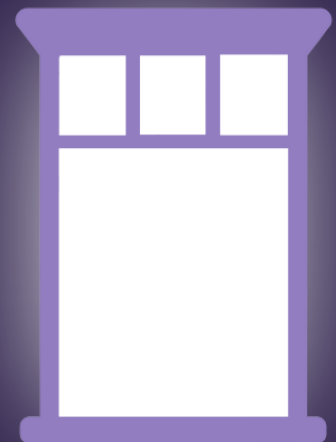
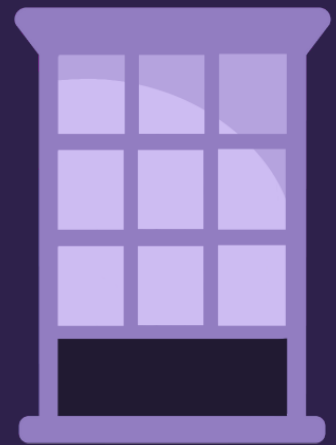
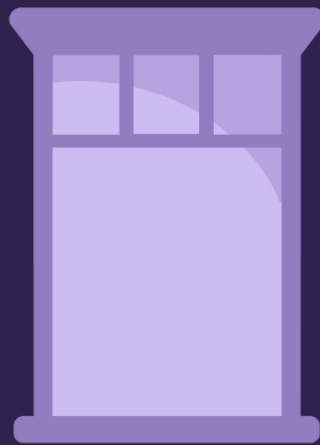
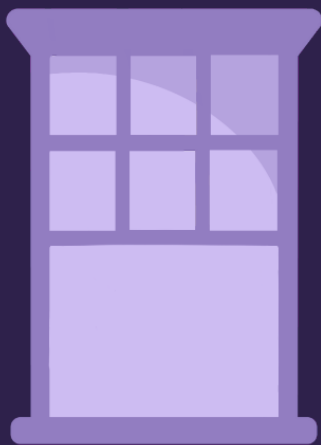


A SILENT PANDEMIC WITHIN A PANDEMIC

Gender-Based Violence in the
South Asian Community in Canada



ABOUT THIS TOOLKIT

This toolkit is the result of a national community-based research study on gender-based violence (GBV) in the Canadian South Asian community. It has been led by the Council of Agencies Serving South Asians (CASSA) in collaboration with the following partners: the South Asian Legal Clinic of Ontario (SALCO) and the South Asian Women's Rights Organization (SAWRO) in Ontario, the Punjabi Community Health Services (PCHS) Calgary in Alberta, and the Progressive Intercultural Community Services (PICS) in British Columbia. The study was graciously funded by Women and Gender Equality Canada through the Canadian Women's Foundation in order to understand the very concerning spike in GBV during the pandemic.

This study includes the stories of over 150 Canadian South Asian GBV survivors, as well as several GBV South Asian serving service providers, their Executive Directors, frontline experts, and academics. When looking at GBV in a Canadian context, we identified a gap in the general understanding of how newcomers and racialized communities experience nuanced forms of oppression and violence, and how the systems in place to protect them during the pandemic further exacerbated an already pervasive problem. Additionally, we learned the extent to which a lack of knowledge of Canadian law can disempower already vulnerable populations.

The COVID-19 pandemic created layers of barriers to the ways in which survivors could seek support. According to a recent study, South Asians have reported the poorest levels of mental health during the pandemic than those who belong to populations of other visible minorities in Canada.¹ In the midst of a global crisis where there was a dire need for increased mental health support, marginalized communities experiencing GBV faced unforeseen challenges that this study hopes to address. For agencies serving survivors, due to pandemic restrictions service providers were forced to make changes in their protocol and operation overnight, having to adjust with oftentimes precarious funding.

Based on our data collection and feedback, we created a toolkit which explores how examining GBV has changed during the pandemic, what supports have been required by survivors, and how to further improve services. We have included a summary of recommendations for service providers at the end of each section and compiled all of the recommendations at the end of the toolkit. The limitation of this particular study is the demographic we researched is solely women, and not GBV survivors who identify as men or gender diverse folks, nor youth and children. Through compiling lived experiences in a data-

1. <https://www150.statcan.gc.ca/n1/daily-quotidien/200902/dq200902b-eng.htm>

driven study, we hope this toolkit can act as a resource for individuals and service providers to access information on the impacts of GBV, particularly in the South Asian context in Canada.

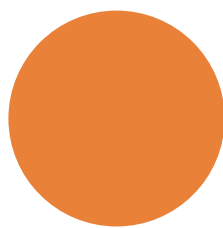
We want to note that hyperlinks to the definitions section as well as helpful websites are all underlined and in orange in this toolkit.

Trigger warning: Please be aware that this toolkit discusses gender-based violence and other sensitive topics, which some may find triggering.

Content produced was not influenced by any government entities. All information included was at the discretion of CASSA and partner organizations across the country. We would like to take this opportunity to thank our partner agencies and all community members who aided in providing feedback, consultations, and their support. During our dissemination phase in 2023, CASSA and its partners will be conducting training workshops with service providers across the country, and launching a national public education campaign.

PARTNERS





LAND ACKNOWLEDGEMENTS

The Council of Agencies Serving South Asians works on colonized Indigenous land, specifically the territories of the Huron-Wendat, Haudenosaunee, and Mississaugas of the Credit. There is no reconciliation under colonization without land back and without justice for the crimes that have been committed against Indigenous peoples. As settlers in Canada we are committed to upholding the Wampum Belt Treaty obligations with Indigenous peoples of Canada, and to fighting in solidarity with Indigenous peoples. We encourage our readers to:

1. Find out whose land you live on: native-land.ca
2. Read the 94 calls to action in the Truth and Reconciliation report
3. Donate to Indian Residential School Survivors Society (IRSSS) / www.irsss.ca
4. Vote responsibly and hold those in power to account.



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METHODOLOGY

The data for our study was obtained from firsthand experiences of survivors of GBV shared via focus group discussions, as well as through interviews of executive directors, staff of service provider agencies, and academics. We recruited 150 participants for the focus groups from the former and current client base of our internal and external partners in Ontario, British Columbia, and Alberta. All participants identified as South Asian, female, and heterosexual. The primary inquiry in our focus groups was about their experience of GBV during the pandemic, the services that they needed and/or sought out, what barriers they faced when seeking and receiving support and services, and what they found helpful.

We began by sending out a pre-screening survey to ensure participant needs were met with respect to accessibility around language, use of technology, and mode of focus group discussions (e.g., online versus in-person). We subsequently sent the main survey to collect demographic information, such as age, ethnicity, income, etc. Finally, we conducted national focus groups with the use of a questionnaire that asked participants about their experience of GBV and seeking out support and services.

We collected the pre-screening survey results via one of two methods based on the language and technology comfort of the participants — 1) by walking the participant through the questions on the phone and 2) by having them fill out the survey by themselves and submit via email. A google form was created for the main survey. Some participants filled them out by themselves and submitted them well in advance of the focus group sessions. For others, we walked them through the form via phone as they requested on the pre-screening survey. Focus groups were conducted both online (via Zoom) and in-person. Virtual participants filled out the main survey via google form, and in-person participants filled out paper surveys by hand and submitted them to the facilitators. During both the virtual and in person sessions, participants answered the focus group questions orally. Based on the language comfort of the participants, focus group discussions were facilitated in English as well as various South Asian languages, including Bengali, Hindi, Urdu, Punjabi and Tamil. The answers were recorded by note-takers in English. They were also audio-recorded for transcription purposes. All focus groups were anonymous. Participants were provided with ID numbers which were used instead of their names. During the zoom sessions, cameras were turned off.

In addition to speaking with survivors of GBV, we interviewed executive directors, academics, and frontline workers for information on the agency and frontline experience of service delivery during the pandemic. We asked them about trends they saw in terms of prevalence and types of violence South Asian women were facing, and their successes and challenges in providing services during the pandemic. We recorded and transcribed all the interviews.



"Survivors shut down when they have to ask for help, or when they are interviewed, because each narration sets off a reliving of what one really wants to forget."
- Anonymous Researcher

All data was input into our dataset systems. We created two separate datasets, one for the survivor perspective, and another for the agency perspective. A qualitative and quantitative analysis of the data was performed, and all datasets were cross-analyzed to come up with a broad understanding of the GBV experience through the lens of South Asian women living in Canada.

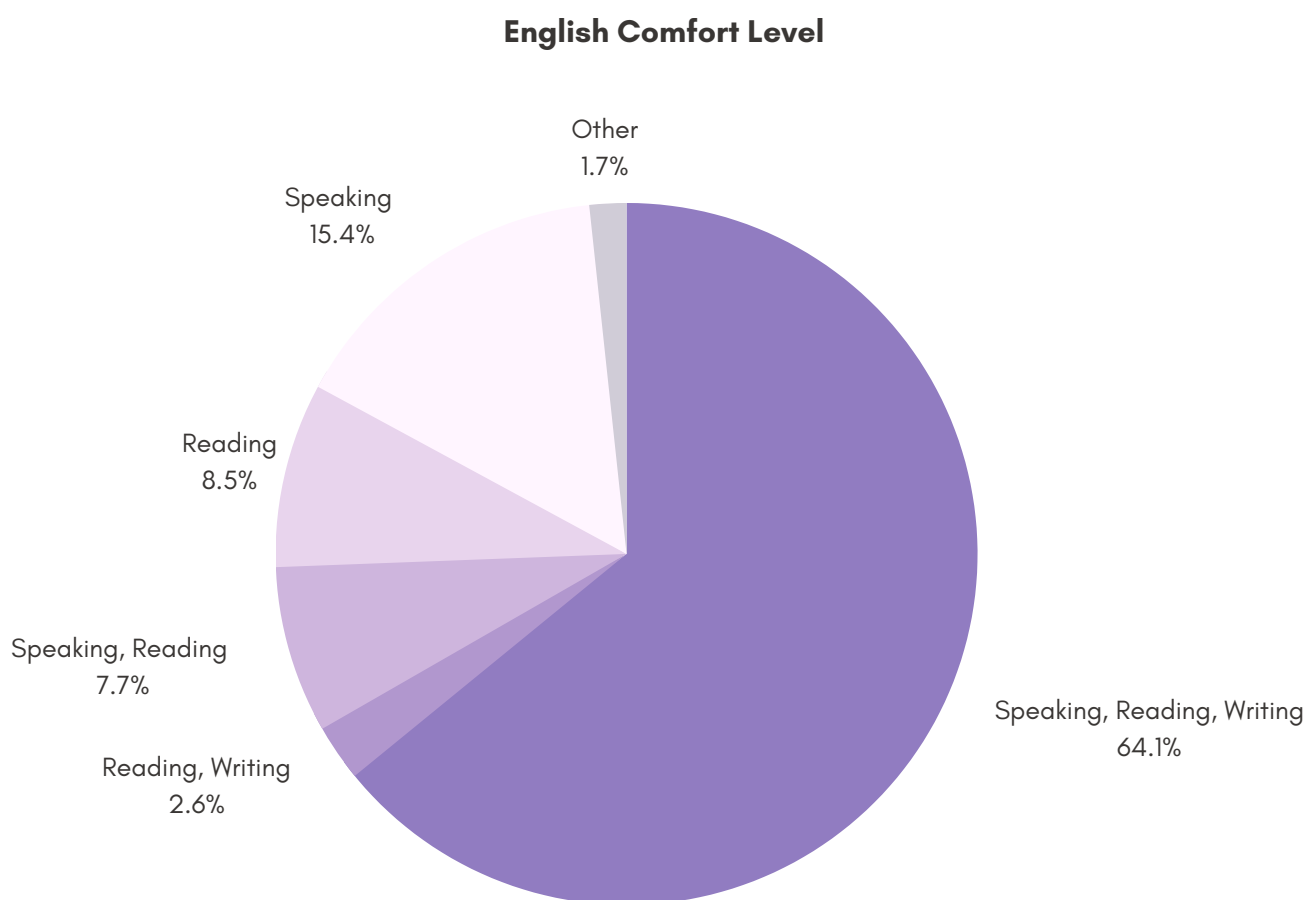
LIMITATIONS

- This toolkit was created using stories from South Asian women. This is a narrow scope, as the experiences shared with us are not reflective of all South Asian communities, as well they go beyond the experiences of South Asian communities.
- The demographic research solely includes those who identify as women, and not those who identify as men or gender diverse folks.
- Although we attempted to screen for participants identifying as LGBTQIA+, demographic research included primarily participants who identified as heterosexual.
- Men can be subject to [intimate partner violence \(IPV\)](#), although the current study does not focus on men's experiences.
- This study only takes into account experiences from participants who are 18+ years of age, and does not include experiences of youth or children.
- This study included participants residing only in British Columbia, Alberta and Ontario. Service provisions provided for South Asia communities in other parts of Canada may vary.
- Some participants provided insight on being a South Asian international student. Our study focuses on their experiences within a Canadian context, but international experiences should be studied in further detail.

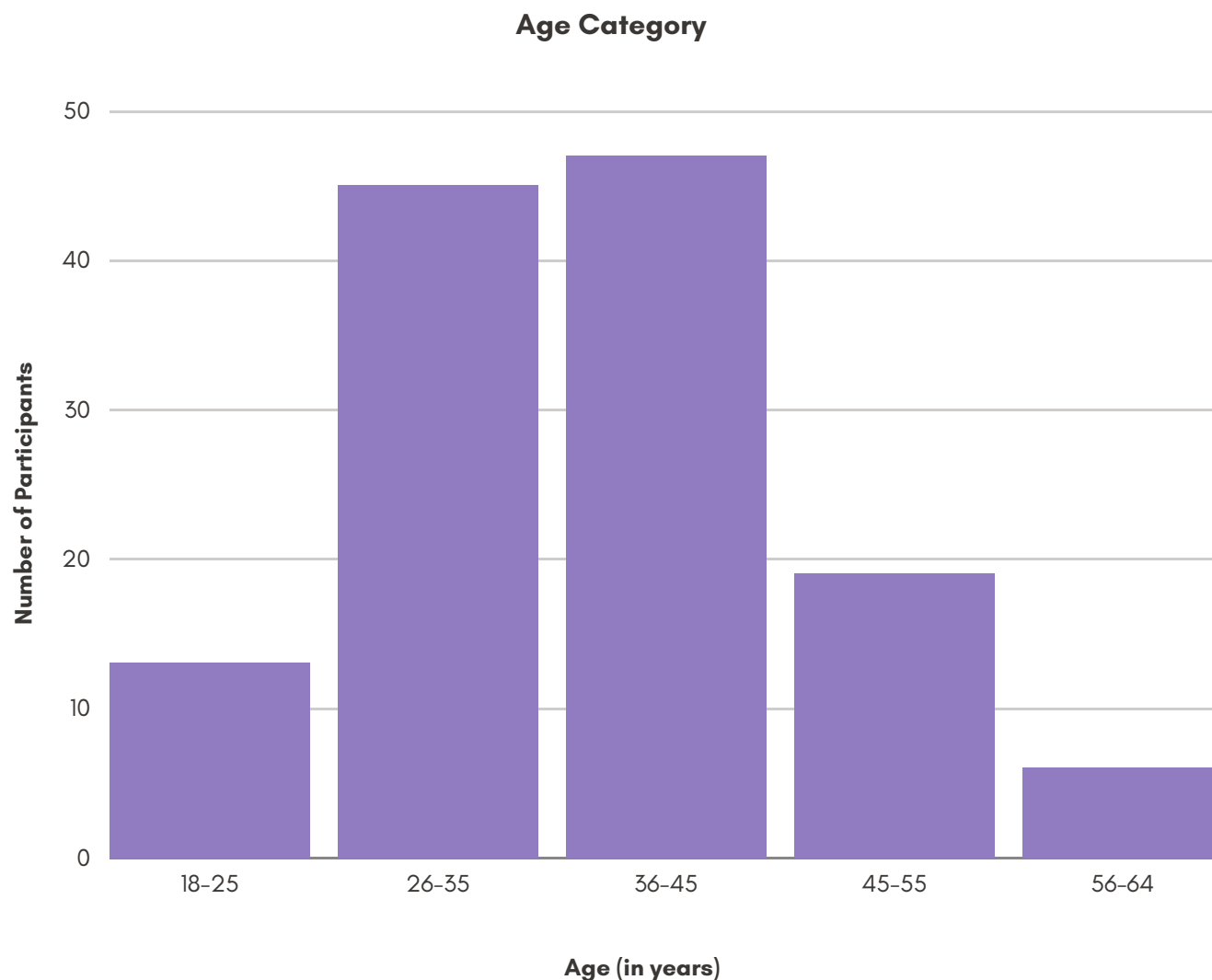
PARTICIPANT DEMOGRAPHICS

The participants who took part in our national study and shared their stories are all South Asian women living in Canada who experienced gender-based violence, and they had all sought help during the pandemic. During the time of the study, the participants resided in either British Columbia, Alberta, or Ontario. As the following charts will demonstrate, the women belong to varying and intersecting identities which impact the ways in which they experienced GBV, its consequences, and their healing and recovery.

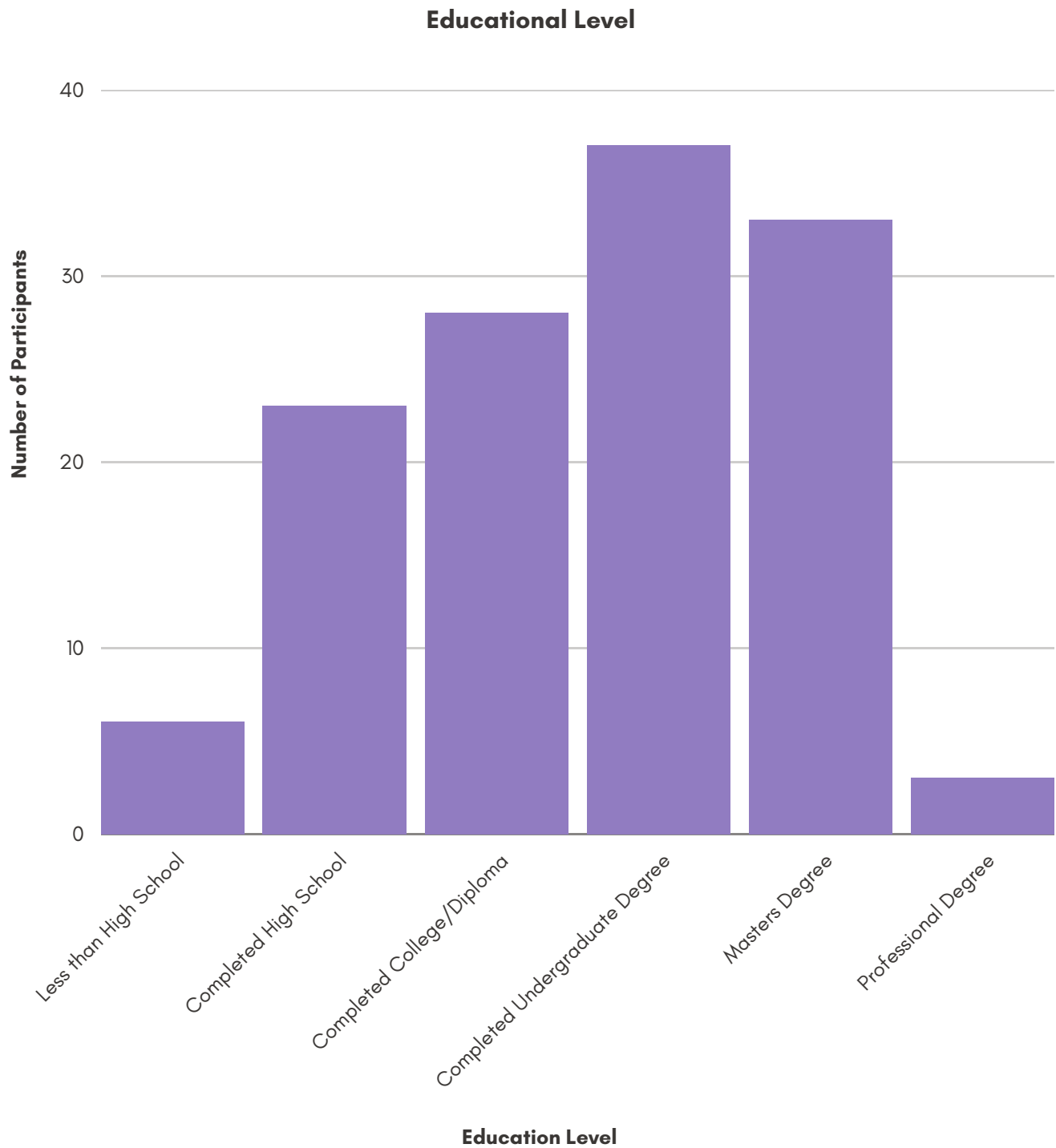
When looking through these charts, please keep in mind that participants were advised to answer only the questions that they felt comfortable answering in both the demographics survey as well as during the focus groups. These demographic charts reflect the responses we received.



This chart looks into the comfort level our participants had in speaking, reading, and writing English. Considering that many of our participants were Canadian [citizens](#) and [permanent residents](#), many were comfortable to speak, read, and write in English. "Speaking only" was the second most frequent response standing at 15% of responses, which reflects the struggles that many of our participants stated about navigating and receiving services through virtual spaces during the pandemic. 11% of the women can "read only" or "read and write only" – demonstrating that contacting police services or service providers who do not offer translation services would have proven difficult.

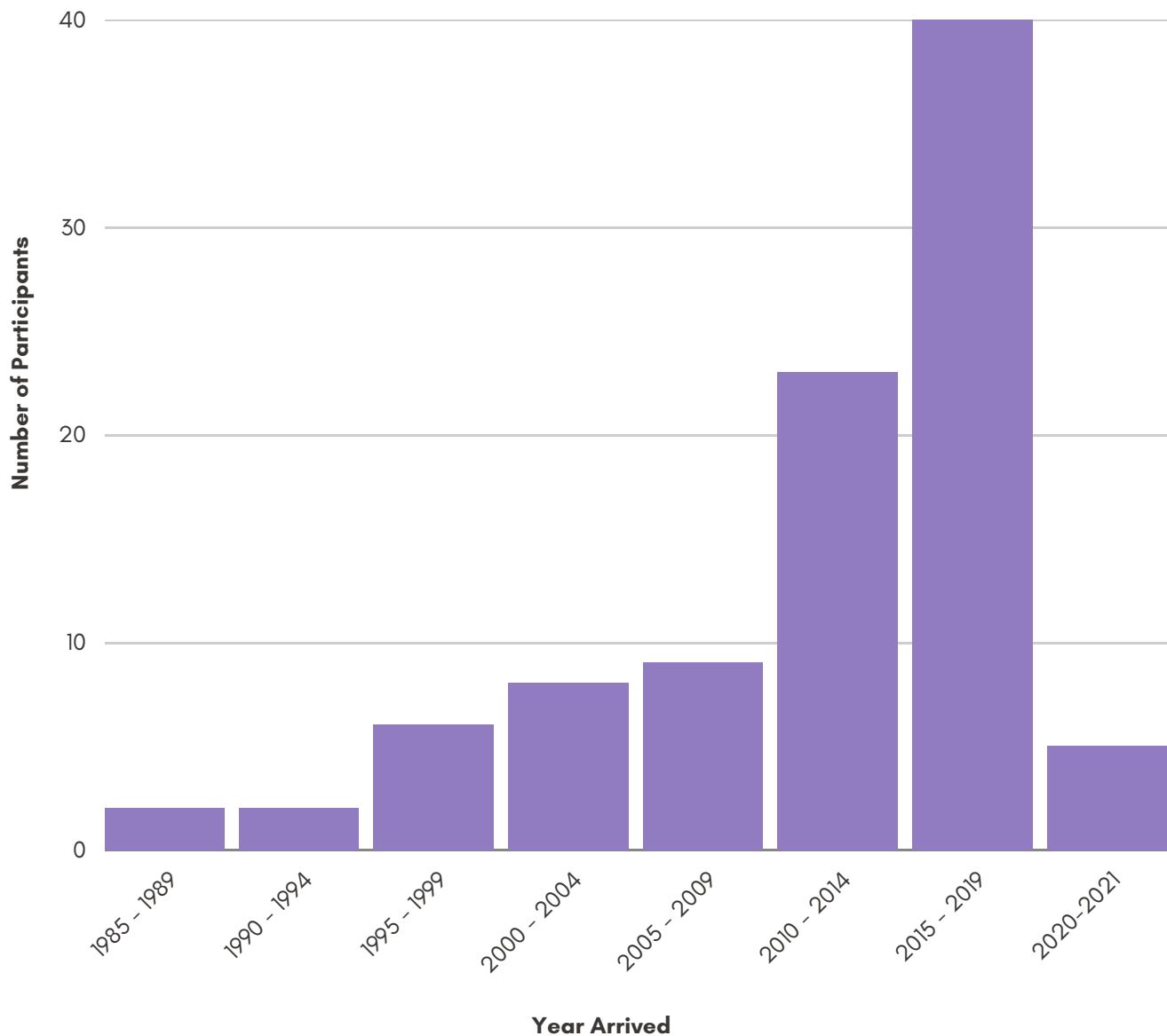


As is evident in the above chart, GBV is not exclusive to any age category. We have heard from our participants that having young children in the home added extra stressors to their household situation and sometimes was an added layer to their experience of violence. However, senior women who do not have young children have also been subject to GBV. This can all point back to [patriarchy](#) and expected gender roles among others, which can follow survivors at any age.

