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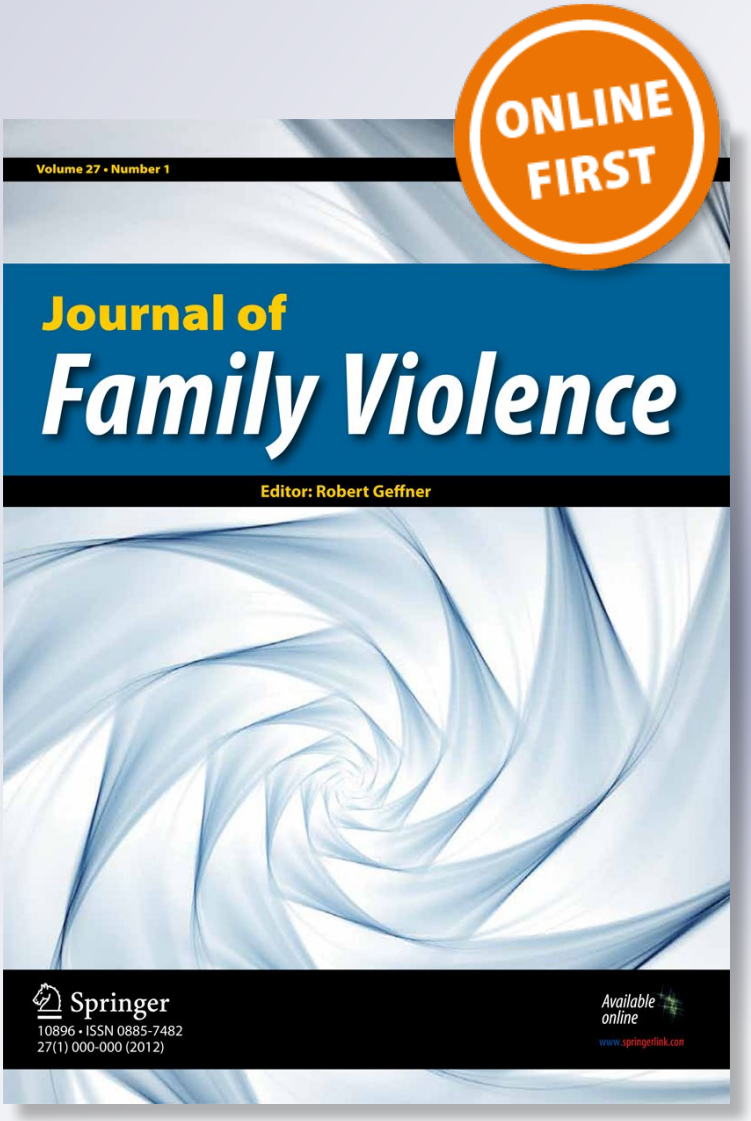

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ORIGINAL ARTICLE

Burden of Womanhood: Tamil Women's Perceptions of Coping with Intimate Partner Violence

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Abstract Helping women victimized by intimate partner violence (IPV) is a challenge, particularly when the women belong to diverse ethnic groups. The objective of our study was to collect information on perceptions of coping with IPV from the perspective of a specific immigrant group of women. Sixty-three women from the Tamil community in Toronto representing different generations and experiences of IPV were interviewed in focus group settings about their views of coping with IPV. Study findings suggested that their views were deeply embedded in their sociocultural context and influenced by the gender-role expectations from the community. The women showed a marked preference for "passive" modes of coping rather than "active." Study findings have implications for the development of alternative approaches to helping ethnically diverse women deal with IPV.

Keywords Intimate partner violence · Tamil women · Coping · Help-seeking · Service delivery

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Intimate partner violence (IPV) is a term that describes physical, sexual, or psychological harm inflicted by a current or former partner or spouse. The violence often starts with emotional or psychological abuse and may then progress to more physical forms of violence (Saltzman et al. 2002). Physical violence is often accompanied by emotional abuse (Tjaden and Thoennes 2000) but can also occur in the absence of prior acts of physical or sexual violence (Ellsberg and Heise 2005). IPV has serious mental, physical, social, and economic consequences for the victim, but these consequences can also have an impact on the entire family, the community, and society at large. The understanding of IPV, the particular acts that are considered abusive, the verbal expressions of abuse, and individual responses to these are dependent on the particular individual's social, cultural, and political reality. It is important to understand how women from diverse ethnic groups perceive IPV and how these opinions influence their help-seeking and coping patterns. Acquiring this knowledge and understanding will help us to take a critical look at our mainstream approaches to IPV and aid us in developing and implementing prevention and intervention strategies that are effective in eradicating IPV in these communities. This article is based on a research study conducted among the Tamil community in Toronto, Canada that explores beliefs and attitudes towards coping with IPV from the perspective of Tamil women.

Coping

Coping is defined as a process through which people understand, make sense of, and deal with personal and circumstantial,

critical situations (Lazarus and Folkman 1984). The literature on coping with IPV has described coping strategies in many different ways, such as private versus public coping (Mitchell et al. 2006); engagement versus disengagement (Kemp et al. 1995); problem-focused coping, social support coping (these two are also categorized under approach coping) and avoidance coping (Amirkhan 1990); and passive or emotion-focused coping versus active coping (Meyer et al. 2010). The common dichotomy in these many different forms of coping seem to be between active and passive strategies, with the active forms associated with a lower level of psychological distress and considered superior to more passive strategies (Kemp et al. 1995; Mitchell and Hodson 1983).

