



WORKING IN PARTNERSHIP TO END VIOLENCE AGAINST WOMEN AND GIRLS

Report: 'Honour' based violence and related service
needs, gaps and solutions in Edmonton, 2015-2016

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SUMMARY

In July 2015 ICWA began a 3 year project 'Working in Partnership to prevent Violence against Women and Girls' (WIP) to develop an integrated service delivery model and referral protocol against 'honour'-based violence (HBV) in Edmonton. Status of Women Canada is the funder. WIP involves • assessment of service gaps and solutions in addressing HBV • creation of a toolkit for risk assessment and case management and referral • an online network and e-library for participating agencies to share experience and knowhow.

The WIP Year 1 (2015-2016) Needs Assessment covered • service providers' understanding of HBV and aspects of HBV in Edmonton • current capacity to prevent HBV (at primary, secondary and tertiary levels) • solutions captured in a draft service delivery framework. The resulting report drew on information from 26 service agencies engaged against family, domestic and gender violence (32 interviewees and 47 participants in 8 focus groups).

The investigation found evidence of violence characterized by notions of patriarchal 'honour' and collective control of women. Spectacular violence is not the norm. The media-led tendency to equate HBV with femicide ('honor killings') has had the unfortunate effect that the mostly subtle manifestations of HBV escape notice, understanding and action. For example, the practice of dowry, involving property and monetary extortion by a groom's family from the bride's family, is ill-understood in Canada. It can be easily recast as an innocuous gift transfer, allowing evasion of prosecution for theft and extortion. Cover-ups are easy because the bride is intimidated into silence (by her conjugal and natal families and by difficulty of communicating with service agencies). Plus, her natal family may be reluctant to incur the 'dishonour' of the collapse of the marriage. A forced marriage may be conducted and allowed to exist under the guise of arranged marriage. Although arranged marriage is defined as consensual and forced marriage as coercive, the reality is that consent and coercion, or arrangement and force, exist in a continuum.

Young wives, with 'conditional' permanent residence, are especially vulnerable to patriarchal violence with multiple perpetrators and aiders of violence (likened to gang violence in focus groups), including in-laws and non-kin community members. Women are unable to exit owing to their fragile status, fear of violence from conjugal family, and community policing and stigmatization. Threats of reprisal for leaving target the natal families of abused spouses, even in countries of origin. The sufferers of gender violence, whether HBV or other, are not women alone. HBV is profoundly homophobic and transphobic with sexual and gender minorities being reviled, threatened, assaulted, and evicted from homes. The report establishes the link of HBV with heteronormative violence in Edmonton and proposes initial steps to better serve LGBT+ persons suffering violence.

Current models of service are ill-suited to handling violence done via extended social networks of kin and community. Violence is treated as occurring within the family or between intimate partners. There is limited understanding of (1) the link between gender inequality, patriarchal social arrangements, and domestic, family and intimate partner violence (2) the role of extended family and community members in perpetrating, encouraging and shielding violence; this role also throws question marks on models of kinship care of young persons at risk of HBV.

With extended networks of violence against women, safety and confidentiality of the help-seeking process are rendered very fragile. For instance, for a woman with limited English, a biased interpreter is a hazard in counselling, movement to and from shelter, and participation in legal hearings. Unfortunately, there are no standard mechanisms for assessing whether in-person interpreters are non-partisan and

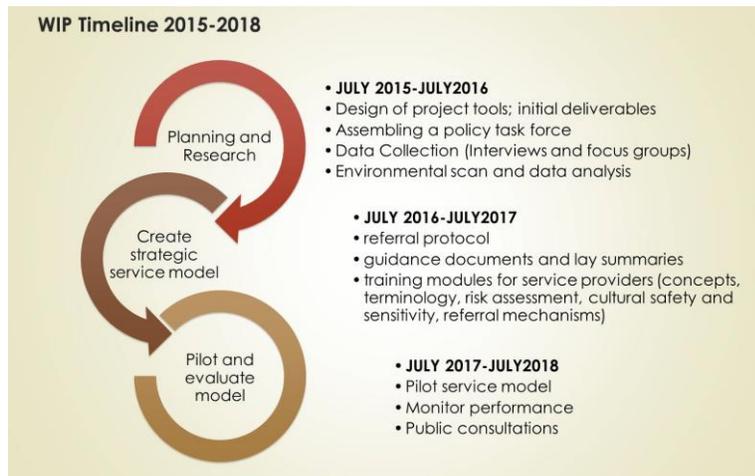
ethical. Nor are there related measures to enforce ethical compliance. Anti-violence services are limited by short-term funding and short-duration service models, which obstruct long-term connections and follow-up to improve and stabilize outcomes. In conclusion, the report identifies some aspects of ‘wraparound’ service and advocacy relevant to the needs of women facing intersecting challenges, e.g. fragile immigration status, lack of language and professional skills, and collectivist violence at home and in their communities. Regarding the steps ahead (2016-2018), a service delivery framework has been drafted and will be refined with inputs of agency partners and collaborators. The framework is part of a toolkit also including • risk education modules • case management and referral protocols. Improved referral needs case sharing (better and faster if done online). Thus, years 2-3 will offer service providers access to • an electronic forum and • an electronic repository of (i) guidance documents and summaries of e-forum discussions and (ii) papers, factsheets and position statements from university, government and non-profit sources.

ABBREVIATIONS

CFS – Child and Family Services
 CPR – ‘conditional’ permanent residence
 DA – Danger Assessment
 DV – Domestic Violence
 DVRAG – Domestic Violence Risk Appraisal Guide
 DVSI – Domestic Violence Screening Inventory
 EJHS – Edmonton John Howard Society
 EPO – Emergency Protection Order
 ESL – English as a Second Language
 FGM – Female Genital Mutilation (also FGC – Female Genital Circumcision)
 FOIP – Freedom of Information and Protection of Privacy Act
 FV – Family Violence
 HBV – Honour based violence (also HRV – Honour Related Violence)
 ICM – Intensive Case Manager
 ICWA – Indo-Canadian Women’s Association
 IPV – Intimate Partner Violence
 IRCC – Immigration, Refugees and Citizenship Canada
 LGBTTQQPIANU+ – Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning, Pansexual, Intersex, Asexual, Non-Binary, Unlabelled, and more (LGBT+ hereafter)
 ODARA - Ontario Domestic Assault Risk Assessment
 PAFVA – Protection Against Family Violence Act
 PAR – Participatory Action Research
 PTSD – Post-traumatic stress disorder
 RCMP – Royal Canadian Mounted Police
 SARA – Spousal Assault Risk Assessment
 SPJ – Structured professional judgement
 SWC – Status of Women Canada
 TCPS2 – Tri-council Policy Statement: Ethical Conduct for Research Involving Humans
 UCCA – United Cultures of Canada Association
 VAW – Violence Against Women
 WHO – World Health Organization
 WIP – Working in Partnership
 WT – Working Together

INTRODUCTION

From July 2015 through July 2018, ICWA is helming a three-year project “Working in Partnership to prevent Violence against Women and Girls” (WIP hereafter; funder Status of Women Canada) to devise cohesive strategies to prevent and intervene¹ in cases of honour-based violence (HBV hereafter; see [Notes and References](#) on definitions in [Rutherford et al 2007](#)). These strategies will be devised and piloted via participatory action research (PAR). In this model of application-oriented enquiry, the community of practitioners come together to define key challenges and to hammer out solutions that work for all. The



resulting strategies are expected to have relatively more real-world viability because solutions come from those who actually face the problems.

Edmonton service providers working against gender and/or domestic violence will participate in the design process.

WIP involves (1) an in-depth needs assessment to identify solutions for coordinated agency activities and (2) creation of protocols and platforms for case sharing amongst service providers

who support women affected by HBV.

This is a report on key activities in Year 1 of the project. The following sections describe and explore the implications of the WIP assessment of the prevalence of HBV in Edmonton, related community needs, where and how these are met or not by current services, and what needs to be done to fill the gaps and address unmet needs. The needs assessment was conducted between January 2016 through May 2016. Prior to the needs assessment, July through December 2016 were used for planning, staff recruitment and extensive networking with service agencies. These steps were preparatory to the needs assessment and development of a formal support network of agencies with relevant mandates.

The report contains the following

- Project rationale
- Our conceptualization of HBV, a complex and inadequately understood form of gender violence
- Process, findings and analyses of the needs assessment preparatory to collaborative creation of an inter-agency strategy against HBV
- Tentative recommendations centred on the prevention of HBV.

PROJECT RATIONALE

Our previous project "Working Together" (WT hereafter) explored knowledge, attitudes and challenges concerning HBV. WT canvassed service providers and highlighted that they lack understanding of HBV and that they need training in the assessment of related risk. Some of the gaps in handling HBV are because, in Canada, the policy and practice focus has been largely on violence amongst intimate partners (with IPV seen as unrelated to issues of gender relations and roles) and on child maltreatment (again without much examination of gender dynamics in play, epitomised in son preference). Until recently, there has been little attention to policy and practice against group-driven family violence that intersects

with gender violence.² Some of this inattention is linked to the fact that honour violence (thanks to the media, over-associated with femicide, i.e., conspicuous headline-fodder violence) is seen as a 'cultural issue' that is simply too 'exotic' and 'culturally' complex to permit analysis and the development of objective models of action. Also, HBV has been often cast into the larger category of 'domestic violence' by practitioners loath to act in any way that might be criticized for anti-minority or anti-immigrant. This shoehorning of HBV into other categories has further shrunk opportunity to identify and analyze HBV's specific features and devise appropriate responses.

WIP builds on the findings of WT and aims to create a toolkit - a cohesive inter-agency strategy - to enable Edmonton service providers to handle HBV. An integrated strategy against HBV encompasses measures to prevent, intervene and rehabilitate. To handle cases of HBV in timely and sensitive manner, the strategic toolkit would include (1) modules with standard terminology and risk education (2) case referral mechanisms (3) case management protocols. Risk education modules for service providers will aim to ensure that providers are alert to the distinct features of HBV and to respond appropriately. One can address a problem if it is recognized as a problem. Coherent referral mechanisms are needed so that HBV sufferers are sent to where they can be advised and helped best (or at least as much as our underfunded social sector allows). No one likes being shunted around. Abuse sufferers head back home to more abuse if they have to repeat their story and relive their trauma. They find it hard enough to speak up the first time – many normalise their pain and suffering and make excuses for their abuser. Also, abusers tend to obsessively trail sufferers and monitor their actions and movements. Current technology allows abusers to install tracking software on cellphones. For a sufferer of abuse, seeking information on available supports, calling for support, going out to seek help (even once) are all dangerous. Doing any of these repeatedly intensifies the danger.

Preventative actions are taken before actual harm. Risk education for service providers will aim to ensure that providers know the red flags of HBV when they see them. If they can recognize existing or potential violence they are better able to respond appropriately. The alternative is scary: service providers who lack comprehension may either inappropriately refer the sufferer or even turn them away, seeing exaggeration and melodrama where there is real panic and accurate estimations of fear. This possibility has emerged in our conversations with providers.

Intervention involves protecting sufferers from further harm, as for example removal to a shelter. Emergency shelter is a 21-day stopgap measure and that is assuming the shelter has any space. Women's shelters in Edmonton are under-resourced, under-funded, and turn-away rates are high. Consider here the scenario of a minor girl who has run from an abusive patriarchal home, perhaps from forced marriage or physical violence, and seeks refuge in an emergency shelter. The shelter is an uncertain hope; if it is not full, is she even eligible? If she is allowed in, how long can she stay? Where will she go after 21 days? Would service providers see the teen as a teenage drama queen and send her home?³ If she runs away from home, street life comes with a formidable set of threats. Add another complication: her family puts out missing-person calls and ads. Do these have ulterior motives; if so, how would a service provider assess the situation? There are almost no shelters for males escaping violence. This is a gap that merits examination when it comes to protecting boys and men from gender violence, as seen for example in homophobic and transphobic violence⁴, as also seen in heterosexual relationships that meet with violent disapproval by one or more families and/or communities.

Rehabilitation measures are to repair and strengthen survivors' lives, and as importantly, to prevent their movement back into violence. In the case of younger persons, for example, it is crucial to finish school and find a safe place to live, away from the extended networks of violence that are characteristic of HBV. Young wives and mothers who come to Canada with rudimentary education and inadequate command of English need access to basic occupational training and educational certifications In this context, second-

stage shelters, offering longer-term stays and access to basic job-related training and placement, have an important role. The rehabilitation stage is the hardest to examine for long-term effectiveness. Getting to that stage often involves a long and winding journey for a person escaping violence.

In accordance with good practice in policy research, WIP activity commenced with an in-depth investigation of unmet community needs in the three areas of prevention, intervention and rehabilitation of HBV. The assessment of gaps, needs, challenges and potential service solutions forms the evidence base for WIP's effort to create the toolkit against HBV in Edmonton.

CONCEPTS AND APPROACHES

What is 'honour based violence'?

Based on the international evidence, honour-based violence is gender violence driven by complex intersecting factors. These factors include 'collectivist notions of reputation (so-called 'honour' as an outcome of community estimations of masculine power to enforce feminine servility), heteronormative⁵ and patriarchal control of sexuality and the subordination of personal agency to family and community reference-group.⁶⁷ These intersect significantly with aspects of the immigration and integration process. The results include intergenerational violence⁸ with cross-cultural frictions, shifts in customary gender hierarchies and spousal violence (e.g backlash at women as new principal earners in hitherto male-dominated households), and the obsessive concerns of some with retaining 'status' within the ethnocultural community in the new setting demonstrated via violent, pathological control over households, especially junior female members.⁹

With HBV, familial and communal actions are **collectively** geared to establish, assert and reassert control of women and girls, specifically their agency and decision-making abilities. This control is asserted primarily in sexuality and child-bearing (enforcement of so-called straight sexuality, premarital female virginity, strictly marital sex and pregnancy). Control of intimate lives extends to mode of dress, body language, movement, friendships, education, career, and property ownership.

The maintenance of control is linked to the public reputation of the controllers. It can take as little as a whiff of gossip to trigger violence intended to restore that control and warn others of the consequences of similar 'infractions.' If a girl's behavior is *seen* to threaten control, that is, becomes publicly known, violence is deliberately planned and exercised to reassert control and to make it known to the sufferer and in the community that the *status quo ante* has been restored. The triggers of violence are many, e.g. gossip, refusal to dress in a certain way, refusal of a proposal, leaving a marriage, bearing girl children. In short, this could be anything that triggers hypermasculine rage and an array of violent actions to restore the patriarchal notion of the ideal status quo, i.e., unquestioned patriarchal control over women.

One needs to keep in mind that the triggers of violence and the violent actions themselves are not to be conflated with the deeper causes of HBV. These causes are located in structures of patriarchy, which are pervasive, globally endemic, invisible and extremely obdurate to change.

The distinctive features of honour-based violence

It is crucial to understand that honour violence involves multiple primary and secondary perpetrators¹⁰ (some of whom may not even be part of the family) often living in separate regions of the same country and even separate countries. This is the key difference between couple violence, intimate partner violence, and HBV: "... *the number of perpetrators and the level of support they may receive from the wider family and community. While an abusive partner in a marriage or intimate relationship commits*

violence as an individual, HBV is related to the collective, familial control of women's behavior" (Jackson 2015:4).¹¹ Often, the defence of the collective reputation of the family/clan is used as a justification for the exercise of violence. Thus, in a case of HBV, there may be a large number of potential perpetrators and an even higher number of persons willing to collude in violent acts; these include men and women. Women who seek to consolidate their power and maximise their own security through such collusion. Quite often, a young minor male relative is delegated to commit femicidal violence, with the rationale that age will be an extenuating factor in a court of law. The other calculation is that there is less fallout for the perpetrating family when the person brought to book is a young unmarried male rather than an elder cousin or sibling who is married with children.

The large number of culprits is a "problem for protection agencies because it multiplies potential attackers, and in the case of prosecution, may present difficulties in gathering evidence, as there are few witnesses to testify" (Jackson 2015). HBV is distinct not for cultural reasons but because of the patterns of risk associated with a type of violence in which several people are complicit in aiding, abetting, tolerating, condoning and committing the violence. The enormous question is: what additional planning is needed to prevent, intervene and to rehabilitate when there are multiple sources of threat, when violence has cross border mobility, and when there is a heightened risk of carefully orchestrated violence?

The spectrum of honour-based violence

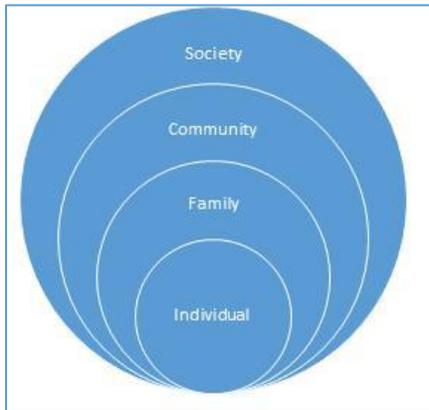
Honour-based violence has complex and varied manifestations that may be described as a spectrum or continuum of violence, with so-called 'honour' killings (femicides) being the most extreme and well-documented, but not the most frequent examples. Other examples, spanning the life of a woman (and its pre-natal stages): sex-selective abortion (female feticide linked to the 'honour' of male births and the 'burden' of having girl children), violence to mothers bearing girls, female infanticide, denial of schooling and nutrition to girls, imprisonment at home, forced marriage, dowry extortion¹²¹³ from brides' natal families and related murders of brides, virginity tests (linked to bride price payments¹⁴). In addition, violence may involve malicious rumour, ostracism, and various "*forms of emotional abuse, such as threatening disownment, or to divorce the victim's mother, amongst other threats to family members. Parents may feign illness, suggesting that the woman's nonconformity is causing them to suffer physical harm*" (Jackson 2015:3).

It is vital to note that HBV is intimately connected to the maintenance of heteronormative mores and structures of power. The sufferers of gender violence, whether HBV or other, are not women alone. HBV is profoundly homophobic and transphobic with sexual and gender minorities (LGBTQQPIANU+ (Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning, Pansexual, Intersex, Asexual, Non-Binary, Unlabelled, and more) LGBT+ hereafter) being reviled, assaulted, evicted from homes, forcibly married as a 'cure', or killed. Despite the global prevalence of heteronormative violence against LGBT+ persons, despite their simultaneous marginalization and stigmatized and lethal hypervisibilization, the literature on HBV scarcely connects notions and practices of patriarchy (including the notion of male honour) to the expression and enforcement of violent heteronormativity. Instead, the overwhelming emphasis is on femicides in specific countries in the Global South or in specific diasporic communities in the Global North, and on explaining femicides through one-note culturalist approaches, whose limitations are explored below.

Approach to HBV: ecological framework, intersectional perspective, structural analysis

The word 'culture' is often used as a pat explanation for gender violence. Given that this form of violence is seen in East and South Asia, in the Middle East, in Europe, and in South, Central and North America - can we really identify a cultural uniformity of causes across the sites? Honour-based violence is

misogynistic and heteronormative gender violence. It is inalienable from patriarchal institutions, attitudes and practices. Those institutions, attitudes and practices are collectively expressed and enacted. They shape individual lives and group dynamics, at home and beyond. Although culture and tradition are often identified as solitary causes of honour violence (often as rationalizing defence by the perpetrators themselves), the fact is that ‘culture’ per se is an inadequate explanation for violence, which is multi-causal. The context for violence and abuse – physical, financial emotional and spiritual - cannot be reduced to or explained by a single factor. Also, cultures are not homogeneous; nor is ‘culture’ the domain of so called ‘visible minorities’. A trenchant criticism of culturalist explanations of HBV is that they orientalise such violence, while masking the reality of collective heteronormative violence in the so-called Global North.



Moving away from culturalist explanations of HBV, we urge instead a close examination of three intersecting spheres in which heteronormative gender violence and patriarchal power are made, enacted and enforced. First, we may look at *structures* of society (e.g., legal landscapes, economies, politics, gender and power differentials *as well as cultural norms*) that allow such violence to occur. Second, we urge a scrutiny of pathologies of control operating in intensely patriarchal sociocultural enclaves (as often observed in diasporic settings). Finally, we urge exploration of how macro-level social structures and meso-level mechanisms of control enter and shape relational dynamics in specific families. Male-authoritarian family dynamics become linked to obsessive concerns with reputation and public image of being in control -

leading to the exercise of violence, in which a male leader is aided and abetted by family members, quite often women. Sometimes women themselves are the leaders in violence. This is for diverse reasons, e.g. deeply internalized patriarchal bias, desire to gain authoritarian control, or desire to distance themselves from the target of violence so as to avoid similar punishment.¹⁵

Gender violence, including HBV, cannot be ascribed to cultural causes alone; reliance on a single factor to explain something as complex as HBV is untenable. One should consider a more robust explanatory approach in order to understand and act against the structuration, occurrence, manifestations, prevalence and tenacity of the violence. We suggest an ecological framework¹⁶ (encompassing the individual/micro, familial/meso and societal/macro dimensions) with an intersectional perspective (encompassing gender, race, culture, immigration stresses, and the social and legal contexts from which immigrants arrive and into which immigrants are received¹⁷).

In drawing attention to the complexities of immigrant experience with reference to gender violence, we are not pointing fingers at immigrants. Nor are we resorting to a subtle reprise of the culturalist approach to HBV. As our evidence will show, HBV is amply evident in heteronormative practices observable across communities worldwide and in Canada. In addition, collectivist gender violence is reported amongst small religious communities that cannot be identified as racialized/visible ethnocultural minorities. We do however suggest, based on prior and current data, that collectivist family and community dynamics intersect with patriarchy and diasporic stress to generate HBV in immigrant communities. This intersection warrants an examination and evidence-based action against violence.

ENQUIRY METHODS

Via interviews and focus groups, we gathered primary data on needed but missing capacities and measures against HBV in Edmonton’s anti-violence-against-women (anti-VAW hereafter) service

community. Evidence presented here was analysed using standard qualitative analytical methods and triangulated with published literature and ICWA's prior findings in "Working Together." The primary data informing this report came from 32 interviewees and 47 participants in 8 focus groups. In all, the needs assessment is based on the contributions of 26 service agencies from diverse sectors with direct or indirect activity in preventing or intervening against family, domestic and gender violence (also see section [Samples](#)).

Recruitment

We obtained the contact details of participants via existing contacts, agency websites, snowball sampling (asking interviewees whom we should speak with next), and potential contacts mentioned during focus groups. Some agencies sent out invitations on our behalf.

Recruitment for Focus Groups

An invitation to participate was circulated via email to agency team leaders who then forwarded the invitation to agency staff. The invitation contained links to cost-free registration on Facebook and Eventbrite, where the registrants could choose from a list of dates and locations. Eight focus groups were conducted. One session was canceled for lack of registration. One had only two attendees and as a result was not conducted.

Recruitment for Interviews

Amrita Mishra (project director; AM hereafter) and Tripat Kaur (project coordinator; TK hereafter) contacted participants initially via email and phone. During the initial contact, potential participants were informed of the intended outcomes of the project - an inter-agency strategy and an integrated service delivery model towards early detection of risk, with intervention and rehabilitation of sufferers of HBV. AM and TK sought and obtained permission to hold confidential in-depth interviews to assess service capacity and identify some features of the planned strategy. Participants were informed that (1) their participation was entirely voluntary and that they could withdraw their information without consequence (2) they had the option to review transcripts and notes on their comments and could request to receive the final report by providing their contact information. AM and TK took care to (1) communicate the ICWA efforts to ensure confidentiality via de-identification and secure storage of data and (2) establish the minimal-risk nature of the needs assessment effort. No reimbursements or incentives (material, monetary) were asked or offered for participation.

Procedure for Interviews: Conducting, recording, transcription

Between January-August 2016 AM conducted semi-structured in-depth English-language interviews with 32 personnel (team leads and senior frontline staff) at 24 Edmonton service agencies supporting women and men undergoing domestic violence. Four of the interviews were done in groups of 2-5, where personnel at service agencies felt that they could better address the relevant issues in pairs or as a group. Interviews were 60-90 minutes long. Prior to the interview, AM obtained permission to audio record the conversation.

The interview guide was informed by research on the social, ethical legal and technical, issues of preventing, intervening and rehabilitating HBV. The guide was reviewed for depth and breadth of coverage by experts in the fields of clinical psychology, gender studies, and domestic violence. While AM rephrased and added specificity to interview questions during actual conversation, the central theme remained unchanged. This theme, in keeping with WIP's main objective, was unmet needs with managing

HBV cases and the way forward to the cohesive inter-agency strategy against HBV. The guides explored chiefly (but not only) professional backgrounds of participants, mandates and service models, awareness of and experience in handling cases of HBV, funding sources and challenges, and experiences with inter-agency referrals, communication and collaboration.

Interviews were transcribed by a professional transcriptionist and by TK subject to non-disclosure agreements signed by transcriptionists and AM (on behalf of ICWA). Below, vignettes from transcripts are presented with alphanumeric codes in bold square brackets representing the interviewer **[Interviewer]** and quoted service providers e.g. **[SP 1]**. It was a conscious choice not to specify in which sub-sector (e.g. shelter, crisis counselling) the service providers are employed. This was to protect their confidentiality and to minimise chances of their identification. In some vignettes a short conversational segment with both the original question and the response are presented. Other vignettes are segments of a response. These segments were abstracted from a much lengthier response so as to provide evidence for the relevant commentary. Within the vignettes, there are square parentheses around inserted explanations *[italics]*, condensed transcript segments *[italics]*, and concealed identities *[UPPER CASE ITALICS]*. Vignettes abstracted from separate interviews are separated from each other with symbols ~~~.

Procedure for Focus groups: Conducting, recording, transcription

Over March-April 2016, ICWA conducted 8 focus group-style workshops with 47 front line workers engaged in prevention and intervention efforts against domestic/family/intimate-partner/spousal violence. The focus groups were facilitated by project partner John Humphrey Center for Peace and Human Rights, with whom the ICWA had signed a formal MoU. The workshops were delivered in public library locations across the city, with timings chosen to maximise participation.

Focus group discussions addressed general questions and specific scenarios. Questions were:

- Describe 3 key aspects of HBV? Is it different from domestic violence in any way?
- Describe if you have been faced with a case of HBV. What action could you take? What gaps and barriers did you face?
- Describe 3-5 key markers (red flags) that help you identify cases of potential HBV.
- Describe 3-5 barriers and related solutions in prevention and intervention of HBV cases?
- Describe 3-5 barriers and related solutions in long-term protection and rehabilitation?

As with interviews, all focus group participants were requested to complete an informed consent document, on which they provided their contact information so that they could receive a copy of the initial report of results and analyses for their corrective feedback. Four focus group participants were later contacted for in-depth interview. Responses were not machine recorded. All responses were recorded in the aggregate by the facilitators, with responses displayed on flipcharts in large non-cursive script visible to all participants for further comment. AM probed for elaborations on statements that seemed to be sparse or incomplete. Participant evaluations were collected at the end (Appendices [4](#), [5](#), and [6](#).)

A special feature of the workshops was the inclusion of scenarios to assess preparedness to handle cases of HBV and to stimulate inter-agency exchange and learning. Three fictive case scenarios were presented to participants who were asked to assess the cases, possible solutions, and potential barriers in implementation of solutions. The scenarios involved a sponsored spouse with ‘conditional’ permanent residence (CPR) ([Appendix 7](#)), a gay teen ([Appendix 8](#)), and a pregnant teen ([Appendix 9](#)). The case scenarios were designed on the basis of the literature review and consultation of relevant training manuals on culturally competent handling of complex cases of family violence, within which honour based violence is included.

Notes from different focus groups are presented in the aggregate. Focus groups are denoted by [FG]. Interview vignettes and focus group notes are separated from each other with the symbols ~~~.

Samples

The 32 interviewees and 47 focus group participants were of diverse professional backgrounds and roles. Relevant areas of work included child welfare, prevention of and intervention in domestic violence, newcomer settlement, management of shelters for women fleeing abuse, community engagement and outreach, (e.g., home visitation programs), multicultural liaison/brokering to enhance service access, cross-cultural counseling of individuals and families, community dialogue around healthy families, sex positivity and parent-child relational management, and psychosocial and socioeconomic rehabilitation (vocational training, housing support) of persons dealing with the effects of abuse. SEE NOTE.¹⁸

The interviews began with questions to establish fit between the questions and participants' professional background and role. All participants described their experience in working with communities (including but not only immigrant communities) highly affected by gender violence, including domestic violence, intimate partner violence and extended family violence corresponding to the aspects that research has consistently associated with HBV. While many participating agencies were specifically mandated to provide specialist services against family violence, many also had acquired reported knowledge of such cases in the course of their implementation of programs to teach women English as a Second Language (ESL) or to provide information, ethnocultural community connections, and wellness support to immigrant mothers and their children. In cases where crisis intervention was needed but where agencies lacked mandates, expertise or resources, the participants reported drawing on their connections with specialist anti-violence agencies to refer help-seekers onward to access supports.

Analysis

AM analysed ('coded') data for core themes via a qualitative analytical method of 'constant comparison'¹⁹ and using Dedoose (Copyright © 2014-2017 SocioCultural Research Consultants, LLC), a web-based application for qualitative data analysis, to code, organize and store the anonymised data with two layers of encryption. Analysis involved an iterative reading and comparison between transcripts to identify common themes ('codes') and relationships between interviews and themes that required further exploration in subsequent interviews. As new themes emerged, previous transcripts were re-analyzed to incorporate the new themes. The analysis was guided by relevant scholarly work and gray literature (conference proceedings, news, and legal and policy documents). These readings also provided a greater understanding of the professional contexts of the participants. As AM coded, she verified the selected quotes to ensure that they retain their original meaning. Further, she ensured that 'saturation' was achieved, meaning that she iteratively coded the data until no new codes emerged. AM will discuss findings with the participants, who will receive a draft of this report and be asked to review and advise on how to strengthen the analysis. Results will be compiled into concise guidance statements that will inform the year 2 interagency task force.

Limitations

Disaggregated statistics on HBV (e.g. type of abuse (forced marriage, femicide, dowry, in-law abuse), by community of self-identification, by location) were reportedly difficult to obtain and compile and hence observations are anecdotal. Qualitative accounts have narrative richness but tend to lack generalizability. Interview questions as well as responses are rarely innocent of bias. The varied aim and professional experience of interlocutors shape perspectives and thereby conversational exchanges. A counsellor may be more alert to the markers of psychological violence than, say, an intervention/protection specialist

officer, who may rely more on concrete physical evidence. In addition, the selection and analysis of interview excerpts involves subjectivity. Notwithstanding methodology-related limitations, the results are consistent with work on HBV published in Canada and beyond. The analysis provides a wide-ranging picture of gaps and needs in the prevention, intervention and rehabilitation of HBV cases in Edmonton.

Whether one speaks of HBV or those on whom it is inflicted, the appropriate choice of terminology is hard to find. This report eschews the use of the term ‘victim’ except where it is used by participants or is part of phrases such as ‘victim blaming’ and ‘victimization’. Instead, the term used is ‘sufferer.’ The term ‘survivor’ is used sparingly, because it is not reflective of all experience and promotes the fiction of a confirmed and permanent escape from violence and trauma. ‘Client’ and ‘help-seeker’ are used to describe situations in which sufferers have managed to access an agency for help and are, so to speak, circulating through service networks. The author recognises that ‘client’ promotes its own sort of bias in that it downplays the protracted aspect and lived experience of suffering, creating the picture that complex and painful stories are reducible to case files. Nevertheless, ‘help seeker’ and ‘client’ are used, the latter more frequently. This choice has been consciously made, given the concerns and mandate of this project to optimise services to sufferers of HBV.

This report is representative rather than exhaustive in its coverage and analysis of the social, legal, ethical and cultural issues of gender violence. The evidence is drawn from the perspectives of a small convenience sample of service providers in one location of Canada. The author has attempted to present definitions of several specialized terms ([Notes and References](#)) but submits that the inclusion of all explanations of all nomenclature and terms would have made this now voluminous report thoroughly unwieldy.

Ethics

ICWA is a non-profit with expertise in policy research but has no access to an external Research Ethics Board. Nevertheless, throughout this project, we have striven to adhere to the highest ethical standards applicable to research with human participants. We ensured that our informed consent documents were consistent with the standards defined in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2)*.²⁰ The informed consent documents and data collection procedures were evaluated and validated by partners at the Today Family Violence Help Centre, who are well-versed in the application of the ethical tenets described in the TCPS2. Please see Appendices [1](#), [2](#), [3](#), [4](#) for our data collection tools and related informed consent documents.

Data storage practice

Anonymized data files (.mp3 recordings of interviews, interview transcripts, and notes of aggregated focus group discussions) will be retained in ICWA’s secured storage for a period of five years from project start, i.e., till fall 2020. The encrypted transcripts will be removed from the Dedoose© platform in November 2016, by which time participants would have had the opportunity to provide feedback on the analysis.

FINDINGS

This section presents our comments on the evidence, which is displayed as anonymized interview vignettes and aggregated focus group comments. This section contains (i) an exploration of service providers’ views and understanding of HBV (ii) the prevalence and aspects of cases of HBV in Edmonton, based on service providers’ professional experience (iii) systemic gaps and agency level lack of capacity to prevent and intervene (at primary, secondary and tertiary levels; see [Notes and References](#)

on definitions in [Rutherford et al 2007](#)) in HBV and to enable rehabilitation (iv) discussion of findings, relevant solutions and (v) a draft service delivery framework.

Service Providers' views of HBV

HBV was associated with patriarchal notions of pride, community perception. Violence erupts when the 'transgression' may become publicly visible and provide evidence of an inability to control behaviour at home.

[FOCUS GROUPS; FG hereafter]

- *Honour is the root of the violence*
- *Aspect of shame*
- *Saving face/shame/family name.*
- *Pride and control (have to restore themselves, how they are portrayed and validated in the community.*
- *Is there a difference between private and public behavior? The level of shame then is different when perceived boundaries start to erode*
- *Satisfying the male thinking about power and dominance. Rigid expectations around honour and identity*
- *Image of the family (reputation matters) community's perspective matters*
- *When control becomes HBV, it happens if you go against everything that is the social norm in that community, it is looked at as what did the family do to raise her wrong. It becomes dishonourable.*

Domestic violence may be rationalised *post hoc* in terms of 'honour' and provocation, as triggered by violations of folkways and mores.

[FG]

- *It may start as domestic violence- can be anything*
- *Dressing in a Westernized manner (different from culture of norm)*
- *Having a relationship with a different person of a different culture.*

Interestingly, some participants understood 'gender violence' as strictly male-on-female violence. They did not associate gender violence with both female and male perpetrators and sufferers. Female-on-female violence was not seen as gender violence but as 'domestic violence'.

[FG] *Not necessarily gender based - it can be female vs. female (grandmother, mother-in-law vs. daughter-in-law, daughter). Other forms of violence is gendered (men are usually perps [sic] and women are victims)*

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[SP 6] *Family violence, domestic violence are the terms that we're mostly familiar with, depending on the situation. So I guess the term gender based violence is kind of throwing me off because [the kind of violence handled by team] is always balanced against a woman or a daughter most of the time so I think in terms of domestic violence, all social workers see a lot of the clients that are coming for support because of domestic violence or family violence.*

Some participants suggested that HBV has no special features and should not be seen as a special sort of gender violence or as separate from domestic violence in general. Others were unsure of whether or how HBV is distinct from domestic violence.

**[FG]**

- *Gender Based Violence against women, broader, degrees can vary- all violence needs to be addressed*
- *Don't see as different from family violence, violence is violence.*
- *Not sure what honour based violence means and how it would be different from domestic violence*

Some participants indicated that domestic violence in the North American context (primarily identified with intimate partner violence, spousal abuse, child abuse within the nuclear family) cannot be equated with the dynamics of domestic violence in other contexts, where the actors may involve more than those in the nuclear family unit. Some thought that HBV cannot be included in the category of domestic violence or conflated with intimate partner violence. HBV has distinctive features, for example, it tends to be larger, with more people outside the family involved, may be less secretive, violence more spectacular.

**[FG]** *HBV isn't always spousal DV- something that happens in the home, is often more secretive, HBV extends beyond and is more collective.*

Participants perceived overlaps between domestic/intimate partner violence and HBV. These overlaps were associated with a common association of violence with patriarchal hypermasculine thinking and practice, which cause violence and encourage its normalization. These participants also saw HBV as involving greater 'policing' control of women's lives and associated this control with specific cultural norms.

**[FG]**

- *Throughout life there are things not talked about or swept under the rug.*
- *Dishonour to the family.*
- *Women's movement is more restricted than men.*
- *Men are to be bread winners.*
- *Not physical violence but more restriction of freedoms for women.*
- *Restricts what you are able to do, what you do for work.*
- *The repression of certain freedoms.*
- *HBV can exist together with domestic violence. The man feels superior and almost feels respected when he is violent.*
- *Root causes: normalization of violence, control, gender equity, come out in DV and HBV both HBV- more policing of gender roles and power*
- *Same but different, it's violence; family violence. Pieces of it re:cultural component makes it different.*
- *What comes to mind for me - read autobiographies of women - reference to a book from middle east where she married a man from there and how she travelled there and was held captive. Different religions and cultural viewpoints.*
- *It is more accepted, HBV is part of the culture and accepted.*
- *Culture specific. A way to restore honour.*
- *HBV is tied to culture family and religion.*

Participants saw HBV (as also other forms of violence) as normalized, surrounded by secrecy, lack of awareness, and under-reporting. The sufferers may have also normalized the violence in cultural terms,

making it harder for them to seek help and break away from the cycle of abuse and violence. In this regard, service providers need to provide and explain available supports but are unable to take a directive role in the arduous process of emancipation from violence.

**[FG]**

- *People do not talk about it; Normalized violence and secrecy.*
- *It is accepted as what a woman/wife goes through.*
- *Violence is cyclical - learned behavior (hard to break a cycle).*
- *Some men just think it's normal.*
- *So how to intervene? It's all up to them. They don't stand up for their rights, they don't want to separate. Cultural norms don't allow them to take a stand, culture dictates their gender role.*

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**[SP 3]** *There are a lot of women who don't know who they should trust and who they can trust and to know that it is even a problem. You know that they are not happy. They know that don't deserve that. They didn't know that is just the way it is here. "I didn't know that there are places that I could call. I didn't know it is not until the police get involved and kind of get them out of the situation." All of a sudden they realized that, "My instincts were right. This doesn't feel good. I didn't want this for my kids and now I am learning" through the tools that we are giving them that, "I have other rights and I have the ability to stand up for myself" and kind of affirming that what she felt was wrong was you know in her culture was wrong and that we support her.*

In the wider Canadian community, there is a lack of knowledge on HBV (the wide spectrum of violence, and the overlap of features with intimate and family violence, e.g. surveillance, control, manipulation). People have no reliable online or other sources through which to access information. There is both too little objective fact-checked information and too much information from sources that trade in cultural clichés and generalizations. It is crucial to understand the structure and dynamics of collectivist gender violence. Sketching a cultural or religious profile for HBV is neither helpful nor informative. The silence around HBV is related to the reluctance of community leaders to discuss issues pertaining to violence. Violence is normalized and thus HBV may not be perceived or thought of as violence and abuse even in the contexts where it occurs and is suffered. With HBV, the fact that violence occurs in close-knit communities means also that sufferers of abuse cannot access trusted persons to speak of their situation. Hard data on HBV is not collected, compiled, curated and made public in formats that people can access. The lack of hard data on prevalence hinders the development of policy and tools of prevention and protection.

**[FG]**

- *Mistaken to see HBV as extreme cultural practice specific to non-Western societies. Honor and shame can be common in many cases, pervasive of any belief system, religion - but not understood this way.*
- *Religious leaders don't want these topics to be talked about in congregation. Many of these institutions will not allow access to even all this education.*
- *A lot of people don't know what abuse is and so don't think they are being abused. They are unhappy but don't realize it is abuse.*

Some participants saw HBV as involving more than just culture given the relationship of gender (including domestic/family) violence to the complex tensions and stresses of diasporic experience (**[FG]** *It's a structural issue. There is an idea of sponsorship that it jeopardizes citizenship.*). HBV intersects with domestic violence and diasporic stress in that immigration related dependency and vulnerability of

sponsored spouses meet up with collectivist violence at home. Intergenerational cultural conflict, occurring in the immigration context, was also associated with violence inflicted on children. Especially with second generation Canadians, there is a tension between the individual desire for personal autonomy and the collectivist pressure plus internalized need to follow tradition.

*[SP 7] We don't track it but there's certainly like suicides that generally girls, generally because how they want to live their life may go against the expectations of parents in their community on how they should be living, as if they were in their country of origin.*

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[SP 13] We have young women fleeing abuse because of their parents. Usually child help will be involved in that but now it is not a norm but it does happen. We have you know two young women who were fleeing abuse from their dad and we fear that it will not be doing them any good if we put them in Women's Emergency Shelter so we took them. So we do see people like that. We also see young women who may have been, brides you know that come overseas and they have to live with their in-laws and they experience violence. So they can also come to this shelter as well for assistance.

