SOUTH ASIAN IMMIGRANT WOMEN & ABUSE: IDENTIFYING INTERSECTING ISSUES AND CULTURALLY APPROPRIATE SOLUTIONS

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ABSTRACT

[The current discourse and media portrayal of abused South Asian women is largely around depicting a pathological community, placing the blame of domestic violence within the South Asian community as an inherent result of South Asian culture. This paper aims moves away from a simplistic cultural interpretation of violence and utilizes an intersectional perspective for understanding multiple oppressions faced by abused South Asian women. Mapping key intersecting issues and analysis of gaps in the service provision in the domestic violence sector are undertaken through an in-depth literature review. An exploratory and descriptive case study method is adopted to explore a community-based organization's approach to culturally appropriate domestic violence intervention in the South Asian community. Case study findings recommend utilizing a culturally appropriate approach for understanding, engaging and intervening in domestic violence cases in the South Asian community. Community development, strengthening the family and a non-blame approach to addressing violence is recommended through the case study.]

Key Words: South Asian; domestic violence; culturally appropriate; service delivery; community development.

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Introduction

South Asian. Immigrant. Woman. It is within these three identifications and its intersections with each other that experiences of abuse for South Asian women can be understood. Being 'South Asian' has implications of belonging to a 'culture' and its set of norms; it also indicates an ethno-racial construct, of being a 'visible minority.' Being an 'immigrant' in Canada has its own implications in terms of social, economic, class and racialised location. Being a woman also dictates participation in the construct of gender, gender roles, and negotiations with patriarchal power structures. When these identity constructs intersect with each other, another set of implications arise. Each of these social locations has a direct relation to how abuse is manifested, experienced, understood and what resources or lack there of are present for these women. While these intersections and complexities are apparent in lived reality of racialized immigrant women, the traditional feminist violence against women movement continues to emphasize a simplistic gender-based understanding of violence, ignoring the other forms of structural and institutional violence that these women and their communities face.

The current discourse and media portrayal of abused South Asian women is largely around depicting a pathological community, placing the blame of domestic violence within the South Asian community as an inherent result of South Asian culture. This further isolates the community and absolves the responsibility of the larger Canadian society from examining the intersecting issues and from finding solutions that mitigate them. Ongoing depiction of South Asian men as being inherently violent and South Asian women as being submissive feeds into building stereotypes and further marginalizes the community. Mainstream models of domestic violence intervention focuses on an Anglo-centric approach. It is based on an interpersonal

violence model with emphasis on providing post-crisis services in the form of shelters and ensuring safety of women. This model is an important part of the domestic violence service provision process but fails to take into account certain unique needs of its South Asian clients. Inaccessible institutions, culture-blaming discourse, community stigmatization and ongoing stereotyping of the South Asian community indicate a gravely inadequate response to meeting the needs of abused South Asian women.

The institutional and systemic barriers in accessing services that meet the needs of South Asian women need to be addressed in Canada, especially in a major immigrant receiving centre like Toronto. South Asian community is the fastest growing ethno-racial immigrant community in Canada. Statistics Canada has predicted a presence of more than one million South Asians in the city of Toronto by 2017, out of which 70% will be first generation immigrants (Belanger & Malenfant, 2005). This growing diverse community has unique needs that need to be understood and services that are responsive to the growing diversity in Canada have to be incorporated. Acknowledgement of race, class and gender oppressions within the Canadian society and its impact on abused South Asian women's access to services needs to be made. What does it mean to be an abused South Asian woman in Canada? It is within this context, the context that looks at abused South Asian women as a part of a racialized immigrant community, that this paper is presented.

It is the aim of this study to move away from a simplistic 'culturist' or 'gender-based' understanding of abuse in South Asian community. This paper will map key intersecting issues and outline gaps in the service provision in the domestic violence sector through an in-depth

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literature review; explore a community-based organization's approach to culturally appropriate domestic violence intervention through a case study; and, outline recommendations that are effective and specific in meeting the needs of the South Asian community.

In-depth literature review outlines the current theoretical frameworks proposed to understanding violence within the South Asian community, intersecting issues affecting abused South Asian women, overview of studies measuring rates of abuse in the South Asian community, and gaps in service provision in the domestic violence sector. Literature will include academic as well community-based reports about the South Asian diaspora in the United Stated, Canada and the United Kingdom. Limitations in the current literature, specifically within the Canadian sphere, will be drawn out. Theoretical frameworks adopted within the paper will be detailed. Multiple oppressions faced by abused South Asian women and intersectionality of these oppressions in situating them in a precarious position grounds the theoretical perspective in understanding the experiences of abused South Asian women in Canada. Concepts like 'South Asian,' 'domestic violence,' 'intersecting oppressions' and 'culturally appropriate services' used in this paper are defined to clarify the terminology used. Primary research to explore what a culturally appropriate approach would like within the domestic violence service provision realm within the South Asian community was undertaken.

A case study exploring a community-based organization called Punjabi Community Health Centre (PCHC), specifically their domestic violence programs, was carried out to exemplify approaches that are relevant in engaging the South Asian community in addressing domestic violence. PCHC's organizational profile, rationale behind initiating its domestic violence

programs, perspectives towards understanding domestic violence issues in the South Asian community, program goals, guiding principles, culturally appropriate response to domestic violence, evolution of its key program initiatives and strategies of interventions are outlined through the research findings. The successes and challenges faced by the Punjabi Community Health Centre are also detailed within the case study. Reflections on the case study findings are presented as a way forward in addressing the needs of abused South Asian women.

Literature Review

Much of the research on the South Asian diaspora focuses on experiences of South Asian women in the United States, United Kingdom and only more recently in Canada. Each of these immigrant-receiving countries has distinct policies and practices in place, shaping differential experiences for South Asian women. Literature review of prevalence rates in different diasporic communities, theoretical analysis of domestic violence, current status of service provision – barriers and strategies adopted and experiential studies of women in situations of abuse all add to gaining of a holistic perspective on issue of domestic violence in the South Asian community.

Literature from Canada has mainly focused on issue identification (Agnew, 1998), problematizing 'culturalization' of violence (Jiwani, 2005), and showing the impact of migration as it interacts with race and gender (George & Ramkissoon, 1998). Marginalization of violence into a community problem and analysis of gaps in current service delivery frameworks have also been detailed in more recent academic work (Ahmad, Riaz, Barata & Stewart, 2004; Burman, Smailes & Chantler, 2004; Gill, 2004; Kim, 2002; Liao, 2006). Community based reports are more comprehensive in problem identification and in giving voice to the experiences of abused South Asian women (Papp, 1990; Papp, 1995; Rafiq, 1991; Shakir, 1995). While these articles form the ground work for understanding how violence is shaped and how needs of South Asian women are not met, further analysis or portrayal of alternative interventions have not been extensively outlined.

No large-scale studies looking into the rates of domestic violence incidents within immigrant communities have been conducted in Canada; yet, most media coverage focuses on immigrant

and marginalized communities as sites where domestic violence is prominent. Community-based studies form the major source of information on prevalence rate of abuse within the South Asian community. Anecdotal evidence from focus groups, women's organizations and media coverage of abuse-related deaths are the only sources available as an insight into the empirical/ rate of incidence within this community. Statistics Canada's assessment of victimization of women through the General Social Survey, especially those of women in minority communities and marginalized backgrounds, has been noted as critically lacking by academics (DeKeseredy & Schwartz, 2003).

Ahmad, Riaz, Barata & Stewart (2004) looked at the interrelationship between patriarchal belief systems and perceptions of abuse within the South Asian community in Toronto. Their vignette study found that women who had higher agreement with patriarchal social norms found decreased identification with the subtler forms of spousal abuse. 67.4% of the women reported experiencing tension in an intimate relationship and difficulty in working out arguments. Among these women, 24% experienced physical abuse perpetrated by their partners during the past five years – statistics that are 3 times higher to Statistics Canada's General Social Survey in 1999 that indicated 8% of women in the Canadian general population experienced physical violence by their partners during the past five years. Raj & Silverman (2002), through their community-based survey with 160 South Asian immigrant women in Boston found that 40.8% of the women had been physically and/or sexually abused in some way at the hands of their current partners in their lifetime, 36.9% reported having been victimized in the past year, rates much higher than in the general population. Richardson, Coid, Petruchevitch, Chung, Moorey & Feder's (2002) cross sectional study on domestic violence found prevalence of physical abuse in South Asian women

in London within the past year at 14% and an overall lifetime rate of 41 per cent. This gives us a higher than national general average rates ranging from 14% to 41% depending on the method of study, length of observation and sample size. This indicates that women in South Asian community may face as much as twice to five times more abuse than the national average.

