

Domestic abuse and mental health remain taboo subjects for many Sikhs, with deadly consequences

September 26 2022, by Harjinder Kaur-Aujla, Christopher Wagstaff and Kate Lillie



Credit: AI-generated image (disclaimer)

The suicide of Mandeep Kaur caught the attention of people around the world. Kaur, a woman of Sikh heritage from Utter Pradesh in northern India and living in the U.S., <u>posted a video</u> on social media that later



went viral, in which she claimed to have been abused by her husband for years (he denies the allegations).

However the outpouring of online sympathy for this woman belies how the issues of domestic violence and abuse and <u>mental health</u> are perceived in Sikh communities, notably in the diaspora. As our literature review in the U.K. <u>has highlighted</u>, there is a great deal of shame attached to women of Sikh heritage experiencing domestic abuse and subsequent <u>mental health problems</u>.

As a result, these issues are <u>rarely properly acknowledged</u> as even being a Sikh healthcare issue and the women affected very often don't get the help they need. This was particularly the case during <u>the pandemic</u>. You can even see this is in the way such incidents of domestic abuse that do receive publicity are <u>often categorized</u> informally as relating to broader groups such as Punjabis or even South Asians in general rather than <u>Sikhs specifically</u>.

Research has <u>long identified</u> that suicide among women of Sikh heritage in the U.K. is connected to the particular problem of <u>domestic abuse and</u> <u>violence</u>. There are also other <u>cultural factors</u> that <u>have been linked</u> to this deeply entrenched issue.

These include the financial demands placed on newlywed women through the practice of paying a dowry and persistent patriarchal attitudes that lead to tolerance of abuse and violence by parents of men. Unfulfilling expectations from marriage and lack of understanding and support from the household and community can also be problems.

Cultural barriers

At the same time, Sikhs often face cultural barriers to accessing mental health services. <u>Research has shown</u> some Sikhs may perceive



themselves as warriors who should be able to overcome and <u>psychological distress</u> by themselves, not as sufferers of mental ill health.

Sikhs living in <u>western countries</u> may also feel medical services don't <u>understand their culture</u>. And they can fear that reporting domestic abuse could be followed by breaches in confidentiality that would expose their issues to the rest of the community.

Discussing mental health issues publicly is <u>often considered</u> to bring *behzti* (dishonor) to the family. <u>Research shows</u> that first generation immigrants and <u>older generations</u> demonstrate a particular lack of understanding of their children's mental health needs in this respect.

One solution to this problem might be for <u>mental health services</u> to recruit more Sikh staff who have the cultural knowledge to deal with the community-specific issues, particularly those <u>created by stigma</u>. Medical providers can also work with local temples to <u>reach out</u> and offer such services.

But we <u>shouldn't assume</u> that every Sikh woman wants a Sikh therapist, or even a South Asian therapist. In fact, fear of exposure might actually mean Sikh women would rather speak to someone outside of their tightknit community. What is essential is that women are given the choice, can speak to therapists in their own language and are reassured that services are confidential.

Such solutions can only go so far, however. Only by recognizing that there is an issue with <u>domestic abuse</u> and subsequent mental health issues that needs to be addressed can the Sikh community work closer with healthcare providers to prevent women <u>becoming victims again</u>

<u>Religious places</u> should be a key point of support for Sikh women, and



there are now <u>religious Sikh organizations</u> working to ensure women stay safe in these spaces. If temples and accredited psychological providers working together in an environment free of shame and denial can become the norm, then women of Sikh heritage are more likely to receive the support they need earlier. And perhaps cases like that of Mandeep Kaur will become less common.

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