeaning words and calls her, and like insulting in front of the children and...then slowly it's a physical abuse. (Set 1, I # 16)

When speaking about various forms of abuse, the participants also said that women did not often leave their husbands, which was seen as the last resort, for emotional or financial abuse, but only for extreme forms of physical or sexual abuse. One female community leader stated that women remained with their husbands, "Unless and until it escalates and she cannot take it or if there is threat to her life or her children." Furthermore, a "slap here and there" was not considered abuse. This perception is evident in the following quote from a woman participant in a focus group: "It is not like he is abusing her everyday." In other words, abuse was perceived as such only when the abusive behaviour occurred frequently or continued over a lengthy period of time.

Determinants of Women's Choices in and Responses to

Abusive Situations in the Post-Migration Context

Migration to a country like Canada has created many opportunities and possibilities for Tamil women; however, these come at the expense of significant losses, some of which, including loss of close connections to and support from informal social networks, have been discussed earlier in the chapter. The focus in this section is on a number of other factors that shape women's choices in and responses to IPV in the post-migration and settlement context. I use the term *choices* here to indicate the alternatives available to a woman, and by *responses*, I indicate the choice(s) she picked and why she responded as she did. The main factors that limited women's choices in and responses to abusive situations included (a) gender role socialization and expectations, (b) conflicting and competing expectations and priorities, (c) unfamiliarity with Canadian ways, and (d) limitations in formal social and settlement supports and services.

Influence of Gender Role Socialization and Expectations

One of the principal factors that shaped women's responses to abusive situations was their gender role socialization regarding ideas about the good wife/mother. As noted previously, girls and young women were raised to take on the roles of the nurturer and carer for the family, which places an enormous burden on them to remain in and preserve their marriage at all costs. Other expectations are related to arranged marriages, pre-marital sex, and the belief in one marriage.

While ideas about arranged marriages and love matches are changing in the Tamil community, the expectation continues that young women will remain virgins until they marry. This expectation creates pressure for young women to get married if they have gone

out with a man. One community leader spoke about such pressure in the new context:

> I talked to her mother and father on the phone. They were pushing the girl to
> marry this boy because she was already going out with him. They were very
> upset because he was part of a gang or whatever. So the parents didn't want her
> to have anything to do with him, but she was adamant about going out with him,
> so they wanted her to marry him and at least register, you know. This is the
> problem in our community; they want the security you know. He started abusing
> her as soon as they got married. (Set 1, I # 15)

Not only did women feel pressured to get married, but once married, they felt pressure to

remain in the union.

The preference for arranged marriages and the ideal of remaining in one marriage for

life are often enforced through spoken and unspoken community pressures. One community

leader expressed this idea in the following manner:

> We Sri Lankans are very proud about the idea of one man to one woman. So, the
> women don't want to leave relationship in case they are not being accepted by
> the society. (Set 1, I # 16)

In addition, as in many other communities, a married woman in the Tamil community holds a

higher social status than that accorded to a divorced, separated, widowed or single woman.

There is a double standard for men and women in terms of the opportunities and expectations

regarding re-marriage:

> When a wife dies, a man can get married after one year, or even next month, no
> matter what. But if a woman got married, "Oh, she was like that even when she
> was with her husband." So if she is [re]marries, she is seen as a whore. (Set 1, I #
> 15)

The previous comment demonstrates the different freedoms for and expectations of Tamil

men and women that continue regarding marriage and re-marriage. One of the community

leaders (Set 1, I # 5), for example, said that since her divorce, she was no longer invited to

participate in certain rituals at her relatives' weddings and that she also entered houses where

certain events took place through the back door. Another woman participant said that she had

not attended parties and/or social events since her separation from her abusive husband (Set

3, I # 2). Since separating, she had elected to tell a number of Tamil couples that her husband

was still in Sri Lanka waiting to be sponsored. She spoke about wanting to avoid being

treated differently or being suspected as a "potential husband grabber" by other women.

Conflicting and Competing Expectations and Pressures

Conflicting and competing expectations and pressures that women faced could be noted

at the micro- (family), meso- (community), and macro- (larger Canadian society) levels.

Other pressures for women to take a particular course of action in response to an abusive

relationship came from or were related to their children, and to the social ideal of a good

mother. The following quotes support these ideas:

> Sometimes even the children blame you, you know. She is working and taking
> care of them, and doing everything. The man doesn't give even a penny, you
> know, to your children. But they [the children] blame you because they don't
> have the comfortable life or the big house or whatever, you know. Even
> sometimes, she is despised by the children because she has deprived them of their
> comforts. (Set 3, I # 3)

> She thinks if she decides to walk away from the relationship, then she is
> depriving the children. Maybe she doesn't know how to drive, maybe she does.
> Maybe she cannot provide enough for the children. Maybe the man is abusive
> only to her and not to the children, and he is very loving and concerned with
> them. So there is a difficulty in choices. (Set 1, I # 9)

In Tamil households, children are the priority and centre of attention. Their safety and comfort

often become the determining factors in many parents' decision-making dilemmas.

The pressure on women to remain married also came from their own family members

living in the GTA. The next excerpt is from a community leader who felt angry at a number of

family members who pressured women to return to their abusive husbands:

> Even her own sisters and brothers may not allow her to go or separate, you know,
> that happened to a several people I know. One time, I uhm...one woman went to
> the shelter and I met her in the shelter. That woman could not even go out because

she was scared. Her brother was waiting in front of the shelter, a little bit far away. When the sister came out he just grabbed her and told her, "You have to go back to your husband, you cannot live here, I am not going to let you go now." So, this kind of pressure, you know. In some families, they don't talk to the women because she had left her husband. (Set 1, I # 15, CL in her 50s)

The families also used children to pressure women to remain in the marriage. For example, two community leaders added the following:

The families, family members' relatives, even friends they always discourage a woman to separate from her partner. They always support the ideas by showing the children, you know, "If you leave him, then your children will lose their father." (Set 1, I # 3, CL in her 30s)

After this, women also start blaming themselves – maybe there's something wrong with me? Maybe I should have listened to my mother and stuck with him. That's why my children also don't respect. Like if she's being a doormat and staying with that man who is abusing, even the children won't respect it. But then again, if she walks out on the husband, so again she is depriving of the comforts he may or may not provide. (Set 1, I # 14)

As noted in the latter quote, women often faced another dilemma, which was whether the children would blame her for leaving their father or for remaining with their abusive father. Only one of the women participants who had encountered IPV had no children. Four of the five women participants with children said that their children (all under the age of 10) were the strongest supporters of their decision to leave their abusive husband. Interestingly, in this study sample, only the one woman with adult and married children did not have their support. Instead, they also subjected her to much blame and accusations.

While in the post-migration context a woman might not have her own family living nearby, the transnational networks some maintained often made it possible for women to contact their families back home. Although some family members living in Sri Lanka supported the women's idea of leaving their husbands, others were adamant that the women should remain with their husbands because of the circumstances related to the civil war, or to

get the unmarried sisters married off, or for financial reasons. A number of women remained

in the abusive relationship in order to ensure that they could continue to support the families

back home. Similarly, because of the way the Canadian immigration system is set up, the

women's actions, such as going on welfare, or being unemployed, or filing charges against the

husband, could negatively affect the woman's (and also the man's) chances of sponsoring

relatives:

> If she was sponsored by her husband and she walks away from him, and has to
> go on social assistance, as long as she's on social assistance, she cannot sponsor
> anyone from home. But if she – if she sponsored a man from outside, and he
> abuses her, and if he goes on social assistance, then there is no way she can
> sponsor anybody. (Set 1, I # 16)

Thus, a woman's response often was based on the careful evaluation of benefits and risks,

not only to her and her children, but also to her other family members.

In addition to expectations and priorities related to their families (micro-level), women

also felt pressure from the community (meso-level). Regarding this issue, one participant

said:

> This community that can be supportive is not at all supportive. Now, for example,
> if she leaves the husband and she attends a function, she is put aside and she's not
> even allowed to taking part of the event. And also when she comes to the marriage
> of the children, she's not given any choice because like, I mean, what if my
> daughter does not get married if I don't stay with this person. (Set 1, I # 13)

Supporting the idea of general community pressure on women, a woman participant who had

experienced IPV said the following:

> Women cry, commit suicide, or they die...they just, you know, they feel bad
> about their fate, and they silently cry; how many women have wounds all over
> the body, they still live together, you know. They have bruises all over and even
> on the face and everywhere but they couldn't get out because, because of the
> society. When women leave [their husbands], the society looks at the women as
> the bad person who left the husband. They don't look at the husband as the bad
> person. The wife is the bad person. She is ostracized by the community. (Set 3, I
> # 6)

The community perception of self and being part of the community are important considerations for Tamil women because of the various forms of subtle and overt racism and othering based on skin colour, dress, accent, and behaviour that they experienced in the larger Canadian society (macro-level).

Unfamiliarity with Canadian Ways

The new setting in Canada was an unfamiliar space and place to many new Tamil immigrants. Those who had family members and friends who were well established in the GTA found the process of getting to know the place much easier. This situation was discussed earlier in the section on social supports. Another factor that lessened the pressures of resettlement was fluency in English or French. A focus group (FG # 3) participant's description of her experience illustrates the shock of arrival and resettlement and highlights a number of factors related to unfamiliarity with Canadian ways:

> Everything is… was a shock. I came to meet my husband…a total stranger. I had not met him before. I didn't know what he was doing in Canada, what his job was. You hear all sorts of stories, so I wasn't sure. Even when I had my husband here, for me everything was a shock. My travel to Canada was a shock and immigration system was a shock. Weather was a shock… I hadn't…umh, been in cold weather…the pouring snow. I was scared about everything. Even if I had not done anything wrong, until I got my papers I was scared to open the door if someone knocked on the door. I was worried that would be police to take me away. I've been going, looking for a job. It was a different shock, even now I won't forget. Back home we don't boast about ourselves. That's in our culture. When someone say, "Oh you are so good in the…," we say, "Oh no, no." We just deny. That's the way we are, very humble. But here in Canada, you have to boast. Even though you know little, you have to show them you know a lot. I wasn't really prepared for that. I, I was not able to do that. In an interview, if they ask, "Do you know this?" honestly I would say, "No," rather than say, "Yeah I know, I am a quick learner." Later on only I learned all those things. If you want to compete in this society, you have to do this and this. It was a very difficult time for me. (FG # 3, P2)

As was evident in the previous excerpt and in many others, unfamiliarity with various things, ways, and processes in the new context shaped women's lives and increased their

dependence on their husbands. To seek help, Tamil women needed to know where to go and whom to approach, and how to navigate unfamiliar systems.

It is difficult for women to deal with or to escape an abusive husband if they are not familiar with the public transportation system, or are unable to speak English fluently, or are unaware of how to access various health and settlement support services. One of the study participants said the following about difficulties that Tamil women might face:

> We provide services to women. But the women have to get out of their houses and come. It's a time factor, it's a geography factor, and it's commuting. Like I mean you have to be able to know where to go and all that right? So in a new place how would you seek help? (Set 1, I # 16)

In comparison, the situation would have been different for someone living in Sri Lanka:

> In Sri Lanka, she would sort of know what to do. For example, she can leave... maybe to live with her parents. All she has to do is take a bus and she can go to ... even if the parents live some where else. Or she can go live in neighbours' house and the men in that house will protect her together with the women, but here, if something happens, particularly soon after she arrives here when she doesn't have any other relatives she lives with her husband and his family and she has no one to turn to. If her English is not good, most of them don't even know even to dial 911. So they have no one. (Set 1, I # 2)

Some participants acknowledged that although even in Sri Lanka, some women did not always receive support, they still knew where to go, whom to contact, and what to do, because they were familiar with the place and space.

Uncertainty and unfamiliarity regarding the new space and place created a situation within which women were at times hesitant to make the choice to get away from the abuser. The stresses and difficulties women needed to face and overcome were numerous, as the following two passages indicate:

> You know some of the women don't know the options. Even if they know the options ...it is a complicated set up in which they are living. It is not easy for a woman to go to a shelter or all of a sudden go and open up a separate bank account or to go and ask for welfare. (Set 1, I # 16)

> To get the information because if they don't speak the language, that becomes more difficult for them accessing services, and to know where these services are. They do network in the sense, I mean, if some friends...if they had seen a counsellor, they might pass on the information, but not always. (Set 1, I # 7, CL in her 60s)

Despite the barriers, women did access the formal social supports and services provided by various health and settlement agencies, as is indicated in the next discussion.

Limitations in Formal Social and Settlement Supports and Services

After coming to Canada, both Tamil women and men seek access to formal social and settlement supports and services for their informational, financial, legal, psychological, health, and settlement needs. But Tamil women who are escaping abusive relationships may seek and rely on such services even more as a result of their isolation, lack of their own family and friends, and the community pressures to maintain marriage partnerships, among other reasons. Although more formal social supports are available in Canada than in Sri Lanka in the form of counsellors, various agencies serving immigrants, shelters, welfare, and reduced-rent housing, a number of limitations in them were identified as influencing Tamil women's use of such services.

Unfamiliarity. Formal social supports are not common in Sri Lanka. A number of participants spoke about being unfamiliar with the kind of supports and services available to them in Canada and the reasons why:

> Because in Sri Lanka we don't have such settlement services, so you know, Sri Lankan women, the Tamil women don't – they haven't learnt about getting services like that. (Set 1, I # 3)

The second reason they gave for unfamiliarity was the isolation that some women experienced in the new setting:

> Isolation...Yeah. Like maybe the woman has language issues, problems and

because if she is a woman who has contacts outside, who's going outside, and being able to talk to someone or... they will know about the services. Other women don't know. They have no way to know who does what and what helps. (Set 1, I # 6, community leader in her 30s)

As noted in the previous comment, if the women have no outside contacts or do not have the ability to call someone without their husband's supervision, they may be unfamiliar with or unaware of the available services. One of the main concerns expressed was for the vulnerability of women who had not had an opportunity to learn English:

Mostly I think women who are mostly in need and crisis, I think they are women who have issues like language and isolation and lack of education. So then, they don't have the possibility to go to mainstream organizations because they have to be able to understand to get help. (Set 1, I # 2, CL in her 40s)

Acceptability. Accessing and accepting formal supports and services were not comfortable tasks for Tamil women. They were seen to be facing a serious dilemma when they needed formal supports and services. One of the main reasons was the general perception that if women were to access support from strangers or the government, they would be perceived as upsetting their families; going to strangers for support meant opposing/criticizing one's family. This concept is highlighted in the next quote, which also indicates that women accepted outside help only when they felt they had reached their limit or had no other options:

I'm not sure whether those who are in need of help are getting it because you're not supposed to go out and especially if you have – there's a mother-in-law or sister-in-law or someone like that, and it's like going against your family. And I think a woman has to go very, very to the extent – limit to be able to call it a crisis and get out of the house and, you know, go to a shelter or something. (Set 1, I # 2, CL in her 40s)

Some of the related concerns that surfaced included issues such as stigma and stereotypes associated with people who lived on welfare or in co-operative housing.

Appropriateness. Another limitation that participants identified was the fact that the formal social and settlement supports and services were based on Western models or theories that were not appropriate or attractive to Tamil women. A number of community leaders identified this issue as creating a real barrier for women and also as being a source of frustration for the service providers:

> They just approach people in the Westernized way like, how they are taught to do so or the model of the mainstream organization, which is to treat and move on. I see a lot of frustration in service providers. But there's also this lack of models, lack of approaches… you know, even though people are willing to do something different to be able to reach people, they don't know how to do it. (Set 1, I # 14)

> We have to have a broader approach, and we have to have a more culturally sensitive approach. (Set 1, I # 2, CL in her 40s)

> We don't need to think like Westerners that we have to go to a psychologist or a consultant and sit and talk about this experience, but maybe to find some creative approaches to come together and putting different heads together and thinking about it. Because I think Tamils are like people who are non-Westerners, we want to go forward. It's not like going in-depth and trying to analyze things like. So to help people, maybe some practical ways, you know, a lot of basic things like getting jobs and keeping occupied and having some …some room to, you know, I don't know how to say, some fresh air in your mind. So to help people to do that. (Set 1, I # 5, CL in her 50s)

The criticisms about the use of Western models or approaches as the format for services have been raised for women from all ethnocultural backgrounds. The second reason given for problems with appropriateness has been the lack of culturally relevant services that are provided in a woman's own language. Of linguistically appropriate services, one female community leader, who works with women who have experienced abuse, said the following:

> Even in the middle of the night, you know, the shelter workers call me and ask me to interpret for Tamil clients. Sometimes, you know, Tamil clients couldn't express their problems or wishes or their needs to the workers, so they – in a desperate way – give my number to the worker and ask them to call me, "She's the worker who sent me to the shelter or who directed me to the shelter." Imagine, if I say no, if I say no, then the clients have to wait till the next day. So I feel obliged. I feel bad to refuse to interpret. But for me, it's hard. I also have to,

> you know, cook, to put my children to bed, and I have to go to work the next day. I don't mind but they are not hiring some more people in the shelters. The Tamil community is you know…huge in Toronto, in Scarborough, but they don't have shelter workers who could speak Tamil. (Set 1, I # 3, CL in her 30s)

This woman has expressed her willingness to help other Tamil women, but also her frustration with having to interpret during the night. She also emphasized the need for more appropriate staffing or resource strategies in an area with a high concentration of Tamil people.

Accessibility and portability. Two other important and interrelated issues include the accessibility and portability of services available to women. Often services are set up with the assumption that women will seek them out or will be able to reach them when needed. This, however, is often not the case. Frequently, abusive husbands purposefully and systematically isolate women so that they cannot reach out for help and support. As discussed in the previous section, women's access to phones and/or bus fare can be taken away by abusive husbands. In such cases, women are left with no means of reaching a social and/or settlement services agency:

> Unable to get out means…they don't know how to get the services is one thing. I mean… people who are sometimes controlled by their husbands don't get a chance of getting out of the house. So they cannot possibly… I have had phone calls sometimes and I lose track of them, because they can't call back. They say, "I am calling you, but when the husband comes I'll just put the phone down." But then, we can't track them back, because there is no number. (Set 1, I # 7, CL in her 60s)

> You know even reaching out for help, uhm…where to call? Can you call [organization's name]? Can you call [organization's name]? Are they going to go to these women? NO! Nobody in the world is there to go and help this woman, when she is alone and she needs help. There is no such system. (Set 1, I # 7)

> For example, it is difficult for a woman to go from Morningside to Bloor and [street name] by bus. Even if she knows about the place, and how to get there, can she go and come back before her husband comes? He will be calling to check whether she is home so, how can she go and come back to her home? There is a privacy act, and we will be liable, and we cannot go to their homes. But there

> should be a way for the woman to at least get out and come to the nearest you know, the next door or the street or somewhere, you know. So they really are helpless and they are scared. (Set 1, I # 15, CL in her 50s)

A number of women in the study, however, were able to get out because settlement service workers visited their apartment buildings to hold seminars on health or to provide other services such as job counselling or tax preparation supports.

Non-seamlessness. Other limitations identified referred to the lack of interconnected services as well as to the lack of coordinated information and connections between community organizations providing various services to recent immigrants and refugees, as highlighted in the following:

> See the funding agencies want you to work at a particular place and be with it and that is that. See, for example, they don't like me to go to xxxx, like I have to talk to my supervisor because they don't think it is part of my work, right. Why is this? I actually think it is part of my work because if I don't know the people where my clients go to, then how can I refer people to that place. I don't know them and I have no knowledge of what they do. But the funding agencies, they don't want to look at it in a systematic way, they, they, because they don't have a mandate to change the system, right? They don't cater to that that, you know, the loopholes or whatever, right. So it is not in their interest to change anything unless it becomes a big hullabaloo. (Set 1, I # 4, CL in his 30s)

Service providers spoke about the lack of support from various authorities (i.e., their immediate supervisors, or the municipal, provincial, or the federal governments) to make the necessary connections, as well as to fill the gaps in the system.

At the same time, as one participant said, "There are so many different organizations, so many different things happening, and everyone has their own thing and people don't know where to go. So is it possible to get united in some way?" (Set 1, I # 2, CL in her 40s). Another community leader contributed the following about another problem women face because of the lack of seamless services:

> Some clients told me that very sad stories about how they got the run around. For

> example, one of the settlement workers send this woman to the inappropriate
> person. The client went there, then the person send her to another person. At that
> place she didn't get the proper help...services, and then she came to me. Oh my
> god! I felt so sorry for her. She has language problems, she is not young, she is
> scared too, and her only child is not happy with her decision; and she is feeling
> guilty about disclosing abuse. With all these problems, she is going here and
> there; sometimes people not knowing what is going on, and misleading the poor
> woman. (Set 1, I # 3, CL in her 30s)

A number of women participants also agreed that it would have been easier if they could

have gotten help for most of their concerns in one place, instead of having to go to several

places, especially at the beginning of their search for services, when they were still scared

about their husbands' potential to harm them, and when they had little knowledge about

services and locations.