The prevalence of violence in South Asian community, while established statistically as higher than average, is still lacking a more exhaustive study. Especially in Canada, where the small sample size of the study, limited geographical analysis and lack of understanding of the common risk factors make it more important to fill research gaps and understand this phenomenon better. Also worth noting here is the lack of analysis of sub-ethnicities within the South Asian diaspora. This further gives a homogenous expression to a South Asian identity that is constructed. While researching each community might be hard to accomplish at least an acknowledgement of the possibility of differential needs and prevalence rates would be helpful in targeting communities that have a more acute need for interventions. These studies also assume that ethnicity (rather than class, language, etc) is the main factor related to rates of abuse within the South Asian community, offering a culture-based approach to understanding violence. Intersection issues are not evaluated, limiting the reliability of the collected data and its analysis.

Multiple oppressions of race, class, gender and sexual orientation need to be taken under consideration when evaluating the status of South Asian women in Canada. Abraham (2000), Agnew (1997), Ayyub (2000), Dasgupta (1994), Das Dasgupta (2000), Das Gupta (1997), George & Ramkissoon (1998), Gill (2004), Jiwani (2005), Liao (2006), Ralston (1996), and Shakir (1995) look at incidences of domestic violence for South Asian-Canadian women through

an analysis of systemic intersection where gender, race and class intersect to shape the experience of violence for these women. Socio-economic status, immigration class, length of stay in Canada and linguistic abilities also play a role in integration experiences of South Asian women and their ability to fight violence. Evaluation of status of abused South Asian women through the framework of 'multiple oppressions' which takes the status of racism faced by South Asian women and the level of sexism within the South Asian community and the host society as indicators of risk for South Asian women are critical. Pressures of cultural, social, and family ties prevent these women from getting necessary help for fighting domestic violence on one hand whereas Canada's pro-prosecution, gendered immigration policies and lack of awareness or will to accommodate differential needs create a precarious situation where women cannot access the help they need. The impact of the gendered nature of immigration policies and racialised experiences of immigrant communities within the criminal justice and other state institutions further victimise and marginalize immigrant women (Dasgupta, 1994; Pratt, 1995; Razack, 1998, 2004; Shriwadkar, 2004; Walker, 1992).

Cultural explanation of occurrence of violence subsumes the importance of structural and systemic issues related to domestic violence within immigrant communities; it also, creates an essentialist discourse of 'culture-blame.' Bannerji (1993), Burman, Smailes & Chantler (2004), Jiwani (2005), and Razack (2004) challenge 'culturalist' interpretations of domestic violence within immigrant communities. When immigrant communities and their "culture" is claimed as causal for social problems, racialization of culture occurs, creating an environment of denoting certain cultures as inferior, thereby racializing the people represented in the cultural group. Burman et al (2004) noted that "explicitly cultural or racialized explanations for domestic

violence warranted in overlooking violence in favour of problematizing culture' (p. 340). These processes also lead to complacency in service provision, instigating a form of institutional racism, where needs of South Asian women are overlooked in light of their problems as attached to the 'community,' not related to societal needs within Canada.

Patriarchal structure within the South Asian community is noted as one of the most crucial factors in assessing the risk of domestic violence within a family. Patriarchy is a universal ideology that refers to a set of ideas and beliefs that justify male domination over women in society. This social ranking is an important determinant of gender relations as it creates large gender differences in power (Ahmad, Riaz, Barata & Stewart, 2004). Strong patriarchal beliefs lead to perpetuation of a domestic violence as something that should be dealt with 'inside the family'. Gender socialization and childhood indoctrination into the ideals of "good" wife and mother that include sacrifice of personal freedom and autonomy are strong and reinforced through transnational links (Abraham, 2000; Agnew, 1996; Das Dasgupta & Warrier, 1996; Patel, 2006; Walton-Roberts, 2003).

Upon migration, South Asian women assume the role of "culture bearers" and are policed to ensure 'gender specific' behaviour. Family structure and role of women in South Asian families adds another dimension of 'cultural' difference, defining their experiences as different from mainstream society (Das Dasgupta, 2000; Dua, 2000; Naidoo, 1992; Pandurang, 2003; Ralston, 1999). The boundaries between the public and the private spaces are again guarded by patriarchal norms and there is a great deal of resistance to disclosing violence due to these norms

and as a resistance to creating an adverse image of the community within mainstream perceptions (Abraham, 2000; Chaudhry, 2001; George & Ramkissoon, 1998).

Research has found women who arrive in Canada through arranged marriages and women who migrate under the family reunification class were found to be more prone to incidents of domestic violence (Ahmad et al, 2004). Acculturation related stress and susceptibility to mental health problems and lower coping mechanisms have also been noted among South Asian immigrants in the literature (Abouguendia & Noels, 2001; Bashir, Chantler, Burman, & Batsleer, 2002; Guzder, 1992; Liao, 2006). This is further compounded by data which found that this community has a significantly low rate of utilization of many important social and health services despite the evidence of significant need in Canada, US, Britain and Australia (George & Ramkissoon, 1998; Reitz, 1995).

Current services available for abused South Asian women are not designed to meet their unique needs. Kim (2002) identified the key service provision responses available through mainstream organizations as defining domestic violence within the limited interpersonal realm and the main goal of intervention for the survivor through leaving the relationship. Survivors are then assisted through the shelter system and the abuser is prosecuted through the criminal legal system. Immigrant women might often come from countries where they are not used to having detached forms of services might find this approach isolating. Response to violence against women has been institutionalized, with rigid professional boundaries, stringent rules and regulations. Interventions are standardized to fit a homogeneous survivor profile disregarding race, ethnicity, class, sexual orientation and immigrant status.

Another critical study addressing the status of services provided to South Asian women comes from Agnew's (1998) discussion on how service provision, even within ethno-specific organizations, is limited to short term immediate goals of providing access to social services and fails to create an impact on the long term advocacy of fighting for women's rights, challenging patriarchal structures or exposing systemic power relations embedded within the larger community – the overarching structural issues that perpetuates violence against women. Funding by government is cited as the main cause for these agencies to be unable to expand their program repertoire beyond immediate 'settlement' needs. Feminist agendas take a back seat and community action and reorganization becomes inaccessible. Mainstream, as well as ethno-specific settlement agencies, both fail to provide appropriate services. Ethno-specific agencies, while making language-specific programs available, fail to go beyond incorporating language and cultural awareness within their programs. The basic structure and model of intervention retains mainstream conceptualization and interventions to violence (Agnew, 1997). Shelters also recreate the hostile host environment that marginalized women struggle against. They are bound by rules and regulations; lack cultural awareness about immigrant communities; are based on a temporary, time-bound reprieve; and generally reported as alienating for South Asian and other immigrant women of colour (Agnew, 1998; Preyra, 1998).

It is only more recently that academic as well as community initiatives have started focussing on community-specific approaches to meeting needs of ethno-racial immigrant communities. Models that advocate incorporating culture as the main context of designing interventions (Alemida & Lockard, 2005), awareness about specific needs of South Asian women (Agnew,

1998; Liao, 2006; Reavey, 2006), and, need-analysis and evaluation of available services (Merchant, 2000) are some of the steps taken to meet the needs of South Asian women. Even though steps have been taken to identify community specific needs, and each academic and community report ends with a recommendation that culturally appropriate solutions should be incorporated, none of these sources so far have been able to outline what this solution would look like for the South Asian community.

Most of the literature lacks conceptualization of domestic violence in the South Asian context. Further, alternative schemas of understanding causal factors beyond culture have been advocated but not been specified clearly in research or in theory. Intersections of race, sex and gender have been advocated as the lens to read experiences of racialised immigrant women in Canada, but, no proper measures to challenge these multiple oppressions have been charted or suggested. The academic literature in Canada on this issue also fails to highlight the strengths present within the South Asian community and how they may be channeled to facilitate women's empowerment in the fight against violence. It is within this literature deficit that this current study is presented, as a way forward at looking at grassroots organizations and addressing the needs of the South Asian community.

Theoretical Framework:

Violence against women, especially a woman from an immigrant ethno-racial community, can be understood through the framework of oppression. Multiple oppressions intersect to determine the social location of these marginalized women. Intersectionality of issues is an important theoretical framework for marginalized groups as various social, cultural, gender, race, class, and ability locations of the person are all taken into reflection when assessing the issues affecting them. Crenshaw (1991) and Mullaly (2002) give two different models of understanding intersecting oppressions. Both contribute in constructing the framework of this paper, which emphasizes the intersectionality of issues, moving away from monolithic or simplistic understanding of factors affecting abused South Asian women. Jabeer & Das Dasgupta (n.d.) are community activists working in the field of violence against women, especially South Asian women. Their model of assessing social risks is presented as a community-based perspective. Their social risk model (Appendix 1) centralizes the risk that a battered women face on the basis of intersection of her personal, cultural and institutional location. This model merges our theoretical framework with a perspective on key service provision. While working with abused women, and positing theories and solutions that assist her, it is important to balance ideology with the grounded lived reality perspective.