This study will critically examine the distinction between active and passive strategies of coping by exploring the perceptions of coping with IPV among Tamil women living in Toronto. For the purpose of this study, we will be using two categories of coping: (a) *problem-focused coping* and (b) *emotion-focused coping* (Lazarus and Folkman 1984). Problem-focused coping is theorized as behaviors that are directed externally and aim to change the environment that causes distress (Heckhausen and Schulz 1995), exemplified by strategies such as seeking outside assistance through social service or legal aid agencies. Problem-focused coping modifies the circumstance creating the harm, threat, or challenge, and includes more active coping strategies and fewer avoidant ones. In contrast, the intention of emotion-focused coping is to help the individual mitigate psychological distress and reduce negative affect (Heckhausen and Schulz 1995). Examples of emotion-focused coping include positive reappraisal, prayer, problem avoidance, self-criticism, social withdrawal or denial, and acts intended to help the individual to alter their thinking or to avoid the negative affect that is associated with traumatic distress (Heckhausen and Schulz 1995; Kemp et al. 1995).

Coping Preferences and Help-Seeking for IPV

The literature on help-seeking behaviors for IPV strongly supports a *stage model*. According to this model, IPV survivors are seen as progressing from private attempts to cope with the situation (like placating and resistance) to requesting informal support from family and friends. When violence worsens, survivors turn to formal or institutional support, such as seeking legal help from community agencies (Haggerty and Goodman 2003). Active coping has been found to increase as the frequency of violence increases (Goodman et al. 2003; Waldrop and Resick 2004). Women may be reluctant or unable to leave a relationship for a variety of reasons. They often find ways of managing their complicated emotions and reactions in regard to the violence and the relationship. However, as violence increases, individuals may be required to expend energy on developing coping strategies designed to preserve their safety and manage their distress. Once sufficient resources to leave the relationship have been summoned, women may begin to take more active steps to leave.

According to Davis (2002), IPV survivors are capable of exhibiting great inner strength and developing active strategies to keep themselves safe. She found that women were able to survive for many years using emotion-focused coping while they gathered the resources to leave, which she termed, the 'strength to survive.' In another study, Hage (2006) found that those IPV survivors who reported using internal strength and spiritual resources to cope with abuse developed self-agency and more active problem-focused methods of coping. Other researchers have found contrasting results. In a quantitative study, Lewis et al. (2006) found that the most frequently reported coping strategy of IPV survivors was wishful thinking, an emotion-focused coping strategy that increased as violence escalated in severity and frequency. Waldrop and Resick's (2004) review article on coping in battered women similarly reported that coping becomes more avoidant as the severity of violence increases.

The Role of Social Support

Hamby and Gray-Little's (2002) risk-based coping model postulates that the most useful way to understand a battered woman's choice for sources of help is to consider her personal context, specifically, her risks and resources. Though seeking help and advice from family members is often the first step in reaching out, it has also been shown to be one of the least effective strategies, as women often feel judged and experience a lack of empathy from family (Goodkind et al. 2003). Thus, external social support plays an integral role in reducing adverse psychological outcomes for victims of IPV (Carlson et al. 2002), including lessening suicidal behavior (Kaslow and Dreelin 1998) and increasing self-esteem (Mitchell and Hodson 1983). Women who received more avoidant responses from friends were more depressed than those who received more empathic responses (Mitchell & Hodson).

The Influence of Sociocultural Factors

There has been limited research on the influence of sociocultural factors and gender-role expectations on the impact of help-seeking for IPV. For example, factors that hinder help-seeking have included a woman's responsibility to keep the family together, maintain ethnic and social identity, and adhere to gender roles (Mason et al. 2008; Toner and Akman 2012; Toner et al. 2011). Ethnicity is considered one

of the most important variables influencing a woman's coping strategies (Nash 2005). Nash's study examined African American women's understandings of the causes and responses to abuse. The findings showed that the participants' views were very much shaped by the social marginalization of the men in their culture, by their traditions of resistance, and by the women's role in safeguarding their spouses' security. The women were more apprehensive of seeking out formal and legal help due to their fear of discrimination. Compared to white women, the women in this study more frequently turned to religion, which is a form of emotion-focused coping. Similarly, Moe (2007) showed that African American women turned to religious practices as an essential part of their coping and deemed counseling and medical treatment less trustworthy.

Huisman (1996) found that Asian women in the U.S. have a tendency to seek help only when in crisis or when the violence is severe. With regard to social support, Grewal et al. (2005) study among South Asian immigrants found that despite the overall positive influence of the family on women's health, there were also adverse health consequences for women due to their multiple roles and responsibilities within the family.

Generational Differences in Immigrants

Some evidence for generational differences in perceptions of IPV among immigrant women has been found in the Portuguese community (Barata et al. 2005). First generation women held stronger patriarchal beliefs, were less likely to label behaviors as abusive, and were more likely to tolerate abuse compared to second generation women. The first generation women showed a tendency toward what the authors categorized as traditional or indirect solutions to the problem, exemplified by strategies such as believing that they should be a better wife, praying for the abuse to stop, and being patient; coping styles that fall within the continuum of emotion-focused coping. In spite of this difference, both generations of women viewed active help-seeking with outside intervention as a less stigmatizing option in this community (Barata et al. 2005). Yoshihama (2002) found that Japanese female immigrants in the U.S. were less likely to use active strategies to cope with IPV and rejected such options as confronting their spouses, suggesting that he seek help, or divorcing their abusive partner, while U.S. born Japanese female respondents considered active strategies to be more effective.