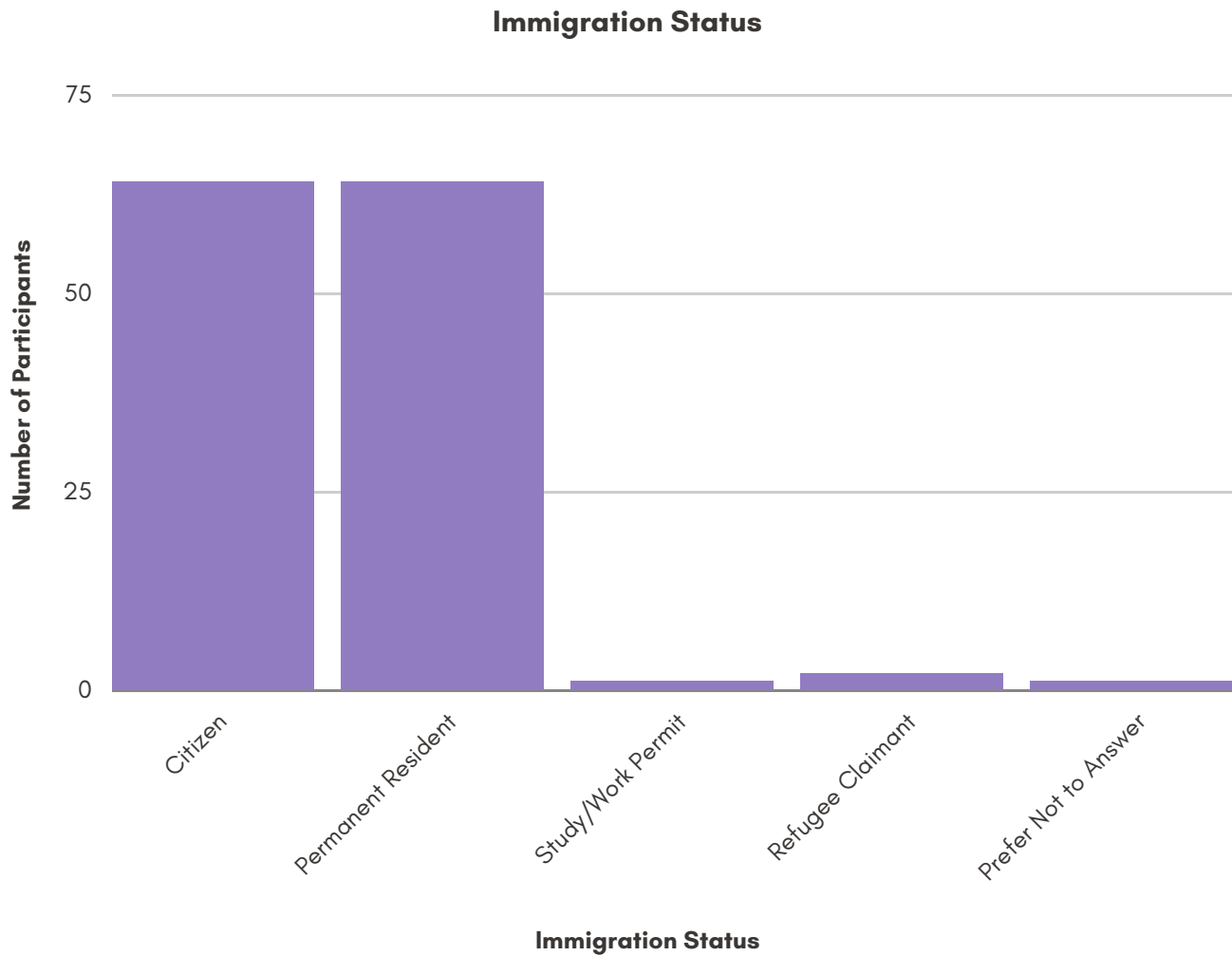


This chart shows the highest education level our participants had earned. Education level did not have an impact on whether a woman experienced GBV or not. GBV spans throughout the spectrum of schooling, from those who hold degrees to those who do not. The reason that those who have an education level of “less than high school” and “professional degree” stand at a lower number than the rest is likely because the population of women who generally have an education at those levels are less in number, and not necessarily because those women are less subject to GBV.

Arrival in Canada

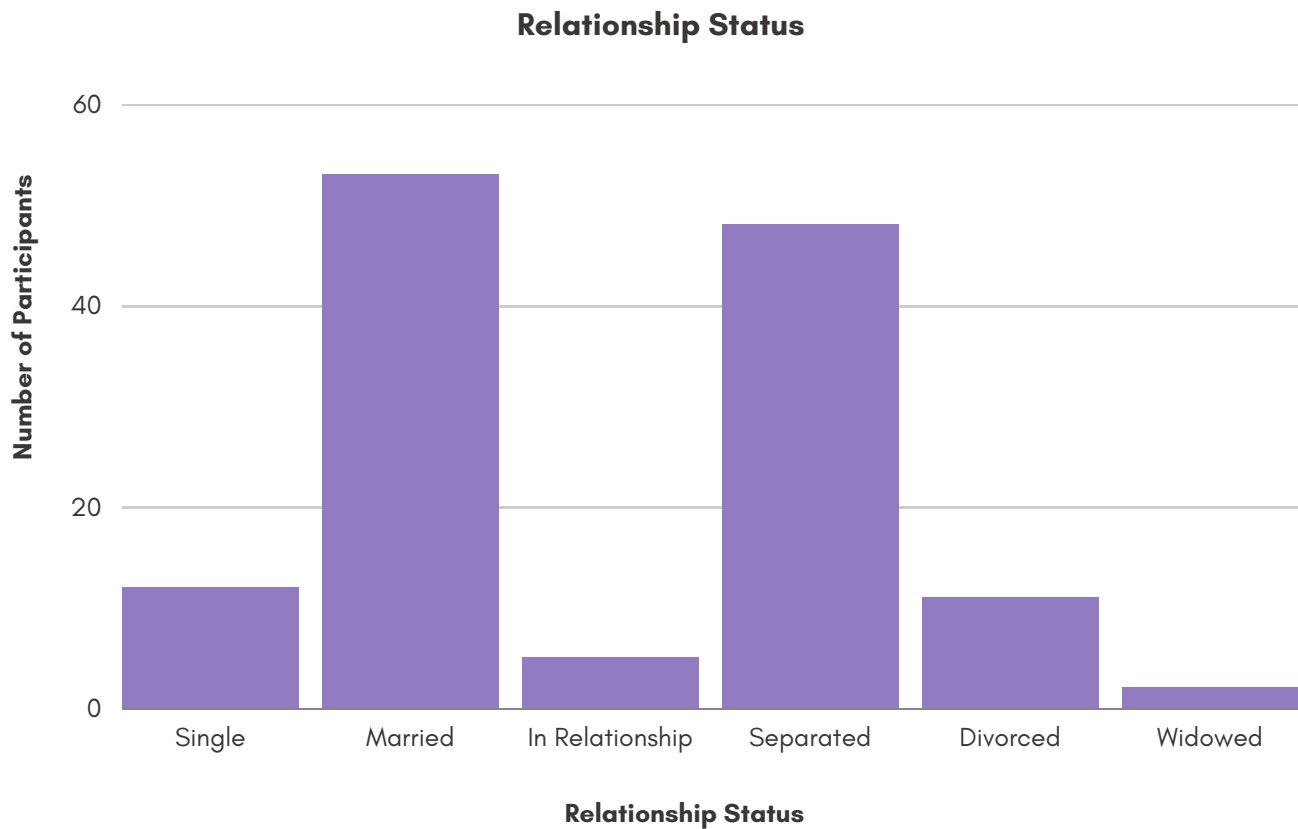


This chart looks into the year our participants had arrived in Canada. Looking at the year of arrival in increments of five except for the last bar, most of our participants had arrived in Canada within the last 11 years before our study, with the highest number arriving in Canada in the last six years before our study commenced. This reveals the difficulties and unfamiliarity a GBV survivor would face when attempting to leave an abusive partner, especially if they were under the control of the partner during the few years here. Our study began in 2021, which is when we had conducted the surveys and focus groups with our participants. You will notice that a fair number of women had arrived here in the *two years* before our study (2020-2021), and yet the number of women who arrived in Canada those two years is almost as high as the *five-year spans* of 1995-1999 and 2005-2009. This demonstrates the precarity that newcomers may face and the added barriers they would have endured, especially during the pandemic years.



This chart looks into the immigration status of our participants at the time of the study. Most of our participants were Canadian citizens or permanent residents. We have also spoken to international students, and [refugee](#) claimants, among others. Interestingly, as the [Legal Knowledge](#) section in this toolkit makes clear, even though those who have immigrated to Canada and been granted permanent resident status cannot be deported, due to reasons such as language barriers, the abuser being the only source to help her navigate systems in Canada, or a lack of resources among others, many abusers threaten the GBV survivor with false information about deportation if she does not remain within his abusive control. This is why this toolkit provides some basic knowledge on Canadian family and immigration law as they relate to GBV.

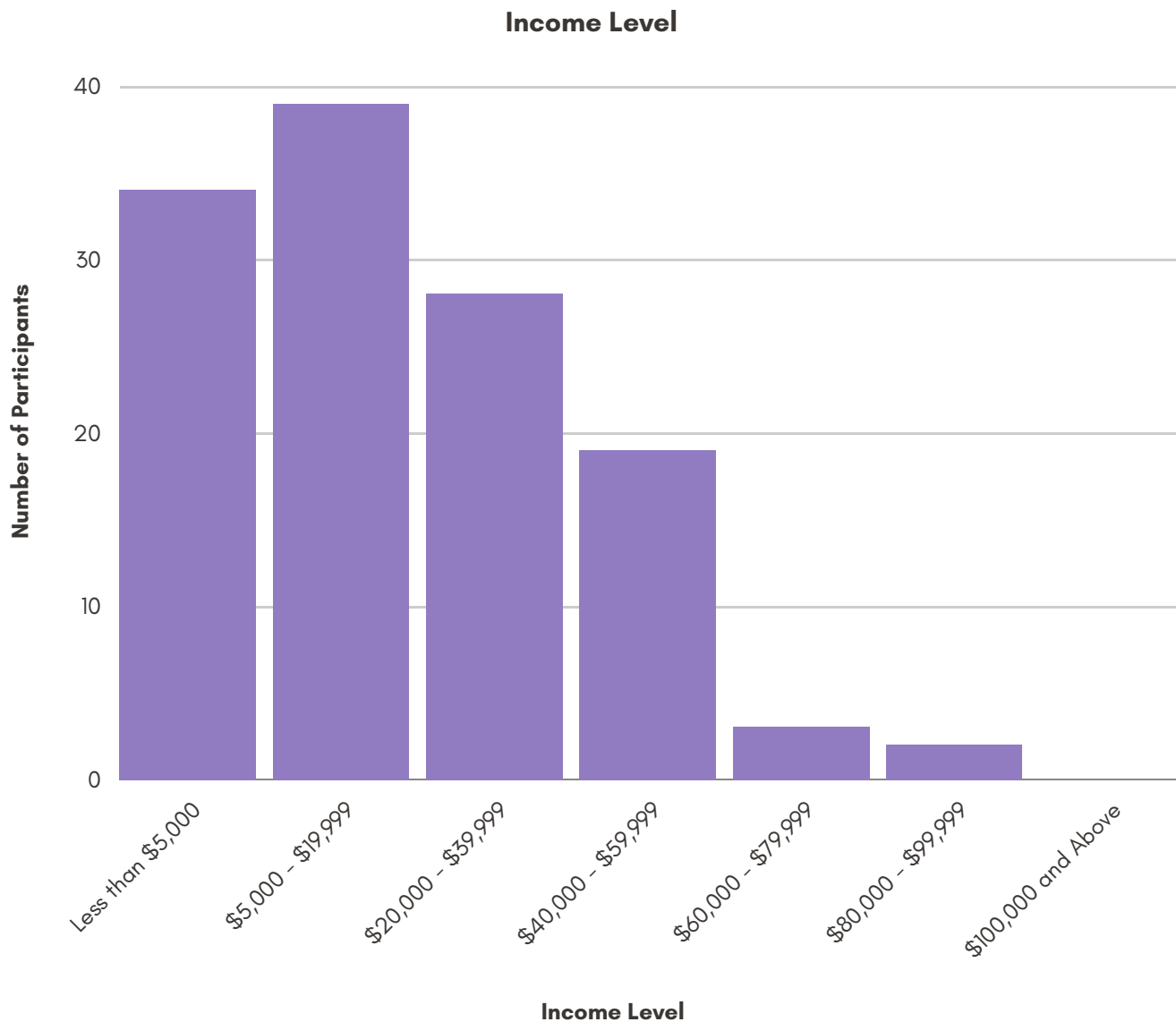
"I had no idea what to do or what path to take. In the beginning I stayed for my children. I was also scared that I would be kicked out of Canada, and sent back to my home country."



This chart represents the relationship status of our participants at the time of the study. Most of our participants were married or separated. We did not inquire into whether they were still married to or in a relationship with their abuser, so we cannot assume that from this chart. However, many of our participants were single, divorced or separated at the time of the study.



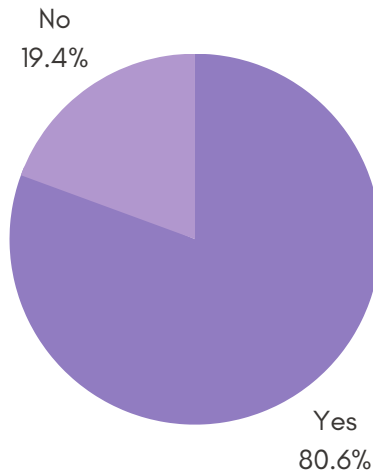
"He attacks me because he knows I am alone. I'm showing him that I'm not alone. I tried to choose every way to show I am not alone, so I am active on social media. If I don't go somewhere, then people will ask where is [her name]? So now he's afraid to attack and torture me because he knows I can tell anyone in society since I go outside everyday.... So for this situation, you should be more active instead of silent at home in a state of baring everything silently. You should make noise. You should call out to society. Social media is the main source of security for women."



This chart represents the income levels of participants. As with education levels, many different levels of income were represented among our participants, which again speaks to the fact that anyone can be subject to GBV. Our participants fell in categories anywhere from earning less than \$5000 all the way to \$80,000 - \$99,000. \$100,000 and above earners were not represented in our participant demographic, however this could be due to our participant recruitment method of speaking to those who received help from service providers or it could mean that high earners have alternative resources to lean into when facing dire situations.

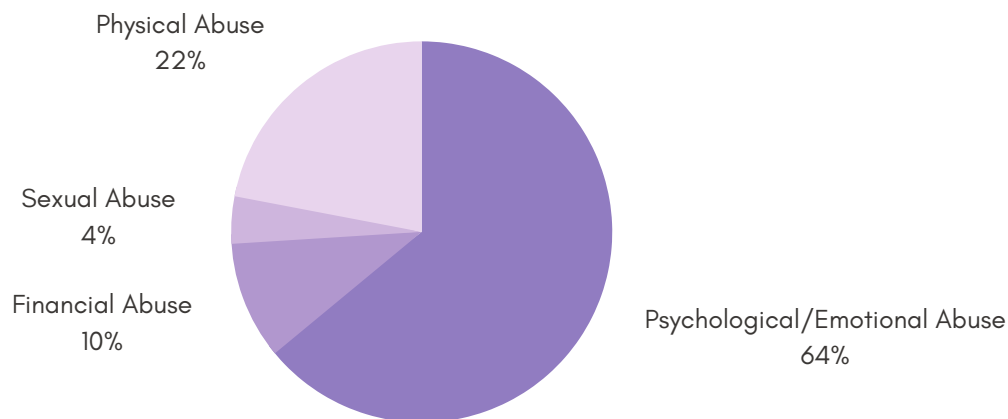
"I was financially dependent on him because it is hard to find jobs without Canadian experience on your resume or some kind of local education. They don't consider your experience in your home country."

Increase in Gender-Based Violence During COVID-19 Pandemic



This chart shows whether our participants found that the abuse and violence increased during the pandemic in their household. Unfortunately, almost 81% stated that it did. Our toolkit will dive into the reasons that the pandemic exacerbated GBV in South Asian homes, such as a lack of personal space as more abusers were working from home, financial stressors, and increased addiction, among others. Households that were already dealing with abuse dealt with even more frequent abuse, while some households that may have not have been dealing with much abuse prior to the pandemic found abuse became a part of their lives.

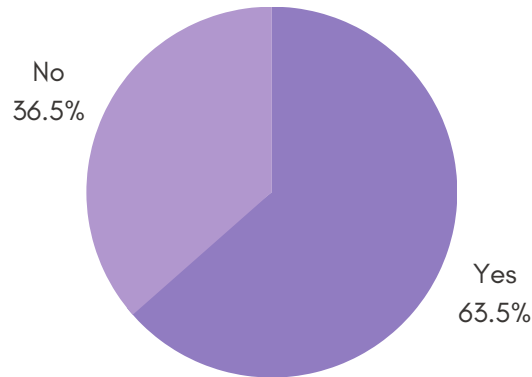
Types of Gender-Based Violence



In this chart, we represent the types of abuse our participants had faced. Most of them had endured multiple types of abuse simultaneously, however to paint a clear picture of how many types were experienced by the women, we represent them separately.

Psychological/emotional abuse was the most frequent type of abuse that our participants had experienced. Physical abuse was second to this.

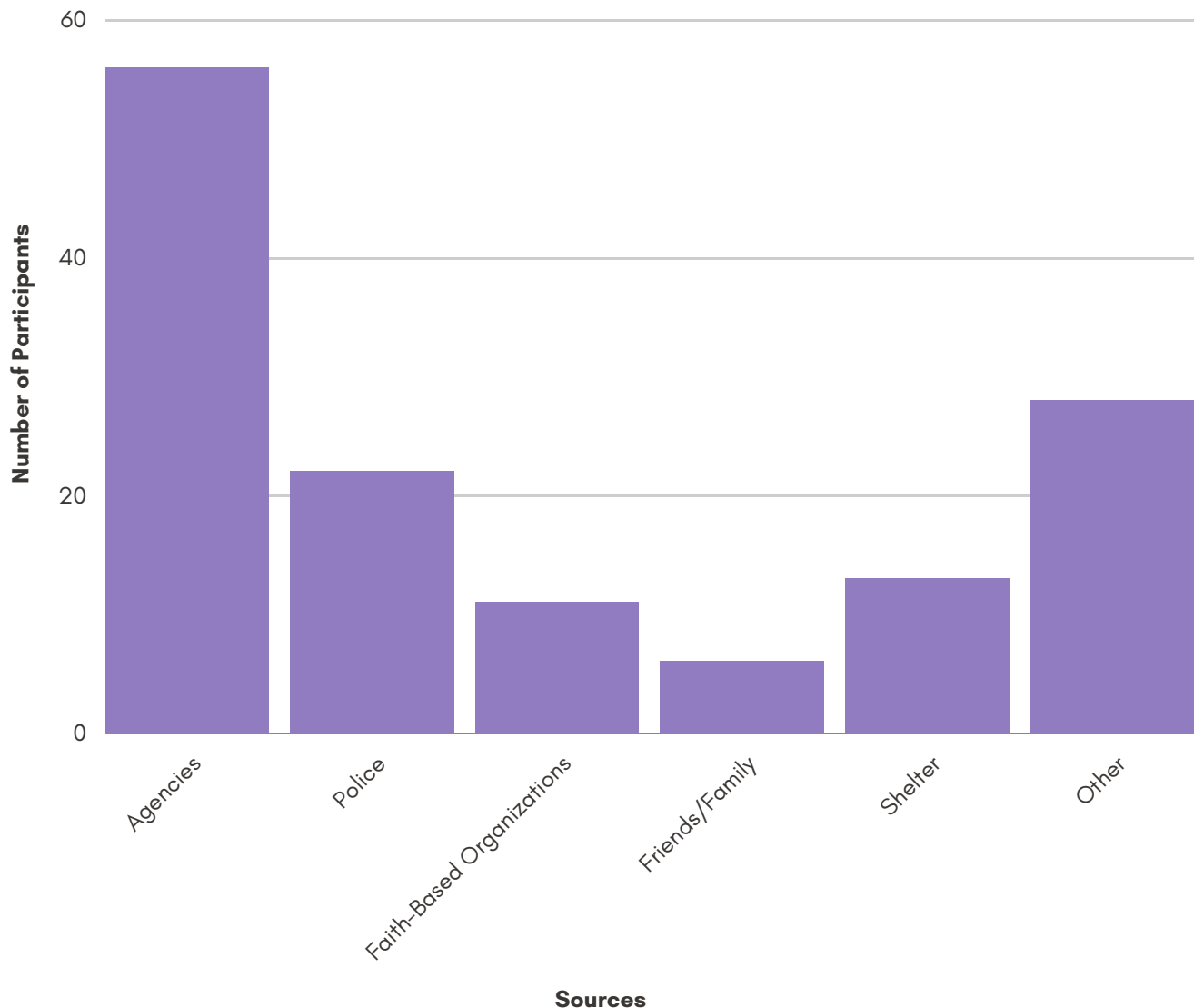
Supportive Family & Friends



This chart represents whether our participants had support from family and friends when leaving their abuser. According to this chart, 63% of our participants had support from their family and friends. There are two points to note here. One is that this demonstrates that the South Asian community is not a monolith, and there are stratas of communities that do empower and support a woman leaving an abusive relationship. The second point to note is that among South Asian communities where family members pressure a woman to adjust and stay in an abusive marriage due to [stigma](#) among other reasons, friends tend to be more supportive than her own family or in-laws. In those cases, this chart may overrepresent the support that she may receive from family as it sums up the support from *both* family *and* friends.