Confidentiality. Confidentiality was one of the concerns a number of women

participants identified. While the Tamil community in the GTA is considerably large (over

250,000), it is also a tight-knit one. Often because of various pressures and conflicts that can

occur within and from the community, women preferred to keep their experience

confidential, as outlined in the following quote:

> Even if there is formal help, those who are working would be from the same
> community, and people are scared to seek help, "because quite often when it is a
> small community, sometimes it's hard to seek help within that community because
> that gets around, word gets around." (Set 1, I # 8)

As a result, women faced a dilemma about where to seek help during this difficult time:

> So I think they come in a difficult dilemma during crisis. They ....uhm...need
> someone who can speak the language. But still they don't want to talk to Tamil
> consultants because the word may get out and stuff. So it's really difficult. (Set 1, I
> # 5)

Another community leader spoke about the lack of privacy for discussing cases in

some of the organizations serving women who required health and settlement services:

> I have heard and I have seen people, the workers, you know, discussing "Her name

is this and she lived in there and she learned here," you know, "She went to school in this place and now she has problem," you know. They talk about this with other women in the agency. So whenever they talk about the woman, you know, other clients, other clients or the people who seek help are also there. Sometimes the volunteers move around here and there. So imagine, how would they take this? Even if one of my friends try to seek help in such organization, I would discourage the people to go there because they are disclosing the things without their consent.... that's bad, yeah. But there are some good workers, but....(Set 1, I # 3, CL in her 30s)

While the previous comment indicates serious concerns about respecting the confidentiality of

the women's information, it also reflects a lack of sufficient spaces in some organizations,

such as private offices with closed doors, in which to interview women and to discuss clients'

cases, which, in turn, is the result of insufficient funding.

Racism and othering. Another concern that the participants raised was the

discriminatory practices women who sought such services encountered. These took a number

of forms. Some agencies did not have interpreters or written material available in the

languages necessary for their catchment areas. Some women also experienced ethnocentrism,

whereby, for example, women were perceived as coming from "backward" countries or

communities where the women did not know how to make a decision. A woman's refusal to

take the counsellor's advice was not well perceived by them. Furthermore, the service

providers and the women came with different viewpoints and goals. While the service

providers' aim often was to get women out of abusive households, the women's goal was for

their husbands to stop the abuse, which did not necessarily mean that they wanted or should

have to leave their households.

A number of community leaders also said that the lack of interest in providing

culturally and linguistically appropriate services was also discriminatory in that it conveyed

the message that the services would be provided only if women spoke English and adhered to

mainstream values and beliefs. One of the community leaders said:

> Like uh, like in a way that mainstream organizations do not have a cultural
> sensitive or competent approach and they are discriminating. I've heard many
> stereotypical ideas about visible minority people. Their way is to tell the women
> what to do and "do as I say." If you don't, the services are withheld; they don't
> provide the services in an appropriate way the woman wants. Visible minorities are
> also being treated differently. A lot of Tamil people functioning as interpreters
> have seen what clients go through. They can see the clients go through very
> difficult crisis situations without an interpreter at all. Things are understood in
> various manners and this creates the woman even more problem like, for example,
> child custody and stuff. (Set 1, I # 14)

Some community leaders also complained about the challenges they faced because of their

workload and about the lack of appropriate resources for them to help the number of clients

sent to them. They felt that the reason for these problems was systemic discrimination.

Refugee or immigrant women were not often seen as deserving the very best; instead, the

staff perception often was that the women would be satisfied with any amount of support.

Next, I will discuss the factors in the post-migration context that made it possible for

women to make particular choices to ensure their safety as well as that of their children.

Factors that Enable Women's Responses to Abuse

Regardless of the many health, social, and economic consequences of IPV identified

in the literature and the related difficulties women might face in dealing effectively with

abusive situations, the women who participated in the study demonstrated remarkable

resilience in coping with their situation in a manner that was suitable for them, their children,

and, sometimes, their extended families. They made many decisions about strategies to

reduce the frequency or the severity of the abuse. For example, one woman in the study said,

"I made sure when he comes home that he can eat his favourite food." Another woman spoke

about ensuring that the children finished their homework and dinner, and went to bed early to

avoid their making loud noises in the house when her husband was resting after a busy day at

work: "He fell asleep in the couch sometimes if there is not much noise in the house."

Another woman said she avoided using the phone when her husband was at home. She said,

"I even ask my friend to not call me after 5 p.m. Sometimes I call her when he leaves for

work in the morning because he will not be checking up on me when he is driving to work."

The decisions and actions the women took reduced the frequency of their husbands' violent

behavior. By making these choices, the women participants created some order and control

over their lives.

Except for one woman who was kept isolated at home and had no access to a phone,

all the other participants sought opportunities to learn about the kinds of resources that were

available and how to access them. First, they called the particular community agencies they

knew of for information. However, during such phone calls, they controlled the information

they gave to the staff in order to safeguard their anonymity and to avoid the potential for

further abuse if details were inadvertently given to their husbands. Some told the community

leaders not to call them back if they hung up in the middle of a conversation. Those who

were reasonably fluent in English contacted non-Tamil women in various settings for

information. Further, the participants also turned to their transnational social networks for

support and for assurance that they were making the right decisions. Yet even when they

were faced with family members who were not supportive of their decisions to take certain

actions, such as going to a shelter, they decided to remain strong. As noted in a previous

quote, when one of the women participants did not receive support from her family for her to

leave her abusive husband and to return to Sri Lanka, she left him but continued to live in

Canada.

In the new setting in the post-migration context, while women felt that their decision

to leave their husbands and/or go to a shelter made it difficult to fully belong and engage in Tamil community life, they had the opportunity within a multicultural setting to meet those from, and be part of, a diverse wider community. Although some women did not feel comfortable making friends with Canadian-born white women, they met other immigrant and refugee women with whom they felt a shared bond. Except for the older woman who continued to be harassed by her husband (and by her children who supported him), all the other women participants had made friends with women from other countries. While some women struggled with their English language skills, they felt comfortable with other women who were, for example, studying English in an ESL class with them. The participants felt that these other women made no judgements as to why they should have stayed or left their abusive husbands, and they often provided emotional support that participants did not necessarily receive from their own family, friends, and community.

Some of the concerns women had in responding to abusive situations included fear of not knowing where to go, whom to contact, and how to seek help in dealing with immediate and often long-term survival. They struggled with various issues related to financial and emotional survival, as well as to loss of trust by family and the community. Moreover, they experienced shame, embarrassment, and humiliation within their own community. Yet these were not perceived to be serious concerns within Canadian society-at-large, where people were generally perceived to be no more than individuals with private lives. The lack of much involvement and mediation by neighbours, family, friends, and the Tamil community in the new setting was also an advantage. One woman spoke about telling her Tamil landlord and landlady that she was still married to her husband who was still waiting in Sri Lanka to be sponsored. They had no means of verifying this information. The woman had used one of the

Canadian immigration system's limitations – its frequent and long delays of family sponsorships – to her advantage. She managed, thereby, to continue to be part of the community without necessarily having to justify her separation from her husband. Several other women, however, spoke about having only non-Tamil friends and neighbours (and also sending their children to schools where there were no other Tamil children) to avoid much heartache for themselves and their children. Further, the women participants took advantage of the fact that many Tamils were, as one participant said, "too busy to meddle in others' lives."

One of the main factors that affected women's response was the availability of formal social supports. While the women often felt disadvantaged by the lack of informal social supports, they felt that both the Tamil and non-Tamil settlement workers provided formal social supports. The kinds of formal social supports women sought included the following: (a) advice about managing their immediate concerns regarding day-to-day living, (b) ideas about planning for their safety at home, (c) advice regarding the impact of their decision on immigration-related matters, (d) emotional support, (e) information regarding potential sources of income and other support, and (f) information needed to navigate and to access healthcare and shelters.

Although the community leaders who helped the women deal with abusive situations spoke about the many limitations in formal social supports, the women themselves felt grateful for the kinds of services they were able to access in the post-migration and settlement context. One woman stated that if she had been in an abusive situation in Sri Lanka, she would be dead because "there was no place for me to go." While she spoke about receiving only $300 dollars, which was barely enough to cover expenses including food,

clothes, and travel (to school for her child and ESL class for herself), she felt a deep

appreciation to be alive. Others spoke about the fact that "because we are in Canada, even if

our community asks, I can say, 'I am in Canada and I live the way I want to live.'" Women

gained courage from the new possibilities in a new setting like Toronto. Women also derived

a feeling of safety from knowing that they could dial 911. While there was considerable

discussion, especially in one women's focus group, on the negative impact of the

presumptions and ethnocentric values of some of the staff who responded to such calls, the

individual women who had experienced IPV felt differently. However, not a single woman in

the group had actually called 911. In comparison, a number of community leaders spoke

about Tamil women who did call 911 when they could no longer deal with their husbands'

abusive behavior. For many reasons, which will be discussed in the next section, the

community, in general, was perceived as attempting to maintain their cultural and community

values and beliefs. Yet at the same time, many female and male community leaders actively

addressed the topic of IPV and supported women's decisions to leave their abusive husbands.

Summary

In this chapter, I provided a descriptive account of the study's findings based on both

individual and focus group discussions with Tamil women and men from diverse

backgrounds. In the next chapter, the study findings are analyzed in relation to the research

questions, theoretical perspectives, and conceptual framework, as well as in reference to the

literature on relevant themes.

CHAPTER 5: DISCUSSION

In this study, I explored the research question, "What is the relationship between gender roles, power relations, and social supports in the context of IPV in the Sri Lankan Tamil community of Toronto?" As Copelon (1994) argued, IPV as a gender-based violence "is not a phenomenon that obeys the north/south axis nor is it peculiar to [certain] societies" (p. 116). However, the production of IPV is context bound. For example, while IPV also happens in Sri Lanka, the reasons why IPV occurs within the Sri Lankan Tamil community in Canada are unique to the new context. Along these lines, Mohanty (1999) noted, "male violence must be theorized and interpreted *within* [italics added] specific societies, both in order to understand it better, as well as in order to effectively organize to change it" (p. 262). Thus, it is important that we first come to understand "local theories" that explain the nuances of the contexts. In Section 1, I will discuss the findings of this study in relation to a "local theory" – one that takes into account the historical, social, political, economic, and cultural context – to explain the production of IPV, as well as women's response to IPV, in the Sri Lankan Tamil community in Toronto. While doing so, I will also refer to other relevant literature on the Sri Lankan Tamil community.

Then in Section 2, I will discuss this perspective – the local theory – in reference to previous research because "the way a theory makes significant progress is by interacting with research findings" (Neuman, 1994, p. 52). In line with the postcolonial feminist theoretical perspective, the central focus of my discussion is on how the intersectionality of gender, race, class, and culture within the three migration contexts (i.e., pre-migration, border-crossing, and post-migration) is manifested at the individual, family, community, and societal levels to produce IPV at home in the post-migration context. Based on the ecosystemic framework

used in this study, I argue that wife abuse happens not due to any particular factor, but rather when an interaction occurs among different factors at a number of levels. I will discuss how the findings of this study both substantiated and complicated some of the findings of previous studies, thus, indicating the need for further research to gain a fuller understanding of the topic in the post-migration context.

Section 1: Developing a Local Theory

The complexity and enormity of the challenges Tamil men and women had to deal with over the course of the pre-migration, migration, and post-migration periods are discussed here in order to further our understanding of the production of IPV in the Sri Lankan Tamil community in the post-migration context.

The Pre-Migration Context: Exposure to Diverse Forms of Violence

Tamils have immigrated from a war-torn country where, following political independence from colonial rule, they experienced ethnocultural marginalization and discrimination. Most participants alluded to or discussed the situation that had led to their leaving Sri Lanka, including various losses of houses, businesses, education, and employment. Many were concerned about the physical safety of men, women, and children. These losses and safety concerns were identified in a number of previous studies. For example, according to a study (Chase et al., 1999) that involved 170 schools on the east coast of Sri Lanka, 80% of the children who participated had experienced extreme poverty and deprivation due to war, 53% had seen dead bodies, 15% noted the death of a direct family member due to fighting, and 19% noted the disappearance of a family member following abduction or detention. The current study findings also highlighted the vulnerability and the

uncertainty that Tamils experienced during times of village evacuation, bombing, and life in temporary shelters. Similarly, a United Nations High Commissioner for Refugees (UNHCR, 2001a) document highlighted that during the process of evacuating villages at a moment's notice because of government offensives, some people had lost their children, some had no access to food, others had only rain water to drink, and many others lived in temporary shelters for over 10 years.

According to the participants in the current study, the types of violence the Tamils encountered were also gender-based. For example, young men were subjected to arrests, threats, and torture during times of escalating conflicts. These findings were corroborated in other literature. For example, according to UNHCR (2001a) and WHO (1997), as a result of the ongoing civil war, Tamil men continue to experience long-term detentions, disappearances, torture, and death in custody. In the current study, participants also spoke about their concerns regarding their family members' disappearances (and, at times, their reappearances). The UN Working Group on Disappearances (2001) noted that over 11,600 disappearances in Sri Lanka remained unclarified, which is the second largest number of unclarified disappearances in the world, next only to those in Iraq. As noted in the results chapter of the current study, participants discussed the general concern in the community about Tamil women's safety during times of escalating conflicts. According to the UN Special Rapporteur on Violence Against Women (Coomaraswamy, 1999), Tamil women and girls in the Northern and Eastern provinces have suffered sexual violence at the hands of the military.

Many other documents published since 1983 (e.g., Fuglerud, 1999; Giles, DeAlwis, Klein, & Silva, 2003; McDowell, 1996) have addressed the pre-migration losses, stresses, and trauma Tamil women and men experienced in their home country. These experiences and

concerns have led many Tamils to seek safety and a better life in other parts of the world, with Canada being the favourite choice of destination.

Implications of Immigration and Refugee Laws and Practices

on Tamils' Border-Crossing

As the current study's findings indicated, many Tamils sought the assistance of agents who used means that involved breaking international travel regulations to take payees to a safe country of their choice. According to Fuglerud (1999), Tamils are unable to register with UNHCR to obtain refugee status while still living in Sri Lanka, and have only two legal options: (a) to live in a cramped and neglected camp or (b) to apply at an embassy to obtain a visa. According to the current study's results, even when a family member was already living in a country like Canada, the backlogs delaying sponsorships, as well as difficulties obtaining required documents such as police clearances (when complete villages in Sri Lanka have been destroyed), made it necessary for Tamils to employ other means to reach a safe country or to be reunited with their family members. The cost of such travel arrangements, as findings in the present study indicated, varied between $15,000 and $60,000 per person, which could be afforded only by the upper- and upper-middle-classes. Many others managed the expenses of the trip through loans from relatives already living in the West or by selling everything they owned and borrowing the rest from others in Sri Lanka.

Such investments do not guarantee safe travel; moreover, constant fear, anxiety, and, at times, lack of access to food and comfortable sleeping quarters make the journey difficult and stressful. The interviews and focus group discussions in the current study yielded stories about men and women who spent months or years stuck in a country with no means of reaching their intended country of destination, and about the vulnerabilities they faced during

such journeys. Fuglerud (1999) identified a number of related tragedies that have received considerable publicity: (a) 50 Tamils were among the 209 refugees whose boat sank in the Mediterranean in 1996; (b) 9 Tamils (who were deported from Nigeria, were refused entry in Mumbai, and were headed to Lagos) died aboard the hijacked plane that crashed into the ocean off Comoros in 1996; and (c) in 1995, 18 Sri Lankans (both Tamils and Sinhalese) heading to Europe were found suffocated in a locked shipping container abandoned in Hungary. These incidents have attracted considerable attention from the media because of the potential perceived safety risk of such acts by those in the countries of the North, especially when the acts are committed by men of colour.

While their implications are systemic, the acts that occur at a more individual level rarely receive wider public attention and recognition. For example, countries of the North have paid minimal attention to the issue of Tamils not being able to claim refugee status within their own country and the fact that they needed to come to a Sinhalese-governed area (where they might be subjected search and detention) to access airports or foreign embassies, and to the implications of these issues on the rights of refugees (or potential refugee claimants). One of the main reasons for this lack of attention is related to the potential, vis-à-vis this process, to limit the number of refugees seeking asylum in countries of the North.

While men experienced uncertainty, confusion, and detention, and engaged in paid labour without work permits en route to Canada, as the study participants noted, some women encountered additional challenges and stresses, such as being subjected to sexual advances and rape during border-crossing. Fuglerud (1999) noted similar findings in his ethnographic study of the Tamil diasporic community in Norway:

> Men hesitate to let their daughters and fiancées go with them [agents]. A ten-day journey also means ten nights. What goes on when darkness comes and there is

nothing to do but wait? Stories circulate about Tamil girls being raped and dumped in brothels in Karachi. (pp. 62–63)

Although such incidents do not befall every woman who travels with an agent, this situation highlights the vulnerability women face during unplanned, lengthy delays in travel. A number of participants in the current study also pointed out the potential for consensual (extra-marital) relationships during such travels. These experiences and associated stresses and trauma can increase women's vulnerability when they are reunited with their husbands. Limited attention has been paid to this topic in the academic literature. As noted earlier in the dissertation, one of the reasons for this gap is related to the assumption that women, in general, and Third World women, in particular, travel only accompanied by their husbands or fathers. As observed in the present study, Tamil women often maintained selective silence about their experiences of rape and other forms of violence except for the purpose of obtaining refugee status. The disclosure of such experiences at home or in the community was perceived to have drastic consequences for women themselves, their children, and other female family members.

The aforementioned experiences in the pre-migration setting and during border-crossing are connected to Tamil women's and men's relationships in the post-migration context and are related to the production of IPV.

The Post-Migration Context

New Challenges and Community Concerns

Many complexities and paradoxes characterize the lives of Tamils in Canada. According to a number of Tamil booklets (e.g., SACEM, 1993; 2003) and websites (such as the one by the Canadian Tamil Congress), despite the significant struggles and challenges the Tamils endured during their resettlement period, they were able to build a "flourishing"

community. The Canadian Tamil Congress (2002) detailed some of their accomplishments in

the following manner:

> Tamil entrepreneurs have founded approximately 3,000 small to medium sized
> businesses, stimulating local economies and employing thousands. Culturally,
> the Tamil community has declared its commitment to sustaining its rich roots by
> circulating nine Tamil language newspapers, four Tamil language radio stations
> broadcasting 24 hours a day, and through various Tamil cultural functions, the
> community has shared their cultural heritage and tradition. (p.1, Paragraph 5)

While they have achieved success in many quarters, as was evident in the current study's data,

immigration to and resettlement in Canada also created changes and new challenges for

Tamils. These changes included (a) a lack of recognition of their prior education, skills, and

experience; (b) a lack of adequate information about various systems, such as health care and

employment; and (c) experiences of de-skilling and de-professionalization. Having to work in

low paid, low status jobs, and having to work overly long hours and lengthy work weeks

resulted in a lack of time to learn English or French, to gain Canadian qualifications, or to deal

with their health concerns in a timely and appropriate manner. The pace of life, and the change

in the structure, quality, and quantity of social networks and supports were also identified as

significant concerns for family relations. Climatic and weather differences also influenced

their social activities outside the home. In comparison to the 30 °C to 40 °C climate that they

were used to throughout the year in Sri Lanka, the cold weather in Canada was noted as

preventing, especially, the older women from engaging in outdoor activities in the fall, winter,

and spring. These climatic and weather constraints increased their isolation, especially for the

women who did not speak English or did not have access to a car. The study participants

acknowledged the aforementioned challenges, changes, and associated stresses as contributing

to ill health.

Through examining the topic of IPV in the community, I also learned about a number

of health concerns that included anxiety, depression, and post-traumatic stress disorder

(PTSD); alcohol use and dependence; hypertension; diabetes; and upper and lower back

injuries. Similar concerns in the Tamil community that have received attention in the literature

include (a) mental health issues (Beiser, Simich, & Pandalangat, 2003); (b) physical health

concerns such as hypertension and diabetes (S. Jegatheswaran, RN, personal communication,

August, 1997; Ramalingam, 2003); (c) various workplace injuries including burns and back

injuries (Ramalingam, 2003); and (d) alcohol use and dependence, teenage pregnancies, and

youth violence (SACEM, 2003). Some of these concerns attracted greater public attention due

to a number of recently reported incidents that included (a) a young father who leaped to his

death (with one of his children in his arms) from a subway platform (Beiser et al., 2003); (b)

two mothers who killed their young children (Bannerji, 2000; Globe and Mail, 2006); (c) a

young man who walked out of an in-patient psychiatric unit and jumped into Lake Ontario

(personal communications with various health professionals, April, 2000), (d) several women

who committed suicide by jumping off balconies (Movement Matters,1996; Morrison et al.,

1999), and (e) Tamil youth who were killed during car chases (recent TV and newspaper

reports). These incidents, as the current study's participants noted, are connected to a number

of intersecting factors at the individual, family, community, and societal levels that are related

to gender, race, class, and culture within the Tamil immigrants' pre-migration, migration, and

post-migration challenges and stresses. I will elaborate on this idea in the next few sections.