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**[FG]**

- *Conflict between children and parents.*
- *Young don't know what to do, tension with wanting freedom to make own decisions and valuing family/tradition.*
- *Kids have trust issues with parents.*
- *Teenage years are not a smooth transition; the cultural piece is another layer of challenge.*
- *Intergenerational cultural differences*
- *The kids are in a social context fueled by collective values but trying to assimilate/blend in with the local culture.*
- *Immigration stress*

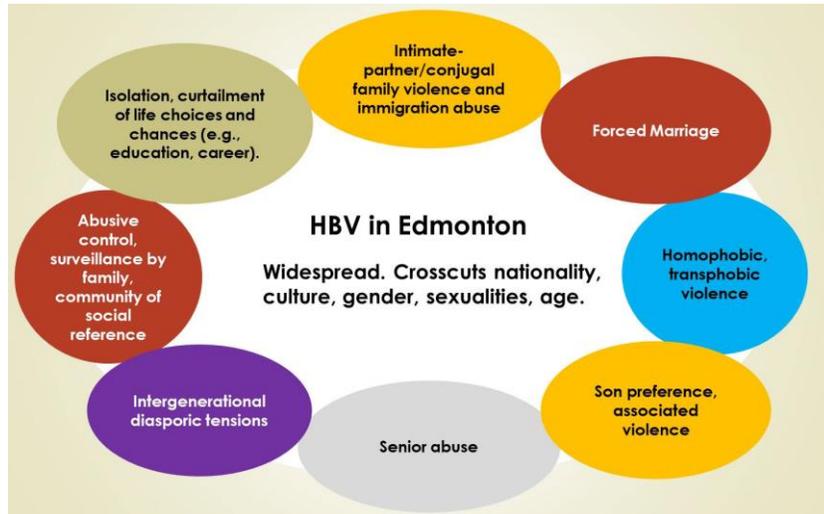
Several participants reported discomfort and disagreement with our use of the terms 'honour-based violence'/Honour violence/Honour-related violence. We were also reminded that the Canadian Council of Muslim Women have described the term 'honour based' violence as (1) speaking the self-justificatory language of misogynists and perpetrators of gender violence (2) vitiating and over-simplifying the many alternative positive connotations of the term 'honour' (Cross 2013: 47-95).<sup>21</sup> Participants felt that there is a need for new terminology that does not use the language of perpetrators and does not strengthen one-note explanations of violence in terms of cultures and ideologies of 'honour.' Terminology should capture the objective features of this form of gender violence. SEE NOTE ON SUGGESTED NEW TERMINOLOGY.<sup>22</sup>

**[FG]**

- *We need a discussion about how much language matters.*
- *Do we condone violence with this language [HBV]?*
- *Who is this term for?*
- *The intent needs to be explained.*
- *More of a moral implication (based on language)*

## Aspects of HBV in Edmonton

Participants reported significant presence of HBV in Edmonton, with the violence encompassing mental, physical, and financial domains. While news media and the scholarly literature focus on the more visible and horrific manifestations of such violence, the fact is that collectivist reputation-protective gender violence is often bloodless, subtle and life-long. HBV is not often a conspicuous and identifiable act of



murderous violence. This section provides an overview of cases encountered and handled by service providers, followed by sub-sections that go into further detail of case characteristics.

Service providers described their professional experience of cases of forced marriage, the denial of education, exploitation of women's work, seclusion at home, as well as cases of homophobic and transphobic violence. Violence involves

threats of divorce for not bearing sons; consistent with honour violence's rooting in patriarchy and strong link to son preference<sup>23</sup> and associated practices of abuse of women and girls.

*[SP 6] We've had cases where daughters have left home because of relationship issues and they're somehow related to that. They're somehow related with the expectation with what the daughters are supposed to be or to act or to be seen as in terms of the reputation of the daughters. So there's all these factors that kind of pile up but if you look at it, it's because really of the gender preference for boys. Boys have a lot of freedom. Girls are restricted on what they can do. They don't have a say. Schooling is also restricted. And so we've seen a lot of those cases where we end up supporting the youth maybe to move out and support them through that process to make sure they finish school and move on with their lives here. So I guess our focus is always in terms of -- we do a lot of prevention but when those cases come to the table it's mostly an intervention. ... There are cases when the husband goes back home has a second wife just because the wife here does not have a son. And so he needs a son, he wants a son. And then of course the rest of the family, including the wife's family is supporting the husband in marrying someone else and they encourage her to divorce her husband because the husband needs a son. It's important for him to have a son. So that piece and this is just a recent one that just happened this past week where she was experiencing domestic violence just because she doesn't have a son.*

Abuse included the imposition of sexual contact and pregnancy (insistence on the husband's sexual and procreative privilege<sup>24</sup>) backed up with other forms of physical and mental violence.

*[SP 28] Yes. I would say yes. The little bit of interaction we've had with the African community is that the men believe that there is always room for their wives to give content for them to engage in sexual intercourse. And should they do it they don't see it as violence. They don't see it as sexual assault, because they believe that when you go into marriage, there's already a contract. And the woman is under obligation ... Has no right whatsoever to refuse sexual intercourse from her*

*husband, because there is already a contract in place for her to do exactly whatever is the desire of the husband.*

**[Interviewer]** *So sex is submission rather than consent you mean?*

**[SP 28]** *Exactly, so that has been a big issue especially among the African community. I haven't really had much interaction with the other communities really.*

**[Interviewer]** *Within that... the African community is huge. Can you specify?*

**[SP 28]** *Oh I'll say more of West Africa, more of West Africa and Central Africa that's the interaction I've had so far.*

**[SP 27]** *Well its the perception that we come from a culture that defines family and marriage and... you know... we own the woman by contract by the word contract, we own them and their property, I mean all of that right?*

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[SP 23] *We did a session on gender roles and we had a number of different cultures present, and they all talked about the men being the head of the house, and the men wanting to have lots of babies. I mean I just recently heard of an Oromo man whose wife had six children and she wanted to go on some kind of a birth control because she didn't want to have any more children. And he said, "If you do that, I'm going to leave you and I'm going back to Ethiopia and I'm going to marry somebody else and I'm going to have more children." So she was so caught, right? We tried to brainstorm about how could we support that woman in her case to say -- well, it's definitely health issue if you keep on having babies, depending on your age. But that whole control and then her acquiescence, possibly, because otherwise, he's going to leave her, like he has no qualms to leave her with six children here to fend for herself.*

Across the focus groups and interviews, several participants saw HBV as often involving community support of the violence (e.g., clerics coaxing women to stay on in abusive marriages to 'preserve the family unit'). HBV was associated with small communities in which primary networks and associations play a crucial part in everyday life – marriage, business, daily communication and face-to-face interaction etc.

[FG]

- *Not one person who's the perpetrator, family unit (extended family included) is involved, also can happen if they belong to a church (forced marriages)*
- *HBV doesn't necessarily come from an intimate partner, it comes from family and the community around them.*
- *Knowing the people in your area too can affect the behaviours of HBV.*

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**[SP 25]** *I have examples within the Muslim, the Christian, and the Sikh faith where the religious leader pressured them to re-evaluate the decision they made to leave their husband. So in the Christian case every time she went to church and in this one it was a cultural. It wasn't a multicultural Christian gathering. It was just their culture. I can't remember. It was one of the*

*African countries. Anyway that every time she went to church, the minister would remind her the importance of keeping the family unit together. When they have conversation, you know, when they're having coffee or a gathering he would come and just say you know what it's really important that you try to just keep the family unit together. So that type of conversation.*

The vignette below describes a situation of absolutist control and collectively exercised violence within a Christian sect in Alberta. In this vignette, the participant describes the imposition of group silence about abuse and rigid maintenance and enforcement of social, educational and financial instruments of control. The vignette is presented to illustrate that collectivist violence crosses religious lines and in this case appears to be supported by state policies, such as the tolerance of educational systems that are linked to the social machinery of group control.

**[SP 26]** *I will talk mostly about a specific group of Mennonites. So this particular group is called the Holdeman Mennonites, they're in Canada and the States as well. And so what has happened in there... do you remember the FLDS that happened down in Texas all of that stuff with Warren Jeffs? This is a very similar situation, it's very closely parallel. So you've got that trans-generational inbred really, it's become inbred violence that is all to do with your honor and standing in the community. So you have to save face, you have to do certain things in order to stay in the church or you are shunned and you're kicked out of the church. If you're shunned and kicked out of the church, you lose your financial ability, your... everything. Because you have nothing left, the church has everything, the church owns everything. So the control is pretty much absolute. They would tell you, "It's not absolute," they will tell you, "No, it's not, anybody can leave, anybody can go to whatever school they want." That isn't the case with those that we're dealing with that are fleeing. So what we're starting to see and a lot of our work in this project that I have been involved with is supporting families who have fled and supporting when they're filing charges and lawsuits against the church for allowing and actively perpetuating abuse that's happening. So in the states there has been a massive launch of a lawsuit that has gone after the church in the States. So the church is under siege to a certain degree, they know they are. They've had to put some new policies in place around how to deal with abuse but we've got our hands on their policies and they don't understand they're talking about, you can tell. They don't understand and they don't want to admit to the violence, so they're not talking about it. So it's very complicated, they're also coming up with new mandates. Like one of their new things since this lawsuit has happened is that people within the church are no longer allowed to access counselors outside of the church. So they've closed that door, so now you have to be counseled by an unqualified pastor in the church to keep the honor within the church.*

**[Interviewer]** *In that situation if a woman or a boy or a man would want to leave and go, what kind of fallout is...?*

**[SP 26]** *Oh my gosh, massive fallout. They could come looking for them depending on how they... depending how valuable they are to the church. If they can out too much in the church, they will come looking for them. If they are deemed sort of a lose cannon and it would be better that the church is without them, the church will actually kick them out and shun them. "Get rid of him before he starts causing too much trouble." That is what they will do with families that start questioning, "Wait, I'm not really sure this practice is right. I'm not really sure with... if this is what our religion teaches us." You're ex-communicated instantly because they don't want that to bubble up, so that will just get rid of you. They will excommunicate. So what that means is you're not allowed to be... there's varying degrees. I've seen it from you're not allowed to contact your family to you're allowed to contact your family, but certainly not allowed to eat at the same dinner table with them, because you are now tainted, so you cannot sit at the same dinner table. You are*

*shunned so people will not talk to you. If they do talk to you it's very, very emotionally abusive in terms of judging what you've done. You will generally lose all your financial backing unless you somehow have managed to have some finances outside of the church. You're not allowed to have things like savings, RSPs any of that on your own, so you don't have any of that to fall back on, to leave. Alberta actually has a law that was passed in like 1978 that allows the Holdeman Mennonites to have their own school system. They're allowed to cut and paste whatever they want to teach. It is unregulated. They're absolutely perpetuating this level of violence and abuse because they're allowed to teach whatever they want in the school, so that when they leave they have no education. Their Mennonite school goes to grade nine but it's not actually our grade nine. They don't learn about biology, they don't learn about anything to do with sex, they don't learn about anything to do with critical thinking.*

### *HBV and immigration*

While culture and male privilege may be invoked in justification of violence, economic deprivation and downward mobility in the immigrant receiving society intersect with patriarchy in the generation of violence, which thus cannot be reductively attributed to culture alone. Immigration is a powerful factor in inter-couple and intergenerational conflict with frequent nuances of HBV. Husbands used to being the heads of the household suddenly find that their credentials are not recognized and that their wives adjust and find employment faster. Parents find that their children are not about to submit to their diktats concerning life choices. In immigrant communities, socioeconomically marginalized and/or downwardly mobile men may compensate for lack of power outside the home with the use of violence at home. Violence can also occur as backlash towards women who upset the traditional domestic balance of power by securing jobs however low-paid and thereby a modicum of financial strength and autonomy. Violence is specially enabled by strongly patriarchal set-ups in which the man is the head of the household (socioculturally and in their own heads, if not in terms of providing income) and women have little to no say in their sexual-reproductive lives (e.g., son preference and associated coercion), or in financial, child-rearing and even recreational matters.

*[SP 7] Yeah. Their arriving in Canada can often be the beginning of family violence. There was no issue because of your origin and you arrive in Canada and the dynamic in the family changes that now, family violence is a very real issue. So women fighting more first which is often the case changes the perception of that male has of himself as the breadwinner and the provider for his family and so...*

*[SP 6] They lose that place. This has come up a few times where men ... like once they get here, that power shifts and women tend to have -- they tend to adjust faster than the men. The women and the kids adjust faster than the men and so the men always -- it takes them longer to find their place here and that changes the family dynamics. ... I mean some of the women had divorce with their husband, most of them have daughters and the problem happened because of that is it's issues that are coming up because if you only have daughters, you're not good enough and all that and so domestic violence starts and then all of a sudden, family break down and then of course they move out with their daughters. So there were some maybe around two women that had moved, that have divorced their husbands but just because they had daughters and they didn't have sons... And there was this case last week where the husband wants to go back home and get married because the wife here doesn't have a son. So they've been in Canada for eight years and he told her, she's illiterate, she doesn't speak the language, he told her that she could not access anything for seven years. So she just had to stay home and she's been staying home for eight years and now he's ready to go back and marry someone else. She's been here for eight years, doesn't speak English. She is in isolation and he's the one that has the information. ... all these years, she's been experiencing*

*domestic violence but this time I think she's only reacting because he's going home to get married in March to second wife which is of course illegal here. There's no polygamy but he's asking for divorce from her and so she doesn't have any way of supporting herself or the kids.*

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[SP 27] *Like this great land that they came into. We want you to come because you have a PhD in Engineering but unfortunately the only job that you can get is cleaning for us, to put it bluntly. It adds stress to the family. And adding stress to the family all of a sudden comes out in violence.*

[SP 28] *I also wanted to add the fact that, because you mentioned that... there's violence and you don't really know what's going on underneath. And for the man it's... sometimes ... the situation could give them a low esteem a low self esteem and it leads to frustration. And it's like the next person, the closest person you want to take it out on is the spouse or is you know the family member, even including the children. So more often than not that is it. You know they might hide under the influence of... you know it's culture or it's... more often than not, it's frustration because they are so well placed where you are coming from and all of a sudden you find yourself in a situation where it's like you didn't even have the job. And if you have any job at all it's the least I mean it what you could never imagine a situation where opposition where you could never have ever imagined yourself to be in and from that frustration alone would almost always lead to family violence, yes. And you might never realize and the man himself might not even really to be able to tie it directly to it or then there will be other factors that would come into play and those factors are the one that we are looking at, meanwhile, underneath it is something different.*

The fragile status of sponsored spouses with conditional permanent residence (CPR)²⁵ makes it very difficult to assist women who are the targets of family violence because of their immigration-related socioeconomic weakness²⁶, hesitant grasp of English, lack of education and professional options, and intensely patriarchal mindsets and practices in marital and natal families. The October 2012 introduction of CPR has made the lives of migrant spouses highly precarious and susceptible to abuse. Conditional permanent residence is associated with a 2-year cohabitation rule. Ironically, the measure of conditional permanent residence was set in place as a measure against immigration fraud but is now often used as a tool of abuse.²⁷ What happens is this: abusers use cancellation of sponsorship and subsequent deportation as a threat to control the sufferers.²⁸ When the sufferer seeks help, and the abuser has cut off sponsorship, the agency aiding the sufferer must simultaneously take on the challenge of getting her an exception from the rules of conditional permanent residence as a sponsored spouse. While changes in the immigration-related legal-regulatory landscape allow exception from conditions of residency for sponsored spouses undergoing abuse²⁹, the process is lengthy and onerous, requiring considerable advocacy and resource use by agencies willing to take up cudgels on behalf of sufferers.

Isolated and abused spouses may have little to no rights awareness. Few of them may know that the abuser alone does not get to revoke their permanent residence. Few also know that under certain circumstances, Immigration, Refugees and Citizenship Canada (IRCC; formerly Citizenship and Immigration Canada (CIC)) may allow exceptions from conditional permanent residence (hard to obtain, but existing in theory) for sufferers of abuse who are still within the 2-year cohabitation period for sponsored spouses/partners. The exception may be granted if the IRCC officer is satisfied with the evidence of abuse and neglect as causes of breakdown of marriage (IRCC recognizes that abused spouses may continue to cohabit with the abuser out of fear of loss of status and deportation.). However, the onus of adducing the evidence of abuse and turning it into a coherent account rests on the abused spouse/partner, who must file official complaints (with the police) to initiate the process of seeking exception. The probability of such complaint filing and the legal pursuit of an exception decline in

tandem when the sufferer is afraid of (1) the reaction of the abuser and the extended conjugal and natal family (2) contact with law enforcement because of past experience with corrupt, high-handed, judgemental and aggressive officials in their countries of origin or elsewhere³⁰ (3) the sheer mental and physical effort of gathering every shred of information to build her case and defend herself after being abused and traumatised (4) repercussions to children (5) the scenario that all efforts to adduce proof may turn out to be fruitless and she could be deported anyway (6) counter-charges of fraud, desertion, violence etc. by the abuser.³¹

During the data collection, we used a fictional case scenario ('Nina') in focus groups with service providers to understand what actions could be taken in a complex case of intersecting vulnerabilities of a sponsored spouse (being coerced into sex-selective abortion, threatened with divorce, unable to seek help from her own family, isolated and with English language barriers).³² There was no clear consensus on the complicated immigration related situation or in-depth understanding of the collectivist coercion and family dynamics involved. Nevertheless, the participants agreed that the case is one that speaks to reality and is incredibly difficult to handle. Detailed analysis of the focus group discussions of 'Nina' is included in [Appendix 7](#).

Extended networks of violence

Several cases were marked by abuse and abusive control within and outside the family unit. The violence occurred within extended sociocultural networks through which persons, of diverse genders (assigned and lived) and socio-cultural identities/affiliations were coerced to conform to specific heteronormative models of behavior.

Collectivist family/community dynamics were linked to continued violence, exercise of absolute control over sufferers, and threats of and attempts at retaliation. Some cases had multiple sufferers (as well as multiple perpetrators). While violence was seen as affecting all communities in Edmonton (and beyond) women as well as men in immigrant families were reported as particularly at risk of complex forms of violence consistent with aspects of HBV reported in the literature and also struggling with barriers to seeking and receiving help. The additional forms included emotional, physical/sexual, and financial abuse and violence from intimate partners as well as extended family members.

The networks of violence as described in the cases offer a picture differing from that of violence between intimate partners or between parents and children. HBV is communal, familial, widespread and diffused. For example, abuse of women can come from natal and conjugal family members with and without the participation/tolerance of the husband. Women and girls (mothers and daughters) may be abused not only by the spouse but also by in-laws. Alongside the abuse, there are pressures from within the extended family and from the community reference-group to not seek outside support, to resolve matters 'in house', and to keep the family united. Reference groups generate pressures to rely on family and friends rather than on mainstream service providers. In this situation, the person who attempts to reach out for help may attract diverse sorts of retaliatory violence (e.g. assault, confinement, verbal abuse, threats, ostracism, eviction) for stepping out of bounds.³³ Community cohesion creates 'containers' for social problems.³⁴

Risk and safety planning are complicated by these large and diffused networks of violence. For younger sufferers, contacting parents to consult with them may be ill-advised when it comes to HBV. In this context, one may also consider that at the school level, the available guidelines and practices around counsellors and teachers contacting parents are hazy and not consistently understood and applied. Our focus group findings indicate that while most providers would observe strict confidentiality, this may not be universal practice. There are challenges in using kinfolk as temporary housing options for this very reason. Service providers may also face risks, especially if they belong to the same community as the

sufferers and their families. The extended networks of primary and secondary perpetrators of violence was associated with many-on-one intimidation, as well as normalization, underreporting, and continued violence and victimization.

[SP 26] Shelters do see this as well with women who are fleeing, when there's an attachment to either a very strong cultural or religious background where I mean I could think of a particular family right now. There's a very strong cultural background and she is being attacked not just by the husband, but the husband is using multiple family members to come after her to get her back because they know that she can take them down. So it's very hard for them to... it complicates it even further because not only are you fleeing but now you're fleeing and you know somebody is after you and you've got this constant nattering at your back.

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*[SP 21] It seemed like the ones that we deal with there were influences from family members as well. Yeah. The mother-in-law, well not only mother-in-law or the in-laws but also I like to say the woman's biological family has been strong influences from there and then extended family so brothers, uncles who've contributed. And then also the cultural. So not only the family unit but anyone who might have been attending the same church or the same mosque. There's been pressures for them to unite, not be accessing certain supports, that they should be keeping it in house.*

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[SP 24] Yeah. So there is support for the offender more so than there is for the victim, right from the community. So there is family supporting him like this, this, this situation. So there's no family members on her side here. There's only sisters and parents of his, the offender's side and again [Indiscernible [00:24:54] out of the family back in the home country were manipulated into believing the story and the circumstances of the offender, as to what her future might look like in Canada. [00:25:19]Also, pressure was put on the victim to agree with this marriage as she was told she was not a desirable bride as she had refused a previous charmer or a previous offer. She agreed as her parents put pressure on her and the dowry was paid for and as soon as she landed in Canada his side of the family took all of her dowry and her jewelry and kept that safe for her. Up until this day, she believes they're keeping it safe but have not ever been allowed to take that back even after the separation. The sister of her husband took her first born son and never returned him and he's now eight years old. Under the belief or pretext that she was having another baby and this was so stressful for her another child to deal with and the sister was not able to have children. So they decided this was a better arrangement. ... Pressures were coming from multiple directions. So this is quite different from intimate partner violence quite obviously. It's not just the husband then.

Abuse of women may be committed by sons (and brothers) groomed into the role of patriarchal enforcer of order not only by patriarchal family arrangement subtly reflected in daily life but also by mimicry of the abusive behaviour inflicted on the mother. The vignette below illustrates how abuse by elder males carries forward via young males. It also shows that abuse is supported and condoned by non-kin community members who attempt to pressurise women to return to abuse to keep the family intact. In the example below, this involves an infiltration of shelter by a woman to reach and pressurise the sufferer.

[SP 21]This was a situation where there was dad who had been a high ranking military officer in the country that he came from, from the Middle East. Ended up coming over to Canada with his wife and at that time five children. Two of the children, two of the male children were in their teens

at the time and then there was one more male child and two female children that were under the teen years. I can't remember exactly the ages of them. There was a lot of violence that was perpetrated against mom. There was violence that was perpetrated towards the female children as well. Then with her attempts to leave, and she did eventually leave, but when she was in shelter that female from the community came in and really tried to pressure her just to come out of shelter and go back home. She was extremely fearful of her life and the life of her specifically the two daughters, a little bit the youngest son as well. But it seemed like the three younger children were not only being verbally and emotionally and to some degree physically abused by dad but also verbally abused by the two teenage boys. So eventually we did, he was charged with conditions of no contact and we really had to struggle to allow her to stay in the home and to keep him away from the home. What happened was as soon as he was away from the home, he refused to provide her with any financial support and then the two I think they were around 16, 17 years old. They then took over the abusive roles within the family. We eventually had to get court orders to get them out of the house as well. So they ended up going to live with dad. It was really challenging because she was constantly financially strapped.

This vignette below also illustrates the ways in which patriarchal family arrangements may translate into abusive behaviour by young males. The sad irony in the vignette is that sons may be groomed into abusive behaviour by the women in the family, who accord the men preferential treatment.

[SP 23] *My experience is watching male children become disrespectful of their moms, and that would be in the Somali culture. So it's like when they reached junior high, they feel, and they're often single parent headed households in the Somali community, and then the boys start to feel like they -- I don't even know when the moms ascribed that role to them to some degree because I think boys are treated differently than girls definitely in the household. But it appears, well appears, I know that boys start to be less respectful of their mothers when they're in junior high. It's like they have a shift in their thinking. So although it isn't dealt right violence, it definitely is a disrespect, which to me is still abuse when you disrespect your mother and you are verbally disrespectful of her. I think that's just another form of abuse.*

Violence by husbands towards wives was often associated with and exacerbated by a hierarchical family arrangement and relational dynamic in which in-laws committed, aided and abetted violence. Conjugal family members, aided by community networks, may exercise collective control and surveillance on the wife/bride.³⁵ Violence is tied to collectively imposed isolation, surveillance and pressure on the sufferer.

[SP 2] *The woman herself will tell you, in the joint family system, my mother-in-law is doing this. My husband listens to the mother. I have seen houses like destroyed because of the joint family system. It is very difficult to live with the in-laws.*

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**[SP 7]** *I think there's surely much work that has crossed my desk where that's a big issue, I mean the in-laws in the house. So there's a family that tried to set up a Canadian life, the in-laws show up or the in-laws were there for five years or whatever it might be and all of a sudden, that dynamic starts to change because the great pressure on the son too, why you shouldn't be doing this and your daughter shouldn't be doing that or you shouldn't be allowing this or that woman is terrible. And so what was a healthy family when you have those in-laws now becomes a very unhealthy family because it's like ... you start to buy into it, it seems believable when you have a bad day and someone is telling you, "That's not your fault, it's your terrible wife. Look what she's doing to your daughter, look how she's harming this family."*



**[SP 4]** *So for example, and I'm going to kind of put several cases together because they have things in common. So I've had female clients who are in a situation of family violence or have been in a situation of family violence. And they report things like being highly educated professionals, they get married, and then they stopped working and they are expected by the husband and the family of the husband, like by collective, they're expected to stay at home and take care of the house and then the children and whatnot. They report a lot of verbal abuse, which is not always identified as abuse, initially. It just doesn't feel right but it's like, "They are not hitting me." So they think maybe it's okay, right? And abuse from the mother-in-law very often. I hear that from clients where, like just coming to mind, one of my clients who was saying, for example, how the abuse increased when she was pregnant. And as soon as she gave birth, the mother-in-law came in order to support, but actually, she was expecting to be served and she was criticizing her like - she just had a C-section! So she was recovering from that and she was still being criticized for not having the food ready and for not serving the husband, and she was being labeled as lazy, so on and so forth, and saying that she was a bad mom because she wanted to sleep.*



**[SP 6]** *Disagreements happen because they -- parents are advising their son and parents are -- and so the son tends to listen and so if the relationship with the daughter-in-law doesn't work or she doesn't take that actions from their parents-in-law and all of a sudden things start going bad so she's all by herself and so she doesn't get the support from anyone. And she feels trapped and most of the time, that's where the problems would start from. From just a little -- I remember because that was an agreement among all those 15 women that were there that said yes, and they said if you can't stop it, don't allow your in-laws to move in with you. That's all they say. He does what most of them agreed on.*

In cases where girls and women are in marriages with men from more traditional patriarchal contexts, there may be significant couple conflict related to cultural differences. The girl's family and community coerce her into adjusting and adapting to the husband's preferences.

**[SP 11]** *They got married at the age of 19 and now they're 22. So, yeah it was arranged in some sense but it makes it a little bit a harder like the way that the couple was raised is very different. So once they hit a concrete age or a little bit later in their relationship, it's hard to bridge that gap because one of my, the woman that I'm working with, she got raised in a culture where it is okay for the girl to go to schools where the girl gets help from boys or something whereas the husband was raised in a culture where no, no, you're not supposed to talk to the opposite gender, keep it very strict, and your wife should be the only woman and they know that's it. Initially, when it was an arranged marriage and they got together, it was, yeah I met you once, yeah you seemed nice, you're good. I'll bring you to Canada and you'll kind of mold into this culture and having that expectation that she will be able to do anything. So bringing somebody from back home and then bringing them in here and exposing her to this culture. Somebody who has already been used to a free environment, it's a little bit of a situation because the guy has always been concrete. He doesn't want to move at all but the cultural expectation the girl has to mold to a completely new society, be able to bridge the gap completely and come to the guy side and the guy doesn't have to move at all and then that's being backed up by your own parents, your in-laws, and everybody else and then the community jumps in and that's just.*



**[SP 23]** *I have a friend, actually, who worked with me for a while who articulated exactly that she grew up in a family where there are two daughters. And her father was very accepting of having daughters. It wasn't a problem. She's South Asian, and very, what seems to be progressive man and a father and mother. And then she married a man and she said, "It was kind of arranged but it was okay" and his in-laws started to be really interfering. And they lived here and the in-laws did come to visit. But even when they went back home, they were always calling her husband and telling him that, "Where is your wife? How come she's not home? Doesn't she cook?" It was on and on and on. And he would then in turn become quite stressed and then tried to manipulate his wife. And she said what she said and she was strong enough. She just finally said, "You know what?" Oh, and they wanted her to have another child. That was the other thing. And I think he started to feel like well then he'd better produce another child. Then he said to his wife, "I think we need --" she said "You know what? I am not going to do this. So if you feel like that's something you have to do for your parents, then I will divorce you and you can find somebody else, but I'm not going to do it." So I think she finally stood at her ground and he finally was able to realize that, "Wow, I could lose my wife and kids if I go down this road." So I don't know how he's managing with his parents but very, very strong. I mean, I'm surprised, the kind of control that those parents had over their son.*

There may be serious psychosocial repercussions for a woman undergoing such concerted group pressures as well as an imposed isolation from the social mainstream. The vignettes below illustrate how these collective pressures work to keep women in situations of abuse by keeping them isolated and mentally and physically traumatized. Mental health issues of the sufferers were consistently described as an outcome of abuse.<sup>36</sup>

**[SP 3]** *So there was a case where a woman had been isolated, she and her two children had been very isolated and the abuse was I mean we view it as very extreme, intentional and methodical and basically a form of torture that we hadn't seen before. She explained that this was their way and that even though she didn't agree with that and her family didn't agree with that that was to be expected in certain circumstances and she didn't want it to continue but felt like there was no place else to go and if she were to return to her home country then his family would be upset with her and so she had a lot of consulting just around what she should do. The concerning thing to us was of course the physical abuse that she was suffering but also the isolation that had been forced on her. So she wasn't able to kind of get to know her surroundings, she didn't have any support and he had, like the perpetrator had also involved other members of their community who lived in their building to kind of keep an eye on her and things like that so she felt very trapped.*

**[Interviewer]** *So if my understanding is that there were more, it wasn't just intimate partner involved in this. It was more than the intimate partner and it was the extended circle of abettors, is that the right word?*

**[SP 3]** *Yeah the sense that we got was that a lot of people were aware what was going on, maybe not aware of the details of what was going on with her but they were aware that something was happening that he was you know wanted to keep an eye on her and you know there was encouragement I mean they, one of them jumped into the cab with her when she was on her way to come to the shelter you know. It was you know people trying to track her down at the shelter. They did a good job of being able to find her so it felt to us like there were a number of people in the community who were trying to get access to her. It felt bigger than a relationship kind of a one man trying to control a woman. It felt like it was more about group effort. I know that there was a sense that if she didn't kind of put up with what was going on and that she had no other options and that*

*it was either put up with this violence or try to go and get help somewhere else and then you get into more violence from other parts of the family.*



**[SP 10]** *Especially if they are married, there will be pressure from not only just the husband, grandparents and the in-laws for sure but her own parents will say, oh you need to make this relationship work. You need to be able to take care of the kid. Think about the kid. Think about you've been married for this, this and that, period. What are you going to do? Alone girl can't do anything in this society I mean you can but they compare it to back home. So it's not just a pressure from your own partner but your own parents, extended parents, the family, friends, your own in-laws. So the girl, she is trapped.*

**[SP 11]** *So I have about 12 right now but I'd say eight of them are domestic or emotional abuse or women going through mental health now or has developed mental health issues because of the constant pressure and because of the constant internal dilemma that she's in that she has thought about leaving but then she can't because she knows that I don't have anybody here. Everybody is saying, well, no, no, you have to make it through. So I would say 8 out of 12 that I have are those.*

### *Isolation, in-group cohesion, and violence to women in immigrant communities*

The isolation of immigrant communities (especially women) from the mainstream is associated with the tightening of community boundaries and also the pressures of conformity on members of those communities. At the level of the family, the weight and force of community opinion shapes the self-image of dominant figures, who enforce their views of what is appropriate and what is not on subordinate members of the family. The vignette below illustrates the association of collectivist gender violence with strong in-group bonding alongside individuals' and communities' isolation from the wider society in an immigrant-receiving country. Abuse and violence are known to be associated with the isolation of sufferers.<sup>37</sup> However, for women within immigrant communities, such isolation is co-productive with patriarchal family and community structures, the policing actions of family and community, lack of English (and thanks to isolation, little chance to gain fluency), lack of employment (due to the coercion to stay home and/or lack of job-related skills), and lack of access to external support.<sup>38</sup>

**[SP 25]** *All the stuff was in that conversation such as it's two families, the pressure, the shaming, the honoring, and from what I saw from our conversation she stayed in it for 8 years because of the pressure. She did inform the police but she was being beaten regularly once a month minimum. And then when she was pregnant, she was beaten almost every day. So when I think of that yeah it would fall into that honor situation because she stayed for her parents not necessarily for the relationship. ... My sense is that the shaming was huge for the parents. How will they face their community. How will they face their religious community as well. So those were some of the conversations that they were having with their daughter. You can't do this to me. This is a personal thing versus kind of seeing my daughter is suffering and kind of having a little bit of a distance from their own reputation. So that's what this particular mom was speaking about, the connection of her behavior and the direct impact on the parents... and this particular woman that I'm speaking about, she's from India but she's been here since 2004 so she's not really new. But the assimilation into the greater society has not taken place that much for this particular mom because her language and her English is understandable but very broken. I think she worked within the community so she didn't need to really have English. She didn't have the need to kind of assimilate or integrate into the greater cultural component of it. So if I didn't realize that she came to Canada in 2004, I would have thought that she just immigrated. Because her understanding of even*

*transportation or a lot of that wasn't there. So she was quite isolated. Either her husband did it all. We didn't have any conversations on that. But I know the husband controlled everything. But all her friends are from her community. I believe her work was in the community where she lived in the basement suite of different homes. It was within the community. You could see so that's why even I termed that as the new Canadian almost....I think people who are quite connected to their community is at greater risk of staying in a relationship of violence. People who are more disengaged who are more in the peripheral for whatever reason maybe they married interracially although off the community. They're more in the peripheral. [00:10:28]I think they are not at risk as much as someone that's very involved in their culture, in their religion, families get together on a regular basis.*

An example of the group pressures is seen in interventions against violence, when women are often pressured by the abusive spouse and also members of the community into withdrawing charges and returning to the situation of abuse. The community's presence in the courtroom can pose a tremendous pressure to amend no-contact orders and have charges dropped. The collectivist dynamic in HBV demonstrates interesting parallels with gang violence, also noted in the focus groups.<sup>39</sup> In situations where women recant their testimony against abusers, even in the absence of explicit pressure, it is important to understand that they may be trying to maximise their safety or that of their children or other family. While service providers may see recanting as irrational, women may recant as an act of protection of themselves, children and other family members. Recanting may be impelled not only by fear but also by familism, loyalty, and solidarity.<sup>40</sup>

**[Interviewer]** *I want to cross reference something that came up in one of the other interviews without naming the names of course. A person that was in shelter and unrelated women from the community entered the shelter under false pretence to try to persuade her to return. That's again a case of the community entering the picture, and it seems the community itself can pose a risk...*

**[SP 26]** *We see that a lot with gangs. So the gang will send somebody in to get her back out, because there's honor within the gang, right? Can't have her in there, so we that a lot with the gang. And that particular situation if we know there's gang involvement and we usually have some sort of level of police involvement, we will not be mediating with that particular group because we don't her anywhere near there. We're basically trying to ship her out somewhere so she just goes basically MIA ['missing in action', i.e., goes underground in this context], nobody knows where she is.*

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[SP 24] *You know, in working with the police and laying charges, the worse thing a victim can do is be inconsistent to say 'yes he insulted me, no, he didn't and yes I want to lay charges, no I don't. No, I lied. No, I don't want to talk to him. Yes, I do.' So this happens all the time because as soon as he is charged there's a difference between how charges, how wife abuse is handled in the courts in the home country versus in Canada, right, in most cases. So oftentimes the perpetrator thinks that's she's laying the charges and that if he manipulates her enough that she would withdraw. Of course yes, as soon as she becomes inconsistent the support for her falls. I've also seen the community come to court with her making sure that she asks for contact right? Amends the no contact order, The first court appearance is docket where he would have to say yes I'm guilty or not. And there's opportunity to amend the no contact order that was initially provided. I've seen this was a family from Somalia. It was Somali. Yeah. Somali community. So supposedly supporting her standing there but making sure that he could have contact with her. ... There's a lot of pressure to amend and make and accommodate the perpetrator when the community is involved for sure. So*

she might have extreme fear if she makes any steps against the perpetrator and the community right? Like you said there might be support a lot more support for him than there is for her. She generally has been isolated from her social support already. So there isn't necessarily anyone for her saying yeah, you're doing the right thing.

Intergenerational violence, control of girls, and preferential treatment of boys

In some cases, intergenerational violence may involve the clash of values and preferences between parents and children with divergent groups and models of social reference. This violence often has a strong gender component, with girls facing relatively greater demands from parents and grandparents for their conformity to specific social observances. These demands are often backed up with surveillance and monitoring of the girls, including via technology and social media. In this situation, girls and women become extremely circumspect about their online lives and 'impression management' in their sustained effort to avoid punitive action for perceived lapses of 'propriety'. There is little or no such pressure on men and boys.⁴¹

[SP 10] *Like the food is a punishment for them. Grandparents or their parents, they expect from them like they should know how to cook. The girl wants to become a doctor. She is studying hard. She's university kid like when she will learn. She is supposed to study and sleep two hours and make sure she gets 80 and above. I don't know, they expect from them like make sure they know how to make roti and curries and other stuff. At the same time, the grandparents putting pressure on them like you should know, oh you're 20-year-old now you should know, you're not a kid anymore. So even if the mom stood up for her like, no she is my 19 like 20-year-old princess, no way she should know. So then grandma start to compare, when I was 10-year-old I know this, this, this, this. How come she doesn't know?*

[SP 9] *If there's noncompliance from the girls, it does lead to physical violence and strict timings and locking them up in the room and strict surveillance. Like boys get preference. For example, if a girl doesn't want to share a toy with her brother then she is being forced, you know what he is your brother, he's going to take care of you when you grow up so you have to share this toy.*

[SP 10] *Boys can go out more than girls like yeah because he is a boy he can go because physically he is stronger than you, you're not strong so you cannot go. So you are a girl you have to stay home, you have to be home by 6 o'clock. There is a time limit. Some of the family like you have to be here. Yeah poor girl and she complained about her brothers, no, because they are brothers, because they are the son, it's okay, they can do. So then this happened in the families. Girls what they do? They just cry and close themselves in the room and they don't have anywhere to go. The boys have the excuse, yes, they cannot study without their study partner. Same with the girls, they need study partner to study in the university that's what I'm seeing these days. But no, girls have to be sitting at home and even they cannot use Skype either. Some parents monitored them using FaceTime or Skype.*

Intergenerational violence may even involve senior abuse (with parents forced into roles of babysitter and house-keeper) but unreported by the sufferers so as to save face in the relevant close-knit community enclaves. In this situation, the sufferers' reluctance to disclose suffering involves worries about saving 'face', not only their own but also that of the family. In this sense, while senior abuse does not match the profile of HBV as gender violence, it is similar in its association of violence with the protection of family reputation. In addition, similar to the conditions of abuse of young wives by conjugal families, aged parents too may face language barriers as well as a lack of awareness of their rights and of supports in the community.

[Interviewer] *How big a problem is it, the senior abuse, in the Chinese community?*

[SP 15] *I don't know how to say it. It's really big or really small but it has many other reports, just like all kinds of abuse. Like because of the face and then it's the mentality that -- usually, it's the financials abuse, right? They just want to get the money from the seniors, the adult children, or the in-laws.*

[Interviewer] *What money? Is that the pension money?*

[SP 15] *Pension money or Old Age Security or GIS, something like that. So because they're seniors, they're getting older and they think that they can depend on their adult children or sometimes they take the initiative that, "Oh, I can get money for you. You don't need to go and walk" because usually, they are not very mobilized. So they will just give the credit card or give the debit card for the adult children to get money for them to have prescriptions or pay the bills or things like that. Yeah. Quite a lot of time, the financial abuser kind of like keep getting money from their account. And then neglect is a very big part too because they just think that, "Oh, I'm so busy to work or take care of my family, I don't have time to take care of my senior parents," and things like that. This also happens, and then sometimes, physical too. Sometimes they will push them. Yeah. It happens. Yeah, mental and then verbal is really serious. They will just curse them or swear on their parents and make them feel they're useless because usually, they are old and they think that, "Oh, I now have to depend on you." So even though the adult children are treating them not good, they will just keep silent. "It's so humiliating if I let other people know that my own children treat me like that." Usually, they just suck it up.*

Immigration-related collectivist abuse and violence

In Edmonton, our data suggests that young immigrant wives, daughters-in-law and young unmarried daughters are particular targets of violence. This is consistent with the voluminous evidence of the association between intimate partner violence, immigration, patrilocal residence of young wives and the role of joint/extended families in encouraging, tolerating and committing violence against those young wives. What happens is this: abusers threaten cancellation of sponsorship and deportation to control the sufferers. These abusive actions are enabled by the complex fears and lack of rights awareness amongst the sufferers as well as their perceived and real access barriers to external agency support and intervention.

In this context, women's fears are complex and considerable – fear of abuse at home, fear of stigma in and outside the home, fear of mainstream institutions and agencies, fear of loss of children. Sufferers of violence are reported to avoid going to police because of adverse experiences with law enforcement in their countries of origin. The fear of the police means that many immigrants are reluctant to have police involvement in their problems, which means that violence goes unreported, with charges not laid. This is unfortunate because it is important to *'push for the police report to get support'* [FG]. Plus, in this situation, even the possibility that police may become involved via the intervention of another service provider, may lead to either a breakdown of trust or a refusal to seek out help. *'Calling the police is a trust issue (women will shut down automatically). Do not want to lose trust'* [FG]. As a result of the suspicion of mainstream service providers, some may seek or be coerced to seek help from their own community members. Women may be emotionally coerced into not taking family matters 'outside the family'. But seeking help within the same network that commits violence may lead to escalated violence by abusers. In the plural, because here, it must be again emphasized that HBV has extended networks of violence, with several primary and secondary perpetrators. A woman suffering abuse by her husband may be simultaneously suffering abuse from in-laws who incite and/or

directly commit violence themselves, as well as community members who condone and/or encourage the violence ‘victim wants to leave her partner but the violence is also coming from family’ [FG].

[FG; this is a longer quote from one participant] *Women feel they have to be patient and they question if they are violating religion. Not sure if honour or effect of patriarchy. They stay in the situation because of external pressure. They will come to us [the faith-based agency] they will only come to us. They won't let us take it to police or anywhere else because then they cut off and won't come because of fear. What is the community going to think if I leave my husband? They don't have family here - they were arranged marriages and usually they are here with their in-laws' family. The fear makes them stay and stay in. They are isolated and stay in as they are not allowed to go out and do anything. He has full freedom and control of the dynamic of the household. She thinks, if I leave, what am I going to do? They have no idea how. I have women leave and go to shelter and then go back. Then it gets worse as he knows she is no longer scared of him. Fear of violating religion, fear of what community thinks, fear of being a bad woman. There is the idea that I am a submissive wife who goes to prayer with my husband and then I will be known as a rebel woman. It will never get there. They feel 'I can't do that to myself'. It is honour in a way. These women don't have access to people like me. They only have access to their family. If your friends have the same fears, you won't leave. You carry all the judgements and you are isolated. The thinking is: If you take him out of the equation, how do you survive?*

Immigration abuse was a consistently reported theme, with abusers threatening deportation of a spouse in the two-year period of ‘conditional sponsorship’, withholding documentation and information from the abused person, and in some cases even threatening the abused person with counter-charges. The vignette below illustrates how women sponsors may be abused and intimidated via their families, and on the use of counter charges by abusers. The women being threatened in this way have very little rights awareness and as described through this report face considerable challenges in accessing help and support.

