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The Intersectional Oppressions of South Asian Immigrant Women and Vulnerability in Relation to Domestic Violence: A Case Study

March 20, 2017 | Dr. Ferzana Chaze and Archana Medhekar

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South Asians — persons who can trace their origins to India, Pakistan, Sri Lanka, Nepal and Bangladesh — are the largest racialized minority group in Canada. The National Household Survey (2011) revealed that 1,567,400 persons reported being of South Asian origin, making up 4% of the total Canadian population (Statistics Canada, 2013). The population of South Asians is expected to grow to anywhere between 3.2 to 4.1 million by the year 2031 (Statistics Canada, 2010). The substantial presence and rapid growth of this minority group make it an important population to understand in terms of their settlement and integration-related experiences.

The authors of this paper bring together their unique disciplinary lenses- social work and law - to discuss various factors that contribute to the multiple oppressions experienced by South Asian immigrant women in Canada. The paper also focuses on the particular vulnerability newcomer immigrant women can face in situations of domestic violence. This paper is informed by Intersectional Perspectives that propose that individuals in society occupy positions of privilege and oppression based on their unique subject-locations, which in turn are determined by the intersecting or interlocking axis of race, class, gender and other determinants of identity (Hill Collins, 2000; Baca Zinn & Thornton Dill, 1996). The intersectional perspective believes that oppressions are experienced in a “synergistic way” (Purdie-Vaughns & Eibach, 2008). This “non-additive” way to understand oppression has also been termed “integrative” or “race-class-gender approach” (Choo & Marx Ferree, 2010). Intersectionality focuses on the simultaneity and multiplicity of oppressions (Murphy et al, 2009).

This paper is divided into four sections. The first section reviews the literature on the multiple oppressions experienced by newcomer South Asian women and their vulnerability in relation to domestic violence. In the second section the authors present the case of Tejinder, an immigrant woman whom the first author interviewed during data collection for her doctoral dissertation. In the third

section the authors discuss how language, gender, race, class and immigration policy intersect to increase the vulnerability of Tejinder in relation to domestic violence. The paper concludes with recommendations for social work practice and for policy.

THE MULTIPLE OPPRESSIONS OF SOUTH ASIAN IMMIGRANT WOMEN AND VULNERABILITY IN RELATION TO DOMESTIC VIOLENCE

The literature on immigrant families describes the changes immigration and settlement brings to family relationships and parenting and the potential negative consequences for the family as a result.

Immigration is a stressful process (Tyyskää, 2007; Yakushko, 2009; Fong, 2004), impacting various aspects of the immigrant's life, including family relations (Anisef et al, 2001; Waters, 2009; Guruge et al, 2010a, 2010b). The concept of acculturation (Krishnan & Berry, 1992) speaks to many of the changes immigrant families undergo on immigration. These include the changes related to adjusting to a new climate, biological changes associated with changes in diet, social changes associated with disruption of social networks, sudden changes to the political, economic and religious contexts of the immigrants, and psychological changes such as the need to change attitudes and values.

The acculturative stresses (Krishnan & Berry, 1992) associated with settlement have been known to have significant consequences for the mental health of immigrants (Ponzo et al., 2006). The labour market experiences and economic hardship faced by immigrants have also been related to poor psychological health and lowered sense of wellbeing for some (Aycan & Berry, 1996; Asanin-Dean & Wilson, 2009; Friedland & Price, 2003; George et al, 2012). Immigration- related stressors and the increased potential for interpersonal conflict within the family after migration can contribute to child welfare involvement (Stalker, Maiter & Alaggia, 2009; Alaggia & Maiter, 2009).

The literature informs us that immigrant South Asian women can experience multiple oppressions both from within the South Asian community as well as on account of being a racialized minority group in Canada (Ahmad et al, 2009; George, 1998; George & Ramkissoon, 1998; Ralston, 1999). The stressors that accompany immigration and settlement have been known to increase the vulnerability of women and children to violence in the family (Menjivar & Salcido, 2002; Vanderplaat, 2006; Tyyskää, 2007). Many immigrants leave behind the support of extended family members on whom they had traditionally relied (Tyyskää, 2007; Guruge et al, 2010b). At the same time, Canada is seeing diminishing public social support for all families (Graham, Swift & Delaney, 2008).