Implications of Systemic Racism in the Canadian Job Market on Gender Relations at Home

Tamil immigrants who came to Canada during various time periods arrived for

diverse reasons. Those who arrived prior to the 1980s were known as "westernized elites"

(Philips, 2003), who were educated in English and who immigrated to English-speaking

countries for the purposes of professional advancement. Those who arrived immediately following the 1983 riots have been successful in establishing small businesses, including grocery shops and restaurants, as well as working as marriage brokers, insurance brokers, mortgage specialists, and travel agents (Canadian Tamil Congress, 2002; SACEM, 2003). However, according to the present study's participants, many Tamils who arrived in the late 1980s and early 1990s were caught in the backlogs in the Canadian immigration processing system. The 5–10-year delay in obtaining their immigration papers negatively influenced young Tamil men's success in integrating into the new society and also their success in meeting their educational, employment, and financial goals.

As was evident in the interviews with community leaders, the recently arrived (i.e., after the mid-1990s) young single Tamil men belonged to lower socioeconomic classes, were educated mostly in Tamil, and, by and large, had lower educational and professional qualifications as a result of the ongoing civil war in Sri Lanka. Once in Canada, they were further disadvantaged because of the lack of opportunities for English language training in high schools and universities, and the lack of support for other educational and job training. Along with Philips (2003) and the Canadian Congress of Tamils (2002), the current study's participants noted that most young Tamil refugee claimants were also disqualified from applying for government loans to study in universities.

The current study's findings also indicated that starting in the 1990s, even those who came with university education and prior professional experiences have experienced downward social and economic mobility owing to the difficulty in gaining employment considered appropriate for their educational, professional, and employment skills, training, and experience. The participants felt that the effects of racism were deeply embedded in the

professional employment sector. Neocolonial practices maintained a situation in which Tamil

men ended up "servicing White Canadians" through cooking, cleaning, and waiting on

tables, among other work that is generally categorized as domestic work. Tamil men who

found themselves in such situations were perceived by the study participants as having

difficulty maintaining excitement, enthusiasm, and belief in a better future in Canada. The

rate of unemployment in the Sri Lankan Tamil community in Toronto during the period prior

to the 2001 census was 11.7%. Furthermore, 32% of Tamils living in Toronto were

considered to be living on a low income, and, of these, a significant proportion were noted as

having lived at or below the poverty line (Census of Canada, 2001). Such a socioeconomic

situation had a particularly significant, negative impact on Tamil men because of the debts

they incurred during the pre-migration and border-crossing contexts. Added to these

expenses was the cost of starting a new life in Toronto.

Patriarchal ideology evident in the Sri Lankan context dictated that Tamil men face the

responsibilities of managing such expenses and paying off debts and loans, sponsoring their

wives and children awaiting in Sri Lanka, financially supporting their immediate and

extended family in Sri Lanka, and paying dowries to get their sisters or daughters married.

According to the current study's participants, an inability to accomplish these familial and

social responsibilities was a demoralizing experience for men both at home and in the

community. Some Tamil men were seen to turn to alcohol and gangs to overcome shame, or

they experienced mental health concerns such as depression. Women and children's

responses and reactions to such failures on the part of their husbands/fathers were noted by

the study participants as a key factor in maintaining household harmony. As noted in earlier,

not only gender and socioeconomic statuses were pervasively interconnected in this manner;

in the post-migration context, this relationship was also complicated by oppressive race relations. This idea is further elaborated in the next section.

Potential for Gender Role Changes at Home

Sri Lankan Tamil women also come from diverse socioeconomic backgrounds. As noted earlier in this dissertation, Sri Lanka has the highest education rate in all of the South Asian countries and one of the highest among many other countries of the world. Although the civil war has drastically altered opportunities for Tamil women, prior to the civil war, Tamil women, especially those from higher socioeconomic classes, worked in high status jobs. According to the study participants, since coming to Canada they also have experienced de-skilling and de-professionalization, as well as the associated loss of prior socioeconomic status and privilege. In addition, some Tamil women with many years of prior work experience in Sri Lanka are unable to engage in paid work in Canada owing to a lack of adequate support for childcare. However, participants in the current study were adamant that because a married woman's status is relational to her husband's, it is the loss of her husband's status that has a more negative impact on the family.

Yet in the post-migration context, financial constraints in the family also created the necessity (and opportunity) for Tamil women to be engaged in paid work. Overall, both male and female study participants perceived that women were able to get jobs easier than their husbands were, and to earn an income equal to or greater than their husbands'. As Morrison et al. (1999) also observed in their ethnographic study, the women in the current study were noted as being willing to obtain and maintain any job to earn an income. However, a number of participants in the current study also spoke about cases in which the husbands took on sole financial responsibility to ensure that their wives could continue their education or attend

English language classes, following which they would seek jobs with better pay and status. These changes, at times, made it possible for women to reduce their dependency on their husbands, but also to help the whole family become financially stable and to financially support their family living in Sri Lanka. While most Tamil women earned comparatively much less than their Canadian counterparts, their (relatively) improved economic situation appeared to unsettle prior gendered power relations and created the potential for new family dynamics in the post-migration context.

The current study indicated that some Tamil couples (both new and long-standing) in Canada successfully negotiated new gender roles and responsibilities. However, other couples found such changes and negotiations overwhelming. Some husbands accepted the changes because of a lack of alternative choices, while others utilized various tactics to maintain previously assumed gendered divisions of household work. Although, in general, it was acceptable for single men who had no family members in Canada to do domestic work, upon family reunification, the men often transferred these responsibilities to the women. This finding confirmed those in Morrison et al.'s (1999) study, in which participants spoke about the issue of husbands' transfer of household work to women upon their arrival in Canada.

In the current study, the participants highlighted age at resettlement as an important factor with regard to choice of partner and marital relationships. In general, Tamil youth growing up in Canada were seen to be moving away from the custom of arranged marriages and adopting practices in line with Canadian cultural values and norms, such as engaging in pre-marital sex, love marriages, and a (perceived) equal partnership at home. In contrast, youth who grew up in Sri Lanka often returned to seek a wife who would value Tamil language, cultural values, beliefs, and identity. Tamil men returning to Sri Lanka to marry

Tamil women enjoyed considerable respect within the community in relation to three key assumptions: (a) the opportunity such an act offers to single Tamil women living in unsafe situations in Sri Lanka; (b) the implied devotion to Tamil culture and identity vis-à-vis the act of returning to marry a "Tamil" (especially in the context of the long-standing struggle for equal rights and a separate nation for Tamils in Sri Lanka); and (c) the presumed higher socioeconomic status assigned to those living in a First World country like Canada. Furthermore, as the current study findings indicated, owing to the unsafe living conditions in Sri Lanka, young Tamil women often agreed (or were persuaded to agree) to marriages to those who resided outside the country. Often women and their families had little time and means to carefully consider the potential husband's suitability, and, at times, they overlooked men's "character flaws," such as alcohol use/intake. It was also evident in the interviews that women and their families in Sri Lanka also used the limited time and connections men might have to carefully consider their potential future wife's "flaws, such as physical disability or mental illness", to get a better husband (than would have been possible otherwise). These constraints regarding careful screening of a potential spouse were considered important in the context of post-migration IPV.

Participants noted that Tamil women reuniting with their husbands were often willing to undertake the majority of the household tasks as soon as they arrived in Canada. Many reasons (such as gratitude, joy, love, or lack of other work) facilitated their decision to do so during the initial stage of family reunification. But they often expected their husbands to share the workload after they found paid employment. As noted earlier, even if their wives were employed outside the home, worked an equal number of hours as they did, and contributed equally to household income, some men expected that the previously

learned/maintained divisions of roles, responsibilities, and tasks at home would be maintained. Women's refusal to do so or their attempts to negotiate new roles were perceived by some husbands as a way of women's misbehaving, or dishonouring or veering away from the societal notions of a good wife and mother, which was observed in the study as contributing to wife abuse.

Some Tamil men were suspicious or vigilant of their wives' activities outside the home in Canada. Such caution was perceived as necessary in Canada because of the public display of and engagement with sex and sexuality, the availability and use of alcohol, and less community and societal vigilance of men's and women's joint activities. These microphysics of power seem to be related to broader identity issues. This idea is further elaborated by Jayawardena and deAlwis (1995) who stated that the "ultra-nationalist movements have used women as cultural representators and constructed them in relation to western domination. Women are the carriers of 'authenticity'" (p. xiii).

Based on a number of sources in the literature on the construction of national identity and gendered nationalism in Sri Lanka, Hyndman and deAlwis (2004) argued:

> Sri Lankan women, be they Sinhala, Tamil or Muslim, continue to be constructed as the reproducers, nurturers, and disseminators of 'tradition', 'culture', 'community' and 'nation'. Such perceptions have not only legitimized the surveillance and displacement of women's bodies and minds in the name of communal/national 'morality' and 'honour' but they have also re-inscribed the expectation that whatever women may do, they are primarily mothers and wives – they have to marry and have children and the domestic burdens are solely theirs" (pp. 541–542).

Women's responsibility for domestic matters, as noted in the results chapter of this dissertation, appeared to be even more important for men who, in the post-migration context, worked long hours in multiple jobs and/or in physically taxing, heavy manual labour. The negotiation of household tasks also appeared to be important for the husband and wife

because of the lack of close-knit family and friends in the post-migration context who could help share such tasks. Next I will discuss the connection between gendered role divisions and social networks and supports.

Changes in Social Networks and Supports: Implications for the Family

Since coming to Canada and over the years, Tamils have experienced changes in the amount and type of informal social supports they received. The participants in the current study discussed the impact of the changes in the context of instrumental, informational, and psychological support for their day-to-day living. Meemaduma's (1999) study of Sri Lankan immigrants in the U.S. confirmed the importance of instrumental and psychological support for Tamil (and Sinhalese) women. According to the current study, the lack of previously accustomed to informal social supports made husbands and wives depend more on each other. This increased reliance on each other had positive effects on couples, such as increased communication and shared decision making between the couple without the influence and interference of the extended family. However, the participants emphasized that the increased exclusive reliance on each other could also have a more significantly negative influence on couples that could lead to an increase in stress, resentments, and arguments regarding the division of work (quantity and quality) that ultimately could contribute to conflict, abuse, and divorce.

Second, post-migration informal social networks are also different in membership structure from the social networks in Sri Lanka. As a consequence of the previously noted immigration and refugee laws and practices about border-crossing, the Tamil men often arrived in Canada first and then sponsored their own family members. This has created a situation within which the women have no access to their own family members in the post-

migration context. The current study's participants noted this change as being significant for women, given the matrilocal practice that they were used to in Sri Lanka, within which they often had support and voice for resisting their husbands' unfair actions at home.

Third, since coming to Canada, Tamil women often have had to rely on their husbands' families. As was evident in the data, in such cases, the pressure to adhere to prior gender roles and maintain Tamil cultural values was higher. Furthermore, conflicts arising out of living in close quarters with mothers-in-law and sisters-in-law were also noted in the current study as translating into wife abuse. In such cases, the space within which women could exercise resistance was further reduced.

Fourth, according to the study's participants, even when family members were present in the Greater Toronto Area, busy lives and time constraints in Canada resulted in limited personal and face-to-face contact and connection among them. These limited social connections, in addition to the physical set up of apartments and houses in a large metropolitan city such as Toronto where the doors and windows of homes are kept closed and the public and the private are kept separate, led to further isolation of Tamil women. As Morrison et al. (1999) noted, "in Canada, we do not have a good view into our neighbour's house [and] our environment is much more exclusionary and enhances the isolation and loneliness [the Tamil] women feel" (p. 155). This new situation was perceived in both Morrison et al.'s and the current study as providing abusive husbands with more power and control over their wives.

The current study's findings also indicated that although some women in the post-migration context might not have their own family living nearby, a considerable number of women maintained transnational networks with those still living in Sri Lanka and those in

other Tamil diasporic communities in India, Germany, U.K., U.S., and Norway. While such networks have worked to their advantage in a number of ways (including providing information about various immigration requirements and travel arrangements, and financing the journeys of those who still live in Sri Lanka), as noted in the present study, they have also negatively influenced Tamil couples' decision making regarding negotiation of gender roles and responsibilities in the new setting. Although a number of authors (e.g., Fuglerud, 1999; Ghosh, 1998; Morrison, 1998) have noted the positive impacts of transnational networks, especially regarding out migration, no studies have examined the influence of transnational networks pertaining to both the production of and responses to IPV in this community.

<center>*Perception of and Responses to IPV*</center>

Perception of IPV

The current study's participants identified various forms of physical, psychological, and sexual abuse. Specific examples of physically abusive acts that they noted included hitting or beating with fists, belts, or other items, or throwing things at the woman. Verbal abuse was defined as swearing, using words that were degrading to women (such as slut), or using animal names (such as bitch). Some participants observed that women were called these names even in public when husbands were sure that no one present would understand Tamil. Emotionally and psychologically abusive acts that they identified included the following: (a) preventing women from speaking with their family members; (b) refusing to speak with the women; (c) destroying women's belongings, especially favourite items; (d) threatening to hurt the women or the children; (e) threatening to send photos or letters (that would shame the women) to their families; and (f) threatening to send the women back to Sri Lanka. The participants also perceived the existence of financial and sexual abuse. Financial abuse had

comparatively less shame attached to it than to other forms of abuse in the Tamil community, which led women to disclose it more easily to others. Financially abusive acts included husbands' preventing women from having any money to spend for activities except for those approved by the husband. Financial abuse was experienced by women in the following diverse financial circumstances: women who were unable or not allowed to engage in paid labour, those who received social assistance, and those who engaged in paid labour and earned decent salaries. Sexual abuse was a more reserved topic, which was discussed with others only after the other forms of abuse were disclosed.

Similar findings regarding physical, verbal, and psychological abuse were reported by Hyman, et al., (2006) who examined, "what is intimate partner violence" and "what type of language, actions, or behaviours do you consider to be abusive." This study included 8 focus groups with single as well as married Tamil women from diverse age groups: young women, mid-life women, and older women. Minor differences were noted in the definitions of abuse; while young women focused on emotional abuse (such as control and insults about looks), mid-life and older women most frequently cited "male suspicion" as a form of abuse. The related behaviour noted included accusations of marital infidelity, jealousy, and mistrust. No other studies have examined the perception of IPV within the Tamil community in the post-migration context in Canada.

Tamil Women's Responses to IPV

It was also apparent in the current study that a number of factors shaped the Tamil women's responses to IPV in the post-migration context. These factors included gender role socialization, family and community pressures to uphold the ideal notion of a good woman and wife, the belief in the institution of marriage, and the differences in social status between

a married, divorced, or separated woman. Tamil women were also influenced by the general

community belief that children need both parents, and/or the women's own concern

regarding their children's financial welfare, as well as the impact of the women's divorce on

their children's potential for marrying within the Tamil community. The ongoing civil war

also contributed to the women's decision making. These factors are discussed next.

As reported previously in this dissertation, ongoing civil war has created unsafe living

conditions for Tamil women in Sri Lanka. Parents, in particular, were noted by the study's

participants as wanting to send single (and married) children to various diasporic

communities, and to Canada, in particular. Leaving the presumably better life in the

"promised land" to an unsafe country like Sri Lanka, where poverty and uncertainty are

closely associated with Tamils' lives, is not considered a choice. Thus, returning to their

parents' home, which was identified in this study as an option for "victims" when they were

still living in Sri Lanka, was no longer an option for Tamil women in the post-migration

context. However, the existence of several well-established diasporic communities across the

world made it possible for those with more financial means to relocate to another country

from Canada.

The women's economic positioning in Canada shaped their decisions regarding IPV

in a number of ways. First, their financial situation in Canada might not allow them the

security of knowing that they could support themselves and their children. As discussed

earlier in the dissertation, Tamil women often engaged in low status and low-paid jobs, often

with no benefits or long-term employment security. Second, employers might not feel

comfortable supporting the women who do not speak English and are employed within the

Tamil community for fear of offending their husbands. Third, for women who were

responsible for financially supporting their own family members still living in Sri Lanka or for sponsoring them to immigrate to Canada, both the perceived and the actual pressure to remain in an abusive relationship were higher. As discussed elsewhere in this dissertation, the community and the larger societal negative perception of those who are on social assistance might deter women from accessing even temporary financial support. Furthermore, as a number of community leaders in the current study observed, women were also worried about the government intrusions into the lives of those who go on social assistance, and some women were forced to reach their husbands to ask for child support. In other cases, a woman's decision to leave her husband might lead her to be unemployed (as a result of geographical relocation away from her abusive husband) and/or to file charges against her husband, which might negatively affect the woman's chances of sponsoring relatives.

Another key finding in the current study pertains to the changes in support and network structure in the Tamil community in the post-migration context. Although some Tamil women obtained support from their own families to deal with both the amount of day-to-day work and marital difficulties, according to a number of community leaders, women also experienced various family pressures to adhere to the social ideal of a good wife and mother. In some cases, the pressure to remain married or remain in an abusive relationship came from the transnational networks the women maintained with those in other diasporic Tamil communities in the U.S., U.K., Norway, Germany, India, and Switzerland, as well as in Sri Lanka. On the positive side, some families supported women financially and emotionally to leave their abusive husbands or to relocate to another country.

Both the families and the members of the Tamil community, in general, were noted as holding on to the notion that the presence and the influence of both (heterosexual) parents is critical in children's lives. This notion prevented women from leaving an abusive husband. Further, the husband was perceived as being abusive only towards the woman, a notion that kept most women in abusive households. Often the husbands, their families, and, at times, the women's own families used the idea of the children's welfare to ensure that women remained in the marriage. The importance of children in shaping women's response to an abusive relationship was also observed in Hyman et al.'s (2006) study. Participants in Hyman et al.'s study noted the shame women's actions might cause their children, as well as the women's families, and their husbands.

According to the current study, in addition to expectations and priorities related to their families, women also felt various pressures from the community through spoken and unspoken means. While ideas about arranged marriages and love matches are changing, a general expectation of abstinence still exists concerning pre-marital sex, as well as a belief in one marriage for life. Further, as in many other communities across the world, a married Tamil woman holds a higher social status than that accorded to a divorced, separated, widowed, or single woman. These beliefs and practices affected women's choices in remarrying, ensuring their children's future welfare, and feeling respected within the community. Women's responses to abuse, thus, are very much shaped by the dynamics of the interactions they have with and will want to maintain within their own community.

Study participants reported that feelings of belonging to and being part of the community were important for Tamil women because of the situation within which they left their own country but also because of being located in Canada as racialized women.

Racialized women whether they are born in Canada or immigrants to Canada are excluded from various social settings and positions. As a result of racism and various forms of othering they experienced based on their skin colour, dress, accent, and behaviour within the majority Canadian society, it was difficult to build friendships with Canadian-born White women. However, living in the multicultural city of Toronto enabled them to build friendships with other immigrant women from diverse ethnoracial communities, and the women in the current study reported feeling a shared bond with other immigrant women of colour who were also, for example, taking English classes with them and who were perceived as making no judgements about each other. These new friends provided support (mutuality, reciprocity, and connectedness) that the study participants did not necessarily receive from their own family, friends, and community in the post-migration context.

In the new context in Canada, Tamil women dealing with IPV have also relied on formal support for their informational, financial, legal, health, and settlement needs. Although the study participants were much appreciative of the formal social supports and services available to them in Canada through various health and settlement agencies, community leaders identified the following limitations in them as reducing Tamil women's access to these services: (a) unfamiliarity with the services, (b) acceptability and appropriateness of the services, (c) discrimination women experienced in accessing the services, (d) confidentiality concerns, and (e) the lack of portability and seamlessness of the services. As found in this study, key barriers for many Tamil women were unfamiliarity with the services available in Canada and how to navigate various systems related to these concerns were the participants' issues regarding portability and non-seamlessness of the services. They contested the idea that women will access the services when they needed to,

upon which most of these services are based. Women who were isolated (as part of their home location, or purposely by their abusive husbands, or because the women did not speak English, or had no knowledge of the transportation system or the geographical location of the community agency) could not reach these sources of support. Other limitations were related to the lack of interconnected and coordinated services within and between agencies, which meant that women had to access many different agencies to get their needs met. According to study participants, a lack of culturally and linguistically appropriate services was also a barrier to obtaining adequate support. Participants noted that because of these limitations, women returned to their abusive husbands, who, at times, became even more abusive to the women.