Multiple identities contribute to multiple oppressions. Oppression is understood as "the domination of subordinate groups in society by a powerful (politically, economically, socially, and culturally) group. It entails the various ways that this domination occurs, including how structural arrangements favour the dominant over the subordinate group" (Mullaly, 2002, p.27). Examples of such subordinate or oppressed groups in the Western society include people of

colour, women, poor people, and gays and lesbians. South Asian immigrant women are likely to be oppressed as women, as women of colour, as an immigrant, as well as being in the low socio-economic strata of society. It is these subordinate multiple identities that make South Asian women vulnerable to multiple oppressions.

Limitations in the term 'oppression' are noted in literature and are important to state, that, neither is oppression a fixed identity, nor is it static; oppression is a state of power that is constantly challenged and is negotiated through dynamic and relational struggle between the oppressor and oppressed (Freire, 1970; Gil, 1998; Ramazanoglu, 1989). However, Gil (1998) argues that "once oppression is integrated into a society's institutional order and culture, and into the individual consciousness of its people through socialization, oppressive tendencies come to permeate almost all relations" (p. 11). This allows us to understand how oppressive structures become naturalised and gain invisibility by becoming the norm.

Multiple oppressions faced by abused South Asian women in Canada can be understood through three major sources of oppression, i.e. – personal, structural, and cultural. Oppression at the personal level comprises of "thoughts, attitudes, and behaviours that depict a negative pre-judgement of a particular subordinate social group" (Mullaly, 2002, p.49). Simply put these involve negative stereotypes about a person within a particular group that results in creation of prejudice and adds to limiting their access to resources and opportunities. South Asian women are stereotyped as passive and dependent. There is an assumption that majority of them are not literate and do not contribute to the labour force in Canada. These stereotypes impact how abused South Asian women are perceived and this has implications in their ability to access

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services and resources. Oppression at the cultural level goes beyond the simplistic personal level of analysis. It includes, "those values, norms, and shared patterns of seeing, thinking, and acting, along with an assumed consensus about what is right and normal, and that, taken together, endorse the belief in a superior culture" (Mullaly, 2002, p.49). Here, South Asian cultural beliefs and norms, ways of thinking, doing and believing are challenged against a presumed "superior culture." This form of oppression renders the subordinate group's belief systems to be sub-par, not valid and not valued; presenting the dominant culture as a norm that needs to be conformed to. Oppression at a cultural level isolates marginalised communities from participating in the knowledge building functions of society, silencing their beliefs.

Oppression at the structural level refers to "the means by which oppression is institutionalised in the form of social institutions, laws, policies, social processes and practices, the economic and political systems all working together primarily in favour of the dominant group at the expense of subordinate groups" (Mullaly, 2002, p.50). Gendered immigration laws, one-size-fits-all approach to providing services and institutional as well as government policies continue to marginalise South Asian women in Canada (Ralston, 1999; Razack, 2004). These multiple forms of oppression isolate abused South Asian women as they confront a prejudiced society with social institutions that do not take into consideration the unique needs of South Asian women and other marginalised communities, and continue to discredit alternative cultures and their 'ways of being.' An important model that helps in making sense of the oppressions faced by marginalised communities is the intersectional model – which posits that multiple oppressions intersect simultaneously to form a more appropriate model of understanding the lived reality of abused South Asian women.

Intersectionality is the theoretical framework that grounds this paper's understanding of experiences of domestic violence in marginalised communities. Intersectionality as a theoretical concept posits that an individual's experience of oppression is dictated not by just one system of power, but through intersection of multiple systems (Crenshaw, 1991). Immigrant woman of colour's lived experience, for example, will be dictated not just by her gender location, but also along lines of race, class and sexuality. Bograd (2005) further explains Crenshaw's concept of intersectionality as a "social context created by the intersections of systems of power (for example, race, class, gender, and sexual orientation) and oppression (prejudice, class stratification, gender inequality, and hetero-sexist bias) (p.26)." In this framework, domestic violence is not a monolithic phenomenon; i.e. gender inequality is not the only form of violence impacting the lives of immigrant women. Violence in the form of racism, classism and hetero-sexism (among other structural inequities) also considerably impacts immigrant women of colour. It is through an acknowledgement and understanding of these other forms of violence, that violence against women of colour can truly be understood.

Crenshaw (1991) further illustrates how structural intersectionality, political intersectionality and representational intersectionality affect experiences of violence for racialised women. Structural intersectionality relates to the "way in which the location of women of color at the intersection of race and gender makes [their] actual experience of domestic violence, rape, and remedial reform *qualitatively different* than that of white women" (p. 1245). Within the concept of political intersectionality, Crenshaw (1991), analyses how "both feminist and antiracist politics have, paradoxically, often helped to marginalize the issue of violence against women of color" (p.

1246). Feminists with overemphasis on gender as the main construct of challenging violence against women, homogenized how violence is experienced, rendering the needs of women of colour invisible. Anti-racist community-based activists on the other hand would suppress the state of violence against women in their communities, in an attempt to waive further marginalization of the community. Representational intersectionality relates to "cultural construction of women of color" and how controversies over the representation of women of color in mainstream discourse can also elide the particular location of women of color, and thus become yet another source of intersectional disempowerment (p.1282). Crenshaw (1991) focused mainly on intersections of race and gender. She added that other power structures should also be included in creating a better understanding of social location of women, such as, class oppression. South Asian women's lived reality continues to struggle with these intersecting oppressions. From facing violence that is distinctly different in its form, to accessing services that alienate, to being represented as passive and dependent, to being forced to keep 'silence' for maintaining 'community pride,' several experiences affect her ability to cope with and fight violence on her own terms.

Jabeer & Das Dasgupta (n.d.), community-based activists in the realm of domestic violence against South Asian women have created an alternative to the traditionally used gender-based power and control wheel of understanding violence in the interpersonal form. They have created a power wheel based on "social risks" that captures the various forms of risks that an immigrant women facing violence may be encountering. Social risks include immediate personal risks, institutional risks and cultural risks. They state that social risks may be conceived as "bricks of concentric walls that encircle the battered woman, keeping her confined in the status quo (p.7)."

Immediate personal risks are related to her skill sets and ability to be independent; lack of skills and education, for example, reduces her ability to be independent. Institutional risks are related to the criminal justice system, the law enforcement, social welfare, and other institutional bodies that might intervene (with negative repercussions for her and her family) if she reveals abuse. Cultural risks are related to attitudes and beliefs about religion, nationality, class, honor, cultural norms, childhood socialization, race, etc. Jabeer and Das Dasgupta's social risk framework works under the concept that "intimate violence is only one part of women's total experience in society. Societal, institutional, and cultural knowledge that women gain individually, communally, and historically intertwine with their experiences of domestic abuse and affect their choices and decisions regarding safety (p. 6)." Their approach to understanding a battered woman's social location and understanding what personal, institutional and cultural barriers she is facing, are instrumental in gaining a more comprehensive realization of exactly what it is that is decapitating the empowerment process of these women, setting pathways for us to address interventions at multiple levels. This model not only calls for a complex understanding of issues affecting abused South Asian women, but also, in advocating for programs that are responsive to this complexity by functioning at several personal, structural and cultural levels.

Key Concepts:

Based within the grounded intersectional oppression framework this paper works with certain key concepts. These detail the paper's definition and framing of key concepts like what is domestic violence? Who is a 'South Asian'? What are the intersecting oppressions that are relevant to the study of this issue? And, finally, what are culturally appropriate interventions?

Domestic Violence: The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as: 'any act of gender-based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering . . . including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in private or public life'. Domestic violence occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate or harm the other. It has many forms, including physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats of violence. Domestic violence occurs in all cultures; people of all races, ethnicities, religions, and classes can be perpetrators of domestic violence (WHO, 2005). Domestic violence is also the terminology most frequently used in the social work field, making it my preferred choice for this paper. Also, it encompasses the role of extended family within the definition of violence against women, making it relevant and reflective of the experience of violence within the South Asian community.

