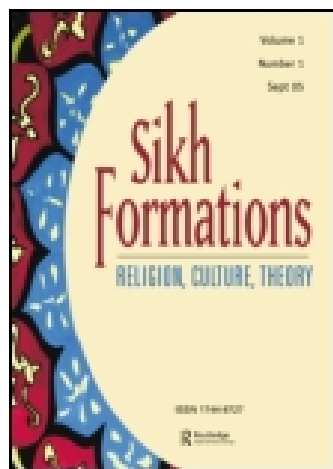


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REDUCING SUBSTANCE ABUSE AND INTIMATE PARTNER VIOLENCE IN PUNJABI SIKH COMMUNITIES

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Gurjit Thandi

REDUCING SUBSTANCE ABUSE AND INTIMATE PARTNER VIOLENCE IN PUNJABI SIKH COMMUNITIES

The role of spirituality in intervention and
prevention strategies

This article outlines the importance of exploring spirituality in working with Punjabi Sikh men who have substance abuse issues and have committed violence towards their spouse. Seventeen in-depth interviews were conducted with South Asian front-line workers that included police officers, probation officers, counselors, social workers, child protection workers and victim service workers. The audio-taped data were transcribed and analyzed by identification of themes and subthemes. Participant comments around religion and the role it can play in prevention and intervention are highlighted. Front-line social service practitioners who work with Punjabi Sikh men need to consider the role the men's religious beliefs can play in substance abuse and intimate partner violence interventions.

Introduction

In the summer of 2009, the Centre for the Prevention and Reduction of Violence (CPRV) at the Justice Institute of British Columbia (JIBC) began a research project focused on effective intervention and prevention strategies aimed at reducing instances of intimate partner violence in South Asian communities. Interviews were conducted with 17 members of South Asian communities in British Columbia, Canada; specifically, Surrey, Abbotsford, Vancouver, Burnaby and Delta, cities that have a large concentration of Punjabi-speaking Sikhs. These South Asian community members are counselors, probation officers, police officers and elders who have a combined experience of over 200 years working with South Asian male perpetrators of intimate partner violence. They had worked directly with thousands of men and many of them had also worked with women and children from the same families. During the one and a half to two-hour interviews, participants talked about their work over the years, including what they had learned about the influences of immigration experiences, family structure, community expectations, and alcohol misuse (and how this misuse figured prominently in instances

of intimate partner violence). They talked about how, as front-line practitioners and community members, they envisioned more effective prevention and intervention strategies.

In this article, I will highlight participant comments on religion and the role it can play in prevention and intervention of substance abuse and intimate partner violence in the Punjabi Sikh community. More effective intervention and prevention methods are necessary, as ethnic minority clients do not respond well to traditional Western intervention and prevention methods. Sue (1998, cited in Shariff 2009) found that ethnic minority clients in counseling had much larger drop-out rates, frequently terminating counseling after the first session, compared to Caucasian clients. Such high drop-out rates may be attributable to factors such as lack of services in the clients' mother tongue and/or services that are not culturally-appropriate, i.e. the counsellor lacks knowledge of the client's heritage, cultural beliefs, religious beliefs, traditions and values and/or lacks self-awareness of his/her own values and beliefs and how these impact the counseling relationship (Maiter 2003; Shariff 2009).

Policy and program developers and front-line social service practitioners who work with Punjabi Sikh men, as well as community members concerned about social issues affecting the community, can benefit from a greater awareness of the role that the Sikh religion can play in intervention and prevention with Punjabi Sikh men who are struggling with substance abuse and who have engaged in intimate partner violence.

Punjabi Sikh communities of British Columbia

According to 2006 Census data, there were 1.3 million South Asians living in Canada. They are the fastest growing immigrant group in Canada and their numbers could grow to between 3.2 to 4.1 million by 2031. The majority of South Asians in Canada live in Ontario and British Columbia; in British Columbia, the largest South Asian group can trace their heritage back to the Punjab, and follow the Sikh religion. In 2001, 60% of South Asians in the Greater Vancouver region were Sikh; 27.5% of Surrey's and 10% of Vancouver's population were South Asian (over 84,000 households spoke Punjabi in Surrey) and almost 75% of Abbotsford's visible minority population was South Asian – with 90% of that group being Sikh (Walton-Roberts 2003; Tran, Kaddatz, and Allard 2005; Lindsay 2001; City of Surrey 2008; Shariff 2009; Frost 2010; Statistics Canada 2010). While the Sikh community 'shares certain common features with the broader South Asian category, it is also distinct from other South Asian communities based on its spiritual tradition, customs, cultural behavioral patterns and stages of development upon arrival in the host country [Canada]' (Sandhu 2004, 35).