[Interviewer] *Our organization encountered a very interesting case recently. The sponsor was a woman.*

[SP 20] *Okay.*

[Interviewer] *And she was the one at the receiving end of a lot of violence from the husband. She got an emergency protection order and he had to leave, but he continued to harass the family and make threats through the cousins because these are extended family networks. He said if you attempt to have me deported, I will say that you are abusing me and you had me tossed out so using that clause against her although she was the one who's been abused systematically. It's a very complicated case.*

[SP 20] *Oh yeah. We see that scenario in different cases where they try to turn it around on her and sometimes, depending on if the police are called, they do the mutual charges or that kind of thing, which is -- we're seeing less of that with more education with the police, but we've had worked with women that have had that scenario and then there was mutual charges. It's a way to discredit her and then if she has a criminal record, well, that's not good especially if you have no status yet. You could be deported for that. So those are the kinds of threats the perpetrators often use to keep the control. She's worried about losing her kids, which has always been a threat, right, in the relationship. She's worried she could be deported, those kinds of things.*

[Interviewer] *I knew the deportation is used as a tool, but I don't know about this reverse.*

[SP 20] *Yeah. They try to do that.*

Sufferers are unable to access help

People are afraid to seek help because of past trauma and language barriers (Eg. *Syrian refugee - don't know English and trying to find the right service support [FG]*) that may compound suspicion of service providers and fear of law enforcement or protective services. Women not fluent in English may hesitate to access support because of the thought of being condescended to, ignored, mocked or dismissed by an English-reliant service provider⁴², and because of the fear that community interpreters (if available) may be partisan and unsafe (and part of the extended network of violence). Women may fear that police intervention could lead to the apprehension of the children and the break-up of the family, for which the women may be again blamed by their families and community members. Normalization of violence as well as the perception that a complaint could 'break up the family' keeps women silent about abuse e.g. fear that Child and Family Services would 'take away the children and break up the family'.

[SP 2] *So I always talk then why do you want to live together when there is so much fight at home? But no, they say, this is our strategy, this is our values. We love to stay together and all that.*

The absence of a formal complaint obstructs intervention in violence, which prevents immigrant women without stable status from obtaining further help.

[Interviewer] *There's a 2-year cohabitation rule for sponsored spouses. There's an exception made for abused women for people undergoing violence and abuse. There were several criticisms of that saying that it looks good on the surface, but it really places the owners and the person who is suffering. What's your view?*

[SP 20] *Yeah and if she hasn't filed any sort of complaint with the police, sometimes, it's a he said/she said scenario. So yeah, it's still a barrier when sponsorship breaks down. She really has very few avenues to go. It is usually is a big hassle and she's got a lot of hoops to jump through and the person that did the sponsoring isn't really accountable to anybody though.*

The options: to seek formal intervention, break ties with family and social networks and face deportation and re-victimization or to stay in the situation of violence. *'If someone doesn't have status, they have to partake in investigation to keep things moving. But family may need to be given up to do this – a hard decision' [FG].* Sufferers are at an impasse that is both psychological and practical; seeking help is a difficult step simultaneously outside family and community. *'Victim suffers alienation and supporting them to continue on the good path is hard' [FG].*

The complexities of seeking help are exacerbated when there are children involved, e.g. when these children are males and/or Canadian citizens and their mothers lack stable status and are being abused by their husbands and in-laws. Taking the children out of the home and into shelter is a problem (especially older male children), taking them out of the country is near to impossible. Women may be coerced and/or feel obligated to not separate the children from their father or from their paternal family. In some situations, even where the abusive relationship has ended, the continued contact between grandparents and grandchildren can facilitate abuse, as for instance when a mother leaves her child with the grandparents for the day because she must work and cannot afford the daycare.

[FG]

- Whether the women have children or kids born here is important as to whether they can stay in Canada.
- With mum and children trying to come into shelters, older male children are not usually accepted because of 'safety' and 'triggers' to other residents.



[SP 14] She was Filipino this particular client and there was again that pressure of violence but not only by her partner. She had left the partner but still the abuse continued by the mother-in-law and the extended family of her partner. What complicated that case is that they have a child together, always more complicated but also in this one the extended family had access to the child and she worked. So essentially everyday she had to drop off her child to her in-laws house and so essentially was that at risk on a daily basis of still being exposed and experiencing the abuse by her in-laws even though she had already left her partner.



[SP 17] My colleague had taken the call from a service provider working with a woman who was new to Canada. She was in a, sort of a language program and her husband was physically abusing her, and she was concerned, there were two kids. We made an appointment and she had wanted to know if her sister could come in with her and I had said that was fine, you know, whatever support you wanted. She asked if her sister could interpret at which point we had a little bit of a conversation around sort of the pros and cons of that. We had booked an appointment and we had also booked an outside interpreter to come in and support and then the day before the appointment, she called to cancel. When we started, how did that discussion around it, she had said that she -- that her family had asked her not to come that her mother specifically had said, you know you don't need this kind of -- I read between the lines a little bit and maybe made a little bit of an assumption in terms of it didn't sound like mom wanted her to go outside the family because the family like she had said, my mom has talked to him and he is going to do better and my family is going to take care of the situation and so really the pressure to not come in and access the service that it would be taken in the family, right? And so I kind of thought stepping back from the situation ... We don't know -- Maybe if they don't want anybody else to know the business, and there was going to be an outside interpreter brought in and they were somehow connected with the-- And so again, I'll never know.



[SP 19] Immigration issues are very big for us, very big. So one of the most popular threats that we hear from spouses is that they've sponsored their partner to come over and they'll withdraw their sponsorship so that person has to go back to their home country. Threats around having them deported and there's a lot of -- I was going to say misconceptions but someone who uses abusive behavior will say whatever they think they need to say to maintain some control so they'll talk about children being taken away, the police will come and arrest them because they're not familiar with those systems here. They believe what their partner says. ... I think a lot of them had had some police involvement so they are afraid of the police and they look for other solutions for what they can get some help for and we do have them calling sometimes they come through the criminal court system so their partners have been charged and they become our clients and then if the couple decides to stay apart then we can get involved in outreach to help them out with the family side but I'm sure generally speaking in Edmonton, the statistic I have heard is that only about a third of the

people who are in abusive relationships are actually seeking help for that. So I think there's a lot that don't.

Women may keep silent because they may wish to protect their natal families from emotional distress and embarrassment. In addition, women may wish to keep face and avoid stigma and rejection from families and communities in the event of divorce. In the case of sponsored spouses, the threat of deportation works because of the sufferer's well-founded fear of ostracism and social humiliation in her community reference-group as well as back in the home country in the event of a return to the natal family in the origin country 'Stigma at single moms. No dignity for you' [FG]. Women (and to some extent, men⁴³) fear the stigma, continued victimization and marginalization that they would face in Canada from kin and social networks (if divorced or separated, even if they have stable status) and in their countries of origin (if they were to return with the baggage of conjugal rejection⁴⁴).

[SP 5] *Something that we're becoming more aware of is looking at immigration landing papers, and looking at conditional permanent residency where the requirement is to have cohabitation and conjugal relationship for a two-year period of time.[0:10:14]Well, I think the majority will tend to be women that have that condition put on the spouse that is being brought to Canada. We're also seeing incidences of men that are being brought to Canada by their wives. And there are definitely telltale signs of potential for abuse within that relationship, and part of it is the lack of understanding of what can be done with that condition and how to work with it....It removes all choice. So no matter how bad it gets, you stay because the only other alternative is that the sponsorship will be removed and you'll need to return back home.*

[Interviewer]*To the extent that you can speak of it, and I'm assuming that you spoke with the people at risk or people facing the situation, to what extent were they're worried about losing face, about loss of standing if they had to go back?*

[SP 5] *That's definitely present, but I think the more pressing need is to say, "Face here," okay? And then home is somewhere else talked away. I think for men, as I think through men and women that I've been directed with, I think the men saving face is what drives them to keep silent, whereas for the women, it's more they've been taught to be silent.*

The vignettes below are poignant in their illustration of how women may stay in abusive relationships because leaving the abuser can translate into systematic victim blaming and even more intimidation and sexual abuse from other males in the community.

[Interviewer] *My colleague and I back in the office are talking about this. Have you encountered cases where women came to the country, they married here and they realized they're unhappy and they couldn't leave? It's like they couldn't leave because they worry the families back home would say something about them.*

[SP 15] *Oh yeah. This is one part of the dynamics, the struggle that they have when they're facing the family violence but they're not yet prepared to leave the relationship because the abusers threatened them they will kill the people back home or tell them what's going on here and then make them look ... they feel bad and shame. Sometimes I have clients whose parents are very old, not good health, so maybe they have heart attack or something like that. And then if abusers know that, like if he tells them how he treats their daughter, they will have like stroke attack. The clients will just keep silence to keep peace and then they follow everything the abusers ask them to do to buy the peace. "Don't tell my parents anything happened here," something like that. So it is about keeping face, yeah.*



[SP 10] Working with one of my clients it has taken me like two months to get her whole trust. And then finally last week she told me about herself, what was happening with her. 'In my community it's really hard if you go through divorce. If you get divorce, you are already a bad person. But after the divorce, if you go to date with someone, it's like you did a big sin in your life like, who you are, why are you dating with this guy and then the whole community start to blame you and even that guy also starts.' There's a lot of abuse going on like sexual abuse with that girl because guys take more benefit from those girls who have been through the divorce because they know they will keep their mouth shut and it's like okay we can have sex with her.

'All in the air' - When immigrant spouses need release from abuse and 'conditional' status

When a woman without stable immigration status seeks help, and the abuser has cut off sponsorship, the supporting agency must take on the steep challenge of getting her an exception from the rules of conditional permanent residence. While legal changes allow exceptions in cases of abuse, the process is lengthy and onerous. There is enormous difficulty in obtaining help and creating options for sponsored wives (and less often husbands) suffering abuse in Canada. While the emergency shelter stay is usually around three weeks, it may take far longer to properly help those "Women who flee without citizenship/status - suddenly all in the air - separate shelter for this for long-term stay." In this regard, some solutions are available through the shelter called Carol's House, which offers longer stays that are specific to immigrants/PRs.

[SP 26] So WIN House have three shelters, two emergency shelters that can accommodate... well about 10 rooms at each give or take. And then a third longer stay shelter and that shelter is specifically for women and children fleeing, who have issues with status immigration something like that. So they might not have status, they might not have any of their paperwork done, they're fleeing, where do they go? When they flee they can't get any support because they can't hook up with the government, they don't have their papers. They stay there as well that shelter also deals with women who have been trafficked. The first two shelters on average are 21 days' stays. Now that's on average, the mandate says 21 days. That's give or take how fast or quickly can get supports in place and sometimes that's a government issue, not an issue so we write extensions. The third house is more around three months to a year, so if they have no status they can literally be there for a year waiting for things to change.

When a person lacks stable immigrant status, access to all services is disrupted. The vignettes below illustrate (i) the lack of access to services (also see related section: [Sufferers are unable to access help](#)) and enduring trauma and violence for women seeking help or trying to leave their situation (with multiple perpetrators and sufferers across international borders) (ii) the intense effort required for case workers aiming to help an immigrant sufferer to negotiate the bureaucratic hurdles of trying to rebuild her life in Canada.⁴⁵

[SP 5] Going back to the example of the women's shelter, your status impacts your ability often to get services. But also, there's a hesitancy to say, "Well, my mother-in-law beats me regularly because I'm not doing what she thinks I should be doing." [0:30:07] That is sometimes a hard sell to a women's shelter to accept that woman if she is even prepared to do that. ... I had a client that - she was in a situation of family violence that has been abused like since forever, but she was not permanent resident. [0:20:16] Her husband was temporary foreign worker. So she was dependent on his status in Canada. She wanted to leave that relationship but it was not possible for her to do that because her status was totally dependent on him. And even when she considered looking for

shelter -- at that time anyway, so I think it has changed now, but at that time, they wouldn't take her because of her immigration, because she was a non-permanent resident. So the solution was go back home. The thing is she could not go back home because he had told her like, "If you ever go, if you leave --" because they had fight and she's like, "I'm going to leave you. I'm going to go back home." And he said, "Well, you go do that. I know people there and they will take care of you and the children. Meaning, they will kill you." And she knew, at least she believed that was true and totally possible. She was like, "It's not safe to go back home." So with her, what we had to do is, even though she could not have the legal conditions to leave the relationship here, was how do you manage to be safe within the relationship and working on kind of it's not that you have no option. It's that you are choosing the less bad option for you right now, because going back was worse, because separating was worse. So she was choosing staying, not stuck staying but choosing staying because it was the lesser bad. And then we worked through the emotions of choosing that and whatnot.

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[SP 24] Okay. This one was okay, Pakistani, originally Pakistani both partners Pakistani. The man was already a permanent resident in Canada and used Facebook to engage the girl's family, the woman's family in Pakistan to arrange the marriage with her parents. The parents knew the family but was given a great deal of false information about their conditions and the circumstances of the man asking for the daughter's. So the marriage was based on a lot of lies and.[00:10:00]So he came to Pakistan. They were married. He brought her back to Ontario and of course the abuse started and then he put her on the plane back to Pakistan without any of her Canadian status documentation, without...the only thing that she had was her Pakistani passport so that made it very difficult for her to come back into Canada. But she did. She realized she had social insurance here, she had a driver's license here, she had permanent residency status here but she had no proof of it. So she came back because in Pakistan she was rejected because she failed her marriage and was blamed. Her parents rejected her so she was blamed for the failure of the marriage. She found herself isolated and she decided that in terms of employment she could better as well in Canada. She was educated, she had a degree, a university degree from Pakistan. Anyway so with a lot of trial and tribulation we've got hold of documentation and a lot of time committed to collecting all that for her. He was also continuing to harass her family. Detectives got on to this case and so yeah the charges were laid. It was a successful case in terms of the police perspective. More information came up but fraud, financial fraud on his side. She was like the fourth or fifth woman he was going through. Yeah. She was held here as like a slave. She slept out of the building and so she was forced to stay with him but. So when she came back here, she came to Alberta not to Ontario. He was still in Ontario so there was no such thing as them having to live again when she came back here. She didn't have to apply. I don't know if she -- like I mean she didn't forget the detail as to where she was at in terms of applying for permanent residency.

[Interviewer] You mentioned that in this particular case as a social worker, you, I believed there must have been a lot of effort and advocacy and chasing a lot of the paperwork from your side right?

[SP 24] Uh-hum.

[Interviewer] Can you describe that process? How much effort does it take in a case like this? How many days.

[SP 24] Oh my goodness.

**[Interviewer]** *How many hours...*

**[SP 24]** *For her to be able to. I find out what the steps are to start with. Finding out if she could get her immigrant papers first before she can apply for her social insurance papers. Before she could get any new documentation from CIC [Formerly Citizenship and Immigration Canada; now Immigration, Refugees and Citizenship Canada (IRCC)] Canada she had to have her original landed immigrant paper. She could not get Alberta healthcare. Then to get her a copy of her driver's license was another process. So hours and hours of assisting her with the clarification process and taking her to different organizations to talk to people that might have any kind of immigrant information, legal information on this...It took quite a while.*

**[Interviewer]** *Incredibly complex. Every case of domestic violence has its own complexities.*

**[SP 24]** *Yes.*

**[Interviewer]** *Everyone, each one is unique. But are these cases especially complex when it crosses boundaries which involves immigration matters. Does it require more advocacy, more resources, more work?*

**[SP 24]** *Well there might be more work. This lady happened to speak English well but also it becomes more work when you need a translator. It becomes a bit more communication element. It takes more time and it adds to the complexity.*

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[SP 25] *We just had a case where a pregnant woman left one of the eastern European countries and she got pregnant out of marriage. Her uncle was going to kill her and so she left and came to Canada and she was staying in another location. Her mother helped her to leave. Her fear is similar what if something to my mom? Now she has a baby and she's kind of moving forward with her life but she's worried about what's going to happen with mom, how can I bring mom here, that type of thing.*

Cross-border movement of violence

The extended networks of violence in HBV enable acts of violence to cross borders, e.g the planning of forced marriage in one country and its commission in another, or the abuse of a young bride buttressed by threats of violence to her natal family in her country of origin. In some cases, women face violence in Canada and can entertain no hope of returning to their home countries because their natal families discourage their leaving the abusive marriage to return home.

[SP 20] *Well, we've had several cases where the woman is very fearful for her life as well as sometimes her families, which maybe back home and not in Canada. So it can be very challenging. We help the woman sort of safety plan for herself and as well as her family in another country the best that we can because often, there are threats to family with honor violence, both male and female members of her family maybe threatened.*

[Interviewer] *Are those threats issued by members of the family over here?*

[SP 20] *Yes, yes.*

[Interviewer] *Marital family?*

[SP 20] *Yes, partner, husband usually.*

[Interviewer] *Are there others apart from the husband involved in those threats?*

[SP 20] *Often, yes. Often, it could be his family members and then in a couple of cases, her family was also against her leaving the relationship. So then she has that added pressure to from her own family, but generally, it's his family, her husband's family and her husband. Occasionally, it does include her family as well.*

A crime committed in one country may be very difficult to prevent or prosecute in another. Dealing with violence that spans international borders is challenging because of legal jurisdictional differences.⁴⁶ In cases of forced marriage, local service providers may have no idea how to offer advice or how to proceed: **[FG]** *Underage victims can be tricky (eg. underage forced marriages). CFS [Child and Family Services] usually has to be involved in order to keep underage victim in shelters.* However, if CFS does not think the situation is priority, the sufferer may be at a heightened risk because of the family knowing that the secret is out. Plus, the sufferer has no recourse to shelter if she is under surveillance or if the shelter has no space or has age restrictions on whom they will accept. The problem of rescuing people across international borders is exacerbated when, for example, the destination country has no Canadian embassy.

[FG] *The person left the country, we weren't sure how to negotiate. This country had no Canadian embassy.*

The following vignette illustrates the challenges of trying to safety plan with a client who faces violence from extended family beyond Canadian borders. In this situation, the best the provider can do is to compile relevant information (e.g. embassy phone numbers and addresses) and make sure that the client understands to keep the information secure and accessible.

[SP 21] *I had a client who was here living with her husband and enduring a lot of verbal abuse. She disclosed a couple of physical things and really quite minimized it. She got an EPO [Emergency Protection Order⁴⁷] and then ended with her dropping it and taking her husband back into the household. Things started to deteriorate and then she started to push back as well. She took off her hijab she didn't want to wear it anymore which really upset her husband. So her husband would be talking to her family who are overseas and her family would be saying why aren't you wearing your [Indiscernible [00:37:50] and trying to pressure her to do it. Eventually she still didn't want to wear it. She was able to convince her husband too because she wanted to get away for a bit. She wanted to go on a trip. So she took, she's only going to take one of the children and they were going to go on a trip. She ended up taking both. Yeah. So instead of going to see her parents in a different country she ended up going to Turkey because she felt safe going to Turkey. She had met some people online who are going to help set her up in her own condo and she was going to do some volunteer work and all this. I really said I'm concerned about you. You've never talked to these people on the phone. You've never met them face to face. Like I'm concerned for your safety and I showed her some of the stuff that I read about online and the risks. I could talk until I was blue in the face and she wouldn't recognize that that was a safety concern. Eventually she ended up taking both kids going over there. I had also talked to her about the risk of her family coming to get her because her family wasn't supportive. She's like oh no they're in another country. They're not going to come over there and see me. We might meet up in another area on her way back. Well eventually her brother-in-law who was quite high in the military in one of the*

countries around him and her sister came to visit her ended you taking her to her parents where she was basically held captive there. They wouldn't let her leave. They made her wear her hijab and then eventually she was able to convince them that yeah she's going to wear it and she came back to see her husband with the kids. So I was able to talk to her about what my concerns are. I gave her the numbers to the embassies and said, I can't do a lot from here. These are the numbers you're going to have to contact while you're over there. But every time I talked to her, I expressed my concerns, went over what she needed to do. She programmed the numbers into her cellphone which she always had locked and her family didn't have access to it.

Another instance when HBV crosses borders emerged in the focus groups where it was reported that international students in Canada are subjected to coercion and blackmail (e.g., withdrawal of financial support) by their natal families in the event of their coming out as LGBT+. This finding has direct relevance also to our section on '[HBV and heteronormativity](#)'. In this instance, there are not many options open to students undergoing such violence. Intervention becomes difficult to pursue as the violence is not physical and the perpetrators are in another legal jurisdiction. Those suffering heteronormative violence may be extremely reluctant to access help, not only because of the few supports available, but also for fear of the social fallout of being 'outed' to friends, relatives, colleagues in Canada and elsewhere. International students already have 'precarious'⁴⁸ immigration status and may see help-seeking as a step that may destabilize their situation even further.

[FG]

- *Geographic location affects lifestyles and behaviours of persons who've come out. We have cases of international students being cut off by their families, that is, no money support and not able to work because they are students.*
- *Transgender, gay, LGBTQ, displacement from family, people go underground and live in fear (criminalization)*

HBV and heteronormativity

A key finding in our investigation is that honour violence in Edmonton is homophobic and transphobic with LGBT+ persons being beaten, evicted from homes, forcibly married as a 'cure', or killed. The following vignette is extremely poignant evidence of the collectivist gender violence endured by sexual and gender minorities across ethnicities, cultures and religions.

[IDENTITY CONCEALED] So my personal experience is I was many years ago kicked out of my home by my father because I was queer. I was 14 years old. And I lived on the street for the next four years until I quite frankly hustled my way out West and found a way to be supported until I could support myself. So that was my personal experience. And it really was just...I'm not having a queer living under my roof. Walked me to the back door and handed me my coat and shoes and I was out. So... with clothes on my back and nothing more. So we see that same kind of situation still today, not as often as it was 15 or 20 or 30 years ago. Where it was extremely common for people to be kicked out of the home for being gay or lesbian. But we do see it too frequently. We see a lot of ongoing psychological violence that may not result in homelessness or physical violence, but certainly ongoing psychological violence, isolation in LGBT people and particularly among Trans-people today. I would say that it's.... I wish I could say it was always and only fathers, it's not. It tends to be conservative, social, conservative, or conservative religious based primarily. But kids experience all kinds of... not just kids, kids are what we see a lot of. Kids and adults experience a lot of violence in the hands of family members. Often fathers; sometimes mothers, grandparents and some uncles; those primary care givers, right?

Keeping in mind the risk of HBV to youth in their coming out or being outed, we designed a case scenario ‘Sima’ to assess the relevant awareness of risk and protective steps in a case of an LGBT+ school-going teen suffering from withdrawal and falling grades, reporting extreme isolation and surveillance at home, and mentioning her family’s trip out of the country. As with ‘Nina’ there was little consensus on steps to be taken, with varying inputs on whether parents could be contacted regarding the teen’s concerns. Detailed analysis of the focus group discussions of ‘Sima’ is included in [Appendix 8](#).

Several participants raised the association of HBV with homophobia and transphobia. They described how homophobia and transphobia lead to ostracism and physical violence. Some of the service providers also described their role in preventing or intervening in heteronormative transphobic and homophobic violence - an aspect of honour-based violence that has received only passing attention from commentators on the topic of HBV, which centers almost exclusively on honour killings of women and girls, with scant to no attention to the worldwide abuse extended towards LGBT+ persons. Such abuse cuts across ethnicities, religions, and cultures.

[FG] I know about HBV from personal experience - mainly from a religious viewpoint. I was raised very strictly religiously as a Jehovah’s Witness. I have friends who question their sexuality or their gender and people don’t know how to interact with you anymore. My brother came out as gay and it has been hard for my family to accept. It is not accepted. There is social shunning.

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*[SP 1] I’m happy you brought up the example of gay men or there is one example that the trainers in Toronto shared with us. He was Caucasian gay male and mom, his mom didn’t like it and sorry mom and maternal shot him because he was dishonoring the family. Here in Canada, in Toronto. But you won’t hear those stories. There won’t be books on him and there won’t be, nobody will call it an honor based crime. So I think it’s up to us service providers or people who are trying to take a stand to bring those examples to the table and say he this is a society issue. It will and it has affected a lot of our children and a lot of people and a lot of our neighbors in our communities right? But I think it’s up to us to do that.*

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[SP 6] I wasn’t thinking about gender based violence also affecting LGBT community but there was a case about two months ago where there was someone within one of the immigrant communities, one of African immigrant communities where people didn’t know that they identified as gay and when they found out, they destroyed his property, he was badly beaten and so we got our referral from the Pride Center. I have to say that’s the only case so far that I know of. Most of them just rather leave and not come out at all.

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*[SP 29] That piece of honor that is tied into it regardless of ethnicity if you will, right. That is much broader and we can also see it very much with the LGBTQ communities. If it’s the same gender relationship there’s still the stereotypes in society that that is an abnormal type of relationship ... there is that pressure to keep things hidden so as to not to bring shame into a community or a family unit... So I can think of an example, a woman who was fired from her job. She came out as a lesbian in her community is it, she was Somali. I think she was Somali. Fired from her job and her car was damaged by the community so that she couldn’t drive and she was given one week or two weeks or something to put her life in order. She cut her hair, she was told like, she was to be... and*

*to dress appropriately, speak as a woman should or she would be out of the community. We began to understand that it was probably a great risk of real violence to her. And she came in and got counseling a few times, we had an interpreter that was sent to us by... she brought an interpreter with her I think. And she disappeared we don't know what happened to her. We think it's probably not good whatever happened to her.*

In the following vignette, a participant suggested that Canadian immigration policy raises impossible and ethically shaky barriers to the entry of persons suffering or facing extreme violence because of their gender or sexual orientation in their countries of origin. Persons who fear violence on transitioning (if at all possible) or coming out could not conceivably marshal the extensive proof of their gender or sexuality as required by immigration authorities.

**[SP 29]** *Because they have to prove they're gay, they have to prove they're something, they have to prove they're lesbian. So they have to prove.*

**[Interviewer]** *Like how?*

**[SP 29]** *They have to show records, they have to show... get letters and support, they have to prove that they're gay, which is really hard when you come from a country where it's been illegal to be gay. The whole system is a ... violence against LGBT refugees is disgusting and I'm... if I could get Prime Minister Trudeau to sit here I would tell him we don't make people prove that they're straight, we don't make people prove all kinds of things but we make them prove that they're LGBT. And it's because they might... people might sneak into our country who are not LGBT, so what? Lots of people are not going to claim that because of homophobia, so just... let's just accept people on their word.*

At the point of first contact with intake desks or phone lines at agencies, the prospect of being negatively judged is a particular concern with LGBT+ help seekers. Indeed, a front-desk staffer or call taker responsible for intake may need to be specially trained in how to create a sense of a safe and accepting space for LGBT+ persons, for example, starting with evincing respect and consideration of preferred pronouns in terms of address. The Pride Centre of Edmonton offers related training and 'safe space' certification.

**[SP 29]** *Many of those organizations are very uncomfortable, the LGBT conversations. So for example if I was a person... If I was an African person and I was looking for support in the community, I wouldn't know where to go. There would be no cultural community center that would work for me to talk about being gay or Trans, because they're not... because they're illegal. It's found socially unacceptable to be LGBT in those countries of origin. And they bring all that baggage with them here. Well there'll be some people in there who are a little bit more progressive and are in the social services field so they are at least willing to engage. At a meeting at [IMMIGRANT SERVING GRASSROOTS AGENCY] I said something about being Trans and she sat forward and she being a quite aggressive woman, she did, what She said, I've never heard of such a thing, tell me more. And so there is just... so if I was a Somalian person and I was gay or Trans who would I tell? And lots of them are afraid to come in our door too because it was so... they have to hide so much that they bring all of that fear with them. I read a great article yesterday actually, they said that we need to come to understand introduction as more than, Hi what's your name? Hi, my name is [IDENTITY CONCEALED], what's yours? I mean understand so, My name is [IDENTITY CONCEALED], what's yours? And you could tell me, I'm Amrita, I say, What pronouns do you use? So that we honour that name that's told to us but also who we are and*

*what... We need to know this about people, it's not optional anymore, we can't use our eyes because they will deceive us. It's not they might, they will deceive us.*

Already lengthy delays in referring help-seekers are compounded for LGBT+ persons. Many communities refuse to talk about sexualities outside a heteronormative frame of acceptability. While there is a 'general' awareness that there is help available, this sort of diffused awareness, enacted at random, is radically different from openness, acceptance and systematized, smooth client-centred referral.

**[SP 15]** *In like Chinese families, they just keep it from their parents. They won't talk because they just -- no one asked that. Even they have different sex orientations, they won't tell anyone except their friends. No family members they will talk to.*

**[Interviewer]** *But if they did, what happens? I mean, do they get supported?*

**[SP 15]** *Oh, the family just cut off the relationship for sure.*

**[Interviewer]** *With the person who comes out?*

**[SP 15]** *Yeah. So kind of like it's shameful for them.*

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[SP 29] *And lots of them are afraid to come in our door too because it was so... they have to hide so much that they bring all of that fear with them. The ones that do walk through the door are very courageous and there is a general knowledge in many cultural communities that this is where they need to come. We've had a client, a woman who came over from Uganda, stayed in a hotel for 10 days till her money ran out and then they kicked her out and she just asked a black person who worked there and said I don't know what to do. Told her story, they drove her here. So it's just general knowledge but nobody talks about it out there in those cultural communities.*

Systemic gaps, needs and potential solutions

In this section we describe the social, ethical, legal, policy-related and technical gaps and barriers that service providers described in their prevention of, intervention in and rehabilitation of cases of HBV.



'Go out and meet the clients where the clients are' - A client centred approach against HBV

The client-centred approach and its 4 Rs - recognizing, responding, referring and reconnecting – was a consistent theme, as were the associated gaps in training and practice.

[SP 21] *I talk about this when we do our training, I talk about the four R's. The four R's is recognizing, responding, referring and reconnecting. We don't even recognize very well.*

Service providers described the importance of seeing the client 'in context', as a person who is part of a relational whole, e.g the family unit and the community, rather than in an atomised sense as a single individual. Participants indicated that training in the 'nuances' of family dynamics is essential to violence prevention; training in the extended family dynamics of HBV is critical to helping people escape it.

[SP 16] *So that is one that we have received a little bit of training on and now are looking at. So it's really up to the social worker to expand the conversation and to really learn as much as they can about that person and so that's where issues of family dynamics come in and potentially issue of honor based violence.*

[Interviewer] *On the question of family dynamics, I'm definitely not going down the cultural road to understanding this and to developing interventions or suggestions for policy. I'm interested in family and community dynamics because in HBV, there is often more than one person inflicting violence. It's not intimate violence so how does that affect risk planning safety planning for the victim?*

[SP 16] *It complicates it.*

[Interviewer] *Can you elaborate?*

[SP 16] *So it complicates it. You need to be able to understand people's support systems and what is going to be helpful to them and what is not going to be helpful to them and that is going to be*

universal. When you look at-- if they're choosing to leave the relationship then what are the factors or the situations that are going to be supportive to that and what are not. So if you look at family members on either side whether the side of let's just say for husband's sake but I mean it could be the victim. It could be a male as well. But for the partner's family and then for the victim's family and it's really understanding who and what we'll not support that person's intention of leaving and who's going to be the one of sabotage those efforts and it what way will they sabotage potentially. So it's really understanding the relationships, the length of what actions have taken before, has this person taken before? What have they tried? What has worked? What hasn't worked and why hasn't it worked? And to me it's not with the honor based violence. Again that's not my area of expertise but I think it's broader in its scope than what we typically think of when we think of intimate partner violence. It think there's an intimate partner violence. There's a tendency to look at it just between the two parties and maybe some family whereas with honor based violence, I think it's much broader than that and goes out into the community as well. So it's just extending that scope in view in my view.

[SP 16] *The more information that the social worker has gathered, they become more curious about whether honor based violence is occurring and what that looks that. I think that the social workers get is kind of the tip of the iceberg. They don't really until they meet with the person whose experiencing violence, they don't really understand all of the dynamics of how they interplay. So it's through those conversations that they become aware of honor based violence. Honor based violence wouldn't be necessarily-- It's not something-- It would be more of a question when a referral is made from the police. The charges are laid according to the criminal code so the charges are laid but then what else is going on within that family or that person that's up to further exploration.*

[Interviewer] *What triggers the further exploration into those additional factors? Why do they become of importance, the honor?*

[SP 16] *I think it's again sitting down and doing an assessment with whoever has been-- the victim of violence or the person who's experienced violence. It's really about sitting down with them, finding out as much as you can of where they are in that violence. So it's really understanding their family dynamics, understanding the length of abuse, the various kinds of abuse, what abuse looks like to them, how they've experienced their support system, lack thereof, what they've tried to do in the past where are they in the cycle, what kind of changes do they want. All of those are questions that the social worker would ask and then do an assessment using the B-SAFER⁴⁹ tool which is Kropp and Hart's tool of assessing risk and one of those tools which I don't have here is the PATRIARCH⁵⁰.*

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**[SP 4]** *I kind of do it with every client. But it's the thing like clients come to me when they are having a hard time with whatever is going on in their lives, right? I'm not reaching out to clients. So they come to me. And when they come to me, I will ask questions about relationships about family, about like all these kinds of things because it's relevant and it's important to understand the person in front of me. I always look at the person in front of me as part of the bigger context. So I'm always having in the back of my mind where is this person coming from in terms of family of origin, in current family relationships, in terms of culture, in terms of religious beliefs, in terms of like the big picture. It's just the way I understand what might be going on with a person. So I'm always checking for -- like I'm asking the questions. Depending on what they report, I might ask more questions or move to a different thing depending on what the issue is.*

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[SP 21] *Well I think part of the training is first of all understanding the difference and the nuances that these people experience within their family unit and how...*

A powerful rationale for a client centred approach is to obviate the risk of being directive and overriding the client's wishes, values and perspectives. In this regard, it is vital for the service provider to understand that leaving an abusive situation is not a simple matter of exercising agency.⁵¹ Advice and support should always be cognizant of the contextual factors that may either keep women captive in abuse or lead to their return to it. In other words, the service provider should remain alert to the fact that the 'command' approach towards help-seekers veers dangerously close to victim-blaming.

[SP 15] *Other things like they have a lot of expectations from the society for female, how you dress. And they always blame the victims like, "Oh, you should leave" or "You should say something" or "If you don't do this, he will not treat you like that." It's all in our culture or even if in our mass media. There are so many things like, "Okay, you ask for it" or "You just stand for abuse. You don't seek help, it's your problem. You just leave him and everything will be okay." But the dynamics of leaving an abusive relationship is difficult and complex. So yeah.*

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**[SP21]** *I think sometimes the challenges are regardless of what we believe will be the most appropriate, we still have to respect the client's wishes. Okay. Because we can't force them into doing something like [IDENTITY CONCEALED] didn't have the ability to force her into not going over there. Right? So what you have to do is express that these are my concerns as [IDENTITY CONCEALED] did. But if you're over there and something does happen, these are the safe places and the numbers that are available to you and if something goes sideways, hopefully they will be able to be of some benefit to you. That really was the basis of we designed this ourselves this particular safety plan ... it's really about what situations can put you and your children at risk and they might be internal or they might be external. It might be what your in-laws are doing, it might be what your husband is doing but it also might be whatever you're doing in this particular case going over, flying over to Turkey with the two children right? And then what options do you have when you're over there or what options do you have when those situations arise? Who might your supports be? Obviously when we're looking at supports we're not looking at just well my social worker because your social worker works Monday to Friday nine to five or eight to four and isn't available after that. Okay. Crisis unit or the northern Alberta child intervention services call number is but unless they have that number down there they don't know who to call. So it's just the same way as if they're in crisis can they remember to dial 911 if they come from a country that doesn't use 911 then if they're in crisis so that's what you write down, dial 911. So trying to break it down to the simplest formats so that someone can follow it when crisis occurs.*

A directive approach (or if the client sees the provider as being directive rather than consultative) can alienate help-seekers and in specific contexts (e.g. a courtroom) may have adverse consequences for the provider's credibility. This is illustrated in the following vignette. The service provider describes a situation in a legal hearing where the help-seeker asserted that the agency had misguided her by ostensibly directing her to go to the shelter against her wishes. The experience had left the agency highly cautious about the handling of the onward referral process, with the new approach being to insist that the help-seeker speak for herself.

**[SP2]** *There was a girl in the shelter. The husband was so abusive that she used to live in the basement with the children because the mother-in-law was there. She wouldn't allow the daughter-in-law to come up. The husband used to take the food from her mother, give it to the wife and all that. When we came to know the whole story, we went to police and we spoke to them. The girl made a biggest mistake. When we went, there was a cold day. We went to support the girl just to be with her although we cannot speak but just to be with that girl, you know what happened? When the judge asked, "Why did you go to the shelter?" She said I never wanted to go but the social workers wanted me to go. Can you imagine? Can you imagine? 'I never wanted to leave the house. They wanted me to leave the house and I have left that.' And the judge, the way he looked at all of us, the six seven people who went? We are so careful now, so careful when we are giving advice to the women because we have to save our skin also.*

**[Interviewer]** *Because it becomes the case of the social worker being coercive, right?*

**[SP2]** *Exactly. Now what we are doing? You see, if a woman is coming to me, the life is in danger and all that. I would still love to do everything. But I want her to speak directly with the shelter people. Then it becomes their case. Whatever they will advise, you will listen otherwise you are not bringing us in the picture.*

Regardless of cultural variations of help-seekers, the service providers should be trained in the modalities of respectful listening, non-intrusive provision of supports, and the slow development of a 'collaborative relationship' with the client. This approach is in contrast to a 'command mode' of providing supports.

**[SP 21]** *But I think with the training is not only bringing an understanding of what the challenges are that someone coming from a different culture than what we're familiar with, but I also am very cognizant of there's so many different cultures that we can't just pinpoint this culture and that culture. I think what we have to do is train our front line staff that you have to come from a respectful position okay regardless. You're not always going to be if you try to fit in with that particular culture and you're not culturally competent, you're going to mess up. Right? Even if you are culturally competent there are different interpretations within that culture itself right? So I think if come from a position of respect, and say you know what please help me through this I'm trying to understand and I'm trying to support you right. I think that's where the shift has to be. Rather than telling them what to do we have to understand that we are support workers and the term support means helping the client move from here to there. Not pushing the client but supporting the client. Right? So and the training would also encompass about how is that going to shift for you in your particular role and what is that going to mean for you in relationship to part B time? Right? The time commitment involved in some of these things. Because you can't just go in and go here's your safety plan. To even get the client to sit and fill out the form you have to build a relationship of trust with that individual. If you don't have the ability to do that, or you don't have the time to do it, you're not going to be able to work collaboratively with the client.*

Understanding the client's needs is critical for appropriate onward referrals and outreach and follow-ups to assess client needs as these develop during clients' complicated passage through various bottlenecked service pathways, e.g., in transitioning from emergency to second-stage shelter and beyond to safe and independent living.

**[SP 17]** *Throughout all of our sessions, we are really looking at working with them in terms of what their needs are, right? So where else can we connect them to in the community and if a lot of them are wanting counseling beyond us, we are connecting them with other organizations and doing that sort of work so that the intent is that, you know, I think ideally what we would like to*

*see or a client be able to leave with is some education around family violence, some resources to where they are going to need to go or want to go. Certainly some idea of the risk that they were in that maybe perhaps they didn't come in with or some safety planning that was done as a result of being here. So I'm thinking that most clients leave with connections to other resources for sure and those other things happen too. Several other cases that I can probably present to that have come to the point of telephone intake but never that I have been here, the three months that I've had that I have not seen it yet come to actually walking through our doors and I just think that it's the multiple barriers, right? They are accessing services and there is people that are there to help but thus actually in the two instances that I'm thinking of because there is another case, a service provider has called on behalf of them, right? So not that they are finding their own resources and linking to it but were being linked to them through another provider... Shelters have intensive case managers or community of outreach workers that then work with them on a follow-up basis, right? So my understanding is that when they are in the shelters that the individuals are meeting with clients to identify housing needs and all their needs, right? But at housing that they are looking at capital region housing, the homelessness -- like there is all sorts of other housing capacities afterwards that I think that they are really trying and then second stage health, shelters as well right. [0:40:04] But once the housing piece is something that they have hopefully solidified that they can see them moving beyond the 21 days and that's still having the outreach support, maybe three to six months, right? there is the follow-up component which is I think very much needed and practical, but again based on willingness of the client to access that.*

Indeed, appropriate referrals are important to avoid over-burdening specific agencies, e.g. undiscerning referrals of all racialized minority clients to multicultural brokers regardless of what is actually needed.

**[SP 21]** *So I see because all the files that we end up bringing too is that when we get a file and it's a multicultural families say it's an intake mom and dad are separated, after the police report or the police incident. They'll close with referrals to multicultural health workers or it's usually multicultural health workers and they'll close. Without actually really talking with the client to find out is that an appropriate resource. [00:50:02] Like multicultural health workers are great and they do amazing work but that shouldn't be the end all support for that client. Because that's taxing out that agency as well as not recognizing the other issues that are going on.*

The client-centred approach is tied to cultural competence<sup>52</sup> and safety (see the [separate section](#)). Program design features and location of services are factors in women either not making contact or not continuing with usage of services.<sup>53</sup> Service providers often try and keep a low profile and in many cases require sufferers to come to the agency for support. Some participants suggested however that it was important to go and meet clients in person instead of expecting them to come to the agency. Where and how to connect with clients is a crucial safety-related question; many sufferers of abuse are under surveillance (increasingly aided by stalking technology) and going out to seek help may be out of the question.

