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ORIGINAL PAPER

Resilience and Resources Among South Asian Immigrant Women as Survivors of Partner Violence

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Abstract This study explored resilience among South Asian (SA) immigrant women who were survivors of intimate partner violence (IPV). Eleven women participated in in-depth interviews. Thematic analysis was conducted using constant comparison. We identified five cross-cutting themes: resources before and after the turning-point (i.e. decision to confront violence), transformations in self, modification of social networks, and being an immigrant. Women drew upon their individual cognitive abilities, social support, and professional assistance to move beyond victimization. All women modified their social networks purposefully. The changes in individual-self included an increased sense of autonomy, positive outlook, and keeping busy. The changes in collective-self occurred as women developed a stronger feeling of belonging to their adopted country. This hybrid identity created a loop of reciprocity and a desire to contribute to their community. Women were cognizant of their surmountable challenges as immigrants. SA immigrant women IPV survivors sought multiple resources at micro, meso and macro levels, signifying the need for socio-ecological approaches in programs and policies along with inter-sectoral coordination to foster resilience.

Keywords South Asian · Immigrant · Partner violence · Resilience · Qualitative

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Introduction

Intimate partner violence (IPV) is a major public health issue for women worldwide. The World Health Organization (WHO) defines IPV as any behaviour of an intimate partner that causes physical, psychological or sexual harm to those in the relationship [1]. Among all types of IPV, physical IPV has been researched the most. The WHO documents the lifetime prevalence of physical IPV in the range of 10–68 % for women across 48 countries [1]. This wide range reflects the role of contextual complexity that makes some women more vulnerable. An example of contextual vulnerability is described by South Asian (SA) immigrant women's 'triple jeopardy'. On arriving in a new country, SA immigrants often encounter economic challenges and limited social support due to their newcomer and ethnic minority status. This hardship is magnified several folds for SA women due to rigid gender roles and patriarchal norms [2, 3]. Some scholars argue that such social hierarchies within the SA community are a postcolonial aftermath, with the breakdown of local culture, political system and economy compounded with recent

global capitalism [4–6]. This is also disputed by many scholars who point out that social hierarchies and women's inequality are rooted in ancient traditions and customs. Another layer of complexity is added by SA collectivistic norms where personal goals are sacrificed in favor of group goals [7, 8]. For example, women's care-giving and domestic responsibilities often acquire precedence over individual aspirations. This not only limits SA women's opportunities to work, learn or socialize outside the domestic sphere, but also heightens the power imbalance between women and men [9]. In brief, the intersecting forces of gender, migration, socio-economic status and ethnicity make SA immigrant women vulnerable to stress and violence in intimate relationships [10–14]. One review reports rates of physical and sexual IPV as 35 and 19 %, respectively, for SA women in the United States [14]. Whether the rates of IPV among immigrant and non-immigrant SA women are similar or not is an unexamined area, to our best knowledge. More importantly, there are many extenuating factors as discussed above that exacerbate their experiences of IPV. Others report that SA immigrant women's emotional restraint and silence about IPV is due to social stigma and concerns about loss of respect for the family and community [15–17].

Nonetheless, SA immigrant women with experiences of IPV have agency. Their "success stories" as resilient women exist as memoirs and autobiographies [16, 18]. Resilience is an important concept that has evolved over time [19]. The earlier work viewed resilience as positive adaptation and examined associated individual protective factors [20, 21]. The subsequent wave focused on the mechanisms and processes accompanying the protective factors [22]. More recently, resilience is defined as 'a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain, or regain their mental health despite exposure to adversity' [23]. This conceptualization emphasizes the context at the micro (e.g., individual biology and characteristics), meso (e.g., family support and services) and macro (e.g., societal norms) levels, along with an emphasis on various manifestations of resilience, encouraging a focus on people's strengths, rather than deficits, and on environmental and structural factors. Such a positive approach is vital for understanding the socially stigmatized condition of IPV. This is especially pertinent for SA communities because of the high value given to protecting "face" (i.e. group image and prestige) based on their collectivist orientation and immigrant minority status [17]. However, most studies on resilience have examined children and adolescents exposed to maltreatment. There is a dearth of scholarly knowledge on resilience at the intersection of gender, ethnicity, migration, and socio-economic position. To address this knowledge gap, we undertook an in-depth exploration of resilience among SA immigrant women who viewed themselves as IPV survivors. The theoretical tradition of critical emancipatory and feminist perspectives provided the foundation for this study [4, 24]. We hope that the findings will contribute to the development of socio-culturally appropriate programs and policies to encourage SA immigrant women to overcome stigma, and seek timely assistance and enhance resistance.