Sandhu (2009) describes a Sikh as someone who follows the Sikh religion, which was founded in 1469 with the birth of Guru Nanak. 'Regardless of culture, caste, race, or gender, a Sikh should follow the teachings promulgated in the *Guru Granth Sahib*...and make a sincere effort to live according to the principles outlined in the *Sikh Reht Maryada* (Code of Sikh Conduct and Conventions)...“Punjabi-Sikh” refers to a person who is of Punjabi descent and identifies with the Sikh faith as being her/his religion' (Sandhu 2009, 24). The Gurus advised that spiritual liberation from the cycle of birth, death and rebirth through the recitation of the *mool-mantar* ('root mantra') could be achieved by anyone regardless of caste or gender, given the universality of humankind: 'the *Mool-mantar* provides the Sikh theological understanding of the

nature of the Ultimate and humankind; that is, *Ek Onkar* is eternal, creator and savior, and is to be realized by humans in order for them to escape from the cycle of rebirth' (Nayar 2004, 124).

Nayar (2004) describes Sikhs in Western Canada as a group that, in South Asia, belonged to a traditional society, and was transplanted without having gone through the stages of modernization and urbanization to a modern society in Canada. As a result, they are 'a group with a religious identity that is rooted in a traditional society, and they are facing pressure to come to terms with a modern society oriented toward multiculturalism' (Nayar 2004, 5).

The first South Asian immigrants to Canada arrived around 1900 and were mostly Sikh men who worked in the forestry industry in British Columbia. The number of South Asians in Canada was small for decades due to exclusionary immigration policies. They had few basic civil rights. After changes to exclusionist laws in the 1950s and 1960s, South Asian immigrants began arriving in Canada in large numbers. Since the communities first began to settle, they have established religious and social service agencies that have lobbied for their rights as well as provided support to newcomers (Sharma 1998; Walton-Roberts 2003; Maiter 2003; Nayar 2004; Assanand et al. 2005; Tran, Kaddatz, and Allard 2005; Gill 2007; Sheel 2008).

During the early years of mass immigration, many within immigrant communities in North America went to great lengths to project a model image to the host society. Scholars have coined the phrase 'model minority' to describe this phenomenon, where community members want to promote their achievements, particularly economic successes, while denying the existence of social problems such as substance misuse, intimate partner violence and child sexual abuse (Abraham 2000; Dasgupta 2007). While the 'model minority' perception can create great pride at both an individual and community level, it can also create great pressure to adhere to that image so that 'any incident that comes to light regarding members of the community is ignored, denied or explained away as merely a case of particular violent individuals or relationships rather than as a social problem' (Abraham 2000, 15). Those that do not fit into the model minority image then are ostracized within their community and experience considerable shame and guilt (Abraham 2000; Walton-Roberts and Pratt 2005). While these issues are considerably less hidden and less denied as a result of the hard work of activists within immigrant communities (Abraham 2000; Kang 2006; Dasgupta 2007), this desire to adhere to the image of a model minority can still inhibit immigrant communities from addressing social issues affecting them.

Conversely, immigrants may experience pressures to conform to a model minority image by the host society. Jiwani (2006) describes the expectations placed upon 'preferred immigrants/conditional Canadians': they can succeed if they try hard enough, they do not bring issues over from their country of origin, they are grateful to Canada for letting them in, they are law-abiding, they will assimilate, and they only practice elements of their culture that are deemed by the host society as not being problematic.

Two social issues that affect Punjabi Sikh communities in Canada (as well as other ethnic and religious communities) and that have for many years been minimized or denied, include intimate partner violence and substance abuse. In the next section, I will discuss both in greater detail, citing available literature, as well as describe the literature that addresses their co-occurrence.