South Asian: 'South Asians' form the second largest visible minority group in Canada with targeted increase in the next decade, making them the fastest growing visible minority group in Canada (Tran, Kaddatz and Allard, 2005). South Asian ethnic identity is a social construct. It

homogenizes diverse populations from distinct ethnic, religious and linguistic groups with varying ancestries, immigration histories and personal experiences. South Asians consist of immigrants from India, Sri Lanka, Pakistan, Bangladesh, Nepal and twice-migrants from Guyana, Fiji, Tanzania, Kenya, Trinidad & Tobago, United Kingdom and Uganda. Despite all these differences, Tran, Kaddatz and Allard (2005) states that "the South Asian community is one of the most unified when it comes to the value they attach to family interaction, the maintenance of social networks within their cultural group, and the preservation of ethnic customs, traditions and languages" (p. 20). While for the purpose of this paper South Asians are studied as a unified community, it is important to remember that they represent an artificial construct with a large number of diverse sub-communities with distinct regional, religious, linguistic, ethnic, and cultural identifications. Even their trends of migration vary and this uniquely shapes their settlement and post-migration experiences. Interventions that seem appropriate for one community may not be appropriate for another sub-community within the South Asian construct. Caution must always be applied in homogenizing the theoretical as well as results from one community to another.

Intersecting oppressions: Oppressions affecting the social location of South Asian women are gender, race, class, culture, and immigration status. South Asian women are bound in patriarchal structures reflective of their culture of origin as well as those present within the host society. They are part of a racialised community, where as 'visible minorities' they are impacted by discriminatory practices, especially in terms of challenges to gaining equal access to employment and institutional supports. South Asian culture has been racialised as inferior, cultural practices not recognized as equal to 'civilized' western society. Moreover, being part of the South Asian

community and culture, South Asian women are socialized to follow certain cultural norms. These also affect their ability to cope, confront and stop violence. As a relatively recent immigrant community, the South Asian community does not have parallel institutions that are responsive to their needs. Acculturation stressors, socio-economic status and inability to have an accessible support network all impact the experience of violence. It is important here to not isolate one cause or one social location as a key insight into factors responsible for violence, but to look at them all as intersecting and creating a more complex challenge for South Asian women.

Culturally Appropriate: Research supports that ethnic and racial groups differ in terms of their cultural values, norms, expectations and attitudes. Moreover, each group's access and position with the 'mainstream' norm varies. Within this complex social structure, it has become important that programs, especially community based group interventions, be targeted around specific group characteristics in order to be effective. Marin (1993) has defined culturally appropriate community interventions as meeting the following characteristics, "(a) the intervention is based on the cultural values of the group, (b) the strategies that make up the intervention reflect the subjective culture (attitudes, expectancies, norms) of the group, and (c) the components that make up the strategies reflect the behavioural preferences and expectations of the group's members (p. 149)." This definition of culturally appropriate programs is useful in assessing the ability of the program to be effective for a specific ethno-cultural group. However, while offering these alternative programs, the social location of the group and its ability to deliver these programs need to be kept in mind. This paper aims at detailing one such culturally appropriate program intervention within the South Asian community, as a possible alternative that can be

adapted to meeting the needs of other sub-ethnicities within the South Asian community as well as other racialised immigrant groups.

Methodology:

There is an extensive literature on domestic violence in the South Asian community that focuses on identifying relevant issues. Literature review was carried out to capture the complex intersectionality of issues and identification of service provision gaps. A dearth of information related to culturally appropriate interventions was noted through a preliminary literature review making it relevant to conduct primary research. Attempt to explore what a culturally appropriate domestic violence intervention would look like was made through an in-depth case study of a community-based agency which has an innovative and culturally appropriate approach to domestic violence interventions within the South Asian community in Toronto.

The case study method is one of several ways of doing qualitative social science research. A case study is expected to catch the complexity of a single case (Stake, 1995, xi). It is the preferred strategy when, ""how" and "why" questions are being posed; when the investigator has little control over events; and when the focus is on a contemporary phenomenon within some real-life context" (Yin, 1989, p.13). The aim of this research paper is to answer a "how" question, which is, "how does a culturally appropriate domestic violence program look like in the South Asian context?" As a researcher, I have little control over how programs are designed and it is only by studying this community-based organization's program that I can bring an insight into the issue of creating services that are culturally appropriate and relevant in addressing the issue of domestic violence within the real-life context of the South Asian community. The community-based organization selected for this study presents an "exemplary case," a "unique case," as it has been identified as one of the very few ethno-specific, grassroots organizations involved in the domestic violence sector, specifically working with the Punjabi community, an important

population sub-set of the South Asian community. Case study methodology was chosen as the research approach as it enabled me to explore their domestic violence program from a number of different aspects.

The research strategy included exploratory and descriptive case study methods. An exploratory case study method is especially useful when uncertainty exists about program operations, goals, and results (Yin, 1989). While the community-based organization's domestic violence programs were recognized as a viable case to study, there is limited information available about it in the academic literature or any form of a comprehensive report. This makes it important to adopt an exploratory approach, where the uncertainty of pre-present information is acknowledged and gathering of detailed information is one of the key goals. Descriptive case study method aims at collecting information so as to facilitate creation of an in-depth description of the object under study. The purpose of this case study is to illustrate processes, relationships, and outcomes involved in the implementation of culturally appropriate domestic violence programs in the South Asian community.

The Punjabi Community Health Centre (PCHC) was identified, through my placement work at Council of Agencies Serving South Asians (CASSA), as a community organisation that implemented innovative and culturally appropriate domestic violence intervention programs in the South Asian community. I approached the founder and current Executive Director of the centre and expressed interest in doing a case study about the centre's domestic violence program. A formal consent form and letter of participation were procured as part of ensuring ethical conduct. Confidentiality terms and compliance procedures were also determined on approval of

the project. There were 2 staff members working at the agency with the violence intervention program. Each was sent an individual email inviting them to take part in an interview. Sample wording of the email is attached as Appendix-2. One of the staff members was unable to participate as she was on personal leave. Ethics approval of the study by the Ryerson Ethics Board was attained prior to starting the research process.

A combination of quantitative and qualitative methods were used to gain a holistic view of the 'case' under study. The data collection process involved drawing on multiple sources of information, such as interviews and organization documents, as recommended by Yin (1989) and outlined in Creswell (1998). Primary sources were formed from the interview transcripts and secondary data sources were accessed in the form of research reports, community presentations, and agency-statistics. Service statistics formed the quantitative part of the study and key informant interviews formulated the main qualitative data assessed, along with research reports, organization presentations and agency-statistics as other information sources.

Key informant interviews, with open-ended questions, were conducted to gain information from Executive Director (ED)/ Founder of the organisation and one support group facilitator for the domestic violence programs. Separate interview guides were prepared for both participants. The aim of the interview with the ED was two-fold, first, to gain an organizational profile of the agency, that is, an in-depth understanding of the mandate, history, current services and statistics of service provision for the target group. The second set of questions were aimed at understanding the conceptualisation of these services, the context of service provision and the processes involved in engaging the community. Program highlights, indicators of success and

inquiry about replication and perceptions around how such family-based interventions can be promoted within the service provision realm were also included. The Executive Director's interview took two separate meetings, and was conducted in places convenient to the participant. The interview focussing on the organizational profile was undertaken by taking extensive notes. Each interview lasted in the range of 45-60 minutes. The support group facilitator's interview questions were related to the process and content of the domestic violence programs. Interview with the support group facilitator lasted for 30 minutes and was audio-taped to facilitate transcription. Organizational profile, interview guide for Executive Director and interview guide for support group facilitator are included as Appendix 3, Appendix 4 and Appendix 5 respectively.

Interview tapes were transcribed, ensuring that the conversation was reproduced verbatim. Interview transcripts were coded, as outlined in by identifying 'meaning units' and linking these to concepts and themes around which the final case study is organized (Padgett, 1998, p. 89). Additional sources of information in the form of agency reports, presentations and program information were incorporated in addition to the interview transcripts in conducting a "holistic analysis," a process that looks at the entire case as one complete case and creates a 'holistic' image of the case under study (Creswell, 1998; Yin, 1989).

Triangulation was practiced as a valuable means of ensuring rigour in the case study. Triangulation refers to "using two or more sources to achieve a comprehensive picture of a fixed point of reference" (p.96, Padgett, 1998). The need for triangulation arises from the need to confirm the validity of the processes involved in qualitative studies. Data source triangulation,

the form of triangulation incorporated here, refers to the process when the researcher looks for the data to remain consistent in different contexts. In this case study, this was conducted by including multiple sources of data which effectively reflected the information collected through each different way.

The case study method, thus, lead to effective describing, understanding and explaining of the domestic violence interventions at Punjabi Community Health Centre (PCHC). This case study will be a key contribution in identifying culturally appropriate approaches and designing an alternative program in domestic violence intervention for the South Asian community. While survivors of abuse/ participants in the program would have given me a user perspective – something that could have added an important depth in understanding the actual 'success' of the program, it was not included in the sample as they are a vulnerable population and would require a more experienced researcher's involvement in exploration of issues of service provision. Evaluation of the domestic violence interventions at PCHC would make a definite contribution to the knowledge created through this single-case, exploratory descriptive case study.