On immigration, women lose traditional sources of support that would have protected them against violence (Vanderplaat, 2006). Women may be unaware of their rights as sponsored dependents due to language barriers (Medhekar & Vacarro, 2013) or may believe they have to pay off a "sponsorship debt" to their husbands (Merali, 2006, p. 39). Abused women may be reluctant to leave their abusive partners due to myriad of reasons such as cultural expectations, societal stigma, isolation, fear of living alone in a country without the required language ability, understanding or the ability to support themselves (Ahmad et al, 2004; Vanderplaat, 2006; Shirwadkar, 2004).

While past research has highlighted the multiple factors that can increase the vulnerability of immigrant women, there is not much research that provides a close look at the intersections of these oppressions. The following case study exemplifies the complex issues impacting newcomer South Asian women and

their increased their vulnerability to domestic violence on immigrating.

CASE STUDY: "TEJINDER"

Tejinder was eight months pregnant when she immigrated under the Family Class in December 2007 to join her husband and his family in Canada. Her travel in the late stage of pregnancy had caused her a lot of physical discomfort, but her in-laws did not take her to the doctor as she was not eligible for free health insurance (OHIP Coverage). Within a week her problems became "more serious" and she was rushed to emergency by a friend. The doctors had to perform an emergency Caesarian section operation on her, and the baby was born prematurely. Her husband, his family and her family came to know of the birth only after the delivery. Tejinder's hospital bill amounted to \$13,000, and was a trigger for the ongoing abuse she faced at the hands of her in-laws. Her in-laws would blame her for the high medical expenses they had to incur and would keep her locked in a room. She was not fed until her husband returned from his work. She did not go for any post-natal checkups due to the costs that would be involved, and because she was dependent on her in-laws for transportation.

Tejinder conceived her second child when her son was four months old. During her pregnancy she had to cook for her husband's family of 7 persons each day while taking care of her infant. Her brother in law and his wife had no children despite being married 12 years and Tejinder's parents-in-law wished Tejinder to hand over her son to the brother-in law and his wife to raise as their own. When Tejinder delivered a baby girl neither her husband nor her in-laws came to visit her at the hospital. She says they did not want her to return home. She took a taxi home, paying for it from the \$20 odd dollars she had accumulated from the cash gifts her child had received. Her situation at home deteriorated after the birth of her daughter. Her husband moved between many precarious factory jobs and drank heavily, borrowing money from his mother. Tejinder's mother-in-law and sister-in-law used to "beat her sometimes." Someone in her ethnic network suggested that Tejinder apply for subsidized housing to YMCA. When Tejinder applied at YMCA she told them about the constant fighting in the house and about the physical and mental torture she had to endure. At the time she did not mention her husband's abusive behaviour as she was scared "I thought if I make a complaint against my husband, he will leave me, then where will I go with my kids?" She was soon allotted a townhome and the family's primary source of income was the husband's erratic earnings and the "\$260 to \$270 for each" child that Tejinder received from the government as child tax benefits.

While Tejinder was in the hospital, the doctors had alerted child welfare to her case as Tejinder had told him that she would be unable to afford milk powder for her newborn. The child welfare worker started meeting with Tejinder once or twice a month. However, Tejinder had been warned by her family not to disclose any of the harassment to her. On one such visit by the social worker to her new home, Tejinder's husband returned home drunk and started fighting with the social worker. When Tejinder tried to reason with her husband, he slapped her in front of the social worker two times. The social worker immediately called the police and the husband was removed from the home. At the social worker's suggestion, Tejinder agreed to go move to a shelter with her children. At the shelter, Tejinder had to come to terms with the fact that she had to care for her children in a place she knew little about due to

the forced isolation she had been subjected to by her husband and his family. Though she says the staff at the shelter were “very good” and that she got to eat Indian food at the shelter, Tejinder had a tough time because of the racism she experienced.

At the shelter Tejinder had to rely on an interpreter called from the nearby YMCA to communicate with her shelter worker. She had to live at the shelter for six months to be allotted the three bedroom house that the social worker told her was needed as both her children were of different sexes. “They were saying if I had two sons then I can live in twobedroom house but as I have one daughter and one son I have to take three BHK [bedroom hall kitchen house]”. After she left the shelter, her husband tried to take away her children and the police had to be called to intervene.