Intimate partner violence in Punjabi Sikh communities

Intimate partner violence is defined as direct or indirect physical, sexual, emotional, verbal, psychological or economic threats, power, or control perpetrated on a woman by her male spouse or extended kin (Abraham 2000; Uppal 2005; Izzidien 2008) that is 'buttressed by familial, institutional, social and cultural practices' (Jaaber 2001; in Sokoloff and Dupont 2005, 1). It not only results in physical harm, but it 'also undermines the social, economic, psychological, spiritual and emotional well being of the victim, the perpetrator and the society as a whole' (Kaur and Garg 2008, 74). Compared to women who are not battered, victims/survivors of wife abuse are greater risk for suicide, post-traumatic stress disorder, depression, low self-esteem, substance abuse and poor physical health (Eckhardt et al. 2006).

Intimate partner violence cuts across all ethnic, racial and economic groups and is considered a major health issue for all women (Gill 2004; Aldarondo and Fernandez 2008). According to a 2000 report from Statistics Canada, women accounted for 88% of all reported intimate partner violence victims (Shirwadkar 2004). Approximately 25% of Canadian women may experience physical or sexual abuse in an intimate relationship over their lifetime (Ahmad et al. 2009).

While 'the vast majority of religions including Muslim, Sikhism and Hinduism outline the importance of equality amongst males and females, traditions generally contradict such views and segregate the two gender groups' (Uppal 2005, 5). There is no evidence that the rates of abuse are higher for immigrants, though advocates and researchers believe 'being an immigrant not only presents additional obstacles to accessing help but often exacerbates women's experiences of domestic violence' (Light 2007, 18). Furthermore, ethnically diverse women may be 'on the margins' and 'do not necessarily identify gender oppression as the primary frame through which they understand their lives, even when they live with the violence and abuse from the partner or ex-partner' (Nixon and Humphreys 2010, 150).

As recently as 20 years ago, wife abuse programs for assaultive men were culturally neutral and only recently have scholars noted the role of race, culture and ethnicity in assessments and interventions (Bent-Goodley 2005).

The gap in this area has meant that, in terms of culturally appropriate services, South Asian men have been denied the opportunities presented to their white counterparts, and South Asian women and families have not benefitted from any of the advantages that may subsequently ensue from attempts to change male attitudes and behaviours.

(Guru 2006, 158)

Little research exists on the frequency of intimate partner violence in South Asian communities in Canada and the United States. One study in Boston of 165 female South Asian respondents found that 35% reported violence at the hands of their partner (Raj and Silverman 2002; Dasgupta 2007). Silverman (2002, cited in Almeida 2009) found 48.8% of 160 South Asian women had been physically or sexually abused by their partner. In Ontario, two separate focus groups (one with 12 women, one with 15 men) were conducted and 200 surveys were completed (100 women, 100 men) to elicit opinions and experiences of intimate partner violence among primarily Punjabi-speaking Sikhs in

Ontario. In both the focus groups and surveys, male participants reported experiencing high levels of emotional and verbal abuse, while females reported experiencing high levels of physical, verbal, emotional, psychological and emotional abuse (Mutta and Kaur 2010). Another study on family violence (wife abuse, child abuse, elder abuse, abuse among other family members) in Punjabi and Tamil families in Toronto indicates there is a need to consider cultural and settlement-related factors to treat the violence. The authors note the influence of patriarchal cultural norms, factors related to settlement, indirect and direct abuse being initiated by in-laws, reluctance by victims to speak out, and the existence of barriers that prevent victims from accessing support services (i.e. isolation, lack of information on services and their rights, mistrust of services and dependence on the abuser and/or his family) as issues to consider when addressing family violence in these communities (Tyyskä and Dinshaw 2009).