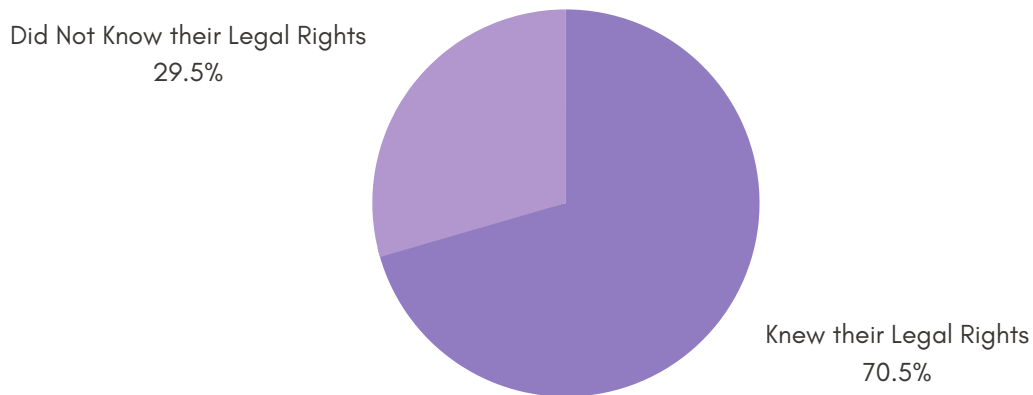


"Just leaving that environment was huge for me. Then staying at a friend's house and the safety, that was huge. Once I felt safe, then I could go and take those steps to reach out to community organizations, and seek that help."

Sources Used to Find Out About Support Services

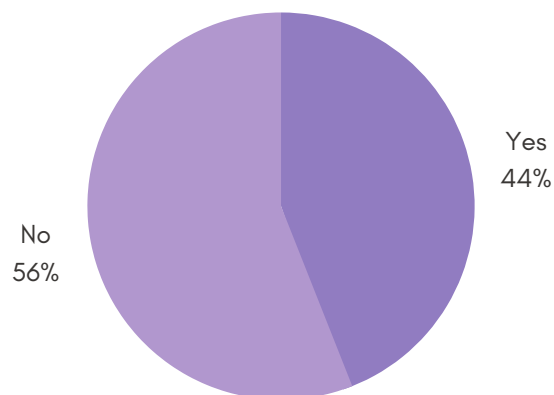
This chart dives into the sources that our participants had used to find out about support services that are available to help them with their abusive situation. Most of them had referred to agencies such as the ones that provide holistic services to empower the women in a sustainable way so she may start her life again for the long run. These agencies can provide counseling services, connect them to lawyers, provide translators and ESL (English as a second language) classes among a multitude of other services. A note to keep in mind here is that agencies may have been overrepresented in our study due to our participant recruitment method where most of them were current or former clients of partner agencies whom we collaborated with. Many had also resorted to calling upon police services. These tend to be in emergency or dangerous situations, and at times it is neighbors or others who witness the abuse who call upon the police. Many women have also informed us that they are wary of police or did not have great experiences with them, though some did. You may read more on this in our [Police Services and South Asian Survivors](#) section in this toolkit.

Participants Knowing Their Legal Rights After Seeking Help



This chart represents the number of women who knew their legal rights at the time of the study. Almost 71% stated that they knew their rights by the time they received assistance from service providers, however this could also include a certain number of participants who had known their rights before then. It is also interesting to note that although the majority of our participants were citizens or permanent residents, some of the permanent residents encountered abusers who falsely threatened to deport them back to their home country if he could not maintain abusive control of her. Such a deportation is not possible. This is the reason this toolkit dives into basic legal knowledge in our [Legal Knowledge](#) section that could empower service providers, survivors, and community members with important knowledge on the matter.

Reporting Gender-Based Violence to the Police



This chart speaks to the percentage of participants who had reported the abuse to police at some point or called upon the police for help leave an abuser. Just 44% had reported the abuse to police. There are many reasons for this such as not wanting her spouse to go to jail, get a criminal record, or perceiving the involvement of police as too serious. Some of the women wanted to leave the abusive situation without necessarily wanting the abuser to be involved with the law enforcement. Some women who called upon police were forced to do so when they found themselves in a dangerous and violent situation. You may read more on this in the [Police Services and South Asian Survivors](#) section of the this toolkit.

WHAT IS GENDER-BASED VIOLENCE?

Gender-based violence (GBV) is an act of violence that an individual faces due to their [gender](#), [gender expression](#), gender identity, or perceived gender.¹ Women are disproportionately impacted by GBV as we see harm shown through IPV. Approximately every six days a woman in Canada is killed by her partner.² The proportion of women killed by a spouse or intimate partner is over eight times greater than that of men.³ GBV also disproportionately impacts the 2SLGBTQAI+ community, Indigenous women and girls, racialized women, women and girls with visible and invisible disabilities, and seniors,⁴ among others. It is important to have an intersectional approach when talking about GBV, as gender can intersect with other identities such as ethnicity, sexuality, immigration status, disability, and so on to create particular experiences of violence.⁵ The intersection of various identities creates a particular “[social location](#)” which impacts how one experiences GBV and what one would need to escape an abusive situation. Considering social location, a [client-centered approach](#) to supporting clients would be effective. As systemic factors and barriers contribute to the violence and lack of support for South Asian women in Canada, our research emphasizes the need for culturally specific support from service providers and other institutions when tending to survivors of GBV, particularly during the time period of the pandemic. GBV has always been a prevalent issue, but the pandemic itself overwhelmed our systems that were set in place to safely assist vulnerable populations. The South Asian participants of this study spoke to the barriers faced when accessing various services, their exposure to combined levels of discrimination, and the lack of physical access to resources and safe spaces during the pandemic. Throughout the past few years, there has been a dire need for more services for this community, as they are increasingly susceptible to harm and have limited access to help.⁶ This becomes even more important when considering, according to a recent study, that South Asians have reported the poorest levels of mental health during the pandemic than those who belong to populations of other visible minorities in Canada.⁷

Throughout this toolkit we will be touching on specific barriers that are in place to access support, and particularly how these impact South Asian survivors of violence. Especially during the pandemic, accessing support became increasingly difficult due to lockdowns, social

1. <https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/about-gender-based-violence.html>

2. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00016-eng.pdf?st=TC4oC8rN>

3. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020055-eng.htm>

4. <https://cfc-swc.gc.ca/violence/strategy-strategie/breaking-briser-en.html>

5. <https://eca.unwomen.org/sites/default/files/Field%20Office%20ECA/Attachments/Publications/2019/10/The%20value%20of%20intersectionality%20in%20understanding%20violence%20against%20women%20and%20girls.pdf>

6. <https://www.unicef.org/rosa/what-we-do/gender-equality>

7. <https://www150.statcan.gc.ca/n1/daily-quotidien/200902/dq200902b-eng.htm>

distancing, and a general fear for safety during uncertain times. Language barriers play a role in soliciting any type of service, especially during the pandemic when many service providers switched from in-person to online or over the phone services. Interestingly, as this transition to online services continued, if transportation was a barrier to accessing services before, this helped bridge the gap as services were now available from anywhere. However, in general, inability to access transportation to services acted as a barrier as well since privacy and personal space was limited during the pandemic with the abuser and children present at home. With more reliance on online services, having access to [technological](#) devices and knowing how to use them became more difficult. During lockdown, where survivors had to stay at home for the majority of their time, an abuser might monitor or confiscate technology use, wifi use, and devices. We will also touch on the lack of legal knowledge, consisting of issues around family law and immigration law, and how this made immigrant survivors of violence more vulnerable. We hope this toolkit will help bridge that legal knowledge gap to an extent for service providers and the community at large. There are many nuanced approaches we aim to take when considering barriers to accessing support both prior to the pandemic, during, and after.

Negative stereotypes surrounding violence are often incorrectly only associated with racialized communities. This toolkit speaks to the violence that occurs in South Asian communities, however, in no way does it suggest that the violence is rooted in South Asian culture or exclusive to it. Rather, the aim of this toolkit is to uncover many of the systemic factors and unique barriers that make GBV survivors both vulnerable to violence and hinder their access to support. Breaking down cultural constructs, myths, and stigma surrounding GBV is critical to ensuring awareness and education for South Asian community members, more understanding from other social groups, and ensuring that there are increased safety measures put in place to protect survivors of violence. This will also ensure that root causes of GBV are addressed instead of deflection to incorrect causes. Our study focused on Canadian South Asian women, and the service providers that serve them, in order to shed light on the unique struggles of this community. GBV is a symptom of patriarchy, and because patriarchy exists in many societies and cultures, it manifests itself in different forms. In a Canadian South Asian context, patriarchy and violence can be upheld by caste, class, religion, and ethnicity, among others. In general, men and boys are given the privilege to more power, control and opportunities over women and girls.⁸ However, it is important to recognize that men too can be survivors of GBV and the constructs of patriarchy.

Many of the participants in this study could speak to the immigrant experience. We acknowledge that although the form of violence may not necessarily differ from what survivors in a Canadian context experience in general, there are specific additional barriers that

8. <https://www.unicef.org/rosa/what-we-do/gender-equality>

immigrants may face. Without cooperation with the violence and control of abusers, immigrants, refugees, and [non-status](#) women often face threats of being reported to immigration authorities, threats of deportation, which compounded with their lack knowledge around their full rights,⁹ becomes a major issue. In regards to immigrants, refugees, and non-status women, dependence and power imbalances play a key role in the experiences of GBV.

When supporting those experiencing GBV, the approaches taken by our North American public systems, such as police, victim services, some service providers including frontline workers and shelters, fail to take cultural context into account when thinking about the supports and services women need. This may take the form of offering faith-based supports, language-based supports, and culturally-specific foods. There is a great deal of diversity and intersections even within Canadian South Asian identities, thus it is crucial to operate in a way that is conscious of this diversity, and rooted in their needs based on their particular social location.

Specific research is being conducted to establish and protect survivors of GBV. When it comes to education and awareness around GBV, 90% of Canadians believe that supporting those facing violence should be advocated for by decision makers, community leaders and workplaces, with 88% believing that countermeasures to GBV should be in school curriculums.¹⁰ We must work to protect survivors, and bring awareness of how violence intersects with various facets of one's identity. An intersectional approach understands that GBV has a greater impact on marginalized communities; this research study further corroborates this understanding of how dire the need for ethno-specific support is for all service providers serving survivors of violence. As active members within our communities, we want to use resources that are available to aid in this process of development and make sure South Asian voices are heard.

"We are living with abusers. We cannot make a call because technology allows tracking with almost any device, and they know this technological stuff. It's easy to track and to control modern day technology, unfortunately."

9. <https://ccrweb.ca/en/violence-against-women>

10. <https://canadianwomen.org/gbv-survey-canada-2022/>

FORMS OF GBV IN THE CANADIAN SOUTH ASIAN COMMUNITY

GBV goes beyond physical violence. There are 6 different forms of GBV:



Physical^{10-11,14}
Involves physical contact intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm.



Financial^{10-11,14}
Control, or misuse of a family member's or intimate partner's money, assets or property. A person has control over another person's access to economic resources.



Psychological/Emotional^{10-11,14}
Words or actions to control or frighten an intimate partner, or to lower their self-respect and self-esteem. Generally where there is a pattern of coercive or controlling behavior or iterated threats.



Sexual^{10-11,14}
Encompasses any situation in which force or threat is used to obtain participation in non-consensual sexual activity or coercing a person to engage in sexual activity against their will.



Technological¹³
Technological abuse is the use of any technology to gain power or control.



Spiritual¹⁴
Using religious or spiritual beliefs to manipulate, dominate, and control.

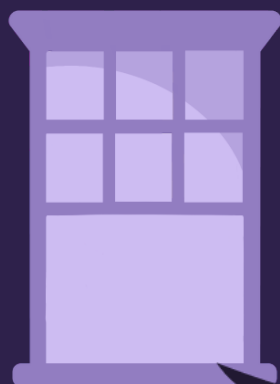
11. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/service-delivery/abuse/types-abuse.html#genderbased>

12. <https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/family-violence.html>

13. <https://womanstrust.org.uk/wp-content/uploads/2021/02/Tech-Abuse-Keeping-Safe-handout.pdf>

14. https://canadianwomen.org/wp-content/uploads/2017/09/FactSheet-VAWandDV_Feb_2018-Update.pdf

BRANCHES OF VIOLENCE PT.1

**Technological Abuse**

"Abuse is also not providing access to [the] computer, to [the] internet, to not get a phone, to keep me away from talking to family at home, to going to classes and making friends there. I wanted to work here."

"[He] kept the wifi password from me and blocked access to the internet on the home computer. I was able to go out to [the] library and send emails and messages but not from home."

Financial Abuse

"He kept financial control over me. I told him I wanted to work but he said no."

"He did not let me know about [finances]. He just gave me money from time to time and would not tell where the bank is, or what the name and account number is. He also took the money that I came with."

Physical Abuse

"I suffered from physical abuse like hitting, scratching, and one time he threw hot water and I got burned on the arm."

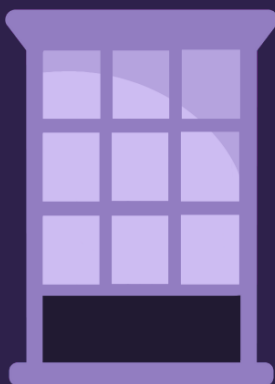
"He slapped me, punched me in the stomach, hit my leg, and one time kicked me. He pushed me and would make me fall. One time he pushed me in the kitchen and I hit my head on the fridge corner."

Psychological/Emotional Abuse

"I remember that my husband often threatened to post lies about me online and also some pictures of me wearing "sexy" clothing that we took together."

"...a lot of mental torture. He said he would post naked pictures of me online. He said nasty things to me like I am ugly, I am stupid, no one would want me, that I should [unalive] myself and leave him alone."

BRANCHES OF VIOLENCE PT.2

**Spiritual Abuse**

"My ex-husband always used religion to his benefit and blackmailed me. I am religious, and he used this against me."

"I was always suppressed and he was very controlling in all aspects of my life. I went through this for 13 years. I was emotionally blackmailed through religion."

Family Violence Experiences

"Family violence [includes the] mother-in-law, sister-in-law, and brother-in-law. They dominate. I was dominated and controlled by all the in-laws. I was like a servant in the family."

"For 1.5 years, I stayed with my in-laws and suffered sexual [abuse], blackmailing, taunting, name-calling, restrict[ion] from contacting my family, monitoring me when I made private calls, withhold[ing] money from me. Personal hygiene products were not allowed for me to purchase."

Immigrant Experiences

"Women face a lot of violence and when you are a newcomer it is even harder because you don't know the place, you don't have your family and friends, and you don't know how to get around this system."

Sexual Abuse

"When we used to fight, I was forced into sex. The kids were told to watch TV while they were in the other room; used to fight about the influence this would have on the kids."

"I have come to know that I do not have to have sex with my husband. When I was there he would force me and I simply accepted it. I thought that was my duty as a wife. No such thing as rape in the marriage. If he wants it, you have to say yes."

GENDER-BASED VIOLENCE IN THE SOUTH ASIAN COMMUNITY IN CANADA

DOES CULTURE PLAY A ROLE IN GBV IN THE SOUTH ASIAN COMMUNITY IN CANADA?

GBV is a global phenomenon. It happens everywhere, including in Canada. According to UN Women, “globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or [sexual](#) IPV, non-partner sexual violence, or both at least once in their life (30% of women aged 15 and older).”¹ More than 640 million women aged 15 and older have been subjected to IPV (26% of women aged 15 and older).² In Canada, more than 4 in 10 women have experienced some form of IPV in their lifetime.³ According to Statistics Canada, in 2018, 44% of women reported experiencing some form of psychological, physical, or sexual violence by an intimate partner in their lifetime.⁴

Patriarchy is defined as “a system of society or government where men predominate in roles of political leadership, moral authority, social privilege and control of property”.⁵ Even though patriarchy and GBV cut across cultures and communities, it is often seen by Western societies as an exclusive and inherent aspect of particular cultures that are labeled as the “Other.” These “other cultures” are perceived as more violent and oppressive towards women compared to the mainstream and dominant white culture. Scholars have called this “[the culturalization of violence](#).”⁶ We see this particularly in the context of immigration, where racialized and migrant communities are believed to bring their “inferior” values into the host country. Law, policymakers, and the media use the culturalization of violence to justify further alienation, racism against, and penalization of marginalized communities through harsh immigration and criminal laws. This creates additional barriers for racialized and immigrant women

1. Facts and Figures: Ending Violence Against Women. UN Women <<https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>>

2. Ibid

3. Adam Cotter (2021) “Intimate partner violence in Canada, 2018: An overview.” Statistics Canada <<https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm>>

4. “The Facts about Gender Based Violence.” Canadian Women’s Foundation <<https://canadianwomen.org/the-facts/gender-based-violence/>>

5. <https://www.justice.gc.ca/socjs-esjp/en/women-femmes/Definitions>

6. South Asian Legal Clinic of Ontario (2010) “Who/If/When to Marry: It’s a Choice.” <<https://salc.on.ca/wp-content/uploads/2021/04/Forced-Marriage-Toolkit-July-2010.pdf>>

experiencing violence to seek help, and pushes them further into situations of violence. Since the root causes of violence and the actual needs of survivors remain unexplored, support and services that are appropriate for racialized and immigrant women remain inadequate.

To understand the relationship between culture and violence, we must first understand culture. Culture can be seen as a shared set of practices, beliefs, and norms that distinguish a group from another. Since GBV and patriarchal norms are found in many different communities, including mainstream Canada, we cannot say GBV is a part of “South Asian culture,” or more pronounced in that culture, because it is not unique to South Asia or any one region. Moreover, South Asian culture is not a monolith. The region is vast and incredibly diverse in terms of the countries it includes, sub-regions and communities, socioeconomic conditions, languages, and types of family systems within those countries. Cultures within a specific geographic region are, therefore, diverse, shifting, and fluid.

Instead of pointing to a specific culture for violence, it is more valuable to examine the myriad factors that contribute to the specific manifestations of violence in a particular community. While patriarchal violence cuts across many communities, the causes, prevalence, and ways in which it plays out can depend on a number of factors. For example, immigrant South Asian women may experience multiple oppressions, not only from their own community (i.e., through gender and class-based norms) but also from the dominant society based on their immigrant and ethnic minority status.⁷ The stressors that accompany immigration and settlement have been known to increase the vulnerability of women and children to violence in the family.⁸

In our study, we take this nuanced approach to understanding the relationship between culture and violence. We take the position that while patriarchal social and cultural norms can be one of the many players in violence, these attitudes are seen in many communities and cultural groups, including non-racialized groups in Canada. These values, coupled with other specific socio-political factors can create unique experiences of violence in different communities. This view has been confirmed by the community leaders and survivors of violence that we have spoken to over the course of our study.

58% of all the community leaders of organizations that we interviewed attributed GBV to [misogyny](#) and patriarchy, rather than to any South Asian culture. The Barbra Schlifer Commemorative Clinic states that one cannot blame South Asian culture for violence, because there is incredible diversity within the region, and not everyone’s experience of GBV is the same. The Schlifer Clinic also emphasizes that GBV exists wherever there is power imbalance.

7. Farah Ahmad, Natasha Driver, Mary Jane McNally, Donna E. Stewart (2009) “Why doesn’t she seek help for partner abuse?” An exploratory study with South Asian immigrant women. *Social Science and Medicine* (69) 613-622.

8. Dr. Ferzana Chaze and Archana Medhekar (2017) “The Intersectional Oppressions of South Asian Immigrant Women and Vulnerability in Relation to Domestic Violence. Ontario Bar Association <<https://www.oba.org/Sections/Family-Law/Articles/Articles-2017/March-2017/The-Intersectional-Oppressions-of-South-Asian-Immi>>

The South Asian Legal Clinic of Ontario says that cultures may be different, but the underlying power and gender dynamics are similar, and many cultures have misogynistic views on women and their roles. The South Asian Women's Rights Organization challenges the notion of violence being an exclusively South Asian phenomenon by bringing attention to the widespread violence against women in other communities in Canada, such as the violence against Indigenous women.

Two of our community leaders spoke specifically to the complicating factors that give rise to violence within racialized, immigrant communities. For example, they addressed the patriarchal beliefs coupled with systemic barriers faced by newcomer/immigrant women. As previously mentioned, newcomers/immigrants may have a lack of support systems, face inaccessibility, language barriers, and so forth. These factors, coupled with a lack of accountability/punishment allows GBV to continue. An anonymous researcher working in GBV in the migration context states that family dynamics and the ways in which they are complicated by the process of immigration speak to the ways in which GBV manifests in the South Asian diasporic context. Immigrant women, despite being physically removed from their home in South Asia, continue to have influence on the extended family in their home countries through technology, and are told to compromise and adjust in situations of violence. According to this anonymous researcher, these are more familial factors rather than cultural factors. If they were purely cultural, every family that identifies as South Asian would practice the same norms, which is not the case. This was confirmed by the experiences of the participants during the focus groups.



"My relatives told me to seek forgiveness. Apologize and he will be yours and everything will be alright. Some cut off ties. Some told me to struggle."

When asked about the forms of violence participants in our surveys and focus groups saw as cultural norms, 13% said, “domination,” 10% said “male superiority,” and 15% said “expected gender roles.” Additionally, 9% viewed “compromise” and 2% viewed “shaming” as something that was accepted as a cultural norm. Therefore, more people listed aspects of patriarchy (i.e., male domination, superiority, and expected gender roles) that are prevalent in all societies, and did not speak to criteria that are exclusive to South Asian communities. About 6% of the women said that their families normalized the violence, while 42% people said they had supportive families, and 54% said their friends were supportive when they shared their experience of abuse. This speaks to the diversity of the norms practiced within South Asian communities.

When speaking about external factors that increased or impacted the violence/abuse (whether it be mental, emotional, [financial](#), or physical) that participants have faced, 15% said it was the lack of personal space at home during the pandemic, 11% said it was due to children, 18% said it was due to financial issues, and 10% said it was due to job insecurity.

A recurring theme in the participants’ responses was stigma. Fear of stigma came up often as a barrier to leaving an abusive relationship and talking about GBV with others. When asked about the reason for not talking to anyone about the violence, 64% of participants reported that it was due to the fear of stigma, while 14% reported that they did not want to burden anyone. 11% reported that they did not want to or could not share what was happening. Approximately 17% reported that stigma prevented them from leaving the abusive situation. The fear of stigma can therefore be seen as one of the specific factors that perpetuate violence within the South Asian community in Canada. However, it is important that this not be seen as an exclusive and innate part of South Asian culture. The anonymous researcher working in GBV in the migration context points out that this phenomenon of gossip and maintaining one’s reputation can also be seen in church communities; for example, where homosexuality is stigmatized. In the context of the South Asian immigrant community, ethno-cultural enclaves are formed as a survival mechanism due to the socioeconomic pressures of survival. While the community comes together and stays contained within itself to support one another, the anonymous research mentioned above points out that the downside to this is that maintaining reputation becomes important to maintain one’s belonging within their support system. As a result, GBV is often not talked about, and survivors do not reach out for help.

Among participants who responded, some other factors for not leaving the relationship included keeping family together for the sake of their children (18%), fear (7%), no alternative housing (4%), emotional investment in family (4%), and financial reasons (16%), among others. When asked about the reasons for not reporting to the police, fear for safety came up as the most frequent answer (46%). Interestingly, among participants who did report to the police, fear for safety was also the most frequent answer. For those who

did report, some of the difficulties in reporting included language barriers (21.4%), lack of evidence (17.9%), and fear of reporting (17.9%). Some participants spoke to the fact that police did not take their calls for help seriously when there was no physical evidence of violence; this is an additional deterrent to seeking help. Considering that there are six different forms of GBV and that most of our participants reported facing emotional/psychological violence even more frequently than physical violence, this points to a major drawback in police response to GBV calls. You may read more on this in the [Police Services and South Asian Survivors](#) section. If police do not recognize emotional/psychological abuse as reason enough to provide support, it further reduces the options survivors have to leave an abusive situation. Overall, more systemic and familial factors were reported as barriers to leaving the relationship and reporting the violence than cultural factors.