**[SP 23]** *I worked at the Multicultural Health Brokers for four years, and just to hear the stories of how isolated women become because men deliberately isolate them, right? They're not allowed to go anywhere. I worked with a woman who found a quarter, and that allowed her to make the phone call to get to the shelter at the time when phone calls were a quarter. I mean, she had no money, none, and she barely could get out of the house. She had no transportation.*

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[SP 15] *And then we're kind of like, if the client is still living with the abusers, we will not see them near their house or the neighborhood. It's either they come to our center or we meet in a*

community. It's just like not seeing any familiar face. That's still the hard part because sometimes, if the client is not ready or if they are not really resourceful, they don't have car and they don't have places to go and their parents were keeping close eyes to them, they can't even leave the house and they can't even make the call because their calling card has been checked all the time, even that you must have been hacked.[0:45:14]So they have no way to have continuously the engagement with us. So that's why sometimes we have to think out of the box. Like the centers also have some safe connection that's provided by the City of Edmonton. They got it from Rogers which is free and then they have calling cards, which is paid already, and then we just activate one for our client that they can hide, with some code words for emergency. So like safety connection.⁵⁴

In any situation of violence, but especially HBV where the community plays a 'policing' role, a help-seeker's movements may be under watch and liable to be reported to the abuser or abusers. Even taking a taxi to shelter can be a source of danger if the driver and abuser are acquainted with each other. The surveillance associated with extended networks of violence in HBV means that shelter staff need to be vigilant about those seeking to infiltrate the shelter to pressure women to return to their abuser.

[SP 8] *The shelter will say I will send a taxi. We try to convince them sometimes there are East Indians, there are particular communities where lots of people are taxi drivers. That is not a safety plan for us at all. So, we'd have to use a different mechanism or a different kind of taxi kind of services. So those kinds of things we have to do differently depending on, because some of them know all the shelters as well as we've had a case where his friend came to pick up a woman and she was stopped. So then we know that safety plan was actually not the system safety plan in that place. It was not serving our community and the East Indians as well. We feel that.*

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**[SP 26]** *Yes, and ultimately at the end of the day there are cases where there is really nothing we can do, they will find out. Because ... and here is an example, before my time and this is a story we still talk about but it was before my time. There was a woman who fled, whose husband works for co-op taxi, and we use a lot of taxis, and it was found out. ... but then we have to transfer immediately right? So as soon as there is a breach we will do a transfer, get them gone, get them safe. Get them somewhere else, but at the end of the day we are in and out of buildings, there is certain ... people, people have stayed with us, people know where the shelters are, people don't always keep their mouth shut and so ... it is a necessary difficult unfortunately, to find out where we are. It is a risk we work with day in and day out, and we really, we manage that, we talk about it a lot, we talk about how we watch each other, go in and out, all those things. There are just a matter of part and parcel of what we do really now because we have to. ... [for women in shelter] We would provide more education to her about what could happen, we would... we always talk to them about shutting down their media, their social media; their Facebook accounts or twitter, anything like that. Because that is the one way, even if you change your phone number someone can still Facebook message you, right? Shut it down, go quiet, turnoff your GPS on your phone. We talk to them about you know safety in the community, not going back to buy groceries where you normally go grocery shopping. Now that doesn't, it doesn't matter for some women, some women that isn't something that's high on their radar. When there is community involvement, you need to get completely removed in order to keep yourself protected. We always talk about people who might... you might think they're your friend and often then you're complicating the fleeing because they think they have friends on the inside per say. They don't, those inside friends are actually turning against them, they don't realize it, they traumatized or betrayed then because they've had... so we have to work through that with them. All sorts of things that we would do differently if we knew we might... I have had cases where the person is not wanted cultural, any sort of cultural specific*

*resources, but that doesn't mean we don't need it as a team. So I will phone and speak it out for our team, "Here's a broad picture of what's going on, tell me what to do. Tell me in your culture what does this mean." They will give us that information thereby educating us to better be able to respond to her. So that is absolutely something we use as well.*

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[SP 3] *I mean we get people showing in front of the door, we have women calling in to come into shelter because they know that their friend is here and then that woman gets into shelter as a way of forcing her to. ...So if we find out that a current resident, if a second resident comes in and we find out that they know another resident we will talk to the first resident and say, "So you know this person?" "Yes" "Are you comfortable with them being here?" [01:00:03] If they say no then we will send them to another shelter. If we talk to this person, to the second resident and as we get to know them if their story isn't adding up and there wasn't any abuse or if we start to see some strange actions then we either move her to another shelter if we really believe there are safety issues. It becomes pretty obvious because they become very friendly and try to really open up the communication but I don't like having two people that know each other in the shelter no matter what because that happens in all cultures. A second person will come in to try and influence the first one....People have gotten good at knowing kind of what to say to get into the shelter and nowadays with technology and stuff always it is not that hard for people to follow them and know whether they, know where the women are. Some of them most scary cases like stalking have been from different cultural groups where the man owns the cell phone and then this and then that and then installs software and things like that onto it and tracks her and she isn't really aware of how to use her cell phone anyway and so it becomes, he tracks her throughout the city as she moves around. Since you know that and we had that not long ago where she turned on her cell phone. She had her cell phone off and needed to turn it on, didn't really think about it, turned it on because she wasn't going to call him and turned it on and suddenly things were happening with her cell phone and so we said, "Turn it off" and so. Oh no she did that when she was at the doctor's office. That is what happened. She did that when she was at the doctor's office. They moved her to the emergency and he showed up at the doctor's office and then we taxied her to the emergency and then he showed up at the emergency and the security had to ask him to leave. She came back to the shelter and she turned on her cell phone to get one phone number from it and then that is when everything went crazy with the phone and then half an hour later his car shows up. So we had to find a way to get her into another vehicle to shift her out to another shelter and she never turned on the phone again.. He sat outside the shelter for days. He came to take the children once. He came right in to get the children so we didn't have the kids outside anymore. I don't know what his intentions were. He had a lot of, he had done a lot of work ahead of time to be able to track her if she escapes.*

Despite the growing acknowledgement of the usefulness of outreach and home visitation, it is not the norm for mainstream service agencies to go into the community to meet and support clients.⁵⁵ Also, outreach efforts need to be highly planned and cautious so as not to expose victims to further escalated violence.

[SP 19] *And so how do we reach them? That becomes the big question. We do have different ways that we communicate with people but they have to connect with us first. So that's when I saw while someone was out in the community, sort of attending some social things that were happening then they would be seen by everybody. But I know what you're saying if a woman gets singled out for going to talk to this person at any length. But we have things for safety plans that are not obvious to the abuser so I think that there's ways we could try and see if it works. We are very cautious here*

so we are very careful not to approach anyone that we see outside the office and let them come to us and we are aware of the confidentiality needs.

[Interviewer] *It's a beautiful bind to be in, isn't it? When you want the word to get out there –*

[SP 19] *Oh, yes. It is definitely and the people that reach out and then back off, those ones are the really hard ones because we can get them connected to the police, to the domestic violence intervention teams [partnerships amongst social workers and police officers]⁵⁶, to the Crown prosecutor and they change their minds and decide they don't want to do that right now. So we try and do as much as we can sort of in the moment just what while we've got them. And if they decide not to proceed with what we have to offer them, and that's okay. We have to respect that too. But it would be interesting to I guess follow up with them later and see what their reasons were for changing their minds, I'm sure that there could've been pressure, the situation became too dangerous to leave because leaving is the most dangerous time and we all know that. It's a tough one. It's very tricky.*

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**[Interviewer]** *Correct me if I'm wrong. Victims of abuse might be afraid to leave the home right? And that is regardless of any so-called culturally associated practice of seclusion of women?*

**[SP 22]** *Yeah. Absolutely.*

**[Interviewer]** *They might be monitored and surveyed by the abuser.*

**[SP 22]** *Yeah, yeah.*

**[Interviewer]** *That too is a factor in coming out to the office yes?*

**[SP 22]** *For sure and if there's any challenges, any barriers to getting there like no direct bus route to [Indiscernible [00:25:34] center, that even makes it worse because then it puts them in a vulnerable position over and over and over again because they have to transfer, they have to figure all this out, they have to... if they're calling from a cell phone to find out where you get it or whatever, there's information can be traced. There's yeah. Well and part of my role when we're doing the transition specialist is that I was able to walk my clients through things that they needed to do. So when she needed a cellphone I took her down to Telus and we picked the appropriate one and signed up for the appropriate plan. I took her to the bank to set up online banking which took three times because of the language barrier. When she phoned in when we were trying to set it up, she'd get locked out because she didn't answer the questions properly. So like I was able to take her down and a lot of people are saying well you can't hold their hand. They need to be able to do things on their own but this client couldn't. Not that she didn't want to, she just didn't have the ability without the extra support. So our frontline staff don't know always have that time or recognize that they need to be doing that with their clients. That's part of our role now too is talking to them well if you're asking your clients to do these things, how are you supporting them doing it?*

Service providers consistently emphasized the need to avoid loaded words in conversation with the client whether for risk assessment and management or supportive counselling. The tactical and tactful use of language is essential as help-seekers who have normalized their abusive experiences may be unreceptive

or uncomprehending of trigger words such as ‘abuse’ and ‘violence.’ Service providers also confirmed that the use of such words should be avoided in social marketing tools.

**[Interviewer]** *In other conversations, I was told that for workshops or meetings or consultations with groups we shouldn't ever talk about ourselves as family violence groups. People won't come. They are frightened. Some are frightened of being seen there.*

**[SP 18]** *Absolutely. People tend to come here and they'll say something is wrong. I don't know but something is wrong and through that discussion we'll start to point out actually, did you know that this is what we as the health professionals would call it. This is our standards here in Canada. It could be different for you and that's okay. We just want you to know kind of our values that when we are working with you, this is what we believe in what we think. So we want to respect who you are as well and have that conversations, so it's something for you to think about. So what we do too is for example if my colleague was seeing a client, she might say, did you want to come back and continue that conversation next week? Because I'd love to continue this conversation so which is very careful to recognize that just putting a label on something may not be appropriate. The client may not be ready. We understand the stages of change. It can happen for a client.*

**[Interviewer]** *Yeah, and it is a fact that quite a few survivors of violence normalize their experience.*

**[SP 18]** *That's right. So that's why we also know that and our risk assessments are embedded in the conversations that we have when we are beginning our single session therapy. We have some sort of tricks and tools to kind of get into that -- what's going on with them in their supports. So that we can kind of evaluate that without being obvious because if you -- one of the things we don't say or you say because that means nothing. I mean what is safe for you? What is safe for you? It doesn't mean that we use specific language to try to get out of underneath to have conversation.*

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[Interviewer] *It's also something for some reason I'm thinking of this, a victim or survivors if you will often normalize their experience.*

[SP 16] *Yes, all the time.*

[Interviewer] *For example a victim of violence may say that oh he doesn't hit me. He just pinches and squeezes me sometimes.*

[SP 16] *And that's why it's a conversation. So even though people say no, the conversation then happens about then can you tell me about your relationship and what is your relationship look like? And can you tell me some things, what happens when each of you get angry? What does that look like? So you start to sort of unpack that a bit of really trying to get a sense of what that's like and then you can get some feedback because people are not going to say and that's why the question wouldn't be is there any domestic violence in your relationship? But have you felt unsafe? Are there times in your home that things haven't gone the way you've wanted? So might what that-- You start to really try to question and imagine that whole setting.*

[Interviewer] *And these are the questions without using blunt tools as what they say?*

[SP 16] *Absolutely. That's why it doesn't-- I think tools are very important like the B-SAFER is really important. But what they do is guide a conversation. If you have-- If somebody said it was fine. He just threw me up against the wall and well yeah he had his hand around my neck but he was just holding it there for a minute because he was really just throwing me against the wall. So then you go okay so that was strangulation. That's where we're starting. This is as you say so normal that I can't see that it's unhealthy let alone where I'm at risk for my life.*

Help-seekers may react to trigger words with rejection (seeing these terms as incompatible with their view of their life situation) whereas others may take them home with them to repeat them in front of an abuser, thereby gravely exacerbating the danger of violence.

[Interviewer] *It's also fact isn't it that people who are abused to stay sane, maybe they normalize what's going on, something so painful. Isn't there a clash then between telling someone they're right and they're like, "But there's nothing wrong with me. Why are you telling this stuff?"*

[SP 19] *Right. We never tell people that they're in an abusive situation. We offer them information and offer discussion and conversation about it. Ultimately, it's their decision, what they decide to do with the information. So even the Bill of Rights, I would just hand something like that over in a package with general information. Here's some information for you and they're everybody's rights so maybe even your husband would like to have a look at these. There's different ways I guess depending on the situation. If we're out in the community and I know at PARIVAAR [Peaceful Alliance Rejecting Injustice, Violence and Advocating Respect; Edmonton coalition against violence, with a focus on South Asian communities] we just gave packages out so whoever came by, we just gave them a package so everybody got them so there's different ways I guess to get the information out. We just have to be a little bit more creative maybe.*

[Interviewer] *So the message is don't go calling it abuse and violence to the face of the person undergoing it. It's not going to work.*

[SP 19] *That's right. I know that different people have been -- they come here because they've been told by other service providers that oh, I need to get out of there because I'm being abused apparently but they don't think that's true. But yeah, they're working with us which is very interesting so maybe on some level they know what's happening, they just don't want anyone to be telling them about their situation. It's interesting.*

[Interviewer] *It's very indigestible fact.*

[SP 19] *It is.*

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**[Interviewer]** *The words are important now a word like abuse, if a case worker or a counselor uses the word abuse to the victim, it can backfire for her.*

**[SP 26]** *Absolutely.*

**[Interviewer]** *Tell me the ways it can backfire.*

**[SP 26]** *I've seen it backfire probably mostly in my work with victim services, because at that point you are even more acute than the situation you are in, right here right now. Because you are at the hospital, you are in their home whatever, and you bring up that word, and they are still protecting and they haven't even got that place in their head. And so they often see abuse as worse than they hurt, and that's often what I see. Is that he didn't beat me up, it's not abuse...*

**[Interviewer]** *Normalized.*

**[SP 26]** *Exactly, well he did take all your money; you don't have access to your driver license, he tied your passport, that's all abuse. But they don't understand the level of that word, so it can completely backfire because it is what they take it as, is you telling them what they are experiencing and that's the very worst thing. But at the same time you have to give them a word for what they are experiencing, how do you do that, it's a very, very tricky road.*

**[Interviewer]** *So what do you suggest to people instead of using the abuse word loosely, which might well be but you can use it so...*

**[SP 26]** *I'm always very careful when I ask a lot of exploratory questions, if I'm getting ... often when I'm in and somebody has been brought in, the police has already been involved, they are often telling me she is resistant that's what I hear. Well she is not necessarily resistant; I don't know what is resistance? I don't know if we even should be tossing even that word around, so what I do I sit down, and ask a lot of questions around, did you ... did this occur, has this ever occurred and one of the things like we will have at the shelter we've got literature that very clearly explains the domestic violence, the cycle things like that. And often if we have it there and we start to identify all the things she is experiencing, I don't have to tell her that she has been abused, the papers telling her she has been abused. We are just identifying all the things that have happened. So there are lots of tricky ways that you can get around that, without actually saying okay you have been abused, and you need to face up to it, because that's not going to work, it's never going to work.*

While service providers saw the value of strength-based approaches and of empowering clients they also pointed out that the process is complicated, in no small part by the profound normalization and socially generated 'duty-oriented' and even fatalistic perspectives of the women living with abuse. In all events, the service provider should avoid a messianic perspective or approach in attempting to empower the woman or to discuss her experience.

**[SP 2]** *I think it is a very sensitive issue. We have been discussing with different organization and on our own level also, we think that we have to save them. But to tell you the truth, you know, some women are not ready to help the women because of the religion and some religion -- the women have to be submissive. Whatever he is doing, the women have to be submissive. She cannot speak anything. Right? We have to take that idea out of her mind. As I said I am not going to take the name of the religion but in some religion, you have to be submissive. You can't say anything to your husband whether he is hurting you, insulting you, you have to be submissive. But slowly and gradually, what we have started from their own religion, we have taken out the things. Then there is a time that we have to respect the women you know. It is very -- Again I'm going to give you an example, this young guy highly qualified, highly, highly qualified. Husband has been very, very abusive. He used to hurt her everyday but still I love him. I love him. According to my religion, I have to be submissive. One day I have to take out some verses from their religion and tell these women no, it is not acceptable and no religion tells you to disrespect the women. Everyone teaches us to respect the women. It is very difficult to bring these things from the mind.*



**[SP 18]** *It may not be safe too because if she marches home and says to her people, the counselors told me that this is what's happening that she could get slapped across the face. So we're also very conscious of not empowering our clients too fast so that they don't march into their home environment and get any more trouble. We have to be very careful with this empowerment piece because we don't want to make things worse for them. So that's why we are cautious and that's one of the problems with the funding is that we are not aware that -- it isn't like a quick fix. It's just information. It's a process where we are figuring out the safety which can change hour by hour. She gets -- we know that the most dangerous times when she starts speaking out, when she starts thinking about leaving, when she starts saying you know I have these rights. This becomes very dangerous. ... It's if I talk to a counselor and they told this, you know then you are not like that to that counselor ever again. So it's the other thing we are conscious off, right? It's making sure that perhaps the conversation isn't about the abuse but it's about your self-esteem so that they go home and say the counselor says I should go back. I have a really low self-esteem. Yeah, you should go back. They are right. That's creating that relationship. We've had clients that we pretend the issue is parenting or grief or anything like that in order to get them to be able to come back. The documentation says that they are the one who followed the problems so that they will be able to come back.*

Counselling phrasing (in any language) should be non-triggering and non-directive. Adequate training is crucial for the provider to understand what the client may be facing. It is important to understand that the victim may have normalized the violence; counselling must be non-coercive and non-directive but must also offer ways to enable the help-seeker to recognize the features of their situation and take the next (uncertain and often retraced) steps out of violence. In a situation where an isolated and abused person is meeting one counsellor with no exposure to second or third opinions, there is nothing to offset the imposition of the counsellor's biases on the client. In this sense, counsellors too may be unwittingly complicit in violence. The lack of training amongst mainstream service provider is associated with the risk of clients' revictimization, with unexamined patriarchal, privileged, 'white male' ideas and perspectives creating power differentials in the counselling setting, and leading to very biased and directive counselling. Many sufferers seek out free counselling services (they cannot pay for services because the abuser keeps tight control on the purse-strings; in, addition, any expenses have to be explained to the abuser and expenditure on counselling and other services can lead to detection and violence), However, free or low cost psychosocial counselling or legal services may have long wait times and may not consistently provide quality service.

**[FG]**

- *Didn't have a specific risk assessment tool to measure safety risk*
- *Lack of coordination: difficulty connecting with front line workers, crisis centres, lack of political action.*
- *Lack of education/awareness*
- *In trying to collaborate with other agencies, they weren't trained enough on what it was*
- *Education is needed; Roundtable training, agile information sourcing to bridge gaps.*
- *To better serve needs, need better counselling services. Quality mainstream services: short-term counselling.*
- *Agencies are not ready for that- always a barrier because the needs are not met, waiting lists or fees.*



**[SP 20]** *I think you just have to keep finding ways in working with women that empowers them to think a little more broadly with their situation because for many immigrant women, when they first come here, they will say things like well, this is part of my culture. That's their belief and then they sit in group and they listen to the other women and women from different cultures and to try to help them see that family violence is in all cultures and it's not okay. That in their culture, there is also people that are not experiencing domestic violence so to help them look at that a bit broader. Sometimes, when they first come in they also say it's sort of part of my and culture and faith and then we sort of help them look at the bigger picture around them and in all phase, family violence isn't okay. So to try to get them to look at the bigger perspective and in that way, I think it does empower them too and in talking to other women about the similarities of the situations can help too.*

Participants indicated that even when help-seekers deny that they need greater interventions, they may be open to conversation about the violence to their children or other close family (keeping in mind that violence often has multiple victims, not all of whom can seek help). In the final analysis, however, the service provider has to support, stand by, and allow the help-seeker to trace her decision making pathway (no matter how much that decision is affected by overt coercion, normalization of violence, and pressures from family and others). Nevertheless, the service provider must recognize that the client sees her experience through *her* lens, first and foremost. The service provider should not privilege her specialist training or her own social background and impose related phrasing and concepts on the client. Training is important to foster the service provider's capacity for self reflection and critical awareness of her own power and privilege.

**[FG]**

- *Personal connection is key, do if it's not you, must get someone else or from [service agency] to try. Trusted friend or service can help with language.*
- *Professional but open conversation.*
- *Allow to tell their story- listen.*
- *Confidential environment.*
- *Being judgemental - they will shut down.*
- *Due to the fact that it is normalized- you need to show the victim there's another way for an out.*
- *Ultimately it is the victim's decision in order to make progress or get out of situation*

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[Interviewer] *Would you ever use a term honour-based or honour-related related violence?*

[SP 18] *Probably not because I wouldn't know enough to understand -- like I am not informed enough.*

[Interviewer] *Even if you were convinced. Say if you were convinced that this is the case and it's the same thing I'm asking because if -- would you use the phrase to the person?*

[SP 18] *Again, because I'm not informed enough. I would -- I think that would be good practice. Obviously, it's now coming up for me that I don't have enough training to know what would be specifically calling with that. I think we all struggle with what's the right language? Is that family violence? Is that interpersonal violence? Is that dating abuse? There is a lot of words also that are being put out there which someone might identify with. Someone might not identify with, right? So we are starting to figure that out. What we would talk about perhaps is that there is something that's impacting you, something seems to be unhealthy about this. Do you want to talk more about*

that and how it's impacting you? So we start -- try to start carefully with that conversation but I personally would not use that language because I don't know enough about it.

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**[SP 16]** *I think there's so much to there's so much to piece of education because we as Caucasian white women if you look at being able to understand other people's culture, it's really being open to that understanding and realizing that the assumptions you make others may not be true and so it doesn't add like culture's one, race, income. There's so many differences in reaching out to those differences and being willing to be informed. That to be is the foundation and sometimes we do shortcut because there's so much in our plate and we look at what's coming in the door without pausing and being reflective about the practice that we do.*

Time is crucial for implementation of all stages of the 4Rs of the client-centred approach. During the process of providing support, the service provider may need to go above and beyond to stay connected with the client so as to unobtrusively accompany them on their slow and hesitant transition out of the abusive situation. The vignettes below illustrate the need to stay with the client during the process of risk assessment and onward referral, which can be tortuous and frightening for the help-seeker. They also illustrate the role of the case worker as a socially adroit go-between who forges interpersonal connections between herself, the client, and other agencies in order to win and retain the client's trust, to 'negotiate' the client's access to scarce resources (e.g advocating for access when the client lacks stable status), as well as to ameliorate clients' well-documented fear of mainstream agencies, including the police.

**[SP 15]** *We just have the risk assessments as first identifying their different abuse, their physical, emotional, sexual, and then give some examples at the end. It depends on the clients, like if they want us to go over with them, we just go over with them each by each. Sometimes they can't figure about examples and we have to like kind of stimulate them, "Okay. Is this happened to you?" But because we've put it in our language, so they can read it for themselves. So sometimes they like to read it themselves and reflect on their own. We'll give time for them to do it. So it depends on the client's personality.*

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[SP 6] *We would do supportive referral so if we need to go to the police, we'll take the client to the police and have them fill the restraining order and then from there, maybe take them to shelter and see if they can get a place. So we don't just say hey, go to the shelter or go to the police and do this and do whatever because they might not be in that place to be able to do all that for themselves.*

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**[SP 15]** *I told my client that there's a space in the shelter for her. I say like, "Why?" And then she says, "Are you going to send me over there? Don't contact me anymore." I say, "No. Maybe I'm not speaking clearly. I say we have ongoing support and we find you a place to stay there for the safety of your child and I will go over and visit you and then we'll work with the worker over there. It's not like we throw you under the bus or just to other people." They're really afraid of being abandoned. Of course they are being abused so long and then they don't have the trust and then they do the safety things inside. I understand, but sometimes they say, "Are you referring to people that don't -- I can't even call you this?" "No, I didn't say that." Okay because in their mind it's very chaotic, so they may not understand all the information in one session. So I kind of have to remind them. "No, no, no. Okay, let me talk. So I'm not working like that. We cooperate with other*

*people. We work together for you. Now, you have two workers, not one worker.” So they’re kind of, “Okay.” There are people, “Oh my God, I just feel so relieved that you are not leaving me.” I’ll say, “Yeah, not now. Unless you don’t need us.” ... We assist them to have many kinds of transition to the shelter smoothly. So they really need us to help them to get all those risk assessment done before they go inside. Yeah. And sometimes we have to advocate for them. Okay. The clients are eligible but like, oh, she doesn’t have status.[1:00:03] Usually, there’s only the second stage or [1:00:07] [Indiscernible] they would take the immigrant woman but sometimes they don’t have space and we just negotiate it, “Can you put them to...?” It’s the good thing to get networked with other people or getting professional relationship with them, with workers from everywhere.*

For immigrant women, this journey, which requires careful safety planning, is complicated by language barriers (with safe, non-partisan and reliable interpreters not always available<sup>57</sup>), inadequate or no financial backup, fragile immigration status, and worries about the opinions and perceptions of their community reference-groups (in Canada and in their countries of origin).

*[SP 8] Sometimes they may be resisting partly because they don’t know what the future holds for them and also not only that they may trust you but then they also have to think about their surrounding, their church and the community and also the family overseas. So, they have to kind of really do the thing that they have to do before they can take the steps. But depending on how serious it is, it is also for us to kind of give them bits of pieces of things that they need to protect themselves, they need to protect the loved ones, the little ones who cannot be protected. So, we give them information and safety plan as we talk and within the safety plan that they tell us is workable looking at the family tree. Where can you go if something happen, if they’re not ready to move fast. But when they are ready and they say, the middle of the night or Saturday, Sunday, who they can call. Of course, always they can call us but also the system. Also sometimes when we fear and that there’s more risk than they can think of because they probably live with it for so long that they feel it’s normal then we would actually sometimes start taking them to the center because we need that kind of system support because it’s also to make them understand that they need to see it in a way. It’s not just going to be just a cultural issue but more than that, it’s also really safety. So, we actually take the issue more than our agency. We want to go somewhere else and get second kind of support and ideas.*

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[SP 21] Domestic violence, severe domestic disharmony so then you throw in the additional challenges okay for someone that doesn’t speak the language, for someone that comes from a patriarchal society, for someone that comes from a different faith. You know, where the beliefs of leaving the family unit in itself goes against everything that they’ve learned from being a young child right. And to make those, have to make those particular choices all of that it never got to that place overnight nor will it be addressed overnight okay. It took time to get there and it is going to take time to make those appropriate changes for that particular individual and keep them safe at the same time. The problem is our systems aren’t set up for it.

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*[SP 22] I think you have to meet the client where they’re at. Because you can tell them well you need to access this support. You can say okay I understand you’re not wanting to talk to them [the family] about what’s going on but let’s maybe just try to face to face out in the community and see if you can engage with that person. But if they’re not willing to do that it’s a waste of time and energy and it demerits your relationship with the client trying to push them into something they*

*don't want to do. I think the biggest barrier sometimes is being able to communicate if English is sometimes a second or a third language with the individuals that we're speaking with. We're thinking a lot of our staff think immediately well as long as we get an interpreter we're going to be fine, not understanding that that interpreter may have connections that the client feels is unsafe right?*

Unfortunately, any prospect of implementing the 4Rs face constricted service models and organizational resources. For instance, limits on the number of sessions available for counselling are a serious limitation for a client centred approach in which the evolving risk to the help-seeker can only be addressed through reconnecting. Lack of funding, personnel, and short-term service models combine to prevent reconnection and long-term follow-up.<sup>58</sup>

**[Interviewer]** *On that question, did you get updates or information as to how those cases were resolved or what happened further on down the line?*

**[SP 18]** *Yes and no. In a couple of -- In one case, the client did walk in again and she had actually moved out of her father's home. So that was important for her and her safety. Another case, the client continued to receive therapy about coping with her family. So yes and no, these are not simple situations. So it often involves some supports from many resources for the clients. Because of the nature of our work which is walk-in, we don't know when clients will come back. It makes it difficult to know exactly what happens before that.*

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[SP 26] *And I get frustrated with the time frames. From a counseling stand point, I'm very frustrated because there is no real ability to go anywhere, to have long term counseling which is exactly what is needed. I was at this sexual exploitation conference, and somebody said there that they do some counseling long term but it's kept at a number, and it's always full. Well that doesn't help us. Third frustration: I think systemically this is very much a frustration.*

Client centred approach needs time for the service providers to debrief to prevent burnout, enable decompression, and consult and share knowledge with their teams.

[SP 17] *Burnout, compassion fatigue, funding. those are all very real concerns. You know what I would say based on what I know about [AGENCY] is that they've had a very, very limited -- I don't know the exact rates or whatnot but this is the year out of -- I mean there was a staff for six years, a staff that had four, another staff that had three and so I think that historically there hasn't been a lot of turnover. It's a very small team though too mind you, right? So I think we're only at a team of six, right? So it's only this year though that the staffing is really turned over and not supported, maternity leaves then anything, right? So yeah, but -- so those are real issues, the turn-over that [AGENCY] is experienced hasn't been really as a result of those issues. And having said that, I think a lot of the reason why we may be having experienced the turnover and whatnot is because the agency places from what I can tell a very strong focus on self-care.*

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**[SP 25]** *So the last three years since I've come here taken some concrete steps to pull us together by doing workshops, especially bringing all the frontline staff together to kind of see faces. So when we phone each other we know who is on the other end that type of thing. So we do a lot of work here as to some of the self-reflection you know, what is our need that we're meeting when we do the*

*work that we do. So we do sharing circles with the staff quite a bit to look at those types of issues. Do we become a barrier to the thing that we're trying to do....Compassion fatigue and burnout all of that really happens again my thoughts is when you don't have an outlet to talk, to really unedited conversation you know, kind of vent. So then you kind of make it pile up, pile up, pile up, pile up, pile up, pile up. You go home and really you can't really talk to your spouse because they really don't understand the work that we do. So we try to really create a place of just that was a tough day how do we manage that? Like yesterday's day was quite tough so I just checked in with the staff to go okay, what are you going to do with this information. You know, how is it fitting in your spirit? How are you doing emotionally with all that stuff. So even to create the space to even talking about it and acknowledging you know it's been pretty tough stuff that this mom is sharing.*

Generally speaking, however, time needed for self-care is at a premium for overworked, under resourced, compassion-fatigued staff at service agencies that are constantly battling resource constraints, budget cuts, and prospects of layoff in an increasingly challenging funding climate. Funding challenges and resource constraints are challenges to continuity and sustainability, which in turn means clients may be shunted amongst case workers. This in turn has implications for the relational aspects of the client-service provider contact, in particular building trust and rapport. Some providers suggested that staff continuity does not impact their services, as the service model is geared to a 'short term' mode of contact with clients. This short term model does pose challenges for sustained connections, accurate referrals within that brief time frame, and follow-up on client progress.

**[FG]** *How much does one service provider deal with the case. As a service provider I may have only four sessions to address the person and ensure they are connected to the right services in a way that is dignified (without having to tell their story over and over and be retraumatized).*

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[SP 17] *We are a very short termed resource though, I don't think that necessarily that continuity is as important in a short term service than it would be let's say in a longer one when you are working with a client for three or four months or one or two years, right? What we're providing is a maximum of four sessions, one-and-a-half hour for the first one and then any two, three or four an hour, right? So even if I think we had a high turnover of staff, I'm not sure that that's going to necessarily impact client care in terms of the in and out cycle that sometimes clients can experience because of changing workers. What it does though do, if you had higher I think turn-over is that it really places pressure on training new staff, right? And getting -- investing in the -- developing the expertise and the knowledge of whatnot and that's maybe where client care is definitely the sufferer, right? So, yeah.*

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**[SP 26]** *We are only a short term 21-day stay, the mandate is basically get them in, get them housed, and connect them and keep them going. So our mandate is not necessarily to sit and figure out long term what's going on. That's not the way the government has set it up, so certain things like this scale, we refer probably more than 50% of our clients to the Today Center, so they would be getting a longer term at the Today Center not necessarily with us. So why we are making these referrals is because we are seeing there is a need for them, but we don't have the capacity to do it within the 21-day scale.*

Turnover is associated with erosion of client-agency connection and trust plus the effort and expense to train up new staff. The implication for clients is that they may return to the situation of risk because of

systemic gaps that lower standards of support and care. The other implication is that endemic staff shortages enhance caseloads, prolong wait times, and thereby indirectly increase the risk faced by frustrated help-seekers who return to the situation of violence.

*[SP 21] What it does though do, if you had higher I think turn-over is that it really places pressure on training new staff, right? And getting -- investing in the -- developing the expertise and the knowledge of whatnot and that's maybe where client care is definitely the sufferer, right? So, yeah. ... Right now our front line is very strapped. There's so many vacancies out there that the workers have too much to do with not enough time. That's why they're sometimes things are getting missed or things are getting, they're not able to help the clients or like be able to support them in the ways that they should. Agencies get a certain amount of from the government to do all these services and really in a sense time is money right. So to spend the time with clients that really needs to be done in a lot of these cases. [00:45:16]The difficulty is that family violence even more so now but family violence is complex.*

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[SP 26] The three biggest challenges would be the complexity, and the time of accessing social services. That being said, I'm not going to throw them under the bus and say they're not doing anything about it. We are meeting with them frequently, and we are trying to set up a better system. Human Services is overhauling everything with our new government, in a desperate attempt to make it more user friendly for Albertans; that's global, that's just not for shelters. So I do see progress being made there, but it is certainly probably our top frustration; is that we can't get them what they need quick enough. Our second frustration would likely be, I suppose, everybody's backed up; so we can't get anybody in fast, and that becomes a problem. When you have violence and you've got somebody who's fleeing and other people nattering at her; if you don't get her into another support network very quickly, she's going to go back. ... I don't know if everyone would identify with this; but what I identify as a frustration is the complexity and the level of women fleeing violence, it has superseded what we think it is. And really this has nothing to do with Alberta Women Shelter, it's... we are talking about it. The government thinks, "Is this...we're seeing this?" And so how do you ever correlate that, when what's walking through your doors is so far more complicated. So...and there's always discrepancies aren't there like that; in every system what we think we see and what we're seeing, are two different things.

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*[SP 2] Oh, they say 'we are busy. We have so many clients. We are very busy and it will take maybe one month.' The person is dying today and you are giving her the date after one month. We don't do that because we can leave other the things but we are going to look after that girl first that is a main concern for us. It doesn't take much time. Once it was only 45 minutes I took. I remember my director was very, very angry. She said this is not the way to treat the women. They have so many staff workers. It was easy for them to look after that girl. Again the big problem with the staff or we have so many staff but they have to wait at least one month, 15 days, one month. A husband is killing her today and we are waiting for one month, you know?*

The following vignette illustrates how short-term project funding impacts the continuity of effort, communication and trained personnel essential for the 4Rs of the client-centred approach as well as for wider community-agency connections to prevent violence - in this context, through linked programs of home visitation and ethnocultural community engagement. The participant eloquently described the link between short-term project funding models, staff attrition and turnover, repeated losses of knowhow and

effort on training new staff, as and when the next batch of short-term funding becomes available. The preponderant short-term funding models in anti-violence efforts are geared to truncated project time frames. This has adverse consequences for the sustainability and durability of gains made from past projects for violence prevention.

**[SP 14]** *I mean all of the projects that I do because I've done so many different things and most of them are short-term because they are funded as short-term projects. The two that I'm most involved now with like two out of three that are funded specifically around projects. I'll talk about some of the limitations with those. With this [INTER-AGENCY PROJECT FUNDING APPLICATION] it was initially put out as three-year funding. There was like 256 applicants for that funding. I believe they funded 79 projects but they sent it back to everybody that they were going to fund and said, okay, it's no longer three years it's now one year. Everybody had to essentially reapply if you will by adjusting a three-year plan to a one-year plan. How that impacted our project? I mean this was even before I was hired on because of course I wasn't part of that proposal but I was a part of the proposal that we wrote that we wrote at [ANTI-VIOLENCE COUNSELLING CENTER] for the funding that they received because they received the same background and hired an ethnocultural facility specialist over there under the same grant. But is that initially we were going to take the first year in the development of the content and what these workshops would look like and then take the second year to start delivering them. By only having one year, we can't spend a year developing contents because who cares? That means in one year we need to only develop building on the partnerships and the relationships within the communities and then develop the content but also deliver so that we end up having some deliverables in the end. Really challenging to squeeze that all into one year. Of course moving forward we've definitely been given the green light. We can apply for another year of funding but now with the challenges what does it look like? Is that about including continuing to work in the three communities that we're already working and just expand the workshops continue that work, or does that mean that we want to add on other communities and we abandon the three, that was the first proposal that was given to me was next year we're going to pick three new communities and I said I really don't think that's what we should do. Because then literally I would be hiring three new educators and three new communities and that would be end of this project for this three communities.*

**[Interviewer]** *Correct me if I'm wrong but whenever you're working with communities regardless of where in the world they come from, continuity is part of the deal, isn't it? Or it should be.*

**[SP 14]** *It should be absolutely. I'm advocating because I will be a part of writing the proposal for the next year, I'm advocating that. We maintain something even if it's smaller than we're doing now but maintain something within the communities with which we've already developed relationships and add in maybe two other communities. Now we're working with five -- two have about that building grassroots and three that we have now already built relationships with them we continue. Because otherwise it's kind of like we just helicopter in and when we do this thing and then we helicopter out and we say, okay thanks for your time.*

**[Interviewer]** *It doesn't take hold, right?*

**[SP 14]** *Not at all. What does that do? We need long-term sustainability and same thing with the protocol. That funding is really frustrating as well in the sense that. Home visitation was identified in the framework in family violence that was done with the Harper government. They were identified as being in the unique position to be able to screen for family violence because they developed long-term relationships with their clients. Many home visitors of course they're in the*

*home for years they said, home visitor should be able to screen. Hence the funding comes in place. We developed the protocol and now it's strongly recommended that home visitors should screen universally. Our protocol is really about implementing universal screening for every family and then we've also included reactive screening and pregnancy screening as part of that protocol. This funding that ends at the end of March included the development of the protocol and training for all the home visitors on family violence and how to implement protocol. Great! We'll have done 15 trainings across the province but of course the trainings we did in September. Let's say in Westlock. Well I'm sure that here we are February that's probably new staff because there's so much turnover. Here now it goes back to the organizations to train if you will a new staff as they would on all the other pieces that they're going to do but they're not getting that same fundamental foundational training about family violence and the implementation of the protocol. We're essentially now looking at what is sustainability of this model because we are saying yes home visitors need to screen but if we're not supporting them with one, ongoing support of questions, following with the programs and say, how's it going, are you using it, what else does home visitors need? That's one gap is being able to add that support and then the other one is ongoing training. An ongoing training not only for new staff when there's turnover but even refreshers, re-certification every three years or something so that we know not only that it's sustained but that there's some continuity across the province.*

**[Interviewer]** *Three things, so for continuity, continuing education or training also provides the service providers, new training for new providers.*

**[SP 14]** *Then support I think on ensuring that implementation is actually happening because we can say -- because the training is certainly a big important piece but even once somebody has been trained and starts to implement the protocol then there isn't a support system or a net in place now that they can go, okay well we have questions about this. There really isn't anybody in place for them to be able to call and say, kind of even at supervisory level, the home visitors can go to their supervisors but if the supervisors aren't equipped and aren't really sure there isn't really anybody in place that they can call. We're hoping to apply for funding to hire part-time or somebody that could offer support, one to follow up with the home visitation programs to see, are you implementing the program, what are the challenges in implementing the program, what else would you need? Even do maybe case consultations or something.*

**[Interviewer]** *What about the ultimate fragile intangible which is trust. If there's a consent, what about trust for the people whose homes having visited?*

**[SP 14]** *Yes, well and that certainly a challenge and I don't know what the statistics are around staff turnover. I know in some areas across the province it's quite high and in others there's home visitors that have been there for years, but that would be like anything although I think that we have fewer programs, fewer supports in the province and Edmonton maybe specifically but I think it's pretty province wide that are long-term, so many are short term, three visits, four visits, six visits.[0:40:20]The Edmonton John Howard Society with the family violence prevention center. I used to be an outreach worker there and we could carry our files for about a year which is kind of, I mean that's longer term but the home visitation it can be like three years or five years. Somebody could there for two years and I think even if there is some turnover there's still the time to build a relationship with somebody new.*

One participant described the positive, albeit short-lived, experience of a pilot project in which social workers managed cases (some related to HBV) in a relatively intensive mode, with greater time and attention paid to the client and the complexities of the case and to enabling clients (e.g. those hampered

by language barriers) to navigate the maze of government systems. However, the pilot ended and it is uncertain whether the lessons learned were retained for later programs. The vignettes below illustrate the importance of enabling clients to navigate complex support systems and re-establish the value of staff going off-site to the client instead of expecting clients to come to the agency.

**[SP 21]** *We worked together on a pilot project which was the family violence client centered supports response. This was something that came to our attention on a number of occasions of files that we worked with at the time and some of the complexities and challenges. My colleague's role at the time was to provide a wraparound service to the clients to help them navigate primarily the Government of Alberta systems but in working with many of the ethno cultural clients, it was beyond just the Government of Alberta systems. It was all systems having to help navigate all of the systems. So my colleague had some pretty hands-on experiences in relationship to what we're talking about today. And so it's really being respectful of where they're at with the one that my colleague is talking about. My colleague was respectful of that and learned to communicate in a different way with this client where they didn't have to bring in someone that she didn't feel that she could be open and free in what she had to say. I think these are some of the challenges is our front line staff have a significant pressure around well we don't want you spending too much time on these files. Okay. So when there's something that appears relatively minor well let's just get this out of the way not understanding that the benefit that my colleague had when we're working on that pilot project was she could take as much time as what she needed to work with that client. Like my colleague was never pressured that okay you need to close up that file and go on to a different one. That's not the case at our front end. Okay.*

**[SP 22]** *I was also able to expand my role somewhat. I wasn't just doing one thing. Like there is no definition of where I needed to stop. I was able to take clients or be able to help clients meet their own needs so whether that was driving them to a hotel or taking them out into income support. Whatever you needed. So there was no slap on the hand saying you're no, not allowed to do that. This particular individual this one individual had ten children. Right? So what our systems are set up for is except for children's services but if you're working at Alberta Works<sup>59</sup> or if you're looking at any of the other services even maintenance enforcement or Capital Region Housing which is in a Government of Alberta thing the expectation is that you're going to come to the office. Right? And for someone specifically and here again even though these are barriers that people that originate from within Canada can experience okay the challenges are that much greater if you don't read that language, if you don't speak that language. How do you find out what the bus connections are? We were working at the [center] there are no great bus connections to the [center] How do you get there with 10 children or even five children because five of whom are in school? I had the ability to go out and meet the clients where the clients were .... Well that was just for that pilot project. There's no longer the pilot project. So there's no longer that role.*

### *Cultural Competence and Cultural Safety: Gaps and Solutions*

Training in cultural competency is essential across service sectors, but is especially important when the client is a sufferer or of violence and grappling with diverse forms of vulnerability.