Methods

Study Design and Setting

We used the qualitative research approach of in-depth, semi-structured face-to-face interviews [25, 26]. Interview methodology is particularly useful for gathering in-depth perspectives and experiences of people with limited power and influence [27], such as visible minorities and/or people exposed to IPV.

The study was conducted in Canada that has an on-going immigration policy, unlike some other western countries. Currently, Canada aims to receive more than 200,000 immigrants annually in order to sustain economic growth in the context of aging population and low birth rate. Canada has also become ethnically diverse since 1967 when the immigration policy adopted a point-system based on qualifications and removed the preferential support to European immigrants [28]. The year of 1996 was a milestone when more than half of the total immigrants in Canada reported non-European origin and a majority came from Asia with India and China as the top two source countries [29]. In 2006, 20 % of Canadians were first-generation immigrants and SA descent Canadians became the top visible minority group [30]. For this study, we purposefully selected Peel region of the Greater Toronto Area (GTA) as it has attracted a large number of SA immigrants. In 2011, Peel had 1.3 million residents of whom 50 % were immigrants. Of the immigrants, 25 % were SA [31]. Several community based agencies in Peel offer socio-culturally tailored services to the SA community. The collaborating community-based agency serving SA and other clients offered services which focused on settlement (e.g., housing, education, job search and English language classes) and social issues (e.g., domestic violence, aging and youth). The agency reviewed, revised and approved the study protocol and materials. Research ethics approval was obtained from the related academic institution.

SA immigrant women were eligible to participate in the study if they considered themselves survivors of IPV, were at least 18 years of age and were fluent in Hindi, Urdu,

Punjabi or English. Domestic-violence counselors at the agency handed the study flyer to potentially eligible clients who were asked to call the research staff for details if they were interested. We aimed to recruit a *purposive* sample of 10 eligible women. According to Kuzel [32] "…five to eight data sources or sampling units will often suffice for a homogeneous sample") (p. 42) to achieve thematic saturation.

Data Collection

Interviews were arranged at the collaborating agency at a time convenient to participants. Each participant provided informed verbal consent and received an honorarium of thirty dollars. The interviewer was a bilingual researcher (N.R.) who used a semi-structured interview guide with key questions on (1) how women overcame their experiences of violence, and (2) what was helpful to them. The interviews were 90–120 min in duration. All interviews were audio taped and field notes were taken. The bilingual interviewer listened to the audio taped interviews and simultaneously translated and transcribed the data verbatim. For cultural sensitivity, words and phrases which were difficult to translate were discussed with other bilingual team members and the representatives from the collaborating agency.

Data Analysis

The data was analyzed through iterative phases of discovery, coding, and discounting [26, 33]. The interviewer discovered provisional patterns by listening to the audio-taped interviews immediately after collection and taking field-notes. The transcribed data was then read (N.R., F.A., B.P.) to obtain an overall sense [34, 35] followed by a specific search for recurring topics, words, phrases, feelings, activities, and abstract meanings to identify and discuss emerging themes and concepts. The phase of coding involved bringing *together* and *analyzing* all of the data related to emergent themes and sub-themes or concepts. We used the analytic technique of *constant comparison* within and between interviews which led to collapse and/or expansion of the earlier codes to reach the final stage. We paid concurrent attention to contextual details (i.e. discounting) for the critical interpretation of findings. The coding was aided by NVivo software. For rigor and credibility, we used three techniques. First, the interviewer summarized the participant responses during the interview after each key topic area, and sought *participant feedback.* Second, the coding was *jointly refined* by team members. Finally, *peer audit* was used for critical discussion of the findings with the collaborating agency.