IPV, Coping, and Mental Health

When considering the health consequences of IPV, there is an association between IPV and poor overall health (Caetano and Cunradi 2003) with posttraumatic stress disorder (PTSD) and depression the most frequently reported psychological problems in women (Dienemann et al. 2000; Golding 1999). Emotion-focused coping in response to IPV has been associated with increased psychological distress (Kemp et al. 1995) and PTSD (Arias and Pape 1999). In a study conducted by Lewis et al. (2006), women who used emotion-focused coping were also more likely to report symptoms of depression. However, the authors also noted that it may have been that women who were depressed used emotion-focused coping to reduce their negative/depressed affect.

It has been shown that a woman's coping efforts and coping style influence the psychological impact of the violence experienced (Arriaga and Capezza 2005; Yoshihama 2002). Problem-focused coping (compared to emotion-focused coping) was related to lower rates of depression, a greater sense of mastery over problems, and higher levels of self-esteem (Gavranidou and Rosner 2003; Mitchell and Hodson 1983). Emotion-focused coping was associated with both higher violence exposure and heightened PTSD symptoms (Lilly and Graham-Bermann 2010). However, the Lilly and Graham-Bermann study found that the type of coping moderated the relationship between IPV exposure and PTSD symptoms. Individuals low on emotion-focused coping had fewer PTSD symptoms than women who frequently used emotion-focused coping. However, in the presence of frequent violence, these individuals reported higher PTSD symptoms. Overall, for individuals who frequently engaged in emotion-focused coping, violence exposure was less strongly associated with symptoms of PTSD.

The Tamil Community

Sri Lanka has undergone massive destruction due to the ethnic conflict and warfare between the majority Sinhalese government and the Liberation Tigers of Tamil Elam (LTTE), a war which officially lasted for 26 years (1983–2009). The deepest impact was felt in the Northern and the Eastern provinces of Sri Lanka, where there is restricted access to the basic necessities of life. People have lived with the fear of being arrested, tortured, raped and/or killed. As a result, a large number of Tamils have fled to Canada, either directly or through various other countries. The largest Sri Lankan Tamil Diaspora, over 250,000 Tamils, live in the Greater Toronto Area (GTA) of Canada. In the Tamil community, family structure is often multigenerational, and the extended family is considered as part of the family (Beiser et al. 2003). Despite its traditional matriarchal form, the community is patriarchal in character (Hans 1997) due to changes that gradually occurred post-colonization. Seen as the strong, anti-authoritarian populist element in Tamil culture, self-sacrifice is considered to be the most morally

augmenting quality among Tamils (Wadley 1980). In the face of long-term warfare, unrest, militarization in Sri Lanka, and loss of or separation from husbands, brothers, and fathers, Tamil women have been forced to undergo many changes in their role, identity, and responsibilities. This has necessitated a renegotiation of gender roles and positions, economic responsibilities, personal security, and autonomy (Tambiah 2005).

The current study was part of a larger research project conducted among the Tamil community in the GTA, with the focus on investigating the attitudes and beliefs associated with IPV among Tamil women in Toronto. Findings on Tamil women's understanding and definitions of IPV (Mason et al. 2008) as well as their perceptions of factors contributing to IPV (Hyman et al. 2011) have been reported. The main focus of this study was to critically examine strategies in coping with IPV as perceived by Tamil women and to understand the practical implications of these for service delivery. To our knowledge, this is the first study that specifically explores the coping patterns of Tamil women in dealing with IPV. The Tamil community is the second largest recent immigrant group in Toronto.

The research questions asked in this study included the following: (a) What coping strategies do Tamil women use to deal with IPV? (b) How do gender roles and cultural factors influence these coping strategies? (c) Are there generational differences in the way IPV and coping is perceived among Tamil women? and (d) What are the implications for help-seeking and practice?

Method

Participants

Participants were Tamil women residing in Toronto. All of the young women (n=17) were single and Hindu. Almost all had been born in Sri Lanka and had lived in Canada an average of 12.5 years (range: 3–17 years). All of the young women were attending university and were fluent in English. All of the midlife women (n=16) were married, had children, and were Hindu. These participants had been in Canada an average of 8 years (range: 4–14 years), and most had no post-secondary education. All of the senior women (n=18) were Hindu, and just less than one-third (29 %) had attended college or university. Approximately half were married and half were widowed; they had been in Canada an average of 11 years (range: 3–17 years). Women receiving services for IPV (n=12) were no longer living with their spouse and had been in Canada an average of 11 years (range: 2–21 years). Ten women described themselves as Hindu; two did not disclose this information. Their highest level of education varied from elementary school to university. All of the married participants had one or more children. With the exception of the two focus groups with young women, all focus groups were conducted in Tamil.