Substance misuse in Punjabi Sikh communities

Studies on substance use by South Asians in the West are also limited. Of the ones that exist, many are based on data that are about 20 years old. Several studies have noted that Punjabi Sikh men, in particular, are at higher risk of alcohol abuse than any other South Asian group (i.e. Hindu and Muslim men) (Cochrane and Bal 1990; Ahuja, Orford, and Copello 2003; Agic 2004; Morjaria-Keval 2006). Singh and Tatla indicate alcohol misuse has 'always been very high among Sikhs, with the per capita rate among Sikhs of Punjab among the highest in the world' (2006, 177). Sandhu (2009) notes that imported alcohol is seen by wealthier classes in the Punjab in India as a symbol of high status whereas those from the working class use cheaper, often home-distilled alcohol to self-medicate after a long day of hard labour. Furthermore, the author indicates 'to some extent, the culture endorses the use of alcohol as part of Punjabi masculinity' (Sandhu 2009, 26), observing the regular references to alcohol in Punjabi folk tales and songs. The author cites the example of bhangra music, a Punjabi folk dance, the lyrics of which often equate heavy alcohol use to one's manhood. He advises that such a pro-alcohol attitude 'plays an influential role in the socialization of Punjabi males; that is, they internalize the cultural belief that alcohol consumption is indeed an aspect of their masculinity' (Sandhu 2009, 26). Purser et al. (2001, cited in Ahuja, Orford, and Copello 2003) found second-generation Sikh men were more often drinkers – and were more likely to drink in a risky manner – than their Hindu or Muslim counterparts.

South Asians in the West may also view alcohol as a way to relax, reduce stress, deal with problems at home, reduce loneliness and may also consider it to be a means to become more sociable (Agic 2004). Sandhu (2009) suggests that in diaspora communities, some overuse among immigrant Punjabi men may be as a result of acculturative stress, specifically but not limited to the transition arising from 'a collective-traditional society [in South Asia] to an individualistic-modern' one in the West (Sandhu 2009, 27). He further argues that the social control that exists in South Asia where villagers can play a role in curbing one's overuse does not exist in Western society, where individualism is emphasized.

Literature on substance abuse by South Asian women is minimal. Women in general are not expected to drink at all (Kunz and Geisbrecht 1999; Agic 2004) however they 'are vulnerable to depression because of their social isolation, loss of extended family support, racism, alienation, and domestic violence. This means they are at risk of being overprescribed anti-depressants' (Vittala and Poole 2004, 32). Kalsey (2010)

advises an overwhelming majority of female South Asian women she saw that came for counseling in Abbotsford, British Columbia, were taking medications such as anti-depressants, pain killers and muscle relaxants. Second-generation members of the South Asian community, including women, may use alcohol and/or drugs to cope with the stress of having to contend with norms and traditions of their family that may be different than those outside the home (Sandhu 2009).

In his discussion of South Asian youth with substance abuse issues in Vancouver, British Columbia, Rai (2006) observes that youth, and their families, are hesitant to access formal treatment services out of concern that others in their community may find out. He notes some parents are more apt to send their child to the home of extended family living far away (and make up an excuse to tell others as to why their child was away) than to send him/her to a treatment centre. These parents did so with the hope that their child could overcome their addiction; however, 'sending a child and his/her problems away ensures that the family name does not become blighted, but it does little to address the serious issue their child is facing' (Rai 2006, 12).

Sandhu (2009) indicates that while Sikhism prohibits the use of alcohol and other mood-altering substances, the religion can also be used as a healing resource for those who identify as Sikhs and are struggling with addiction. In a qualitative study of Sikh men with alcohol problems in England, Morjaria-Keval (2006) found Sikh men's religious involvement assisted them in their recovery from their addiction; these men were either able to maintain sobriety by using strategies such as taking a religious pledge to quit drinking, becoming more involved in their local temple, reading religious scripture, praying, meditating, or by going beyond abstinence to making total changes in lifestyle by becoming baptized Sikhs. The author notes:

The findings from this study inform our understanding about how people change in ways previously unidentified. In the light of this developing more culturally appropriate addiction services may require particular attention to these often neglected aspects, including religious and spiritual elements...Attending to religious and spiritual beliefs and incorporating spiritual interventions into treatment may be a significant step forward to developing a culturally appropriate and holistic approach to the treatment of addictions.

(Morjaria-Keval 2006, 114)

Intimate partner violence and substance abuse

The role of alcohol in aggression extends across many different forms of violence, including youth violence, sexual violence, wife abuse, child maltreatment and elder abuse.