**[SP 15]** *Of course it [Cultural sensitivity training] is very important because if you don't assess the culture first, the clients will not engage with you. So it's kind of like you don't need to provide service because they're just, "Okay. You don't understand me. I don't need your service because you don't understand me. You can't help me."*

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[SP 29] *So our training is about accepting whatever that person presents to us and with... as that. So that's cultural presentation, like what you can always do. Don't laugh at them because they can't speak English, in fact we... often they can speak more English than they think they can. And we encourage them because they say they can't speak English, they'll tell us they can't speak English and I say, well that's okay. It's about language, it's about understanding identity that is integral to a human's being. So yes, do we talk specifically about cultural dress, in our training? No, what we do talk about what walks through the door is fine, and whole and human the way they are regardless of anything.*

Culturally competent engagement with a client builds trust, enhances capacity for clients and providers to stay connected, helps service providers to avoid serious gaffes that breach connections, and enhances the client's receptivity to what the service provider offers. Appropriate relational engagement counteracts, to some extent, the risk of the client's re-victimization and the return of the client to situations of abuse and violence. Cultural competency is related to timely intervention and safety planning. Beyond knowing what specific cultural preferences women may have, it is important to understand the specific dynamics of family and the networks in which violence is enacted, suffered and survived. In shelters for example, cultural competency is tied to cultural safety - making sure that a person in shelter stays for the small time allowed and doesn't head back to the situation of risk purely because she feels unwelcome and unsafe in shelter. Cultural competency is also needed as part of the healing and trust building process. Cultural safety (and the help-seeker's sense of it) is key for a client-centred approach and to retain and sustain connection with the client. Intake and counselling should be cognizant of the psychological ramifications of terms of address, especially in cases where gender identity is linked to risk and violence (emotional and physical). It is important to understand intercultural variations of social etiquette in order to make and sustain connections with the client. Such understanding helps facilitate conversations around sensitive topics (e.g. sexuality and abuse) and steps against violence.

[SP 5] *I think what it comes down to is knowing when is the right time and what are the right questions to ask because the majority will come with, in social work we call it a presenting problem. But it's like the tip of the iceberg and there's this whole whack of other stuff underneath. And as you develop rapport and a trusting relationship with the person in front of you, more and more of what's down below starts to come up.*

With reference to HBV, cultural competence could strengthen the service provider's understanding of (i) how patriarchal family dynamics are yoked to a collectivist focus on maintaining reputation and the corresponding gender violence (ii) how this linkage plays out in diasporic context (iii) how survivors of violence should be supported to understand and navigate complex and alien systems in which continued trauma and victimization are very real prospects.

[SP 15] *I think cultural sensitivity training it's really, really important because kind of like we have the sensitivity to the cultural dynamics. We are talking about the face thing, right, the family's reputation, everything, and the dynamics in kinship relationship. If I tell this person and then he will go after my aunt or sister. This really have to be like when we're providing guidance on the safety issues. Yeah, we always have this cultural lens with us. And then no judgment of course because yeah, it's hard for them to understand the system, Canadian system, and then no matter the welfare system or the justice system, they're just alien to them. So the cultural sensitivity is really to make the clients build the trust and make them comfortable to disclose their difficulties, life difficulties to you. ... It's crucial. It's a gateway, right? The sensitivity part is like, it's not only cultural, it's also just if they feel like you are not open enough to them, if they feel that you're doing this indifferent, not engaged enough. How do you handle all that? Things like eye contact or attentive listening and giving feedback, non-verbal or verbal, body language, like you say, or*

giving some times for pausing, stopping for [0:40:20] [Indiscernible] we phrase or clarifying, all kinds of asking question techniques. Like give them, like not pushy. "Take your time. If you don't want to answer that, it's okay." Sometimes we're enforcing that we are not going to report to any police or your information we release. We have to keep saying that. Sometimes it's like, "Oh, if I tell you these things, would you tell the police?" This question come up in just a single session on and on and on because they need to come from that, "Okay, my information is not going elsewhere." So this part is kind of like very crucial for the clients to build up the confidence to tell us. ... For Thai people, you can't touch their head or show your feet. Or some culture, you can't point this finger, the index finger, it's super rude. So Chinese people is sometimes like you can't say -- like some words is taboo. When we talk about risk assessment, sometimes we talk about the sexual abuse. It's really difficult sometimes for them to disclose because they say it's so shameful and it's so private. This needs a lot of trust to tell another person about their sex life. So yeah. You don't ask them, "How's your sex life?" Even Caucasians, right? But when we're doing the risk assessment, sometimes we see that they are not comfortable talking about it. Some people differs, right, different character even they have the same culture. If they don't want to talk about that, we will leave that. "Okay. You answer it by your own. Read it and just write it down." We just don't talk loud but at least we know how serious you're sexually abused by your partner, something like that. So the sex part is really complex taboo for them. Yeah. It's really a good way to be respecting people in different cultures because if you're not -- because all this job is about like -- I won't say like the clients being abused, they're being disrespected for a certain period of time already. So when they come to our program, we want to provide the most respectful environment for them. That's why we ask them to explain all the programs to them and then we ask them for the consent, sign the consent form. If they don't want to, it's okay. If you're not ready, we never judge the people because they have the right to be respected and they have the right to live free from any threats. So that's why if the clients are not comfortable, we say, "Okay. We'll always be here, just one phone call away." Some clients, they come back after six years. They finally got ready. So yeah, it's really -- because there are so many difficulties for you to leave an abusive relationship. So it's not easy for them to, "Okay, I just come out already." They're ready to go. Sometimes they were just, "Okay, I don't want to." I'd say, "It's okay. Just give me a call." Yeah. We just rearrange because we know that sometimes things happen. They are not ready or sometimes the partners discover something that they're seeking help and then they have to keep things quiet down for a little while and then start looking. So it's always like we are very flexible for them.... All our training is always client-centered. And then of course they have bad experience before they come to us when they don't know and then they just asked somebody else in the community. And then they say, "Oh my God, I just have horrible experience with other people." I can't say that you won't have disappointment in our program. It's like we refer you to other service providers and then they may not have the up to standard. I say that if you say something to us, it will not go anywhere. At least have like basically, confidentiality. We can do it for them. Yeah.

In the following vignette, the conversation on HBV-relevant cultural competency led to some knowledge exchange on the extortionate and abusive character of the practice of dowry in South Asian marriage exchanges.

[SP 24] *Definitely in these circumstances as service providers we're finding out that we have a- that we are not familiar with the rituals and cultural beliefs that these decisions are based on. ... So there is such a thing as an arranged marriage and then there's forced marriage. And arranged marriage are culturally acceptable rituals or arrangement and is oftentimes in agreement of both sides and that's not as very abusive. But with forced marriages that is based on manipulation and lies and uncertainties, you know, and it's not necessarily an agreement with the woman. And with the young girl that is given a lot of information, a lot of the information she gets is not based on truth. So she may agree on false information. So when she is here disconnected from her family and*

her home country, she's totally vulnerable and depending on his side of the family here and have cultural beliefs and oftentimes in a situation where the dowry wasn't totally paid for, they feel they have a right to have the young bride work for the family until the dowry is paid for.

[Interviewer] *The interesting thing is the dowry is supposed to be the woman's?*

[SP 24] *Right. It's supposed to be with her.*

[Interviewer] *Dowry or 'streedhan' literally means woman's wealth. Theoretically the answer they aren't supposed to get a cent of it, the marital family but the way it actually works is extortion.*

[SP 24] *Yes. I suppose.*

[Interviewer] *For a lifetime and more. It's one thing when the woman does not die and they make her work like a slave, that's quite often. For a lifetime and then there are cases where they actually kill the woman.*

[SP 24] *Yes.*

Cultural competence and safety also set parameters for the provider's continued engagement with the help-seeker. For example, a counsellor should not proceed too fast and use terms such as 'abuse' and 'violence' that help-seekers may let slip at home and place themselves at risk. Being assertive and being seen as committing visible breaches of silence can trigger violence.

[SP 26] *Okay, I see you are asking for mine, you want to know the difference between cultural sensitivity and cultural safety? Cultural sensitivity for myself would be more about understanding, taking the time to research, actually learning about what's going on and understanding in a way that is not inflicting my own biases, stereotype judgment on all of that. In terms of cultural safety, the way that I would take a look at that would be what is it that I may or may not do that may actually trigger something within that that may flip a switch that's the wrong thing. What do I need to know to keep her safe, to keep us safe, because there might be something that there is, that we don't know about, that we do and say? It is now a safety risk. ... Yes, there are certain things that you have to be careful in terms of encouraging a woman to do ... if you've got a culture that is very, very anti-woman's rights, you can run into trouble encouraging her to do certain things, that might actually push her away. Because she is not there yet, you don't. She doesn't even have that concept in her head, and that could be a safety issue because then she might go back. Right, so if you are encouraging her too much too fast, and she doesn't have this ... I see this with the Mennonite women, too much too fast, they can't ... they lack critical thinking skills, therefore they can't even think for themselves, and its ... I say that and I wish I had a way to explain the incredible complexness that statement is. Because I have never in my life known that there can be people who literally cannot think for themselves. And so you have to, you can't even talk to them really about the abuse, you have to go backwards and talk to them about ... you have to teach them the words before you can even move forward. And so it can be very complicated in keeping them safe when they don't even know the words, or the definitions attached to the words.*

Currently, there are a few specialized certification and training programs relevant to HBV e.g., to create safe spaces for LGBT+ help-seekers. Such training needs to be an ongoing activity, given the staff turnover at service agencies.

[SP 29] The Pride Centre does certifications. So that's LGBTQ companies in training. So once you've taken a certain amount of training, the Centre will say that you have reached the competencies so that you get a...what's called a 'certified Pride Centre safe space' sticker. So that means that person is safe to approach; they're...they've got enough knowledge that they're going to be a safe contact for you and seek support. And then the requirement is you...as an agency have to commit to an annual training. Because the staff change, information changes, information are...identities change all the time. So just an annual update and refresh.

Cultural competence has a close relationship with efforts to ensure the client's safety. The obsessive surveillance measures used by abusers means that all materials and information provided can present a hazard to the sufferer. Even seeking help is fraught with risk. It is thus essential for all information to be either innocuously worded, easily hidden, and readily disposed off when the necessity arises. With HBV, cultural competency becomes relevant to safety planning, once the service provider understands that the dynamics of abuse are made possible by networks, that is, by several people, and safety planning is done in cognizance of this fact.

[SP 18] I've had clients talk about their concern that they are being watched. It's one of the reasons we changed our name from what it was to what it is now because it's a simpler name. It has less meaning to it. A person who could just say that word and then that means potentially nothing. It could be a sports place, it could be a shop, it could be anything. So that's one of the reasons we changed our name, make it simple. One of the strategies that we used that we have a woman who is in an abusive situation is the paperwork that we give them. It's not about abusive or right conscious of that. We talk about anything that we give you today where can you keep it so that you don't -- no one can access that. So we were very aware and sensitive to the fact that what they need here, clients could be at risk. We have two doors. So that if we have to have one client leave by themselves while the other client is here to create safety, we can do things like that. So we are pretty conscious of that. We also -- we think we are in a partner resource for people outside of Edmonton because they couldn't come into the city and then not going to a family violence expert. Again that would give away what they are doing. So we are trying to be more anonymous.

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*[SP 26] Safety planning is pretty specific to each individual based on the cultural issues that we are present... we see presenting. Now, we don't always get all the right accurate information right away, so sometimes it takes a little bit of time. Where possible, we try to have other workers involved who would be able to support the person and we try to be culturally sensitive. We have a lot of different cultures working on our staffing team and a lot of different languages, and so we're often able to draw from somebody in the shelter on a staffing team who understands a little bit more, has a language, has something that they can provide us to help to kind of go through that safety planning with them in terms of when there are larger systemic forces at play, we put more in place, more safety in place.*

In this regard, it is also important for a service provider working in a small ethnocultural community to discuss with the client the safe mode of mutual acknowledgement (or not) if provider and client encounter each other outside the service context, say in a public space.

*[SP 15] Yeah. We teach the clients some of the tips when they go out the community when they see us because we always run into each other in supermarket or churches or some community center. You know, people know what I'm doing in my program. So kind of like I would just talk to the client and say, "If you see me in the community and you don't feel safe, don't say hi to me. It's okay. Of*

*course I recognize you, you recognize me. But if you are not safe with abusive partner or you have family members nearby, you don't need to say hi to me because it's for the safety and for your privacy." I say like, "For sure, I guarantee, I don't feel you're rude. I just understand." So this kind of like give them their peace of mind, it's okay. Yeah, they really appreciate that. And it's always planning, "Yeah. That really helped." And then they would think that, oh, respectful and then they will think that, "Oh, you really understand us, our culture." Yeah, it always starts from the trust.*

At shelters, there is generally a serious effort to ensure a sense of cultural acceptance amongst residents. Steps include the creation of non-denominational shared contemplative spaces that enable much needed quiet and respite to residents in what can be an emotionally dense environment. While efforts are made to ensure that food preferences are respected, first-stage shelters do not allow residents to cook, which is possible in second-stage shelters. Kitchens can be a space for healing and respite, as well as a way for the shelter to subtly convey its stand on diversity and acceptance, and to obviate the possibility of racist otherization within the shelter (which would make it an unsafe space).

*[SP 3] The shelter has cooks that work as closely as they can with the women to try to find out their preferences and need because things are served and the women are not in the kitchen cooking. It will make things a lot easier if they can cook for themselves but. Oh prayer rooms, yes there is a meditation room. So that room has symbols from a variety of different religions and cultures so that is a space that is set aside just as a space for them to go and do what they need to do. Some people pray and some people go in and sit just quietly. So it is a space that is very important. It is very important that women have opportunity to heal on a lot of different levels. So spiritual healing is very important. It is a big space considering the size of the shelter that is set aside for that. So then also you know all the other like the psychological and emotional work that is also very important.*

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[SP 20] Yes, we do cultural competency training. We take different workshops. I send staff on different workshops and conferences. Diverse Voices is a common one that most of my staff go to and other opportunities we've had through the Alberta Council of Women's Shelters that have brought in different trainers and things like that. Yeah, it's been very helpful... think it just helps the staff look at some of the added barriers for our First Nation's families as well as some immigrant families that kind of thing, how to be culturally sensitive. To be respectful of a person's faith. Are there specific requirements for them around their faith that we need to be aware of and to support her with? Even right down to our child care to have multicultural presence whether that's dolls and posters and just to show diversity. When we have a collective kitchen, are there specific requirements? From Muslim women, things have to be halal, just to be aware of what the needs are and that kind of thing. We do it here in second stage celebrate some of the different holidays, whether it's Thanksgiving whatever. But we also include if we have Muslim women in the building, if we want to celebrate Eve, they usually want to prepare some special dishes and just to be as inclusive as we can and sensitive to that and educating others in the group too about that.

[Interviewer] *And am I right in understanding that that's part of the whole process of rebuilding them, their sense of self across?*

[SP 20] Yeah, yeah, and celebrations are important and for many of them, that hasn't been a good time to when there are celebrations or special holidays and things like that. Often, that can be a time when there's increased violence or problems in the home that kind of thing. Special holidays

and things can cause more stress in the family. So they really like that opportunity to have these celebrations with their kids. Oh yeah. Special holidays can be a stressful time in families where there's domestic violence. You can often get incidents and things. I don't know, maybe more family together, more opportunity to be abusive towards her. I don't know what it is, what the real reasons are. But if it's a Christian family, if they're celebrating Christmas or something, maybe there's alcohol involved, so then, there can be problems. But for many of them, there's special holidays or the special holidays are sabotaged somehow because that's part of the abuse.

[Interviewer] *And when I just think I know it all I find out one more shocking thing, this about the holidays.*

[SP 20] *Yeah, yeah.*

[Interviewer] *Yeah, and in the family gathering, I know from India the in-laws and a lot of others are usually there.*

[SP 20] *Yeah and if they start to berate her, maybe the food wasn't done the right way or who knows, you know. It's all part of the abuse.*

One participant remarked that attention to cultural competency too often centres on physical arrangements, such as furnishing shelter kitchens with the right spices, or making them consonant with specific food laws. While these steps are certainly needed to ensure psychosocial comfort, sense of acceptance, and the retention of the help-seekers, it is not enough to stop with these arrangements. It is just as, if not more, important to understand the intersecting challenges faced by help-seekers, for example, the complex dimensions of immigration related abuse and vulnerability. It is important for service providers not to adopt a subtle condescension to immigrant help-seekers as crushed, dominated, inarticulate, confused, and largely or wholly dependent on the service agency. In other words, cultural competency and sensitivity should be tied to an emphasis on recognizing, fostering and enhancing the strengths and aims of those seeking help.

[SP 13] *What I see from women that come to our shelter is that you know we provide transportation services, we have [Inaudible 00:24:08] right. We have diverse relation of women providing the service, right. We accommodate their needs in terms of you know food or whatever but you know this is beyond just having you know different spices in the cupboard. This is not a policy that addresses cultural diversity, no. I mean that is just part of what you do because it makes women feel more comfortable and because they need it. It is no different than a woman who would come to us and say, "I have allergies and I can't have this." Now what I think is important for us is that we have an understanding that women who come with languages issues or immigration issues they need to be helped more so they need more work done with them because they are more isolated. It is more difficult to get them out. There are dealing with more barriers and there is complexities in their stories including making sure that their families overseas are safe. So to us that is where the culturally aware competence is about, right. It is not just about you know making sure what they can cook. No it is about providing her and giving her the understanding that we understand that you are at a disadvantage with all these complexities and therefore you need more time to move forward. So often women who are having all those issues will have more time in terms of their ability to stay in the shelter.*

[Interviewer] *I understand exactly what you mean. This is not just about cooking Halal or Kosher or not. This is about understanding all their needs.*

[SP 13] *Yeah it is not about, “I have curry in the cupboard therefore I am culturally sensitive”, no. It is about understanding the complexities of the issues, the fear of the women, their isolation, their communities, understanding sometimes and one of the advantages that we have in our shelter is that we bring forward agencies that are supposed to be women centered or working with a particular community and they are helpful. You know to give you an example there is a woman who came from Pakistan. She is a Temporary Foreign Worker and she came with her husband they were both Temporary Foreign Workers. She is a PhD woman. She is an educated woman who speaks a different language. But you know of course I think we make a point and say, “Look, that is because of the resource of the community” and we always try to bring [Inaudible 00:27:26] culture you know depends on the communities I think and depends on particular women. And the woman didn’t want to see them again because there was concern about whether the woman was given Halal meat which was not an issue for her because we were giving that. So we can help you get those but she said, ‘Help me find a lawyer’ and they wanted her to sign all these papers that she wasn’t really comfortable with you know.*

The view that cultural competency is often reduced to a cosmetic exercise emerged in the following vignette as well.

[Interviewer] *With reference to the shelter system, a person said there's too much fuss made about separate kitchens or prayer room whereas what women of ethnocultural minorities really need is access to legal resources. They need people from the mainstream services to understand their situation. The immigration situation for example.*

[SP 16] *100%. I don’t know where we got lost or going off on this. I guess that's the easy stuff and to really look at systems and to start to address the needs and responsiveness of a big system and how you do that.... I don’t want cultural competency to be this sort of skimming the surface, they're good, okay I got my course now and I don’t have to change anything else. I've gone and done that and everything's fine.... It's a cosmetic exercise and that's what I've experienced in that when it's called cultural competency. So I think it's about how do we have a conversation with service providers that says how are we responding now and is that helping the people that we see and then from the people, the clients, was helpful, not helpful, what would you like to say to the service providers? Where do you get hang up? Where are the barriers and then start to look at a huge shifting in our practice.*

Currently, there is some lack of shared resources for developing cultural competency. The vignette below suggest a need for scenario training (e.g. revisiting old challenging agency cases to develop such learning material) to acquire competencies relevant to understanding and addressing risk associated with the family and community dynamics leading to HBV. The experience of the Truth and Reconciliation Commission offers lessons on training with more immersive and empathy-building experience to understand the intersectional complexity of HBV cases.

[SP 17] *I mean you learn from experiences otherwise you are doomed to repeat them and I know I have worked in jobs where we do that, right and an incident has occurred and we do. We debriefed that in terms of okay, what might have -- If we have done this differently, would that have changed the outcome or you know let's look at okay, what prompted us to take this course of action over that one, right? Or what would be thinking when. And so we have picked apart those incidences, a great tool to use in any environment, right? I think it's done much more informally than and on the fly than we realized and certainly nothing formal about it but it's not to say that you couldn't make that.*



[SP 16] *I don't know about cultural competency because in my personal experience that hasn't been as effective. It's like you get a stamp of approval at the end and then you stop learning...I know you get your little programs. So I don't think you're ever culturally competent. I don't think you achieve it. I don't think you get there. I think it's about understanding and knowledge and working with people and working with people from other cultures, other background with indigenous people, like you really want to be as respectful and honoring and yet clear about that there is-- understanding that domestic violence is wrong no matter what culture or background you come from. But it's understanding the whole of what affects that and how do you get there. So cultural competency, I don't know. I don't have much faith in those programs. I personally thought the Truth and Reconciliation Commission and working there which I did as a navigator and a cultural support was perhaps one of the best training I've ever had in my life and it was about hearing the stories and being witnessed and bearing witness. So it's that kind of understanding that I think, walking with, walking side by side, learning, but not having some curriculum and trainer in front of the room saying this is what cultural competency means.*

[Interviewer] *Absolutely. I can see the value of being not fully or all the time immersed but the certain kind of immersive experience leading to better learning granted that we have all got challenges of time and schedule. What about scenario training like actually making people into scenarios? How does that? Can you give me an example?*

[SP 16] *Take your earlier example of the 14 year old running away from honour based violence. I think that to me is classic and having-- because the way you want to do in my humble view is open people's world view so you want to be able to go I used to think 14-year-olds live like this. That was my experience. That's my personal experience. That's my neighbor's experience. That's my family's experience. That's my workmates experience. That must be it. That's my world view. So then what you're doing with a 14-year-old who's actually a victim of honor based violence, you're going really? You're broadening that world view and that world understanding so you're offering another alternative. You're saying yes but have you considered this? And I think that what's scenario training can do. It's even better if you have the people from other cultures giving that training, giving the nuances and understanding of the nuances of-- Anyway I guess that's [0:41:37] [Indiscernible] but I do think scenario training helps and I also think role playing helps. I think any kind of interactive experience helps when you're kind of going oh I never knew that.*

[Interviewer] *That was I think of as cultural competency. If I were to design a program in that then I would be making people do this stuff, right?*

[SP 16] *So that's not my experience of cultural competency training.*

[Interviewer] *What has your experience been?*

[SP 16] *I shouldn't be so harsh but it just wasn't-- It's just not very helpful because it's a presentation on other cultures and it seems in my-- maybe it was just the curriculum that they are using the design and the training, I shouldn't be so harsh on what it was but it wasn't very helpful. As long as there're conversation and as long as they're interactive and as long as they're building on the knowledge of people in the room and as long as they're not patronizing disrespectful. I've had some pretty bad training when it comes to cultural competencies. And the training that we've had with the indigenous people has been beautiful because it has been a process. It has been interactive. It's talked about history. You know I think we have to figure out how to talk about*

domestic violence and how to intersect with culture, race, income like every single factor other cultures, immigration policy, sponsorship. I think it's bigger than just this finances.

As HBV in Canada often demonstrates overlaps with intimate partner violence, current training around family violence and intimate partner violence could serve as a useful point of departure, albeit with added dimensions relevant to risk of HBV. Some participants suggested that competency building on HBV need not exhibit great 'cultural' specificity. Others held that awareness of the intersection of culture with the dynamics of family violence was relevant and needed.

[SP 21] *And absolutely staff need to be trained in that area but at the same time, that because there's so many different cultures out there like you may need to be culture specific but at the same time you don't need to be. Because they're facing the same issues that everyone else is facing in regards to family violence. They just need to be more aware of some of the other risk factors. Like with our frontline staff right now we have trouble with them actually recognizing family violence in general and doing appropriate safety plans and that. But to add the extra complexity of cultural violence and honor based violence is just another step that we have to talk to or educate our frontline staff on.*

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**[SP 5]:** *I think as an organization, we've progressed over time even just in terms of being able to identify and name family violence rather than leaving it as -- well, that's just culture or that's what the norm is for that family. So we developed family violence protocols which all staff are expected to read and to be trained in. We also have been very strategic in partnerships with agencies in the community that specialize in family violence. The Today Family Violence Help Centre would be key in those. We intentionally sit at a number of tables out in the community that are looking at culture and the dynamics of family violence. And part of it is really causing mainstream service providers to pause and ask the questions about culture. So it's on the continuum of our staff. There's different staff with different abilities, different lenses that they look at situations through. We know who would be the go-to people to work with, an individual who is reporting family violence, and it's how to continue deepening the conversation.*

Another service provider also indicated that a consideration of cultural specificity can be grafted onto current service models, with cultural awareness gathered from web research. Importantly, a culturally sensitive counsellor should be both open to others' experience and be self-aware, i.e., aware of her social positioning and related privilege. In the same conversation, an interesting perspective was that a person's 'culture' need not be conflated with ethnicity; 'culture' could even relate to lifestyle, sexuality, non-binary gender identity, and physical attributes.

**[SP 18]** *So cultural sensitivity training is not something that we are doing. As I said, we have funding to do workshops in different languages. So we tend to at this point stick with our model and add culture to it. As counselors, we are trained like I said to some degree and be culturally sensitive to reflect on who we are and what we bring to the sessions. We have conversations about how culture can impact and the other thing is we can always just -- You can look it up at Google, right? You can go to a good website. You can find out a lot about the culture. ... What cultural sensitivity means to me is recognizing who I am. What privileges does one have as a white, able-bodied woman born in Canada. So recognizing my culture first and being open to understanding and listen to and reflect upon someone else's experience and their culture and what culture means to them. Culture could also be someone who identifies as trans. That's a different culture. We actually have a group here that's for LGBTQ community and that's a cultural wellness group. So I*

*think we are expanding our terms of culture as well. It's almost linking up to community to some degree. So we also had someone do a cultural wellness workshop from the deaf community. That's a culture, right? Like I said, I feel like those words are kind of coming back and forth community and culture. Someone's ethnic background can be the same as someone else but the culture could be different as well.*

There are gaps in knowledge, capacity and ability to serve LGBT+ people of ethnic minorities. As the Canadian legal and social landscape changes, there is more conversation and visibility about LGBT+ communities and sexual identity rights (and lack thereof). Alongside the growth in this conversation, one may also expect more conflict as strongly traditional heteronormative families in Canada struggle to come to terms with the non-binary/non-heteronormative/queer/other sexual orientation and gender identities of their Canadian born and/or raised children. In this context, it will be vital to train community educators ('training the trainers') on the tactics and ethics of opening and continuing those conversations with parents and communities that may resist and reject these changes, especially when it comes to their children.

**[SP 29]** *I know that we are seeing the growth in non-binary identities is like explosive. And I think more and more as we kind of think about gender as a continuum and not a fix entity; that is not just about our parts. That we will see in all cultures people saying, Yeah not really just a girl; I'm this other thing and there's added parts to me and I want to be known as they. And I...or I'm a Jack, or I'm A gender, or I'm fluid. And it's going to rock people's world, it's going to... they are going to experience lots of violence.*

*Interpreters: Question marks over accessibility, safety and confidentiality*

Our primary data indicates that the diffused nature of the risk (with the family and community as perpetrators or supporters of violence) also creates challenges for the provision of cultural supports for sufferers. Women seeking help against abuse often reject interpreters and social workers of their own community, perceiving a potential erosion of confidentiality and a related risk of retaliation from their spouses and other family members. Extended networks of violence are a problem for language supports, which are often crucial for help-seekers. Several service providers reported that community interpreters are not consistently reliable in terms of quality of interpretation but also in matters of objectivity and confidentiality. Telephone interpretation, while relatively safe and anonymous, is expensive and not accessible to all agencies. The vignettes below indicate the absence of rigorous and formal safety-checking mechanisms for interpreters. Nevertheless, some participants were cognizant of the need for background checks, attempted checks, and relied either on their own or their colleagues' past experience with a specific interpreter.

**[FG]**

- *Unsure if everything said by the service provider is translated properly by interpreter.*
  - *CanTalk<sup>60</sup> is expensive.*
  - *There is a problem of using physical interpreters.*
  - *There are differences between the language used in professional setting and the home setting.*
- And then there are the differences of language or terms between government and service providers.*

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The following vignette describes a situation created by a lack of funding for translation and interpretation services. As a result of the lack, clients bring persons known to them to act as interpreters. This can

impact the breadth and quality of information shared. In the vignette, the service provider suggests that the male client was hesitant to lose face in front of the interpreter by describing his experience of spousal abuse. The vignette illustrates also that those suffering violence and abuse are often locked into their situation by a sense that they would lose social standing if it came out that they are ‘victims’. This inhibition may be especially powerful with men, conditioned by patriarchy to be strong, silent and the traditional ‘wearer of pants’ in the house.

[SP 5] *So as an immigrant-serving agency, the bulk of our funding comes from the federal government and they, generally speaking, do not fund for translation or interpretation, I mean. It's huge.*

[SP 4] *It is a huge problem, it is a huge problem because ideally, we want to have -- like I think telephone interpretation works better than any other type that I've tried because sometimes people will bring an interpreter. There are so many issues with that, right, in order to do counseling and talk about private things where it's somebody they know because then I see them -- like for example, the ones I had a guy who was referred for counseling. He had a restriction order against his wife. So there had been some family violence there and he was sent to counseling. So he was coming, but the person who was interpreting for him, it was a professional that like -- so they had a professional relationship. It was a social worker but he knew for all the things that he was doing with this social worker was helping him with. And I knew right off the bat, like I could see that he was trying to save face in front of the social worker. So he would not really go into some of the staff. So I had to change the way I would usually work and do more psyche education and like do all of the kind of things because I knew he was -- like it was obvious to me, he was saving face in front of her. So not ideal. Better than nothing but not ideal.*

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**[SP 24]** *It's not as simple to just phone up and agency and say need translator, complexities to that. We need to know that the translator is an objective person. A person from the same community could complicate matters for the victim. There could be sensitivities in that in terms of trust. So it is not easy to know whether this particular person is a person of trust or not. So is it a matter of exploring this with the victim to see if there might be any issues in terms of trust with the translator.*

**[Interviewer]** *how do you assess the trustworthiness? Is there any formal process for verifying the objectivity, trustworthiness, past records?*

**[SP 24]** *I rely on experiences, past experiences with the particular person. I will do a little bit of checking to see if there has been any past issues with that person based on maybe checking with my colleagues or checking with the victim. Checking with the organization themselves as to they have had any past dealings. You know, checking with the translator. Have you had any other cases where things were not going well or there might be, am I not always get it on the sense but there's no formal processes I know, as far as I know. ...The client might not have any background on that translator and will have to take a risk. She might not be aware that there is any pressure on her or influencing from the translator's side until she's well into it. Right? The translator becomes involved in the case. She won't know, there won't be any kind of manipulation until she's right into it, right?*

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[SP 5] *The challenges is how do you safeguard confidentiality when you're coming from a very defined community, whether that's culturally, linguistically, or religious. There's a sense that everybody knows everybody's business. And the most terrifying thing is to have somebody from your community. How do we know even if they're supposed to be a professional coming in and interpreting, it's not going to go anywhere? Whereas, the phone gives anonymity.*

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**[SP 21]** *The case [of abuse of a dependent wife by her husband and sons] went eventually up to the Court of Queen's Bench and the trial was being heard by the judge alone. She had some grasp of the English language like if you sat down and spoke with her slowly, you could in fact communicate with her. [00:14:59] So we really didn't have any issues as long as you didn't stress her out and kind of tried to rush through it but allowed the time to ensure that she understood what we were asking or saying to her and stuff along that lines. That doesn't happen in the court. Right? So they had asked for an interpreter and I remember being in court and she got extremely frustrated in court because number one the interpreter was a friend of her husband who was the accused and even though that was explained to the crown it was dismissed. At one point, she lost it on the stand because she said he wasn't interpreting it the way she was saying it.*

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[SP 24] *So I had it with another case where I found out that while we were well into that the translator was not willing to support her anymore because this translator was more sided on the offender's side. So that became an issue. So the victim knew the person before but was not aware about the translator's sympathies or beliefs or was not aware that this could become an issue. ... there was an issue about supporting the offender's access to the children. So the access to the children became an issue and the translator was not defending the victim in that that it wasn't safe. So he became an enabler to allow the abusive partner to see the children and despite the fact that that was no safe setup for it.*

Lessons learnt: If the client objects to a community interpreter, her wishes must be respected. However, even in the event that a client has no objection to a community interpreter, it is essential to have formal processes to assess the trustworthiness and confidentiality of the interpreter. The client cannot be expected to provide such an in-depth assessment. The assessment could be based on documented performance reviews tied to conditions of certification of the interpreters, who should be monitored and held accountable for undisclosed conflicts of interest and/or breaches of confidentiality. It is debatable if systemic resources could be deployed to implement such reviews, checks and disciplinary oversight of interpreters. In the following vignette, it is suggested that in a situation without safe options for interpretation, the service provider may still be able to communicate with the client, given enough patience and focus. This is not as difficult as it sounds as many clients have a strong passive command of English.

[Interviewer] *In implementing your plans into the approach, what advice would you have to other social workers for example who say that I can't deal with the language issues and can't get an interpreter. So how do you work around that obstacle?*

[SP 22] *Take your time and work. Like the client that I had with ten kids she spoke minimal English but we're still able to work things out with signing stuff. One of the older kids that would sometimes they don't plan in on the safety plan because he was an appropriate support and he knew what was going on. So he interpreted at times. But sometimes we didn't want him in the*

conversation so we wouldn't have him but we worked it out. It took a long time but it worked. I continue to ask mom. I'm like does this make sense to you or can you repeat what I...like tell me what we just talked about so that I knew she was getting what we're doing.

Focus group participants suggested that interpretation-related solutions could include:

[FG]

- Means to regulate and obtain trustworthy in-person interpreters who may work with the system
- Resources to obtain anonymous telephone interpretation where necessary
- Use of standard terminology amongst professionals across sectors
- Use of simple language without triggers with clients; development of standards for such language (e.g., complexity should not exceed grade 5 level).

Inter-agency collaboration and communication: Gaps and Solutions

Collaboration amongst service providers could optimise resource use and improve services.

[SP 1] *I truly believe that in order to tackle these types of crimes or others types of situations, we should be using a multidisciplinary team. We all have different policies or different legislation that we need to follow and I might be able to do certain things under my act but for example may be able to do a little bit more under their act. So if we can put all of our tools and skills together, I think it's better than just going in ourselves.*

Partnerships and communication amongst social workers and police, combined with police training have improved the handling of such cases and the protection of the sufferer from further violence. The following vignette illustrates the benefits of such training in situations where abusers have used fictive counter charges against the abused partner. The vignette also suggests that there may be a need for formalized guidance to inform action in such cases.

[Interviewer] *On the question of immigration status and the mutual charges, that question came back to me. What is the police education? You mentioned that you work with the police and that you change mindsets...*

[SP 20] *The police have come a long way in their training. We're thankfully seeing less mutual charges because the police are receiving more education training around intimate partner violence, but it's a tactic that can be used and has been used and it causes a lot of problems for the women. She's worried about losing her kids, which has always been a threat, right, in the relationship. She's worried she could be deported, those kinds of things. But thankfully, we are seeing less of that, I think because the police have really worked hard on educating their members and that kind of thing.*

[Interviewer] *And they work with you through which venues? I mean, what are the channels by which they linked up with your organization and...?*

[SP 20] *The police?*

[Interviewer] *Yeah.*

[SP 20] *Maybe if the woman went to emergency shelter, so then, they will kind of follow up at times if needed here especially if there's court and different things. Sometimes, the teams, the social worker police officer teams would refer for example. So they support the woman until she gets in here that kind of thing. We work collaboratively around court and things like that and if risk goes up, then we contact the police and like perhaps he starts threatening her or texting her threats or things like that.*

[Interviewer] *So there are then guidance documents like formal guidance documents that so this is the kind of scenario you need to watch out for or does it just come up organically?*

[SP 20] *Nothing. It just comes up organically. We don't have like a specific protocol. It's like a case by case kind of thing.*

Unfortunately, there is a relative lack of formal platforms for communication and mutual education amongst service providers. There are time crunches and confidentiality concerns in case-sharing. There is not enough capacity for people to work together as they should in cases of extreme complexity. Many of the cases are of such complexity that they need dedication, intensive staff delegation, advocacy, and collaboration within and amongst agencies. The vignettes illustrate (i) the importance of a multi-agency approach (with a dedicated social worker at the heart of the complicated effort) to move immigrant women out of abuse and violence, and (ii) the value of a 'wrap-around model' of service in addressing the effects of abuse and empowering women while they are within a shelter milieu and after they transition to life outside shelter.

[SP 16] *I can think of one in particular and I would think there would be many problems with different organizations in coming to understand the extent and the risk that that victim is under. Sometimes I think for organizations, it's hard to believe it. It's hard to actually go really is this true? So that's why you need I think the education piece of what is honor based violence, what are we actually talking about and yes, it does exist. And so if you can think of trying to keep a woman safe in this one particular case, we brought on, one of the social workers brought on immigration sponsorship, EPS, the court system in a protective order and eventually she was assisted in living the country. So there were lots of all in the in her desire to keep safe and to leave the abusive environment that she was in.*

[Interviewer] *So it took the intervention of that many agencies to make that happen?*

[SP 16] *Uh-huh, many. And it took the social worker who really believed in the client and understood the risk that she was at and to know the extent of the violence and to know that she could end up dead. So it was really again that strong advocate to be able to take that person's circumstances and help navigate the system so that she was able to leave.*

[Interviewer] *So it takes that one worker, case worker working with the victim to take a lead role, a key role in this if you will.*

[SP 16] *It did in that case and also she was able to because of her relationship with the Edmonton Police Service, she was able to garner that support as well, right? It was over many months. This didn't happen quickly and I don't remember if she had other family support. It seems to me that she did in that case. It seems to a sister. So there might have been some other family member that understood and was willing to help her as well but it's again it seems simple just pull those people together but it's not simple.*

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[SP 13] *In order to get into [IDENTITY CONCEALED] emergency shelter, which is accommodation for women and children, you have to have faced some type of violence. It could be familial violence or it could be intimate partner violence and it could be violence inflicted by your family or extended family. The shelter offers services for about 21 days but of course if you have barriers due to languages or due to immigration issues or anything like that you will be given an extension. We try to work within our resources to move the family forward as much as we can. Also it will be fine that if they request then we will move them to assisted shelter which is Carol's House which is a shelter for women and their children who are abused that may need an extended stay at the shelter. There I think they can stay for 3 months and over depending on the need. For women who come to this shelter, we provide transportation to get the women into the shelter. We provide bus tickets and transportation for whatever issues that she may need in terms of resources for going to appointments, medical appointments or whatever that they may need transportation for. We provide a nurse that comes once a week to deal with them on the medical issues that they may have and also if there were any issues of that you know regarding that we know there should be an involvement. We provide a secure space where they can have food and accommodation free of charge. There is 24 hour counseling that they can access. And there is also case management so they will be assigned a case manager that would do a test report with them for the different needs of the women that are very women centered. So what it means is that we really help the women in general to move forward and at the same time there is an understanding that there are some needs that we need to fulfill because of our funding or because of our rights as an agency. Once a woman is here we provide victim advocate which is somebody that may support that woman through the process of getting restraining orders or immigration issues or anything related to parenting orders, anything related to legal issues. Then we also provide a housing coordinator which is somebody you know that can help with the family to assist with what type of housing that they would like to move that they will move into and live independently or if they will move into like a state housing which is another short term program that is 6 months to a year. If that is the case you know the housing coordinator will help the woman in identifying the housing, help them with the application, drive them around and we will help them with housing. We also have a victim specialist and their job is really to assess you know cases that have a high risk of legality and they will support and provide additional support if you will in order for the woman to be able to navigate the process with the courts, with the police, with the charges faced and anything to that effect that we may need in order to protect the woman and the family at this time. We provide child care and child intervention services.[00:05:04]So child care is really is care for the woman and also a place where they can leave their children. We function as a child care like you would anywhere for that and then we also provide some you know more direct services for women who may have children who are highly traumatized and so we provide a set of resources that will be one on one and so we will have somebody who essentially works in that area. I think that is all the services that we have. Of course once you leave the shelter you will be able to get outside services with the counselor that comes in and ensures that all your needs are met, your needs in the community and making sure that you get all the referrals that you need and we also have donations for people which provides you with essentials to start a new home which is you know the toaster, coffee maker, all those sort of things. So we have a pretty much coordinated response with the Food Bank and County Clothes-Line. County Clothes-Line provides women the ability to go shopping for free there. So we can purchase for the women and the Food Bank will provide Food Bank baskets for women leaving the shelter and going to a new facility. So those are the services that we can provide in and outside.*

Special complexity arises with the immigration related challenges facing an abused spouse without stable immigration status. However, resources and platforms for extensive training and collaboration are limited.