Procedures

Following ethics approval, we conducted a total of eight focus groups (two with each of the following groups): (a) young women aged 18–24 who were born in Canada or immigrated at or under the age of 13, (b) adult women aged 25–64 who were married, (c) women older than 65 who were currently/formerly married, and (d) women who had received counseling services for IPV. Participants for the first three categories were recruited using snowball sampling techniques, flyers, community organizations, and the media. The written material used for recruitment was in Tamil, described the purpose of the study, and invited female community members above the age of 18 (irrespective of their exposure to IPV) to participate in focus group discussions on the topic. It also included information on the research institutions involved and noted that an honorarium would be paid for participation. Participants for the latter category (i.e., women who had experienced IPV) were women who had received services at Family Service Toronto, a community-based agency. They were contacted via telephone by their counselor and invited to participate in a focus group. Participants received $25 as honorarium for their participation. Procedures that were implemented to protect the rights of participants included informed consent, ethics approval, and debriefing.

Ethics approval for the study was granted by Women's College Research Institute's Research Ethics Board. The information letter and consent form described the importance of maintaining confidentiality about the focus group discussions. This was verbally restated at the beginning of each focus group. The focus group format included an introduction to the study, guidelines for participation, a short icebreaker, as well as questions about the topic that were reviewed for linguistic and cultural appropriateness by an Advisory Committee of 11 members from community agencies serving the Tamil community. Two Tamil-speaking research assistants (RAs) facilitated the focus groups that lasted approximately 2 h. Translation was completed by the RAs. Conflicts in translation were resolved through consultation with native language speakers on the Advisory Committee and the research team.

Data Analysis

The study data was analyzed based on feminist theory, which incorporates an analysis of power, control, culture, and gender (Brown 1994), as well as qualitative methodology. Qualitative methods are particularly suited for understanding people's

personal experiences (Harding 1987), discovering the personal meanings of social categories (Hare-Mustin and Marecek 1997), and exploring associated variables when they have not previously been identified (Rossman and Marshall 2006). The methodological emphasis is on understanding the social world from the point of view of participants, with theory deriving from the data rather than preceding it (Cobb and Hagemaster 1987; Crabtree and Miller 1999). A thematic analysis approach was used to study the data, and discourse analysis was applied to certain key concepts in order to understand their meaning to the participants themselves.

The translated and transcribed interviews from the focus groups were cross-checked with the RAs. The transcriptions were independently coded, and a coding template was developed. At regular team meetings with the project team members, codes were compared, discussed, and differences were resolved to create subcategories and categories. Some concepts within the transcripts were also subject to a discourse analysis to uncover the social and contextual meanings of these words and ideas to this community of women. QSR N6 software was used to facilitate data management, coding, and report generation. The codes were then clustered to form themes.

Findings of this study were based on responses to two focus group questions: (a) what advice one would give to a friend who experienced actions or behaviors of abuse from a partner, and (b) when a woman should or should not seek outside help. The answers to these questions were then analyzed for themes of coping and help-seeking, for the influence of gender roles and culture, and by comparisons of these responses across age groups. In addition, responses that emerged during the rest of the focus group discussions that were coded, analyzed, and determined to fall into these categories were included in the findings.

Results

This section describes the main coping strategies discussed by the participants. Responses that could be categorized under passive or emotion-focused coping are given below.

1. **Self-Blaming**

   One strategy suggested by young women was to understand the husband's behavior and change her behavior accordingly. One woman said the following:

   > Why don't you put yourself in his position, why is he doing this to you? What kind of changes does he want in you? Maybe your way of dressing; maybe he wants you to be outgoing. So why don't you see if you could change it?

   This statement illustrates women's advice to abused women that they should try to understand the abuser and his behavior, and work to modify themselves in order to incur less abuse. This undertone of self-blame for IPV was evident in all focus groups.

2. **Relying on Faith**

   Women receiving IPV services cited their faith or religious beliefs as a way of coping with the distress of being in an abusive relationship:

   > I go to the Church when there are not many people there. I cry and pray.

   Another young woman said:

   > If the person is religious, she could go to a church or a priest or a temple, someone they can talk to. They are going to give you religious support like, you know, trust in God, trust this and that…that itself… that could be a very good help.

   However, this was immediately met with some opposition, as indicated in the response from another young participant:

   > I think it would just calm you down and give you that confidence, energy. But other than that, in terms of taking action, it's not going to help.

3. **Diverting the Mind**

   The young women talked particularly about distracting the mind from dwelling on the abuse by encouraging participation in different activities, such as going to the temple and engaging in hobbies and other social activities. This is captured in the following quote:

   > You have to give her a different outlook of life. For example, they can do outings [with friends] like go bowling…or I don't know, something that would keep their minds off and feel like there are happier things in life to look forward to.

4. **Normalizing Abuse**

   Perceiving abuse as part of everyday life was suggested by midlife participants as a way of coping with it. One woman said:

   > Even if you get to complain or get help from others, it won't be changed, because that is his nature and a husband who is drinking everyday cannot change his behavior. Seeking help creates problems due to misunderstanding. Accept the drinking time if at other times he is ok.

   This way of coping was suggested by all focus groups. However, there were also disagreements and contradictions in all focus groups, as others countered that abuse and violence are wrong and should not be tolerated.