(World Health Organization 2010, 47)

I was unable to locate research specifically addressing the co-occurrence of substance misuse and intimate partner violence in Punjabi Sikh diaspora communities. Research studies (with mainstream communities) suggest more than 50% of men going through batterer programs were also substance abusers and more than 50% of men in substance abuse treatment had used intimate partner violence in the year prior to their treatment (Bennett 1995, 2008; Bennett and Williams 2003).

The relationship between substance abuse and intimate partner violence is complex. Substances are often considered disinhibitors, but alcohol and drugs in and of themselves do not appear to affect brain functioning; 'the direct effects of alcohol and drugs on domestic violence, independent of a man's cognitive processes, beliefs, and social context, are minimal' (Bennett and Williams 2003, 561).

It may be that some people use substances as a reason to become disinhibited, and that they anticipate acting in certain ways when using a particular substance. Therefore a man, through his own experiences and observations, uses substances 'with the expectation of being aggressive while they do so' (Bennett and Williams 2003, 562). Another expectation may be an anticipation of being endowed with power or some other desired outcome; 'if someone is motivated to feel more powerful, more social, more talkative, more attractive, more sexy, or more aggressive, and if they expect their substance of choice will facilitate this transformation, more often than not, the substance complies' (Bennett and Williams 2003, 563). A related theory suggests that when substance abuse and intimate partner violence co-occur, it is a belief system that justifies abuse towards an intimate partner that, along with substance abuse, leads to violence. Therefore, it 'is this belief system about violence which differentiates those who will be violent and those who will not' (Humphreys et al. 2005, 1310). Abstinence in and of itself, will therefore not necessarily mean the violence will not occur again (Bennett 1995).

All 17 research participants indicated that substance abuse and intimate partner violence occurred frequently among the South Asian community members they came into contact with. This article outlines the role Sikh religion and spirituality can play in intervention and prevention strategies in addressing this co-occurrence. It is part of a larger qualitative research study aimed at determining effective intervention strategies for any front-line professional that works with these South Asian men, as well as determining effective prevention strategies aimed at policy makers and members of South Asian communities.

Methodology

An interview guide was developed based on background interviews with key South Asian front-line practitioners, some of whom were later interviewed. These same practitioners also provided names of other potential participants. The researcher is a Punjabi-speaking South Asian Canadian who has over 15 years of experience in the social service sector in British Columbia. Given my experience in the field, I was also able to identify South Asian community members who have extensive experience working with South Asian men, women and/or children. A reference group for the research project was formed and they were given regular updates as well as given opportunities to provide feedback as the project progressed.

Audio-taped interviews were transcribed by an external professional transcriber. These transcripts were then reviewed by this researcher to ensure accuracy, as well as to 'clean' them (remove names and any references that could identify participants). Interview transcripts were reviewed and prominent themes were identified by two separate coders (myself and a coordinator from the Applied Research Division of the Justice Institute of British Columbia). I then used NVIVO software to code identified themes. Additional themes were identified as analysis progressed and were added as necessary.

A new document was produced for each theme, with key phrases and quotes placed in the appropriate document. These documents were reviewed by the project coordinator. A thematic analysis was then conducted for each major theme. A theme that emerged involved the role religion can play in preventing and/or reducing instances of intimate partner violence in South Asian communities. Participant comments about this role are described below.

Results

Interview participants noted the high rate of co-occurrence of alcohol use and intimate partner violence, identified gaps in service, observed mainstream society's tendency to marginalize non-Western cultures and religions, discussed ways that Sikhism, in instances where men place significance on the importance of faith in their lives, can be incorporated into interventions, and discussed ways that Sikh faith leaders can be involved in prevention initiatives.

High rates of co-occurrence

Interview participants noted the high rates of co-occurrence of alcohol misuse and intimate partner violence.

It was very high. I would say between 70 and 80% of the files involved some form of alcohol use or misuse and that resulted in conflict, whether violence or other types of conflict in the home that led to violence. So it was pretty high.

While the frequency of intimate partner violence was considered to be the same among all ethnic communities in Canada, participants believed alcohol misuse and intimate partner violence co-occurred more frequently within South Asian communities than with mainstream (Caucasian) communities. There was also a difference in terms of who was drinking when violence occurred.