Results

Eleven SA immigrant women participated aged 32–57 years, who had lived in Canada 4–36 years (Table 1). Ten were separated and one was living with her new spouse, and all had children. Most had college or university education but a low income. On a 5-point scale, women rated their English language ability as 'good' (mean 3.2), social support between 'good' and 'very good' (mean 3.5) and self-perceived health as 'good' (mean 3.2). They had experienced physical, psychological and emotional IPV which was sometimes aggravated by in-laws. We identified cross-cutting themes of (1) resources before the turning-point, (2) resources after the turning-point, (3) transformations in self, (4) adapted social networks, and (5) being an immigrant. The turning-point refers to women's decisions to change their situation from victimization to survivorship by taking incremental steps. Thematic

Table 1 Participant socio-demographic characteristics

	Age	Birth country	Years in Canada	Currently married	Education	Income	English language	Social support	Self-rated health	Family doctor
Miriam	34	Pakistan	5	N	University	<20 k	Good	Poor	Good	Y
Rubina	42	Pakistan	14	N	University	<20 k	Good	Excellent	Good	Y
Shazia	42	Pakistan	17	N	College	20–30 k	Good	Excellent	Good	Y
Anita	57	Pakistan	5	N	College	<20 k	Good	Very good	Good	Y
Fouzia	34	India	10	Y	University	20–30 k	Very good	Very good	Very good	Y
Veena	44	Pakistan	12	N	University	<20 k	Fair	Fair	Fair	Y
Fatima	48	Pakistan	10	N	< High school	<20 k	Fair	Good	Fair	Y
Ambreen	54	India	36	N	High school	<20 k	Good	Very good	Good	Y
Naila	45	Pakistan	4	N	University	<20 k	Good	Very good	Good	N
Beena	32	Canada	27	N	University	20–30 k	Excellent	Fair	Excellent	Y
Rani	44	Pakistan	13	N	High school	<20 k	Very good	Very good	Good	Y

findings are summarized below and representative quotations are presented in Table 2.

Resources Before the Turning-Point

Women discussed several resources that motivated them towards the turning-point. Three reoccurring sub-themes were willpower, children, and family and friends, while a few talked about the chronic nature of abuse and aging as a reason leading to the turning-point. *Willpower* facilitated many women to reach the turning-point. They discussed their refusal to accept defeat and approached their situation with a problem-solving attitude. Some women gained will through women's stories on television or in support groups. Others critiqued women's general negative perception about "being weak". A majority of women identified *children's well-being* as a major reason for their decision to change or leave the abusive relationship. Children also provided motivation for their mothers to persevere through difficult times, to ensure that they had an opportunity to obtain education and grow up in an environment where they were not exposed to "wrong examples". Some women felt that having supportive *family and friends* helped them to take steps towards change. Support from parents, especially mothers, was perceived as central as they provided guidance and encouraged them to make decisions to benefit not only themselves, but their children as well.

Resources After the Turning-point

After the turning-point, women's sources of support were continuation of support from family and friends, belief in God, and professional support. Most women felt that continuation of support from *family and friends* in Canada and back home was a strong contributor to their survivorship. They discussed how family and friends provided material (e.g., babysitting and temporary accommodation) and moral support, and prevented them from becoming