5. **Endurance**

Being patient and resilient "as much as you can" was suggested mostly by the midlife and older participants. A quote from an older participant emphasizes the importance of this:

> If the woman wants, she can lead the family into a good life. No matter how much the man hits and yells, she needs to be a bit patient and look after everything. But if it becomes severely out of control, then you leave.

Midlife participants mostly perceived marriage as a lifelong commitment and responsibility, as seen in the following excerpt:

> [Marriage is]…like a Kavadi[1] and you have to carry it until your death.

6. **Being Strategic**

Avoiding certain situations and conditions was perceived as strategies to help the woman reduce exposure to abuse and maintain family unity. The midlife, older, and the young women all recommended finding different ways to avoid getting into situations that could "provoke" violence; for example, not arguing with the partner right after he comes home from work, as this could easily cause tension and lead to violence.

Another example mentioned was when a woman has to financially support her family by sending money to Sri Lanka. Under these circumstances, a calculated act to avoid conflict and violence would be to request her partner's permission or ask him to send the money to his in-laws, which would acknowledge his position as the "head" of the family:

> Send money to her family in her home country through her partner rather than her sending money directly…

Some midlife participants also suggested that a married woman living with in-laws who are abusing her should send them to a different country to avoid marital conflict and a possible separation from her spouse. One participant stated that this was how she advised another woman in a similar situation:

> Only after their [in-laws'] arrival he is giving trouble. So without thinking about the money [for air tickets and other expenses], send your in-laws to the UK. [Instead)], if you go and stay with your mom [due to the in-law/spousal abuse], your in-laws can propose a new marriage for their son; because yours is a love marriage and his parents do not like that. Because his parents are well off, and he is young, and he is in a good job…they can get him another wife.

The following responses tend to fall under the category of problem-focused coping, aiming at making a change.

1. **Gaining More Independence When Living with Spouse**

Young women and the women who received services for IPV spoke about the importance of learning to become independent while still living with their spouse, so that the transition to living alone and independently would be smoother. One woman receiving services said:

> When you get out of the apartment, he is there with the car, and takes us places and drops us off. You go to the bank, he will do everything and you stand behind him. Whatever it is, it is better to learn things yourself, because if they were to leave us, we can tolerate it.

2. **Getting Separation**

Infidelity was a topic that came up in the focus group discussions, particularly among midlife women. Many women in the group receiving services for IPV mentioned that their spouses' infidelity led to their separation. Betrayal in the form of men having affairs was discussed with a lot of emotion, and the approaches offered suggest that infidelity on the husband's part requires action by women, as illustrated by the following excerpt:

> What do you say if he has another family? Really a wife cannot accept this. She then gets frustrated and problems come and that leads to separation. There are many separated due to these reasons. If they are like that you have to beat them [men] up, chase them away.

3. **Getting Treatment for Spouse**

The young women, the midlife group, and the older women noted that it is the woman's responsibility to consider potential reasons for a spouse's abusive behavior and to see if it could be changed. Participants suggested, for example, that the woman should try to get treatment for the husband's drinking problem rather than shouting at him, or take him to a psychiatrist to find the reason for his abusive behavior. The older women noted that there is a connection between abusive behavior and mental health problems. For example:

> [Both] should go to a mental health doctor and find out and see if he has a weakness – find out why he is abusive.

[1] In Hindu festivals, devotees will undertake a pilgrimage along a set route while engaging in various acts of devotion, notably carrying various types of kavadi (burdens). At its simplest, this may entail carrying a pot of milk, but mortification of the flesh by piercing the skin, tongue, or cheeks with skewers is also common. When one carries kavadi, the requirement is that one should complete the set route carrying it all the way.

4. **Getting "Outside" Help/IPV-Specific Professional Help**

All age groups identified seeking professional help as a coping strategy. However, they also saw this form of coping as a big risk, as it often results in separation or divorce. The women who were receiving services stated that seeking professional/outside help is not good, mainly because it separates families. The older women emphasized that when this step is taken, one has to make sure that family unity is intact, exemplified by the following quote:

> When she cannot do anything – [she] should go out for help; [it is] better to go early, and see if the help can reunite the family.

Young women seemed to be open to the idea of women seeking help, preferably at an early stage. They too felt seeking professional help could lead to separation and therefore considered this as acceptable only when the partner was not willing to change. Even so, some factors were identified as problematic, such as having children, the emotional strain of having to make a decision and act on it, the potential for exposing the woman to more danger, and the likely marginalization from the community for generations to come. Quotes from young women indicated key reasons for not seeking professional help as concern for the well-being of their children and their reputation in the community:

> If you have kids, you think in the long run what the kids have to go through, the society – what they have to say… so that is why they tend to stay…

For these reasons, the midlife participants also talked about women's priority as being their children's welfare:

> Our life is gone. Hereafter the children's life is our future. So try to be together.

Another barrier in seeking professional help was having to disclose the abuse, particularly sexual abuse, as it was considered by midlife women as very shameful:

> In those situations you should not get help from outside. If somebody asked the reason for the problems, and you say the reason is 'I didn't like it [having sex] at that time, but he wanted it,' how shameful is that, right? There is no respect. And the problem might not be there the next day and [having sex] is okay. So they should not seek help.