Despite the many barriers and constraints they faced, the 6 women who experienced IPV and whom I interviewed decided to leave their abusive husbands. Although the woman who had adult children had been much pressured by them to remain in the relationship, the women with younger children had received their full support to leave their abusive father. While, in general, the women had lost the social supports that they were previously accustomed to, they felt that, being in Canada, they could turn to health and settlement counsellors for support to begin an independent life. Many felt that they had not received much support from within the Tamil community, in general. But they acknowledged that most of the support they did receive came from Tamil counsellors who worked in various agencies. However, it was not clear whether, had they had a choice, they would have sought help from counsellors from other ethnocultural backgrounds.

In the current study, not all the 6 women with IPV experience wanted to report IPV to authorities because of the fear of deportation for themselves, their children, and their

husbands. Thus, the criminalization of IPV in Canadian society also prevented some Tamil women from calling an emergency phone line (911) or the police. While some women were noted by the study participants had called 911, in general, Tamil women were perceived to be sympathetic to their husbands' underachievement in the "promised land," owing to systemic racism, and tended to re-think the resulting family conflicts with a more sympathetic view towards their husbands. Leaving their husband was considered as the last resort, only to be undertaken in situations of severe physical or sexual abuse, or if the abuse was frequent and continued for a lengthy period of time, or if the children were seen to be affected by the violence at home. These findings extended the current knowledge in the literature as there have not been any studies that examined Tamil women's responses to IPV.

Thus, a Tamil woman's response to an abusive situation often was based on the careful evaluation of benefits and risks, not only to her and her children, but also to her other family members. While the choices Tamil women had were shaped by gender, racial, and socioeconomic inequities that they experienced, within those situations, they made rational decisions, which sometimes included remaining in the abusive relationship with or without a time limitation.

Summary of Local Theory

In summary, the local theory I proposed here addressed the original research question, "What is the relationship between gender roles, power relations, and social supports in the context of IPV in the Sri Lankan Tamil community of Toronto?," but also extended this inquiry further to include issues pertaining to race and class. The findings of the current study indicate that the production of IPV in the Sri Lankan Tamil community in Toronto is related

to an array of complex, dynamic, and interwoven factors associated with the pre-migration context, migration process, and post-migration context.

The factors that contribute to the production of IPV in the Tamil community in the post-migration context are by and large connected to gender, racial, social, and economic inequities. These factors can be summed up as follows:

(1) ethnic violence that causes the break up of families, communities, and villages, which further results in displacement and exile; experiences of multiple traumas in Sri Lanka; and pre-migration- and migration-related financial losses and debts;

(2) limitations in immigration policies and refugee admissibility criteria;

(3) patriarchal ideology that shapes gender roles and expectations, and marital relationships;

(4) hierarchical social relations at home and in the community that give older men and women control over younger family members (such as the case with mothers-in-law's power over daughters-in-laws), and those with more educational, professional, and economic status power over those with less status;

(5) the importance of family honour, respect, and community cohesiveness in the context of civil war in Sri Lanka;

(6) nuclearization of family relations and social isolation of women in the post-migration context;

(7) immigration and resettlement in a new country, which creates language barriers and limited availability of information about various systems;

(8) neocolonial practices that lead to Tamil men's experience of de-skilling and de-professionalization;

(9) community expectations of Tamil women as representators and carriers of authentic "Tamilness"; community resistance against Western (cultural) domination; and (10) racialization and social exclusion that is enacted through citizenship and immigration status, failure to address the needs of racialized groups, and devaluation of cultural and religious beliefs and othering by Canadian society at large; and economic exclusion that leads to "brain abuse".

These factors and associated changes, challenges, losses, and stresses must be understood within the dynamic relationship between Tamil men and women, family, community, and the larger Canadian society in order to understand the production of wife abuse in the Tamil community in the post-migration context. An ecosystemic analysis of these factors is presented in Appendix R, which is further elaborated in the next section in relation to both a postcolonial feminist theoretical perspective and the literature about IPV in the post-migration context in other communities.

Section 2: Advancing Knowledge about IPV in the Post-Migration Context

Numerous theories have been offered to explain why wife abuse occurs. As noted earlier in this dissertation, some of the theories provide explanations at an individual level, whereas others look at the family as the point of explanation (i.e., the focus is on the micro-level), and still others focus on explanations located at the societal level (i.e., the focus is on the macro-level). As I have previously proposed in Chapter 2, explanations concentrated exclusively at each of these levels are limited in their lack of attention to the dynamic inter-relationships among factors operating at multiple levels. Another major limitation in the theories that explain IPV is the lack of serious attention paid to the impact of immigration

and race on the production of IPV. I argue that racial oppression affects gender and socioeconomic relations between husband and wife in the post-migration context; thus, it needs to be brought to the centre of any discussion about IPV the post-migration context. In line with the ecosystemic framework that has underpinned this study, I have organized the rest of the discussion about IPV under the headings of individual, micro-, meso-, and macro-level factors, while also highlighting their dynamic nature.

Production of IPV in the Post-Migration Context

Individual-Level Factors

The individual-level factors that were identified in this study as pertaining to IPV included age at migration/immigration, war trauma, multiple trauma (based on disappearance of family members, witnessing death, and experience of sexual violence and torture), and coping skills (such as use of alcohol), which were affected by the new Canadian context at the micro- and meso-levels of society (such as change in pace of life, limited physical space for each other, easier access to alcohol, increased isolation of couples, and limited community surveillance).

A considerable amount of health sciences literature has demonstrated a connection between a husband's experiences of childhood abuse and/or witnessing IPV among his parents to his own tendency to engage in spousal abuse (Everett & Gallop, 2001; Hotaling & Sugarman, 1986; Rodgers, 1994). Based on the findings of a national survey of 2000 U.S. women, Tajden and Thoennes (2000) reported that experiencing or witnessing violence in one's family of origin increased one's chances of being a "perpetrator" or "victim," even when the effects of other independent variables were controlled. However, not all men who witnessed spousal abuse among their parents or experienced childhood abuse become

abusive to their wives in their later life. This argument has been augmented by more recent literature (see Everett & Gallop for a detailed discussion) that suggests a connection between the specifics of the abuse (i.e., the length of the abuse, relationship to the abuser, availability of support in the aftermath of abuse) and the resulting mental health concerns, such as depression, anger, addiction, and violence. In the present study, I did not specifically explore the husband's or the wife's exposure to violence during childhood. One of the main reasons for not doing so was that, as in many other communities across the world, in the Sri Lankan Tamil community, childhood abuse is shrouded in secrecy; thus, wives and husbands are not usually aware of this kind of information about the other.

One of the key individual-level factors that has not received much attention in the previous literature is the impact of exposure to war trauma or multiple trauma on couple relationships. The exposure to adult trauma, and, more specifically, exposure to war trauma, emerged as an important factor with regard to IPV in this study. Considerable attention has been paid in the health sciences literature, particularly in psychiatry and psychology, to the relationship between exposure to war trauma and mental health (e.g., Ai, Peterson, & Ubelhor, 2002; Agger, 1993; Ahearn, 2000; Behnia, 1997). However, the influence or the relevance of war trauma on marital relationships and in the context of IPV has not received attention. In the current study, participants alluded to the notion that the men who were exposed to war trauma (as the receivers or the doers of violence) experienced PTSD, and that their tolerance to stresses and various stimuli had been altered. They also pointed out that, amongst these men, there was a sense of extra suspicion of their wives' activities or wrongdoing. In a study of 43 Sri Lankan Tamil refugees exposed to aerial bombing, Somasundaram (1996) indicated that ongoing anxiety, and depressive and somatic symptoms

were common among the participants, and that 44% were reported to have met the DSM III

diagnostic criteria for PTSD. The study findings also suggested that they suffered from social

withdrawal, irritability, hostility, interpersonal problems, and functional disability. Chambion

(1989) and Penalosa (1986), for example, noted that men's previous exposure to violence in

their own country, in the context of resettlement stresses including major financial and social

pressures, could increase their violent and aggressive tendencies.

Although women also experienced exposure to such trauma, an argument can be

made that they were socialized into avoiding aggression, promoting harmony, and

maintaining peace; thus, they were often prevented from becoming (physically) aggressive

towards their husbands, especially in a patriarchal society. Even though the current study

focused on exploring the topic of wife abuse, study participants brought up the issue of

husband abuse in the post-migration context, which often took the form of emotional abuse.

One of the interviewees also disclosed his own experience of being in an emotionally abusive

relationship. The topic of husband abuse in the context of changing gender roles and

husbands' loss of social status in post-migration settings is a topic that has not received

attention.

Micro-Level Factors

Micro-level factors that were found in the current study to influence the production of

IPV included the following: (a) the wife's education and employability, (b) the husband's

dominance in the family, and (c) the husband's access to and control of family wealth

through education, employability, social status, and access to information, finances, and other

assets. These factors by and large are related to the social and economic positioning of the

husband or the wife within the family. Moreover, when influenced by meso-level (i.e., social

supports and networks) and macro-level (i.e., gender, racial, and socioeconomic inequalities) systemic factors, in certain combinations, these micro-level factors appear to unsettle the prior gendered power imbalances within Tamil households.

Two scenarios with regard to family power imbalances were noted in the current study. In the first, some Tamil husbands gained more authority and power in the post-migration context. Owing to limitations at the meso- and macro-levels (such as Canadian immigration backlogs, and refugees' admissibility criteria across the world), as well as the logistics of travel, Tamil men often arrived first in Canada and then sponsored their wives and children. The act of "illegal" travel that husbands undertook and the hardships they encountered during such travel and in the initial resettlement period were generally perceived as sacrifices made to secure "legitimate and safe" travel for the rest of the family, as well as a relatively easier resettlement period for them. In a culture that values interdependence and sacrifice, the sacrifices one makes give that person more power in the family. Further, the act of sponsoring the women to leave a war-torn country like Sri Lanka gives Tamil husbands more influence and control over their families. This authority is wielded over women when they have not had a chance or reason to learn English prior to immigrating to Canada and/or are unsure about their legal/immigration rights in Canada or have only their husbands' relatives in Canada.

One of the micro-level focused theories noted in the literature - such as the resource theory - proposes that the abusive man has more power than the woman, and he will continue to resort to violence as long as the benefit outweighs the cost (Gelles, 1983; Mignon, Larson, & Holmes, 2002). Although this use of power occurs at the micro-level, I draw an analogy to the situation where those who are in power vis-à-vis ethnicity (as is the case in Sri Lanka),

race (as is the case in Canada, for example), and class (as is the case in most countries in the world) continue to maintain their domination in both covert and overt ways. In other words, there is a subset of the population who benefit by belonging to various ethno-racial, socioeconomic, and gender groups, and who will take measures to ensure their dominant status. Family, when perceived as a microcosm of society, is reflective of the larger societal oppressive power relations and dynamics.

In the second scenario, changes in professional, social, and economic status in the post-migration context led to a decrease in Tamil husbands' power and authority in some households. They no longer were seen as capable of fulfilling patriarchal gender roles, responsibilities, and expectations assigned to them. This loss in status at home, in particular, in the context of Tamil women's relatively increased engagement in paid labour (at times, with equal or higher pay than their husbands) was noted in the current study as leading some men to use violent means to attempt to regain their dominant position at home. This finding is explained in the literature by the Status Inconsistency Theory. This micro-level theory states that violence is likely to be used "when an individual's status is inconsistent with new norms or when standard norms governing the family become ambiguous" (Campbell, 1992a, p. 20). In other words, when dominant status is contested or lost, a subset of those who held power and authority previously is likely to use any means to regain their prior status.

Husbands who believed that they had lost their status at home were observed to use violence as a strategy to compensate for lack of power in a number of studies conducted in immigrant communities in the U.S. and Canada (Benson, 1994; Bui & Morash, 1999; Hyman et al., 2004; Krulfeld, 1994; Kulig, 1994; Min, 2001, Morrison et al., 1999; Naidoo & Davis, 1988; Oxman-Martinez et al., 2000; Tang & Oatley, 2002). For example, Oxman-Martinez et

al. pointed out that immigrant and refugee women may be at increased risk of abuse by a

husband who feels unable to maintain his traditional status as the family's breadwinner.

Changing gender roles were cited as contributing to increasing levels of desertion, divorce,

and wife abuse among a group of Southeast Asian refugee women in Kulig's (1994) study.

Pilot interviews with Chinese immigrant women and service providers in Tang and Oatley's

study also provided additional evidence that when husbands' roles as breadwinners were

threatened, they may reassert household authority and control by using various forms of

abuse.

Matsuko and Sorenson's (2001) interviews with Ethiopian and Eritrean women and

men in Toronto demonstrated that men accepted some aspects of the change in women's

lives such as being employed but maintained restrictions around certain social activities. The

current study also found that, in certain cases, the increase in economic power and the

perceived increase in social power for Tamil women in the post-migration context have

increased some men's suspicion and surveillance of women. Speaking of a reversal in the

norms of earning household income among Muslims who are internally displaced (as a result

of civil war) and living in camps in Sri Lanka, deAlwis (2004) has highlighted a similar

pattern:

> within the refugee camps, where many women go out to work while their
> husbands stay home, have made women's positioning within pre-existing
> patriarchal power structure a fraught one. Not only has the incidence of domestic
> violence increased within the camps, but women's mobility has been drastically
> curtailed. Their every movement is now open to scrutiny and questioning under
> the guise that it is they who have to uphold the honour and cultural traditions of
> their family and community (p. 223).

The author also reported an increase in IPV within the camps. In the current study, women

and children were also noted as openly challenging the husbands' ability to maintain the

status they previously held at home. This change in power and authority, according to the study's participants, in turn lead in some cases to wife abuse.

Women's increased contribution to household finances, along with a decrease in their husbands' relative contribution, may not necessarily account for the IPV across all socio-economic groups in the Tamil community. For example, both Tamil men and women from the middle- and upper- socioeconomic classes equally experienced a decrease in socioeconomic status in Canada, and as a result, the couples did not necessarily experience a change in power differential in the household. In a study of Russian/Soviet couples who immigrated to Israel, Remennick (2005) stated that women:

> often perceived occupational downgrading as an inevitable result of immigration and are ready to try other options. Women's approach to work was more pragmatic, less concerned with formal status change, and more concerned with on the job content and human relations at work [and] family survival and relative financial security. (p. 856)

While the current study's participants observed that Tamil women's loss of professional status was often perceived by both men and women as less important due to the relational aspect of the women's status to that of their husbands, it is also possible that (as in the case noted previously) Tamil women were being more pragmatic.

Meso-Level Factors

The meso-level factors that emerged from the current study's data as pertaining to the production of IPV, by and large, were related to changes in informal and formal social supports and networks, and included (a) the presence/absence of support and/or pressure from the extended family in the post-migration context; (b) Tamil community leaders' support; and (c) pressure and gossip within the Tamil community.

As discussed earlier, changes in post-migration social supports and networks had a considerable impact on Tamil couples' relationships. In cases where the couple had no family members in Canada or where they were inaccessible (due to time and geographical location), the lack of social support for day-to-day life, in the context of economic pressures and time constraints, created a situation in which the couple relied solely on each other. Such a situation was noted by the participants as contributing to the production of stress, resentment, conflicts, and IPV. This finding was confirmed in a qualitative study (Hyman et al., 2004) consisting of focus groups and individual interviews with 8 Ethiopian immigrant couples in Toronto, and in a follow-up study (Hyman et al., 2006) that involved interviews with 7 divorced Ethiopian women and 2 divorced men. Findings from these two studies indicated that, despite the positive aspects of such reliance, such as increases in communication, intimacy, and shared decision making, the increase in reliance on each other to manage the stress of life lead to conflicts, divorce, and wife abuse. McSpadden and Moussa's (1993) findings also confirmed that, as in other collective communities, in Ethiopia extended families provided childcare and other assistance, advice, and moral support within a context of familiar customs and behaviour. The loss of such support in Canada was perceived to be creating marital conflicts.

The limitations in refugee admissibility criteria, the resulting illegal travel out of Sri Lanka to a safe country, and the current Canadian immigration system's delays in family sponsorship have created a situation in which Tamil women often arrived in Canada sponsored by their husbands. The women often had none of their family members in Canada (or had none nearby), whereas their husbands, who often sponsored their own family members, had them living with the couple or nearby. This patrilocal environment created in

the post-migration context (in comparison to the matrilocal context in Sri Lanka) afforded more support for an abusive husband to maintain pressure and control over his wife. This situation also increased the likelihood of a woman being abused by her in-laws, the most common form of which came from female in-laws.

Immigrant women's vulnerability to wife abuse within such situations was noted in the following communities in the U.S: (a) the Asian-American community (Huisman, 1996); (b) the Asian-Indian community (Mehotra, 1999); and (c) the Mexican community (Morash et al., 2000). In the current study, not having the women's family members in Canada to intervene on their behalf increased the Tamil husbands' authority at home in the post-migration context. Tamil women who did not speak English were even more reliant on their husbands for everything. Increased family privacy, which is also ensured by the physical set up of houses/apartments in the Greater Toronto Area, and Canadian cultural values that support individual rights and individual privacy, increased Tamil husbands' power and control within households. Tamil women's isolation was also observed in Morrison et al.'s (1999) study in Toronto, where one community leader stated,

> They are isolated. Yes. Because they have no other way, they have nowhere to go. All they know is they [can jump] off their balcony. It's very hard to get to them because they don't come out, they don't meet anybody and we don't know that these people exist until they commit suicide" (p. 156).

Similarly, Loue and Faust (1998) reported that "[n]uclear family living arrangements, which tend to isolate the family, may render violence relatively cost-free to the perpetrator" (p. 526).

The current study's findings also demonstrated that women's lack of their families in Canada (which differed from the matrilocal practice they were accustomed to in Sri Lanka) created a situation within which their husbands' actions and activities were no longer

moderated. Similar findings were noted in a qualitative study of the Ethiopian community in

Toronto (McSpadden & Moussa, 1993) where the absence of family and community support

networks that once operated to resolve marital tensions was noted as a key factor abuse.

These authors further pointed out that without elders to intervene or to supervise, Ethiopian

men did not feel accountable to anyone in Canada for their behaviour.

Macro-Level Factors

Macro-level social theories, which include various feminist theories, locate the causes

of abuse at the larger societal and systemic level. They focus primarily on patriarchal societal

structures that condone, encourage, and perpetuate male domination and gender hierarchy

and inequality (Locke & Richman, 1999; Loue &Faust, 1998; Yllo, 1993; Yllo & Bograd,

1988). One of the main ways through which patriarchal ideology is maintained is gender role

socialization.

According to the "traditional" ideological feminist perspective, gender inequality and

male domination are at the root of all forms of violence against women (Dobash & Dobash,

1979). Research suggests that wife abuse is common in patriarchal societies where cultural

values, social mores, and religious beliefs dictate male dominance and create separate codes

of conduct for men and women in the society at large and at home, in particular (Yick &

Agbayani-Stewart, 1997). As many authors noted in the above paragraphs pointed out,

patriarchy leads to power imbalances and low status for women in the economic, political,

religious, educational, and legal arenas. Home, as a microcosm of the society at large, often

reflects such power imbalances in the relationship between husbands and wives.

As found in the current study, a considerable number of Tamil men and women

maintained patriarchal gender role divisions in the post-migration context. The participants

related this persistence to strong gender role socialization that they experienced in Sri Lanka through their schools, at home, in the community at large, and through various media such as television, radio, newspapers, and magazines in the pre-migration context. The influence of gender role socialization on family relations, in general, and on women's mental health, in particular, has been well-documented (e.g., Gilligan; 1993; Jack, 1991; Jordan, 1997; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). In order to maintain such a role division that catered to men's authority, power, and comfort, young immigrant Tamil men often went back to Sri Lanka to get married. The current study's findings also highlighted how Tamil women both contributed to and rejected adherence to such practices and roles.

According to Haj-Yahia's (1998) study findings, patriarchal ideology variables (e.g., negative attitudes towards women, rigid gender-role stereotypes, and non-egalitarian expectations of marriage) are the most significant predictors of men's beliefs about wife beating. The degree to which patriarchy can be used to explain marital violence, however, is controversial. A number of limitations in the patriarchal theoretical explanations of IPV are noted in the literature. Loue and Faust (1998), for example, argued that considering patriarchy as the predominant cause of wife abuse does not account for why some men become abusive but not others, even though all men are exposed to the same patriarchal messages that condone male domination. Other arguments against the sole focus on patriarchy have come from more recent literature about IPV within lesbian relationships (Girshik, 2002; Renzetti, 1998; Ristock, 2002). The fact that both abuser and victim are women calls into question the primacy of gender inequality in explaining IPV.