[Interviewer] *You mentioned that there have been times when the organization has handled cases of honor based violence and some of those aspects shown some people like, “What is this? What does it involve? Do I fully understand this?” Immigration and forced marriage for example or when someone has come over and the whole community is like bullying her, in those situations did you have a chance to call up someone in some other agency or to have a later follow on training session to fill those gaps?*

[SP 3] *Yes and no. So we haven't done something as a whole organization but as a result of certain cases that come in and certain interactions that the staff have had we have done hands-on training. [Inaudible 00:46:40] but sometimes like the staff like we had one staff who was like, “I really bonded with her and learnt a lot working with her and I would like to go to this training session or do a site visit with this other agency so that I will know how to support her.” There are at times also when we will have a case and we will call other agencies and say, “This is kind of generally the situation do you have some kind of support that we could get her in touch with?” those kinds of things. You know for those complicated, complex kind of case we talk to everybody that we can and try to find the right support.*

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**[SP 2]** *You see, we don't have the funding. You know, funding is the biggest problem. We need to have many people working in this area. In our old building, we were five, six people working in the same area but now like I am the only person and plus two, three volunteers. They are coming to do their practicum and all that. So for us, it's a big, big gap because there was a time we were going with our clients to some of the places like WIN House [Edmonton emergency shelter, with some capacity to handle the particular needs of immigrant women]. They need someone, even going to legal aid, they need someone to support them. Now we don't go because they have to go and explain their situation but sometime it's really important for someone to go with them to explain and to do the advocacy on their behalf. So we are missing that part. That is a biggest part we are missing and hope they can understand that funding is very, very important in this kind of agencies but they can hire more people, give help to many people. For us it's a big challenge. We have only limited stuff because of the money. We don't have the money. It's limited stuff. So many times we have discussed this like we need to have at least three or four people working in this area. What we used to have before it's a big gap for us*

Collaboration and good communication amongst service providers is a priority (good model: police and government social workers in DOCS teams) e.g. improved communication between police and shelter on sufferer's needs; communication between social/outreach workers and shelter. Collaboration can help optimise resource use, pool scarce resources and improve services via non-duplication of effort and communication about and with clients, seamless transfer of information about clients, and standardised updated information on points of referral. Resource pooling and collaborative use gains urgency because agencies work with constricted funding and service time frames that lets them handle clients for only a limited period of time. Simply put: Collaborations would enable the best use of time, money, and expertise. Unfortunately, endemic secrecy, territoriality over mandates, and competition over scarce dollars undermine the prospects of collaboration. Instead, perfunctory information-sharing and pro forma letters of project support in grant proposals taking the place of inter-agency referrals and partnered efforts to help clients. Suspicion and lack of collaboration amongst agencies hampers referrals and hurts help-seekers; hinders development of knowledge bases; hinders the creation and use of platforms for developing and sharing competencies; loses the power of joint efforts.

*[SP 5] Something that we have, I have talked about it at a couple of different tables that I'm at, is the challenge in Edmonton is there's no coordinated response. So there's no umbrella agency that all of these different players can be under that will then inform what is going on. So there's this pocket here that's doing something, this pocket here, this pocket there. We might be talking to one another. We might not be. But we certainly don't have the big picture. And it's more than just simply having the database of who does what and where you could refer clients to because it definitely flips into the whole policy and influencing policy and advocating for need. So one of the mechanisms in Edmonton that could potentially do that is CIAFV, which is the Community Initiative Against Family Violence, who have struggled with their identity. So to a certain extent, policy needs to shift. So we've been looking at the framework that the province came out on family violence. I'm not sure honor-based violence was addressed at all in that argument.*

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[SP 7] Yeah. And even in terms of culture, they started to get some terminology in there in terms of diversity and culture, but it's still really weak. So what's happening up here definitely impacts down here. I believe those agencies that are working in silos, you're going to be in more harm. They're harming some of the families that they're working with because they are not allowing those individuals or families that access a full spectrum of resources. They're keeping them within their little silo. ... For example, say I believe that I'm the only person who can support you. I believe that -- so you come to me and say, "I need this," and I'm going to say, "I'm going to help you with everything. Even though I don't have that capacity or that ability but I am so distrusting of everybody else that I believe that nobody else can offer you any level of support so I will deny you services maybe on purpose and maybe because I don't believe those services are helpful or useful or because I don't know that they exist. So somebody might be able to access housing but if that person who they are going to, whom they trust doesn't show them that access to housing, they won't get into that, they won't be able to take advantage of that opportunity or that resource. I think we see it periodically. It's very frustrating. I actually -- I don't understand where that mentality comes from.

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*[SP 18] You are not going to tell me what your idea is and you are not going to tell me what your idea is because you are competing with the same dollar and that's part of the problem is that we -- that is a huge issue as there is a sense of competition and I experienced that repeatedly here set. What we do is private because we don't want someone else to do it, right?*

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[SP 3] I mean from our perspective she comes in, we do a great job when she is with us, we encourage her to share with us all the different resources she is accessing so that we can try to collaborate as much as we can. But we have them for a short period of time that it is really hard to make all these connections and so I mean we do the best that we can that way but I can see that that would be it would be so much better you know if some kind of sharing and some kind of I think a plan for the family as opposed to, we are doing this, they are doing that and we do that in pockets but you know it takes time to develop those relationships and by the time they come through they are.... We sometimes you know it is like, "What do we do with this? How are we going to help her in such a short amount of time?" It is not that different from some of the really complicated cases. We could have a case like a family that is responsible for her, it opens up a whole bunch of different things like, and "We can't do this. We can't do that. We can't do that." It is the same kind

of thing where it is like we are generalists in a way when it comes to kind of those steps. We can make sure that the women are safe. We can get her on the road to healing and help her find a house. We can do all these things but some of the more complex things that we don't come across all the time they are tough for us and so it would be really nice if there is somebody that we could you know partner with or bring in to say, "Okay, I can help you on this case."

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**[Interviewer]** *Partnership in the nonprofit sector is vital, right? But what are the barriers against it?*

**[SP 5]** *Time. Because it takes time. Money, because money is time, or time is money, whatever order it has to go into. I think well, on the surface, we might have a similar goal. It's how do we work that out. So again, looking at that continuum, the collaboration continuum, most of our discussions are still at the information sharing level. Even if we're partnering with someone, it's more of an information sharing thing than moving up to communication and coordination and then collaboration.*

**[Interviewer]** *But even information sharing would have its limitations, wouldn't it?*

**[SP 5]** *It can.*

**[Interviewer]** *Okay. Could you elaborate at this point?*

**[SP 5]** *One of the tables that I sit at, part of what we looked at is, is there a way of having a more universal referral sheet? And part of that would be not in needs assessment or a safety evaluation but would have some components of that, and be able to say to a client, "These are who we have professional relationships with." If in signing here, you're giving me permission to share this and to connect you with some different resources.*

**[Interviewer]** *And it's hard to achieve that.*

**[SP 5]** *Very hard, very hard. So the concept has been there for quite a while, but again, what does that look like? Because again, every agency has their own policies and procedures and it's hard to come up with that with that common ground.*

**[Interviewer]** *Which leads me to want to open a can of worms and ask why. Why is it so hard? I mean, I know policies, mandates differ but why is it so hard to achieve a common referral sheet for partnered agencies or for agencies who might partner up with providers?*

**[SP 5]** *I think there are multiple reasons. I think oftentimes, we're territorial, and part of that territorialism or competitiveness with other agencies is driven by funding. I think part of it goes back to what I mentioned earlier in terms of that umbrella organization. There isn't anyone that can really oversee and take responsibility for bringing a product to the table that everyone can then interact with. And it comes down to time.*

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[SP 7] Whatever door you go through first or you might go through that or because you trust the agency or you trust somebody at that agency but that agency will not have the capacity to do everything that you might need to have done. So essentially, you're going to somebody because you trust them so they come to us because they trust us, and they might be working with a social worker but they need income support or they need housing, they need ten things that we may not be able to do. So we will work with them and connect them to all those other agencies and the groups that can do something or systems that can help them. You might come through our door with a broken leg, well obviously we're not going to repair your leg but we will take you to the hospital and we'll show you how the hospital system works and we will be with you through that journey until you're up and walking again. I think that's the approach of the -- that's why you need to go to more agencies. There's no one place that can do everything.

Case sharing and peer consultation were generally acknowledged to be key needs. A service provider described their agency's current practice of 'lunch-and-learn' style case sharing and peer consultation, which was described as a valuable method for collaborative networking, mutual support, knowledge sharing, and added help for challenging cases.

[SP 17] So somebody will bring a case so again know identifying markers or anything in terms of presenting a case. So like we follow a case format like a case presentation format so just like describing the client in terms of demographic situation, you know some of the challenges, successes, presenting issues, right? And then it's just sort of us brainstorming like in terms of okay identifying their needs, right? So maybe is there a resource that you considered or have we thought about that or you know what, you are doing a really great job supporting them and you are doing awesome. Sometimes it's just a pat on the back to say or I have been trying to find this resource. I just don't know if there is anything there and then somebody is like oh, you know what I used to work with -- or I worked with this agency before. They do really great at this. So then you know there is maybe a connection that we have made through that group that maybe -- so I think it's really just about bringing all the skills and expertise and knowledge together to be able to see what we could do to support our colleague who might be with the different agency but at the end of the day, we are all in it together in terms of supporting that comes to family violence, right?

While many participants described such 'debriefing' and 'brainstorming' as part of their organizational practice, wider inter-agency consultation on a regular basis requires agile platforms that are currently missing. Whereas partnerships and collaborations are time and effort intensive, organizational funding is short as also are paid hours available to execute current mandates and handle heavy caseloads that militate against the best collaborative intentions.

[SP 7] When I say to [IDENTITY CONCEALED], can you go work with this group? That's taking away from her time working with her team and so how are we then going to compensate for the lack of supervision because we're investing in a partnership or you can only invest in certain partnerships that you know we're going to have positive result. You have to avoid those kind of experimental partnerships because you can't invest the time and curiosity.

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*[SP 17] Multicultural health brokers used to invite us to their case consultation and so we used to sit in with them and do exactly the same thing that we were doing here. Then I was told that the reason why we are not doing that right now because Multicultural Health Brokers ended up getting some sort of a contract with Child and Family Services. So their workload went sky high, right?*

Channels for communication are limited and fragmented. Lines of communication are hard to maintain given resource constraints and lack of time. There is still too much reliance on paper and little use of current technology. This is partly understandable given confidentiality issues of the cases and their related information, but little suited to a dynamic practice environment where no one has the time or inclination to forage through solid-state archives. Webinar usage, a potential time saver, was not reported as a solution in use.

**[SP 18]** *One of the things that funders say is go ahead. Collaborate, collaborate, collaborate. But we don't have time to sit down together and have organizations meet and spend the time. We are an underfunded organization. We started up on our own as volunteers and so our time is limited.*

Another perhaps inevitable obstacle to wider case sharing is the imperative to maintain case confidentiality.

**[SP 7]** *So most of that work is relationship based. I would probably wouldn't post some of that information on our website and wouldn't give it to somebody who necessarily just pass but if you have a relationship with them, we would then share information that we otherwise wouldn't because we trust.*

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[Interviewer] *Again given confidentiality and privacy what are the possibilities and limitations of sharing case information with sister agencies?*

[SP3] *That gets really tricky. We are extremely protective of the information and the whereabouts of the women that we serve and their children. We don't disclose information about a client unless she asks for that and consents to that. So there is that and even then we only share the bare minimum all that we need to share to get their support. So I think that they are fine with that and the other shelters as well because of the danger and the risk for the other residents, for her and for the staff we are just very careful about disclosing any kind of information. You know when somebody calls we don't disclose whether somebody is with us.*

[Interviewer] *Does that bottleneck, if I can call it that in case sharing does it lead to challenges in comparing staff and comparing capabilities?*

[SP3] *Yes I think absolutely it would. You know there is not a lot of information. Like we can't track for instance how many women have been turned away. Like a woman may call every shelter in the city and turned away from all of them so that is we are counting all those turn always.[00:20:00]So from that perspective, from the use, from the turn aways, from being able to call and say, "We know that she has been with us 3 times but we didn't realize that she might have been at WIN House 5 times and somewhere else 5 times. So this is much more serious than we even know". So there is a lot of that kind of sharing that can happen. So it is always that balance between the privacy and the confidentiality versus you know how can we really help this family and the other pieces, all of the different aspects of service providers, they call us as service providers but they might be accessing and not talking. So they may be receiving support from children's services, from a shelter, from another domestic violence shelter, from another domestic violence agency, from income support, from the police. They could be receiving support from all these agencies but nobody knows that and we think, "Oh, she is doing very well. She came in. She has got a place to go. She leaves." We don't realize that she has got this social worker and the police were there a couple of nights and you know as to a case that we are not able to do that kind of sharing in a*

really coordinated way. I know there have been models of that like they have been doing that quite nicely. I don't know how things are happening over there in [Inaudible 00:21:30] but it is a real, I mean from my perspective it is scary when I think about doing that but I also think that others have some really rich information that can be shared among different agencies. So yeah privacy is always number one though and you never know where and how some of the perpetrators are connected to the different agencies because they may work for them. There may be a staff nurse there. You know and we have had that before and that is how they track them down because the agency that they work for is supporting her and they know because we have an agreement to kind of support them together when they are in our shelter. And I mean it is not that hard to find out where we are if you are you know looking at it and you are associated with any of those groups. I mean we have been around for a good while and we do our very best to keep ourselves hidden but.

Case management does require the exchange of information amongst specific agencies in cases where children are at risk. Focus groups suggested solutions such as 'developing agreements between agencies (a linking protocol)', to share information via 'a library of literature/ one stop website/e- resource directory', and to offer relevant 'low cost training on use of tools and protocols.'

[SP 1] *You can share information if it's pertaining to planning for a child or assessing risk of the child. I know even I would say two years ago sometimes medical professions would say oh well we can't-that's confidential, we can't share medical information. But now there's more education around **FOIP** [Alberta's Freedom of Information and Protection of Privacy Act (FOIP Act)⁶¹] and all of those things is that if it's going, if it's information that will help with assessing if the child is at risk or for planning so if I need to maybe do future planning for their medical needs or find a medical foster home for example, and I need to know what their medical status is, they can release it.[00:40:22]So on the information sharing we're all of our agencies are doing a lot of education and talking within each other of yes we can share but not only are we sharing but let's work together to fill the gaps. So we're just starting to do that already.*

Information sharing amongst specific agencies cleared to access sensitive information may expedite the creation and implementation of solutions for cases with complex intersecting challenges and needs.

[SP 7] *Some of these cases are very sensitive. But when you're all sitting there and listening to one case that you feel like -- so we have a case of maybe it was apprehension and now they're trying to close it and maybe this needed some support with immigration documents or housing so Boyle [Boyle Street Community Services has programs for affordable housing; <http://boylestreet.org/we-can-help/adult-services/housing/>] should say, I'll take housing and EMCN will take the immigration, so all of a sudden you have two organizations, all of a sudden we're moving that faster.*

There is a need to incentivize collaboration. Funding structures are a key solution, with funding being made available based on a sound partnership plan. However, how those plans are implemented will require oversight – e.g., funding in future competitions related to measurable outputs of partnerships in past funded projects and programs. One service provider described the situation where organizations develop collaborative ties with the right funding agreements in place, with the caveat that such arrangements are easier to develop when mandates and client groups are not identical. The readiness to collaborate is more observable when organizations do not occupy the same sectoral niche and are thus not necessarily in competition for funds for similar or identical purposes.

[SP 7] *Collaboration is much easier outside of the sector so working with agencies that don't support primarily [AGENCY'S MANDATED CLIENTS], we have a much easier time working*

together with them. We have great mutual beneficial relationships. we have funding agreements where one agency secured the funding and is giving hundreds and thousands of dollars to the other agency so we have an agreement with [INNER CITY AGENCY] and they're the holder of an agreement but they fund the manager, they fund a day of her salary and she doesn't spend a day of her time working with them but they commit to doing that. They fund a portion of my salary because it's basically for me giving my time and advice to them. ... There's an agreement that is held by [FAMILY SUPPORT AGENCY] had their funding to two of our staff at [IMMIGRANT SERVING AGENCY]. We just send them an invoice and they paid for our staff. We don't see that same thing happens with organizations that work with the same client groups.

In the vignette below, the participant suggests that funders should collate and share information on what potential partners are engaged in, instead of expecting already harried community agencies to scramble around trying to gather information to identify potential link-ups. The participant viewed this as a potential time saver, important because of the existing scarcity of paid personnel hours that are invested in the onerous process of gathering information and mustering partners towards funding applications.

[SP 18] *Let's say funders put out a call and they say want to do this work and they sent it out to the community. They get all these reports back from -- or these proposals back from organizations. They get -- they are the holders of all the proposals. I don't know what your organizations do. I don't know what your organizations do but the funders know. It would be really nice for the funders to sometimes look and say oh, when you do this, I know that and you do this and you do this. Sometimes for the funders who know everything to organize it to some degree and say how about you three work together because you all have this kind of a similar idea because of your proposals. I wonder about that. ... So it'd be nice, like I said, I don't know if this happens but at the funders would actually coordinate that and say okay, we are going to have a meeting. We are going to sit down with you and you and you and you know, we'll pay you for your time. One of the things about putting in proposals of course is that if you don't get accepted, you don't get anything. You don't get reimbursed. So people just oh, I'll try to do it quickly. It's just a guess. I mean that's just -- I understand that's part of business but yeah, sometimes I think it would be nice if we started at the funders because they know what they want and they know what everybody is possibly doing as collaboration, right? There is a lot of the funders could do to promote collaboration rather than having us call each other and try to figure out with each other's doing and not knowing what the goal of the projects is exactly, right, which the funders do.*

In the vignette below, the participant describes lacunae in collaborative work to serve sexual and gender minorities. Lack of collaboration is related not only to widespread proprietary concerns but also to the mainstream organizations' disconnection from organizations with expertise on violence, discrimination and marginalization faced by LGBT+ persons. The participant suggests that this inter-organizational disconnection co-exists with intra-organization tokenist hiring of 'gay persons' to take on work related to LGBT+ issues.

[SP 29] *I think there's a couple of things. I think it's to do with funding, if it's a funding reason. And we began to have preliminary conversations with the government around this issue of funding creates this proprietariness about our work. So they want us to work collaboratively but because everybody is trying to get as much funding as they can get to survive and grow, but we don't want to share anything because that might cost us largely. So I think that's a big issue and I think the other thing is that there's this notion that 'Oh we have a gay person who works here, so that they can take that on.' So one of the things that we've... we talk about all the time is that expertise can't be found in a single person or two that exist with inside... in your organization, because they have*

only their experience to bring to the table. Our job as an organization is to capture a breadth for the experience and knowledge and bring all of that to the table. I don't bring just my story, we keep track of current research and current models of program delivered in, adult experience in learning model and youth driven programming. So we do all of that and bring it all to the table, whereas having one gay person that has little flag in their corner desk with their desk so that people will know they're gay and be able to find them, does a disservice to not only that employee but also the organization and the client.

Amongst the service agencies, there is an increasing sense that collaboration is vital to make the best of scarce resources and a new approach in this regard is to create capacity by creating and sustaining 'relentless connections.' Collaborative groups that meet regularly, with email reminders and updates to members, invitations to present ongoing work are valuable because information sharing prevents duplication of work, improves direction of effort, saves time, and enables identification of areas of potential collaborative sharing which could translate to successful funding.

[SP 7] It started with leadership. There were five executive directors and we got along very well and we started to build trust amongst ourselves and then we started to look for projects -- areas that we're working -- similarities we were working in and so [0:59:28] [Indiscernible] was looking at working more with like child offer cases. So we then said yeah, we'd like to sit at the table with these four groups because they were experts in it already and they help build our capacity a lot better. There was more leadership coming together trusting each other, kind of setting a shared vision and then finding the resources to do more work together. I don't think we would have the resources we have in this area if we hadn't set that partnership. So it's kind of one of those odd ones where often we are competing with each other not recognizing that if we collaborated with each other, then resources show up on your table. When we're competing, there was no dollars. When we're working together, hundreds and thousands of dollars. I mean for us, it was another one of those eye openers... Investment of time in the partnership is saving us time for clients. We're reducing the energy that might go into finding solutions because of the partnership.

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*[SP 17] We sit on various committees, right? So I have been a part of the ethno-cultural family violence committee for a couple of months now and we are going to have our ethno-cultural family violence specialist sit on that committee from now on, right? So the connections in terms of the particular agencies or doing that kind of work and tapping into some building relationships and then the connections that you would make through that, right?*

Crucially, the time and effort to make and nurture connections yield imaginative solutions for the challenges faced by clients. The vignettes below illustrate the importance of agency providers encouraging their staff to think outside the box in reaching beyond their immediate contexts to find ways to support clients.

*[SP 3] Sometimes I think that we have to remind the staff, "You know what you are doing. This is the same. Just because there is a cultural aspect or we think that there is a cultural aspect doesn't mean that our interventions are going to be different. We are still getting to know her, we are still making sure that we are having the right languages, we are still trying to meet her cultural needs in terms of food and spiritual healing, we are still saying, "Okay so what are the barriers and what agencies out there might support us?"" So somehow it is I think giving the women confidence that we might not be experts in this area but we are experts in reaching out for help and getting that information. So we might have to place on hold the calling for immigration information as we don't*

*have any direct contact but we know we need to call immigration and find out what we can do. So sometimes giving that confidence to them that it is not, like it is different but at the same time with the time, with some creativity and some patience we can still do this stuff.*

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[SP 25] *I've been in other countries where I've worked where their resources is absolutely minimal but they do fabulous work. So sometimes I think in North America, we use finances as a way to kind of go oh well I can't do it because I don't have the money. I'm always saying yeah but we have at least this much money and we can do a lot with that. ... if I don't have the money to maybe buy groceries for a family, let's say that's lack of maybe I can connect more strongly with the food bank which we do. Maybe I need to make some connections with the local churches and kind of go hey you know what we don't have the support here. Are you able to provide that? maybe, maybe transportation is an issue. Maybe connect with community leaders within the different community leagues. Is that more work? Absolutely.*

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**[SP 8]** *So we have to look at the community as well as our agency and many things and some of our money goes in there as well because there is no other source.*

**[SP 9]** *We just beg from each other like we have clothes sent to us like anyone have clothes for 6-year-old or for 3-year-old? We are looking for car seat. We are looking for anything so then we ask and we help each other.*

**[SP 10]** *And even when they're in the shelter sometimes their kids get so sick that they cannot eat the food that they're provided. We will cook the food for them at home and take it and fed them in there. This is a very common practice.*

In the vignette below, the participant describes physical collocation of agencies as a concrete way towards regular interaction, joint participation in training programs, pooling of expertise on similar cases experienced in different agencies, and appropriately directed referrals.

**[SP 15]** *For our own program, it's just like me and my coworker because that's why we collocate with other partners. We all trained with the Pride Center. So we can work with the same sex community too. For short-term things, we refer to the center like here with the family violence specialist and then they can do four times the short-term counseling with them and then the emergency things like to stay in shelter. But if they have court case or something to follow up longer, they always refer to us.*

The looming questions here are the time (and money) available to participants and the incentives needed to maintain the sense of investment of various stakeholders in making and sustaining these connections. Also, can such participation be enforced, as for example, via the collection and scrutiny of records of ongoing professional development via participatory contribution, or via funders' oversight of the outputs and outcomes of collaborative work through the terms of projects?

**[SP 7]** *Right now, there's a bit of a requirement to claim partnership. So you claim to work with each other but there's no -- we need to get to a place where it's actually going to be not just working beside each other but working together. So a funding model that not only required us to provide letters of support but explain how we're going to integrate our services or programs with*

*each other I think would make a big difference. Interviewer: So you need more accountability measures. It would actually test how you're working together through the lifetime of the project.*

Finally, it is uncertain if there are adequate avenues for overworked frontline staff (not only middle and senior management) to present their experiences and consult with fellow workers in other agencies, and at the next step to channel these experiences to policy makers in government. The following vignette shows that these communications can be crucial in taking steps not to endanger a person fleeing abuse. Effective communication helps counteract official disregard of sustained risk of violence even after the person seems to be out of the situation of violence.

**[SP 16]** *Another case was again entering the justice system and having to testify against the abuser. There's all sorts of risks involved in doing that. So that was another case where all sort of people were involved. Again that was adding the Crown and educating the Crown on that situation so it would have been EPS, the Crown. They were just flying in from another city so the Sheriff's Department because providing the escort service. I think that was about it. There might have been another factor. So that gives you a sense of what it takes. These are huge systems. They're huge systems. They have different mandates and they have different understanding of what at risk means.*

**[Interviewer]** *One note in particular struck me from what you are telling me about need for education versus skepticism and understanding.*

**[SP 16]** *Yeah.*

**[Interviewer]** *In this particular case, you said it took some effort to get that across to the Crown. Is there any way you could elaborate in whatever way as to what education or the communication what it meant?*

**[SP 16]** *I think obviously in the end it was very successful because they came on board, they understood, they took action and they supported and that's what you want in the end so it's about having someone who is working with the client who understands the issues and is able to articulate those issues to people that have no understanding of those issues.*

**[Interviewer]** *What does skepticism look like? Can you give me an example?*

**[SP 16]** *She's not at risk. I don't understand. I think that really you must be exaggerating. You know they've been apart for 2 years why would this be necessary? So those are some of the questions that you have to be prepared to go to answer.*

#### *Mainstream service providers and grassroots ethnic agencies: Missing links*

Collaboration amongst mainstream/ non-culturally-identified service providers and ethnic agencies is important but hampered by several factors. Help-seekers may reject the involvement of ethnic agencies in the handling of their cases.

**[SP 1]** *So when we know that there's –we're working with the family from a different culture, we'll always try to engage our partners from those cultures or whichever in-home workers. I have had families who have said I don't want to work with that person because I know they're in my community and we would rather have somebody from somewhere else because I'm scared they're going to talk about my issues or whatever right? And then you hear the vice versa is that what the*

*family is telling you is not how they're perceived in their own communities. So it can get really, really complicated with just cultural drama.*

There is also a lack of trust amongst service providers and grassroots agencies which is a challenge for dialogic engagement of communities and relevant families for prevention, intervention and in some cases mediation. The unethical and partisan behaviour of community interpreters from ethnic grassroots agencies can disrupt inter-agency cooperation to help clients with language barriers. The vignette below illustrates a breakdown of relationship when it was found that the interpreter was misrepresenting the client and imposing personal bias on the client by pressuring her to return to the abuser and 'work it out'.

**[Interviewer]** *Okay now remember that we just talked about the involvement of why do members of the community in that kind of models. So to what extent do you collaborate or work along with, the outreach workers for example work with community ethnic agencies?*

**[SP 3]** *Well we work with whoever is also supporting the woman. If we can get her in touch with you know like someone from her community then we try to do that too so that she has got whether it is her language or just she is talking to somebody who she can be more free with or whatever. Sometimes the agencies will provide like a person who can go with her to appointments and things like that, like house hunting appointments and things like that.[00:55:09]That would be one of the first calls that we make is to the cultural group if she is feeling that she needs some more support. So it really just depends.*

**[Interviewer]** *Is there a tradeoff there because if there is a risk from the community?*

**[SP 3]** *Oh we are very careful about who we call because we remember a couple of times where the translators are not safe, certain agencies we don't work with. That has to be an agency that we think are safe to work with that we have worked with them before or like multicultural health brokers or something like that where we feel that there is some safety there.*

**[Interviewer]** *So it is not an agency necessarily, it wouldn't be an agency that self identifies as a strongly ethnic homogeneous?*

**[SP 3]** *Not unless she is already receiving support from them.*

**[Interviewer]** *I mean how do you assess safety?*

**[SP 3]** *Some of it is involving what we might do is involve another translator if there is a language and so they may be speaking there. So we will try to have one meeting so that we bring a translator and we know that. Because we have seen that happen before where the agency maybe tries one thing and did something else or a translator maybe because we used to use translators from different communities agencies just coming in to help us out. We stopped that because they are telling us one thing and telling her something else.*

**[Interviewer]** *How did you pick up on that?*

**[SP 3]** *She was able to, she was very upset and we thought why she is so upset? So we tried to, she moved like she would kind of be able to say like she would do some kind of gestures and she said, "No" and then his name and she could kind of understand and so then we brought in a separate translator because we just wanted to be absolutely sure as something just didn't seem right and he was telling us, "Oh yeah she is telling right." She agreed with that and she looked so upset. So you*

*know like you can kind of tell that something funny was going on so we brought another translator and she said, "He is telling me I need to do this. He is telling me I should do that. I don't want to do that. I was trying to tell this and what did he tell you?" We will tell that and it was reported to her and she would say, "No". So you know okay we are not working with them anymore because some of them can be biased. You know whether that was an intentional kind of thing or not we are not sure but something came up where he was really encouraging her to return.*

**[Interviewer]** *So do you use web translators now before they are taken on as translators?*

**[SP 3]** *We work with the family center because they work with the translators and we are always I don't say we are mistrustful but we are just keeping an eye on them as best as we can and we are working with a couple so that it might not always be the same translator that comes so that we can make sure things are still the same and you know it helped us a lot when we used to telephone one as well because we can have a person in some languages that are relatively rare so there are not a lot of translators available to us. So if it is the same person coming all the time then we will telephone one to kind of do some.*

**[Interviewer]** *What is the telephone one again?*

**[SP 3]** *We use CanTalk. We just dial in and then there is a translator on the phone and it is not as great for like longer kinds of things but for every day kinds of things we can use that and then I like that because it is almost a double check. We can say, "So and so said this and we wanted to make sure that is going on well. You are comfortable working with so and so?" Okay so it is just always better to have a couple you know we are just wary.*

*Like I don't think that many of these people are doing it because they want her to get hurt necessarily. I think I want to believe that when those things have happened it is just a bias that kind of seeps in like, "No, no, return. You guys can work it out. There is support". You know that kind of thing.*

Another barrier between mainstream and grassroots agencies is the reluctance of community representatives, including religious leaders, to acknowledge or discuss violence in their communities. On the one hand, it is possible to contextualise such denial as a valid attempt to fend off the labelling of ethnic communities as primordially violent and misogynist (a thoroughly baseless and unproductive understanding of violence in immigrant communities). On the other, the refusal of community leaders to speak or deal with the reality of violence in small tightly knit immigrant enclaves obstructs investigations of child abuse, threatens lives, and restrains people from pursuing their ways out of violence.<sup>62</sup>

**[Interviewer]** *Now we've spoken about some of the challenges and some of the potential of community agencies, now what about the community leaders? There's a lot of faith based organizations and community leaders out there.*

**[SP 1]** *Yeah.*

**[Interviewer]** *Would they be of any use to the work you do? If so, how or not?.*

**[SP 1]** *I think again it's very similar to the cultural organizations right is that we have worked with community leaders. Even in my role here, we've engaged with some community leaders and I've had some really positive outcomes and really positive experiences in working with them. I know in speaking with a lot of different frontline workers they've had that too. But we've also had the flip*

*where we're told that okay that maybe the law but then that goes against our religious beliefs. So we're –you know, you're kind of at odds and so yeah. I think just like cultural workers, they could be helpful definitely and we've had those experiences. But there is a risk that it may not be helpful or useful.*

**[Interviewer]** *Give me an example if you could.*

**[SP 1]** *So I know, so one example here in the hospital is so the child we were doing an investigation and that child was ended up on life support. Now we were investigating child abuse. We ruled out if this was something medical like the child's injuries if it was something medical. So there's a lot of testing and a lot of things. We were investigating. Unfortunately the child was taking the turn for the worse and there was a conversation that was had with the parents with respect to removing from life support. [00:45:36] Now so even something like that removing from life support, different culture or religious groups have such different views on that. So any time we're involved we'll ask like is there someone who will support you because it's quite a challenging decision and quite a tough decision to make for your child right? That can mean implications later as well on the family especially if there's a child abuse investigation. It could just mean a whole bunch of things, right? So they had said that they had a spiritual leader, that they weren't solely connected with but that was available. Now that religious leader didn't understand and it was difficult for us to give all the investigation details because they're not privy to those investigation details because they're not family or part of the investigation. So for that person to make decisions, they weren't making informed decisions based on the whole entirety of the case. So it was a barrier because they were providing whatever support but not knowing everything.*

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[SP 23] *We did have a faith leaders panel last November, December, and we invited somebody from the Sikh faith and somebody from the Hindu, a Muslim, a Protestant, and a Catholic. And the Sikh man said, and he called them the management in the church. They don't even want to talk about family violence at all. It's like it doesn't exist. So it's pretty difficult in a culture where the people to whom we automatically turn if we're religious don't acknowledge that we could have a problem with family violence in our community. Then where do you go? That's why what we were trying to do through that panel is to say, "Are there people who view it differently because where do we send people?" Like if your religion is so important to you that the first avenue to whom you turn is your Imam or I don't know, the priest, and they're going to tell you to just stay, and that that's God's will or the Bible says or the Koran or whatever it is says, then what do you do with that, right? [0:45:02] I mean it's the same thing with LGBTQ kids. If they go to the Imam and the Imam quotes scripture that says it's a sin, and your parents don't want you, you're confused, the Imam tells you what's wrong, what do you do with that?*

A strong theme in the focus groups was that clerics and grassroots agency 'counsellors' may 'suggest' reconciliation in ways that amount to victim blaming and normalization (e.g., covering up, not fighting back etc). At the other side, the mainstream providers are often condescending, privileged, dismissive, patriarchal, culturally blind or not culturally competent⁶³.

[FG]

- *Jehovahs Witnesses - you need to honour your husband. If you divorce or anything, you will not go to heaven. You will go to hell. So they live in fear. It's not just this life, it's the next life. It all seems extreme. A lot of HBV is done through a religious perspective.*
- *I have had clients that would consult clerics and they tell them to stay. That is huge as it is a burden on you to stay. People of power within the community - if you go to them, if they tell you to stay, you will be inclined to do so. It's about power and control.*
- *In Christian community it is the same. If you do leave, the bible says you should not be divorced so a lot will stay because if they don't they are not a good Christian. Goes against the bible. The woman is supposed to be submissive. I've had some of my family members who have gotten divorced but when spoke with minister he advises to work it out as that is what the bible says. All your supports come from the same religious perspective and thus the viewpoints are reinforced.*
- *They will only know that one Muslim counsellor because it is all they know and they don't have exposure. They will only know the one that will confirm the current dynamic. If you go to them for advice and they confirm your husband, you won't go far. You don't even know.*
- *If you have kids involved, they have been raised in the same perspective and they haven't been able to form their own viewpoints. The entire community is telling them to be a certain way. Your entire family is against you and your social relationships. You know that as soon as you go against something that is honourable to your family, you give up everything you grew up with.*
- *Culture- sometimes the suggestion of reconciliation, etc, is like victim blaming (women are left in survival mode), have to cover up/ behave a certain way.*
- *The other end of the spectrum- very patriarchal, status quo, and privileged. People don't have lived experiences and also have a narrow minded view.*

A participant suggested that funding criteria may limit collaborations between ethnic grassroots agencies and organizations serving LGBT+ help-seekers.

[SP 29] *Nobody collaborates with us on LGBT refugees. We tried to get a grant from the city, a partnership grant to work with the Africa Center because we thought... our first thought actually was the Indo Canadian Association but the criteria is the organization has to be between two and seven years old and you guys are way older than that. But the Africa Center is just seven years, so we thought that would be a good mix and I thought it was great because its staff there's so much they need to learn. There's no safe space for refugees there, LGBT refugees. But they refused it, they said, "No," they just didn't think it was a good fit. But I'm thinking 70% of our LGBT refugees more than that maybe are of... are from southern African country that we serve.*

Participants described the challenge of building collaborative ties and rapport between mainstream agencies, ethnocultural grassroots service agencies, and members of ethnocultural communities. Whereas ethnic agencies may have developed tacit and formalized relationships of trust with the relevant communities, mainstream providers may experience non-receptivity if not outright distrust. These challenges are magnified in situations where a service provider, such as a home visitor, seeks to meet a legal and institutional obligation by reporting observed domestic violence to Child and Family Services. For example, the home visitor observes violence between the parents (known to have adverse impacts on children witnessing it) and is obligated to report it as a risk to the child in a violent environment.

[SP 14] *Even with the family violence protocol we're implementing home visitation programs. It is written in the protocol that in all positive family violence screens the home visitors are required to consult with and/or report to child and family services and we get so much push back from that and that's working with mainstream for the majority.[0:50:19] Around the issue of family violence I*

think that people still think that there are freebies. People still believe that if children don't witness that they're not impacted. I think that it stems back from to really getting a better understanding and awareness of the impact on children and that exposure to family violence it's about exposure and that's not about witnessing and that's not about them whether they were home or not and all of those things. Then understanding that exposure to family violence falls under emotional injury within the legislation writer or severe domestic disharmony as is written in the legislation. I don't think people necessarily make all those connections either to understand that that falls under our requirements of duty to report.

In addition, the process of getting minors to safe accommodations and getting them faster access to necessary social services requires the contact with CFS to initiate and hasten the process: *'because sometimes we don't have the power to make things move faster unless children services is involved and then things move a little faster through a lot of works [SP 6].'* Despite these legal and practical considerations, dilemmas about contacting CFS persist amongst grassroots agencies. In a situation that an ethnic agency brokers the mainstream provider's access to the home in question, there emerges a potential erosion of the ethnic agency's trust in the eyes of the community. The situation contains a conflict and tension of organizational interests, legal duty, and organization-community-family relationships: e.g., an agency's obligation to report violence versus the need to maintain a relationship of parochial familiarity with client and community. This is a real challenge given that immigrant families already feel threatened that their parenting practices (e.g., corporeal punishment) may be seen as abusive and that the provincial government department CFS may apprehend their children.⁶⁴

[SP 14] *Communities are small, if we're talking about an ethnic minority community I think there is more often relationships that are developed and I think they're very much just okayed, it's just accepted if you will. I think that makes it challenging to really build a rapport of even just then if you go back to the other issue as I'm talking about as far as reporting or really being able to support the individual around even suggestions versus advice, the relationship is different, it's different. If I'm looking to another way to be able to support or if I need to encourage that we need to consult with child and family services but our relationship has crossed boundaries that are no longer around service provider and client then it makes it even more challenging. I think that that's one piece around boundaries and then -- is around the relationships and then -- that's probably really the big one around boundaries as well relationships and I think that part of that just is about the communities being small ... There is the expectation that there's going to be a report and yet I see and I know the reluctance of my staff to do because they're going, yeah it's going to ruin my relationship with the client but beyond that it's going to impact their reputation within the community.*

A service provider engaged in child protective services suggested the importance of messaging and education of the legal requirement to report child-related risk to CFS and the potential punitive consequences of failure to do so. While referrals to CFS are kept confidential and apprehensions are relatively low, another participant suggested that the fear of CFS is fairly obdurate to change in many communities.

[SP 1] *There's some medical professionals that are used to working with children's services and police so they know that I can share. Then there are some that might be a little tip lipped and we may use their coworkers to say hey can you explain it to them. So we try to be creative and it really depends on how people perceive what we're trying to do. And that you're not going to be held responsible. So the big far and I'm really lucky that I get to go to these kind of forums with the doctors I work with and they do a lot of education around reporting to child and family services and police etc. So there's a lot of education and a lot of conversations around it now. We also show*

or I also show in our ASK [INFORMATION FORM] if you're abstracting or not providing information, you could be fined, jailed, and you can lose your accreditations as well. So that's part of our presentation is that's how serious it is. And if you do phone in for example all of our referral sources are confidential. So if I'm going to a home I can say who told me. It's confidential. We try and hammer that home with medical professionals. I say that just because that's kind of what I do mostly is I work in the medical community. So we really try and hammer that home and even as well as I've done a lot of presentations on child and family or act with our different organizations. So for one the Today Center all right, so for the different organizations and my big thing is how to access us, why to access us, when to access us. So I think the big thing is let's just get out there and share whatever information we have so we can work together right?

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**[SP 14]** *Well I think that's what they're afraid of but I don't think in reality that's often what happens. The most recent statistics I'm aware of is that 87% of the time children remain in the home. Children are only apprehended 13% of the time which I mean is still a fairly low stat if you will but if there's that idea and fear and understanding that involvement means they're taking children away then there's a huge reluctance there. [0:45:19] I think that even the idea of somebody else coming in and telling me how to parent is another layer of why I don't want somebody coming into my home and telling me how to do that. I think there's a whole bunch of reluctance there as well. Legislation includes exposure to domestic violence is a part of emotional injury. If there's domestic violence in the home it is our obligation as service providers to consult at the very least if not report. I think a lot of service providers don't really follow that within legislation and I do think that a lot of individuals and perhaps more so from ethnic minority groups are reluctant to access supports and that would be I see one the reasons, which is to say that's one of the reasons.... Well I think we have so much work to do that in that area. I think better relationships with CFS, I think a better understanding of their model because I think that CFS definitely did have a reputation of dividing families, destroying families but now with OBSD and the signs of safety all of these new models and things that are putting -- OBSD is Outcome-Based Service Delivery, is that it's about building resources and supports to maintain the family unit but I think that we're still not there mentally of the beliefs of society that that's actually what's going to happen. I still think that education awareness and building better relationship and partnerships with child and family services is part of it. I think child and family services honestly needs to -- I don't see do a better job but there's not enough consistency I think in CFS and how they respond also and how they intervene and even how they screen cases. I think that they need a better track record.*

The lack of connect between mainstream and ethnic agencies may also be related to the fact that clients from minority communities may reject the involvement of ethnic agencies in the handling of their cases, for example, when an interpreter is needed. This rejection is associated with the reported concern of help-seekers that members of their communities working at the ethnic agencies may not preserve confidentiality, as well as with the concern that the agency in question would adopt a judgementality and incomprehension of what the help-seeker requires.