The participants also gave their opinions on when it is appropriate and necessary to get professional help. A life-threatening situation such as severe physical injury was a clear indicator for the midlife group in advising the woman to get outside help. Some older women also acknowledged this but were more cautious, suggesting this should be a temporary separation:

> If he beats her almost every day, she can't sit there and accept the beatings, you know. A temporary separation may change (his) mental state.

This age group recognized that there is a breaking point for a woman. However, the responses were also vague, implying how extremely difficult it would be for a woman to be advised that she should leave the abusive relationship:

> As much as you can, try to look beyond that, and continue with life, and if it goes out ofcontrol then we will see.

The women who were receiving services for IPV were reluctant to clearly indicate when a situation was deemed dangerous enough to leave, though they did state that a situation was unmanageable or "beyond control" when it could lead to mental illness, death, or suicide. However, even this suggestion came with a qualifier – a woman should not seek help if she wants to live with her spouse, as seeking help would further damage the relationship. Their experiences seem to be colored by the struggle of living in the community as single and separated women, illustrated here:

> Yes, that is what I cannot tolerate. You know… to get help… when I cannot fix the car tires. I had to ask help from another man, and the Tamil guy working in the building might have this bad look in his eyes, watching us. He might think, 'oh, there is something going on between me and that man.' [Crying]…Because he knows that I am living alone.

They were of the opinion that seeking outside help is only an option when a woman decides to leave her husband. These concerns are clearly related to community expectations that women should keep the family united and the fear of being ostracized when they fail in that expectation. One participant receiving services, however, stated that Tamil women should learn to be brave and care less about the community attitudes, and if they are leading a life of chastity (i.e., by not getting into new relationships with other men), they have nothing to fear:

> If you are living honestly, you can walk with self-confidence. If we can live alone, live truthfully and honestly, that is our big accomplishment…At my workplace, I am like that… I am like fire. If a man was to think, 'Oh she does not have a husband,' then I show that I am fire [fire symbolizing chastity – no man can approach her with 'bad' intentions].

This again illustrates the "conditional freedom" experienced by separated or divorced women. It is the woman's

responsibility to gain the community's respect, and she can do so only by leading a chaste life. The young women also found it difficult to determine when a woman should decide to leave. The responses of older women, midlife women, and women who received services were all generally compatible with the attitudes of the young women. This is illustrated by the following excerpt indicating that it is difficult to break the barriers set by the cultural context:

> I think this [tolerance of abuse] will depend on our age. Maybe in our age we will not tolerate. I mean there is a limit to what we will tolerate. But, like with our parents, or people of that age, they tolerate A LOT more. I mean it's easy for me to talk like this because I am single. But come back to me when I am forty and I am… I don't know…

Discussion

Tamil women from Toronto of different generations and including women seeking help for IPV were interviewed in focus group settings about their perceptions of coping with IPV. Regardless of the generation they belonged to and their background, women perceived IPV as a private and complicated issue, and their responses were very much embedded in the sociocultural context of being Tamil and the norms, values, and the resulting expectations involved in being a Tamil woman. The suggested coping strategies fell along a continuum of emotion-focused to problem-focused coping, with an emphasis on emotion-focused coping. Passive coping strategies seemed to be more connected to women's viewpoints of the causes of abuse, whereas active coping strategies appeared to be invoked in relation to actual responses to specific situations. More active, problem-focused strategies were suggested in response to two situations: increased frequency and intensity of abuse, or spousal infidelity. Remarkably, both conditions point towards a threat in some form, with the former a threat to physical safety and the latter a threat to one's position as a married Tamil woman in the community. The more frequently suggested strategies included self-blaming, relying on faith, diverting the mind, normalizing the abuse, enduring, and being strategic, all of which are emotional coping tactics. Less frequently recommended strategies were problem-focused coping strategies that attempt to change the situation, such as gaining independence, getting a separation, getting treatment for the partner, and professional help for the woman.

The current findings lend support for the stage model of help-seeking for IPV in the Tamil community, as suggested by Haggerty and Goodman (2003). According to this model, the precedence is to first try to endure IPV, and then if the violence worsens, to seek formal help. However, in the Tamil community, the crucial factor in the decision to seek formal help seems to be the likelihood of separation, since getting formal or outside help is seen as likely to lead to separation. It was a less risky strategy when the likelihood for separation was already present. The woman is seen as responsible for making the decision to get formal help. Interestingly, help sought at an earlier stage, suggested for both the man and woman, implies that the couple has to try to work together to resolve issues associated with IPV. This is perceived as increasing the likelihood of the family remaining intact. When problems worsen, women have to make the decision about whether they want to separate, and if they decide to do so, they can then seek formal help. This is considered the most radical option, as it leaves women having to face negative consequences in the community.

The mainstream point of view is that one should actively confront and change conditions that contribute to distress, as failure to do so could lead to pathology (Davis 2002; Maercker and Herrle 2003). However, Lilly and Graham-Bermann (2010) maintained that for women with weak social positions who lack resources in an abusive relationship, emotion-focused coping may represent a more viable option to relieve mental distress when compared to more active modes of coping. Active or problem-focused coping seems more likely when individuals perceive that they have some kind of control or power in the situation. When people feel that they cannot control a situation, they tend to cope emotionally, using strategies such as altering the meaning of the situation or changing their emotional states (Gavranidou and Rosner 2003). Lazarus (1993) stated that, "there is ample evidence that under certain conditions – particularly, those in which nothing useful can be done to change the situation – rational problem-solving efforts can be counterproductive, even likely to result in chronic distress when they fail; then emotion-focused efforts would offer the best coping choice" (p. 238). This seems to be true of Tamil women in this study. When the behaviors of men fall outside of accepted norms (i.e., infidelity), or when the abuse is such that a woman will be supported and justified in her decision to act, active coping becomes an easier option. Overall, however, while some participants appear to be caught in a dilemma moving back and forth between the two extremes of the continuum, the coping strategies suggested by Tamil women fall along a continuum with preference to more passive or emotional strategies.