Bogard (1999) suggested that wife abuse is not a monolithic phenomenon and that "intersectionalities colour the meaning and nature of domestic violence, how it is

experienced by self and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained" (p.276). The need to acknowledge the diversity of the social contexts that are created by the intersections of systems of power (i.e., race, class, gender) and multiple oppressions (i.e., racism, classism, and gender inequality) has been argued by various postcolonial and black feminists. Both hooks (1984) and Ashbury (1987) have noted that women are easy targets for oppressed men to take out their frustrations. Furthermore, when abuse occurs, as was noted in the current study conducted in the Tamil community, women who are racialized may feel sympathetic or obligated to protect their husbands and themselves from racist, stereotypical attitudes and treatments. In a qualitative study of Chinese immigrant women experiencing wife abuse in Toronto, Fong (2000) similarly found that women were hesitant to seek formal support and contact police or other authorities for fear that racism would affect themselves and their husbands.

As demonstrated in the current study, the contribution of gender inequality to the production of IPV cannot be discussed alone, but must be placed within the larger context of racism and classism that the Tamils experienced in Canada. This argument is supported by Bolaria and Li (1994), who noted that patriarchal ideology that leads to male domination at home must be understood within the context of racist ideology that justifies racial exploitation. Fong (2000) further argued in the study of Chinese immigrant women experiencing IPV that immigrant women become even more vulnerable when immigrant men are given the message (through more weight, points, and assistance to help get established in Canada) that they are more important than their wives.

Tamil women in the current study experienced race, class, and gender inequities in Canadian immigration policies and practices that created situations in which they were dependent on their husbands. The gender and race discriminations built into Canadian immigration law and policy have been well-documented (see Calliste, 1993; Hagey, Lum, Brody, Turritin, & McKay, 2001; Pope, 1991). Refugee admissibility criteria that limit out-migration of women have been noted in this dissertation. These women are disadvantaged and placed in vulnerable situations because of a lack of safe means of seeking refugee status in another country. Once Tamil women arrive in Canada, the labour market has created a situation in which they (along with other racialized women) earn the least in the job market, which makes it difficult to gain equal economic status at home or in the community, or to escape an abusive situation without having to worry about the financial constraints for themselves and their children. Similarly, Canadian (gendered and racist) workplaces create situations in which immigrant women of colour are first to be expelled from the job market when there is a surplus of workers (see Hagey, Choudhry et al., 2001; Hagey, Lum et al., 2001). Omidvar and Richmond (2005) argued that there is "a contradiction between Canada's official inclusion policies of citizenship and the growing exclusion of newcomers, most of whom are visible minorities, in the economic sphere and in public life generally" (p 1). Others such as Kazemipur and Halli (2000) have discussed the racialization of poverty – how certain major urban centres such as Montreal, Winnipeg, Toronto, and Vancouver have large concentrations of people of colour in neighbourhoods with a poverty rate of 40 % or higher. This situation was evident in the unemployment rates and the number of people living below the poverty line in the Tamil community. Furthermore, these statistics need to be considered in light of the fact that often the (husband's) extended family members are also

dependent on the husband for their economic needs. Tamil women's situations in Canada are further shaped by various macro-level factors that include systemic barriers such as lack of access to interpreters, lack of English language classes offered in a manner that would facilitate employability in a professional job, lack of fair credentialing, and lack of access to affordable childcare.

The Influence of Stress from Racial, Gender, and Socioeconomic Inequities on Violence

Stress has been identified as antecedent to both drinking and IPV (Barnett & Fagan, 1993). Settlement in a new country also has been generally identified as being stressful (Beiser, 1993). The stresses Tamil families experienced in Canada included the pace of life, the lack of adequate and appropriate formal social supports, and the limited availability of well paid and higher status jobs. These factors seemed to lead to resentment and a breakdown of relationships not only between couples, but also between parents and children (see Mojab, 1999, for a detailed discussion of this topic). Many others (such as Bauder, 2003; Lo, Teixeria, & Truelove, 2004; Pendakur & Pendakur, 1998) have found that many professional and skilled immigrants to Canada encounter de-skilling and the non-recognition of their credentials. This is especially the case for people of colour (Lo et al., 2004; Pendakur & Pendakur). Bauder suggested that "professional association and the state actively exclude immigrant labour from the most highly desired occupations for Canadian-born and Canadian-educated workers" (p. 699).

As the current study's participants stated, devaluation of prior educational, professional, and work experiences, along with the associated loss of socioeconomic status, has a devastating effect on a husband, his wife and children, their extended families, and the Tamil community as a whole. Similarly, Bauder (2003) argued that in addition to the waste

of human capital, the devaluation of educational skills and prior professional experiences "has traumatic emotional effects on newcomers and their families" (p. 708). The emotional impact of this devaluation was quite evident in the current study, where Tamil men and women both highlighted that men were experiencing depression, anxiety, alcohol and gambling addictions, and/or turning to gangs or suicide. Hindin and Adair (2002) also indicated a positive correlation between IPV and the variables of financial constraints and household income. All of these studies indicate the importance of the connection between socioeconomic and ethno-racial hierarchies, associated stresses, and IPV at home.

Economic insecurity in the context of other stresses and constraints such as language barriers, lack of education, lack of job skills, and racial/ethnic discrimination that men experience under the pressure of fulfilling their gender roles as husbands/fathers/primary breadwinners has been identified as leading men to turn to substance abuse and other self- and family-destructive behaviour such as gambling and other addictions and infidelity (Morash et al., 2000; Perilla, Bakerman, & Norris, 1994; Perry et al., 1998; Rhee, 1997; Tran & Des Jardins, 2000). Furthermore, men in such situations were noted as also having an increased likelihood of committing IPV (Moghissi & Goodman, 1999; Perilla et al.; Perry et al.; Tran & Des Jardins). Several qualitative studies with South Asian women reported similar references to stress that were indicative of violence and wife abuse, in particular (Abraham, 2000; George & Ramikissoon, 1998). What is of importance is that these findings do not identify a sole cause for domestic violence nor explain who will or who will not become abusive or victimized; instead they serve to explain patterns and variation in the rates of marital violence.

Women's Responses to IPV in the Post-Migration Context

Deterrents to seeking help for and disclosing abuse, and the process of leaving an abusive relationship on the part of Tamil women in the current study were influenced by a number of micro-, meso- and macro-level factors including (a) an initial belief that the abuse might stop; (b) embarrassment, shame, and humiliation about the abusive experience; (c) a sense of failure about the marriage; (d) family and community pressure regarding marriage and divorce; (e) financial constraints; (f) the civil war in Sri Lanka; (g) fear of mandatory police reporting and deportation; and (h) concerns about children. Other reasons included a lack of informal social support and limitations in the availability and access to formal social supports and services. Similar reasons for not leaving an abusive situation were noted in a number of other studies (Loring & Smith, 1994; Mazza, Dennerstein, & Ryan, 1996; McCauley, Yurk, Jenckes, & Ford, 1998; Rodriguez, Bauer, McLoughlin, & Grumbach, 1999).

A number of women in the current study who had experienced IPV initially felt that abuse was the result of a situation that has gotten out of hand and that it would stop after the particular situation was resolved. The women were also hopeful that a change in their behaviour would stop or lessen their husbands' anger, frustration, and abuse. Most women were hopeful that the abuse would stop and that they would remain in the relationship; this was especially true for the Tamil women in the current study because the abuse began only after they came to Canada. In general, in any community or society, stigma is associated with being abused. In the current study, Tamil women were concerned about the embarrassment, shame, and stigma attached to IPV.

Leaving an abusive husband is a difficult process that is often initially unsuccessful (Campbell, 1989; Campbell, Miller, Cardwell, & Belknap, 1994). It is commonly understood that women make about 5 to 10 attempts before ending the abusive relationship. In the small sample ($n = 6$) of Tamil women in the current study, only 1 woman left in one attempt; the rest had made several attempts before finally ending their relationship through separation or divorce, and IPV did not end after they left their husbands. Similar findings that abuse continued after women had left their husbands emerged from a number of studies, where abuse continued in the form of stalking, threats, and physical assault (Cambell, Rose, Kub & Daphne, 1998; Barnett, 2000, 2001). Tamil women's responses to IPV in the current study were also influenced by their fear of retribution or repercussions from their husbands or their family, should the women disclose the abuse. One of the repercussions Tamil women were worried about was rumours and false accusations about having extramarital affairs. In a qualitative study of American Muslim women, Hassouneh-Phillips (2001) also found that "rumours and false accusations about women's sexual behaviour were a significant threat to participants' ability to garner support from family and community...the rumours about women's sexual behaviour were powerful enough to destroy even the closest of family relationships (p. 425). Findings consistent with those were also noted in Haj-Yahia's (2000) study about Arab women who feared that being labelled "loose" would significantly and negatively influence family and community support.

In the current study, women also expressed a sense of futility that others in the community might not want to or be able to help, which was particularly true for those who had already reached out unsuccessfully to family and friends (who were in Canada, Sri Lanka, or in other diasporic communities). Similarly in Hoff's (1990) study, many women in

abusive relationships could not garner support and substantial assistance from their family, friends, and other relatives, not only because of the geographic distance between them, but also because of those peoples' reservations about separation and divorce. Tamil women in the current study experienced both direct and indirect pressure from their family members and from the Tamil community at large to make the marriage "work" or to remain in the marriage despite ongoing abuse.

As in many other communities, Tamil married women hold a higher status than divorced women. The women in the present study were concerned about the negative implications of divorce on their siblings, especially their unmarried sisters, as well as on their own children. Abraham (1999; 2000) reported similar findings in qualitative studies within South Asian communities in the U.S., as did Hassouneh-Phillips (2001) in a qualitative study of American Muslim women, who were concerned about the stigma associated with divorce. In the latter study, the women reported that family and community disapproval negatively influenced their decision making. They decided to leave their abusive husbands only after experiencing severe psychological, spiritual, and/or physical abuse, and after feeling that they had reached a "point of saturation" (p. 423). Several other studies (such as Cohen & Savaya, 1997; Haj-Yahia, 2000) conducted in Arab and Muslim communities also identified the social stigma associated with divorce as being a significant barrier to ending an abusive relationship. Hyman, Berman et al.'s (2006) study on the perception of IPV in the Sri Lankan Tamil community in Toronto also noted that tolerating IPV was closely associated with the general belief in the community regarding marriage and divorce, and with the perception that shame would also befall the man.

Tamil women's decision about whether to leave an abusive partner was also shaped by their economic situation. In the current study, most women were concerned about the financial impact of their decision on their children's quality of life if they depended on one person's salary or on social assistance. Economic dependency has commonly been noted as a major reason for why women remain in abusive homes (Browne, 1987; Websdale, 1998). Tamil women's financial concerns were also influenced by their loss of property and wealth as a result of the civil war in Sri Lanka. The financial dependency of the woman's family in Sri Lanka on her (or on her abusive husband), as well as their dependency on her for family sponsorship, also affected women's decision making regarding IPV. Concerns regarding how women's responses to IPV are shaped by an ongoing war in their country of origin have not received much attention in the health sciences literature.

Tamil women also feared the loss of their children, mandatory reporting, and deportation if they sought help. As some of the community leaders in the current study observed, the women often pretended to seek information for a friend. Only after ascertaining the community leader's response and attitude toward such requests, did they disclose their own experience of IPV. Concerns were also noted in other studies regarding women's fear about potential pressure to leave the relationship (Rodrigeuz, Craig, Mooney, & Bauer, 1998), as well as the possibility of mandatory police reporting, which could lead to harm of their partner or loss of custody of their children (Gerbert, et al., 1996; Rodriguez, et al., 1999). In the current study, the Tamil women's (or their friends') prior experiences of racism at the hands of various authorities such as police and immigration prevented women from calling police. Richie's (2000) and Websdale's (1999) studies also indicated that women believed that, in general, those who are part of the criminal justice system have racist,

stereotypical ideas about Blacks as being violent; therefore, the potential for extreme or unfair treatment of their husbands was a key concern for racialized women. Suspicions of people in authority, in the context of the civil war in Sri Lanka, created even more heightened sensitivity for Tamil women and more reasons to avoid seeking authorities. Not only were they concerned about unfair treatment based on racialized presumptions on the part of the police about their husbands, but they also feared the potential for deportation back to Sri Lanka for them, their husbands, and their children because of the criminalization of abuse. Based on a number of studies (Abraham, 1999; 2000; Dasgupta, 1998), Dasgupta (2000) noted that "South Asian women's experiences of abuse are inextricably linked to their residency status in the US [and that] the immigration policies of the US have been universally biased against women and they have been playing a powerful, if unintended role in the battered immigrant women's lives" (p. 178). It is common knowledge that, even in Canada, residency or immigration status is a major concern for many women attempting to deal with IPV (Fong, 2000; MacDonald, 2000; Pope, 1991).

The current study's findings also demonstrated the health, settlement, justice, and welfare institutions' focus on women's capacity to submit evidence of the abuse. Tamil women who spoke about their experience mentioned that they faced a dilemma when they were subjected to verbal, emotional, or sexual abuse for which there were no "visible" scars to show. Their experience with some healthcare professionals included being discredited because of a lack of broken bones, injuries, or scars. This represented another form of emotional abuse for the Tamil women that they perceived to be worse than the abuse that they endured at the hands of their husbands. The systemic expectation of evidence of abuse made them feel further violated and shamed. Literature (e.g., Ratner, 1995; Varcoe, 2001)

indicates that healthcare professionals, in particular, often focused on treating the injury and ignored the cause or the context within which trauma had occurred. A number of concerns identified in the current study also included health and settlement agency workers' attitudes towards women's follow-up with their advice. Tamil women who did not follow the "experts" advice were seen as either "noncompliant", "lacking agency", or "going back to their oppressive cultures". The "victim blaming" described in a number of studies (e.g., Ferris, 1994; Rodriguez et al., 1999) included patients being blamed for "their failure" to disclose abuse or "to comply with experts'" advice regarding follow-up, referrals, and recommendations. In their review, Loring and Smith (1994) concluded that healthcare professionals frequently focused on the women as the problem by asking them, "What they did to provoke the abuse?" or "Why do you let him do this to you?" or "Why don't you just leave?" or "Why do you put up with it?". There is also evidence that racialization makes women more vulnerable to violence because of a limited availability and access to resources and information (Cranshaw, 1994; Richie & Kanuha, 1993; Walker, 1995). Further, because of the potential that their disclosure of IPV could create stereotypical and racist assumptions about the community, women were hesitant to disclose the abuse they suffered (Agnew, 1998; Mosher, 1998).

Despite the many health, social, and economic consequences of IPV noted in the literature (e.g., Campbell & Lewandowski, 1997) and the related, aforementioned difficulties women faced, the women who participated in the current study demonstrated remarkable resilience. While remaining in the abusive relationship, they made many decisions about strategies to reduce the frequency or the severity of the abuse. Some Tamil women also actively resisted abuse through reading their husbands' mood, not talking to their husbands,

or talking back to their husbands, or threatening to call 911, and by inviting community leaders who work with Tamil women into their homes. Similar findings have been reported in a number of studies of Canadian-born women, such as Wuest and Merritt-Gray (2001), Wuest and Merritt-Gray (1999), and Wuest and Merritt-Gray (1995). Se'ver (2002) noted, "Women *are* extraordinarily resilient, sometimes provocative, sometimes assertive or passive, or sometimes even abusive themselves – but in all cases they are social agents" (p. 16). Despite the many barriers and constraints they faced, the 6 women who experienced IPV and whom I interviewed left their abusive husbands.

Campbell, Sullivan, and Davidson (1995) found that women who have experienced IPV were less depressed when they were satisfied with the quality of the social support they gained. Social networks are seen as helping women to deal with the abusive situation by supporting an alteration in the environment of the abuse by providing shelter, money, emotional support, and assistance with children (Arias, Lyons, & Street, 1997; Astin, Lawrence, & Foy, 1993). Similar support was frequently available to Tamil women in Sri Lanka, where, as a "victim" of abuse, they gained support and protection from their extended family members, friends, and neighbours in a matrilocal set up. However, in the new context, this support was not available. Even when friends and family were present, the adaptation of new values (such as not interfering in others' lives) prevented them from intervening in couples' relations. In cases in the new context where Tamil women lacked family members nearby or where they got no support from them, they sought support from the formal social support system as well as from new friends they made in the multicultural city of Toronto.

Section 3: Limitations of the Study

The findings from this dissertation have implications for nursing research, theory, and practice. Before discussing how the findings could be meaningfully used in nursing research, theory, and practice, the study's methodological and content limitations are considered.

Methodological Limitations

The study sample was limited in a number of ways. Although I was able to capture a diverse group of community leaders to participate in the study, the study sample of focus group participants and the sample of women who had experienced IPV were limited to only those who were known to several community leaders in the Tamil community. While a number of women brought their friends who were not known to the community leaders to the focus group sessions, it is possible to speculate that the Tamil women who are experiencing poverty and isolation who have not come to the attention of community leaders may be the most vulnerable and may have no access to information, resources, and support in dealing with IPV.

Similarly, the study sample included only a limited number of women who were older than 65 years. Older women's account of the kind of pressures and supports that they experienced in the post-migration context and that they needed to deal with abusive situations might be different from their younger counterparts'. For example, their choices and responses may be influenced by their adult children, who may have sponsored them. Further, the focus group participants appeared to be mainly from lower-middle and lower socioeconomic backgrounds. It is possible that the opinions, concerns, and needs of Tamil women from upper-middle and higher socioeconomic strata would have been different. Moreover, as is the case in most research projects, the current study's sample was limited to

those who were available or who could manage to attend an interview or a focus group

session without causing inconvenience or harm to themselves, their children, or their

families.

Although I aimed to explore the views of those who were recent immigrants to the

country, that is, those who have been in the country for less than 5 years, circumstances

during the recruitment phase of the study (such as those who arrived for focus group sessions

through word of mouth) led to the participation of a considerable number of men and women

who had been in the country for longer than 5 years. Their present life situations may have

influenced their perception of what life was like in the first years after arriving in Canada.

However, as a result of their participation, I also realized that it was impossible to artificially

categorize immigrants and refugees as "recent" or "newcomers" based solely on the number

of years that they had been in the country. For example, as a result of their (chosen or not)

life priorities in the initial resettlement period in Canada as well as on the restrictions they

encountered at the hands of their husbands and through immigration policies and government

bureaucracies, many Tamil women, in particular, continued to deal with resettlement

concerns and issues (such as language training, finding a job, applying for health card) even

after having lived in Canada for 5 years.

The part of the study sample concerned with women who had experienced IPV in the

post-migration and settlement context was limited to 6 participants. Although my main

purpose was to understand the perception about the production of IPV in the post-migration

and settlement context, in-depth interviews with more women who had experienced IPV

might have produced a more enriched account of their personal strengths and resiliencies as

well as their challenges. Furthermore, I chose to speak with women who were separated from

their abusive husbands for fear of putting those who were not separated at further risk. The voices and the needs of women who, by their choice or not, remain with their abusive husbands are equally important. (I address the implications of these limitations for future research in a subsequent section).

Also, I did not conduct any focus groups in English. While the purpose of conducting the focus groups in Tamil was to create a space for voicing the concerns of those who do not speak English fluently, in the process, I may have lost the nuances and the more personal dynamics that can be observed during discussions because I am not fluent in Tamil. This may have influenced my understanding of the topic and how we co-construct knowledge. Connected to this limitation are any added constraints that might have occurred because each focus group was facilitated by a community leader. While their facilitation was indicative of their support for the project on the topic of IPV within this community, it is also possible that the participants' discussion was influenced by the community leader's presence.

Further, it is possible that both the individual and the focus group discussions were influenced by my social location as a Sinhalese woman. Although my recent marriage to my long-term partner, who is Tamil, and my professional background as a nurse may have reduced some concerns and doubts as to my purpose in conducting such a study, I argue that I may not be completely cognizant of the full impact of my positionality on the data I generated. The participants' opinions of the civil war's impact on the lives of Tamil women and men may not have been fully disclosed and discussed in detail, as a result of my presence and position as the interviewer or the co-facilitator or the principal investigator of this study. It is also possible that these circumstances related to my positionality affected the credibility

of the study findings (the fit between the views of the participants and my representations of such views).

Content Limitations

The impetus for conducting this study came from a previous study that was conducted in the Sri Lankan Tamil community (Morrison et al., 1999) and from the community leaders' ongoing concern regarding the importance of addressing the topic. Owing also to the financial and time constraints of doctoral work, I decided to conduct the study in one community – the Sri Lankan Tamil community. While my intention was not at all to produce a culturalized account of wife abuse by focusing on only one community, it is possible that this could have occurred in my presentation or interpretation of the data or would happen in others' use of the current study's findings. In order to avoid stereotypical and culturalist interpretations of the findings, I used a postcolonial feminist theoretical perspective to guide the study. It is my hope that discussing the findings in a historical, social, political, and economic context will help to avoid drawing simplistic conclusions about the community or the men and women in the community. Further, this study is grounded in the health sciences literature and is influenced by my academic background in nursing and in my experience as a nurse working with women in in-patient and out-patient clinical settings. It is possible that an in-depth examination of literature in sociology and women's studies would have taken me in a different direction and towards addressing a different research question.