**[Interviewer]** *What about working with ethnic agencies, volunteer on community ethnic agencies?*

**[SP 5]** *It's there, but again, we need to take our lead from the client because sometimes, the clients have very -- well, not sometimes, they have very defined ideas on who they want to connect with. So sometimes it's going to something completely outside of your group to get the supports. I've heard from a number of clients that they don't want to be referred to this ethnic-based organization*

*because, and then they'll go through what their experience has been. So we need to really be careful with that.*

**[Interviewer]** *Can you give me some examples of what is feared what can happen?*

**[SP 5]** *Well, part of it is kind of word of mouth. So it could be one worker and one person five years ago that breached confidentiality, but it's still woven up there. So credibility is questioned.*

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[SP 18] *And the challenge too is for people -- what we find is a lot of clients who come from another community, from another culture. They actually don't want to -- that information to be known in their community. They want a Canadian. I want to go to a Canadian organization as opposed to a specific cultural or community-based organization. That's actually why we get a lot of people in different communities. You are probably surprised that the number of clients we have but they want that Canadian point of view. So I guess we also tracked clients who want that -- who want to talk to someone where it's mainstream kind of thing. You know we have clients who come in who are Muslim and we have counselors here who are Muslim and that's one of the fastest identities to see as opposed to Christian who might wear a big cross but it's not as easy to see, right? I have clients that say 'I don't want to talk to her because she's from my community'.*

However, while some help-seekers may avoid providers from their own communities, others may also value culturally recognizable nuances in the context of support. In this regard, while various options should be available, what is ultimately possible depends on funding and on organizational perspectives and priorities.

[SP 18] *I think there are women that will want to speak to someone specifically from their community and or they want someone from mainstream. It might be nice for them to compare and contrast talking to you and talking to me getting different information. It's not all the same for every woman. It needs to say it's either or -- So options, options, options, right?*

[Interviewer] *Options, options -- But then again it all needs funding.*

[SP 18] *Yeah, that's right.*

Missing: Training in red flags and dynamics of HBV

There are gaps in provider knowledge of and training in red flags and dynamics of honour violence. This is important because there is such a thin line between prevention of harm and intervention after it has been inflicted. There is thus a need for provider training in red flags.

[Interviewer] *It's a very thin line, isn't it between prevention and protection. I mean how does one separate the two things?*

[SP 19] *Honestly, I'm not sure. I think you have to almost talk about both... the people who are coming to us are usually in need of protection and we're hoping that through our work with them, we will be preventing future occurrences of the violence for them so it's kind of part and parcel.*

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*[SP 21] So our family violence training primarily includes the impacts on children. It includes some of the services that we have access to like the PAFVA legislation which is Protection Against Family Violence Act legislation.<sup>65</sup> We don't really have a specific component related to honor based violence but we're aware of the fact that [IDENTITY CONCEALED] is doing training sessions to our neighborhood center offices in relationship to this. So I have seen that particular training that she's providing and so she's covering that part of it. The problem for us is that the time period that we have is so short and this is so complex that we don't really even have enough time to get really specific about the information that we believe that we need to even in regards to the legislation and what our frontline staff should be doing in intimate partner violence or domestic violence and severe domestic violence in general. We don't believe that our frontline staff is well educated.*



*[SP 1] So I was able to take a look and I think that's what comes to mind is so one is resources is that we have, like we have different agencies that have dealt with family violence. But when you're talking about honor related violence specifically, I think we lack in education. A lot of us frontline workers may have heard of it or may have dealt with a case but in terms of... Because we don't deal with them often or often enough which is a good thing. But sometimes when it comes up, we don't have the education or tools on how do we deal with that, who do we talk to, who do we go to? Where do we get support to help these families. So I think the education as well as we have a lot of agencies we have different mandates. That can be positive in working within a multidisciplinary team because we can use each other's resources.*

In the following vignette the service provider describes a recognition of the risk of an early non-consensual marriage, forced marriage. These signs included those associated with violence such as withdrawal and self-protective secrecy. In this case recognition of the specific problems emerged slowly via deeper probing. The red flags of HBV can be subtle and are more liable to be detected faster with appropriate training in what to ask, how much, when and whom.

*[SP 1] Sure. So when I first started, I was assigned two cases, different times but two cases overall that had the flavor of owner based violence. I worked on those cases with the [Canadian city] police at that time. I didn't work on those on my own. To be honest, initially I didn't know that it had a flavor of honor based violence until the more questions I asked, the more information I got and the more educated I got on what is honor based crimes and honor based violence. Then I realized that's what I'm working with. Both cases turned out quite positive and we were able to use natural supports of the child and both of them when I was investigating them had turned quite positive. .... So initially there was a few things that had come up that were kind of red flags for me. So one where the child was changing at school, switching at school when they got there and then when they left. Had kind of secret email accounts and almost like a separate life. And then through interviews and conversations with various family members as well as the child, it came out that there was a marriage proposal and it came out that the child didn't want. And then the school and some of the natural support said that the child was becoming more isolated and more withdrawn. So eventually at that point we put two and two together along with some of the red flags that we had seen right in the beginning.*

In the focus groups, it emerged that domestic violence patterns of cyclical rise and fall/escalation may be absent in HBV, e.g. when an illegal act like infibulation or forced marriage is being planned. HBV can escalate so fast that responders may not be able to act early enough.

**[FG]**

- *Domestic violence- violence cycles, whereas HBV not so much.*
- *Victims may know or recognize signs (but will be ignored and diminished) and then violence will be different—escalate*
- *Responders- the line is blurring*
- *Honor based killing can happen without the domestic violence.*
- *Can it be more volatile-does it happen faster?*
- *With family, violence can build. HBV can begin severely from the start*
- *It may start as domestic violence - can be anything*
- *Dressing in a Westernized manner (different from culture of norm)*
- *Having a relationship with a different person of a different culture.*

Understanding of HBV related concepts is patchy and relevant competencies are missing. Violence is often seen as not gender-based if it is woman on woman. Domestic violence is not seen through a gendered lens. This has implications for the understanding of honour-based violence in which women are very often perpetrators and violence occurs primarily in the familial context. Some of the gaps in understanding and handling HBV may be because, in Canada, the focus has been on largely on violence amongst intimate partners and on child abuse by one or both parents. There has been little attention to the handling of a group-driven form of family violence. Often also, the strenuous effort to be culturally blind in our multicultural society has led to HBV being shoehorned into the larger category of 'domestic violence' - resulting in a lack of objective analyses of its features and lack of appropriate responses. Silence and under-reporting around HBV are a barrier. This silence comes from the service agencies as well as the general community. The strong association of HBV with 'cultures' of minorities makes many agencies loath to deal with it because of the perceived risk of trampling on minority rights and being seen as racist/culturally domineering. It is possible also that the so-called culture-HBV nexus has been so reified that service agencies may view such violence with a measure of apathy, as something that is entrenched in cultural life and is immune to action or change. When violence intersects with sociocultural factors, service providers are not always cognizant of the fear of the sufferer of HBV or the dynamics specific to such violence in specific communities.

**[FG]**

- *Taboo topic, can't acknowledge HBV is a problem*
- *Challenge at honouring traditions (culture rights), yet these traditions are problematic*
- *How to take positive values and cultures and try to get rid of negative influence- contradiction between collective and individual?*

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[SP 20] *Some service providers may not understand, maybe the power and control dynamic for the woman and they may minimize a little bit. Whereas we bring that up that it's important to look at what's happening and her fear and to help support her to be safe. To acknowledge her fear and to believe her when she has a fear of honor violence, that this is a possibility and not to minimize it and not to not acknowledge it.*

In Edmonton, compared to for example Calgary or Montreal, there is a general reluctance to deal with HBV because of the conflation of this sort of violence with specific kinds of culture. This perception makes the anti-violence service community nervous about being seen as culturally biased by discussing and handling HBV as a distinct sort of violence against women.

[SP 1] *I think Edmonton is definitely starting to but where Edmonton is careful is and I do have connections and coworkers and friends who are working in Calgary and working on these issues. How we differ is that Calgary sees this or views this as a cultural issue. They've created for example like a cultural unit so if these issues or this topic comes and they've identified as like cultural or colored people for example and it goes to that special unit. Edmonton is a very careful as they don't want to label this as a cultural unit. [00:50:29] There's only I think just a small portion of people around Canada who are saying no, this is a society issue. This is not a cultural issue. That's why we're slower in our training or it's because we're trying to gather more information and not label ourselves or label people. I come from Calgary and so it's not a job or a poke at Calgary but that's just how they're kind of viewing it right?*

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**[SP 26]** *But what I see happening is the way it's looked at; is that we have domestic violence in Alberta. Honour based violence...we don't want to go there, because that has cultural stuff attached to it. And this is where I start getting confused, "Wait a second, we need to be talking about this globally", and there's a separation, "Oh no, we'll just talk about domestic violence; we'll talk about intimate partner violence. We are not going to go to the honour based violence". Because people aren't understanding that the honour based violence is happening. Not in Pakistan or in India, right here in Alberta. And I know there was lost when I brought that up, whoever was it ask me in the focus group to elaborate on that. I was actually watching the EPS members, because I knew they didn't know and I was watching their faces and you could see them going basically, "Holy shit I didn't know this was in our backyard", well it is. And that's what we hear over and over from the prosecutors from CFSA, from The RCMP, from everyone I'm working with; "What are you talking about? This is happening...this doesn't happen here; it doesn't happen in Canada.*

### *Data gaps*

HBV statistics are needed to understand prevalence and seriousness and to develop tailored approaches of prevention, intervention, and rehabilitation. Collecting such statistics also means that case workers should understand the specific characteristics of such gender violence AND be mandated and capacitated to compile, archive and share the relevant statistics. The lack of statistics specific to HBV is a serious problem. The lack of statistics has to do with lack of funding requirement and ability to deconstruct case details for aspects of HBV, alongside a lack of capacity or priority to collect and report related HBV-specific figures. The lack of requirement and concomitant lack of funding-cum-capacity to maintain refined and specific datasets is a huge gap in the system.

**[SP 13]** *we have had several cases where you know women have been forced into marriage and their marriage really doesn't work out well and so they want to be in the shelter.*

**[Interviewer]** *Okay, how many cases on a percentage? Say a percentage.*

**[SP 13]** *We don't actually divide the cases like that so I couldn't really give you but I know it is a handful. [00:10:02] We do get about 360 women in a year. But we don't, we haven't identified. You know we identify many other issues like immigration issues, right. It is a lower percentage. So it is a handful of cases within the past 3 years.*

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[Interviewer] *So I had a question about do you have statistics of how many cases like this honour-related violence do you think coming to your agency.*

[SP 18] *We don't get into that kind of detail because we saw 1,300 clients. So the detail that we get into is around -- if they are experiencing family violence kind of yes or no, the community and culture that they identify with, some of the details about the types of abuse.*

[Interviewer] *So it's not consolidated statistics focusing on a specific kind of violence.*

[SP 18] *Right. It's more broad-based research. Again because of the funders want and it's not something that funders are looking for. They are not asking for specifics. So we're not collecting those. And it's a challenge because it's like how deep do you go into it when no one is saying, oh, great, I'll give you money for that right? It's sort of that challenge.*

[Interviewer] *Exactly and maintaining itself a full-time job sometimes.*

[SP 18] *Yes.*

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**[SP 26]** *You have to remember to as well is that we receive our funding from the government. Therefore there is a mandate that comes with that, and we cannot deviate from that mandate by much, if we intend to keep our funding. So our mandate comes from the government, and it says you will provide this, this and this. And you will provide it this way.*

**[Interviewer]** *So specifically why would that be a conflict with HBV specific data collection?*

**[SP 26]** *It would conflict if including anything, what it conflicts with is the terminology that we are asked to use, when we collect data. So what they can say ... what they do say is here is how you are going to collect your data, and they set out those terms.*

**[Interviewer]** *So and is it very, very broad?*

**[SP 26]** *Yes, it is its very, very broad. I find it's very broad I guess I shouldn't speak for [IDENTITY CONCEALED] agency on that piece, I find it is very broad, I find we could be a lot more specific, in the data we are collecting, we have actually interestingly enough just had a meeting where we identified some of that, that we are not feeling like we are being specific enough, with what we are collecting in terms of the population of coming through the shelters. We have somebody who is actually trained in data collection, and she is coming up with some alternative assessment pieces to perhaps add in and all the violence did come up. How do we start collecting the right information?*

### *Family consultations and kinship care: Risky steps*

For adolescent help-seekers, contacting the parents to consult with them may be ill-advised when it comes to HBV. In this context, one may also consider that at the school level, the available guidelines and practices around counsellors and teachers contacting parents are hazy and inconsistent. In a situation that a teen is at risk, contacting the parents or other family may be risky and trigger further violence against the teen.

**[SP 16]** *They have to feel emotionally safe and actually physical safety so they have to know that their voice will be heard and that their voice is going to be heard and there won't be the phone call back to a 14-year-old's parent to put them in further risk. So I think safety is important. I think they need to know who's there for them and how to access them and what is that service going to do for them.*

Our focus group findings indicate that most but not all providers would observe strict confidentiality. There may be situations when parental pleas for information may be obliged, depending on the provider's standpoint.

**[SP 4]** *Again, it depends where is the violence coming from. So if the violence is coming from the parents, of course. It's kind of like what she was saying, "If my husband has abused me, would you bring my husband to talk?" It's not safe. Sometimes people come for couple's counseling, okay? And the first thing they have to assess is if there is any family violence going on. And if there is family violence, I will not see them as a couple. I will see them individually, like I will see one of them, refer the other one with someone else. I won't see them as a couple because it's not safe and there's not much we will be able to work on. It's not good practice, right? I wouldn't be able to really help them. So the same thing if the violence is parent-children. Then bringing the parents is not going to be the most helpful tool. At least I cannot bring and tap them together or I cannot say to the parents, "Your child is reported this, this, this or that and you did this to your child" because then what's going to happen with that child is alone at home. It's not going to be safe for the child.*

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[SP 14] *I definitely don't think that -- I would never recommend contacting the parents unless the parents came forward and said, we're at wits end, we don't know what else to do. For them to even come to that point they're already valuing the relationship more than the behavior and that's essentially what we want to get to where it's about the relationship and not about the behavior.*

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**[SP 11]** *Many things we could but this is one that you have to cautiously think about because you know it's, first of all, underground and she is vulnerable that's why she is coming to you and won't go to them because she hates them. It's not a no-no for us.*

**[Interviewer]** *So you have to use your judgment?*

**[SP 11]** *Exactly. We can answer no-no or yes-yes. It's just case by case and use your judgment and get the consent from.*

**[Interviewer]** *But that's very important to even point this out because there is such a huge emphasis on bringing families together but sometimes actually no. It shouldn't always to bring families together is a good idea, not always.*

**[SP 11]** *Anything to do with sexual violence as well as cutting of one's body in particular areas, this is something, it's high risk in trying to bring in everybody. So there are ways even in Canada, even if we want to, there are laws in place that would prevent us and we have responsibility in doing so. But any other kind of thing, of course the first thing you would like to ask that person who comes forward is to look at who is your support. Who can we consult with? What can we help to*

*bring this situation to where you wanted and where we could go from there and get both sides of the story, right? But if it's not affecting their life in anyway then that's –*

**[SP 9]:** *Yeah especially if it is 14 or 15-year-old girl and she is married of course there's a forced marriage issue. Obviously I would think consultation needs to happen, right? Consultation with the child first and then with the parents too because they are the legal guardian of the child no matter how hard you want to support that girl, they are the guardian too, right?*

In a counselling environment, parents can and likely should be part of a consultative process when they are the ones bringing the child to the service agency. That situation is quite different from when a 'mature minor' contacts the counsellor and requires absolute confidentiality. However, the category of 'mature minority' is a grey zone and it is open to debate if the service provider would always accede to the request for not contacting or consulting with the parents.

**[SP 4]** *So when I work with younger children, I work very closely with the parents because for me, the way I see things there will be in the younger children is very close to how that relationship is going, and I want parents to transform things at home in order to support better that child. A young child would not come for counseling by himself or herself, the parents are bringing him. So the parents are willing to do something for this child. So it's easier to work closer together. The different thing is when you're talking to teenagers because teenagers, they might be themselves, the ones who want to come for counseling. It's not necessarily the parent bringing the teenager for counseling. And the teenager might disclose these things that might be going on at home. So it's a different scenario when you're talking to older children, let's say a 15, 16-year-old.*

**[Interviewer]** *Yeah, I can see that. So, what is the prospect then for parent consultation when it involves the teenager who absolutely does not want to get back to the parents?*

**[SP 4]** *So again, we do talk about confidentiality, the very first thing we do. So it depends. Like if it's a teenager that's 16 or older, I could assess out for -- like there are different things I need to assess to see if I can consider that a mature minor. And then if a 16, 17-year-old qualifies to be considered a mature minor, then I don't need parents' consent to see that person in counseling and parents don't need to know anything that goes on in counseling. So it's considered like if it was an 18-year-old, like an adult.*

When it comes to teens at risk, service models and individual perspectives may emphasize involving the parents in a consultative process.

**[SP 4]** *I would definitely, like in my role as a counselor, I would process whatever is coming up for this 16-year-old [in a hypothetical scenario of planned infibulation] and I will see how this 16-year-old is leaving this or anticipating this will be for her, right? Like I have my own biases and I'm very much aware but I will try to explore how she thinks that will be for her and what that would mean in her life and how would she experience this advantage. And if possible, check in with the parents and what does that mean for the family and try to make that connection of, "Well, this is how you are perceiving --" like if let's say, the 16-year-old says like, "I don't want that to happen. I think this is not for me. I grew up in Canada. I don't want this to happen." And let's say the parents think it's like the greatest thing they are doing for the daughter because --Usually, I go on the assumption that parents want the best for their children, even though they might have very different ideas of what I might think is the best for my children, but I go on that assumption. So if possible, I will try to facilitate that conversation and that finding the differences like, "This is what*

*it's meaning for you. However, she's experiencing this as this, and what can be done so it's something that is actually good for the girl."*

The risk of triggering violence by consultation with family could possibly be circumvented via training and education that family (nuclear and extended) and the relevant community reference-group are not necessarily to be relied on as a source of supports. Similarly, kinship care is not a fool-proof safety solution when extended family have a hand in the violence. The vignettes below illustrate the risks of a model of support involving the family as a support system for a child or minor when family members may be the perpetrators of violence.

**[SP 1]** *We also use this delivery, service delivery model in which the whole goal is to work with families, work with natural families. Keep parents involved in plans. Have parents complete or be part of a plan and create plans themselves. Include extended family. Include all natural supports. Now I think that's great however in some of these situations it actually could be a risk or we could be putting that child at further risk when we're involving or telling parents about our plans and solely what the concerns are because they could be the perpetrators. So we do find that difficult because we are mandated to include families and natural supports but there is a chance of that too who poses the risk. So I have heard when I have gone to different centers that workers who have kind of been dealing with some of these situations they face quite the challenge on how do we work with families because we have to but then they're the perpetrator. So that's a huge gap in our system right now is what we're mandated to do and how that poses a risk.*

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[SP 21] *I think one of the challenges here too in relationship to child and family services is there's a significant focus on kinship care right? You understand what kinship care is?*

[Interviewer] *I'd like to hear it in your words.*

[SP 21] *Okay. Kinship care is if a family, if a child is removed from a family they try to place the child within the larger family unit okay. So whether it be an aunt or an uncle or a grandma or whatever, right. So that that familial connection is still there. The problem is that with southeast Asian countries or whatever where there's a patriarchal sort of mindset and belief and where honor based is larger than just the core of that family right? It's the larger family. When we look at kinship care if children are placed within kinship care they're still probably at risk, right? And I don't know I'm not sure okay whether there's enough emphasis placed on that in regards to our role as child and family services. Recognizing whether this might be a safe place to put a young girl with another family member right?*

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**[Interviewer]** *Something that struck me in a conversation I had with a police officer who said that there is often-- Because of this non-comprehension and also this sometimes the well intentioned desire to fix things up—*

**[SP 16]** *Sure.*

**[Interviewer]** *Contact the family.*

**[SP 16]** *Yes.*

**[Interviewer]** *Especially if it's a young girl say who's run away from home.*

**[SP 16]** *100%.*

**[Interviewer]** *And that can be a grave mistake.*

**[SP 16]** *100%.*

**[Interviewer]** *Tell me more about what you think.[0:20:32]*

**[SP 16]** *Again I think everyone is well-intentioned. I think people want to help. I think people are on the continuum of wanting to help quickly versus having a little bit more time and space to do that help. So if you don't have an understanding of who it is-- If you don't have an understanding what harm, causing harm would look like then you don't know you help might not be helpful. So for example because you made some assumptions about this 14-year-old girl, you probably made the assumption like all of us would have made. Okay, so she's 14. She's young. Yes, all 14-year-olds have difficulty with their parents. We understand that they are teenagers and really everybody has teenagers that act out. It's kind of their way of being. So if we take all of those misunderstandings. To say well the thing is then to have a better communication between the 14-year-old and her parents and I can assist that because I have this and police do, they have an incredible profile in the community and they have power with that profile so they can influence and they do in many many cases. So I can see them just hoping right in there and thinking that it was just any other teenager and we can be right along beside them. If we didn't think to just ask a few more questions and it's about safety and about understanding what might go wrong my contacting. So we do that I think well for the most part. If we think about intimate partner violence. I think we for the most part I think the community is educated in oh it's not so good to contact the partner and talk to him or her about the circumstances of the victim. It's not really good to be recommending couples counseling for domestic violence. So I think we were getting that. I think we got that piece to understand safety and risks to the victim. We want to make sure in every recommendation that we make, it couched in what can be safe. So it's whether contact at work, what would be safe? So I just think that that's a piece of again education of really a 14-year-old could be a victim of honor based violence.*

Service providers (especially from the same community as the abusers and victim) reported worries that they may face risks, threats, pressures, also exerted on their family members. It is uncertain how many agencies are alert to the risks presented to service providers, although some reported such awareness and had instituted precautionary steps. In a situation where the provider and the person being investigated or supported are from the same community, there is also a measure of unease over potential conflicts of interest. These concerns are illustrated in the vignettes below.

**[SP 1]** *I'm Canadian but from a different culture. I've also seen how that can also cause a barrier in the sense where when I happened to have had a file from someone in my own community and now I choose not to do that anymore. But when I did they knew my mum, they knew what place of worship I went to. I have to, I'm in the position where I have to have tough conversations. Yes I'm there to support you but you still unfortunately if I'm involved, you have to have those tough conversations that comes with my job. That wasn't number one I'm a woman. I wasn't married at that time and they knew a lot about my family. So I was quite worried about my mum and my immediate family because this particular family I was working with was so unhappy with how things have to go. So I've seen how it's been exceptional and so helpful for families and even*

*service providers but I've also been on the other side of the table where I thought I was going to put my family at risk by doing my job.*

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[SP 26] *The way that our agencies run I can't dive into detail on the level of our security. There are certain practices that we have. In completing an assessment on what the women have disclosed to us gives us a number in terms of where she's at and over a certain number trips and security alert, which trips an organizational response and some different protocols in place. So if she come... if that comes up and her number comes in as high and trips that alert there are even more practices in place. We have a very good security system around our staff and around our practices that has the ability to cope when we take that next step up. So we do have practices in place.*

Challenges of detection and intervention when violence is not obvious

Spectacular violence is not the norm; intervention may be and is often skewed by the non-obviousness of violence. In a society where the most visible honour crimes (killings) are strictly and unconditionally proscribed by law, the types of honour violence occurring within families and enabled by their community reference-groups are less conspicuous, tending towards forms of violence that are not egregious, not liable to be readily detected, prevented and punished within the scope of law.⁶⁶ For example, a forced marriage may be conducted under the guise of an arranged marriage, allowing the evasion of punishment under the Criminal Code for sexual assault. Dowry, a vicious form of marital extortion by a groom's family, widespread in South Asia and ill-understood in Canada, can be recast as an innocuous gift exchange, allowing evasion of prosecution for theft and extortion.⁶⁷ This sort of cover-up is tragically easy because the bride is intimidated into silence (by the families as well as by the challenges of communicating with service agencies) and her natal family is reluctant to incur the social costs of the collapse of marriage negotiations and processes.

In this following exchange the service provider at first saw no link between agency work, service experience and HBV. This changed when the question was reframed to include the various forms of non-homicidal violence that are also part of the spectrum of abuse and violence in HBV.

[Interviewer] *Have you encountered any cases of honour violence in your work with victims?*

[SP 19] *I don't even think I've been involved in a case I'm just trying to remember but I think I would remember because there few and far between -- so no. I don't think I've been involved with one.*

[Interviewer] *To expand the question more, if not here in your current role, then in any previous experience have you ever had -- and it's not -- again, not killings, no. It's such a spectrum, right? So there's forced marriage, seclusion at home, withdrawal from school sometimes because concerns with morality and shame, heteronormative behavior and so on. [0:15:16]*

[SP 19] *Yes. I forgot about the wider situations. But yes, definitely with arranged marriages. Those seem to be the more that we get are those types rather the other types. So with the arranged marriages often our clients find that both their own families and their in-laws are well they say, against them. That's the word that they've used. So we tend to do a lot of work with them and it's a very complicated -- those are very complicated cases as I'm sure you know because sometimes it's not just the family but it can be the whole community that they're involved with that don't agree with splitting the marriage up or getting divorced. So the people that we work with are often very*

isolated and have trouble connecting with other people because this was their family and community and that's what they knew. So yes, we have worked with several.

Low urgency and priority are attached to psychological and emotional violence, which are definitely associated with HBV but are not actionable unless these are associated with explicit and recorded threats of violence.

[Interviewer] *What would you call a situation where the girl is young, 16 or she doesn't have to be young. Say she's 21 and she's in university and they want her to marry. She doesn't want to marry and the mom says I am ill, I am sick, I have palpitations because of you. And the father says you're making your mother ill and an uncle says you're making your mom ill. Then the girl starts thinking. What would you call that situation?*

[SP 16] *It's a very traditional way of viewing women. It's looking at women and daughters as do they have free will? Are they free to make the decisions about their life in any factor of their life as they should be. So I can where a traditional farm family where the stereotypical red neck Alberta would come in with their shot gun and say you're going to get married and I don't care about you and look at what you're doing to this family. We got a reputation here. Like I can hear it. So I think that there's pressure if we look at women and women's lives, there're pressures... you are really torn. It takes a strong person and who really isn't I mean maybe at 21 but to be able to say you know what I understand but that is not my problem. I want to be supportive to you. I love you but I really want to go to university and live on my own or whatever. That to me is more foundational about freedom and rights and empowerment and autonomy and authority of you as a person. So it's emotional abuse for sure.*

[Interviewer] *So what we think of reputation associated violence or honor based violence is more than just physical.*

[SP 16] *100%. There're lots of layers to that.*

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**[SP 17]** *One of the staff here did actually tell me about the 16-year-old girl that we had worked with. She was being forced by her parents to return to Cuba to be -- in a forced marriage and I think because and she had -- her parents I think were -- that she was not listening to her parent. She had a Canadian boyfriend like she was kind of not following what she should have been I guess. [0:45:20] And so I think part of our recourse here was to contact CFS just to sort of say "Hey, we are concerned that this girl is going to be sent back to be in this forced marriage. She is 16. She is under the age of 18 that kind of falls within CFS mandate." What the staff here had said was, you know CFS just looked at that as -- she is a willful teenager not wanting to listen to her parents. So missed the whole boat on what we were seeing as red flags and just pretty much called her a petulant teenager, right?*

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[SP 21] *So and part of another thing that we don't do very well even within police services and stuff there is so much focus on the physical part the violence part okay so things such as the assaults, the threats, the intimidation and even intimidation is a little bit more difficult and the child youth and family enhancement act talks about domestic violence or severe domestic disharmony. The severe domestic disharmony which is the psychological and the emotional abuse*

and the verbal abuse and the spiritual abuse there's no charges underneath the criminal code that will specifically identify those that an individual can be charged with emotional abuse on an individual or verbal abuse unless there were threats per se. But constantly putting the person down and saying they're nothing and saying that they're no better than the worm or something along that line. There's nothing under the code that you could charge an individual with okay. So we often don't even, those files don't even come to our attention. ... If they called the police and said you know my mother in law is verbally abusing me, okay the police would go well yeah there's really nothing we can do. If or if that verbal abuse is impacting the grandchildren which I'm sure it is, so it really comes under the emotional abuse as severe domestic disharmony, it wouldn't even come to our attention. We wouldn't even hear about it. If it came to intake with us, I don't think our frontline staff would recognize it as a serious concern.

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**[Interviewer]** *Can I just throw out a hypothetical question here? Suppose you had a 16-year-old girl coming here and telling you that she's going to be cut, circumcised.<sup>68</sup> She's going to be flown back to her home country, and this is going to happen to her, what would you do? What could you do and what would you do?*

**[SP 4]** *One of the first things I will do, I probably will call Children & Family Services because of my duty to protect children, right? She's 16, she's a minor. So I will check if there is anything that can be done to protect this child, this young lady. I don't know if they will do anything about it because nothing has happened yet. So it is kind of hard to see if there is anything that can be done in that sense because ultimately like if they are minors, parents have the legal custody and they can take them. So I don't know how much I can do about it in terms of action....*

**[Interviewer]** *Yeah. Now, in the question that I just threw up, the fact is that girls are really circumcised at the age of 16. It happens at the age of five to eight.*

**[SP 4]** *Yeah. I was a little bit surprised. It's like 16 is kind of a little bit old, usually.*

**[Interviewer]** *It could happen when they are older. But suppose it's a five to eight-year-old, what would you do then, suppose it came to your knowledge that the parents are --? It really comes up because one thing is that people who do this know that this is not acceptable practice in Canada, so they're flown back. But suppose it came to your knowledge that the child is at risk, are there steps in place that would help you to take any kind of action at all? Are there any protocols or programs? What could you do?*

**[SP 5]** *Again, the challenge, like their system is in place but they're not geared towards honor-based violence. ... Children Services is set up to protect children, but again, you've got the problem of, "Well, if it hasn't happened yet, how do they intervene?" And that probably the example of cutting, probably, isn't even on their radar.*

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[SP 16] *[There is a partnership between the city of Edmonton and Edmonton Police Service] and the team work with high risk family violence files.*

[Interviewer] *Could you elaborate on what high risk means this context?*

[SP 16] *So they would be at risk of homicide. So these are files that have been reported to the city police or complaints that are reported to the police. The charge has been laid and then they are sort of categorized or with respect to if there's risk of homicide. so if there's any weapons or strangulation or anything that's really about an imminent death that's involved in the domestic violence versus a low risk where somebody does not have any -- Although some low risk can turn high risk, so that's where it gets a little iffy at times. But certainly with the low risk file, it would be somebody were not receiving any sort of physical abuse. It might be emotional abuse although it depends of what kind of emotional abuse but that kind of is the difference.*

[Interviewer] *So risk is dynamic and it can change from low risk to high risk.*

[SP 16] *Dynamic is true, very tentative.*

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**[SP 24]** *Well generally women have to be in really danger to get into a shelter. If she doesn't make that clear when she calls the center that is in immediate risk of abuse of more assault then she will not be on the top of the list.*

Current focus on physical, evident violence, can lead to the dismissal of psychological violence in the case of LGBT+ persons (as for example ignoring a teenager's gender identification and imposing a birth-assigned gender).

**[SP 29]** *Violence is emotional, and psychological, and physical, and sexual; violence can be lots of ways. I mean for instance if we have a child coming here and say that it's not safe for them at home for a variety of reasons. If they call and report themselves, that's pretty good results right. I don't feel safe at home because... But often there has to be some level of insecurity that involves physical contact of some sort, right? Even if it's just scratched my arm and squeezes it and won't let me go, right? There has to be something to say that they won't call me the right name and pronoun, nobody acts on that.*

**[Interviewer]** *Because it's not seen as rejection or violence?*

**[SP 29]** *No and I would say that physical violence would be preferred to that almost. Because that's clear, but when... say if I have chosen the name Susan and yet people continue to call me Jack everyday its complete erasure of my identity, its complete erasure of my identity and that hurts every time you hear it... It's pretty common that kind of experience of not just being kicked out or experiencing physical violence, but if we think about insecurity associated with the lack of acceptance. So you can never know whether it's okay to come out or not or you're never sure whether you're going to have your parents or yourself or them calling you by your birth name and your birth pronoun, because it's just easier than going through the rage every time. So I would say there's a high percentage of the population that we deal with that live in that world.*

Two service providers at first saw no link between their agencies' work, their service experience and HBV. This changed when probing questions covered the various forms of non-homicidal violence that are also part of the spectrum of abuse and violence in HBV. In an interview about reactions to coming out in the Chinese community, it was reported that homophobic-transphobic violence takes the form of rejection and ostracism rather than overt physical violence. However, some service agencies suggested that CFS intervenes when something has happened, something visible. In a case where there is a fear of infibulation or forced marriage but nothing has as yet taken place - there is only a perceived threat - CFS would likely

not intervene. Risk and safety planning for younger persons is a challenge for shelters that take in those 18 years and up, and for CFS which may not prioritize a 17 year old person at risk.

### *Lack of training and standardized tools for HBV Risk Assessment*

A significant barrier is the lack of clarity around the aspects and dynamics of HBV, and what distinguishes it from other forms of abuse and violence involving the family. Also, lack of awareness of or access to standard risk assessment tools, as well as lack of knowhow and training regarding their use, are barriers in handling and referring cases. Focus group participants were divided on whether or not HBV required distinct tools of risk assessment. Some participants suggested: *“HBV is not culturally related. So the basic tools of risk assessment and safety planning for HBV and DV are the same.”* Others, both in interview and focus groups, thought that HBV is distinct from DV in that it has multiple perpetrators (extended networks of violence) that complicate safety planning, while making it all the more urgent, given that those at risk are often isolated, confined, and threatened by multiple perpetrators (primary and secondary).

#### **[FG]**

- *Different risk assessments/tools are needed, more extended, multiple perpetrators make it harder to assess safety.*
- *Need to look at different safety/risk planning assessment → more people involved. Different kind of danger.*
- *Perpetrated by a larger family. There are more layers- more triggers.*
- *Difference can involve multiple abusers. DV is about two people, HBV is about one versus many.*
- *How does it differ: Several people ganging up on an individual. Domestic violence is more one on one.*
- *Extended family not being supportive in the household - shared beliefs.*
- *More complex-different aspects that need to be taken in*
- *Early intervention is needed when violence happens, it's many against one. They have no one to talk to - isolated. They aren't allowed to leave the house- totally cut off from outside.*
- *The mobility/space (freedom) are restricted by family (can be cross cultural)*

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[SP 25] *Safety planning is not necessarily just one person specific because we know with our new immigrant population that the husband is connected to the greater community. So when we do safety planning, we ask the question okay going to the temple will you be safe there? Going to this cultural function will you be safe there? Who's going to be there? So we'll ask those types of questions versus is your husband going to be here or there or that type of thing knowing again yesterday's example. She identified her parents are not safe for her, her sister is not safe, of course her husband's family is not safe. So she moved from another city to here to get away from all of that, to feel safe here. So she's really assessing even now going to her religious community will that be safe for her that type of thing.*

Participants indicated that collectivist gender violence permeates/impacts the workplace too. Gender violence, including HBV, occurs in workplace as well. Also, we should consider that something like honour violence has impacts on the workforce in the sense of defining who enters it, who does not enter it, with women being kept isolated at home, unaware of their right to work (if they are permanent residents) and unable to work (when their documents have been withheld or when their lack of language and skills remain unaddressed owing to isolation and lack of access to available help).

[FG] *Not having enough education is a big factor in the violence. Start helping them and enabling them to stand up on their own.*

None of the agencies officially used a risk assessment tool specific to HBV, with the primary focus being on spousal violence, i.e. intimate partner violence rather than a situation of multiple perpetrator violence with extended networks of violence. Participants were concerned that their tools might not be adequate to the purpose of detecting HBV. The risk assessment forms used in interviews with help-seekers are chiefly the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), which is a modified version of the the Spousal Assault Risk Assessment (SARA), and Danger Assessment.^{69,70,71} PATRIARCH⁷² was known to some of the service providers, who found it relevant to their anti-violence work, but is not in much official use (See also the related notes in section [Go out and meet the clients where the clients are](#)). Specialized training requires funds for the expert-led workshops needed to clarify tool use. Only a few agencies (usually government, i.e. domestic violence intervention and child protection, or the better resourced nonprofits) can muster the resources for such sessions.

[SP 17] *One is we don't have a form or something that's purposely geared toward honor based violence. We definitely have forms and sheets for family based violence but in terms of specific questions we don't have that and we're definitely trying to work in creating something like that but we don't have that currently.*

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**[SP 16]** *We use the B-SAFER and we like it because it's a structured approach. It also has room for opinion, the educated opinion. I think again with any tool on the PATRIARCH, we did have a little bit of understanding and training on that one. So again it's about a tool is a tool about how do you use it and having experience using it. So it's good that it's structured but I think it's also about having a broad view of what is domestic violence and making sure that it does include the honor based violence and forced marriage and like the whole-- When we think about domestic violence, what are we meaning and understanding and expanding that definition. So a risk tool is just a tool. It's an important tool but sometimes as we said it's dynamic. It changes. It's fluid. And sometimes when we see risk as defined as low, it actually could be high. So that's why that experience and understanding and knowledge and just working in the area is so important.*

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[SP 17] *All of the staff had been trained in the PATRIARCH model or the B-SAFER. So they had all gone to the training and we all have the -- So we have the risk assessments and whatnot. Now two of the staff that have been trained have left⁷³ and one is still here. So in terms of the training part of it, we do have the manuals, it is something that the staff and I were talking about how we work within the honour related violence piece good that we have these tools, right? So at least we have that.*

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**[SP 20]** *We do a risk assessment so based on the number of positives that we get at the risk assessment, we most of the time will determine that to be a higher risk than someone who is not scoring positively for most of the questions. We have based our risk assessment on the B-SAFER which is a version of SARA, the Spousal Assault Risk Assessment, and I've been here at John Howard for about two years and I have been asking for a standardized risk assessment and we have all gone through the training for SARA and the Patriarch. And the one for elder abuse is 8*

*years I think. So we're familiar with risk, what to watch for, but I would really like to have those assessments here so we can use them and it's a cost effectiveness that we're looking at.*

**[Interviewer]** *I'm trying to get a sense of why the choice of some tools rather than other tools? So why BSAFER, why SARA, and why Patriarch? Why not for example, the UK model?*

**[SP 20]** *Actually, one of our staff used to work in the UK and so we developed something in ourselves that was based on what she knew and we do find that there's quite a bit of crossover between what we've got and the B-SAFER. The reason why those ones come out for us is because the City of Edmonton uses B-SAFER. Alberta Health Services uses SARA and we've been able to receive training through them on these tools and that's the primary reason why.*

**[Interviewer]** *So the model is actually set up there so to speak and then it follows through.*

**[SP 20]** *Yes. And certainly, we're open to other possibilities, too. It's just that those ones because they're being used elsewhere, my thinking is that it's nice to have the continuity between agencies but we don't have to.*

**[Interviewer]** *What would be the pluses of standardizing it and what would be the minuses as well because it's –*

**[SP 20]** *Certainly, the minuses are cost associated, making sure that everyone is properly trained on whatever tool it is and I think sometimes, you don't get all the questions that you need to ask in a standardized assessment form. The positives are that we have something to show for example a lawyer, a judge, if anything were to happen in our client's situation then we could have something more -- this has been more widely accepted, I guess to show them as being an effective tool rather than just saying this is what we did and this is what we try to do and this is what happened. So those are my pluses.*

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[SP 20] *We use Dr. Jacquelyn Campbell's Danger Assessment and all the shelters use that tool and it's a tool that assesses lethality. Dr. Jacquelyn Campbell and she's out of John Hopkins. So all the shelters have been trained on that and safety planning. We do some goal attainment things. We're looking at and I think we'll be implementing that soon here some acuity scales just to see where the woman is at for risks, barriers, not just with family violence, but in other areas of her life.*

[Interviewer] *What about tools like be BSafer or PATRIARCH? Are they relevant?*

[SP 20] *That could be an added tool to the tool kit for sure, but we don't use that one, those two specifically.*

[Interviewer] *Okay. Was there a particular reason why you adapted this tool?*

[SP 20] *I think it's because it's a good fit for women in shelters, both emergency and second stage, and it adds those key questions around her safety. There's also a calendar component which can be really helpful for the woman to see sort of the patterns.*

[Interviewer] *The dynamic aspect of risk right because it changes.*

[SP 20] *I think that's the main reason shelters have used that tool and we received a lot of training on it and that kind of things from Dr Campbell herself.*



[SP 24] *[Describing knowledge of PATRIARCH and use of the tool to assist casework] So this is a risk assessment as to what the potential is for honor based violence in this extended family community situation. So it's asking questions to the victim about the perpetrator and assessing various pieces and as to basing and hopefully have information that we can base the risk of honor based violence to her: So this is a tool that I use not necessarily the police. So this is not a police tool. But it's a tool that I use as the social worker in working with the woman you know, to somewhat be preventative right to get, gather information that would help me determine like what level of risk is she in terms of honor based violence. Like has this happened before in this family? Like has someone been killed or punished because the woman or a young woman in the family is in some way perceived as shaming the family. That is not following traditions expectations that have implications on her family and that her family is somehow offended by her actions. So determine that puts her at risk. Right? So that's why I'm trying to determine how the family is –you know, if this happened before. Does she know that another family member has been punished somehow for her not following expectations, cultural expectations. And what was happened? Like how far has this family gone before to make her do what they want. So those are the kind of questions that are in there and then there is like how much support is there from the family to pursue this with the young woman right? Is there community base support too that, yeah. So when using this you know, whether there's actually evidence for each part.. three part to it. Yeah. So it's the nature of the acts, the violent acts that happened in the past, okay and the threats. Then there is the perpetrator's risk factors that this tool assesses. Like so how do they perceive her the perpetrators like her transgression right or her –their perception as to how the family is being perceived in their cultural environment like the better they are actually disintegrated, code free. Like do they feel that their culture is not being preserved. So that sort of idea, their perception of how they're doing as a family and their cultural context yeah. Whether there is mental health issues with the perpetrators like whether that's the husband or the father or the mother or the sister that have mental health issues that are already showing that their boundaries are not in place or right? Or maybe there's a lot of drinking going on that it adds to the risk. Maybe there's some antisocial attitudes in that family. Like they're not connecting with the Canadian culture, they're feeling hostile. They feel that the Canadians have it all wrong. They don't want their daughters to associate with Canadian boys. Or with Canadian families at all. Isolate themselves or feeling hostile in their Canadian environment. So their perception or how they fit in right within their own cultural community like yeah. Shutting themselves off from the mainstream and maybe have very strong community connections with their religious insitutions or with their religious environment like maybe they're very strong religious. Making sure that the children learn about the beliefs or that they're praying, they're following all the cultural rituals and they have lots of friends that are doing the same.*

Indeed not all agencies may even have a formal risk assessment tool. In some cases, the preference was to rely on relational techniques and conversation analysis.