There's a discrepancy in our culture with how many women drink and how many men drink. There are more men in our community who drink. When we compare communities, our community won't be high up in terms of alcohol addiction because the majority of women were not drinking. But if we start look at men and women and compare men only with other communities, then we are really high. So there is a problem.

Participants did not believe the alcohol misuse caused the violence. It was instead observed that alcohol would amplify the feelings the abuser already felt; so if he was angry, the alcohol further amplified that anger. All 17 participants indicated that alcohol could not be used as an excuse for violent behavior.

In our community, people say that men abused their wives because they were drunk, right? Sometimes they were drunk, that's why they abused their wife. The way I see it

those men have two problems. One is that they have a drinking problem, plus they are also abusers. So they have to deal with the two issues, not only one issue.

Gaps in service

Significant gaps in service were noted. For one, several participants indicated the need for more Punjabi-speaking counsellors to work with Punjabi Sikh families.

In the mainstream community there aren't too many people who are very familiar with our culture, counselors who can really help. Our people, our women especially, will feel uncomfortable in dealing with them. So that's lacking. . .Punjabi speakers should be encouraged to get into this field, become professionals, counseling, social work. So that if anybody in our community has a problem they can go to that person, they'll feel more comfortable.

It was noted that South Asian immigrants may feel more comfortable speaking in their mother tongue, and that given the large South Asian population, greater services were needed in British Columbia to address the need.

Whether it be sensitive issues or not sensitive issues, it's easier for them to communicate in Punjabi or Hindi than it is in English. So if we can have more services available dealing with domestic violence, treatment, education of stress relievers, alcoholism, that kind of stuff, it's going to definitely help out.

Participants indicated that while language is important, of equal importance is cultural competence. A participant indicated the need to be both linguistically and culturally competent, otherwise the intervention will be ineffective.

If they're being taught by somebody who doesn't, from their perspective, have a clue of the language or a clue of the culture, they won't buy in. I think to get that buy-in you need people that can speak the language and understand the culture to some degree.

Furthermore, cultural competence must go beyond superficial acknowledgment of holidays, food and dress.

We have people saying 'you need to be more culturally sensitive'. Okay thank you. We learn to say 'Sat Sri Akal, here are some samosas', but you're not taking the time out to learn those interventions.

Participants believed an emphasis on cultural competence in social work and counseling training programs was lacking. In particular, concern was expressed that there is a lack of training on cultural and religious practices of ethnic communities, which is particularly alarming given the number of visible minority and immigrant groups in the Lower Mainland (Greater Vancouver and surrounding areas).

There's still not enough initiative to take and to create culturally specific interventions. . .The mainstream helping professionals are not taking the time out to really

learn [about culture]. You look at graduate programs, multicultural counseling is an option — it should be required. You've got the Lower Mainland, which is almost the minority-majority going on. . . . It should be required.

Marginalization of South Asian religions and cultures

It was noted by several participants that South Asians are frequently portrayed in a negative light by mainstream media.

If there are certain cases that are involved in say the Indo-Canadian community, the race factor discussion comes up. When you get the same occurrences in the Caucasian community, the race factor never comes up or rarely comes up. . . . When the race factor comes into it, it's just interesting the discussions that then stem out of it and how some of those are used to reinforce stereotypes but when they might be for the majority of the community, those same stereotypes may not apply.

Incidents of violence by a Caucasian person are considered deviance on the part of that individual and never cultural, whereas when violence occurs in immigrant communities, that violence is attributed to that community (Jiwani 2001, 2006; Volpp 2005). Such instances of marginalization can quickly lead to oppression, as the greater the distance that exists between a person and access to power and privilege, the greater the potential for that person to exert power and privilege at home (Purkayastha 2000). And the belief that 'West is Best' only creates defensive reactions by communities that are feeling attacked, which 'plays into the hands of those who choose to defend sex-subordinating behavior' (Volpp 2005, 46).

A participant noted the often unacknowledged equality found in the Sikh religion:

I think that's an awesome thing that Sikh women could get baptized and wear a dagger. That time [was] 1699. Canadian woman couldn't be in the army in the early 1900s. So you tell me who's more progressive?