Recommendations

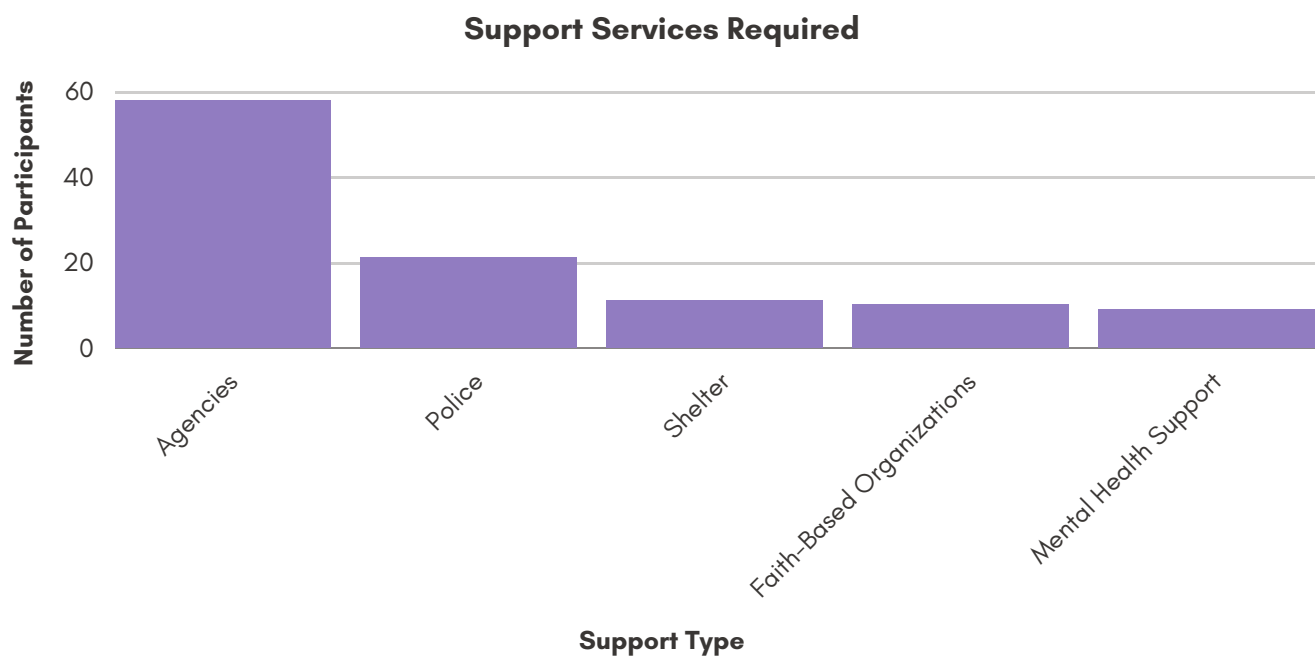
1. When providing services to survivors of GBV, it is very important not to make judgments or have preconceived notions about their culture, community, or faith.
2. Instead of looking at the violence as a product of their culture, the focus should be on understanding the specific and systemic factors that may have contributed to or exacerbated the violence. Specific focus should be placed on the barriers that have prevented a woman from seeking help (e.g., the pandemic, poverty, financial dependence on partner, children, immigration precarity and other immigration-related stressors, racism and discrimination when seeking services).
3. If a woman reports fear of stigma as a barrier to leaving the relationship or seeking help, it is important not to see her entire community and culture as one that is unsupportive of women facing GBV. Often, women will specifically seek out culturally-specific services, such as faith-based counselling and service providers from their community. Judgements about their community can deprive them of important and appropriate services. At the same time, it is crucial not to assume that a woman will only want services from her own community. Sometimes, they can be nervous about confidentiality and their information being leaked to the community. The key is to ask clients what they want (client-centered approach) and create a safe space for them to express their needs.
4. Take away: There should be no assumptions or judgments about one's community, culture, national/ethnic background, or faith. A client-centric approach involves asking the clients what they need and want before making any decisions on their behalf.

SERVICES MOST NEEDED BY SURVIVORS AND BARRIERS THEY FACED

The COVID-19 pandemic created new barriers for GBV survivors attempting to access services and supports, while heightening barriers that had previously. The services that women required the most during the pandemic can be seen as a direct response to the barriers that have been rampant both before and during the pandemic. The pandemic itself has created unique barriers with novel eligibility criteria to access certain services, which consists of intersectional barriers faced particularly by racialized, immigrant women, and other gender minority populations in Canada. In this section, we take a deep-dive into the various barriers faced by South Asian women to help us better understand the root causes of and the factors contributing to GBV against marginalized women, especially in the context of the pandemic. Ultimately, in order to effectively improve service delivery, it is important to identify the larger and systemic forces at play that hinder South Asian GBV survivors' ability to access services and help. This allows us the opportunity to mitigate the barriers and to reform our approach in how services are provided, especially during and after the pandemic.

SERVICES MOST NEEDED BY SOUTH ASIAN SURVIVORS

Our participants from our research study have most needed the following services during the pandemic:



Agencies

Our participants reported that they most needed agency support among all support services during the pandemic. More specifically, they commented on the specific services from agencies that they found most helpful. These included service referrals to other organizations, counseling, and a safe space for discussion. It is important to note that the need for agencies may have been skewed in our study considering that most of our participants were recruited from our partner agencies, and so the survivors in our study may have leaned more into agencies for support.

Some agencies mentioned that their aim is to assist a woman holistically to help build her confidence and skills in order to become her most empowered self. Among the many services offered by agencies, training and education on various topics was found to be helpful. This included resource sharing about options available to the survivor, but also included training on digital literacy, such as using computers, tablets, cell phones, and Zoom. During the pandemic, it became very important that women were able to use technology as services were often provided online if possible. Beyond technology, depending on their specialty and services, agencies also provided interpreters, childcare support, digital aid, free legal aid, financial support, and transportation aid, when possible. Other training that was offered included learning the English language, enhancing employable skills, violence prevention, and financial literacy. Financial literacy and financial assistance took various forms – monetary welfare benefits, gift cards, tax filing, budgeting, navigating online financial platforms, including OSAP’s website or applying for CERB if relevant during the pandemic, and long-term support until their client is able to secure financial independence of her own.

Shelters

Shelters were frequently mentioned as an important service provision that our participants needed. When GBV survivors look to escape their abuser or a dangerous situation, shelters provide a temporary space to live in. There the women can feel safe and stay until they have next steps in order. At times, if the woman chooses to return to her household, shelters provide them with a safety plan should she need to leave again. Many shelters were overwhelmed and at capacity during the pandemic. However, some shelters mentioned that they had provided rooms for GBV survivors in hotels when they reached capacity. Unfortunately, shelters were not without their issues according to our participants. More can be read on this in, [The Need for Cultural Sensitivity](#) section of this toolkit.

Police

Our study also revealed that there was a significant need for police assistance and associated follow-ups as they are usually the first respondents when a survivor is in danger. Our participants had a mixed response to their experience with police services – some were highly appreciative of their response and support in a time they had no one, while others did not feel the police helped them and went so far as to say the way police responded may have hurt their situation. More can be read on this in the [Police Services and South Asian Survivors](#) section.

Mental Health Support

Another type of service that was valued by our participants was mental health support. This took the forms of therapy/counseling, doctors' referrals, and medications among others. GBV can take an immense toll on a survivor's psychological and mental health, hence why it is a category of GBV abuse in itself. South Asian women tend to prioritize their mental health and well-being last among their family, and this combined with the emotional and psychological enmeshment that can take place in some South Asian families, it is of no surprise that mental health support was highly valued. Among the goals of counseling and therapy are the development of self-esteem, empowerment, awareness of their trauma, and identification of what triggers may retraumatize GBV survivors. South Asian women clients may be asked to reframe their priorities seeing that self-care is often overlooked or not understood. Some agencies have taken steps to empower their clients in this manner. For example, Punjabi Community Health Services in Calgary offer meetings with other women survivors where they discuss their strife, share knowledge and resources, and lean on each other as a sort of "sisterhood," which they found very helpful for their mental health.

Faith-Based Organizations

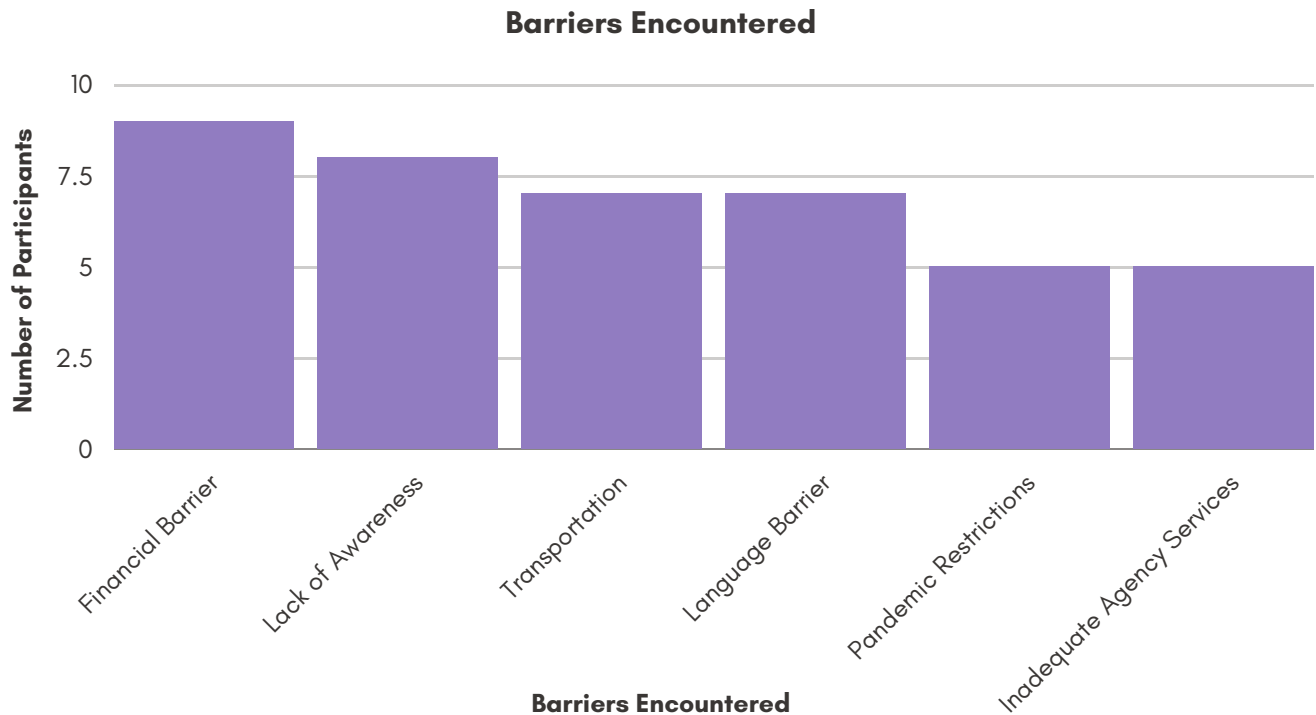
Faith-based organizations were places for South Asian community gatherings. Beyond the support and sense of community they found there, survivors were able to lean on each other through shared faith. While some women found their faith-based leaders were empathetic and supportive, others found that their leader was not one whom they could rely on for help. There is room for awareness building and GBV training among faith-based organizations considering they inadvertently become frontline supporters in some GBV cases.

The above-mentioned services were most required by our participants facing GBV during the pandemic. Some of the data speaks to the nuances of the South Asian experience and perspective, others speak to the broader immigrant experience, and some speak to the experiences of a GBV survivor from any community.

SERVICES MOST NEEDED BY SOUTH ASIAN SURVIVORS

Beyond the barriers that South Asian GBV survivors may face while attempting to access services, such as stigma, the pandemic presented unique barriers that hindered timely access to services and support.

"I needed more support when I was dealing with all the agencies and going to court. I felt I had to take many steps alone."



Health concerns and isolation measures during the pandemic added extra barriers to accessing support. Many survivors were afraid to leave their home, especially in the first few months of the pandemic, due to uncertainties about COVID-19 and a lack of vaccines in the early days. This was especially true if they had children. Additionally, the closing of stores, public indoor spaces, and most agencies left few reasons for survivors to leave their home even if they chose to. During the pandemic, some community organizations, such as CASSA, helped spread knowledge about COVID-19, dispelled misinformation, built awareness of the benefits of the vaccine, and increased vaccine engagement and vaccinations in the South Asian community. These initiatives led to reduced health-related worries that GBV survivors may have been dealing with on top of their abuse at home.

As previously mentioned, many service providers started serving their clients virtually. Thus, computer literacy was required of survivors to receive help more than ever before. Many survivors who were not comfortable using devices such as cell phones, tablets, or laptops had to learn how to use them. Some did not have the resources to afford them and so waited on agencies to provide them with such devices. Additionally, using online services requires overcoming language barriers to use devices. Unfortunately, even those who did secure devices struggled to receive services from home as lockdowns or work from home measures meant the abuser was home, thus leaving little privacy to have conversations with service providers and counselors.

Another common pandemic-related barrier that our participants mentioned was financial insecurity. While this did not necessarily directly translate to an inability to access services, it

exacerbated the tension and violence in South Asian homes. It did however reduce a survivor's ability to leave a dangerous situation on an Uber or even public transport, among other constraints that financial insecurity added. Financial insecurity was a result of many abusers and survivors losing their jobs or facing reduced work hours during the pandemic. Prior to the pandemic, some South Asian survivors would use the time and space that they had at home to cook homemade food that were sold to ethnic grocery stores to make extra cash. This was no longer possible during the pandemic as the spouse and children were now home and needed to be taken care of which resulted in additional financial loss. The financial stress and at times an abuser's loss of identity as the breadwinner at home increased the abuser's addictions, such as alcohol addiction. Financial stress, loss of identity within the household, and the resulting use of alcohol only served to increase GBV in these homes.

Intersectional identities may face intersectional barriers requiring additional support. For a specific GBV circumstance, several barriers may coexist and reinforce one another.¹ Unfortunately, this may result in intersectional barriers that prevent the provision of equitable and personalized support that many service providers had been working hard to maintain throughout the pandemic.

Recommendations

- Service providers should encourage South Asian women survivors to prioritize self-care, to understand the importance of mental health, and provide survivors with ways to take care of their mental health.
- Faith-based organizations may wish to build more awareness and skill building around GBV to better support GBV survivors as these organizations may inadvertently become frontline supporters to some women facing GBV.
- In the midst of a pandemic, community organizations should prioritize dispelling misinformation and helping to spread knowledge about the illness at hand, which would then help alleviate health-related worries that GBV survivors must deal with on top of their abusive situation at home.

1. <https://eca.unwomen.org/en/digital-library/publications/2019/10/the-value-of-intersectionality-in-understanding-violence-against-women-and-girls>

THE NEED FOR CULTURAL SENSITIVITY

Cultural sensitivity is an important aspect of service provision, especially when a service provider and client do not come from similar cultures and backgrounds. Understanding a client's needs in dire times requires understanding their norms, fears, and values, among others. This will allow for effective support and trust development. It is imperative that organizations embed cultural sensitivity in their policies, training, and practice.

WHAT IS CULTURAL SENSITIVITY?

To use a framework of cultural sensitivity means providing culturally safe and sensitive care that meets the social and cultural needs of diverse populations.¹ The first step to becoming culturally sensitive is to bring awareness of one's own beliefs, biases, values, and cultural practices. This process of self-understanding and reflection provides a foundation that supports creating an environment that is sensitive and adaptive to individuals' cultural differences and needs.² Overall, cultural sensitivity emphasizes awareness of the impact that peoples' cultural differences and similarities have on their values and behaviour, which can aid us in developing important skills of intercultural competence.³

Milton Bennett developed a framework that can be used by service providers to understand the various stages of cultural sensitivity when providing services for South Asian GBV survivors.

"They sent me to a mental institution because I called the police. Now I am scared to call the police. They don't understand the culture."

1. Brooks, L. A., Manias, E., & Bloomer, M. J. (2018, October 12). Culturally sensitive communication in healthcare: A concept analysis. *Collegian*. Retrieved March 14, 2022, from <https://www.sciencedirect.com/science/article/pii/S1322769617303153>
 2. <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/culturally-sensitive-care/>
 3. https://www1.nyc.gov/assets/ochia/downloads/pdf/cultural_sensitivity_wkshp.pdf

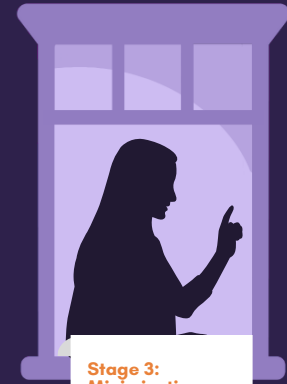
BENNETT'S STAGES⁴



Stage 1: Denial
Where people do not recognize their differences and experiences from other people



Stage 2: Defense
Where people recognize the differences in cultural experiences, but view it in a negative light as it is different from what they believe



Stage 3: Minimization
As individuals have awareness of their differences with others, yet fundamentally believe that their values, beliefs, and culture are superior



Stage 4: Acceptance
Where there is an understanding of cultural differences, a desire to learn more, and individuals gain the ability to identify how experiences are influenced by culture



Stage 5: Adaptation
Where they have the capacity to communicate with other cultures



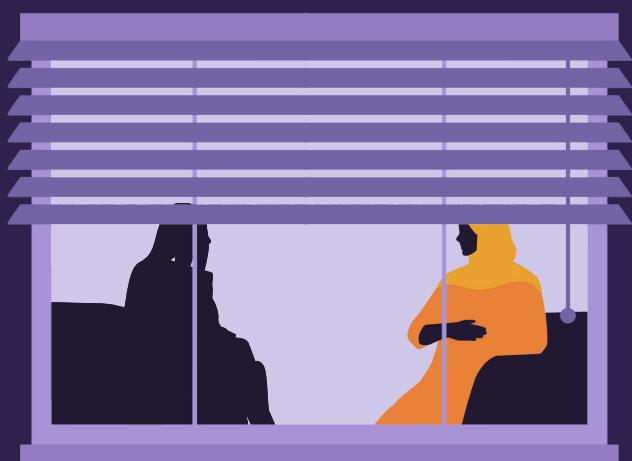
Stage 6: Integration
In which there is competency in understanding a cultural frame of reference to one another, creating the foundation for developing and communicating empathy for other cultures and their belief systems

4. Ibid

ROLE OF SERVICE PROVIDERS

Service providers play a vital role in providing support to individuals in need. They are not only involved in protocol development, but some also aid in prevention and intervention, education for more informal supports, and are consistently⁵ developing and updating protocols and guidelines for staff to facilitate effective support for survivors. During the pandemic, for example, organization policies were changed to guide staff working in an uncertain climate, transitions to primarily supporting clients from a virtual space were made, and safety plans were updated for clients. Certain service providers who serve marginalized, racialized, and/or work with ethno-specific communities serve an important role in meeting needs that may arise from the intersectional identities of survivors allowing their clients more opportunity and tailored support. A lack of cultural sensitivity within this process can add extra burden and difficulties for survivors from marginalized communities while contributing to feelings of alienation in the system. This may add to their hesitancy and discomfort when seeking services and support,⁶ and prevent survivors from seeking help at all.

Service providers work to give formal support by recognizing safety concerns, including assessing risk, creating safety plans to help a survivor leave an abusive situation, and helping to integrate them safely into society. Education and knowledge building is also an important role for service providers as they work to impart helpful knowledge to communities so that they are better equipped to recognize and respond to GBV.



"I didn't know anything. There should be awareness for immigrants when they are coming in. When there is awareness then you would know what to do when you need help. I found out from child and family services. The knowledge that I have now, I didn't know at that time. I am more aware now. "

5. <https://link.springer.com/article/10.1007/s10508-020-01820-w>

6. Ibid

WHAT ARE THE CURRENT GAPS?

During this study, our participants shared their negative experiences in situations where service providers lacked cultural sensitivity resulting in various barriers to accessing services. Shelter staff and police were frequently mentioned by participants as service providers who lacked cultural sensitivity. At the time of this study, nine women were living in a shelter or alternative housing. 13.6% of the participants encountered language barriers when reporting their situation to the police. Some participants noted that interactions with male police officers were intimidating and uncomfortable as there was some distrust of male officers, which may prevent a survivor from seeking help. Instead, they suggested that the accompaniment of a female police officer would help ease their mind. This further emphasizes the systemic issues that arise due to gaps in cultural sensitivity.

SHELTERS AND TEMPORARY HOUSING: CULTURAL SENSITIVITY IN THE SOUTH ASIAN CONTEXT

There are several important and unique considerations for housing South Asian women and children who are fleeing from situations of GBV. While living at shelters or temporary housing, South Asian survivors can make use of support that maintains cultural and lifestyle familiarity so as not to feel entirely alienated.

Loneliness

South Asian women housed in shelter services or temporary housing reported the feeling of loneliness. South Asians typically reside within community-based structures, and some come from large nuclear and extended families. While various factors can contribute to loneliness while at a shelter or temporary housing (e.g., not having family/friend support, attempting to locate appropriate services or navigate unfamiliar and complicated systems), survivors have described it as one of the most detrimental effects to their emotional health.

"Stayed at a shelter and I did not like it. I found it scary, and I felt alone. I left after 3 days and stayed at a friend's house for some time. I was lucky that my friend and her husband let me stay there. I was worried and scared to go to a shelter."

"[Women] coming from outside don't know about such services. [Some women] are drunk in [the] shelter. They are raped. They take away the kids and so on."

Diet

Within the shelters, many South Asian women experienced difficulties in dietary changes. The South Asian diet is generally rich in spices, and consists of whole grains like lentils and beans, vegetables, white rice, and flatbreads.⁷⁻⁸ Many South Asian individuals are also vegetarian, and oftentimes their diet can be tied to religious practices. These personal preferences within a shelter system are difficult to navigate, as many reported having to eat what was provided to them which sometimes went against their cultural and religious beliefs (e.g., lack of halal food, having options without beef). Changes in diet also impacted the survivor's children and their health as they had to similarly acclimate to the food that was available.

"Meat and eggs [were offered for food] which [we] don't eat, it was hard."

"Food was a big problem – no vegetarian options for the Indian diet. There was mostly one type of diet and we cannot eat it. If lentils or rice could be added, it could help those using the shelters."

"It is shocking to be at a shelter all of a sudden with all these strangers. I was in shock for many days...also, it did not have any Indian food but I managed..."

Language Barrier

Some participants felt the impact of a language barrier when staying at shelters or when interacting with the police. When a language barrier is not taken into account by service providers, a survivor is likely to feel further alienated, ostracized, and it is very difficult to approach support through a client-centered approach. Among mainstream service providers, if most services are provided in English, many women will feel a disconnect and an inability to access effective support. This is important to address as some South Asian survivors may feel uncomfortable seeking help from a South Asian serving service provider concerned about stigma and the potential that her community may learn of her circumstance.

7. <https://www.ualberta.ca/folio/2019/06/diets-of-nearly-half-of-south-asian-immigrants-are-unhealthy-study-suggests.html>

8. <https://www.sutterhealth.org/health/nutrition/healthy-south-asian-diet>

"Went to shelter; [it] was hard time; did not know English, needed a translator. Had to go everywhere alone, nobody was with me. People would give me general advice, but nobody came with me, providing assistance..."

"Counsellors will be able to understand my situation if they understand my language and culture."