Despite the aforesaid limitations, the study contributes to nursing knowledge in the area of IPV in the post-migration context. Implications for future research, theory, and practice in nursing are presented next. I have also addressed how some of the previously mentioned limitations could be overcome in future research.

Section 4: Implications for Research, Theory, and Practice

As noted in the Chapter on Methodology, qualitative descriptive methodology is useful in the development of a description of a particular phenomenon in order to understand it in-depth and to generate further thinking, and for the purpose of consciousness-raising of the topic in the community. As Sandelowski (2000) highlighted, in qualitative descriptive reports, "there is no mandate to produce anything other than a descriptive summary of an event, organized in a way that best contains the data collected and that will be most relevant to the audience for whom it was written. But such summaries may themselves yield the working concepts, hypotheses, and thematic moments for future grounded theory or phenomenologic study…" (p. 339). Accordingly, in the next few sections, I have presented a number of initial ideas for implications for future research, theory, and practice implications.

Implications for Future Research

The following ideas for future research are suggested for the purposes of obtaining a more complete picture of the topic within the community and, where possible, taking the findings beyond the confines of the community.

Two key observations were made in this study regarding the importance of social support. First, Tamil women's support networks and experiences in the matrilocal setting in Sri Lanka differed from those they had in the patrilocal setting in which they lived after migration, as a result of the social, political, historical, and immigration contexts within which Tamils immigrated to Canada. Second, post-migration informal social networks had both supportive and conflictual influences on marital relationships in the Tamil community. These observations require further clarification. For example, are there differences in IPV

rates in matrilocal settings and patrilocal settings? Comparative studies conducted in the Tamil community in Sri Lanka and in Canada might shed some light onto this issue. Cross-cultural research is also needed to explore whether societies with nuclear family households have higher rates of wife abuse than societies with extended family households, and more important, whether change from one type of family structure to another creates an increase in IPV rates.

Further, the dynamic role of civil war in shaping Tamil men's and women's actions in the context of IPV was noted in this study. No previous health sciences studies examined this phenomenon. The current study confirmed that Tamil men gained more power over their families vis-à-vis family sponsorship out of war-torn Sri Lanka. In comparison to those who come from countries where no war (or similar threat) compromises their safety, those who come from war-torn countries cannot easily return to their countries of origin. Therefore, Tamil women's responses to IPV were also shaped by the consequences of the civil war. Two related areas require further research attention. First, it would be interesting to explore the response of Sinhalese women experiencing IPV in Canada: would they consider returning or have they returned to their natal homes in Sri Lanka to seek parental and/or other family supports to deal with IPV? While Sinhalese women also come from a collectivist society and are exposed to similar gender role expectations and socialization processes within a patriarchal and post-colonial society, they do not experience similar safety threats associated with the civil war. Second, it would be important to examine whether and how the power dynamics change when Tamil (or Sinhalese) husbands are sponsored by their wives or potential wives. Another related topic that has not received attention is the choice of partner and the processes of selecting a spouse that single Tamil women in Canada follow. In this

study, I did not explore whether they also returned to Sri Lanka to seek a potential husband and what power dynamics such a situation created.

A key finding of this study is related to a general community perception of the production of IPV that goes beyond gender inequality. The study findings indicate that the production of IPV in the Tamil community in Canada is connected to racial and class inequities and to the social exclusion that Tamil men experienced in the context of patriarchal influences from Sri Lanka and the gender inequalities present in Canadian society at large. While I did not explore the topic of re-production of IPV – that is, IPV that started in the pre-migration setting and continued upon reunification of the couple, it is noteworthy that the women who had lived with their husbands in Sri Lanka as married couples experienced IPV only after coming to Canada. This finding indicates that while pre-migration factors (such as war trauma or gender role socialization) and their experiences during border-crossing (such as uncertainty and detention), IPV in Canada was produced owing to a combination of factors in the post-migration context.

Except for one woman who experienced abuse, the rest identified contributory factors at the individual level (such as alcohol use) or micro-level (such as in-laws' instigation of abuse) for their husbands' behaviour. In comparison, the rest of the participants from the Tamil community identified more meso- and macro-level factors as contributing to IPV in the post-migration context. It is possible to speculate that women who left their husbands did so because they had little reason to empathize with them, as the factors they identified were perceived to be within their husbands' control, whereas the women who remained in the abusive relationships did so out of sympathy and empathy with husbands who were failed by, and frustrated and angered by, systemic barriers or oppressions. Further studies with a larger

sample of women who left their husbands, as well as with women who remained in abusive relationships, might help to explain whether the women who perceived the reasons for their husbands' abusive behaviour to be related to systemic issues in the post-migration context remained (or remained longer) with their abusive husbands compared to those who perceived the reasons for abuse to be more individual or family related.

The 6 Tamil women who had experienced IPV in the post-migration context that I interviewed in the current study had left their abusive husbands and severed as many ties as possible with them. A larger purposive sample that captured the full socioeconomic, religious (Hindus vs. Christians), and immigration-related diversity within the Tamil community (i.e., varied age and marital status at time of migration, women who were sponsored by husbands vs. by their families or women who had undertaken illegal entry to Canada) and their fluency in English would have yielded a more in-depth understanding of the plight of these women. Interviews with Tamil women who were unable to leave abusive relationships (in comparison to the current study's participants who had left their husbands) would allow us to understand and to adopt effective practices to support those who are unable or unwilling to leave such relationships because of various reasons and barriers.

Another key finding of this study is the identification of the influence that war trauma has on marital relationships, in general, and on IPV, in particular. However, this is a topic that requires further exploration. While the health sciences literature on refugees has paid considerable attention to the impact of war on individuals' mental health, the role of exposure to violence and resulting trauma on IPV has not received attention. While the findings of the current study demonstrated the general perception in the community of men's personality changes in terms of increases in anger, aggression, anxiety, and depression, as

well as increased suspicion of others' activities, and sensitivity to various stimuli, it was not clear whether there is a difference in reactions between the men who were the targets of violence (such as torture) and those who were the perpetrators of such acts. Although feminist theorists, in particular, have moved the discussion of IPV away from a focus on individual pathology to one on a broader societal gender inequality based on the prevalence of patriarchy, not all men growing up in the same patriarchal societies commit IPV. Thus, it is important to bring back consideration of what role the psychological and psychopathological aspects of the individual plays to the discussion about the production of IPV. The current study also demonstrated the significant stresses Tamil men and women experienced in Canada; thus, the connection between stress and marital conflicts, divorce, and abuse needs to be explored in-depth.

Another idea for future research involves examining the short- and long-term health consequences of IPV. The 6 Tamil women participants in the current study who had experienced IPV spoke about a number of health consequences they experienced as a result of the abuse. However, their more immediate priorities regarding survival, such as housing and children's welfare, led them to put aside their health concerns. Similarly, community leaders who participated in this study were concerned about the impact of IPV on women's health in both the short and long term. Further research is needed to understand the health consequence of IPV on immigrant women, which has to be also located in the context of the multiple trauma they might have experienced in their lives. Given the significance of the financial constraints that Tamils faced, the economic impact of IPV on women is also a topic that requires further attention.

Similarly, researchers have not explored children's experience of their mother's encounters with IPV in the post-migration context. Of the six women who had experienced IPV, four had young children who were well aware of their fathers' abusive behaviour towards their mother. Children's perception of the abuse, as well as the impact of the abuse on themselves, needs to be examined. In the Tamil community (as in many other communities) children are the primary focus, and it is possible that understanding more about the impact of spousal abuse on children will create a more significant impetus in the community towards preventing IPV.

Implications for Theory Development

Although violence against women, in general, occurs both in the private and the public spheres, the site and/or the context of wife abuse is the home. Therefore, it is paramount to understand the factors that influence the relationships between husband and wife. The family does not exist in isolation. Consequently, any explanation of IPV should include an examination of how gender roles (both gender role socialization and prior gender roles that couples were accustomed to) play out within the family, who has access to income, education, employment, resources and information, as well as how changes in these factors after migration result in changes in the power dynamics within the marital relationship. Further examination should be made of the change in, and the influence of, informal social support networks, which consist of extended family, friends, neighbours, and other acquaintances, as well as formal social supports (which often include healthcare providers, social service and settlement providers, shelter workers, and support groups). Similarly, the topic of how systemic issues including racism, classism, and sexism, as well as a lack of

access to appropriate healthcare, social, and legal services, exacerbate the vulnerability of immigrant women needs to be studied.

In-depth information about these phenomena is necessary in order for nurses to provide equitable and effective care and services to women of all backgrounds. So far, limitations in our knowledge have given rise to various myths and stereotypes, as well as to particular perspectives being considered the only valid means of understanding the topic. For example, the emphasis that Western feminist approaches (that are prevalent in most Canadian health and settlement agencies) place on gender as being the only site of oppression, to the exclusion of other important sites of oppression such as race and class, also prevails in the current nursing discourse. Nursing practice based on research and policies underpinned by such a perspective does not adequately address the needs of immigrant and refugee women in Canada. Refugee women of colour, in particular, are disadvantaged by racialization and Othering that occurs under the guise of cultural sensitivity (see Diana Gustfson's PhD work on Cultural Sensitivity as a Problematic in Ontario Nursing, for a detailed analysis [2002]). Cultural sensitivity has provided a safe ground for many nurses to provide care to immigrant and refugee women, and women of colour (both the Canadian-born and immigrants from other countries) without challenging the status quo. This discourse is also prevalent in nursing curricula and in nursing research where often only a cursory attempt is made to address "diversity" in care giving. Particularly, the undergraduate curricula are designed with a heavy focus on ensuring that students gain a particular set of skills associated with medical, surgical, paediatric, and gynaecological clinical settings. The importance of social determinants of health is given only limited attention.

The post-migration context creates a situation within which immigrants' lives are shaped by the intersection of systems of power that include race, class, gender, and sexual orientations, and are associated with multiple oppressions. Thus, an in-depth theoretical understanding of IPV in the post-migration context cannot be achieved by privileging any particular system of power or by ignoring the simultaneous influences of multiple oppressions. No understanding of IPV in the post-migration context is complete if IPV at home is considered in isolation from the other forms or expressions of violence. IPV that is perpetrated and experienced at home is shaped by the broader socioeconomic, ethno-racial, and political processes occurring at local, national, and global levels. The connections between factors occurring in the pre-migration (e.g., trauma resulting in PTSD, lack of finances), border-crossing (e.g., detention, uncertainty, illegal travel), and post-migration contexts (e.g., gender role pressures from the diasporic community or the racism experienced in Canadian society at large) were all noted in the current study as being relevant to the phenomenon of IPV at home.

Despite the gains we have made in healthcare in serving immigrants and refugees to Canada, the use of cultural theories has created situations where immigrant and refugee experiences have been stereotyped. Because of the frustrations associated with such culturalized views, there is a growing interest in nursing in integrating postcolonial perspectives, in general, and postcolonial feminist perspectives, in particular, into nursing research and practice. Postcolonial perspectives provide an alternative to the culturalist approach that is prominent in nursing –particularly Leininger's transcultural nursing theory – especially because the former pays a particular and central attention to the healthcare inequalities that are related to the process of colonization and neocolonization. In addition,

postcolonial feminist theoretical perspectives help nurses to understand the effects of neocolonial practices that exist in Canadian society, in general, and in the Canadian healthcare system, in particular. Postcolonial feminist theoretical perspectives help to challenge the status quo that is often inherent in nursing, and to demand that we listen to those whose voices have been silenced historically and excluded from the production of knowledge. This theoretical lens also helps us to pay explicit attention to how Western healthcare (often based on a bio-medical view) knowledge is seen as inherently superior and how the care based on values such as individualism, individual consent and rights, and self-care is recognized as a paradigm that is applicable to every man and woman. Furthermore, such a lens allows us to see women's different reactions to the same issue, depending on their location in the larger social, economic, political, and historical context.

One of the main reasons for the limited interest and reluctance in nursing to use theories such as postcolonial feminist perspectives is the difficulties that they can present to those with more pragmatic views towards care giving and the difficulties such theories present in their application to everyday care giving. Postcolonial theoretical work is also thus far linguistically accessible only to an elite group of academics or, at the least, to those with graduate education, in particular, in the areas of English, Literature, History, and Women's Studies. Using an ecosystemic perspective in combination with a postcolonial perspective, as was done in this dissertation, might serve the needs and interest of nurses, especially with regard to understanding how gender, race, and class influence women's lives at the micro-, meso-, and macro-levels of society, and to see the impacts of colonial and neocolonial relations on individuals. Such a view helps to explain the social realities of women experiencing multiple oppressions in their lives. Thus, it would help nurses to ground their

care not in simple explanations that consider gender as the sole or the primary concern for women or in culture blaming, but in a perspective through which individuals' health experiences were understood in the context of a combination of forces arising out of micro-, meso-, and macro-levels of society.

Implications for Practice

As noted in the current study, numerous, complex, and dynamic factors affect how a woman might respond to IPV in the post-migration context. From my practice experience, I know that nurses often ask why women stay in abusive relationships and that they do not too often ask why men are abusive. Furthermore, by privileging the act of leaving an abusive relationship, a particular discourse has been created within which women are seen as lacking agency and rational decision-making capacity. This has been particularly true in the case of women of colour who experience IPV. Their reluctance to accept the solutions that healthcare professionals offer is seen as "ignorance" or as "victims who lack agency." The current study demonstrated the remarkable strength and resilience of Tamil women, and supports the notion that Tamil women actively resisted IPV and made rational choices to keep themselves and their children safe within the myriad structural constraints they faced.

Another popular assumption is that violence ends once women leave an abusive relationship, which was seen to be untrue in this study. The repercussions of leaving often include having to relocate and ongoing violence from the abusive husband in the forms of continued harassment and stalking, as well as various forms of state violence, such as threats of deportation, welfare surveillance, and systemic racism embedded in health and social services. These consequences have to be addressed so that we can understand and respond appropriately and effectively to the needs and concerns of immigrant and refugee women of

colour experiencing IPV. Thus, care, support, and services for women of colour such as Tamil women need to be understood and appreciated within a framework, such as a postcolonial feminist perspective, that examines the impact of the intersection of race, gender, class, and culture on women's choices and responses, as well as captures their struggles, resistance, and resilience.

The findings of this study indicated that Tamils' marital relationships suffered significantly as a result of migration to a country in the West. The problems with employment, linguistic barriers, housing, and immigration that couples encountered, in addition to the social and geographical adjustments they needed to make, created significant stress for them. Tamil men, in particular, were noted as having to deal with anger, aggression, depression, and anxiety, at times, by turning to alcohol to cope with the situation. Thus, attention should be paid to the intersections of gender, race, and class that produce hierarchies that shape the experiences and responses of immigrant women of colour who are dealing with IPV. Such a perspective would help nurses to move beyond simplistic explanations and racist and stereotypical attitudes and beliefs about other cultures and communities.

The change in social supports and networks that Tamil women were previously accustomed to shaped their choices and responses to IPV in the post-migration context. While some women were able to obtain support and services from various health and settlement agencies, many others were prevented from doing so owing to structural barriers such as a lack of linguistically and culturally appropriate services. These barriers must be dealt with in order to ensure that women of colour can obtain information, services, support, and care, so that they can choose to respond to an abusive situation in a manner that is

effective for them and their families. Thus, more structural solutions, which include affordable and more public housing, shelters, and long-term transitional housing for women and children, are necessary, as well as access to language training and employment skills updating, quality and affordable childcare, fair and equitable salary and benefits, and employment opportunities to ensure that women can make the best decisions possible for themselves and their children.

In addition to the need for nurses to support and care for women in clinical settings (that includes crisis management and care of physical injuries), they must also play an active role in health promotion for individuals, families, and communities. While at the moment priority and funding are often directed towards improving hospital care, health promotion and primary prevention that involve multiple levels of service providers and governments should be a priority for nursing in order to improve the health of women of all backgrounds. Health promotion activities must be put in place that include education and public awareness, empowerment and life skills development, public awareness of the impact of violence against women and children, safety and support programs for women, and the development of community-based programs to enable women's decision-making – that is, programs that include job counselling, literacy and language training, and resources that address their childcare, transportation, and financial needs. Furthermore, violence prevention messages and public education must be delivered through multiple channels such as television programs, community newspapers, schools, workplaces, places of worship, and community organizations.

Summary

This dissertation explored the topic of intimate partner violence among Tamil immigrants in Toronto, Canada. Findings point toward the complex and multi-factored nature of the production of IPV in the post-migration context. The particular focus was to explore the issue of IPV from a health sciences perspective and nursing, in particular. Nurses are responsible for delivering research-based care and support to women of all backgrounds. However, the paucity of research on IPV has constrained nurses' practice. This qualitative descriptive study represents a step towards addressing Canadian nursing knowledge gaps related to the production of IPV, and to the experience of and responses to IPV in immigrant communities. The findings of this study are indicative of the need for new ways of capturing the complexity of the topic.

The production of IPV in the Sri Lankan Tamil community in Toronto is related to husbands' assertion/reassertion of power and control over their wives in the hierarchical, racist, sexist, and classist society within which they live. While IPV is perpetrated and experienced at home, it is shaped by the broader socio-economic, ethno-racial, and political processes occurring at local, national, and global levels. The connections between factors occurring in the pre-migration, border-crossing, and post-migration contexts were all noted in the current study as being relevant to explaining the phenomenon of IPV within the partners' home setting, under the privacy of which IPV takes place.

This study's findings, in combination with others, can advance nursing practice in addressing IPV, promoting violence prevention programs, as well as providing care and service to women who are dealing with (or coping with the aftermath of) IPV. In addition, they can be used in re-examining nursing curricula with a hope to generate an in-depth

understanding of the topic among nursing students so that they are also better prepared to work with women dealing with IPV. While our understanding of IPV is growing, further research that explicates and broadens our understanding of the intersecting nature of IPV in post-migration settings is needed.

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APPENDICES

Appendix A

Table 1:

The Search Strategy Used for MEDLINE

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Ovid Technologies, Inc. Email Service
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Database: MEDLINE
Search Strategy:
--------------------------------------------------------------------
1       exp CULTURE/ (108830)
2       exp "Emigration and Immigration"/ (18105)
3       exp REFUGEES/ (3749)
4       exp Minority Groups/ (5208)
5       1 or 2 or 3 or 4 (127459)
6       Domestic Violence/ (1909)
7       Spouse Abuse/ (2111)
8       Battered Women/ (492)
9       6 or 7 or 8 (4031)
10      wife assault:.tw. (34)
11      wife abus:.tw. (76)
12      spousal abus:.tw. (41)
13      spousal assault:.tw. (8)
14      partner abus:.tw. (114)
15      partner assault:.tw. (3)
16      male violence.tw. (25)
17      (immigrant: or refuge: or ethnic: or racial: or minorit:).tw.
(49695)
18      10 or 11 or 12 or 13 or 14 or 15 or 16 (291)
19      5 or 17 (155248)
20      9 or 18 (4065)
21      19 and 20 (461)
22      limit 21 to (english language and (adolescence <13 to 18 years> or
adult <19 to 44 years> or middle age <45 to 64 years> or "aged <65 and
over>")) (297)
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(Printed on U of T - Faculty of Nursing letterhead)

Appendix B

Consent Form for Community Leaders Participating in Individual Interviews

Project title:	Gender Roles, Power Relations, and Social Supports in the Context of Post-Migration Domestic Violence in the Sri Lankan Tamil Community of Toronto
Study funded by:	Nursing Research Interest Group of Registered Nurses Association of Ontario, and Canadian Institute of Health Research
Graduate student:	Sepali Guruge, RN, MSc
Research Assistant:	_____
Supervisor:	Dr. Nazilla Khanlou Faculty of Nursing, University of Toronto (416) xxx-xxxx

WHY?

The purpose of the project is to learn about talk about my immigration experience, my experience with the Canadian health care system, my experience about obtaining employment in Canada, experience with neighbourhood, getting settled in Toronto, what is happening in the Tamil community of Toronto in terms of husbands and wives roles at home, what kind of support Tamil men and women have had when they were in Sri Lanka and what supports they have in Canada, and what the Tamil community thinks about wife abuse and why it happens. This will help Sepali to come up with ways to understand and inform both the Tamil community and staff in hospitals and health care agencies about these things and how we could be of better help to Tamil women and men. I understand that Sepali is inviting a group of Tamil community leaders to participate in the study.

WHAT WILL HAPPEN IF I CONSIDER PARTICIPATING IN THE STUDY?

If I consider participating in the study, I will meet with Sepali. I am invited to participate in English. I am invited to talk about the things listed in the previous paragraph. This meeting will be 1 to 2 hours long, and will be held at _____ (name of the centre). At the end of the meeting, I will be given $50.00 for my time and other expenses.

WHO CAN A CALL IF I HAVE QUESTIONS?