Role of spirituality in substance abuse and intimate partner violence interventions

By ensuring the interventions with abusers are embedded in integrated anti-domestic violence strategies, it may be possible to make advances in changing male perceptions and negotiate violence-free family relationships. . . . If we are to challenge and change violent male attitudes and behaviour towards women, then it is necessary to engage men in this process, and to ensure that culturally specific interventions are carried out by people who are both culturally competent, and proficient in examining the gender-related issues.

(Guru 2006, 164)

As co-occurrence rates of substance abuse and intimate partner violence are high amongst all men, researchers suggest all men in substance abuse treatment should be

screened for intimate partner violence, and men in intimate partner violence programs should be screened for substance abuse (Bennett 1995, 2008; Bennett and Williams 2003). They recommend wherever possible that the same agency and the same staff deliver the substance abuse and intimate partner violence treatment. They acknowledge that in reality this is unlikely (i.e. different agencies deliver different programs), therefore a coordinated approach between agencies may be the most suitable model.

Rastogi indicates 'some mistakes to avoid in therapy include not asking about gender, extended family, and cultural issues upfront, not learning about the clients' cultural and religious practices, and applying Eurocentric notions of autonomy and independence to clients of South Asian origin' (2009, 272). Morjaria-Keval suggests

[A]n assessment of a client's spirituality will allow for an exploration of the potential use of incorporating clients' own positive spiritual elements into the therapeutic process. If religious and spiritual issues are part of a client's frame of reference it may be helpful to discuss with the client's religious/spiritual strategies that are available to them from within their own community.

(2006, 114)

Counsellors therefore should ask South Asian men if they are spiritual, and if so, how they incorporate spirituality into their lives. This is not to impose religion on them, but if they are spiritual it may be an opportunity to include that religion in the change process. For example, Sikh men have turned to their religion to assist them in their alcohol abuse recovery through methods such as taking a religious pledge, committing to lifestyle changes and/or greater involvement in temple activities (Morjaria-Keval 2006).

You know, some people they have a connection with some spirituality and a lot of Punjabi people, they tend to have a connection with their religion and I use that as an entry into talking about what is rightful conduct and how to behave with one another. And it's not me judging them with the western view. [I say] 'Oh that's your tradition, it's in there. This is what you're faith believes and it's not my idea' right?

Some men may try to excuse their behavior on cultural or religious traditions. Failing to challenge such statements can further perpetuate such false rationalizations.

He [the client] said 'it's our culture'. I said 'where is it written in our culture that you are supposed to punch a pregnant woman? You show me where that is'. ...He goes 'you're right. I was making an excuse'. This is a man that's supposed to be a defender of the family, protect the family. Not an oppressor, right?

As important as it is to explore cultural and religious beliefs, the counsellor can also look at ways to link the client's experience to others from different ethnic and/or religious backgrounds.

Universality, looking at people as human, and the Sikhs believe in this. That's the beauty of it. The Sikh's tenth guru, he said 'people have two eyes, two ears, a nose, a mouth. The only thing that makes them different is geography'. ...You know what? I'm going to hear his story as a human being. Culture is just a

context but there's an individual story, those universal themes that we need to pay attention to and if you can validate those universal issues in a client, they're going to feel heard.

Role of spirituality in substance abuse and intimate partner violence prevention

The South Asian communities of British Columbia have been speaking out about social issues such as intimate partner violence, youth violence and substance abuse for several years.

Continuing to discuss social issues through public lectures may be an effective prevention strategy in working with South Asian families, as it may be deemed less threatening than therapy (Simbandumwe et al. 2008).

I think the only thing I've seen in our community that's been effective is bringing the issue to the forefront and addressing it openly in a public forum. Not making it taboo to talk about it has done wonders for it.

Information that builds upon community values and norms is important; messages such as how the information will build the strength of families will likely be well-received (Sharma 1998; Dasgupta 2007; Sharma 2001; Shirwadkar 2004; Simbandumwe et al. 2008).

They [South Asian men] are willing to do anything when they know that this will be helpful to their children. They are quite devoted that way, so when we talk about how to be a good father and all, they are with you. Then they will say, 'Okay, how else I can strengthen my family? How could I make my relationship with my wife stronger? Because ultimately it will help my kids and my whole family'.