The development of coping strategies is also dependent on the interaction with the environment and hinges on the verbal and nonverbal feedback one receives upon disclosure of IPV (Lazarus et al. 2006; Moos and Holahan 2003).

Social support is therefore a crucial factor in determining what strategies women choose when experiencing IPV. The study findings indicated that there is little social support for an abused woman in the Tamil community.

The burden and responsibility upon Tamil women to keep family unity and honor intact leads to self-blame for abuse. This is of prime significance in understanding the influence of gender role expectations on the participants' responses to dealing with IPV. Their perceptions are largely shaped by the norms and values of womanhood in general (Toner and Akman 2012) and in the Tamil culture in particular (Hyman et al. 2011; Mason et al. 2008). Responses from women who had sought professional help for IPV clearly indicated how "publicizing their family secrets" have placed them in a marginalized position within their communities, burdening them with the constant responsibility of proving to the community their chastity and moral virtue. As suggested by Balasingham, "Once a woman is labeled as a 'bad' character in the Tamil society, she loses her moral authority…A woman in Tamil society does not have to be an actual prostitute to be labeled a 'bad' character" (as cited by Tambiah 2005, p. 253). Thus, a woman's morality is scripted as equivalent to her (perceived) sexual behavior.

Goel (2005) indicated that in the setting in which a South Asian woman is placed, she has zero possibility of making an informed choice because "choices based on a perceived shortage of options cease to be informed choices" (p. 646). When a woman from the Tamil community makes an active choice, she has to then give up her role as the victim, or the innocent housewife who is prepared to tolerate anything by sacrifice and by adherence to the cultural values and norms. In the Tamil culture, sacrifice gives a woman honor and "power" in her community. "Role adherence is a more respectable route to fame and admiration than speaking one's mind or breaking the mold" (Goel 2005, p. 653).

Considering the value of the social network and marriage as a social contract, the consequences of breaking that contract are significant in the Tamil community. In this light, coping approaches that might be labeled passive, such as using one's faith, endurance, or being strategic, can be effective for the woman concerned. Help is perceived as appropriate and good when it serves to keep the marriage intact. This is due to the fact that marriage is seen as the acceptable form of relationship between a man and woman and is mostly a lifetime contract for women (and also often for men) in the Tamil community. Women are therefore not prepared to give up their married life and the respect it brings them in the community; a broken marriage most often means remaining single for the rest of their lives.

Thus, defining what is problem-focused or active and emotional or passive coping depends on the woman's sociocultural context. Although women are generally considered to be active help-seekers (Gondolf and Fisher 1988), the process of help-seeking should not be assumed to be a universally positive experience, particularly when the issue is stigmatizing (Liang et al. 2005). Our study showed that Tamil women face dire social consequences when taking an active stand on IPV and therefore tend to be less active and more emotion-focused in their coping strategies. This style of coping is found to be related to higher posttraumatic symptomatology (Gavranidou and Rosner 2003). Consequently, this emotion-focused coping style may put them at risk for developing mental health problems. There is also evidence that receiving relatives' advice to stay with their spouse and getting mixed advice seems to worsen women's coping mechanisms and is associated with PTSD and depression (Kocot and Goodman 2003). However, this study did not collect data on health consequences of abuse, a topic that needs to be explored further in future research within this community.

Compared to Yoshihama's (2002) findings, which indicated that second generation Japanese women in the U.S. preferred more active strategies for coping with IPV compared to first generation women, our study showed less clear differences. The young women in this study did suggest active strategies such as gaining financial independence or seeking counseling at an early stage. However, there was reluctance to advise a friend to take active steps in dealing with abuse due to the challenging sociocultural barriers. Moreover, the young women acknowledged that once married, should they find themselves in a similar situation, they would face the same challenges. According to the Barata et al. (2005) study, outside intervention was not a stigmatizing option in the Portuguese immigrant community, while our participants were enormously hesitant in taking this step regardless of their age. On the whole, it seems that the influence of sociocultural factors is very strong in the Tamil community. In spite of their acculturation to the Canadian society at large, second generation Tamils are living in two different realities, with community norms playing a prominent role in their understanding of and responses to IPV.

Goel (2005) referred to the intergenerational stigma of a separated South Asian woman extending to her parents, siblings, and children. The community attitude toward children coming from separated families is passed on to the younger generation, along with the probability of women having to put up with abuse in the coming generation as well. In spite of expressing similar approaches for coping with IPV, the younger group and the women receiving services deviated in their responses from other age groups on one important issue, which is the total absence of the ridiculing of women who seek professional help or who call the police. For younger women, this indicates some degree of acculturation to the Canadian service model. On the other hand, women who have been connected to services by various means have gone through this experience themselves,

probably leading to a better understanding and empathy towards other women who seek help outside of their families.