Tejinder had been living on her own with her children for two years at the time of the interview. She had received sole custody of her children from the court a month ago. In the past two years, Tejinder’s sources of support and help had been Canadian state institutions. Ontario Works along with the Child Tax Benefit paid for her living expenses. She lived frugally, never eating outside the house and never buying new clothes for herself or her children. The police told Tejinder to call them if her husband’s family were to approach her again.

The child welfare worker who visited Tejinder often suggested that Tejinder enroll her children in extra-curricular activities, taking advantage of the subsidies available for low income persons. Tejinder, who lived on the very limited income provided by Ontario works, found this suggestion impossible to follow: “It’s not possible for me. At the end of the month in my account I have only \$10. It’s very hard for me to run the house in this limited income.” Tejinder continued to care for her children while fighting depression that had its beginnings in her in-laws home (joint family with her in-laws) and that escalated when she lived in the shelter. Tejinder lived from day to day, dreading the time when the Ontario Works support would be withdrawn and she is forced to start working full time.

DISCUSSION:

Past research has noted the multiplicity of factors that contribute to intimate partners violence in immigrant families in the post migration period, including changed power relations in the marital couple; loss of social support: and lower socio-economic status after migration (Guruge, Khanlou, & Gastaldo, 2010). Tejinder’s story allows us to take a close look at what the intersections of these factors looked like for newcomer women.

Tejinder’s dependence on the husband and his family and vulnerability to domestic violence was a result of a combination of many factors. Tejinder had low language proficiency, inadequate knowledge about Canada and of her rights as a permanent resident, and lacked financial independence. Upon migration she lost traditional supports available to her and was subject to gendered power relations that were exacerbated because of the same.

Tejinder’s marital family was patriarchal with strict hierarchy based on chronological age gender roles and financial contribution of the sons to the family. We see in her story the dynamics involved in large South Asian joint families where three or more generations live together and where in-laws participate in many decisions concerning the married couple.

In her story, we see cultural preferences for sons (Pandey, 1993) and the ways in which the worth of women in some South Asian marital homes is based the gender of her child (Bhopal, 1998).

Tejinder and her husband were financially dependent on the goodwill of the larger family. Apart from such overall family dynamics, Tejinder's husband did not stand by her side, as traditionally, the mother in law dictates the daughter in law's actions, and men are not supposed to interfere in this power dynamics. The importance of a male child in South Asian families (Bhattacharji, 2010) and hierarchy determined by generational status, birth order and gender (Rao et al, 2003) made it possible for Tejinder's in laws to demand that Tejinder's son be given to older brother in law and his wife to raise as their own. Neglect of the husband's drinking problem escalated the marital problems. Tejinder's unpaid labour for the joint family did little to compensate for her husband's lack of contribution to the home. Tejinder suffered abuse not only at the hands of her husband but also by her in-laws. Tejinder was unable to identify that her experiences amount to abuse and to seek assistance.

Tejinder did not have free/affordable health care when she most needed it. In Ontario, new immigrants have to wait three months after arrival to be eligible for the Ontario Health Insurance Plan (OHIP). New immigrants are required to purchase private health insurance to cover the three month gap. Tejinder's family either did not have the money to spend or did not consider it worthwhile to spend on Tejinder's health. In India, many women return to their families of birth for their delivery and post-partum recovery. Immigration did not allow Tejinder to access these traditional forms of social support and care.

Tejinder's experiences were shaped by an immigration policy that reinforces gender inequalities within the family for immigrant women. The gendered nature of Canadian immigration law stands out in treatment of dependent spouses brought into the country under the

family class. In 2013, a majority of the women entering the country did so under the Family class or as spouse/dependents under the Economic Class (CIC, 2015). Sponsored women might continue to remain in their abusive relationships due to a lack of awareness of their rights as sponsored dependents (Medhekar & Vacarro, 2013) or an incorrect belief that they are obliged to their husbands (Merali, 2006). Recognizing the vulnerability of sponsored immigrant women in relation to their husbands, the Government of Canada changed its immigration law and policies to make it possible for abused immigrant women to leave their sponsors and apply for state for financial help. However, there is little awareness of such changes among immigrants and as we saw in Tejinder`s case, abusers are able to use the threat of withdrawal of sponsorship support as a means to make women accept abuse. The Conservative government reacted to the alleged proliferation of 'marriage fraud' or 'marriages of convenience' by announcing changes to the regulations of the Immigration and Refugee Protection Act applicable to spouses. According to this regulation- commonly known as "conditional immigration", the sponsored spouse needs to "cohabit in a legitimate relationship with their sponsor for two years from the day on which they receive their permanent resident status in Canada"). If they do not remain in the relationship, the sponsored spouse's status could be revoked" (CIC, 2012, p. 1). The regulation was passed even while recognising that such a requirement could exacerbate abusive situations for women: "the condition would cease to apply in instances where there is evidence of abuse (that is, physical, sexual, psychological or financial) or neglect (failure to provide the necessities of life)" (CIC, 2012, p. 1).