Case Study: Punjabi Community Health Centre (PCHC)

Organizational Profile:

The Punjabi Community Health Centre (PCHC) has been serving the South Asian community, around issues of health promotion, domestic violence and addictions for the past 17 years. Established in 1990 as an innovative Health Promotion Project in the Punjabi community, it later got incorporated as a community based agency and resource centre in 1995. PCHC's mandate includes serving the Peel community through community development and through developing and utilizing culturally appropriate services in meeting the needs of South Asian community, especially Punjabi and Hindi-speaking community members.

PCHC does not have core funding and depends on project grants, program fees, in-kind donations, and annual community fundraising drives. Operating from a house donated by a community member, PCHC has built a strong presence in the Punjabi community with multiple programs that are run from community spaces like Gurudwaras, community centres and schools. Staffed with no full time workers and only four part-time workers, PCHC heavily relies on its volunteers. Its dedicated volunteers are 'graduates' of PCHC's programs, social work students, new South Asian immigrants, and high school students. The organization's Executive Director (ED) noted that they had as many as 40 registered volunteers, with 20 active volunteers that participated in weekly activities. On any given Sunday, a day when several programs are simultaneously run, the ED noted that at least 10 volunteers are present to facilitate the various projects and work.

Most of the PCHC programs are attended by members of the Punjabi community, a sub-set of the constructed 'South Asian' community. The case study findings will be specific to meeting the needs of Punjabi community, and caution must be applied in generalising the findings to other South Asian communities.

Rationale Behind Initiating PCHC's Culturally Appropriate Domestic Violence Programs:

> "...in mainstream intervention the counsellors are not skilled as to how they are going to deal with mother-in-law and daughter-in-law conflict. They are not skilled. Or sister-in-law and daughter-in-law conflict. They may be very well skilled in dealing with husband-wife conflict, but they may not be able to deal with these kind of nuances which are very much a part...very real...for our community." (ED)

The Executive Director (ED) and Founder of PCHC stated that his initial experience in the domestic violence service provision sector was through working in mainstream organizations. His key work experience within the sector came through facilitating Partner Assault Response[1] (PAR) programs; a key post-crisis intervention targeted at abusive men. The ED identified through his work in these mainstream agencies, and feedback from South Asian clients attending PAR programs that there were gaps in meeting the needs of South Asian clients.

The ED's South Asian male clients indicated that the PAR program, in its focus on interpersonal violence, was failing to capture the interplay between extended family and violence. Talking about their response, he stated -

"... once the two hour session would be over these men would come to me and they would say that this whole treatment program is not making sense. And I would ask them - why is it that this isn't making sense? Is there something I could improve? They say no, that's fine...but this is not how things are. I mean they are asking us to admit something which has not taken place. But we are caught if we say no, when we say this is not our version... then they say no - you are not admitting to violence, that you are in denial. We are not in denial. There is difference." (ED)

The ED also got feedback from South Asian women; he stated –

"Women would come and speak and say can you counsel my husband...and then I would go back to the co-ordinator and say look this client came to me and she wants another consultation, and wants me to communicate with her husband. They'd say no, that is not our mandate." (ED)

South Asian participants of conventional domestic violence programs and their dissatisfaction with the options available to them led to the formation of PCHC's culturally appropriate domestic violence programs. The ED noted the following as the key gaps in the mainstream/ traditional domestic violence intervention programs:

a) *Gender Specific:* Programs are structured around either men or women. The PAR programs do not work with women and the conventional domestic violence sector

programs do not work with men. Clients that requested that the counsellor engage their partner in the process are not accommodated in any of these programs. Organizational mandates do not support involvement with either the partner or the extended family. South Asian family structures are complex, involving many members beyond the traditional concept of a nuclear family. Differential power structures within families are especially important when assessing the causative relationship conflicts. The status and involvement of mother-in-law, sister-in-law, brother-in-law, father-in-law and even the natal family is an important component of understanding violence within South Asian community. Domestic violence sector needs to critically examine the gender-specific approach to understanding violence, as it is does not encompass a broader understanding of power and control structures beyond gender.

b) *Blame Oriented:* PAR programs are structured around acknowledging guilt. While acknowledging violence and taking ownership of ones actions is an important step in raising accountability and addressing the issue of violence, client's perspectives and other issues affecting the client's behaviour are not addressed. Role of extended family in the abuse situation is not part of the program. These programs are thus limited in going beyond the interpersonal level and looking at other contributing factors. Does finding fault and getting accountability for violence, stop violence? There is little to no evidence that men who go through the PAR program have reduced rates of being violent.

c) *Institutional Response:* South Asian women facing violence have access to domestic violence counselling and shelters. The discourse around violence centres on leaving the

abusive partner and empowering women through gaining independence. An important part of assisting women, this response is limited in meeting the complex needs of South Asian women. Leaving the relationship often means leaving the community which is a source of identity, familiarity, and resources. Men are incarcerated through the criminal justice system and pro-prosecution laws. An important move in ensuring the safety of women, it often takes away the choice of racialised women from fighting discrimination against their community, while they seek safety.

d) *Alienating Institutional Environment*: Domestic violence interventions are shrouded in rules and regulations. Counsellors are bound by organizational mandate, rigidly structured intake and counselling processes. Counsellors are also trained to maintain professional distance from their clients. These rules are relevant in ensuring safety of both the professionals working in the field as well as the victims that seek their assistance, but often result in alienating the client. South Asian women are not used to having access to institutional responses to something they define as a deeply personal/ private problem. When they approach an agency to assist them, these clinical interventions often result in making them feel more isolated. Linguistic accommodations and having representatives from within the community might mitigate some of this sense of alienation, but the structure of these programs and the professional mores attached to them continue to have a greater impact in isolating clients from ethno-racial immigrant communities.

e) *Post-crisis Interventions*: The current domestic violence service provision sector is organised around post-crisis interventions, which is, after the violence has occurred. The only resource available for women is through shelters and the only response available for men is through the criminal justice system. There are no systems in place to 'prevent violence.' Pre-crisis interventions are not available, limiting the reach of the service sector in actually stopping violence. Post-crisis interventions are also severe in their form, making them the last resource that victims access, fighting the battle alone till it goes beyond their capacity to handle. There is a definite need in creating spaces that are non-threatening and where relationship issues can be discussed in a supportive environment.

PCHC's Perspective towards Domestic Violence Issues in the South Asian Community:

"...[domestic violence will] always be a taboo. There is enormous amount of shame around it, there is stigma associated with it, there is fear associated with it, there is some rumour mongering associated with it...so, all these are very real. These situations are very real." (ED)

"...so what is the difference between our men and men from non South Asian backgrounds...is that our men seems to be from low socioeconomic background...that come into the program, that's one, two, their literacy level is low, three they have some kind of an addiction problem on top of it." (ED)

PCHC understands violence against women as something that goes beyond patriarchal gender structures. They posit that within the South Asian community utilizing a broader understanding of violence is essential in addressing the needs of the community. Violence against women by women, by members of extended family, by members of her natal family – are all real and almost always present in varying degrees for most cases. PCHC places violence against women within the South Asian community's context as something that is complex and has multiple intersections of causes.

Moreover, within the context of immigration and settlement in Canada, most of the South Asian community is relatively recent. This has implications in location of the community in terms of dealing with multiple stressors of acculturation, socio-economic struggles, racialization, marginalisation, adaptation to a different lifestyle, and a myriad of other issues. Immigrant families and their marginalised status in the host country, according to PCHC, needs to be added as a layer of understanding the lived reality of both the partners. This not only affects their ability in coping with issues and conflict but also has severe implications on their access to resources post-crisis. Domestic violence service providers need to adapt a realistic perspective on understanding what the cultural and larger systemic risks are involved in the lives of racialised immigrants.

Alcohol abuse was noted by PCHC as a compounding factor in more than 90% of the abuse cases that have been referred to them. This is a very high statistic and needs to be addressed while planning interventions that aim at stopping violence. Higher rates of alcohol consumption may be related to acculturation stressors. (Alcohol consumption

statistics were derived from a research study conducted by PCHC, assessing rates of consumption within the Punjabi community).

PCHC places violence against women within the realm of patriarchy, acculturation stressors, addictions, differential cultural norms, and many other such complex intersecting issues specific to South Asian community.