In summary, our findings indicated that women mostly choose emotion-focused coping unless the violence is intense or there is infidelity in the relationship. Selecting problem-focused strategies or more active strategies have repercussions for the abused woman, as it may lead to separation from her spouse and being ostracized by the community. Perceptions of gender roles and expectations seem to have a major influence, placing the responsibility on Tamil women to endure and prevent abuse while living in an abusive relationship. Seen from the Tamil woman's standpoint, "passive" coping modes such as endurance and being strategic may very well be viewed both by her and the community as displaying resilience. Unless we rethink our definitions and assumptions of coping and their effectiveness from a woman's perspective within a broader context, mainstream interventions will continue to fall short in addressing and preventing IPV in this community.

Study Limitations and Implications for Research

In recruiting participants for this study (except for the women who were receiving services), we had to deliberately avoid asking the women questions about their IPV exposure. Having this as a recruiting criterion would have led to their reluctance to participate, due to the stigma and taboo associated with IPV. We may have had participants in the focus groups who had experienced IPV without acknowledging it to us. Social desirability could have been a limitation in this study, as the participants may have been reluctant to be open about attitudes towards IPV and seeking professional help, in fear of rejection from the other participants.

Another limitation is that the majority of participants in this study were Hindu. However, religion plays a less significant role than the common identity of being a Tamil woman, and the sociocultural values are more or less equally shared by Tamil women regardless of their religion. Also, other aspects of the study sample that were homogeneous, such as all of the midlife women being married and all of the young women being enrolled in University, are in fact quite representative of the Tamil community. That said, limitations in applying qualitative methodology needs to be acknowledged, such as researchers' personal biases in conducting thematic analysis of data and the nonrandom selection of participants that limit generalization of findings. Future studies should aspire for more variation in selecting a study sample, on the basis of socioeconomic status, religion, education, and other relevant factors. Quantitative studies will strengthen the validity of our findings.

Our study findings confirm that coping strategies to deal with IPV in Tamil women are better understood by bearing in mind the sociocultural context in which these women live. While the findings were consistent across age groups and provided a cross-validation of the data, larger studies are needed in order to generalize the findings. Larger samples would also aid in a better analysis of generational differences. Likewise, more research is needed on the ways in which other social determinants might influence the experience of IPV and help-seeking, such as immigration, prior trauma, and racism. Also needed is focus on the long-term impacts of different coping strategies.

Implications for Practice

The current study shows the importance of being knowledgeable of a woman's understanding and perception of IPV in providing services. Similar studies in diverse communities would help increase awareness of the sociocultural context for women in different ethnic groups and improve the effectiveness of services. However, current models and interventions are mainly based on separation from the abusive situation and the abuser, which does not seem to be a favorable option for women in the Tamil community. This may also be true for women generally, which is an issue that needs to be explored further.

Higher tolerance of IPV has been related to negative attitudes toward reporting the abuse (Garcia and Herrero 2006). Our study findings indicated a high tolerance level for IPV. Women may tend not to define abuse as 'abuse,' (a passive coping strategy) until it is an act that would likely be defined by the community as abuse (such as infidelity), necessitating more drastic action. Although leaving may be the safest response to battering, the woman might not necessarily choose safety over familial reputation. Thus, safety planning is challenging and should be done within the context of the woman's sociocultural framework. Discussing different options and their consequences as well as helping to identify coping strategies whether they are active or passive, is helpful.

Just as Wright et al. (2010) questioned the function of the 'strong black woman' stereotype as a protective factor for psychological distress or as a way of masking their mental health needs and silencing them, we could similarly question the stereotype of the sacrificing Tamil woman and what this categorization actually means in terms of resilience and mental well-being. However, for a woman who is trying to cope with the situation emotionally, encouraging her to become problem-focused could signal that she is not strong enough and that she is not trying hard enough (Yoshihama 2002), which could be detrimental to her health and survival. Addressing the issues of physical safety and mental well-being for a woman and her children while taking into consideration the cultural context in which she is living and coping may be a daunting task for service providers. However, this is due to the limitations of our current models.

We concur with Yoshihama (2002) that criminal justice interventions do not benefit enough women, and that we must develop broader approaches that integrate effective and culturally congruent coping strategies, if we want to bring real changes to the lives of women and families victimized by IPV.

With respect to community education and prevention of IPV, it is important to note that a Tamil woman being knowledgeable about our predefined forms of abuse would not necessarily mean that she would perceive IPV similarly. Such a mismatch would not give us the valid assessment data on which to base case management, counseling, and follow-up. Our findings strongly imply that in order to be effective in education and outreach, this community should be approached at the macro level in creative ways, targeting the social and cultural norms existing in IPV, rather than by reaching individuals and groups to educate them in conventional ways.

We end with the following quote from an adult participant, which shows very clearly that the path towards change is long and complex.

> Leave aside everything and listen to your inner conscience… are you not putting up with some abuse? You are. In some way…you are. You are putting up with it for a reason. If you ask what it is, our family… our children…our siblings…and people…I grew up here. Basically I have lived here longer than I have lived in Sri Lanka. But these values are still in me. All the decisions I make are very much affected by what my parents would say…how it would affect the marriage of my sisters…What would my husband's family say… more so…what would people from my native place say?

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