Sepali Guruge is doing the project. She is a PhD student at the Faculty of Nursing at the University of Toronto. If I have any questions about the study I can call Sepali anytime at (416) xxx-xxxx and will be able to get answers to my questions.

I ALSO UNDERSTAND THAT:

1. I am being asked to consider participating in the project and I can leave at any time I chose.

2. My talk with Sepali will be tape-recorded and later, these tapes will be typed word for word so that Sepali could go over it again to understand what I am telling. Both the tapes and written notes will be kept in a locked cupboard at the Faculty of Nursing, University of Toronto.

3. I know that my name and any identifying information will not be used in any report or discussion about the project but some of my comments might be included in the project reports and publications using a pretend name or no name at all.

4. Information will be shared with authorities only if the researcher has to because of the law. For example, Sepali is legally bound to report any suspicions of child abuse or neglect. Also, in rare occasions, research data may be subpoenaed.

5. Only Sepali and if necessary, her assistant and Sepali's professors, will listen to the tape recordings and see the notes. The tapes will be destroyed after typing them down word for word. The typed version of my discussion from the tape will be destroyed after 5 years. She may use some of my comments in her other projects or writing related to health and settlement concerns of immigrants.

6. I may not benefit from participating in the project. I may help Sepali understand what is happening in our community, which may help the community at large by making others in hospitals and health care agencies know about how to address care concerns of Tamil men and women.

7. Participating in this project involves my time and I have to travel to and from _____ (name of the centre) to meet with Sepali. In addition, I may find it upsetting, sad, angry, anxiety provoking, and uncomfortable to discuss my community's experiences of coming to Canada and building a new life here. I know I can chose to leave at any time and this will not have any repercussion what so ever for me.

I understand what this project is about and what I will have to do when volunteering to participate. I have read or been explained the information above and I agree to participate in a meeting with Sepali. I have received a copy of this form.

Name: _____

Signature: _____   Date: _____

Appendix C

Potential Topics for Interviews with Community Leaders

Gender roles, power relations, social support systems,

Domestic violence in the community,

Role of health care system in addressing community needs

Relationship expectations

Change in gender roles after migration

Settlement issues,

Immigration policy implications on Tamil people's lives

Struggle of men in terms of socioeconomic status

Effect of Tamil movies, music, and other cultural, religious traditions on their lives within and outside of Sri Lanka

Role of civil war in shaping people's views

Settlement issues of families

Appendix D

Demographic Questions for Community Leaders

Marital status: _____

First degree obtained: _____ in Sri Lanka   _____ outside Sri Lanka

First degree in what discipline/background: _____

Any subsequent degrees: _____ where _____ in what _____

Age when left Sri Lanka: _____

What other countries did you live before coming to Canada: _____

      For how long: _____

How long have you lived in Canada: _____

(If applicable) Occupation in Sri Lanka: _____

Occupation in Canada: _____

What kind of community involvement did you have in Sri Lanka? _____

What kind of community involvement do you have now in Canada? _____

Participant Recruitment Poster for Women

Are you interested in participating in a study that examines changes in gender roles and social supports since coming to Canada?

A researcher is interested in hearing about your experience.

You are invited to consider participating in the study if:

1. You are a Sri Lankan Tamil woman
2. You have been in Canada for less than 5 years
3. You are older than 21 years
4. You are married or previously married

Your participation:

1. would involve an individual meeting or participation in a focus group meeting with other Tamil men
2. Interview will be about 1.5 to 2 hours long
3. You will be paid for your time
4. Childcare and refreshments will be provided for focus group participants

If you are interested in hearing more about the study
please call (416) **XXX-XXXX**, at the Faculty of Nursing, University of Toronto

Participant Recruitment Poster for Men

Are you interested in participating in a study that examines changes in gender roles and social supports since coming to Canada?

A researcher is interested in hearing about your experience.

You are invited to consider participating in the study if:

1. You are a Sri Lankan Tamil man
2. You have been in Canada for less than 5 years
3. You are older than 21 years
4. You are married or previously married

Your participation:
1. would involve an individual meeting or participation in a focus group meeting with other Tamil men
2. Interview will be about 1.5 to 2 hours long
3. You will be paid for your time
4. Childcare and refreshments will be provided for focus group participants

If you are interested in hearing more about the study
please call (416) **XXX-XXXX**, at the Faculty of Nursing, University of Toronto

(Printed on U of T - Faculty of Nursing letterhead)

Appendix G

Consent Form for Participation in Focus Groups

Project title: Gender Roles, Power Relations, and Informal Social Supports in the Context of Post-Migration Domestic Violence in the Sri Lankan Tamil Community of Toronto

Study funded by: Nursing Research Interest Group of Registered Nurses Association of Ontario, and Canadian Institute of Health Research

Graduate student: Sepali Guruge, RN, MSc

Research Assistant: _____

Supervisor: Dr. Nazilla Khanlou
Faculty of Nursing, University of Toronto
(416) xxx-xxxx

WHY?

The purpose of the project is to learn about what is happening in the Tamil community in Toronto in terms of immigration experience, experience with the Canadian health care system, experience about obtaining employment in Canada, experience with neighbourhood, and getting settled in Toronto, and what kind of support Tamil men and women have had when they were in Sri Lanka and what supports they have in Canada. This will help Sepali to come up with ways to understand and inform both the Tamil community and staff in hospitals and health care agencies about these things and how we could be of better help to Tamil women and men. Sepali is inviting Tamil men and women who are older than 21 years, and are/were married and have been in Canada for less than 5 years, to participate in the study.

WHAT WILL HAPPEN IF I CONSIDER PARTICIPATING IN THE STUDY?

I am invited to participate in a group meeting with 7 to 9 other Tamil men/women to talk about the things listed in the previous paragraph. This group meeting will be about 1.5 to 2 hours long, and will be held at _____ (add name of the centre). The meeting will be conducted by Sepali, her assistant _____ (add the name) from _____ (name of the centre). I am invited to participate in my language of choice and I will be given childcare, if I need it. During the group meeting, I will also be given snacks and drinks, and at the end of the group discussion, I will be given $30.00 for my time and other expenses.

WHO CAN A CALL IF I HAVE QUESTIONS?

Sepali Guruge is doing the project. She is a PhD student at the Faculty of Nursing at the University of Toronto. If I have any questions about the project, I can call Sepali at (416)xxx-

xxxx or _____ (RA's name) at (416)xxx-xxxx and will be able to get answers to my questions either in English or Tamil.

I ALSO UNDERSTAND THAT:

1. I am being asked to consider participating in the project and I can leave at any time I chose. If I choose to leave the project this will not change the services or support I get from _____ (name of the Centre).

2. The focus group discussions will be tape-recorded and later, these tapes will be typed word for word so that Sepali could go over it again to understand what I am telling and to consider how what I think is happening in the Tamil community is similar to or different from what others in the Tamil community think. Sepali and _____ (add the assistant's name) might also take notes during the focus groups. Both the tapes and written notes will be kept in a locked cabinet at the Faculty of Nursing, University of Toronto.

3. I know that prior to the group meeting I will be asked to fill out a question sheet about my age, education, where I was born and few other questions like that. My name and any identifying information about my family or myself will be kept secret and will not be used in any report or discussion about the project but some of my comments might be included in the project reports and publications using a pretend name or no name at all.

4. Information will be shared with authorities only if the researcher has to because of the law. For example, Sepali is legally bound to report any suspicions of child abuse or neglect. Also, in rare occasions, research data may be subpoenaed.

5. Only Sepali, her assistant, and if necessary, Sepali's professors, will listen to the tape recordings and see the notes. The tapes will be destroyed after typing them down word for word. The typed version of my discussion from the tape will be destroyed after 5 years. Sepali may use some of my comments in her other projects or writing related to health and settlement concerns of immigrants.

6. I may not benefit from participating in the project. I may help Sepali understand what is happening in our community, which may help the community at large by making others in hospitals and health care agencies know about how to address care concerns of Tamil men and women. Also, I may enjoy the opportunity to meet other Tamil men/women who have things in common with me, and I can share and learn from each other.

7. Participating in this project involves my time and I have to travel to and from _____ (name of the centre) to attend the group meeting. In addition, I may find it upsetting, sad, angry, anxiety provoking, and uncomfortable to discuss my experiences of coming to Canada and building a new life here or to hear about others' experiences. I know I can chose to leave at any time and this will not change the services or support I get from _____ (name of the centre).

8. Also, there is a chance that men/women in the group may talk about the information that was discussed in the group with people outside of the group. Even though all of the men/women will be asked not to share or talk about what is said in the focus groups with other people but Sepali, _____ (assistant's name) or staff at _____ (name of the centre) cannot control what other people say and do. It is possible that they may talk to some people that I may also know. So, when I share information within the group, I need to keep this in mind. I am being asked to not share any individual information about myself or my family that can be damaging to us. Also, I am being asked to not provide any identifying information about others in the community.

I understand what this project is about and what I will have to do when volunteering to participate. I have read or been explained the information above and I agree to participate in a group meeting at _____(name of the centre). I have received a copy of this form.

Name: _____

Signature: _____   Date: _____

Appendix H

Consent form in Tamil

<u>குழுநிலைக்கலந்துரையாடலில் கலந்துக்கொள்ள ஒப்புதல் தெரிவிக்கும்
பத்திரம்</u>

செயற்திட்டத் தலைப்பு:

புலம் பெயர்ந்த சூழலில் இலங்கைத்தமிழ்
மக்களிடையேயான குடும்ப வன்முறை என்ற நிலையில்
பால்வகை தொழிற்கூறு, உறவுமுறை ஆணையுரிமை,
மற்றும் இயல்பான சமூக ஆதரவு பற்றிய ஆய்வு.

ஆய்வுக்கான நிதி :

ஒன்ராரியோ பதிவு செய்யப்பட்ட தாதிகள் சங்கத்தினது தாதிகள்
ஆய்வுக்குழு.

மேற்பட்டப்படிப்பு மாணவர்: சேப்பாலி குருகே, RN. MSc

குழுநிலை இணை நடத்துனர்: _____

மேற்பார்வையாளர்: கலாநிதி நளிலா கன்லூ
தாதிக்கல்வித்துறை, ரொரன்ரோ பல்கலைக்கழகம்
(416)

<u>ஏன்?</u>
இந்த ஆய்வினது நோக்கம், ரொரன்ரோவிலுள்ள தமிழ்மக்களிடையே உள்ள
குடிவரவு அனுபவங்கள், கனடிய மருத்துவ சேவைகள் பற்றிய
அனுபவங்கள், கனடாவில் வேலை வாய்ப்பைப் பெற்ற அனுபவம், சுற்றாடல்
ரொரன்ரோவில் குடியேறிய அனுபவம் மற்றும் தமிழ் ஆண்கள் மற்றும்
பெண்களுக்கு இலங்கையில் கிடைத்த இயல்பான சமூக ஆதரவு மற்றும்
கனடாவில் கிடைக்கும் சமூக ஆதரவு பற்றி அறிந்து கொள்வதுமாகும்.
இந்தத் தகவல்கள் இவைபற்றிய மேலதிக விபரங்களை சேப்பாலி அறிந்து
கொள்வதற்கும் அவற்றை கையாள்வது எப்படி என்பதை தமிழ் மக்கள்,
மருத்துவமனைகள், மற்றும் சுகாதார சேவைகளுக்கு அறியத்தரவும், எவ்வாறு
தமிழ்மக்களுக்கு இன்னும் சிறந்த வகையில் உதவலாம் என்பதை
அறிவுறுத்தவும் உதவியாக அமையும். இவ்வாய்வில் பங்குகொள்ள 21
வயதுக்கு மேற்பட்ட, கனடாவில் பத்து வருடத்துக்கு குறைவாக வசித்த
ஆண்களையும், பெண்களையும் அழைக்கின்றார்.

<u>இவ்வாய்வில் பங்குபுற்ற நான் முடிவு செய்தால்?</u>
மேற்பந்தியில் குறிப்பிட்ட விடயங்கள் பற்றி 7 லிருந்து 9 தமிழ் ஆண்கள்/
பெண்கள் ஆகியோருடன் ஒரு குழுநிலையில் கலந்துரையாட
அழைக்கப்பட்டிருக்கிறேன். இக் கலந்துரையாடல் ஒன்றரை மணியிலிருந்து
இரண்டு மணிவரை எடுக்கும். இக்கலந்துரையாடலானது செப்பாலி மற்றும் ____
அவர்களால் நடத்தப்படும். எனக்கு ஏதுவான மொழியில் பங்குபற்றுவதற்கான
அனுமதி உள்ளது. இக்கலந்துரையாடலின் போது சிற்றுண்டியும்
குழுநிலைக்கலந்துரையாடல் முடிவில், நான் செலவிட்ட நேரத்துக்காகவும்
ஏனைய செலவுக்காகவுமென $ 30.00 டொலர்கள் வழங்கப்படும்.

எனக்கு எதேனும் கேள்வியிருப்பின் யாரை நான் அழைக்கலாம்?

இவ்வாய்வை சேப்பாலி குருகே அவர்கள் நடத்துகின்றார்கள். இவர் ரொரன்ரோ பல்கலைக்கழகத்திலுள்ள தாதிப்பயிற்சிப் பிரிவில் கலாநிதிப் பட்டப்படிப்பை பெற்கொண்டுள்ளார். இவர் இவ்வாய்வைச் செய்வதற்கு _____ அவர்களது ஆதரவைப் பெற்றுள்ளார். இவ்வாய்வுபற்றி ஏதேனும் கேள்வியிருப்பின் சேப்பாலி அவர்களை 416 – _____ – என்ற எண்ணில் அழைத்து ஆங்கிலத்திலோ ஜெயாவை 416 – _____ – என்ற எண்ணில் அழைத்து தமிழிலோ உரையாடி எனது கேள்விக்கான பதிலைப் பெற்றுக்கொள்ளலாம்.

நான் மேலும் அறிவது:

1. இவ்வாய்வில் பங்குபற்றவென நான் அழைக்கப்பட்டிருக்கிறேன். ஆயினும் நான் இதிலிருந்து எந்த நேரமும் விலகிக் கொள்ளலாம்.

2. இந்தக்குழு நிலைக் கலந்துரையாடல் பதிவு செய்யப்பட்டு, அவையனைத்தும் பின்னர் தட்டச்சு செய்து சேப்பாலி அதை ஆய்வு செய்து நான் கூறும் கருத்தையும் தமிழ் சமூகத்தில் ஏனையோர் என்ன மாதிரியான கருத்தைக் கொண்டுள்ளார்கள் என்பதையும் ஆய்வு செய்வார். இக்கலந்துரையாடலின்போது சேப்பாலி குறிப்புகளை எடுப்பார். இந்த நாடாக்கள் (Tapes) மற்றும் குறிப்புகள், ரொரன்ரோ பல்கலைக்கழகத்தின் தாதிப்பயற்சிப் பிரிவில பூ ட்டிப்பேணப்படும்.

3. இக்கலந்துரையாடலுக்கு முன்னதாக எனது வயது, கல்வித்தகமை, நான் எங்கு பிறந்தேன் என்பது போன்ற தகவல்களைப் படிவம் ஒன்றில் பதியச்சொல்லிக் கேட்கப்படுவேன் என்பதை அறிவேன். நான் கூறும் எனது பெயர் மற்றும் என்னை அல்லது எனது குடும்பத்தை அடையாளம் காட்டக் கூடிய தகவல்கள் இரகசியமாக இருக்கும் அத்துடன் எந்தவிதமான அறிக்கையிலும் அல்லது கலந்துரையாடலின் போதும் பயன்படுத்தக்கூடாது. ஆனால் நான் கூறும் கருத்துகள் இவ்வாய்வு அறிக்கையில் வேறொரு பெயரின் கீழ் அல்லது பெயரிடப்படாமல் பாவிக்கப்படலாம்.

4. சட்டக்காரணங்களுக்குட்பட்டால் ஒழிய வேறு எக்காரணத்துக்காகவும் நான் கூறும் தகவல்கள் நீதித்துறையினருடன் பகிர்ந்து கொள்ளப்படமாட்டாது. உதாரணத்துக்கு, சேப்பாலிக்கு, பிள்ளை ஒன்றை பிழையான வகையில் நடத்தப்பட்டால் அதுபற்றி தெரிவிக்க வேண்டிய சட்டக்கட்டுப்பாடு உள்ளது. அத்துடன் வெகு சில நேரங்களில் ஆய்வுத்தகவல்கள் முறைமன்ற அழைப்பாணையினுடாகப் பெறப்படும்.

5. சேப்பாலி, மொழிபெயர்ப்பாளர், மற்றும் தேவைப்படின் சேப்பாலியினுடைய விரிவுரையாளர்கள் மட்டுமே இவ்வொலி நாடாக்கள் மற்றும் குறிப்புகளை பார்வையிடுவர். ஒலி நாடாக்கள், வார்த்தைக்கு வார்த்தை தட்டச்சு செய்ததன் பின்னர் அழிக்கப்படும். தட்டச்சு செய்யப்பட்ட எனது கலந்துரையாடல் 5 வருடங்களுக்குப் பின்னர் அழிக்கப்படும். ஆனால் செப்பாலி எனது கருத்துக்களை வேறு செயற்றிட்டங்களில் அல்லது

மருத்துவம்/சுகாதாரம் மற்றும் குடிவரவாளர்களின் பிரச்சனைகள் பற்றிய எழுத்துருவாக்கங்களில் பயன்படுத்தப்படலாம்.

6. இச்செயற்திட்டத்தினூடாக நான் நேரடியாக பயன்பெறாமல் போகலாம். ஆனால் தமிழ் சமூகத்திலுள்ள பிரச்சனைகளை என்னூடாக சேப்பாலி அறிந்து கொண்டு அவரினூடாக மருத்துவ சேவைகள் மற்றும் மருத்துவ மனைகள் தமிழ் மக்களினுடைய தேவைகளை சிறப்பான முறையில் அணுகுவது எப்படி என்பதை அறிந்து கொள்வதன் மூலமாக தமிழ் மக்கள் பயனடைவார்கள். அத்துடன் இதனூடாக என்னைப்போன்ற ஏனையோருடன் சந்தித்து கருத்துக்களைப் பகிர்ந்து கொள்ளும் இனிய சந்தர்ப்பமாக இது அமையும்.

7. இக்கலந்துரையாடலில் பங்குபற்றுவது எனது நேரத்தை எடுக்கும். அத்துடன் கலந்துரையாடலில் பங்குபற்றுவதற்காக பயணிக்க வேண்டியிருக்கும். அத்துடன், கனடாவுக்கு வந்த எனது அனுபவங்கள், இங்கு ஒரு புதிய வாழ்க்கையை உருவாக்குவது பற்றிய எனது அல்லது மற்றவர்களது அனுபவங்களைக் கேட்கும்போது நிலைக்குலைவோ, கவலையோ, கோபமோ சிந்தனையைத் தூண்டும் அல்லது அமைதியற்ற சூழ்நிலையோ உருவாகக்கூடும். எனக்கு, நான் விரும்பும் நேரத்தில் நீங்கலாம் என்பது தெரியும்.

8. அத்துடன், குழுநிலைக்கலந்துரையாடலின்போது கதைக்கப்பட்ட விடயங்களை பங்குபற்றியவர்கள் வெளியாட்களுடன் பகிர்ந்து கொள்ளும் சந்தர்ப்பம் உண்டு. குழுநிலைக்கலந்துரையாடலின்போது பகிர்ந்து கொண்ட விடயங்கள் பற்றி வெளியாருடன் கதைக்கக் கூடாது என அறிவுறுத்தப்பட்டிருப்பினும் சேப்பாலி மற்றும் _____ அதைக்கட்டுப்படுத்த முடியாது என்பதை அறிவேன். இப்படியாகக் கதைப்பவர்கள் எனக்குத் தெரிந்தவர்களுடன் பேசுவதற்கான சந்தர்ப்பமும் உண்டு. ஆகவே குழுநிலைக்கலந்துரையாடலின்போது பேசும்பொழுது இதை நான் மனதிற் கொள்ள வேண்டும். எனது குடும்பத்தையோ அல்லது என்னையோ பாதிக்கக்கூடிய விடயங்களை பகிர்ந்து கொள்ளும்படி நான் கேட்கப்படவில்லை. அத்துடன் சமூகத்தில் உள்ள மற்றவர்களை அடையாளப்படுத்தக் கூடிய தகவல்களையும் பகிர்ந்து கொள்ளும்படி நான் கேட்கப்படவில்லை.

இச்செயற்திட்டம் மற்றும் இதில் பங்குபற்றுவதற்கான பலாபலன்கள் இவை பற்றியும் நான் என்ன செய்ய வேண்டும் என்ற தெளிவும் எனக்கு உண்டு. நான் இது பற்றி வாசித்து அல்லது அதுபற்றி விளக்கம் கொடுக்கப்பட்ட பின்னரே இதில் பங்குபற்ற சம்மதிக்கின்றேன். இதன் பிரதி ஒன்றும் எனக்கு அளிக்கப்பட்டுள்ளது.