The regulation has generated a strong reaction from immigration activists who decry such a regulation as being discriminatory against immigrants in general and oppressive towards women in abusive situations in particular. Calling the regulation “a major step backward in Canada’s fight against gender-based violence” Douglas, Go and Blackstock (2012, p. 1) go on to note that immigrant women are often hesitant to report abuse due to a variety of reasons – such as fear or shame —and this regulation does nothing to acknowledge these and other such barriers.

In October 2016, the Federal Government published draft changes to the Immigration and Refugee Protection Regulations which outline the proposed change to remove the conditional permanent residence regulatory requirements. If approved, the regulatory repeal is anticipated to come into force in spring 2017. The amendments, once passed, would repeal two years of cohabitation as a condition of permanent residence (“CPR”) for sponsored spouses. The repeal would apply to those sponsorship applications in process and those applications currently subject to the CPR. The rationale for amendments is said to have been aimed to “remove the potential increased vulnerability faced by abused and neglected spouses and partners, and support the Government’s commitment to combating gender-based violence”. (Canada Gazette, Vol. 150, No. 44 — October 29, 2016).

Tejinder spent six months in a shelter waiting for a three bedroom house for herself and two young children when she would have likely settled for housing with fewer rooms if given a choice. She had to pay a higher rent for this larger house that was prescribed by the social worker. The social worker’s insistence on a three bedroom house is linked to textual discourses around “suitable housing” as per the National Occupancy Standard (NOS) requirements. Under these housing standards, houses are expected to meet three criterion: adequacy (the house does not require major repairs), affordability (affordable housing costs less than 30% of before-tax household income) and suitability which is defined as:

Suitable housing has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard (NOS) requirements. Enough bedrooms based on NOS requirements means one bedroom for:

- each cohabiting adult couple;
- each lone parent;
- unattached household member 18 years of age and over;
- same-sex pair of children under age 18;
- and additional boy or girl in the family, unless there are two opposite sex children under 5 years of age, in which case they are expected to share a bedroom.

“ A household of one individual can occupy a bachelor unit (i.e. a unit with no bedroom). ”

“ (Canada Housing and Mortgage Corporation, 2014, p. 27) ”

While it is not clear whether the social worker considered adequacy and affordability in her rationale for choice of house, the criterion she focused on related to ideas of “suitable housing” which is heteronormative in its orientation and Eurocentric in its prescription of how individuals in the family are expected to sleep based on relationship status and age. The three-bedroom housing structure provides a room for each child and ensures (to the extent possible) that the child does not have to sleep with the parent. Tejinder’s involvement with child welfare ensured that she followed these prescriptions.

The advice Tejinder got from her social worker in providing extra-curricular activities for her children which in turn is tied into the child development discourse, did not take into account the actuality of Tejinder’s limited financial resources. While the city of Toronto does have a “Welcome Policy” (City of Toronto, 1998-2014) to allow children of low income houses free access to recreational programs, not all municipalities offer this service, and/or immigrants might not know about the existence of such programs as was seen in the case of participants of this study. Availing even “free” services has associated costs of time and money spent in going to and returning from the program that immigrants have to carefully consider. The advice also did not take into account the depression that Tejinder lived with while caring for her children.

To be eligible for state support that she needed to survive and retain custody of her children, Tejinder had to break ties with her husband and his family and carry out the suggestions of the social worker, including living in state sponsored institutions where she experienced racism. In spite of governmental support system, Tejinder and her children live in poverty. Tejinder’s needs – for example to live in a home instead of the shelter — are sidelined in the face of the needs that are identified by institutions of power such as the need for a house with separate bedrooms for children of opposite sexes.

Traditional forms of intervention – such as intervention by the birth family, larger kin or community groups—were not available to Tejinder due to her distance from such support after migration. Tejinder’s interactions with the police, social workers, courts and shelter were dependent on the availability and effectiveness of the interpreters /translators who represented her and her life to these authorities.