Connection to Religion

Many individuals in South Asian communities in Canada are connected to their faith by observing religious practices and attending places of worship regularly. Based on our survey, the majority of the religious affiliations reported by participants seeking services were Islam, Hinduism, and Sikhism. Due to a lack of knowledge and awareness around certain religious practices, service providers are often unable to arrange spaces for worship if required. Being able to engage in personal religious beliefs and practices are important to survivors. They describe the power of religion and faith in providing them with the strength required through difficult situations. Being placed in a position where they are not able to acknowledge or have space to practice their faith can compound the mental and emotional harm.

"[Having] religious centers like mandirs, gurdwaras could help..."

Cultural sensitivity considerations by service providers allows for survivor safety, trust development, emotional and mental ease/strength, which further allows survivors to access services without facing additional challenges.

Recommendations

- Service providers need to be aware of cultural differences and similarities in order to better understand their clients, their needs, and the norms they are familiar with.
- Cultural sensitivity needs to be established in policy, training, and practice as it raises awareness to cross-cultural communication, therefore strengthening the relationship with clients and effectively meeting their needs.
- There are times when service providers are called upon for translation or assistance when police are contacted for help. Advocating for the accompaniment of a female officer in these cases will allow their clients ease of mind and comfort in dire times.

HOW THE PANDEMIC CHANGED SERVICE PROVIDER PROTOCOL

CHANGES IN AGENCY EFFORT

Despite the increase in GBV cases during the pandemic and the barriers it added for survivors attempting to access resources, service providers continued to assist GBV survivors to the best of their abilities given the limited resources they had. To address these barriers and to increase capacity to serve as many clients as possible, they implemented several immediate changes to their efforts. Immediate changes included changes in protocol and active efforts to obtain funding, while other upgrades included increased access to technology, housing alternatives, outreach/social media, and addressing language barriers in a time the world relied on virtual spaces. Overall, this allowed for more inclusive and accessible services to the South Asian community in Canada during the pandemic.

CHANGES IN PROTOCOL

All service providers have standardized procedures and protocols which include an intake process, a needs assessment, and a referral process. These standardized procedures and protocols help service providers implement individually tailored services to GBV survivors on a case by case basis. When many service providers were required to close their doors during province-wide shutdowns, they had to quickly adjust to new requirements to serve their clients. This often took the form of introducing or increasing remote services to reduce health risks. This also meant practicing new social distancing measures where service providers would meet and assist clients in public spaces instead of their offices. Providing a space to meet in person while social distancing became a necessary change. Some service providers did keep their offices open for the few clients facing urgent matters. Since the pandemic moved many services online, service providers also had to navigate technological barriers, whether this included increasing access to devices or increasing technological literacy. Many of our participants had stated that this training on how to use devices and Zoom, among others, worked well for them. Many of them were comfortable receiving services online if they had the freedom to do so from home and were safe from the abuser which, unfortunately, was not the case for everyone. In the case that the abuser was around, some participants stated that they had to take calls from service providers from unusual spaces in the home, such as the bathroom, and service providers found that their calls were not returned at times.

Furthermore, long-standing safety plans for GBV survivors to safely exit a dangerous situation had to be modified during the pandemic. For example, one of the service providers interviewed mentioned that there was a change in safety plans which depended on the availability of resources, such as available housing (e.g. what housing options are available, were shelters in the area at capacity) and police access (e.g. can police be contacted, were police as accessible during the pandemic). Service providers emphasized the importance of having the safety plans tailored to the individual's case, but also noted the importance of providing and having various options available. Furthermore, service providers emphasized discussing the options with their clients in detail, including considerations of safety and their rationale, which changed during the pandemic in many instances. For example, unlike a client's situation at home prior to the pandemic, some of them could no longer openly discuss their options of escape over a phone call any longer, and some could no longer freely leave their homes to meet service providers in public spaces since the abuser was always home. Thus, service providers had unique considerations to keep in mind when forming client safety plans during the pandemic.

Changes in style of communication was another shift that was required during the pandemic. Service providers had to remodel their style of communication with clients as they recognized that many abusers were home frequently due to having lost their jobs or working from home. As a result, there were fewer opportunities for service providers to discreetly communicate with their clients. Some examples of the changes in style of communication included leaving voicemails without mentioning the client name or service provider name, writing emails to clients without using a sign-off indicating who they are, and ensuring the client was able to speak from a private room before a phone call or Zoom call. Finally, service providers had to increase efforts to make sure there was client confidentiality, which included having protocols to ask questions in order to verify that communication took place with the correct individual. Even during this study's focus group sessions which took place over Zoom, some participants had remained silent and did not respond to any of our facilitators' questions. Facilitators were advised not to prod these participants to take part since there was a likelihood that the abuser may have unexpectedly arrived home or even been in the same room; there was no way for facilitators to know what the situation was since all participants had cameras turned off for anonymity purposes. All this to say, a shift in protocol, safety plans, and style of communication were essential to serving their clients in the safest, most effective manner possible.

ACTIVE FUNDING EFFORTS

Funding has always been a challenge for service providers who serve GBV survivors. Due to the pandemic, service providers recognized an urgent need to obtain more funding in order to provide basic needs and resources to their clients. Service providers also required more staff to be able to provide increased support as there was a sudden influx of survivors who needed their help. Recognizing this urgent need for increased funding, most service providers made a concerted effort to obtain and secure funding through multiple funders, taking advantage of

any opportunities that were available to them during the pandemic. However, the service providers we had interviewed reported that funding opportunities were very competitive during the pandemic and preference was given to bigger organizations even though the smaller ones were overflowing with clients in need of help for their size and capacity.

A positive outcome from the pandemic was that it opened and provided an opportunity for funding for technology. These funding opportunities allowed many agencies to invest in computers, tablets, and cell phones for their clients. Seeing that many services were provided over video chat, agencies utilized these devices to provide services from or close to their client's home. Based on their experiences, there has been an ongoing lack of funding for transportation for the clients which further necessitated the use of these devices.

The types of funders that South Asian serving service providers applied for funding from were the government, large organizations, pilot funding, one-time funding, among others. Unfortunately, due to a short-term funding model that prevailed throughout the pandemic, many service providers recognized the need to spend many hours working on proposals, fundraising events via online campaigns, and continuously seeking out new funders. The short-term funding model left service providers in uncertainty about whether they can continue serving their clients on an ongoing basis. This precarity in funding and services will be discussed further in the [Precarious Funding](#) section of this toolkit.

OTHERS

Access to Technology

During the pandemic, service providers tried to provide clients with more access to technology, alternative housing (e.g. hotel rooms provided if shelters were at capacity), and language-specific services.

In terms of provision and access to technology, some service providers were able to secure funding, while others were unable to do so. For those who acquired access, it was often initially a barrier to overcome, as many clients were not able to navigate the use of technology for various reasons, including unfamiliarity with using the device, or not having privacy to access it safely from home. This became a pressing issue during the pandemic. For example, service providers described how there were situations when virtual contracts were sent to clients, but due to the lack of knowledge around the usage of technology, the clients were not able to sign it. Service providers also reported that contacting clients via their phone resulted in a lack of communication as many clients would not reply at all or do so after a delay. Some organizations were already equipped to be able to provide remote services, but the service providers that did not have capacity had to make an abrupt transition and secure technological devices such as cellphones, laptops, or tablets for their clients. Service providers were also required to explore options for virtual communication which enabled the introduction of new programs (e.g. Zoom, Microsoft teams). To be able to use technology efficiently and effectively, service providers also conducted training sessions for clients and their staff. They also secured devices for their staff to be able to provide remote assistance to clients.

Alternative Housing

During the pandemic, there was an increase in the number of individuals seeking assistance from shelters. Shelters often have a cap on the amount of people they can house, resulting in many community members being left in unsafe housing situations. In order to combat this, with the funding they received, service providers offered rooms in nearby hotels until they could be accommodated with secure and stable housing.

Outreach and Language Barriers

Many survivors had stated that there was a need for better advertising for the support and services provided from service providers. During our focus groups, some survivors described that there was a lack of awareness about the support and services, and wished that they had come across the resources in different languages earlier; for example, through flyers at the local ethnic shops, doctors clinic, religious buildings.

During the pandemic, all South Asian serving service providers we spoke to had made an attempt to promote their services to non-English speaking communities both virtually and in-person. This outreach was done through schools, shelters, settlement organizations, word-of-mouth, and other community institutions. Service providers prioritized translating resources and educational materials in multiple languages, and made them accessible online. This was made through the help of staff members contributing their various language skills, as well as collaborating with ethnic groups/services, places of worship, medical clinics, and through newcomer/settlement services. Service providers went further and utilized different social media platforms, such as YouTube, Instagram, and Facebook, to bring awareness of their resources and services to a wider audience. They had also connected with ethnic media sources such as ethnic radio stations, TV stations, and newspapers. They also offered virtual workshops in various languages. Through this process, it became increasingly evident that conducting outreach in multiple languages and sources was essential for services to be more accessible to the South Asian community. The continuous efforts of service providers and collaborative work with community members had made these advancements in outreach possible and successful in a time when it was needed most.

Recommendations

- Ensure remote services are available with a protocol to address client safety and safety plans, but also educate the client about all available options so they are empowered to make the choice.
- Service providers need to ensure that they are aware of their clients' technological literacy, and provide training sessions to ensure online services are easily accessible to all clients, especially when that is the only option as it was during the pandemic. Client self-confidence in using technology will increase with new skills and time.
- Service providers need to conduct outreach in multiple languages across various media platforms in order to make their services known by and available to diverse communities.

HOW SERVICE PROVIDERS FARED IN SUPPORTING SURVIVORS DURING THE PANDEMIC

Service providers have played a pivotal role in providing a wide range of multifaceted support to GBV survivors during the pandemic. South Asian GBV survivors have encountered a plethora of obstacles to getting the care they needed. Service providers have attempted to cushion some of the barriers – in order to provide basics, through pandemic-related hurdles, and to help survivors overcome systemic gaps. The following are some of the services and traits that were successfully implemented during the pandemic and most appreciated by survivors, which are then followed by services that have opportunities for improvement.

HOW THEY SUCCEEDED IN SUPPORTING CLIENTS

Our study has revealed that among services that were most appreciated from service providers, counseling, referrals, legal support, and housing/shelters topped the list. The most appreciate service trait of service providers was that many survivors found them reliable.

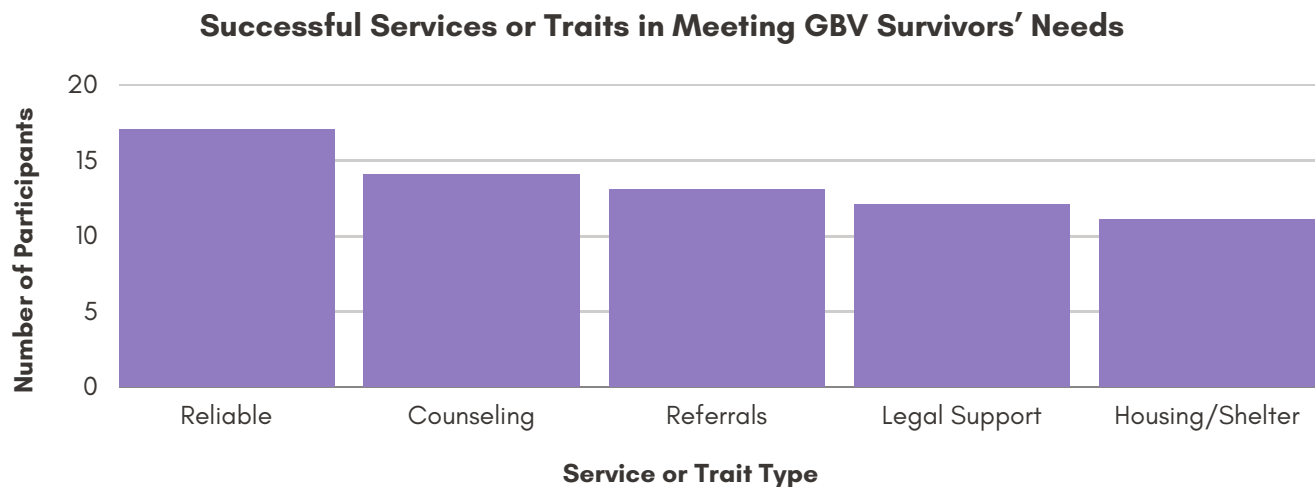
Counseling was among the most successfully implemented services provided by service providers during the pandemic. Through counseling support, safe spaces for communication were provided. Prior to the pandemic, some survivors had been taking advantage of programs such as the group sessions that the Punjabi Community Health Services of Calgary had been offering, where GBV survivors meet to vent, support each other, share a sense of sisterhood and community. During the pandemic this form of support was no longer available due to agency closures and distancing measures. Thus, counseling became even more important as a source of mental and emotional support. Additionally, counseling allowed survivors to discuss their safety plans in times of need, future goals, and potential outcomes, thus providing a sense of hope. Clinical supervisors and trained professionals have been deployed by some service providers to offer reliable and accessible information that is required for a holistic recovery from abuse. During some of these counseling sessions, some service providers themselves were able to conduct feedback surveys, and further understand individual, social, and systemic patterns that continued to lead to violence. The findings were then discussed during staff meetings to discuss policies and procedures that may be required during the pandemic. Internal harmony and cohesion were required of service providers, even as many were working from home, in order to operate as a unit and provide timely and effective services.

Service providers were a fundamental source of referral pathways for GBV survivors who found them to be a one-stop resource to gain knowledge of and access available and necessary services. Referrals to temporary housing/shelters, counseling, police assistance, settlement

services, and access to legal support were all appreciated by our participants. Considering that many survivors were either isolated from support, could not become familiar with available services due to language barriers, and/or were newcomers as well, service providers acting as a one-stop resource to access many other services was crucial when they required support. This was even more important during the pandemic since many services had changed ways to access their support, and service providers had updated knowledge of this.

Reliability was the most appreciated trait of service providers during the pandemic. Considering that many survivors had few people to lean on during the pandemic, the presence and reliability of agencies was highly appreciated by many of our participants. Agency reliability provided feelings of safety and belonging in a time of uncertainty. Additionally, some survivors did not have supportive family and friends and were advised to stay in the abusive relationship. These survivors had few people they could rely on and so the reliability and belonging that they felt from service providers could not be understated. Reliability also took the form of confidentiality which was maintained by all service providers throughout all services. The handling of personal information, saving and locking files on digital platforms, and password protecting them was always protocol followed by service providers. Another reason survivors found service providers reliable was that they checked in on their clients and at times visited them in person, whether it be at neighborhood parks or, after violent incidents, even at hospitals to check on the wellness of their client, present the client with options in that moment, work through the safety plan they may have already arranged, and provide available resources. In a time that perhaps no one steps in to ensure the safety and well-being of the survivor, this was a highly appreciated service which again brought about feelings of reliability and belonging. Some agencies have even provided survivors with free transportation (e.g. Uber rides) so they may leave the house and connect with shelters. Thus, reliability was a trait that was much needed and appreciated by South Asian GBV survivors as some had few that they can lean on otherwise.

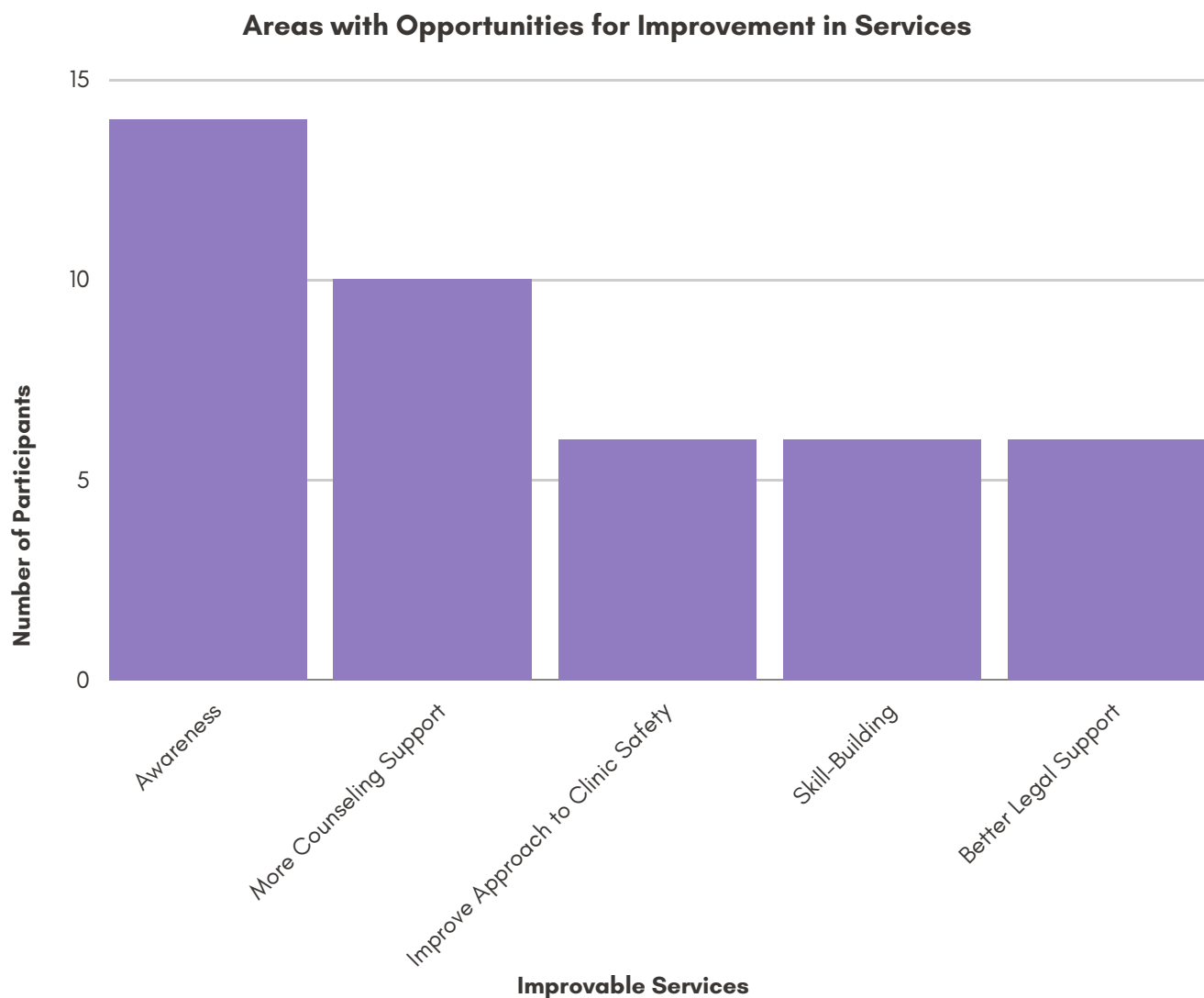
Based on participant feedback, we learned that the following services or traits of services were the most successful in meeting South Asian GBV survivors' needs:



DRAWBACKS IN SERVICES AND OPPORTUNITIES FOR IMPROVEMENT

In spite of their achievements in meeting the needs of survivors and being a reliable source during the pandemic, service providers faced challenges and limitations in providing effective services as well, and this was felt by some of our participants.

The following chart displays the most common areas where services could be improved in the eyes of our participants. Creating more awareness of the types of services that are available and ensuring that many South Asian GBV survivors can come across them. Service providers have been working hard on outreach during the pandemic but due to isolation tactics that many abusers use on survivors, more strategies need to be used to make services accessible to many more survivors. While many participants were happy with the counseling services and quality that was available, some felt there could have been more sessions available to address their various issues. Some survivors spoke to a need for added steps to client safety as there needed to be sudden change to strategies during the pandemic. These are among some of the areas that survivors mentioned could use some improvement.



Additional areas service providers can continue to work on:

- Some of our participants stated that they felt safer and comfortable speaking to someone who is of a South Asian background as they felt more understood and were better able to articulate themselves as there was no language barrier since there were staff to help in many languages. While mainstream service providers should take note of this, it is also important to note that not all South Asian survivors would want to seek services from a South Asian serving service provider, and in fact felt safer speaking with a staff who were not from the community due to privacy concerns.
- A route that service providers may take is hiring staff who speak multiple languages, especially in light of the pandemic where less funding to support staff may be available – hiring staff who speak multiple languages of populations served by the organization may be an avenue to continue to serve a wider client base.
- Also, service providers may want to consider hiring counselors or staff members who have lived experience with GBV themselves. This will allow for a more intricate understanding of a client and their needs.¹
- Not many service providers have programs that allow clients to support each other as the group sessions mentioned earlier. Holding group gatherings and providing a social space to bond with other women in similar predicaments may be a way to reduce the effects of isolation and loneliness.
- Service providers should have policies in place to ensure the mental and emotional well-being of their staff members. Frontline service provision can have major impacts on staff members themselves, so it is important that they are supported by agencies and their managers. This can take the form of one-on-one meetings with the manager, personal days off, or exchanging casework with another staff member, if needed.

Recommendations

- Service providers have more room for better outreach to ensure that all GBV survivors know of the services that are available to them as abusers typically use tactics to isolate survivors.
- Service providers, both South Asian serving and mainstream, can hire staff members who speak multiple languages in order to serve a broader audience.
- Service providers can prioritize staff members who have lived experience of GBV so clients feel better understood and served.
- More service providers can hold group gatherings of clients for those who want to take part in order to reduce isolation and loneliness of survivors, and so they have a community to lean on.
- Service providers should have policies in place to provide mental and emotional support for the well-being of their staff members.

1. <https://eca.unwomen.org/en/digital-library/publications/2019/10/the-value-of-intersectionality-in-understanding-violence-against-women-and-girls>

PRECARIOUS FUNDING

Service providers in South Asian communities experienced burdensome changes to their practices during the pandemic. A recurrent issue that was mentioned by service providers in almost all of our interviews was the importance of obtaining more funding, as it is essential in maintaining and improving the capacity of providers to effectively serve their clients in need. This need was magnified during the pandemic as the need for support by GBV survivors starkly increased.

WHY FUNDING IS ESSENTIAL

While a number of service providers were able to access more funding during the pandemic, others struggled to do so. One such agency has stated that their number of clients increased 38% from the previous year, while another said there was a 15% increase during the pandemic. There is often unsaid competition for funding among service providers as it is finite and zero sum, and some are allotted greater funds than others. For the smaller service providers who had to sustain their services with little funding, it proved to be very difficult during the pandemic.

Service providers use funding in several aspects to support clients; for example, technology upgrades, transportation, childcare, developing programs, and so forth. When serving newcomers, providing education, housing, income support, and legal support, are among important aspects of this work. Funding is also essential for staff, as it is needed to hire qualified professionals and to provide them with the supplies and technological basics which are essential to this work. Despite many agencies being unable to secure sufficient funding during the pandemic, the unwavering dedication of staff and volunteers was inspiring as they continued to work using a skeletal framework, while not compromising on the kind of care they provided to clients. This sometimes took the form of staff working overtime without compensation, or providing bus tickets or taxi rides to clients from their own personal accounts. Some staff had to take on a counselor position or offered knowledge of available resources to clients who came in, but this is the extent of help that can be offered without further funding. This is a testament to the type of dedication that is put forth through those working at agencies serving survivors of GBV.



"I'm not going to let [a client] go because we don't have the financial needs to provide for them. We will find it because we know that within this field itself...we have to be able to manage that entire cycle appropriately and little funding shouldn't be a deterrent, and I know it is, but it shouldn't be a deterrent in providing exceptional service."

- Sakeenah Homes

"For us it's not just about the funding 'cause we are also in this field to help and support. A lot of our staff started off as volunteers and they would probably have continued to be volunteers if an opportunity didn't present itself, so I think for us it's more about the passion for the work as well in providing the service, and we find that we have [staff] who are very passionate about this."