Given the need to change beliefs and perceptions at a community level, community members need to be involved in any type of educational initiative. Community members should include community and religious organizations given the influence they may wield within their communities (Dosanjh, Deo, and Sidhu 1994; Sharma 1998; Pillay 2004; Izzidien 2008; Ahmad et al. 2009).

The temple, they can play a very good role. . .and that could be very effective actually, because people listen to them, go there regularly. . .Spiritually, they can guide them, provide them this knowledge. You know in every religion, no religion says be violent.

Prevention strategies can address some customs/beliefs that negatively impact many South Asian families.

If somebody comes to our house we think, you know, we should serve liquor, not only serve but force that person to drink. I think that's very wrong, and some people cannot handle it, they have one drink, drink after drink, and then they, they're too much and that turns into a lot of problems, domestic violence, issues with youth.

There is a growing belief that prevention programs and initiatives need to include men who can be allies, advocates and role models. Leaders from the community could be identified and trained, and they could then educate others in the community. More male practitioners in particular are needed as role models and to work with boys affected by violence (Simbandumwe et al. 2008; Almeida and Dolan-Del Vecchio 1999; Izzidien 2008).

Conclusion

The research project on which this article is based focused on South Asian male perpetrators of intimate partner violence in British Columbia, where many Punjabi Sikh families reside. As the interviews progressed, it became clear that substance abuse (primarily alcohol abuse) co-occurred in a large number of the violent incidents. Also during the course of the project, observations about how culture and religion are often marginalized were made; alternatively, participants noted how they often used the strengths of culture and religion as an integral part of the intervention and prevention work they did. Future research can take a more focused approach, asking more explicitly how Punjabi Sikh families affected by substance abuse and/or intimate partner violence incorporate elements of the Sikh religion into their coping and healing processes.

Participants in this study, as well as the literature on intimate partner violence, overwhelmingly refute the notion that cultures and religions are responsible for intimate partner violence in South Asian communities. The intersectionality approach considers the intersections of several socially constructed factors that can help front-line workers, advocates, practitioners and policy-makers better serve immigrant South Asian families. Intersectionality theory suggests people's experiences are shaped by the intersections of systems of power and oppression. Within this framework, categories such as gender, race, culture, class, dis/ability, age, sexual orientation, etc., are socially constructed, no one category can adequately define one's identity or social location, and an individual category cannot be empirically separated from the others as categories are not mutually exclusive nor static and may intersect in ways that make the effects of their whole greater than the sum of their parts. Based on a particular social location and time, these categories can be arranged in a hierarchy and a person can experience privilege via one or more categories while at the same time experience multiple oppressions via other categories (Almeida and Dolan-Del Vecchio 1999; Bograd 2005; Almeida, Dolan-Del Vecchio, and Parker 2008; Hernández 2008; Frost 2010; Sundar 2008; Thiara and Gill 2010).

Culturally competent front-line practitioners can work with their Sikh clients to determine how their views on substance abuse and intimate partner violence have developed, as well as determine ways one's religious values can be incorporated in the counseling intervention. Governmental and non-governmental social service agencies and educational institutions must also consider ways to ensure that practitioners are both trained in and practicing in a culturally-competent manner. Furthermore, they must connect with Punjabi Sikh communities to determine ways to ensure that the needs of the community are being met (for example, through recruitment of Punjabi-speaking practitioners). Community members themselves can be involved in prevention efforts to reduce substance abuse and intimate partner violence; such initiatives must include Sikh community leaders given the influence they wield.

Canada is internationally renowned for its multiculturalism policies and it has some of the most advanced policies regarding intimate partner violence in the world (Merali 2009; Shirwadkar 2004), yet more work can be done in regards to working with perpetrators and victims/survivors of intimate partner violence, especially with those who belong to South Asian communities. Greater access to counsellor and social worker training for Punjabi-speaking South Asians, as well as increased training on Punjabi Sikh cultural and religious practices for all front-line practitioners, will enhance the way we work with Punjabi Sikh men, women and children affected by substance abuse and/or intimate partner violence. Participants in the preceding study noted the important role the Sikh faith can play in intervention and prevention strategies; such strategies will ultimately lead to healthier Punjabi Sikh families.

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