Goals of PCHC's Domestic Violence Interventions Programs:

"The main goal is that if a couple is in one way shape or form not gelling...or if a whole family is not gelling then our goal is to give the family enough skills so that they can manage their lives effectively. That's the goal." (ED)

[...] so our job is to look at or develop programs or create programs in such a way that families remain intact...that the violence part that occurs within the families is not taking place, that everyone including children are safe" (ED)

PCHC focuses on enhancing skills of the couple, as well as their family, in being able to have effective resources to resolve conflicts and lead violence-free lives. Creating healthy families and thereby creating a strong healthy community serves as an underlying goal to all of PCHC's activities.

Principles that Guide PCHC's Domestic Violence Intervention Programs:

Through the years of working with the Punjabi community, PCHC has established certain key principles that guide their approach to addressing community needs. Some of key principles are-

a) *Community Development*: "community development to me means that we have to ultimately rely of the strengths of the community. [...] variety of ways to engage the community into the healing processes of the community itself" (ED). PCHC centres itself within the community. It accesses community resources in forms of volunteers, donations and advocates, and channels them into engaging the community in processes of adapting to the Canadian society and healing issues like domestic violence within families. Networks are created with other agencies and places of worship, increasing the outreach and scope of engaging the larger South Asian community. PCHC advocates using a strengths-based approach, where community strengths are energised to meet community needs.

b) *Client Centred*: "...if the client wants us to talk to the husband, we will talk to the husband. If the client wants us to engage them in couples counselling, we will engage them in couples counselling. It's whatever the client wants us to do, we will do. We will not say that, okay, we are stuck with this particular therapy and we are only going to apply the therapy, whether it works on the couple or not...that's not how we work. So, we work from a point of view of whatever the need of the client is and we tailor make the services based on that" (SGF). PCHC's approach to service provision follows the client-centred approach. It moves beyond just accommodating the client's needs to actually

centering the need and creating programs that will meet them. Client self-determines what will benefit them, what will assist them in coping with their issues, and how they would like to be involved in the process of meeting their needs.

c) *Culturally Appropriate*: "…it means that we need to have a sound understanding of a culture and create interventions based on that sound understanding of the culture" (ED). PCHC aims at creating programs that are culturally appropriate. They centre their knowledge about the Punjabi community and create programs that will meet the needs of the community. Supporting clients in the evening and weekends, organising programs through Gurudwaras, making home visits and engaging the extended family, working with men, creating a non-threatening safe space for clients and their families, etc. – were all noted as different ways in which knowledge about the Punjabi community, their strengths and barriers are both converted into successful program planning.

d) *Empowering Women:* The longer the woman is in an abusive situation the more traumatic the effects. Reduced decision making ability was noted as the single most disturbing factor from working with abused South Asian women. A women's group supports creation of a safe space where she can learn to share her experiences, draw strength from collective sharing, find comfort in being part of a 'sisterhood' and eventually become empowered to make decisions that are best suited to her needs.

e) *'Healing approach' to stopping violence:* Programs are based on a 'healing' approach – where finding fault is not the key objective, rather, clients are encouraged to determine

their own behavioural deficits and a skills-based approach that aims at mitigating them is taught through the program. This minimises the stigma attached to participating in these groups, making it possible to engage the community in a sensitive issue that is usually silenced.

f) *Family-centred:* While the abusive man is the primary client, services are structured to facilitate inclusion of his partner and the extended family is also encouraged to get involved in the 'healing process.' PCHC defines violence against women as 'family violence' and its programs are structured keeping in mind the family structure and gender roles within South Asian families and their role as part of the risk assessment for abused women. Violence from extended family members (example: mother-in-law, sister-in-law, natal family, etc.) is part of understanding as well mitigating the risk for abuse.

g) *Strengthen the Family*: PCHC posits that with immigration there are changes in the gender roles, expectations from partner and structure of the family. Many immigrant families in Canada are unable to shift roles to adapt to demands of a different lifestyle and different culture. PCHC works with clients to "realign and rejig the basic belief system of the family or the couple" (ED); i.e. understand their perceptions about gender roles, marriage, expectations from the partner and reorganise them to reduce conflict, increasing their strength as a family.

"One is that we have to realign, rejig the basic belief system of the family or the couple. Then we have to really look at... what are their understandings of the relationship. How do they view these relationships? And third is, we have to really look at... to what extent are they spending their time working or · establishing their career." (ED)

Domestic violence is not treated in isolation at PCHC. They believe that domestic violence is an issue tied into intersecting causative factors. PCHC recognises personal, cultural as well as systemic factors that intersect and result in perpetuation of violence within the South Asian · community. PCHC focuses, among other approaches, on addressing three main issues –

a) *Belief System of the Family:* This relates to issues rooted in views towards gender role expectations from partners, children and the extended family. If the relations within the family are traditional and expectations of the partner are founded in strong patriarchal structures than this may result in conflict, escalation of conflict and eventually - violence. PCHC therefore works with families to recognise the underlying belief systems within the family that are discordant. This could be related to a partner's unrealistic expectations about the way their partner should behave, or related to the mother-in-law's assumptions about authority and role of the daughter-in-law within the family. When PCHC, as a neutral party within the interaction, successfully outlines the issues, steps can be worked

out to resolve the conflict. PCHC, thus, works at systemic patriarchy related issues by engaging the family in discussions about their problems in a non-judgemental way.

b) *Relationship Perspective*: Marriage and relations between couples are often different from the assumed norm observed in western societies. Within collectivistic cultures, like South Asian/ Punjabi, marriages are often thought to be as creation of a relationship between families, not just individuals. Family structures often include extended families living together in a joint-family system. This is also replicated after migration, where more than two families live together in the same house. Under such structures, it may happen that the couple do not spend enough time alone with each other. PCHC works with such dysfunctions and advocates enhancing their interaction, getting to know each other, establishing trust and increasing mutual understanding and respect for each other. Recognising differential marital relationships and looking at basic issues that are rendered invisible in mainstream understanding of monocultural norms makes it possible for PCHC to address issues that are uniquely responsive to cultural nuances.

c) *Work/Life Balance*: PCHC through their work with the Punjabi community has noted a trend of not maintaining a healthy work-life balance. Men work more than 12 hours/ day shifts and this impacts their family life. As noted earlier, PCHC has noted that a large proportion of men accessing their services are from a low-income and low-literacy demographic. This can be read in the light of working in labour positions, involving long hours and strenuous work. This factor can be assessed through post-migration structural barrier, where recent, racialised immigrant communities struggle to make ends meet.

Relationships are impacted by this imbalance. PCHC addresses this issue through advocating for a more involved family life. Discussions around work hours and possibilities exploring reduced hours are also suggested.

PCHC's responses are thus centred around enhancing the lives of the families by investigating and mitigating the underlying sources of conflict.

Evolution of PCHC's Program Initiatives:

Sahara Men's Group was the first program initiated by PCHC. Starting in July, 1995, from the basement of the founder's (also the current ED) house, it addressed issues of addiction and anger management in Punjabi-speaking men. One of the key reasons for initiating this service was to create a program where men from the South Asian community could have access to a program that was culturally appropriate. After working for 3-years in mainstream agencies and not being able to administer effective intervention programs he started looking at alternative approaches of working with men in the South Asian (specifically Punjabi) community, and PCHC and its 6-session curriculum was developed. Sahara Men's program evolved from being a 6-session curriculum to an extensive 16 session program which is now recognised as an alternative to attending the PAR program by York and some other regions in the Greater Toronto Area (GTA). Sahara Men's Group is the only program in Ontario that deals with substance abuse as an integral part of domestic violence intervention program. The program has an extensive curriculum that covers interactive modules around what is abuse, myths about abuse, power and control in relationships, equality, cycle of violence, anger management, effects of violence on

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children, nurturing children, healthy sexuality and effective and non-abusive verbal skills. These modules are run in parallel with alcohol abuse modules, attacking two main recognised problems at the same time.

Sahara Women's Group started in 1999 with an aim of making women the evaluators of the success of the Men's program. Wives or partners of the men attending the Men's group were invited to attend the Sahara Women's Group and the majority participated. Parallel curriculum and information exchange about what skills were being taught to each group were incorporated in the program. Self as well as partner's evaluation of progress and skill-learning was built into the feedback system.

Sahara Parenting Group was initiated when some women indicated that their partners were not ready to attend a men's group, but might be willing to attend Parenting Sessions. Within the parenting curriculum, information about conflict within marriages and effect of violence on children was incorporated. Many participants in the Parenting group would then attend counselling sessions or sign up for Fathering or Men's Group, where more specific skills related to conflict resolution, building healthier relationships and managing anger were focussed in more detail.