Table 2 Themes and representative quotations

Theme	Subthemes and Quotations
Resources before the turning-point	*Willpower:* "I didn't have a reason to be afraid, I had hope in myself, I had trust in myself: yes I can do this." (Shazia)
	Desire of children's well-being: "My kids were always in front of my eyes…So whenever I saw them sad and stressed, then I used to develop strength inside of me that my kids need me." (Anita)
	Supportive family and friends: "My parents … They were well educated, they supported me a lot. They said this isn't just my life. My life is also attached to my child … they said that you've to be STRONG, and take a new step." (Fouzia)
Resources after the turning-point	*Supportive family and friends*
	Faith: "To have faith in something outside of yourself makes a big difference … just me and that spiritual connection where you're looking for things higher than yourself and that helped me a lot." (Beena)
	Professional services: multiple pathways; structural support; empathetic professionals
	"There were classes to learn English here … So from there I learnt about the counsellor" (Miriam)
	"I didn't have anything … no bank account, no education, no job. Nothing. If I would have been independent this way, then I could have taken care of my kids and I would have separated [much earlier]." (Naila)
	"The counsellor that helped me, I would say that without her … there's no way I would have been here." (Beena)
Transformations in self	*Individual-self:* self-actualization; keeping busy;
	"I knew there was nothing left behind me, if there is anything it's all in front of me … This, I would just repeat in my mind over and over again." (Miriam)
	"I kept myself busy, that was the thing. Sometimes with shopping … go to a friend's house … catering …babysitting too … very cheap like two or three dollars per hour, so that I can keep myself busy." (Fouzia)
	Collective-self: belonging; reciprocity; stop trans-generational abuse
	"I am very thankful for this country, this government, and law … giving me rights…. They have helped a lot in re-creating my life, I couldn't have done anything alone." (Naila)
	"People come and ask me, ask me about my job and training … I just help them, call people … It feels good to help" (Rubina)
	"I've gained a lot from this … I don't want that any other girl then in the future to suffer. So I told [son's name] he needs to give [his future wife] full love and trust … And now, my kids know this." (Veena)
Adapt social networks	"During that time, I didn't have that many friends … Because I used to be ashamed … In the beginning, I didn't want to tell people that I separated so then slowly, slowly, I could…" (Rubina)
Being an immigrant	"For the women here, it is more, right. They are born here, they have been taught here, they have gained their education from here. So they must be more confident and know more." (Rubina)

depressed or committing suicide. Some women felt that their *faith* and increased belief in God following their decision to leave helped them to regain a sense of balance and well-being. They also felt that God created paths for them to obtain the assistance they needed, such as subsidized housing.

Professional services were women's dominant resource after the turning-point. A variety of pathways were described to reach needed services including referrals from professionals (e.g., counsellors in children's school, social workers, English as Second Language teachers, post-natal home visit nurses, or police) and information provided by acquaintances or sought on the Internet. Notably, all women discussed receiving structural support and its significance. They provided multiple examples of access to social housing (shelter or long-term), language classes, welfare allowances, immigration advice, legal aid, and livelihood essentials, like food, clothes, and school supplies for their children. At times, women felt hesitant in accepting assistance but later decided to do so for their children. Wanting to avoid placing a burden on the adopted country and the stigma of receiving social assistance were the reasons for their initial hesitance. Obtaining housing was particularly important, as women were then able to enrol their children in school. Some desired stronger structural supports to ease their transition while the majority identified financial independence as fundamental to achieving survivorship. Many women commented on the empathetic way of professionals who provided them support and some of them were perceived as role models of women's independence. Women felt comfortable sharing their experiences with professionals, knowing that they would not be judged and confidentiality would be protected.

Transformations in Self

All women discussed transformations within their individual-self and collective-self. The transformation in individual-self refers to positive changes in relation to their psychological state (e.g., self-actualization, self-esteem, confidence and positive future outlook) and daily activities (e.g., keeping oneself busy and learning a language or job skills). The transformation in collective-self refers to changes that women developed or felt good about in relation to significant people in their lives.

When discussing changes in *individual-self*, all women expressed critical awareness of their individual potential, autonomy and freedom. This self-actualization was also partially attributed to being in Canada. Some women revealed that they developed increasingly positive perspectives about the future by focusing on what they wanted to achieve themselves and their hopes for their children's future. They felt that thinking about the past would manifest in illness, which in turn would meet the wishes of their abusive partners and in-laws. Several participants shared stories about their in-laws who either covertly aggravated the situation or were overtly abusive and called them names, isolated them from family and friends and even physically abused them on occasion. Almost half of the interviewed women described their efforts to keep themselves busy through work, volunteering, or activities they enjoyed as hobbies or useful activities. A few women felt that learning English and building life skills like paying bills and banking were important transformations for their well-being. Women felt that these activities distracted them from ruminating about their problems and helped them to move on with confidence.