- Sakeenah Homes

WHY THE CURRENT FUNDING MODEL IS PROBLEMATIC

To understand the issue of precarious funding, it is important to understand how the current operating system provides financial resources to service providers. The funding model is only offered on a short-term basis which is widely considered by service providers to be ineffective. Agencies are in a constant stream of applying to multiple funding opportunities, and if funding is obtained, it is usually for a brief amount of time. During the pandemic, organizations were usually granted funds for six months at a time, which means agencies were constantly scrambling to secure further funds in order to assist their clients. An example of the drawback of this model can be seen with SALCO - as an agency that primarily handles legal cases, these cases can carry on into years which is incompatible with a short-term funding model. This similarly applies to agencies handling family violence cases as well, which are high-priority and tend to be drawn out for longer periods of time. Ultimately, it is the clients who are left in precarious situations, hence further deterring GBV survivors from seeking help.

Although short-term funding gives relief for immediate problems, it does not allow for or prioritize building preventative measures or long-term solutions. This is a band-aid funding model that existed long before the pandemic, but we are now witnessing the consequences at a concerning rate. As smaller service providers who may have been historically underfunded are facing increased clientele, there is a greater need for funding that is accessible to a broader group of service providers that lasts.



"There has been a decrease in legal aid funding during the pandemic. We get 4 months or 6 months funding. We can't do much with it. We can't have someone do the work we do in 4 months. And the case lasts years! A case takes 3-5 years to get through. 1-2 years to get a decision. Family law is worse. 1 - 3 years through a criminal process."

- South Asian Legal Clinic of Ontario

"We got shut down from funding from the federal and provincial governments. It's a bad scenario. Trying to get family law support for people leaving situations of violence is not easy. To tell people to navigate on their own in courts when the person barely knows English while the partner knows the system and has more resources!"

- South Asian Legal Clinic of Ontario

Short-term funding in the long run does not provide effective or consistent care to survivors, and limits the services that hired professionals can offer. As many service providers serve marginalized populations, they act as pillars of support in their given communities especially during the pandemic, and therefore need increased funding to further meet service demands. We hope this toolkit can bring awareness to the faults in this system, and advocate for increases in funding for service providers, especially those who have been underfunded.

"We were actually able to do a lot without any funding... I just wonder what we would be able to do if we had a lot of funding."

- Laadliyan

Recommendations for Government/Funders

- Provide long-term and sustainable funding to organizations serving victims/survivors of GBV.
- Consider which groups are being historically underfunded, particularly organizations working with ethnic communities.
- Funding should evolve as practices change in serving survivors. For example, practices changed due to the pandemic, and funding to agencies should take this into account.

LEGAL KNOWLEDGE

Immigrant, racialized and/or newcomer women face a host of legal challenges when experiencing GBV. In addition to family law issues, newcomer women have to deal with immigration-related barriers when it comes to both leaving a situation of violence and seeking help.

IMMIGRATION LAW

In our study of GBV in the South Asian community in Canada, immigration issues and a lack of awareness of legal rights emerged as significant factors in the participants' experience of violence, and the barriers they faced to seeking help.

Often, newcomer women's immigration status is tied to their spouse/partner, which creates a barrier for leaving the relationship; for example, when a sponsorship application or a [work permit](#) application is contingent upon a continued relationship.

The community leaders we interviewed spoke to the immigration issues they routinely saw within their respective organizations. The threat of deportation is a tactic that is very often used by the abusive spouse/partner to keep the survivor in the relationship, maintain control, and continue the violence. This threat is often effective as most survivors are not aware of their rights and the abuser is often their only avenue to overcome language barriers, thus facts are often misrepresented to the survivor by the abuser. However, it is essential to know that the possibility of deportation depends on status.

Permanent Residents and Those on Their Way to Becoming Permanent Residents

If one is a permanent resident, their spouse/partner does not have the power to have them deported for leaving the marriage or relationship, unless there is an allegation of [misrepresentation](#) or [marriage fraud](#) against them. Misrepresentation is when someone lies or sends false documents in their immigration application. Marriage fraud is a type of misrepresentation, where a person marries someone with the purpose of getting status in Canada, and lies about the genuineness of the marriage to Immigration, Refugees and Citizenship Canada (IRCC). This is seen in sponsorship cases, where an individual is sponsored by their spouse/partner to become a permanent resident of Canada. Often in abusive relationships, if the survivor leaves, the abusive partner will report to IRCC by alleging that the other partner committed marriage fraud. The sponsored spouse/partner does have the opportunity to defend themselves against these allegations, and can maintain permanent resident status if they can prove that the reason they left the relationship was abuse. The South Asian Legal Clinic of Ontario has seen hundreds of cases of these false allegations made by abusers, and all files were closed once evidence of abuse was submitted.

However, according to the Barbra Schlifer Commemorative Clinic, this is a waste of resources. This process is traumatizing for the survivors and often too onerous due to language barriers, lack of knowledge of legal rights, and available services, among other reasons. The South Asian Legal Clinic of Ontario states that these cases are not seen by the government any longer due to advocacy by the clinic and other partners. However, the law still allows it.

If the survivor does not have permanent residence and is dependent on their spouse/partner for the continued processing of the application, it is easier for the abuser to use their precarious status against them and continue the violence. For example, they can withdraw the sponsorship application if it has been submitted already. The Schlifer Clinic talks about some of the specificities in the South Asian context, wherein the sponsor will decide not to continue the application, and will have extorted money from the survivor and her family in the form of dowry, and so on. In some cases, the survivor finds out much later that an application for sponsorship was not even submitted. In cases where the survivor does not have permanent residence, they may have temporary status, such as a [visitor visa](#), but if that expires, they will lose their status. In those cases, they may be eligible for a [Humanitarian and Compassionate \(H&C\)](#) application, or a [temporary resident permit \(TRP\)](#). An H&C application is an exceptional measure that allows someone to apply for permanent residence from inside Canada on humanitarian and compassionate grounds. Normally, a person has to apply for PR from outside Canada. H&C factors can include health considerations, conditions in one's home country that would make it difficult for them to apply from there, best interests of the child, ties that the person has made in Canada, among others. A TRP is a document that authorizes a person who is inadmissible (meaning, they cannot enter or stay in Canada) or does not meet the requirements as a temporary resident or a permanent resident to enter or stay in Canada.¹

Temporary Residents (Students, Workers, Visitors)

Those with temporary status ([study permit](#), work permit, and visitor visa holders) are in an even more precarious situation. For example, they may meet someone in Canada and let their visa or permit expire, and fall out of status as a result. There are also cases where an individual may arrive in Canada on a spousal work permit, if their spouse is on a work permit or study permit in Canada. In these cases, even if the relationship ends, the spousal work permit will be valid until the other spouse's work or study permit is valid. But once the spousal work permit expires, they cannot renew it anymore. In these cases, they may be able to change their status from within Canada, but according to the South Asian Legal Clinic of Ontario, that is difficult to do. However, there are options such as applying for a TRP.

1. Immigration, Refugees and Citizenship Canada. "Guide 5554 - Applying to remain in Canada as a temporary resident permit holder" <<https://www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5554-applying-remain-canada-temporary-resident-permit-holder.html>>

Another immigration issue involves international students. Laadliyan spoke to us about international students facing incredible financial challenges during the pandemic, as many of them were not eligible for the government's CERB program due to not having accumulated enough work hours. Laadliyan also saw cases of GBV by landlords against international students. Landlords took advantage of international students, who needed a place to quarantine after their arrival in Canada, by housing as many as 15 students in one floor, holding them hostage and confiscating their documents, such as passports. There were also cases of threats of deportation, harm to families back in India, and orders for sexual favours in return for their own and their families' safety.

An important point to note, which both the South Asian Legal Clinic of Ontario and Laadliyan have pointed out, is that the government does not usually prioritize removing those without status in the cases mentioned above. Their priorities are failed refugee claimants and those with criminal records. According to the South Asian Legal Clinic of Ontario, in reality, it is possible that someone can live in Canada without status for years, and only be removed when the Canada Border Services Agency (CBSA) decides to do so. Unfortunately, for those without status, their lifestyle is extremely difficult and precarious, as there is very little access to resources and benefits.

Take away: It is very unlikely that a permanent resident will lose their status just because they have left a relationship. Those who are not yet a permanent resident, or those with temporary status or no status, are more at risk of losing their status and continued abuse. Even if one is without status, it does not mean they will be removed from Canada immediately. However, it keeps people trapped in situations of poverty, uncertainty, fear, and can make them more vulnerable to abuse and violence.

FAMILY LAW

When it came to family law issues, Maskan mentioned that children were a priority after leaving the abuser. For the majority of the cases around family law, issues include post-separation violence, stalking and harassment from the abuser, and the abuser not paying [child support](#) intentionally. According to Nisa Homes, survivors' concerns after leaving an abuser included wanting to make sure they are separated or divorced, and having arrangements for children. Mitigation of risk is something clients look for since violence is at a peak when a survivor attempts to leave a relationship or soon after leaving.² The Schlifer Clinic reported that a large number of calls were about clients needing shelter or safe spaces, as well as family law legal services. The Clinic supports survivors navigate family courts with the help of lawyers and family court support workers. Survivors also need support to go through the criminal process, such as the Victim Witness Support and [Victim Quick Response Program \(VQRP\)](#). The [Victim/Witness](#)

2. <https://ncadv.org/why-do-victims-stay>

[Assistance Program](#) is a court-based program that provides information and support to survivors/victims and witnesses of crime to help them navigate the criminal court process. The VQRP offers immediate assistance to provide limited financial support to victims in the aftermath of crimes. According to the South Asian Legal Clinic of Ontario, Children's Aid Society (CAS) can get involved so that the children are safe. Clinics, such as the South Asian Legal Clinic of Ontario, work with CAS to ensure that the children remain with the mother and both are safe. However, conflict arises when the mother wants to go back to a dangerous or abusive situation, which occurs more often than not; in these cases she could lose her children.

FAMILY LAW BASICS

Divorce and Separation

[Separation](#) is when an intimate couple, whether married or in a common-law relationship, decide to lead separate lives when the relationship breaks down. Divorce is the legal court process of ending a marriage. An unmarried couple cannot get a divorce.

In Canada, family law matters fall under both federal and provincial law. The federal [Divorce Act](#) lays out the grounds for divorce. To get a divorce, a couple's situation has to fall under one of the following three criteria:

- They have been separated for at least one year
- A spouse has been mentally or physically cruel to the other spouse
- A spouse has committed adultery

To apply for a divorce, at least one of the spouses must have lived in the Canadian province where they are applying for the divorce, for at least one year immediately before applying. The process of applying for divorce is set out in the provincial and territorial laws. For example, in Ontario, the [Family Law Rules](#) talk about the court process for divorce. There is no court process to separate. But the couple can come up with a separation agreement with the help of lawyers. A separation agreement is a contract that lays out the rights and responsibilities of the couple once they separate.

"I just want the court to make it easier for women. Why is it being dragged on? One year has passed, and the divorce is not done."

Children

Some of the most important issues regarding children that emerge during a separation or divorce include where the child will live and how much time they will spend with each parent, and who will make decisions about the child's life. Whether a couple decides to separate or

get divorced, they can agree to a [parenting arrangement](#) out of court (for example, through a process called [mediation](#)) or apply for a court order, called "[parenting order](#)," which sets out their roles and responsibilities around the child. If a couple is going through divorce, they will have to follow the rules under the Divorce Act. Whether a couple was married or unmarried and have chosen to separate rather than divorce, provincial and territorial rules will apply for parenting arrangements or orders. There are different types of parenting arrangements/orders. Under the *Divorce Act*, "[decision-making responsibility](#)," (formerly known as "custody") refers to the parent's right to make major decisions about how to raise and care for the child. "[Parenting time](#)" (formerly known as "access") means the amount of time a child spends under a parent's care. Some provinces may still use the terms "custody" and "access." A parent can have "[sole decision-making responsibility](#)" or "[joint decision-making responsibility](#)" with the other parent. Parenting time can also have different variations. For example, a child can be with one parent for weekends only, or have a "[shared parenting](#)" arrangement/order where they spend at least 40% of their time with each parent. In a situation where there are safety concerns, there can be a [supervised parenting arrangement](#)/order where a third person supervises a parent's visits with the child.

Any kind of parenting arrangement/order must be based on the best interests of the child. The Divorce Act says that family violence is a relevant factor in assessing the best interests of the child. The court has to consider whether someone who has been violent towards their family members can adequately care for the child and whether the parents can cooperate on parenting matters.

"Child care benefit should not go into a joint account. Banks should check if there is pressure on the woman to take and give the money to him for his use."

Property Division and Financial Support

Married couples who decide to separate or divorce can apply to the court or come up with an agreement outside of court to divide the property that they shared during the marriage. If they apply to the court, the division will happen through a process called "[equalization](#)," meaning each spouse gets an equal share of the financial gains *during* the marriage. Common-law or unmarried couples cannot apply for equalization. Rules around property division are determined by provincial and territorial laws. These rules are complicated and it is very important to seek advice of a family law lawyer.

A spouse and children can also receive financial support from the other spouse following a divorce or separation, known as "[spousal support](#)," and "child support." This can be done

through an agreement or a court order. For married couples, the *Divorce Act* sets out the rules for support. The rules for unmarried couples are laid out in provincial and territorial laws. Spousal support is paid by one spouse to financially support the other in order to compensate for economic disadvantages faced by that spouse during the marriage (for example, through giving up their career to raise children), reduce financial hardship of the spouse, and encourage the spouse to become self-sufficient. Child support is an amount one parent pays to the other to help support children.

The amount of child support is calculated based on federal and provincial *child support guidelines*. If the couple never married, or was married and decided to separate and not divorce, the provincial guidelines will apply. In cases of divorce, the federal guidelines will apply except in the province of Manitoba, Quebec and New Brunswick.

Safety

The risk of violence is often higher after a woman leaves a relationship. A [restraining order](#) can help protect one's safety from an abuser. An application for a restraining order can be made in family court. It sets out various conditions for the abuser, such as the abuser cannot come within a certain distance of the survivor, their children, their home and work, and cannot communicate with or contact the survivor or children except through a third party.

In family violence cases, a survivor can also apply to the court to ask for "[exclusive possession](#)" of the home where the couple lived until separation, called "[matrimonial home](#)." Exclusive possession means that the court can have the abuser move out the home temporarily and allow the other spouse and her children to live in it. But it does not mean that the spouse living in the house can sell or mortgage the house without the consent of the spouse who has been asked to move out. Exclusive possession rules are laid out in provincial and territorial laws.

"They made me wait for almost two years. Then they are saying we cannot charge as there is lack of sufficient evidence. So I mean, I thought justice was not served. He kind of ruined my life. He abused me. He threatened to kill me. He told me I will be murdered if I return to India. Despite so much violence and abuse, and then they're not charging him."

AWARENESS OF LEGAL RIGHTS AND IMMIGRATION BARRIERS TO LEAVING (PARTICIPANTS' PERSPECTIVE)

In our study, we saw the prevalence of a lack of knowledge of legal rights. Only 10% of GBV survivors said they knew about legal services around GBV before they needed help. 15% of survivors said access to a timely and affordable lawyer, legal aid, and/or information about the law and legal rights was lacking in the community, and 7% said that they needed better legal support, including legal rights information and legal aid access. They also mentioned that some legal aid lawyers were not helpful.

2% of the participants reported that children and custody issues were a barrier to leaving an abusive relationship. About 3% of survivors said they had fears of deportation due to their immigration status and/or due to being a newcomer. As mentioned, many abusers tap into or add to these fears. About 3% said that they faced immigration-related abuse, such as threats of deportation, or withholding of documents. Interestingly, most of our participants were either citizens or permanent residents, thus these fears due to misinformation further speak to the gap in and importance of legal knowledge. 4% said that agencies could have done better in ensuring awareness of services and information. Overall, survivors would benefit from better knowledge of safety planning, newcomer education about rights, and specificities around immigration status.

Recommendations

- It is very important for service providers to inquire about the immigration status of GBV clients, as many of them will have precarious status. A relationship breakdown can complicate that and put them at greater risk of deportation.
- The sooner the status is determined, the sooner the necessary action can be taken to protect their status and make sure they are able to stay in Canada as immigration applications often have deadlines.
- If a client is unsure about their status, or if it is not possible to confirm their status through documentation, it is crucial to connect them with an immigration lawyer as soon as possible.
- In a family violence situation, the safety of the client is of paramount concern. It is also important to remember that in family violence situations, it is very unlikely that family law matters can be resolved through an agreement outside of court. Service providers should conduct a safety assessment and help the client with a safety plan.
- If the client has decided to go through with separation or divorce, it is important to find out if they already have a family law lawyer. If not, they should be connected to a family law lawyer as soon as possible.
- Even in cases where a client may not be ready to separate or divorce, they should be connected to a family law lawyer so that they can learn about their legal rights and plan ahead, if needed.

POLICE SERVICES AND SOUTH ASIAN SURVIVORS

Police services are called upon in many cases of emergency or when GBV survivors are in immediate danger. At times the caller is the survivor themselves and at other times the caller is a witness of the violence, such as neighbours. In these cases, the police serve as the first frontline workers the survivors encounter, may speak to about their experience of abuse, and with whom they begin considering options of leaving the home. Thus, the way police approach these cases is crucial to the success of helping the survivor. The following delves into the various issues our study has come across and that our participants have spoken to with regard to police services assisting a South Asian GBV survivor.

ISSUES

Fear of Reporting

Research on survivors of domestic violence has reported that 70% of domestic violence is never reported to the police for reasons such as financial dependence, fear of community backlash, fear of not getting the needed support, and fear of deportation.¹ All of these were noted by our participants. The charts below note some of the more common reasons that our participants did not report the abuse to police. Seeing that many participants were unaware of their legal rights, some abusers threatened to call the police and to have the survivor deported. Thus, reporting to the police could be seen as a risk and not an avenue to receive help.

Another reason that participants were fearful of reporting to the police was due to a dependency on their abuser. Dependency can take the forms of financial, emotional, or linguistic dependency among others. Newcomers often relied on the abuser to navigate Canadian systems. Participants were even more hesitant to report the abuser if they had children because he was the father of their children and because they did not want their children to suffer the consequences of leaving their abuser. While the police could take the initial step and separate the couple, due to the various forms of dependency, survivors would return to the abusive relationship. According to Sakeenah Homes, it takes a woman seven

1. Gurm, B., Salgado, G., Marchbank, J., & Early, S. D. (2020). Making Sense of a Global Pandemic: Relationship Violence & Working Together Towards a Violence Free Society. Kwantlen Polytechnic University: Surrey, BC. Ebook ISBN 978-1-989864-14-2 or Print ISBN 978-1-989864-13-5. <https://kpu.pressbooks.pub/nevr/part/main-body/>

attempts to leave her abuser before she sticks by her decision and permanently leaves. In the above mentioned cases, resorting to the police could be seen as a short-sighted solution if she was unsure of leaving permanently.

Lack of Recognition by Police for Non-Physical Forms of Abuse

Many of our participants were afraid to call the police when they could not prove the abuse had taken place due to a lack of physical signs of abuse on their bodies. Unfortunately, this was proven to be true by many of our participants who did take the risk and called the police. These survivors were at times not taken seriously and dismissed with no help, which put them in more danger and abuse at the hands of their abuser once the police left.

As this toolkit has already discussed, considering that there are six different forms of GBV and that more of our participants reported facing emotional/psychological violence than physical violence, police approaching GBV cases seeking physical proof of abuse is a major drawback to effective response. If police do not recognize emotional/psychological abuse among others as reason enough to provide support, it further reduces the options that survivors have to leave an abusive situation.

Without the proper recognition and protection from police on all types of abuse, people facing GBV could experience more dire consequences with major impact to their mental/emotional well-being and quality of life. According to CBC, warning signs are prevalent in one of three intimate partner homicide cases, with one of the warning signs being previously reported abuse to police.²

"I called the police. They asked if it was physical abuse and I said no, but that he had an affair and that he tortures me mentally. They said this was my internal matter and that they couldn't get involved with that."

"I think there are some loopholes in the system. The laws are not favorable for women, I feel. Even if they feel its lack of sufficient proof, we can't charge the person."

2. <https://www.cbc.ca/news/canada/warning-signs-intimate-partner-homicide-1.6269761>

Language Barriers

Almost a third of participants in our study who responded to the question, “Did you report the abuse to the police?” said they did not. One of the reasons was due to a language barrier and fear of being unable to explain their situation to the police. Again, if the police do not take her case seriously and leave, she may face worse consequences with the abuser.

“I managed to get a hold of a cell phone, so I secretly called the police for help. When they arrived, I could not speak English, so they spoke to the only person who knew how to speak English – him! He told the police that everything was okay and that there was a misunderstanding, and so the police left. He then took the cell phone away from me and I had no immediate way to escape.” (Translated)

The police response to this GBV case was completely inadequate and put the survivor in more danger. When there is a call for help and the survivor has language barriers, it is crucial that police have translators available, even if by phone, to understand the situation. However, some participants did mention that police were very helpful in their case. One woman mentioned that they brought a Punjabi speaking officer since she did not speak English. Additionally, if they are available, there are many South Asian serving service providers who are willing to translate on behalf of a survivor. As part of the safety plan, service providers should inform their clients with language barriers about the options they have to access translators in emergency situations considering that many GBV survivors return to their abuser.

Need for Cultural Competency Training and/or Diversity in the Police Force

An issue with policing that was found in this study was inadequate cultural competency, which then reduces effective service to all communities. South Asian GBV survivors can greatly benefit from police officers receiving training that includes perceptions of and hesitations with the police. For example, survivors may have had negative experiences with the police in their home country or a general distrust of male police officers. As mentioned above, police need to be equipped with tools to navigate language barriers to effectively serve vulnerable members of the community in a timely manner. Police training can also cover unique challenges and fears that newcomers or those with precarious immigration status may face so that they may have a broader understanding of a survivor’s circumstance and choices.

Cultural competency training may be important among police officers considering that, according to the 2016 Census, only 8% of police officers and 11% of recruits in Canada identified as visible minorities (though 22% of Canada's population identified as visible minorities)³. There is a need for the police to better understand racialized, immigrant/newcomer communities, whether it be through increased diversity or increased cultural competency training.

Participants had also mentioned that they felt uncomfortable and distrustful of male police officers when they showed up at their homes after they made the call. They preferred if a female police officer could arrive on scene or accompany a male police officer so that the survivor could feel more trust and at ease.

Confidentiality and Privacy Conflicts with Police and Third Parties

Based on responses from participants, service providers have played a vital role in assisting survivors of GBV. However, these organizations have reported difficulty in helping survivors when there is involvement with the police as the police are reluctant to provide information to them due to confidentiality and privacy regulations, even with client consent. This can be problematic since participants have reported feeling more comfortable talking to service providers than the police due to a general distrust of the police, as well as the benefit of sometimes sharing a common language and culture with the staff at these agencies.