Tejinder’s lack of legal literacy made her feel helpless and powerless initially based on fear of losing custody of children to her husband if she left the abusive home, and later on fear of state intervention and apprehension of her children by Children’s Aid Society. Tejinder did not appear to have been offered the choice to have Alternative Dispute Resolution such as Mediation before commencing a potentially lengthy and expensive legal battle. Moreover, the intrusive intervention of hospital staff, Children’s Aid Society and Police came into play during and after her 2nd pregnancy, when issues had already escalated. Had there been meaningful and culturally appropriate intervention at the time of first

pregnancy, it is likely that much of this escalation might have been prevented. It would have possibly saved the costs for the later deeper intervention by removing her from abusive environment and rehabilitation.

Tejinder lives with mental health issues, which is likely to impact on her emotional well-being and that of her children. Despite mentioning numerous interactions with the social workers - Child Welfare Worker and at Ontario Works, Tejinder did not mention any counselling related supports.

CONCLUSION

This paper has used a case study to illustrate the intersectional oppressions experienced by South Asian immigrant women and their vulnerability to domestic violence within the family relationship upon migration. Many newcomer women belong to racialized communities. However, these immigrants' level of education, knowledge of the English language, professional qualifications, immigration class (Family Class or Economic Immigrant) and family income can create important differences in their settlement experiences. As we saw in the case study in this paper, when the participant has low language ability, lacks supportive networks or is sponsored by her husband in the immigration process it increases her vulnerability to domestic violence in the marriage, and to possible subsequent intervention by the government in relation to her children.

The case study highlights the need for information and social support networks for vulnerable newcomer women in Canada. Social support networks have been found to be important in supporting newcomer women in the settlement period (George & Chaze, 2009). Social work practitioners need to help newcomer women to create such networks as well as serve as a source of information, support and referrals to newcomer women.

Guruge & Humphreys (2009) inform us that immigrant women experience many barriers in relation to seeking help for intimate partner violence such as lack of information about available services, lack of culturally safe and linguistically appropriate services, geographic and transportation barriers, concerns regarding confidentiality, and discriminatory service delivery. Social workers need to be aware of these barriers and actively work towards removing them.

There is a need for practitioners to focus on preventive strategies in relation to domestic violence instead of focussing only on the rehabilitation of victims. Social workers can work with women and the larger South Asian community to resist patriarchal practices and systemic forms of oppression that might also be harming marital relationships (George & Rashidi, 2015). Legal literacy programs delivered in ways which are accessible to immigrant women are crucial. Trained professionals that are able to provide appropriate cultural intervention and continued support are needed to intervene in immigrant families before issues escalate.

Practitioners need to ensure that their intervention is guided by settlement needs as articulated by clients, rather than settlement needs identified by dominant institutions. Integrated models of settlement service delivery like the Community Hubs model or through the services offered by multidisciplinary collaborative teams (CDCD, 2012) are recommended to offer a seamless continuum of diverse services for immigrant women in their own communities.

The process of migration and settlement can impact the mental health of immigrants (Thomson, Chaze, George, & Guruge, 2015). The case study in this paper illustrates how settlement related challenges can impact the mental health and well-being for South Asian immigrant women. The authors of this paper join others (Guruge, Khanlou, & Gastaldo, 2010; Chaze, Thompson, George & Guruge, 2015; Chow et al., 2010) to call for culturally and linguistically relevant mental health interventions.

Past research (George & Rashidi, 2015; Razack, 2003) has challenged the view of domestic violence in immigrant families as largely just a function of patriarchy, and have recommended an exploration of larger societal structures and inequities that might result in domestic violence. This case study has illustrated the role of larger institutions such as immigration policy in increasing women's vulnerability to domestic violence in immigrant families. The changes to the immigration policy greatly increases power imbalance between the sponsor and the sponsored dependent (Medhekar & Matoo, 2015) and social workers need to be vigilant about and advocate against such changes. The Liberal government has recently declared its intention to revisit the conditional residency requirement (O'Neil, 2016). While this is a welcome move, there is still a need to also focus on linguistically appropriate education of sponsored dependents on their rights in Canada and on supports available in cases of abuse.

Social work practitioners also need to advocate for equitable policies such as free healthcare for permanent residents upon arrival and universal subsidized daycare.

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