In terms of transformation in their *collective-self,* women described an enhanced sense of belonging to the community, a need for reciprocity and a desire to stop trans-generational abuse. Some women expressed a feeling of being more appreciated. Many women felt increased trust, particularly with staff from community organizations, and appreciation for resources available in Canada, including laws that protect women's rights. Nearly half of the women shared a feeling of reciprocity through helping other women in similar situations, by providing emotional support and/or assisting others with finding employment or training to enhance work skills. One participant wanted to see more advocacy work to address IPV in the SA community. Some women expressed a desire to stop the cycle of trans-generational abuse by raising their children, especially boys, with a norm of gender equality to ensure that future generations of women are not exposed to abuse. They applied this perspective to protect all women and not just daughters and daughter in-laws.

Adapted Social Networks

Women adapted their social networks by critically examining the impact of social interactions on their ability to move beyond IPV. Initially, women limited the number of friends and social interactions to avoid questions and feeling embarrassed. Some cut off ties from non-supportive family members and friends either in Canada or back home. Others were unable to maintain friendships because of financial constraints. Gradually, however, women expanded their social networks and rebuilt connections with people who they trusted and with whom they felt comfortable. Their new friends included people from both SA and mainstream community. The choice to make new friendships was seen as a positive outcome of leaving controlling partners.

Being an Immigrant

Women were asked to comment on the role of their social position as a SA immigrant woman in achieving survivorship. This led to discussions focused on gender equality and life conditions.

Compared to their countries of origin, all women appreciated the higher level of gender equality in Canada. This was attributed to the constitution and laws, trustable police, safe neighbourhoods, support services, and school curriculum on healthy relationships. Women discussed the subordinate position of SA women and described how SA men view them as "half-woman", "slippers", "show pieces" or "just a body". Some women wished that SA men would have more education on gender equality and relationships. Many women wished that they themselves had better knowledge of their own rights on arrival in Canada. Some women linked the level of gender equality to women's access to life conditions like education, employment, and welfare along with enhanced personal abilities (e.g., self-esteem, life skills and reduced domesticity). One participant emphasized that it is women's inferior socio-economic position and "It does not matter if she is White or Iraqi or Muslim or Indian…women are continuing to suffer" (Fouzia). All women felt that their own pace of achieving survivorship might have been much slower than Canadian-born women with IPV experiences because of their limited social networks and ability to navigate systems to access resources.

Discussion

This study explores the perspective of SA immigrant women on the process of acquiring resilience after IPV experiences. The findings reveal that women accessed multiple resources, transformed individual and collective selves, and modified their social networks to move forward. Women were cognizant of their challenges as immigrants but these challenges were not perceived as insurmountable. The findings are discussed in relation to future directions for related programs, policies, and research. The interpretation and transferability of the findings warrant caution due to the study's exploratory nature, limited number of participants, and geographic context and policies. In particular, participants were from a metropolitan area with the infrastructure to offer structural support that may not be available in smaller or rural communities.

Women used several resources of various types before and after the turning-point, highlighting their complex and evolving life situation. Women drew upon not only on their individual-level cognitive abilities (e.g., confidence, self-esteem, optimism and critical appraisal), but also on social support (e.g., family, friends and acquaintances) and professional assistance (e.g., social workers, school counsellors, English language teachers, home-visit nurses, lawyers and police). This validates the conceptualization of resilience as a process in which psychological, social, environmental and biological factors interact to enable the individuals to regain mental health and social wellbeing [23]. A recent systematic review on resilience in physical illness also identified several psychological, social, and illness related factors [36]. It is notable that women in our study accessed social support both before and after the turning-point while cognitive resources were more important before the turning-point and professional assistance after the turning-point. The frequent use of social support by the women who viewed themselves as 'survivors', highlights the significance of social support in coping with stress and promoting resilience consistent with existing empirical research documenting the buffering effect of social support in stressful life events among women with experiences of abuse [37]. Other studies with SA women survivors have also reported the lack of social support as a reason for delaying seeking assistance from professionals [17, 38]. The social services that provided essential structural support to the interviewed women, such as housing, financial assistance, legal advice and job training, had a fundamental role in the process of resilience. These findings together signify the need to have a simultaneous focus on the individual and the structural environment in order to design appropriate policies and programs for immigrant women to move beyond IPV experiences.