பெயர்:_____

கையொப்பம்:_____   திகதி: _____

Appendix I

Demographic Information Sheet for Focus Groups & Interviews Participants

What is your age? _____

What is your religion? _____

Where were you born (city, province, country)? _____

When did you leave Sri Lanka? _____

Did you live in any other country before coming to Canada? No__ Yes__ (where) _____

How long have you been in Canada? _____

How long have you been in Toronto? _____

What level of education did you finish? Less than grade 10___ O/L___ A/L__

     University___

Did you do any studies in Canada? No__ Yes__ (what did you study) _____

What year did you get married? _____

Was your marriage arranged? _____

Are you currently married or separated? _____

How long did you live together with you wife/husband in Sri Lanka? _____

Did you work outside home when you were living in Sri Lanka? _____

What kind of work did you do in Sri Lanka? _____

Are you currently employed? _____

What kind of work do you do now? _____

What level of education did your wife/husband complete? Less than grade 10__ O/L__

     A/L____ University____

Did your wife/husband do any studies in Canada? No__ Yes__ (what did you study) ____

What kind of work did your wife/husband do in Sri Lanka? _____

Is your wife/husband currently employed? _____

What kind of work does your wife/husband do now? _____

Who earns the most money in the household? _____

How many children do you have? _____

Who decided to come to Canada? _____

Did you come together to Canada? _____ If not, how long were you separated? _____

Appendix J

Focus Group Questions

Please tell me about your experience about coming to live in Canada?
What was the whole experience like and what was good about it and what was not so good about it?

Can you please describe what it was like to build a new life here?
What made it easier for you and your family and what made it difficult?

What was your experience like with the immigration system?

What was your experience like getting a job here in Toronto? What was good about it? What was not so good about it?

What kind of support did you get from your family or neighbors or the Tamil community in getting your life established here?

What else would have been helpful to you and your family in getting settled in Toronto?

What leads to conflict among Tamil couples living in Toronto?

How do they resolve conflicts?

Wife abuse happens in every community and culture. What do you think it happens in the Tamil community?

If your daughter or sister is in an abusive relationship what would you tell her to do?

(Printed on U of T - Faculty of Nursing letterhead)

Appendix K

Consent Form for Participation in Individual Interviews

Project title:	Gender Roles, Power Relations, and Social Supports in the Context of Post-Migration Domestic Violence in the Sri Lankan Tamil Community of Toronto
Study funded by:	Nursing Research Interest Group of Registered Nurses Association of Ontario, and Canadian Institute of Health Research
Graduate student:	Sepali Guruge, RN, MSc
Research Assistant:	_____
Supervisor:	Dr. Nazilla Khanlou Faculty of Nursing, University of Toronto (416) xxx-xxxx

WHY?

The purpose of the project is to learn about your experience and understanding of why wife abuse happens in the Sri Lankan Tamil community and in particular to learn about your experience of what was helpful and what was not helpful in going through the experience , and what the Tamil community thinks about wife abuse and why it happens. This will help Sepali to come up with ways to understand and inform both the Tamil community and staff in hospitals and health care agencies about these things and how we could be of better help to Tamil women and men. Sepali is inviting Tamil men and women who are older than 21 years, and are/were married and have been in Canada for less than 5 years, to participate in the study.

WHAT WILL HAPPEN IF I CONSIDER PARTICIPATING IN THE STUDY?

If I consider participating in the study, I will meet with Sepali. I am invited to participate in English. I am invited to talk about the things listed in the previous paragraph. This meeting will be 1.5 to 2 hours long, and will be held at _____ (name of the centre). At the end of the meeting, I will be given $30.00 for my time and other expenses.

WHO CAN A CALL IF I HAVE QUESTIONS?

Sepali Guruge is doing the project. She is a PhD student at the Faculty of Nursing at the University of Toronto. If I have any questions about the study I can call Sepali anytime at (416) xxx-xxxx during the study period, and will be able to get answers to my questions.

I ALSO UNDERSTAND THAT:

1. I am being asked to consider participating in the project and I can leave at any time I choose. If I chose to leave the project, this will not change the services or support I get from _____ (name of the Centre).

2. My talk with Sepali will be tape-recorded and later, these tapes will be typed word for word so that Sepali could go over it again to understand what I am telling and to consider how what I think is happening in the Tamil community is similar to or different from what others in the Tamil community think. Both the tapes and written notes will be kept in a locked cupboard at the Faculty of Nursing, University of Toronto.

3. I know that during my meeting with Sepali, I will be asked to fill out a question sheet about my age, education, where I was born and few other questions like that. My name and any identifying information about my family or myself will be kept secret and will not be used in any report or discussion about the project but some of my comments might be included in the project reports and publications using a pretend name or no name at all.

4. Information will be shared with authorities only if the researcher has to because of the law. For example, Sepali is legally bound to report any suspicions of child abuse or neglect. Also, in rare occasions, research data may be subpoenaed.

5. Only Sepali, her assistant, and if necessary, Sepali's professors, will listen to the tape recordings and see the notes. The tapes will be destroyed after typing them down word for word. The typed version of my discussion from the tape will be destroyed after 5 years. Sepali may use some of my comments in her other projects or writing related to health and settlement concerns of immigrants.

6. I may not benefit from participating in the project. I may help Sepali understand what is happening in our community, which may help the community at large by making others in hospitals and health care agencies know about how to address care concerns of Tamil men and women. Also, I may enjoy the opportunity to talk about my experience with Sepali.

7. Participating in this project involves my time and I have to travel to and from _____ (name of the centre) to meet with Sepali. In addition, I may find it upsetting, sad, angry, anxiety provoking, and uncomfortable to discuss my experiences of coming to Canada and building a new life here. I know I can chose to leave at any time and this will not change the services or support I get from _____ (name of the centre).

I understand what this project is about and what I will have to do when volunteering to participate. I have read or been explained the information above and I agree to participate in a group meeting at _____(name of the centre). I have received a copy of this form.

Name: _____

Signature: _____   Date: _____

Appendix L

Individual Interview Questions

Now I would like to ask a few questions around what you think is happening in the Tamil community in Toronto and how things were different in Sri Lanka. Once again, Please let me know at any time if you do not feel comfortable answering a particular question by asking me what the next question is or saying you do not want to talk about it. I will move on to the next question. Please also remember that at any time you can choose to leave if you feel upset or uncomfortable.

Immigration to a new country changes our lives drastically. These changes affect us both in good ways and bad ways. Good things make us accomplish our goals and dreams, which make us happier and healthier. Bad things make us sad, upset, and angry. Because of the bad things we tend to think back to what it was like to live in Sri Lanka, how our lives were there, and re-examine our ideas and decisions about what is important, what is not important, what needs to be given up, what needs to be adopted from the Canadian society.

Possible individual interview questions

Please tell me about your experience about coming to live in Canada?
What was the whole experience like and what was good about it and what was not so good about it?
Can you please describe what it was like to build a new life here?
What made it easier for you and your family and what made it difficult?
What was your experience like with the immigration system?
What was your experience like with the Canadian health care system?
What was your experience like getting a job here in Toronto?
What was good about it? What was not so good about it?
What kind of support did you get from your family or neighbours or the Tamil community in getting your life established here?
What else would have been helpful to you and your family in getting settled in Toronto?

Introduction to gender roles:
One of the most important things my Tamil friends talk about is how husbands and wives take on different roles after coming to Canada. So, to begin with, I will ask a few questions around what husbands and wives roles are supposed to be in the Tamil community and whether this is what you saw when you were still living in Sri Lanka and whether it is the same or different in the Tamil community here in Toronto.

1. Before you got married, what did you think your role as a wife/husband (or your wife/husband's role) was going to be?
2. How did you come to believe this?
3. How has this idea stayed the same or changed since getting married?
4. How has your role (your wife/husband's role) stayed the same/ changed after coming to Canada?

5. How do you think these things are similar to or different from what is happening in the community?

Questions around power issues within couple and family relationships:
1. In the Tamil community who do you think has the most power? Why do you think so?
2. How is this similar to or different from what is happening at your home, or among your friends?
3. What do you consider to be the most important decisions in a household? Who usually make these decisions?
4. How was that different or the same when you were still living in Sri Lanka versus now in Canada?

Another thing they talk about is how things may be different from what we used to in Sri Lanka. For example, some of my friends have their family, friends, and cousins, and neighbours here but some of my other friends don't have anyone here and they feel lonely, miss the connection and the community feeling. The same thing I heard in a study I did about 5 years ago. I want to know from you hat your experience has been like or what you see is happening in the community.

Questions around social supports/relationships:
1. What kind of relationships did you have with your family, friends, neighbors and the community when you were still living in Sri Lanka?
2. How is that same or different after coming to Canada?
3. To whom did you turn to for help in Sri Lanka/Toronto? What kind of help did you expect from them?
4. Have you ever consulted people other than your wife/husband about major decisions? Why and who were they?
5. What is the role of the Tamil community in Toronto in supporting someone in a difficult situation?

Introduction to questions around wife abuse:
I am sure you know that in every culture, some of the men abuse their wives. It happens more often that we would like to think. I have been talking to some of the community leaders and my friends about what is happening in the Tamil community. I heard that there were some men who hurt, or threaten, or control their wives, and I also heard about a couple of women who committed suicide because it was too difficult for them to continue to live with their husbands. I am trying to learn why it happens and how we can understand it so that we can talk about it openly and come up with ways to help those women and also men.

1. How do you think men and women's relationships change (or the same) when they come to Canada?
2. What do you think about wife abuse in the Tamil community? Why do you think it happens?

3. How are these things different from or the same in the community in Sri Lanka versus community here in Toronto?
4. How do you think what happens at home between a husband and wife influenced by their friends, family and neighbors?
5. How are the couples influenced by what is happening in Toronto or because of the Canadian culture and society? What things help/don't help families cope with conflicts and abuse?

Appendix M

Confidentiality Agreement for Focus Group Facilitators/Transcriptionists

CONFIDENTIAL INFORMATION

I, _____ (Name), will safeguard and not disclose confidential/
personal information to any third parties, and will use confidential Information only to
perform my obligations as a transcriptionist/research assistant for this study. I acknowledge
that the confidential/personal information is the property of the Principal Investigator, Sepali
Guruge.

Upon completion of the services, I will return all original audiotapes/CDs/files provided for
the service to the Principal Investigator and no copy will be made or retained in the form of
audiotapes/CDs/computerized files or hardcopies.

_____
(signature)

Name of the transcriptionist/ focus group facilitator:
Address:
Date:

Appendix N

Request for Study Summary

Project Title: Gender Roles, Power Relations, and Informal Social Supports in the
                        Context of Post-Migration Domestic Violence in the Sri Lankan Tamil
                        Community of Toronto

If you wish to receive a summary of the study when it is finished, please complete the
following:

Name:

Mailing address or e-mail address:

You may give this request to Sepali or _____(RA's name) at the time of the
interview or you may mail it to:

Sepali Guruge, RN, BScN, MSc
PhD student
Faculty of Nursing
University of Toronto
50 St. George Street
Toronto, ON.
M5S 3H4

Appendix O

Tree and Free Nodes

<u>Tree Nodes</u>

1) **Transnational lives**
A) Social support :
         i) Formal social supports
         ii) Informal social supports
B) Gender roles (and responsibilities):
         i) Perception of gender roles & responsibilities
         ii) Cultural, religious, patriarchal influence
         iii) Old gender roles (& responsibilities)
         iv) Change in & negotiation of new roles
C) Status changes:
         i) Citizenship status changes
         ii) Professional status changes
         iii) Social status changes
         iv) Economic status: i) Debts prior to Canada & reasons
                              ii) Debts after coming to Canada & reasons
D) Change in space, place, & time
E) Change in & formation of new relationships

2) **Intimate partner violence**
      A) Perception of violence:
         Religious & cultural
         Patriarchal
      B) Production of violence:
         a) Gendered elements
         b) Violence at home
         c) Beyond gender:
            Racism
            Displacement within the country
            Migration & disruption
            PTSD
            Not dealing with what happened/moving on
         d) Determinants of responses/choices to abuse:
            Availability of support
            Formal social support
            Informal social support
3) **Migration context**
      A) Pre-migration context
      B) Migration/transition/in between-ness
      C) Post-migration context – everything gets intensified

4) **Implications for HCP**
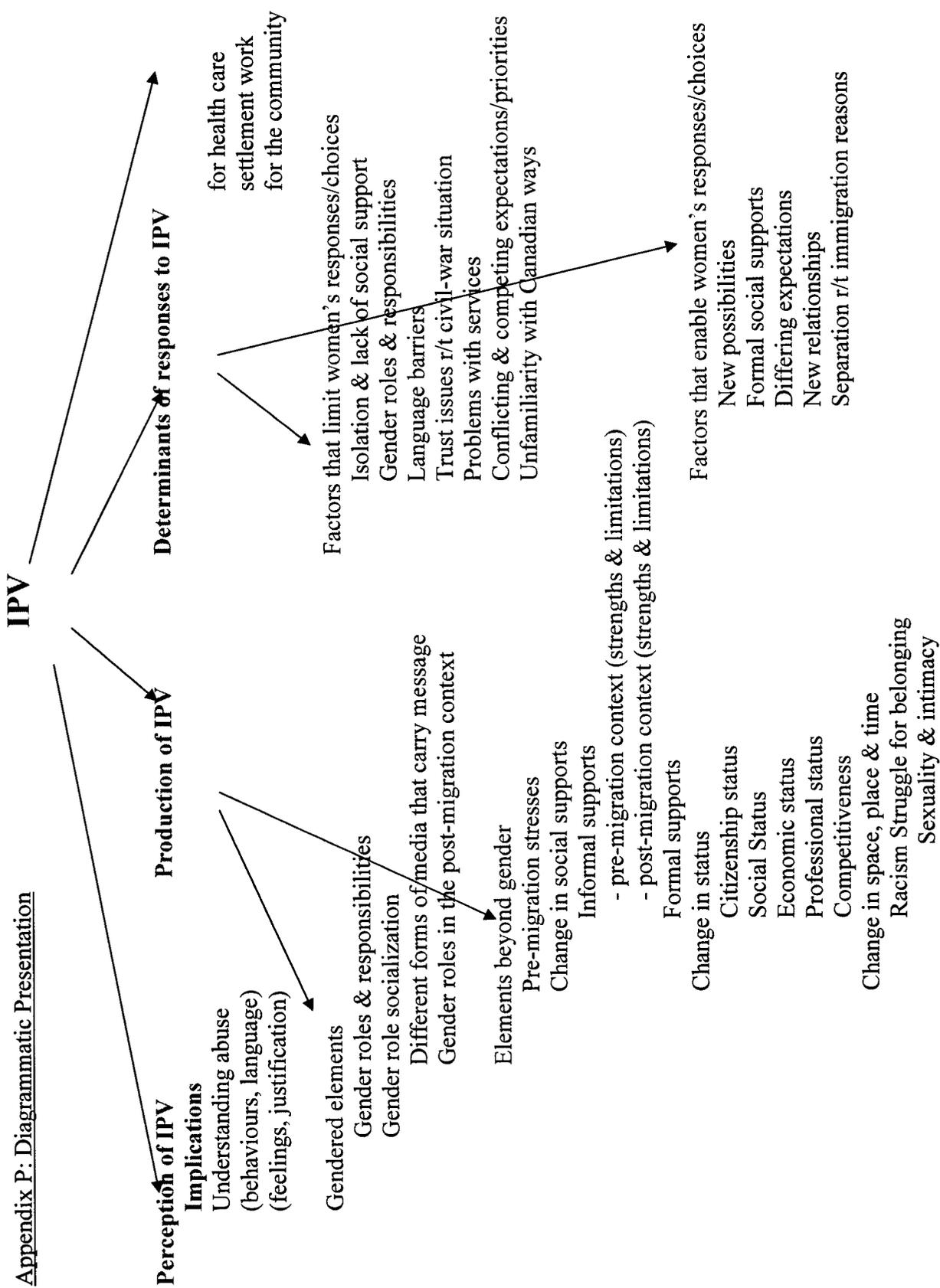   a)Community outcomes
        b) Academic outcomes
        c) other

Free nodes
Westernization
 Communication

Appendix P: Diagrammatic Presentation

IPV

Perception of IPV

Implications
Understanding abuse
(behaviours, language)
(feelings, justification)

Gendered elements
  Gender roles & responsibilities
  Gender role socialization
  Different forms of media that carry message
  Gender roles in the post-migration context

Production of IPV

Elements beyond gender
  Pre-migration stresses
  Change in social supports
  Informal supports
  - pre-migration context (strengths & limitations)
  - post-migration context (strengths & limitations)
  Formal supports

Change in status
  Citizenship status
  Social Status
  Economic status
  Professional status
  Competitiveness
Change in space, place & time
Racism Struggle for belonging
  Sexuality & intimacy

Determinants of responses to IPV

for health care
settlement work
for the community

Factors that limit women's responses/choices
  Isolation & lack of social support
  Gender roles & responsibilities
  Language barriers
  Trust issues r/t civil-war situation
  Problems with services
  Conflicting & competing expectations/priorities
  Unfamiliarity with Canadian ways

Factors that enable women's responses/choices
  New possibilities
  Formal social supports
  Differing expectations
  New relationships
  Separation r/t immigration reasons

Appendix Q

A List of Emerging Themes and Subthemes From the Data

THEMES	SUBTHEMES

1. Perception of IPV	1.1. Various forms of abuse
	
	1.2. Justification of abuse
	    1.2.1. Gender role socialization & the media that carry the message
	    1.2.2. Relevance of gender role socialization to justification of abuse

2. Production of IPV	2.1. Migration stresses, challenges, & experiences
	    2.1.1. Pre-migration stresses, challenges, & experiences
	    2.1.2. Stresses, challenges, & experiences during border-crossing
	    2.1.3. Post-migration stresses, challenges, & experiences
	    2.1.4. Migration stresses and IPV
	
	2.2. Change in informal social supports
	    2.2.1. Informal social supports in the pre-migration context
	    2.2.2. Informal social supports in the post-migration context
	    2.3.3. Informal social support and IPV
	
	2.3. Change in statuses
	    2.3.1. Change in citizenship status
	    2.3.2. Change in professional status
	    2.3.3. Change in economic status
	    2.3.4. Change in social status and IPV
	
	2.4. Change in Gender roles & responsibilities
	    2.4.1. Change in gender roles & responsibilities in the post-migration context
	    2.4.2. Change in gender roles and IPV
	
	2.5. Change in space, place, & time
	    2.5.1. New relationships, sexuality, & intimacy
	    2.5.2. Racism
	    2.5.3. Struggle for belonging
	    2.5.4. Differing expectations
	    2.5.5. Family separations during migration and change in power relations
	    2.5.6. Abuse by in-laws

3. Determinants of choices in & responses to abusive situations	3.1. Factors that limit women's responses/choices
	    3.1.1. Gender role socialization & expectations (family & community pressures)
	    3.1.2. Conflicting & competing expectations/priorities
	    3.1.3. Isolation & lack of informal social support
	    3.1.4. Unfamiliarity with Canadian ways
	    3.1.5. Limitations in formal supports & services
	
	3.2. Factors that enable women's responses/choices
	    3.2.1. New possibilities
	    3.2.2. Formal social supports (Strengths despite lack of coherent effort)

Sep. 05, 2005

Appendix R: A List of Factors that Belong in Each of the Eco-systems

System	Definition	factors
Macrosystem	Canadian Society at Large	- Systemic racism - Policies and practices of departments of labour, immigration etc that shape immigrants lives (e.g., lack of fair credentialing; lack of English language classes in a manner that leads to employability in a professional job) - Heath systemic barriers (such as lack of access to interpreters) - Patriarchy (that results in for example, women earning less salary or not being able access certain employment)
Exosystem	Formal and Informal Social Networks (community)	- Availability of established community - General community pressure to adhere to patriarchal beliefs & practices - Men who contribute to the perpetuation of patriarchal values in the community - Community gossip - Community & family pressure to get married/remain married - Pressure from the husband's family - Presence of one's own family & friends - Community leaders who support women to leave abusive relationships - Availability of settlement services - Limitations in the services - Barriers to access to services - Lack of privacy and confidentiality in community agencies
Microsystem	Family	- Husband/wife's education - Husband/wife's employability - Change in gender roles & responsibilities - Husband/wife's access to information in the post-migration context - Number of and ages of children - Crowded living quarters - Length of family separation - Loss of husband's class status - Financial pressures for the family

Ontogenic	Individual Factors	- Age at resettlement - Exposure to childhood abuse - Exposure to multiple trauma (war, rape, loss of family members, witnessing death, participation in violence during civil war) - Coping skills (such as use of alcohol) - Travel uncertainty/prior travel experience/ traumatic travel experiences