PCHC's Strategies of Interventions:

PCHC creates programs keeping in mind the unique needs identified within the Punjabi community. Interventions are based on community knowledge and aimed at strengthening families, stopping violence and creating a healthy, safe environment for couples. Some strategies that they adopt to meet these goals are -

(a) *Parallel 'Healing':* PCHC believes that it is important for both men and women to be involved in the domestic violence programs. All domestic violence programs are structured in a similar way, creating a separate, yet parallel space where both partners follow self-knowledge and skill-building processes. PCHC believes men to be the main target of their 'treatment'; that is, it is the perpetrator whose actions need to be primarily modified and not the victim. The underlying objective around working with women is first, to use them as an expert on the relationship and take guidance from them in terms of assessing the progress that their partner is making. Secondly, there are issues within the relationship that also need to be addressed, something that needs their participation and commitment to changing.

(b) *Leveraging Children's Welfare:* While there might be conflict between the husband and wife (or partners), often both parties are equally concerned about their children. PCHC believes that children can be used as leverage into getting a dysfunctional couple to seek professional help. The option of attending parenting program creates a non-stigmatized space where men as well as women are introduced to abuse within relationships and ways of building healthier relationships. Effects of abuse on children are emphasized and facilitators also actively

encourage participants to explore the Men's program and Women's program in cases where abuse related issues are identified.

(c) *Flexibility:* Organizational mandate, outreach, programs, etc. are not restricted in organizational structures. Fluidity of PCHC's organizational structure enables them to quickly assess need and create programs that meet them. Peer-mentoring and youth programs have recently started to engage Punjabi youth, enabling them to participate in programs that respond to their issues around identity and gender roles. Relevant to the domestic violence programs, the counsellors and support group facilitators are given flexibility to meet the client wherever they need, be it at the local Tim Hortons, client's doctor or the grocery store.

(d) *Group Programs & Individual Counselling:* Programs at PCHC can be accessed within the individual framework or as part of a group. Group programs give a supportive environment where men as well as women are able to share their experiences and learn in a collaborative fashion. If the couple's or individual member's needs are unique and require personal attention, then, counselors at PCHC are available to provide individual counseling. This also ensures that participants have the option of accessing services in privacy. Confidentiality is maintained at all times. Clients are encouraged to participate in both forms of programs depending on need. Clients are also welcome to attend programs for a multiple number of times depending on self-assessed need.

(e) *Intake/ referral:* PCHC's outreach and referral system both ensure active participations from the Punjabi community. PCHC's staff participates in Punjabi radio shows and TV programs engaging with the community around discussions about healthy relationship building, developing skills to facilitate transition between culture of origin and host culture, etc. Availability of programs to assist the Punjabi community is also conveyed through these channels. Clients are also referred to the program by word of mouth, probation and parole officers, lawyers, doctors, friends and other agencies in the domestic violence sector. The ED noted that they have been successfully been receiving more clients for each of their different programs.

Specific Supports for Men:

a) *Identifying and addressing intersecting issues for men:* Research on alcohol consumption and abuse, conducted by PCHC, revealed that 90% of the Punjabi men who abuse are also addicted to alcohol. The Men's program is structured to address alcohol abuse as well as anger management, based on these findings. PCHC also recognizes that a large section of men from the Punjabi community are from low socio-economic background and have lower levels of literacy. Addictions and anger management, thus, form a large part of working with Punjabi men in addressing violence.

b) *Reconciliation support:* On assessing change in behaviour and on request of the client, PCHC may get involved in process of reconciling separated partners. Both the partners will be a part

of PCHC's support programs and counselors would work in individual and group programs to facilitate the reconciliation. The support group facilitator was able to describe a number of such cases where families had been reinstated successfully. Clients also participated in PCHC's programs by volunteering with the domestic violence programs as a way of giving back to the community, a measure that support group facilitator stated added to their belief in being able to meet the community's needs.

Specific Supports for Women

a) *Space to heal:* Supportive environment facilitates the abused women's ability to heal from the trauma of abuse. Women participate in many group programs, here they are able to share similar stories and similar issues, affirm each others strength, take away the self-blame and empower each other to lead a stronger life. A safe space where a abused woman does not feel isolated or alienated is very important part of her ability to cope and make decisions about her life. Group programs at PCHC provide her with these supports. In cases of severe abuse, PCHC facilitates the client's intake into shelters, supports and provides information that assures support and assistance from the community and then provides ongoing support while she is in the shelter and even after she leaves.

b) *Community Support:* PCHC through its community development approach engages many members of the community. Abused women are treated as 'sisters of the community', and every available aid is collected to meet her needs. An example given by the support group facilitator was that if an abused woman wanted to attend sessions at PCHC but was restricted

in being able to access the location or get someone to take care of her children, then community members would volunteer to drive her to the session (many members are taxi drivers and they routinely volunteer to transport women to access PCHC). A childcare facility is also provided by PCHC for the duration that the Women's Program is in session. These are tangible supports that are crucial in assisting women who have differential needs.

c) *Life skills support:* Women's group programs also add a component of self care, healthy living and a number of programs targeted at increasing their skills. Yoga classes are one such example of how PCHC advocates using multiple approaches in helping women heal.

PCHC's programs, thus, wrap the community in a number of programs that are targeted at a multiple levels, making it possible for each member to engage in issues affecting their families. Relapse programs and constant feedback loops ensure that participants do not get isolated again and that help is available to them when they falter. Hence, from assessment to relapse, the client determines the options they would like to access and an ongoing dialogue aims at assisting them every step of the way.

PCHC's Successes:

" ...we are a zero-funded organization in the area of domestic violence and we are for the last seventeen years...been very successfully running the men's program, women's program, fathering program, parenting program..." (ED)

"...[we have] generated a lot of awareness and using the community development approach within the community...so that the community becomes empowerd" (ED)

"...credibility of PCHC in the community...PCHC is not new we are very well know in the GTA. I am working with them since 1994. It has been the last 13 years...now the community knows me, there is hardly a day when I don't work with a Punjabi woman ... I think our presence is already here in the community and we worked hard to build that, now it's there and now clients are coming to us" (SGF)

PCHC's Executive Director noted that they have been able to establish credibility in the community and is able to now organise the community around issues affecting them. Successful cases where families have adopted skills to reduce conflict, growing client base from the community and ability to engage their program participants as advocates were cited as some other key achievements. Not being dependent on government funding and being able to sustain itself for almost two decades indicates innovativeness and dedication in the staff, as well as presence of community strengths that can be tapped into meeting needs of the community.

PCHC's Challenges:

"...challenges still is that within the mainstream community or even some of our own agencies who are South Asian specific [we] are having difficulty understanding what culturally appropriate services is. Somehow they think that all they need to do is ...some minor modifications within the mainstream framework and then tailor make it fit to South Asian

communities. And many people are trying it; many people have tried it but it hasn't worked successfully. So, to a greater extent, I think, the challenge is to create some credibility around our model... I think, the greater holistic model...that this is a program which actually addresses the complexities of the South Asian family violence." (ED)

"...I would say our biggest challenge is the funds, we use our volunteer's time most of the time... if there are more dollars we can train more staff and we can help more number of people... there are days we cant even return our calls because we have full time jobs... that's our biggest challenge; but working with community, working with men, women is not a challenge. I feel comfortable." (SGF)

PCHC's efforts are recognised in the Punjabi community, but there are still challenges around gaining credibility for their approach to domestic violence intervention from mainstream as well as many other South Asian-specific agencies. Advocacy and creating awareness around the model are key initiatives that are currently being focussed on by the Board of Members as well as the Executive Director. Lack of funding and limitations it presents in terms of hiring full time workers needs to be addressed.

Reflections & Conclusion:

Punjabi Community Health Centre through its innovative programs and grounded perspective on needs of South Asian community, specifically Punjabi community, is able to meet many of the intersecting complex needs of its community. Programs are designed keeping in mind the community's attitudes, cultural values, barriers and social norms. Community strengths are developed and utilized in the process of service provision, a key aspect that has not been tapped into by conventional programs. Knowledge of the stigma and shame around domestic violence and the emphasis on maintaining families is intrinsic to South Asian culture, this is kept in mind and strategies to overcome the barriers and facilitate the goal of maintaining families is keyed into the program initiatives. Earning community's trust in such a delicate, taboo issue is commendable and essential in furthering the dialogue around violence. Moreover, in working with family's beliefs systems about gender role and facilitating a move towards egalitarian relationships are a positive forward in mitigating the strong influence of patriarchy in South Asian family structures.

PCHC's programs meet the needs of its South Asian clients by viewing them in the context of their culture, immigration status and socio-economic background. South Asian clients are not treated as members of a bounded cultural identity, but as people who are struggling at various marginal positions. Program initiatives that take into consideration the various social locations of their clients, especially the intersecting oppressions faced by them, are successful in addressing their needs. This approach moves away from stigmatizing the community and places issues faced by abused South Asian women within the challenge of fighting structural, cultural and

institutional barriers. PCHC provides an institutional environment that lessens the impact of institutional and cultural barriers that most abused South Asian women face.