Most women in our study approached their kin and friends early on to seek advice and emotional support. This is contrary to other studies conducted with Asian collectivistic communities where relational concerns often become a barrier in seeking explicit support from close family members [39]. Some report that strong fear of rejection and stigma often prohibits SA women from disclosing their victimization [17]. Perhaps, the unique finding in our study (i.e. seeking advice and support from family members) is related to the participant women's survivorship and resilience. It is possible that SA women in our study overcame their worries about loss of face because they trusted the people in their close network and believed that they would not be blamed and ostracised for experiences of IPV. Further, all women in our study modified their social networks purposefully. They included only trustable people in their networks and excluded those who would critique their decision to turn away from a detrimental marital bond. Yoshioka et al. [38] document that SA women who had experienced IPV were more likely than African American and Hispanic women to be advised by family members and acquaintances to put up with violence. In our study, it seems that participant SA women

were successful in reducing the influence of cultural chauvinism (e.g., a 'real woman' sacrifices one's self in all circumstances, just or unjust) by altering their social network and, hence moving beyond the oppressive relationship to regain a new healthy norm. This unique finding generates a hypothesis for further research with women IPV survivors on the quality of their social networks and their role in support seeking, especially from family and friends, in the context of resilience.

The agency of participant women became evident through their discussions on transformations in individual and collective self. The key changes in their individual self at the psychological level included an increased perception of autonomy and a positive perspective towards life. At a practical level they made concrete efforts to keep themselves busy. Thus, women used both problem-focused and emotion-focused coping strategies to move forward. In terms of collective self, women expanded the boundaries of their identity and developed a stronger feeling of belonging to Canada. This challenges the static construction of social identity which is understood as what we are rather than who we are (i.e., acquired rather than ascribed). It seems that the betrayal of women's trust in their intimate partners shook their taken-for-granted assumptions about the insider and outsider. They welcomed new supportive relationships and allegiance regardless of different ethnicities, immigration and class status. This shift in identity, in addition to the structural support they were receiving in the form of housing, financial assistance, legal aid and migration-specific services, possibly explains why women did not perceive their immigrant identity as a significant barrier. Nonetheless, there were some oblique references to their challenges when probed to compare themselves with Canadian born women who were perceived to have relative ease in understanding and accessing the system. It is also important to note that our study did not examine the impact of precarious immigration status on SA immigrant women as survivors of IPV. Another possible explanation lies in our recruitment strategy through a community-based agency, staffed by counselors from the SA community. Thus, participant women obtained professional assistance from staff that understood their challenges as SA immigrant women. Nevertheless, their new sense of hybrid identity with traversable boundaries created a strong loop of reciprocity and manifested as a desire to give back to the community. For example, many women shared their acts of helping other vulnerable women by giving them information or connecting them to the available services. Further, some women desired to stop trans-generational abuse by raising their children with a gender justice perspective. These findings signify the potential of engaging SA women survivors in community-based programs as positive role models and as peer counsellors. Their lived experiences, stories and role as advocates are likely to raise critical awareness in SA community about healthy relationships and gender equality. Their engagement can create safe spaces for the SA immigrant community to discuss the problematic issue of partner violence.

In conclusion, this study advances understanding on resilience among SA survivors of IPV at the intersection of gender, ethnicity and migration and socio-economic status. SA immigrant women's concerns about their children's well-being was a key motivating force for them, along with willpower and social support, to reach the turning point (i.e. confront violence). Thereafter, they escaped abuse on receiving structural support in the adopted country, along with support from adapted social networks and self transformations. Notably, SA participant women actively sought multiple resources at micro, meso and macro levels, signifying the need for socio-ecological approaches in programs and policies along with inter-sectoral coordination to foster resilience. One such example would be a culturally appropriate cross-cutting focus on 'knowing your rights' in multiple services available to immigrant women, such as in the language classes (micro level), in community services (meso level), and in media outreach (macro level). Women's transformed selves shed light on human agency and challenge the dominant discourse on acquired social identity. These findings highlight the importance of enhancing contextual sensitivity through a dual focus on Agency-and-Structure in programs, policies and research on IPV and resilience. Future research with diverse communities is needed to enhance the transferability and generalization of the findings.

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