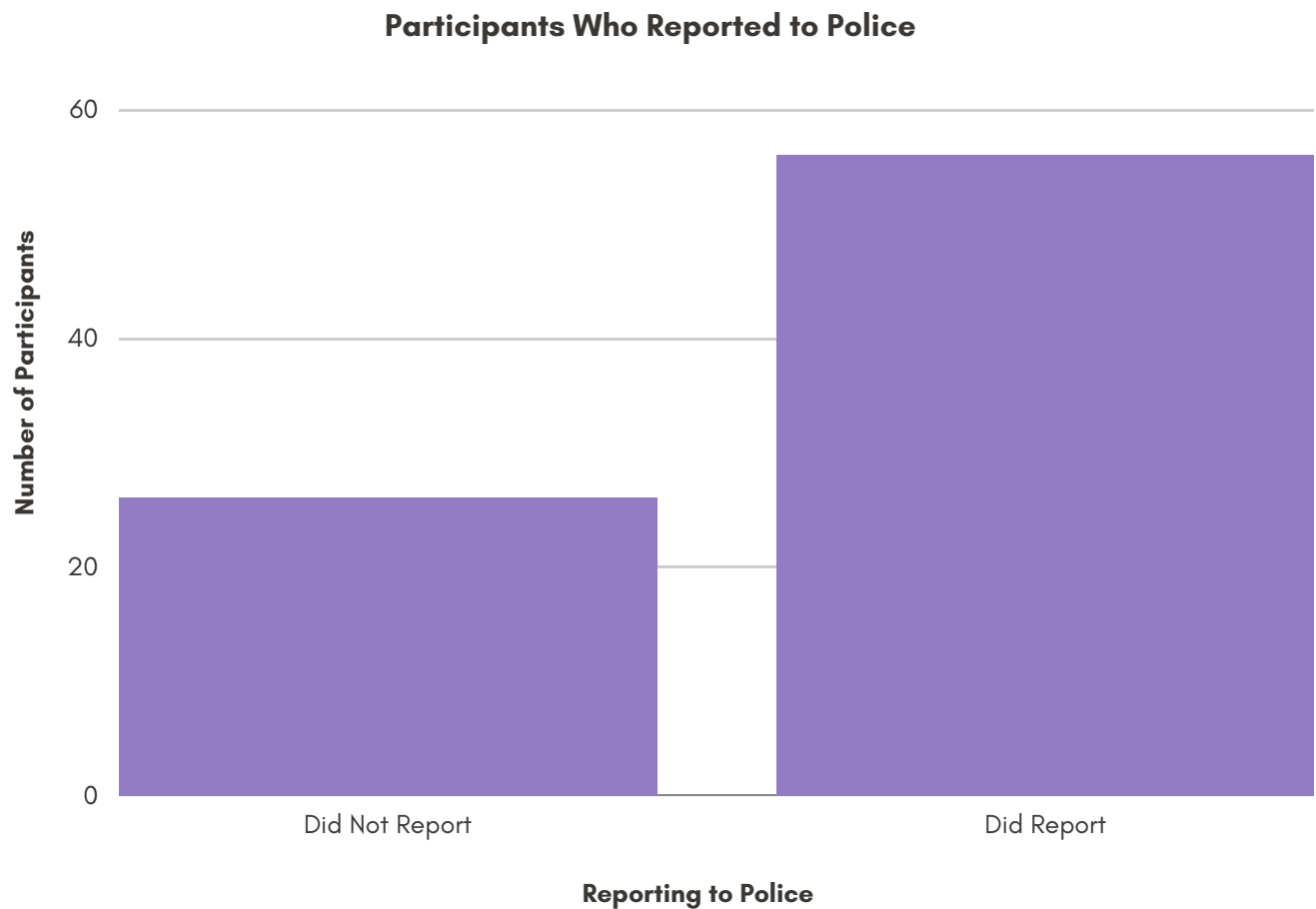
Furthermore, service providers can provide survivors with information and present options regarding legal rights, services and support available to them that the police may not otherwise provide, at least not as comprehensively. While confidentiality and privacy is certainly important in these cases, it could be beneficial to explore how service providers could play a role in facilitating these cases with the police and providing a support system with the consent of survivors.

"It took a lot of strength to call the police. My family and caseworker motivated me to make the call."

3. <https://www.blueline.ca/diversity-in-policing-an-educational-assessment/#:~:text=A%20diverse%20police%20service%20helps%20develop%20tolerance%20and,competence%2C%20as%20well%20as%20activism%20and%20political%20analysis.>

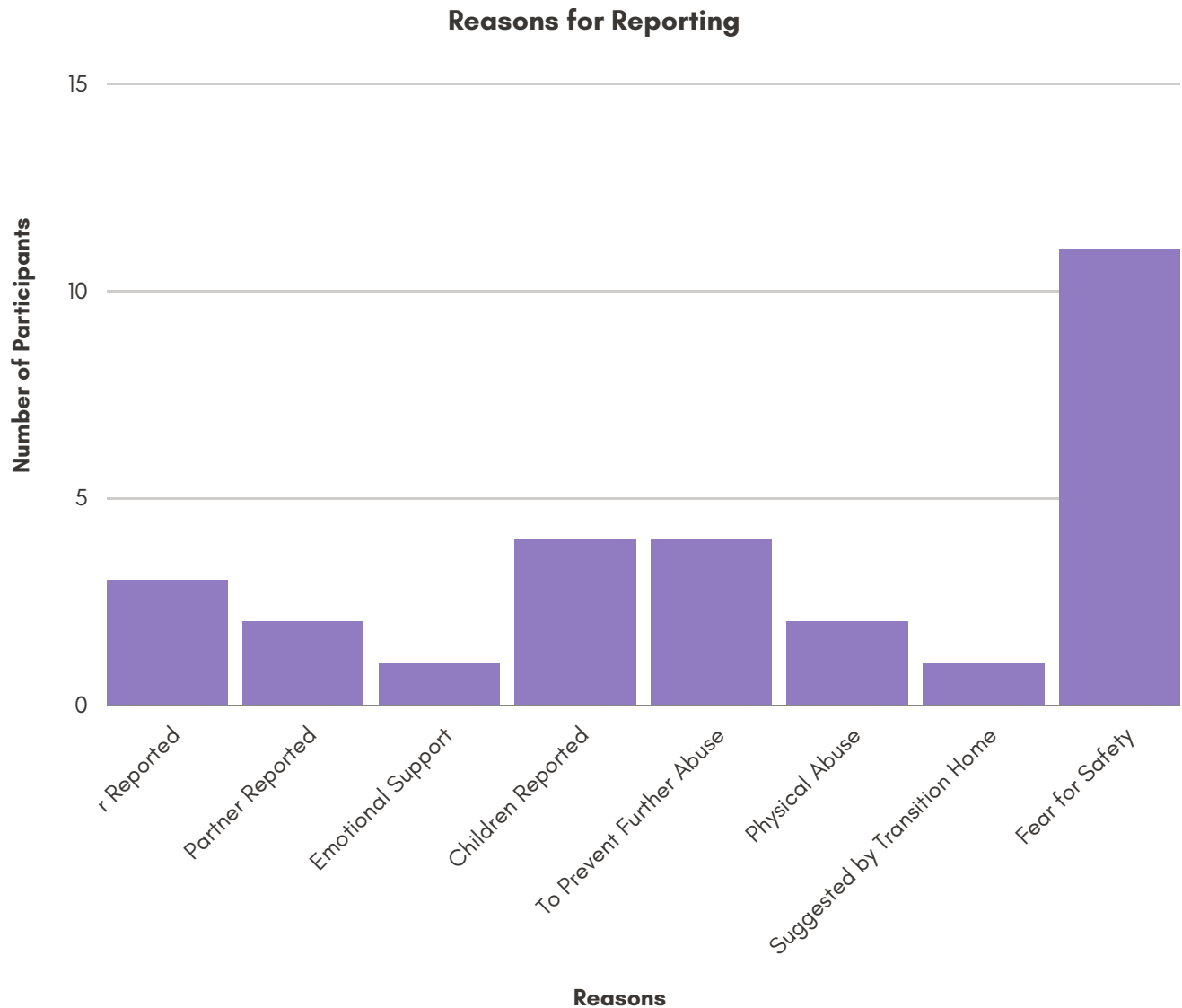
CHARTS ON REPORTING TO POLICE

The reasons South Asian GBV survivors choose to report abuse to the police is personal and reflective of the circumstances surrounding the survivor.



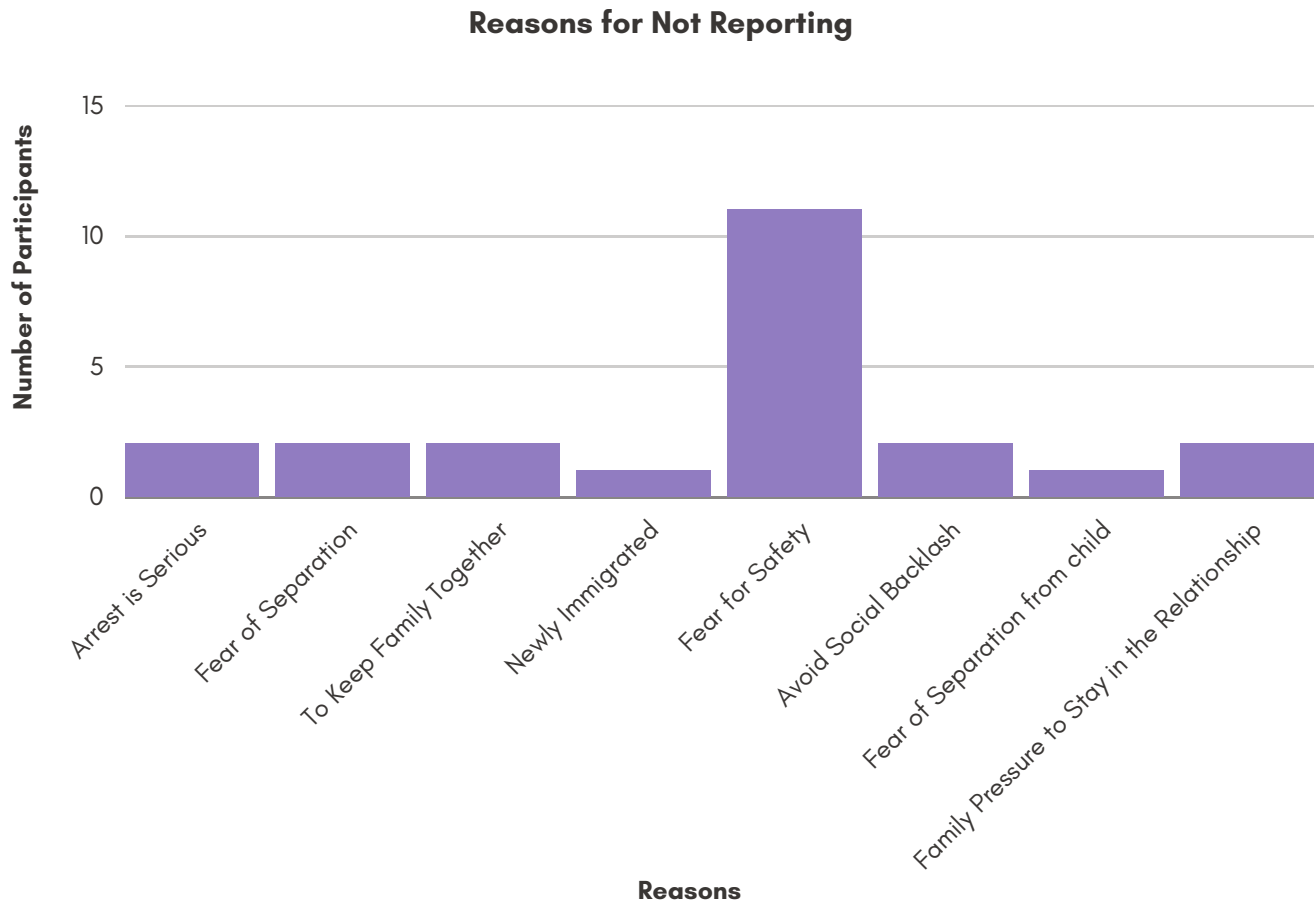
When asked the question of whether police were informed of the abuse, two-thirds of our participants who had responded stated that they had chosen to report the abuse or a witness had reported the abuse to police. One-third of participants never reported the abuse to police in spite of the toll it took on them – physically, mentally, and emotionally. The charts below reflect their reasons for reporting and their reasons for not reporting the abuse.

"Women from violent households should have a safe word, like "pizza" which means 'police', with people they trust. If a situation gets bad, they can call these people and say, 'call the pizza place' to ask them to call the police."



Among our participants, in cases where the abuse was reported, fear of safety was the most frequent response for why they called upon police. Relating to this, some women saw an escalation in abuse, and at times to dangerous levels of physical abuse, and so reported the abuse to police in order to prevent any further abuse. Some women did not have a choice on whether they reported the abuse as neighbours or witnesses had gotten involved to help the survivor. Children, if they were old enough, were also a population that took on the responsibility of reporting the abuse.

"When I did report the abuse to police, I felt comfortable. It was better than I thought it would be."



Interestingly, in terms of reasons for why one-third of women chose not to report the abuse to police, fear for safety was yet again the most frequent response. This points to how individual each survivor is and how much their circumstances may dictate the choices they make. This, again, is also why service providers must follow a client-centered approach in supporting GBV survivors, give them the options that are available to them, and allow them to choose their path forward. Among other reasons for why women did not report the abuse were fears of separation from the partner as they may be dependent on the partner in many ways, fears of separation from their children which could have even been misinformation from the abuser, and other reasons for tied to her own wish or her family's wish to keep the family together, which can be her own wishes for her future, can come from the fear of stigma from her community, or expected gender roles that come from patriarchal views of the woman adjusting to maintain the traditional family structure.

"I was afraid that if I reported the abuse to police the relationship would get worse. I did not want a divorce for the sake of the children."

Recommendations

1. Police should recognize the dire impact and consequences that various forms of GBV can have on a survivor. Thus, in order to effectively serve all communities, police services should implement policy and train officers on recognizing all forms of abuse on site – not just physical abuse – seeing that emotional/psychological abuse is the most common with devastating consequences for survivors.
2. Considering the general distrust of police officers and specifically male police officers, GBV emergency calls should have a female police officer arrive on scene or they should accompany a male police officer when arriving at a South Asian survivor's home so that there is ease and more trust between the survivor and the officer.
3. When there is a call for help and the survivor has language barriers, it is crucial that police have translators available, even if by phone, to understand the situation.
4. As part of the safety plan, service providers should inform their clients with language barriers about the options that they have to access translators in emergency situations. This is important considering that many GBV survivors return to their abuser.
5. There is a need for the police to better understand racialized, immigrant/newcomer communities, whether it be through increased diversity or increased cultural competency training. This could cover a South Asian survivor's perceptions of and hesitations around police, and the reasons for them such as precarious immigration status or negative experiences from their home country. Police officers should also be trained on how their own biases may reflect in their work and how they approach GBV cases. It would be useful for them to recognize that the South Asian community is not a monolith and that every survivor deals with their own set of norms, fears, and values differently. Police officers should approach their work through a [survivor-centered approach](#) where the survivor may choose what she wants for herself next.

RECOMMENDATIONS

The following is the complete set of recommendations for service providers suggested in this toolkit. These recommendations were derived from the experiences of our participants as they navigated accessing services throughout the pandemic as well as from the experiences of South Asian serving service providers themselves. We have melded our data to arrive at these recommendations. We hope they will be of use to all service providers serving the South Asian community, the broader community of racialized, immigrant/newcomer folks, as well as all GBV survivors in Canada.

GENDER-BASED VIOLENCE IN THE SOUTH ASIAN COMMUNITY IN CANADA

- When providing services to survivors of GBV, it is very important not to make judgments or have preconceived notions about their culture, community, or faith.
- Instead of looking at the violence as a product of their culture, the focus should be on understanding the specific and systemic factors that may have contributed to or exacerbated the violence. Specific focus should be placed on the barriers that have prevented a woman from seeking help (eg. the pandemic, poverty, financial dependence on the partner, children, immigration precarity and other immigration-related stressors, racism and discrimination when seeking services).
- If a woman reports fear of stigma as a barrier to leaving the relationship or seeking help, it is important not to see her entire community and culture as one that is unsupportive of women facing GBV. Often, women will specifically seek out culturally-specific services, such as faith-based counseling and service providers from their community. Judgements about their community can deprive them of important and appropriate services. At the same time, it is crucial not to assume that a woman will only want services from her own community. Sometimes, they can be nervous about confidentiality and their information being leaked to the community. The key is to ask clients what they want (client-centered approach) and create a safe space for them to express their needs.
- Take away: There should be no assumptions or judgments about one's community, culture, national/ethnic background, or faith. A client-centric approach involves asking the clients what they need and want before making any decisions on their behalf.

SERVICES MOST NEEDED BY SURVIVORS AND BARRIERS THEY FACED

- Service providers should encourage South Asian women survivors to prioritize self-care, to understand the importance of mental health, and provide survivors with ways to take care of their mental health.
- Faith-based organizations may wish to build more awareness and skill building around GBV to better support GBV survivors as these organizations may inadvertently become frontline supporters to some women facing GBV.
- In the midst of a pandemic, community organizations should prioritize dispelling misinformation and helping to spread knowledge about the illness at hand, which would then help alleviate health-related worries that GBV survivors must deal with on top of their abusive situation at home.

THE NEED FOR CULTURAL SENSITIVITY

- Service providers need to be aware of cultural differences and similarities in order to better understand their clients, their needs, and the norms they are familiar with.
- Cultural sensitivity needs to be established in policy, training, and practice as it raises awareness to cross-cultural communication, therefore strengthening the relationship with clients and effectively meeting their needs.
- There are times when service providers are called upon for translation or assistance when police are contacted for help. Advocating for the accompaniment of a female officer in these cases will allow their clients ease of mind.

HOW THE PANDEMIC CHANGED SERVICE PROVIDER PROTOCOL

- Ensure remote services are available with a protocol to address client safety and safety plans, but also educate the client about all available options so they are empowered to make the choice.
- Service providers need to ensure that they are aware of their clients' technological literacy, and provide training sessions to ensure online services are easily accessible to all clients, especially when that is the only option as it was during the pandemic. Client self-confidence in using technology will increase with new skills and time.
- Service providers need to conduct outreach in multiple languages across various media platforms in order to make their services known by and available to diverse communities.

HOW SERVICE PROVIDERS FARED IN SUPPORTING SURVIVORS DURING THE PANDEMIC

- Service providers have more room for better outreach to ensure that all GBV survivors know of the services that are available to them as abusers typically use tactics to isolate survivors.
- Service providers, both South Asian serving and mainstream, can hire staff members who speak multiple languages in order to serve a broader audience.
- Service providers can prioritize staff members who have lived experience of GBV so clients feel better understood and served.
- More service providers can hold group gatherings of clients for those who want to take part in order to reduce isolation and loneliness of survivors, and so they have a community to lean on.
- Service providers should have policies in place to provide mental and emotional support for the well-being of their staff members.

PRECARIOUS FUNDING

For government/funders:

- Provide long-term and sustainable funding to organizations serving victims/survivors of GBV.
- Consider which groups are being historically underfunded, particularly organizations working with ethnic communities.
- Funding should evolve as practices change in serving survivors. For example, practices changed due to the pandemic, and funding to agencies should take this into account.

LEGAL KNOWLEDGE

- It is very important for service providers to inquire about the immigration status of GBV clients, as many of them will have precarious status. A relationship breakdown can complicate that and put them at greater risk of deportation.
- The sooner the status is determined, the sooner the necessary action can be taken to protect their status and make sure they are able to stay in Canada as immigration applications often have deadlines.
- If a client is unsure about their status, or if it is not possible to confirm their status through documentation, it is crucial to connect them with an immigration lawyer as soon as possible.
- In a family violence situation, the safety of the client is of paramount concern. It is also important to remember that in family violence situations, it is very unlikely that family law matters can be resolved through an agreement outside of court. Service providers should conduct a safety assessment and help the client with a safety plan.
- If the client has decided to go through with separation or divorce, it is important to find out if they already have a family law lawyer. If not, they should be connected to a family law lawyer as soon as possible.
- Even in cases where a client may not be ready to separate or divorce, they should be connected to a family law lawyer so that they can learn about their legal rights and plan ahead, if needed.

POLICE SERVICES AND SOUTH ASIAN SURVIVORS

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- Considering the general distrust of police officers and specifically male police officers, GBV emergency calls should have a female police officer arrive on scene or they should accompany a male police officer when arriving at a South Asian survivor's home so that there is ease and more trust between the survivor and the officer.
- When there is a call for help and the survivor has language barriers, it is crucial that police have translators available, even if by phone, to understand the situation.
- As part of the safety plan, service providers should inform their clients with language barriers about the options that they have to access translators in emergency situations. This is important considering that many GBV survivors return to their abuser.
- There is a need for the police to better understand racialized, immigrant/newcomer communities, whether it be through increased diversity or increased cultural competency training. This could cover a South Asian survivor's perceptions of and hesitations around police, and the reasons for them such as precarious immigration status or negative experiences from their home country. Police officers should also be trained on how their own biases may reflect in their work and how they approach GBV cases. It would be useful for them to recognize that the South Asian community is not a monolith and that every survivor deals with their own set of norms, fears, and values differently. Police officers should approach their work through a survivor-centered approach where the survivor may choose what she wants for herself next.

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It has been a surreal experience for CASSA and our GBV team to conduct this research study, and we are infinitely grateful to all those who participated, our partners, volunteers, and our funder. We would like to thank the following organizations and individuals for your dedication, hard work, and commitment to this study.

First and foremost, we would like to thank the survivors who so vulnerably and bravely shared their stories of GBV with us for this study. Your story matters, and it has helped to bring awareness to service providers and the public about systems that are and are not working for GBV survivors, especially during and after the pandemic.

We would like to acknowledge our external partners who contributed by recruiting our participants and facilitating the focus groups, and for providing their frontline perspectives through interviews for the study:

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- Barbara Schlifer Commemorative Clinic
- Centre for Newcomers
- Dr. Amrita Mishra
- Indo Canadian Women's Association (ICWA)
- Laadliyan
- Maskan - Canadian Pakistani Support Group Association (CPSG)
- Nisa Homes
- Sakeenah Homes

CASSA is grateful to have worked with dedicated internal partners who have been committed to this GBV study - South Asian Legal Clinic of Ontario and South Asian Women's Rights Organization in Ontario, Punjabi Community Health Services Calgary in Alberta, and Progressive Intercultural Community Services in British Columbia. We would also like to acknowledge the work of our passionate volunteers who have shown commitment and made important contributions to developing this meaningful work.

Finally, we would like to thank the funder of this study, The Canadian Women's Foundation, for recognizing the need to understand GBV in a Canadian South Asian context, especially in the context of the pandemic. We hope this toolkit, the training sessions, and the public awareness campaign that were produced from this national study has wide reach and impact.



DEFINITIONS

Child Support: Money that a parent pays to help financially support their child after a separation or divorce.

Citizen: A Canadian citizen has many of the same rights and responsibilities as a PR, but a citizen can hold a Canadian passport, vote and run for political office, and does not have any requirements to maintain their citizenship status.

Culturalization of Violence: When culture is seen as the only explanation behind certain forms of violence.

Cultural Sensitivity: Awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial, or other group that is not one's own, accompanied by a willingness to adapt one's behavior accordingly.

Cycle of Abuse: The "Cycle of Abuse" refers to a typical cycle relating to violence against women in intimate relationships. There are four stages: tension build-up, explosion, denial, and honeymoon.

Decision-Making Responsibility: Under the Federal *Divorce Act*, decision-making responsibility is a type of parenting arrangement that refers to having the authority and responsibility to make major decisions about a child's welfare, including their health, education, language, culture, spirituality, and extracurricular activities. Decision-making responsibility was formerly known as "custody."

Divorce: When a legal marriage is officially ended by the court.

Equalization: The process by which the court divides property between spouses upon separation or divorce.

Exclusive Possession: A legal term in family law. Having exclusive possession means that upon separation, a partner has a right to live in the matrimonial home temporarily while the other partner has to move out. In Ontario, exclusive possession only applies to married couples. But in some provinces, such as Alberta, it is also available to common-law couples.

Gender: Refers to the roles and behaviors that society associates with being female or male. Rigid gender norms can result in stereotyping and curb our expectations of both women and men. A society's understanding of gender changes over time and varies from culture to culture.

Gender-Based Violence: Gender-based violence is violence that is committed against someone based on their gender identity, gender expression or perceived gender.