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While PCHC's programs do not overthrow the status quo, they definitely go beyond simplistic analysis of violence and challenge many of the rigid cultural norms that inhibit South Asian women's self determination. In engaging the community around the discussion of domestic violence, PCHC succeeds beyond what is usually observed in most other institutional settings. In challenging patriarchy, it falls short. Shifting cultural mores is perhaps the most difficult task each successive generation of a culture or a community faces. It takes a lot of shifts in belief systems to make it happen. With PCHC's credibility in the community, and its organic evolution into a family space for Punjabi community, it has opened up avenues for it to challenge patriarchal norms, to influence consensus and to mobilize the Punjabi community into creating a healthier community.

PCHC's model can be replicated keeping in mind that each community has its own unique needs, own unique strings that will assist an organization in raveling and engaging in critical issues. Moving away from conventional interventions and centering the needs of the community by creating culturally appropriate programs...communities can take a lead in challenging the norms and showing alternatives that do work if created with a more grounded-perspective. PCHC's Executive director suggested building coalitions between similar communities, of using a community development approach and of making clients the self-determinants of their own healing process. These values are salient across communities and open a new pathway in a more egalitarian sharing of power between institutions and the communities they serve. Ideology

heavy construction of services fails in working at the community level. Should feminist goals be above the needs of abused women? Can we afford to not engage men from marginalized communities in the process of shifting the status quo?

Hebert (2007), Kim (2002) and Smith (2005) advocate moving beyond the gendered fight against violence and engaging with communities in ways that are appropriate for them. Kim (2002) asserts that violence within racialised immigrant communities needs to be redfined, the vision of engaging in the domestic violence sector needs to be redifned, boundaries that stifle the client-counsellor interaction need to be reassessed, and diverse solutions for diverse communities should be made the goal of violence against women movements.

Intersections of race, gender, class, culture and immigration status can be mitigated through creation of alternative movements. These movements, when gain recognition and show evidence of gaps in meeting diverse needs, shifts in mainstream service provision are inevitable. Engaging the communities, both ethnic and non-ethnic, in dialogue around critical needs and approaches that show promise in mitigating them are now crucial in securing safety of immigrant women of colour.

Immigrant communities have strong reservoirs of community strength. Within their stigmatized cultures, lie untapped resources. It is time that community and academic efforts are channeled at unearthing these innate strengths and facilitate the community in the process of its own healing. Host societies have structures and institutions in place that facilitated their path in their time of need, it is now time that the new immigrant spaces gain credibility and their efforts gain support.

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APPENDIX

Appendix 1

Social Risks
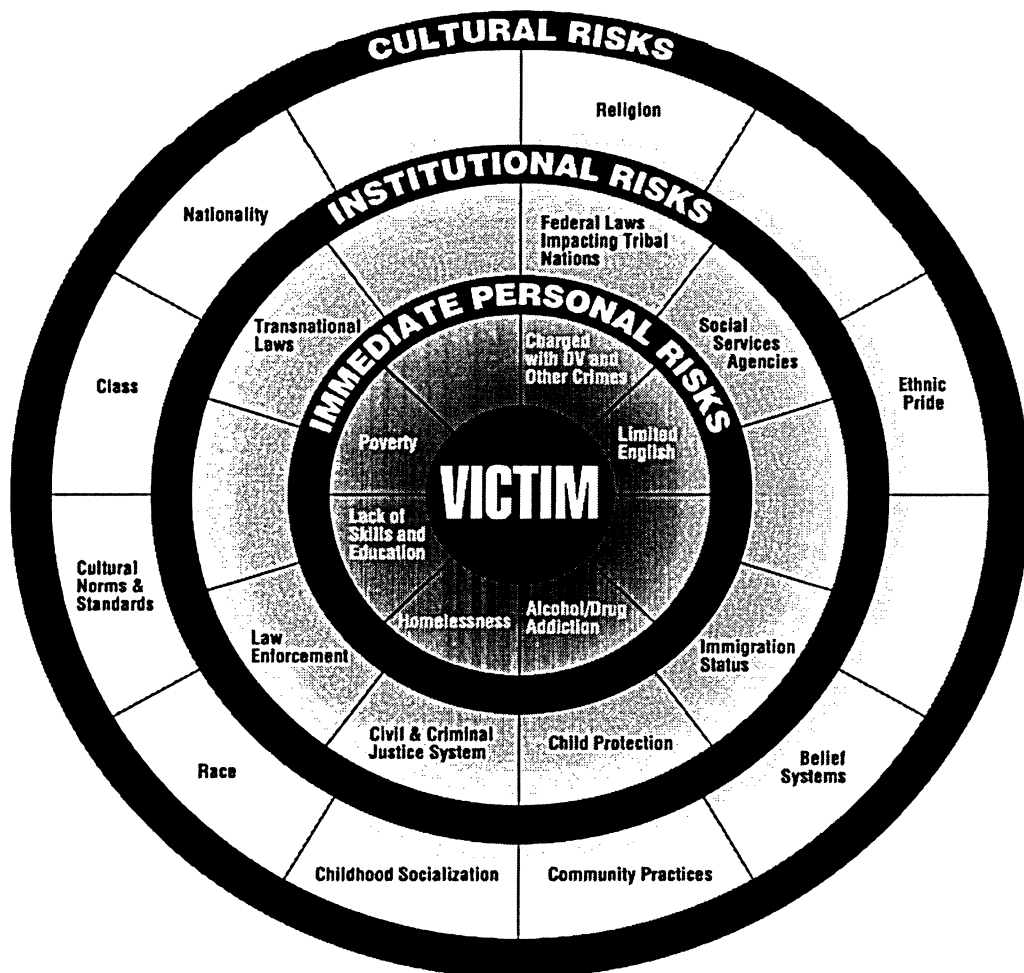
Figure 1: Reproduced from Jabeer, R.A & Das Dasgupta, S. (n.d.). *Assessing social risks of battered women.* Stop Violence Against Women: Minnesota Network. ([Online]. Retrieved August 1, 2007, from http://data.ipharos.com/praxis/documents/AssessingSocialRisk.pdf)

Appendix 2

Recruitment of Participants E-mail:

A sample wording of the email would be as follows:

Dear _____,

Punjabi Community Health Centre is participating in a case study research project to better understand how family-based domestic violence intervention programs work. I am a graduate student from Ryerson University, working towards my Masters in Immigration and Settlement studies. I will be supervised in this project by Dr. Purnima George, Associate Professor in the Department of Social Work at Ryerson University.

As a staff member who has had experience assisting families experiencing domestic violence, I invite you to take part in an interview, lasting approximately 30-45 minutes, to learn from your experience. The interview would be scheduled at a mutually convenient time and place and would be conducted by me. The interview would be tape recorded to facilitate transcription, although you could request that the tape be turned off at any time.

Please email me at ritu.chokshi@ryerson.ca if you would be willing to participate or if you have any questions about the study.

Thank you,
Ritu Chokshi

Appendix 3:

Organization Profile

1. Year established

2. Funding sources

3. Total budget

4. Mandate

5. Vision

6. Mission

7. Goals

8. Composition of the board

9. Functions carried out by the board

10. Administrative structure of the organization

11. Number of full-time paid staff

12. Number of part-time paid staff

13. Number of volunteers

14. Description of services offered

15. Specific objectives of programs

16. No. of service users for each service and duration of each service

17. Approximate number of people served annually

Appendix – 4

Interview Guide for PCHC's Executive Director

1) What was the rationale behind initializing the domestic violence programs?

2) What are the goals and objectives of these programs?

3) What are some of the values and principles that guide your approach?

4) What makes your approach culturally appropriate?

5) What are some of the strategies that you use for creating culturally appropriate services?

6) What are some of the challenges you face in delivering these programs?

7) Highlight some of the successes of the domestic violence related programs.

8) What do you see as a direction forward for agencies working in this sector?

Appendix -5

Interview Guide for PCHC's Support Group Facilitators

1) What are some of the services that you provide (related to domestic violence)?

2) Please briefly detail the domestic violence intervention programs
   - session length
   - group size
   - session format
   - day and time held
   - location
   - language used
   - number of facilitators
   - session plans

3) What is the participant profile for these domestic violence programs?

4) What makes your approach culturally appropriate?

5) What are some of the strategies that you use in making these services culturally appropriate?

6) What are some of the challenges you face in delivering these programs?

7) Highlight some of the successes of the domestic violence related programs.

8) What do you see as a direction forward for agencies working in this sector?