Gender Expression: The way in which people publicly present their gender through aspects such as dress, hair, make-up, body language, and voice.

Gender identity: A person's internal and deeply felt sense of being a man or woman, both or neither. A person's gender identity may or may not align with the gender typically associated with their sex.

Humanitarian and Compassionate (H&C) Application: An H&C application is a type of application for permanent residence (PR) in Canada. Under immigration law, a person generally has to apply for PR from outside Canada. An H&C application is an exceptional measure that allows someone to apply for PR on humanitarian and compassionate (H&C) grounds from within Canada if they are not eligible to apply through any of the other avenues of PR from within Canada. H&C grounds can include health considerations, conditions in one's home country that would make it difficult for them to apply from there, best interests of the child, ties that the person has made in Canada, and family violence, among others.

Intimate Partner Violence (IPV): Physical, sexual, emotional (psychological) or financial harm done by a current or former intimate partner(s) or spouse(s). Intimate partner violence can happen in a marriage, common-law or dating relationship; in a heterosexual or LGBTQ2 (lesbian, gay, bisexual, transgender, queer, and Two-Spirit) relationship; at any time in a relationship, including after it has ended; and, whether or not partners live together or are sexually intimate with one another.

Joint Decision-Making Responsibility: When two parents consult each other and make decisions about the child's welfare jointly.

Marriage Fraud: This is a type of misrepresentation. It refers to a situation where a person marries a Canadian citizen or permanent residence with the sole purpose of gaining entry into Canada.

Matrimonial Home: the legal term used to describe the family home in which the spouses were living just before the date of separation

Mediation: A dispute resolution process where two parties resolve/settle their legal dispute out of court with the help of a neutral third party, called a "mediator".

Misogyny: Hatred of, aversion to, or prejudice against women. Misogyny may be distinguished from the closely related word sexism, which signifies discrimination based on sex. Misogyny refers specifically to a hatred of women.

Misrepresentation: Under immigration law, misrepresentation means to lie or submit false information or documents to immigration officials or in an immigration application.

Non-Status: In the immigration context, a non-status person is someone who has no permanent or temporary status for staying in Canada.

Parenting Arrangement: A plan for the care of children that can be made either through court outside court after divorce or separation. A parenting arrangement can be made out of court or through a court order.

Parenting Order: An order from the court that sets out the arrangement for the care of children after separation or divorce

Parenting Time: Under the Federal Divorce Act, parenting time refers to the type of parenting arrangement which sets out the time a child spends in a parent's care. This means the parent is responsible for the child while they are in their care, even if they are not physically with them for the whole time (for example, the child could be at school or daycare). Unless a court orders otherwise, the parent with parenting time can make day-to-day decisions about the child, such as meals or bedtime, but cannot make the decisions that the parent with decision-making responsibility is authorized to make. Parenting time was formerly known as "access."

Patriarchy: A system of society or government where men predominate in roles of political leadership, moral authority, social privilege and control of property.

Permanent Residence (PR): A status that grants someone the right to work, study, and live in Canada permanently. Unlike citizens, permanent residents do not have the right to vote or run for political office. In order to keep their PR status, a permanent resident has to fulfill their residency obligations by staying in Canada for two years in a five year period.

Refugee: A refugee in Canada is someone who has fled their home country and are not able to go back because of a fear of persecution, or because they will face a danger of torture, risk to their life, or risk of cruel and unusual treatment or punishment.

Restraining Order: An order from the family court that meant to protect someone from their abusive intimate partner or ex partner by putting restrictions on their behavior, such as not allowing them to come within a certain distance of the other partner or children, and not communicating with them except through a third party.

Separation: When a married or common-law couple decides to live separately because the relationship has broken down.

Shared Parenting Time: Where a child spends at least 40% of the time with each parent.

Spousal Support: Money paid by one spouse to the other after they separate or divorce.

Social Location: An individual's social location is defined as the combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location. This makes social location particular to each individual; that is, social location is not always exactly the same for any two individuals.

Sole Decision-Making Responsibility: When one parent makes decisions about the child.

Stigma: The negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual.

Study Permit: A legal document that allows foreign students who are not citizens or permanent residents to study in Canada.

Supervised Parenting Arrangement: When another person supervises a parent's visits with their child in situations where there are safety concerns.

Survivor: Term that describes someone who has experienced interpersonal violence. This term can be preferred to victim as it reflects the reality that many individuals who experience abuse cope and move on with personal strength, and resourcefulness.

Survivor-Centered Approach (Client-Centered Approach): A survivor-centered approach aims to create a supportive environment in which each survivor's rights are respected and in which the person is treated with dignity and respect. A survivor-centered approach recognizes that every survivor has equal rights to care and support, is different and unique, will react differently to their experience of GBV, has different strengths, capacities, resources and needs, has the right appropriate to her/his age and circumstances to decide who should know about what has happened to her/him and what should happen next and should be believed, and be treated with respect, kindness and empathy.

Temporary Resident Permit (TRP): Under immigration law, a TRP is a special permit that authorizes someone who is inadmissible to Canada to stay in Canada temporarily in exceptional circumstances. Being inadmissible means not being allowed to enter or stay in Canada. A person can be inadmissible for a number of reasons such as, being convicted of certain crimes, not complying with immigration law, misrepresenting/lying on their immigration application, among others.

Types of GBV:

- **Physical:** Involves physical contact intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm.
- **Psychological/Emotional:** Words or actions to control or frighten an intimate partner, or to lower their self-respect and self-esteem. Generally where there is a pattern of coercive or controlling behavior or iterated threats.
- **Sexual:** Encompasses any situation in which force or threat is used to obtain participation in non-consensual sexual activity or coercing a person to engage in sexual activity against their will.
- **Technological:** Technological abuse is the use of any technology to gain power or control.
- **Spiritual:** Using religious or spiritual beliefs to manipulate, dominate, and control.
- **Financial:** Control, or misuse of a family member's or intimate partner's money, assets or property. A person has control over another person's access to economic resources.

Victim Blaming: Victim blaming is a devaluing act that occurs when the victim(s) of a crime or an accident is held responsible — in whole or in part — for the crimes that have been committed against them. This blame can appear in the form of negative social responses from legal, medical, and mental health professionals, as well as from the media and immediate family members and other acquaintances.

Victim Quick Response Program: A program established by the Ministry of the Attorney General which provides financial assistance to victims in Ontario in the immediate aftermath of a violent crime, for example, domestic violence, sexual assault, or human trafficking. Victims can access support for critical needs, such as, emergency home safety expenses, basic necessities, travel related expenses, support for serious injuries, short-term counseling, etc.

Victims/Witness Assistance Program: A court-based program that provides information and support to survivors/victims and witnesses of crime to help them navigate the criminal court process.

Visitor visa: Also known as a temporary resident visa. This is a document issued by a Canadian Visa Office that allows a person to enter and stay in Canada as a temporary resident.

Work Permit: A legal document that allows individuals who are not citizens or permanent residents of Canada to work in Canada.

RESOURCES

CANADA-WIDE

Canada Suicide Prevention Service (CSPS): Offers support to anyone concerned about suicide. Whether you are suffering from a loss, worried about someone who may be having suicidal thoughts, or having suicidal thoughts yourself, highly trained responders are there to provide support. Call 1-833-456-4566.

Black Youth Helpline: Serves all youth and specifically responds to the need for a Black youth specific service. Listed as a National Helpline for Canadian Youth. Call 416-285-9944 or 1-833-294-8650.

First Nations and Inuit Hope for Wellness Help Line:

Resource for First Nations and Inuit to provide immediate, culturally competent telephone counselling, 24/7. Available in English, French and upon request in Cree, Ojibway, and Inuktitut. Online chat available as well. Call 1-855 242-3310.

Kids Help Phone: Bilingual phone and online counselling service for youth. It's free, anonymous, and confidential. 1-800-668-6868 (24 hours) or Text "TALK" to 686868.

Naseeha: Provides an anonymous, nonjudgmental, confidential and toll free peer support helpline for Muslim and non-Muslim youth experiencing personal challenges. Naseeha's services are open to all regardless of age, race, ethnicity, sexual orientation,

gender identity, family makeup, social status, income, ability, physical and mental health, and religion. Call 1-866-627-3342.

BRITISH COLUMBIA

VictimLinkBC: Toll-free, confidential, multilingual service available across B.C. and the Yukon, 24/7. Provides service in up to 150 languages, including many Indigenous languages. Call or text 1-800-563-0808.

Battered Women's Support Services (BWSS):

Crisis Line Providing emotional support to women experiencing gender-based domestic violence and/or uncertainty during these difficult times. Call 1-855-687-1868.

The Progressive Intercultural Community Services (PICS):

Provides a broad spectrum of programs and services which includes employment programs, settlement services, language services, gender-based violence support programs, housing services and legal advocacy programs. Call 604-596-7722.

Women Against Violence Against Women (WAVAW):

Crisis Line Provide support services to survivors of sexualized violence who are of marginalised genders: cis and trans women, Two-Spirit, trans and/or non-binary people. 24-hour crisis and information line. Call 604-255-6344 or 1-877-392-7583.

SAFE Society: Operates several programs which includes a Transition House with a 24-hour crisis line, PEACE Program, Stopping the Violence, Community Counselling, Community Based Victim Services, Outreach, Communication and Family Violence Prevention, Police Based Victim Services, and a new Sexual Assault Support Services program. Call · 250-832-9616.

Legal Aid BC: Range of free services – priority given to people with low incomes, but many services are available to all British Columbians. Offering legal information, advice from lawyers, representation services, and more. Helping those with serious family problems, child protection issues, immigration issues and criminal law issues. If located in Greater Vancouver Call 604-408-2172 or for elsewhere in BC Call 1-866-577-2525.

Health Link BC: provides reliable non-emergency health information and advice in British Columbia. Information and advice is available via telephone, website, a mobile app and a collection of print resources. Call toll free 8-1-1

ALBERTA

Alberta Wide Mental Health Helpline:

A confidential service that provides support, information and referrals to Albertans experiencing mental health concerns. This service provides crisis

crisis support, mental health or addiction screening and assessment over the phone, general information about a mental health or addiction topic, information about local service options for addiction or mental health and how to access them, and strategies people can use at home to support their emotional well-being. Call 1-877-303-2642.

Punjabi Community Health Services (PCHS): Providing South Asian communities through safe, accessible, and culturally-informed counselling services, group programs, and outreach. Call 597-999-9312.

Alberta Provincial Abuse Helpline: The provincial abuse helpline will connect you to resources, supports, services and referrals to address your concerns if you are experiencing abuse or neglect, or if you suspect an adult or child is being abused or neglected. Callers can remain anonymous. Call 1-855-443-5722.

Association of Alberta Sexual Assault Services (AASAS): Alberta's One Line for Sexual Violence is a toll-free talk, text, and chat service that provides emotional support, information, and referral to anyone who has experienced or been impacted by sexual violence. Call or text 1-866-403-8000.

Alberta Council of Women's Shelters (ACWS): A provincial network organisation of women's shelters in Alberta. ACWS supports 40 members operating over 50 shelters across the province for women, their children, and seniors facing domestic abuse. Call 1-866-331-3933.

Calgary Immigrant Women's Association (CIWA): Offers programs and services that use a holistic approach to support clients in the areas of settlement and integration, literacy and language training, employment support and bridging programs, family violence, parenting, individual counselling, in-home support, civic engagement, health, housing, and community development. Call 403-263-4414.

SASKATCHEWAN

Saskatoon Sexual Assault Crisis line (SSAIC): Provides call services with a trained professional who will talk with you about anything from nightmares to flashbacks to recent assaults. Provides information, referrals, and support to anyone dealing with issues related to sexual assault, child sexual abuse, and memories of childhood sexual abuse. Call 306-244-2224.

North East Outreach and Support Services (NEOSS): Provides support services for victims of sexual assault. Programs include a 24 hour crisis line, domestic violence shelter, rapid access counselling, 2nd stage housing, and more. Call 306-752-9464.

The Public Legal Education Association (PLEA): Exists to educate, inform and empower through law-related education. Providing general legal information, suggesting resources, giving people different options for obtaining legal advice. Call 306-653-1868.

West Central Crisis and Family Support Centre –

Victim Assistance & Support Team: Provides support services to individuals and families experiencing violence and crisis in their lives. Call 306-463-1860.

Regina Transition House – Domestic Violence/Abuse Crisis Line: Serves the needs of women and children through the provision of safe transitional shelter and support services to promote community well-being. Call 306-569-2292.

Moose Jaw Transition House – Domestic Violence Crisis Line: Provides services to those experiencing interpersonal violence and abuse. Offering 5 key programs: Shelter Services, Crisis Line, Community Outreach Program, Children Exposed to Violence Program, and Shelter Support & Follow Up Program. Call 306-693-6511

Saskatoon Interval House: An emergency temporary shelter for women and their children who require safe accommodation. Call 306-979-6706

MANITOBA

Ending Violence Across Manitoba: Provides resources and support for programs working with victims and survivors of domestic violence and sexual violence. Call toll free 1-877-977-0007.

West Central Women's Resource Centre (WCWRC) – Gender-Based Violence Support: Aims to enhance newcomer well-being with an emphasis on preventing and healing from intimate partner violence (IPV) and experiences of post-conflict gender-based violence. Call 204-774-8975

Manitoba Justice Victim Services: Supports victims of serious crimes, including victims of domestic violence and other serious crimes, such as murders and sexual assaults. Victim Services helps people access their rights, understand their responsibilities. They also connect people to other agencies and useful resources, as they move through the justice system. Call 1-866-484-2846.

Willow Place Shelter: Provides inclusive, no-cost support for diverse family violence prevention needs in Manitoba. Call 1-877-977-0007 or text 204-792-5302.

NorWest Co-op Community Health – A Woman’s Place: helping women and children impacted by family violence during COVID-19. We offer counselling and support, safety planning, protection orders, legal consults and representation. Interpreter services available to women who need it. Call 204-940-6624 or text 431-400-9600.

ONTARIO

Barbra Schlifer

Commemorative Clinic:

Offers services to marginalised and racialized populations of women who have survived violence. Supports with legal help in family, immigration, criminal and sexual assault law, therapeutic counselling, and multilingual interpretation and translation. Call 416-323-9149.

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres: Providing survivors of sexual violence and domestic violence with comprehensive, quality care and support. Helping to navigate the 37 treatment centres across Ontario

dedicated to providing comprehensive, trauma-specific care and treatment to victims/survivors of sexual and domestic violence. Call 1-855-628-7238.

Assaulted Women’s Helpline (AWHL): Anonymous and confidential 24-hour telephone and TTY crisis telephone line for those who have experienced any form of abuse. Provide crisis counselling, safety planning, emotional support, information and referrals. Call 1-866-863-7868.

South Asian Legal Clinic of Ontario (SALCO): Provides direct legal service in multiple South Asian languages and in multiple areas of law. Call 416-487-6371.

Rexdale Women’s Centre – Violence Against Women and Crisis Intervention Program:

Multi-service agency offering various programs for women, especially immigrant women, refugee women and women of colour. In this program, services include assistance for survivors of domestic violence, violence prevention and crisis counselling, medical and legal referrals and client accompaniment, and support groups for women on intimate partner violence. Call 416-745-0062.

South Asian Women’s Centre (SAWC) – Violence Against Women Program: Women-led organisation providing support to South Asian and racialized women. Providing counselling, social assistance, crisis intervention, information and referrals, and translation and interpretation. Call 416-537-2276.

South Asian Canadians Health and Social Services (SACHSS):

Offers culturally and linguistically appropriate services including individual counselling, group counselling, PAR (Partner Assault Response) programs, and programs for survivors of domestic violence. Call 647-718-0786.

Nisa Homes: Support service for women and their children who are experiencing domestic violence, poverty, homelessness or seeking asylum. Some services at Nisa Homes include financial assistance and immigration support to help with basic necessities. Call 1-888-671-3446.

Sakeenah Homes: Aims to fill the gap for culturally and religiously sensitive services for women and children facing domestic violence and homelessness. Services for women, children and families facing homelessness, violence and poverty, ranging from mental health therapy to legal services to career skills training and more. Call 1-888-671-3446.

QUEBEC

SOS Violence Conjugale:

Helping ensure the safety of victims of intimate partner violence (IPV) and that of their children throughout Quebec, by offering free, bilingual, anonymous and confidential referral services. Available 24/7 and can provide direct access to information, support or shelter. Call 1-800-363-9010.

Shield of Athena Family

Services: Providing help for victims of family violence. Offering emergency shelter and professional services to women and their children. Support, intervention and prevention services are culturally and linguistically adapted to meet the needs of many of Montreal's major ethnocultural communities. Call 514-270-2900 (Montreal) or 450-688-2117 (Laval).

Crime Victims Assistance

Centres (CAVAC): Provides front-line services to any victim of a crime and their loved ones, as well as to witnesses of a crime. Free and confidential, available whether or not the perpetrator of the crime is identified, arrested, prosecuted or convicted. Works in collaboration with stakeholders from the legal sector, the health and social services network and community organisations. Call 866-532-2822.

FMHF Shelters: Umbrella shelter organization, welcoming victims of domestic violence, sexual assault and exploitation, trafficking and honour-based violence, with issues of consumption, mental health, homelessness and others. Call 514 878-9757.

NOVA SCOTIA

Transition House Association of Nova Scotia (THANS):

An umbrella association of Violence-Against-Women organisations across the province. Access to free 24/7 communal shelter and basic necessities, crisis lines, advocacy and court accompaniment, and counselling and outreach services. Call 1-855-225-0220

Nova Scotia 211: Through providing information and referrals, help to connect individuals to local community groups, nonprofit and government organisations. Calling the number below can connect you to a free, confidential women's helpline, for those who have concerns about their well-being, safety, and/or the safety of others. Call 211.

Legal Info Nova Scotia: Easy Access to Information about the law, for all Nova Scotians. Includes confidential and anonymous Legal Information Line. Call 902-455-3135.

Nova Scotia Domestic Violence Resource Centre:

Provides information about domestic violence, information on providing support, and links to support services across Nova Scotia. Call 902-424-8662 or toll free 1-800-565-8662.

NEW BRUNSWICK

Chimo Helpline: A provincial crisis phone line accessible 24/7, providing a competent level of crisis intervention, referrals and vital information in a caring, confidential manner. Call 1-800-667-5005.

Liberty Lane – Domestic Violence Outreach Program: Working with people of all gender identities who have been affected by abuse and live in the greater Fredericton area. Offering both individual and group services. Call 506-458-9774.

Women in Transition House: A home for abused women and their children. Provides services such as lodgings, advocacy, and referrals for

victims of physical, emotional, sexual, economic and/or social abuse. Call 506) 457-2770.

Sexual Violence New Brunswick:

Provides information, support, and counselling to those affected by sexual violence (sexual assault, sexual harassment, child sexual abuse, and incest) and dating violence. Call (506) 454.0437.

Gignoo Transition House: The sole, non-profit Indigenous women's shelter in the province of New Brunswick serving Mi'kmaq, Wolastoqiyik, Passamaquoddy and other Indigenous women and children. 24/7 crisis line and online chat available as well. Call 1-800-565-6878.

PRINCE EDWARD ISLAND

Family Violence Prevention

Services: Provides a place of safety for women and children who are victims of abuse, and advocates for the needs of abused women and children. Website provides links and handouts with information and resources on issues relating to family violence – housing, outreach services, second-stage housing, empowerment programs, and more. Call 902-894-3354.

Family Service PEI: Offer high quality evidence based therapeutic counselling to individuals, couples, families and groups through a diverse range of services that are comprehensive, flexible, and subsidised. Call 902-892-2441 or toll free 866-892-2441.

RISE: Provides free legal resources and support to people who have experienced sexual violence, workplace sexual harassment, or intimate partner violence. Call 902-218-6143.

Chief Mary Bernard Memorial Women's Shelter: Provides services for women who are victims of Family Violence, or women who are homeless; and their children. Provides transportation (if it is safe to do so). Call 902-831-2332.

NEWFOUNDLAND AND LABRADOR

Domestic Violence Helpline: Province-wide, toll free number will detect the region where the caller is located and immediately connect them with one of ten transition houses that are part of the Transition House Association of Newfoundland and Labrador. The caller is then able to immediately speak with a trained professional who will assist them directly, or connect them to the appropriate service or organisation in the community, including women's centres, Violence Prevention NL organisations, government departments, or medical and policing services. Call 1-888-709-7090.

Transition House Association of Newfoundland and Labrador (THANL): Ensuring that women and their children have access to safety, security, services, and advocacy, to support them in their communities and homes in moving toward a life free from abuse. Provides information and referrals for shelters, women's centres, and next steps planning. Call 709-739-6759.

Public Legal Information Association of Newfoundland & Labrador (PLIAN):

Dedicated to educating about the law, with the intent of increasing and improving access to justice. Multiple services that provide assistance to victims of violence. Call 1-888-660-7788.

NL Sexual Assault and Crisis Prevention Centre (NLSACPC):

Callers can access non-judgmental, empathetic support and information regarding issues related to sexual violence. Also offering confidential in-person support through an office in St. John's. Call 1-800-726-2743.

The Journey Project:

Dedicated team of Legal Support Navigators who offer legal information and system navigation to survivors of sexual violence and/or intimate partner violence. This might look like going with a survivor to court, the hospital, or the police station. It might also include offering community connections and referrals to resources, organisations, or professionals that offer support around the unique aspects of an individual's experience. Call 1-709-722-2805 or toll free 1-833-722-2805.

NUNAVUT

Kamatsiaqtut Nunavut

Helpline: Provides anonymous and confidential telephone counselling and contact service for any and all northerners who need 'a listening and non-judgmental ear' to talk about personal problems or who are in crisis. Available 24/7. Call 1-800-265-3333.

Cambridge Bay Wellness Centre – Family Violence Prevention Program:

Aims to reduce the occurrence of violence in through counselling, education, and community outreach. We offer support to victims of family violence and abuse. Call 867-983-4660.

Pauktuutit – Shelter Initiative for Inuit Women and Children:

Operating shelters in Inuvialuit, Kitikmeot, Kivalliq, Nunatsiavut, Nunavik, and Qikiqtaaluk. Call 613-238-3977 or toll Free 1-800-667-0749.

YUKON

Dawson Women's Shelter:

24-hour support line and emergency shelter. Provides services of supportive listening and validation from trained staff, safety planning, access to food and personal supplies, help finding new housing, access to resources and referrals, Confidentiality, and support finding a safe place for your pet. Call 867-993-5086.

Help and Hope for Families:

Providing outreach, education, referral, advocacy, support, and information & resources. Serves women and their children who are living with the impact of violence by providing transition home/shelter services. Call 867-536-7233.

Women's Transition Home:

Provides safety and support to women and children who are responding to and resisting violence. Offers 24-hour crisis line services, emergency shelter, third-party reporting, and second-stage apartments. Call 867-668-5733.

Reach Out Support Line (Canadian Mental Health Association): Provides free and confidential support & can provide referrals to counsellors. Call 1-844-533-3030

NORTHWEST TERRITORIES

NWT Help Line: Talk to a trained responder – calls are free and confidential, with an option for follow-up calls. Trained responders can help you with any number of concerns, including stress management, suicidal thoughts, abuse, sexual assault, and depression and anxiety. Call 1-800-661-0844.

NWT Family Violence Shelters: Whether you need a safe place to stay, an Emergency Protection Order or someone to talk to, the 24/7 crisis line is available whenever you need it. Call 1-866-223-7775

NWT Health and Social Services – Community Counselling Program: A free service available for all residents that provides on-the-ground access to mental health services in all of the regions in NWT. Offers trained counsellor services, or referrals to other services that could help you. Counsellors live in 20 communities and in all other communities, counsellors provide phone support and in-person counselling on a fly-in basis. Call 867-767-9061.

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