[SP 4] *But I personally don't necessarily use tools because of the type of relationship I establish with clients. So I will ask a lot of questions. And if I have any indication that my client might be feeling like, let's say totally controlled by the family, I will ask those questions but not from a tool, just from what I'm getting from the person I have in front of me.*



[SP 18] *So we rely on our team approach here to sit down and as a team talk about it. So there is some people work that we follow but mostly it's sitting down with the client and finding out what's going on for them and using the tools from that. We do some scaling questions. But they are very much within our house kind of thing of what we do here.*

The focus on assessing risks in dyadic intimate-partner situation, along with the diversity of even these tools, leads to questions of whether current tools are adequate to detecting HBV as well as to questions of interoperability i.e. how much agencies can talk to each other about levels of risk in cases that need to be caught in time and/or referred onwards. The lack of interoperable tools exacerbates a situation in which the lack of coordination and connection amongst service agencies leads to losses of time, duplicated effort, shunting around of help-seekers, and finally lack of timely prevention and intervention. The lack of HBV-specific risk assessment tools is another layer of difficulty. Service providers indicated that their institutionally accepted tools in use might not capture all the dimensions of risk in a specific situation.

[FG] *Lack of resources and platforms for training in standard methods of risk assessment - All resources on remedial approaches, not enough on prevention.*

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**[Interviewer]** *And I'm interested as to there's so many different risk assessment tools, and what does that do for interoperability? I understand the study has to be a fit between an organization and their approach to the client/person in need and the tool that they use, right, and I'm still trying to get a grip on why different organizations have different levels of intervention use different tools.*

**[SP 20]** *Well, the police have their reasons for the tools they like, which maybe is a FEVR tool. I guess that's a good question. How do different organizations decide on different tools? I guess that's an example of how everyone is kind of in their own little silo instead of maybe being a bit broader.*

**[Interviewer]** *Yeah. There is no one size fits all.*

In the absence of huge funding inputs (quite unlikely for now), perhaps trying to get more specialized via tool acquisition, training and sharing of expertise will make a small positive difference in the accessibility and quality of services. As with all else, funding constrains the practicability and viability of this solution; nevertheless, limited funding could help organize workshops to provide case-based collaborative training to agencies on tools to detect HBV risk. These workshops need not be lavish affairs and learning gains can be recorded and carried forward for a while via current e-learning and e-library tools available. Some providers indicated that addition of new assessment tools would involve added training and simply pose a learning burden on staff already required to master a formidable battery of assessment tools.

**[SP 25]** *The training that we have is for the Danger assessment. We do that training. I'm one of the trainers kind of thing so I can easily train all the staff that we have here. But other than that, we don't have any kind of formal assessment of families. Because we are connected to a greater organization there's tons of assessments that happen. So I'm reluctant to kind of put in another set of assessments within the work. So that's why a lot of this stuff is a little bit informal versus formalized assessment because we have way too many assessments. Like we have a resiliency assessment, then we have a needs assessment, then with the children we have an ages and stages assessment, then we have a signs of safety that we do with the kids depending on their age.*

In the focus groups, risk assessment solutions included: organizations using the same forms (agreeing to use the forms as well as participating in relevant training). If case workers perceive dynamics of HBV in play (see [Table 1: Red Flags in HBV](#)) they can probe further, asking for example, ‘*about conflicts over dress code, dating and other life choices, questions about family background, dynamics etc*’ [FG].

**[Interviewer]** *Yeah. How would you identify the red flags of a very dangerously patriarchal household?*

**[SP 21]** *Physical violence and just some of the other controlling aspects not allowing individuals within the specifically female individuals within the family to go off on their own or make choices on their own. That everything has to be referred back through the patriarch of the family or that the patriarch of that particular unit. So usually the husband type of thing.*

**[SP 22]** *The isolation too that even if they are able to go out it’s a male family member who has to be accompanying them everywhere. Like they’ll take them to school, they’ll take them to work and pick them up. So they never have that sense of dependence and freedom.*

**[SP 21]** *What else? Let me think here.*

**[SP 22]** *The financial abuse like the –*

**[SP 21]** *Well yeah.*

**[SP 22]** *But I think also other complicating factors. So any kind of addictions or mental health in the family because that poses a major risk. The abuse escalates during the addiction. It might just be physical or verbal at first but it usually has escalated to physical. So my clients like minimize the level of abuse because they’re just not going to recognize the seriousness of it.*

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[Interviewer] *Can you give me a scenario, a scenario example how red flag like that would be detected?*

[SP 27] *Well, maybe during the course of an interview because usually I mean, they would have the case... I mean the clients will have the social worker will be in charge of a particular client and in the course of the interview, the man or the woman might mention something that is unrelated, they would be able to pick it up. For example, the woman might say something like... might raise an issue about birth control, ... maybe now that we’ve come here depending on the family size, she mentions an issue... she might just raise that issue of birth control. That oh you have just come and don’t want to be pregnant because we are new, I need to settle down. Sometimes those women open up and this is the situation I cannot discuss with my husband because as far as he is concerned and even where we are coming from, we don’t...they don’t believe in it or he doesn’t believe in it. But what can I do? Because this is a new environment and I don’t want to start on being pregnant.*

Table 1: Red Flags in HBV (as reported by FG participants)

| RED FLAGS | POTENTIAL ASPECTS |
|---------------|--|
| ISOLATION AND | <ul style="list-style-type: none"> • Arranged relationships and enforced isolation • Isolation- lead to mental health issues |

| | |
|--|---|
| <p>CONFINEMENT</p> | <ul style="list-style-type: none"> • <i>Person is being purposefully isolated by family members</i> • <i>Isolation, no community support, control</i> • <i>Isolation- monitored, controlled, confined</i> • <i>What is the issue - look for the isolation, neglect and abuse.</i> • <i>Disconnection to family or community</i> • <i>Limited access to resources</i> |
| <p>COLLECTIVIST PRESSURES TO CONFORM; COMMUNITY LEVEL PRESSURES</p> | <ul style="list-style-type: none"> • <i>Lack of power in family/community</i> • <i>Outside pressure from community “ Whispers ” in the community</i> • <i>History of HBV in family (siblings), or community</i> • <i>An action that challenges societal/community values</i> • <i>Behavior outside the norm while living within traditional community</i> • <i>Mob mentality- collective abuse- not normal</i> • <i>More than just the partner, also extended family</i> • <i>Going against their families</i> • <i>No consent, forbidden to do certain things</i> • <i>Secretive and not asking to tell or share (for fear of reprisal)</i> • <i>Can experience emotional and financial abuse (even though family is ‘back home’)</i> |
| <p>COERCION, SURVEILLANCE RELATED TO COLLECTIVIST SOCIAL AND FAMILY LEVEL PRESSURES TO CONFORM TO CODES OF CONDUCT. ABUSIVE USE OF TECHNOLOGY.</p> | <ul style="list-style-type: none"> • <i>Family members more “present” at work, school, impacting performance</i> • <i>Curfew</i> • <i>Unreasonable restrictions on behaviors (especially cases of opposite gender/culture or vice versa)</i> • <i>Violence because of cultural and religious reasons, like not wearing hijab, or relationships with someone of different culture/religion</i> • <i>Individual showing concerns of being monitored- gps tracking, email or web browsing tracking. Scared their actions are impacting their family- family will be angry or scared of consequences</i> • <i>Preoccupied with following rules and expected behavior, avoiding taboo behavior</i> • <i>Worried about who they spend time with- consequences for being with certain people</i> • <i>Make suggestive comments about family involvement.</i> • <i>If victim identifies more than 1 person as the perpetrator</i> • <i>Identify a triggering incident (as part of the member of the community)</i> • <i>Triggering incident that sparked the violence</i> • <i>Situation that escalates the violence (based on situation)</i> • <i>Varying levels of HBV- from slut shaming online and mocking in middle of street</i> • <i>Violence fueled by sexism → eg. telling a partner’s very religious family of past sexual history</i> • <i>Slut shaming: the way women are punished for showing any type of sexuality</i> • <i>Social media-violent language based on shaming</i> • <i>Threatening texts, phone calls, emails</i> |

| | |
|--|---|
| <p>ROLE OF CULTURE (IN HELP-SEEKERS' REPORTS)</p> | <ul style="list-style-type: none"> • Reference to the “culture”- reference to family “back home”. • Oblique references to culture • Culturally not appropriate • Cultural clash- having the expectations when families more here • Being raised in two different cultures • Having been raised in a certain way/one way of being raised • Immigrants born into refugee camps, isolated from children, parents concentrating on putting food on the table, provisions to support are lacking • Red flag: pride issue (superiority, pride) or is it a way to teach a lesson |
| <p>VISIBLE DISTRESS AND FEAR, ESPECIALLY OF GOING HOME</p> | <ul style="list-style-type: none"> • Fear to go home • Scared to go home • Seeking refuge from their home • Extreme behavior- works excessively (doesn't like being at home, using home as an excuse to get away) • Scared of family/support systems knowing that they have accessed community services • Seeming upset, distraught, or rushed • If seem scared to even be there, looking over their shoulder, concerned about confidentiality law, wondering who is going to be there |
| <p>VISIBLE SIGNS OF NEGLECT</p> | <ul style="list-style-type: none"> • Physical signs of violence • Kid that wears same clothes, etc- watching for signs of abuse at home. School has capacities that can connect here. Same framework can be in place but with more education curfew/restrictions Assessment: what the living situation is like, immigration abuse, what kind of abuse goes on, what kind of support, language barrier, what has the victim done to help yourself? • Homelessness • Changes in behavior (stress, anxiety...), lack of eye contact • Isolate themselves in fear of retribution (especially withdrawal) to protect themselves |
| <p>HETERONORMATIVITY, HOMOPHOBIA, TRANSPHOBIA, PATRIARCHAL CONTROL</p> | <ul style="list-style-type: none"> • Non binary gender identity • Aboriginal people- HBV for people who come out as gay • Identity - sexual identity and gender identity and racial identity - all play into it. I would explore what the stressor is here. Is it the identity, orientation that is causing the stress. • Words or activities that could result in further conversation about what it is happening (eg. sexuality, dating...etc) • Differential in treating girls and guys • Enforcement/control of bhws/lifestyle based on gender or family status (between males and females)EG. have to see a dr. even though they don't want to • Attitudes and actions toward women and girls HBV: during pregnancy and violence- baby girls • Extremely strong patriarchal presence (collective, extended family) |

| | |
|--|--|
| | <p><i>decisions) N. America - individualistic approach</i></p> <ul style="list-style-type: none"> • <i>Family has an international trip planned, unsure of location of their passport- suspicious or scared they don't have it</i> • <i>Age of victim (child, teen)- marriageable age, how many people are involved</i> • <i>When families have more daughters: patriarchy still has a stronger presence</i> • <i>Arranged marriages which are more of a business relationships.</i> |
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Risk and safety planning and management vs extended networks of violence

Risk and safety planning is complicated by large and diffused networks of violence with the involvement of multiple perpetrators and supporters of violence. The vignettes below illustrate the connection between safety planning, police intervention, and the awareness of the role of extended networks of family and community perpetrators (primary and secondary; including perpetrators as well as aiders, abettors, sympathizers and apologists) in HBV.

[SP 24] *Yeah. Safety planning like we have patrol officers here that are specialized to violence and they're called victim service VSTs. So there's two of them in each squad so there's always different patrol squads that go out during the day and then they have different shifts and night. Each squad has two people that are they go to family disputes and spousal violence incidences as much as possible and they go up on a follow up after the no contact order was given to the perpetrator and they go out to check to make sure that he's not there and they've reached in, looked for him if he's hanging around stalking right? So those are the VSTs. Yeah. So I think those like they also get – they sit down with the victim and they do safety planning. Yeah. So those would be very in a better position to be cultural aware to have that knowledge and say oh, there's more risk factors here. Yeah this is larger context. There is more than the perpetrator. There's also the extended family to worry about. There's also community members at the door all the time telling her she's not doing the right thing, you know, threats from them or you know, intimidation.*

Risk and safety planning are also complicated by dynamic risk. This is noted in many kinds of family violence, for example, with pregnancy and holidays being times of heightened violence. In cases of HBV, for example, a potential victim of forced marriage may be more at risk once the school holidays arrive and absence from school would not be noted. In agencies that do have formalized risk assessment and safety planning tools, it is uncertain how far the clients themselves are (or can be) enabled to manage and monitor their own safety and risk. The Danger Assessment, for example, allows the user herself to record and monitor the temporally dynamic and changing aspects of risk.⁷⁴ The vignettes below underscore the importance of integrating individualized safety plans with responsibility plans, so that help-seekers can be empowered to take the reins for managing their safety in accordance with the level of risk, which may be greater in situations where the parties are in contact, e.g. during legal hearings or when the abuser is allowed to have access to the children. Safety planning should be adaptive to the client's changing needs, the fact that there may be multiple perpetrators of violence (as in an extended patriarchal family with a close-knit and sympathetic community reference-group) and to the dynamic aspects of the risk of violence.

[SP 14] *But it's about starting to understand one's own risk factors I guess and triggers and what can they then do? The responsibility plan we've kind of really mirrored the safety plan as in if I know that I'm at risk of harming someone that I care about, what can I do, and if that means I need to leave the situation, again where can I go and how will I get there kind of a thing. Usually how I*

get there is less of a barrier than on the other side for somebody who is experiencing abuse. I doesn't really -- I mean the responsibility plan might address it a little bit more. The safety plan itself I think it's really about just addressing safety and risk right now and it doesn't necessarily address long term. The safety plan itself I don't think addresses that but I think that the support of whoever is doing that intervention should and hopefully is intervening that at another level and whether that looks like counseling, building awareness, educating around the impact on the kids, addressing some of the additional barriers. If the individual does want to leave, if they don't want to live I think that is about planting seeds.

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**[SP 22]** *All my safety plans I developed with the clients is what they think their risks are and what are they willing to do to keep themselves safe. So I never tell the clients they need to do this or need to do that because that's not going to work. No generic approaches. That's when [IDENTITY CONCEALED] and I talk about safety planning, or one of the things that we emphasized is like the question we asked is whose safety plan is it? Is it the client's or is it yours right? So if it's the client's safety plan who should be developing that safety plan? Because you want the client to be able to act instinctively if something occurs right. Rather than trying to figure out well what did my social worker tell me that I was supposed to do right? So if we're working with a client who feels that she's not going to be safe within the family unit, larger family unit, you know, and expresses that, that should be taken respectfully and addressed appropriately right? So you look at alternatives especially if it's someone who is able to communicate it. It's a little bit harder with younger children okay than it is with let's say someone who is a teen or whatever. But we totally try, attempt to constantly hammer if that's an appropriate term that these are plans developed by the individual and need to be respected as such. ... You don't just go okay here make up a safety plan. You guide them through that process and you cover all the areas but it still has to be their safety plan. ... There's a lot of generic safety plans online. I say don't -- like you can read them if you want if they're doing their own research but I developed our own safety plan and say these are the things you need to do or not do but these is your safety loan that we developed. If the abuser is not in the household, like we usually recommend posting it on the fridge so that everyone is aware of the same thing. [00:35:08] if it's not safe for them to have it at home, I just keep a copy of it because if they don't feel that they can take a copy, that hasn't happened in too many cases. But every time I talk out with them if they don't -- I go over what's happened since we last chatted. Have you felt at risk. Have you began to put in place your safety plan and go from there. Because sometimes we'll end up doing the safety plan and then the situation comes up and they didn't do anything that they said that they were going to do. So explore well why was that. So that option didn't work for you what else can you do next time.*

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[Interviewer] *Like safety planning for example, so do you work with each person to develop a very individualized safety plan?*

[SP 20] *Yeah and we're constantly reviewing the safety plan because things can changed, right, especially here in second stage because often, that's when the court process starts and perhaps now, the access, children starts that kind of thing. So we're constantly safety planning around that.*

[Interviewer] *When you say constantly, is there a frequency or is there any kind of...?*

[SP 20] *The women meet their counselor once a week. So once a week, we're double checking, okay. What has anything changed or especially if access starts and things like that. Where is the drop off, pick up, because that's often a time when a perpetrator can use intimidation and things like that at exchange of the children. So yeah, we are always working with the woman to see where she is at and especially if it's close to court, you know, all those kinds of things. So that's always something we're working with the women and in group too, especially when we talk about family violence. We talk about risks. We talk about safety, those kinds of things.*

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**[Interviewer]** *Risk is dynamic as I understand it and that's why you have to keep those plans, you have to be individualized to specific needs.*

**[SP 19]** *Yes. They all are. So whatever situation that person is in, and we do it for every eventuality so we'll do a safety plan for them while they're in their home, when they're on their way from home to work or to school, when they're at work, when they're at school. So we look at all the different scenarios that they could find themselves in and we plan accordingly with them.*

### *The difficulties of finding and providing shelter*

Shelters have documented funding crunches, compounded by rising demands and static capacity. Some shelter staff saw themselves being used as a 'dumping ground' by referring service providers, who fail to recognize how strapped they already are. Some cultural brokers also reported concern that their existing lack of resources and capacity was exacerbated because they were being treated as 'dumping grounds' for complex cases of family violence in immigrant communities that no other agency was able or willing to handle.

**[SP 3]** *The other thing is the shelter has become a bit of a dumping ground for other agencies. They are very happy to get their clients into shelters and then leave them. There are many that they have a woman who you know on Friday afternoon they have got a woman that comes to their door and she is being abused and is looking for help. They don't know what to do. They don't know if she will be safe if she goes home. They don't have the time to do full assessment so they get her to call shelters. You know we have had other cases where we have protection concerns for children for instance and it is like either going to shelter to take care of your kids because they are being exposed to this or you take your kids. So people are very happy that and it becomes like an honestly dumping ground but basically it can be what it is. There are lots of houses. "We are going to work on housing for her. We are going to work on this for her. We are going to support her in all these ways." But without a doubt they drop them off in the shelter and we take over from there and they disappear and then they come back after three weeks and then say she needs an extension you know. That part can be frustrating because it is like we can keep her safe and some people think that is all but the time flies.*

While second stage shelters have received additional funding of \$15 m in 2015<sup>75</sup>, first stage shelters are in a precarious situation. In the highly probable event of a turnaway from a crowded shelter, support workers attempt to arrange interim options such as hotels<sup>76</sup>, although hotel stay is dependent on the funding available for it, perhaps from 'the shelter or income support' **[SP 15]**. In this context, some support workers stressed that their emphasis on moving abused persons to shelter is misguided, when it is the abuser who should leave the home. (This opened the unanswered question about what can be done when the abuse and encouragement of abuse come from multiple persons in a joint family setting.) There is a lack of shelter options for couples (straight and gay. Couples are known to be targets of violence in HBV)

and for men and boys. This means that the few options come down to counselling and seeking temporary refuge in hotels or with friends.

*[SP 18] Oh, there is lots of men that would love a shelter and they need to go to shelter. Oh my, goodness. But there is not a lot of resources for men. I don't think there is any, not in Edmonton. No, I have actually had a few clients who would love to be able to access shelter with their children. Situations where they feel that they are being abused. We see lots of men here. 40% of our clients are men and a lot of them are in a situation where they are being victimized. Even if you know there is abuse going both ways but they are feeling like they are more helpless because they can't. No one believes them. They can't access resources. So we have a lot of men who we're dealing with that here. It's unfortunately very common.... There is not a lot of options for them. It's definitely under -- an under reported issue I think it's happening more and more and more. Here in Edmonton, we are starting to become more aware of that. We have a [0:18:32] [Indiscernible] group here and they are talking a lot about healthy relationships in that group and they do talk a lot about being abused and also changing their behavior so that they are also not part of that cycle of abuse. We do need to -- we need for more effort and to working with both men and women.... We had a young man come in and he identified that he is gay and his mom locked him up in the house. So you know, it can happen, right? Single parent. She is very ashamed and very angry. Yeah, so it can happen.*

There may be multiple sufferers<sup>77</sup> but the shelter intake process poses challenges for extended family, as well as for the paradigmatic victim of HBV – a minor girl facing extreme collective familial violence, a potential scenario explored in our focus group discussion of the predicament of a pregnant teen ‘Shweta’ concerned about her family’s reaction ‘*They will kill me!*’ The consensus was to obtain her family history, get her into a program of psychosocial counselling, a medical examination and to thoroughly unpack her statement without assuming the case to be one of impending HBV. Detailed analysis of the focus group discussions of ‘Shweta’ is included in [Appendix 9](#).

This is illustrated in the following vignettes describing the age-related ineligibility of minors for shelter and even counselling (excepting legally emancipated minors). Without strong indisputable evidence of violence they are not likely to be taken into protective custody by Child and Family Services (CFS, in a process laid out in the Child, Youth And Family Enhancement Act Chapter C-12.).<sup>78</sup> Even if apprehended minors at risk of HBV cannot safely go into kinship care (because extended family is a risk factor in HBV). This situation leaves minors at risk of HBV in a limbo created by current mandates and policies.

*[SP 17] Yeah, 18 is kind of the cut off simply because it's the age of consent, right? Because part of our services is that we have all of the clients sign an informed consent form. The 16, 17-year-old piece is a bit of a gray area because what we can do is if they can provide documentation that they are emancipated and legally so than that we can then provide that service because they have the ability to sign consent.*

**[Interviewer]** *How will they do that?*

*[SP 17] It's through the court system. You can ask to be an emancipated youth meaning that your parents, they don't have any more parental rights and that you as an individual at the age of 18 but it won't go any lower than 16 and 17 that can exercise your own rights.*

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[SP 1] *I think that's where we have a really good group of people that are motivated and want to move things forward but I think like everything, we feel we're moving like snails because we do have all these legislations that may not equip what we want to do or may not kind of foster what we want to do. But we also have a lack of resources. I know I feel like I say that, I've been saying that this whole time but you know, we may have shelters but we may not have a shelter that can foster honor based violence victims. We may have some in there running from abusive relationships but it's different and we're talking about or at least in my world, we're talking about kids. I don't know if I want a 17 -year-old to go to a shelter and frankly she or he wouldn't even be able to get involved in a shelter right?*

[Interviewer] *Why is that?*

[SP 1] *So it's usually the more shelters from my understanding is it would be like they're for adults. In our emergency youth shelter sometimes we may not have beds available and then it also needs to meet a criteria. So we prioritize right? So it's hard because with this situation, we're not equipped for it. We don't know what to do and we know with family violence we're starting to know what to do and we have shelters that are geared towards that. But when you talk about something else, we don't have anything geared towards that.*

[Interviewer] *Give me an example of what not being geared towards looks like.*

[SP 1] *Sometimes you have to meet a certain...depending on the shelter but you need to meet certain criteria. If we're talking about children from 0 to 18 who are victims of this type of crimes, well they don't meet the shelter or at least some shelters here in Edmonton, you don't meet that mandate. But then they also don't meet the mandate for me as a worker to bring them into care so foster care or whatever. So where did these kids go? So I see that as a gap and limited resources is because we don't have something that fits. We have to kind of pull from what resources we have which are limited but sometimes people's policies or organization's policies and mandates also limits us more so. ... So again with the shelters if you have a 16 -year-old child who just it's not safe for her at home, but you know the extended family might be a factor too right? Like I may not be able to place with extended family or I can't prove that she'll be safe with extended family. She won't fit the criteria to go into an adult shelter right because of her age. Now [child protective agency] may not have enough to apprehend her but if CFS apprehend her, CFS services end at 18... So there's nothing afterwards do you know what I mean or then you're in the adult world afterwards and that could be scary too. So in terms of kind of supports, there's not a lot.*

[Interviewer] *What happens if it's a 17 -year-old three months shy of her 18 birthday?*

[SP 1] *You know most times we wouldn't have enough to bring her into care. If I bring her into care, it's a whole court process right? Like I just can't take kids and bring them in. It's a whole court process and by that time she's what we called aged out that then I can't help. Like my mandate is I can't help you. So we can be supported by our mandates but then we're also limited by those as well. So you're kind of in the middle I find.*

Conflict of mandates can lead to children and spouses being shuttled around.

[SP 24] *The family court and the criminal court are two different things. So it's quite possible that a woman has – has been granted an EPO, an emergency protection order so that the perpetrators would not be able to contact her in any way or not come into the house with the children. The children are on the EPO as well. Okay. So he cannot go to the schools, to the daycares for the*

family to stay safe. However, he has a right to access his children if he's the biological father. So he can go to family court and follow up on that right and would be granted supervised or maybe not even supervised access to the children...So she would be in contempt of court if she does not allow, a contempt of family court if she doesn't allow him to see the children. Right? if the court said that 'you have to go home' and the home was deemed unsafe by Child and Family Services, they wouldn't go home and the courts can't force them. They just like -- they can't force the police not to arrest somebody. They can't. So they may send the child home but the Child and Family Services would re-interview and remove the child again. The courts don't have the authority. They determine whether something is safe so even if they said it's safe and within a couple of days it was unsafe, Child and Family Services would again identify this unsafe and remove the child.

The policy and resource situation for minors at risk of HBV, while deeply unpromising, does have some options. For example, the Edmonton John Howard Society's NOVA House (<http://www.johnhoward.org/youth-programs/nova>, serves ages 16-24) and the Terra Center (<https://terracentre.ca/>, serves pregnant teens) provide (or assist with) housing and counselling for at-risk minors and youth.

[Interviewer] *What happens if it's -- and again, this comes back to my question. What happens with the younger girl for example who hasn't even finished high school yet?*

[SP 19] *Right and we haven't had a case like that that I am aware of but as you were mentioning that earlier, I was thinking the John Howard Society which has access to a lot of different kinds of resources, this would probably be a pretty good place for them to come because they can work with under aged population and can do all of the safety part and has a house for youth. It's actually for homeless youth but the society can probably squeeze them into a room there and they're allowed to stay there for 18 months. It's called the NOVA house.*

In addition, some shelter staff may exercise their discretion and loosen their criteria, depending on the gravity of the case.

[SP 26] *So the shelter is 18 and above, in terms of being your own guardian coming in but will not turn away a 17-year-old girl with a two-month old baby. But if you're 18 and below...what happens is it comes down to the funding issue. There are different programs that are funded to deal with that situation, so the answer would be referring them to those programs. Now, there's no limit in terms of if you are a 40 old mum coming in with your 17 year old daughter, that's more than fine. But it's coming in individually; anybody under 18 is going to be referred to programs who are better suited to meet their needs.*

[Interviewer] *What about a 17-year-old escaping a forced marriage? A 16 year old escaping a forced marriage; no children, no nothing, just escaping a forced marriage.*

[SP 26] *I've never seen that, so I don't know. Personally, if I was the one in the house, I would take her into the house.*

With shelters, inability to access services may be related to age, lack of stable immigrant status, and the lack of space in the shelter. Shelters have documented funding crunches, compounded by rising demands and static capacity. While second stage shelters have received additional funding in 2015, first stage shelters are in a precarious situation. Shelters have limited stay time frames and rules of entry. In emergency shelters the stay is usually 21 days, which poses a real challenge to handling the social and legal complexities of immigrant women's cases. Stays may be longer in specialised shelters like Carol's

House (formerly WIN House III) which serves immigrant women and whose model recognizes that the complexities of their cases demands additional time in safety as well as resource dedication to advocate for them, e.g. for exception from the rules of conditional permanent residence attached to sponsored spouses; in second stage shelters, which are geared to rehabilitation and allow longer stays, but again for adults, i.e., women with children.

[Interviewer] *Please tell me the difference between the first-stage shelter and the second-stage shelter?*

[SP 3] *The second-stage shelter families can live in the shelter for 6 months and sometimes longer if they need. In emergency shelter, generally the maximum stay is 21 days, although sometimes there are exceptions to that case by case basis. ...When it comes to some of these more complicated issues where we start to get things like immigration status and we start to get you know just earn the trust of other agencies for referrals and things like that it is very, very complicated for us and we don't have I don't know if the tools or the training or just the practice to know how to support and we don't have the time. So we are very limited in the amount of time that we can support someone. So you know the funding for our kind of shelters you know allows people to stay for three weeks which is not a lot of time to break down some of those barriers and really get to know someone and build that kind of trust where they will share that kind of information. So it is a lot to throw at someone. It is a lot of questions to ask her and there is not a lot of time to build the trust. So when we talk about service model we have the kind of the way that we work but it feels sometimes almost like just what is that saying [Inaudible 00:08:30] but it is like, "Oh, we really want to do the best we can. We are trying to apply all of our tools to help but we don't have the time, maybe we don't have the training or the expertise. You know it just feels hard and as much as we try to support people. Like I know that when they go they leave us feeling that we care about them and that they were respected and they learnt something and they were safe and loved but sometimes they leave and I think, "Hope that they got something out of it". There is another shelter that we can refer to where they can stay longer and if we can get them there then we feel like, "Okay, it is something maybe something, maybe they will have more time to do the work that we started" but it is often I don't want to say challenging, it is challenging but it is I think it is frustrating because we don't always know the best way to help in the amount of time that we have.*

It is important to note here that there are no or few shelter options for couples, for LGBT+ persons at risk (e.g., a trans person who is still in the process of transitioning) and for those assigned and/or self-identifying as men and boys. Some participants indicated that there is a lack of discussion about the violence faced by men and that these gaps in consultation and policy making sorely limit safety avenues for those assigned and identifying as male and/or transitioning to or from male.

[Interviewer] *I'm trying to expand this conversation to also include homophobia and transphobia. Now, it's not being very much investigated, but homophobic violence against men by the community is endemic and its worldwide endemic.*

[SP 26] *Yeah. And it's all about the honor.*

[Interviewer] *And it's all about reputation also; what you think is mature enough or not.*

[SP 26] *Absolutely.*

[Interviewer] *Can you think of a situation in that; if it's gay man who's in an abusive relationship with a gay man, he can't go back home because home doesn't want him, and he has no shelter because there's no shelter. Where's he go and what's he do?*

[SP 26] *Exactly.*

[Interviewer] *So it's a real situation.*

[SP 26] *It is absolutely real. There's a few support groups in Edmonton; there's a few male...John Howard Society, does all of stuff around the males, but other than that, no it's not something that's on our radar. And sometimes I get a little bit frustrated, because all that's on our radar is the fact that women are abused. And we are not looking at the honor based, because for example, working with The Men at Night group; the men are abused, just as bad as the women are, there's not a...or lesser more. Now, are the men perpetuating some of these? Yes, the men in higher statuses in the church are perpetuating, they are also abusing the men and the boys below them. There is no...so where's the supports for this? There isn't and that's something we've struggled with in this project; is how do we deal with the men?*

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**[SP 29]** *Even when I was at the Thought Leader's Dialogue on family violence as the kind of... within the LGBT specials, it was a topic. And over and over again they just kept going back to this is a women's issue. And I said, When you're looking family violence, with LGBT violence you cannot stop there. Because if it's... if men are perpetuated into violence, then in same sex couples men are at the most risk. I mean that's just... it's not even rocket science, right? So, they're... if its men who are perpetuating the violence, it's not women who are experiencing it so much in the LGBT community, its men. And in transition when women transition toward masculinity, it's also men that are perpetuating the violence because their husbands and partners are men, right? Often, very often. So it's very problematic that this... the discourse keeps getting steered toward women and doesn't... they want to acknowledge it happens everywhere but continue to narrow it to women. And I get that probably 95% of the cases, the people that experience family violence are men at least as adults. But that doesn't mean we ignore the 5%, right? And when we talk about children you're just across that minor age under 16, it is across gender respect and experience violence so.*

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[SP 17] *I got a call from another service provider who was wanting to send her client here to us because she strongly suspected that we could help that actually this was a male client who was sponsored by his wife and her family to come to Canada. While here, he was being abused by the wife and his in-laws. So her family and so they were aside from the verbal abuse and emotional abuse and physical abuse they were also holding all his immigration records. He didn't have any ID and whatnot. So this was a definite cause for concern for the service provider and it really -- It's been a lot of booked -- there have been sessions booked because what we were hoping to do was that the service provider would come in with the male client and then we could start collectively working together on the situation.[0:15:28] Now lots of no show appointments and I suspect that in this particulars situation, it is definitely there is shame. I'm thinking from a cultural perspective and what's going on but also there is a gender like both of them together, right? He is a male in a country he doesn't know surrounded by his wife and all of the in-laws and having abuse from all sides, how on earth do you even start to peel the layers of that onion, right? You know in terms of*

the shame that he would not just experience as a male being abused but then also being held hostage to where else do you go?

This report has earlier noted that extended family are often a source of threat and violence. However, in some cases however extended family (e.g. the woman's mother or grandmother) may also be facing violence. There may be multiple sufferers but the shelter intake process poses challenges for extended family. In addition, some shelters may have a language requirement of varying negotiability. English (of at least rudimentary level) is needed to participate in shelter programming. This poses challenges for immigrant women, who may in many cases have shaky English, and because of isolation, may have had very limited opportunities to strengthen their command of the language.

[SP 25] Well I just got a referral now. I'm like oh. So it is, so I just got a referral where its a mom with her grandma, extended family. It's a perfect example of the family unit. So in that family, the family unit is husband, wife and mom, and grandma, the two children. Husband is very abusive so grandma, wife and two children left. So within our shelter, we don't do extended family... Grandma is in another shelter. And the mum can't speak English. So even to integrate her into our programming, so yeah so I'm still kind of thinking it through as to how do I manage.

Shelters may be regarded with suspicion by persons suffering violence; as one participant suggested, this may be because of the conflation of shelters for those fleeing violence with the hardscrabble shelters for people lacking housing and/or struggling with substance and alcohol dependencies. Thus, even if the shelter were to have the needed space and the help-seeker has the eligibility, there is still the possibility that the woman may be deeply reluctant to go to a shelter. One must consider the fact that many help-seekers do not wish to go into shelter alone when some members of their family are under threat but cannot accompany them for reasons such as ineligibility, for example, an older male child or extended family such as an aunt or a grandmother.

[SP 19] Yes. All the time we get clients who don't want to go to shelter and unfortunately, there aren't a lot of options other than the shelters but if they are very adamant about not going to a shelter, we'll ask them if they have any friends that maybe they could stay with for a few days here and there. We do a lot of referrals to emergency social services and children's services, emergency children services, so that hopefully they could maybe put up in a hotel for a little while but again, those aren't long terms solutions.

For agencies making calls to shelters on behalf of clients means input of work hours, scarce personnel and dollars, in trying to identify which shelter may have space and take in the client.

[SP 18] We do referrals to shelters. Challenge is always about time, calling and trying to get them into shelters. 'I'm sorry we are full.' It's more often than not that's problem. You know, for a walk-in counselling service, that could be two hours of sitting down with a client. So we make a couple of calls, try to do it. I have pamphlets on shelters. It's not a popular choice for women and especially if we make the call and the shelter says we're full. A lot of them will say -- so yeah, I changed my mind.

Community opinion of shelters may also be negative and play a role in the reluctance to seek shelter. Indeed, taxi drivers who might be driving a woman to shelter may dissuade her (or worse, yet, divulge her whereabouts to the abuser(s), a real possibility according to other evidence in this report).

[SP 2] This cab-driver took the girl to the shelter and on his way, he said you know don't go to the shelter. It's a bad, bad shelter because men and women are living there together and it is such a

bad thing. So many bad things happen in the evening and all that. The taxi driver is giving information to that woman. Next day, she didn't go to that. She went to a friend. She called me, I said where are you? Did you go to the shelter? And she said the taxi driver -- he told me everything. Don't go to the shelter. Now we have started even now, we don't call the ordinary taxis for the shelters. Every shelter has their own cabs, cab drivers where they give them education, what are the things they can talk and what are the things they cannot talk.



[SP 15] *Not many people have the awareness of how shelter did things that, "Okay, it's a homeless place, this is a drug dealer place." There are so many needs over there. What is that? I just have to ensure them every time that, "There are so many support workers over there and then they just look like a house or apartment outside. You have your own room. They provide food for you." And then you have to explain and make them feel safe. Sometimes it's a hurdle that we have to overcome to make them feel that, "Okay".*

The vignette below establishes that transgender persons are ill-served by the often binary gender-eligibility criteria of shelters. There is also a dearth of in-shelter safety for LGBT+ persons who may face threats and explicit violence from fellow residents.

[SP 29] *We don't have any shelters that are specific for LGBT youth. There are some environments that we will steer people toward. John Howard Society has NOVA House which is open to LGBT people. The new... the shelter at YES is available. Residents are often the issue, it's not just... the leadership and the staff can be as welcoming as you want but if the residents are... kept calling, and name calling and shaming it's a problem too. So we don't really have a space that's specific for LGBT people. Part of the mandate of the projects has been to do some education in shelters and hopefully that will help. But there are no shelters for adult men at all. So that's actually more of a problem than it is even for young people. Because there is no place for men to go that are living... adult men like that are living in violent situations. And often violence isn't just about that parent focused things, sometimes it's partner focused as well typically around transition. So there's no place for them to go, there's no... staff at women's shelters are often quite open to Trans women. As long as they're far enough along in transition that they at least are living full time. But residents are not, most often not welcoming at all so that's a problem. If they're pre-transition there is no place for them to go except for the men shelters; and that's problematic for Trans-women. For trans men there's no place. If I was in a situation and for example if I was living in a heterosexual relationship and I was transitioning to male. One of the most common experiences that guys have is physical violence and rape as we transition inside of relationships that we're currently in. But there's no place for... there are no men's shelters, there are no.... we get referred to ABA works all the time for a weekend or a three day stay in a hotel. That's the solution for adult Trans-men. Non-binary people would have an experience difficulty as well because they don't fit well anywhere either. And then for young people social service of course, anybody under the age of 14 that's the only option. But they're not all to speed either, they're not... all the staff, they're not all... they're not always great either. So there really isn't a lot of options and every one is... has its own difficulties.*

Agencies with the mission of supporting LGBT+ persons have to find alternatives to shelter when the situation requires it. The vignette below illustrates the varying action plans depending on whether the help seeker is a minor (in which case CFS is called) or over 16 (mature minor to adult; in which case interim housing solutions are sought based on agency networks).

[SP 29] We don't usually get called unless it's critical incident. So where someone's either left home or has just been kicked out. And depending on their age we handle it in a variety of ways. If they are a minor, then of course we contact social services. We sit down with them, we chat and we'll usually support them when they make the call themselves. It's better if they make that call themselves and we try to support them through that. Connect them with resources and supports they can find here. If they're not a minor, then we will try and connect them, find them housing. Anybody over 16 we'll try and find them interim housing. We do have a bit of an underground railroad where we have bedrooms and places where we can put people on an interim basis while they try and get themselves organized.

A negative perception of shelter life may be that it would not offer enough time, solitude and 'respite care' to women who have emerged from trauma related to collectivist dynamics, related to living in emotionally dense and fraught situations where being with others, being around others is associated with violence or the constant threat of it.

[SP 2] Women should have eight to ten weeks because within 21 days, she still is -- I have to go back. I have to find a place. I have to do this. I have to do this. But if you will give them like eight to ten weeks, they can be relaxed. Let me give you an example. There was an Indian girl. When we took her to that shelter, young girl, I was sitting there. Some staff was sitting there and we imagine when this girl came with one of the bags, she was crying bitterly, bitterly. So then we talked we are not going to ask her anything. Let her take a rest for four, five days then we will her the phone number. I said you can give us a call and all that. So she stayed there for three months. She was able to decide what to do, what are my options now, I'm not going to depend on this man. The gap is -- even the service provider in the shelters, they don't provide such kind of safety things.

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*[SP 9] From the start we said that even the way the shelter is a structure for many refugee women it's just reminding them of refugee camp. The women are expected to take care of the children and all that but this is like, it's a little institution. You go in, you take care of your own stuff. But what we know is women need time. This is the moment where they're frazzle. They need room to heal. Sometimes their children they have so many. They needed someone to care for the children a little while just for them to be quiet finally they're safe. So it's not designed from the perspective of the woman and that's not bringing in culture into it. For example, there are women desperate to cook but they can't.*

In this dismal context, it was heartening to hear of 'Carol's House' (formerly WIN House III, renamed to reflect the endowment that reopened it) and its model of somewhat longer-term stay with dedicated resources to handle the complexity of the experience of immigrant women fleeing violence. Carol's House supports women escaping domestic abuse as well as employment related abuse (e.g. trafficking, and the loss of work permit because of employment abuse). (In cases where sponsored spouses are abused, quite often they may be forced to perform household labour in a way that renders their situation the same as that of a victim of trafficking.)

*[SP 24] Even when she is at risk a woman can be turned down because of a shortage of shelters. WIN House now has a third shelter where the – it accommodates more longer term stays and it accommodates cultural exceptions, circumstances as well. So where there's actually more awareness of the cultural beliefs and realizing so this staff is more educated on the cultural contexts and also more accommodating in terms of food and length of stay and housing need. The*

*assessing the cultural context situation, the risk [Indiscernible [00:51:49] and supporting her with childcare and legal issues and do some outreach work as well.*

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[SP 26] *The mandate at Carol's is different; it allows them to sit in the house, it also allows them specialized resources to go with that. So the mandate at Carol's is different; it is not a human services mandate, it is funded differently. There's pieces of human services funding in there, but it is not funded like when one and two are. So there is difference in being able to allow them to sit for great lengths of time; while they're waiting for information, or border patrol, or whatever it is they're waiting for... So if a woman comes in with absolutely no status or on a work permit and she's fleeing her employer; she can longer work, she can't do anything she can't go to Alberta Services to get help, she can't do anything. So we have to do...yes, hours of advocacy around helping her to identify how to phone the Canadian border to say, "I need to change my status". Often times, if you have a police report that indicates that you have been abused; it is heck of a lot easier to change status, than if you don't have one. And so, sometimes trying to get the women to even report to the police, takes a lot of time. Because they come from cultures where the police are all corrupt, and so they don't want to talk to anybody. So we are working against that too, right? So it's...we are doing a lot of...we use a lot of CanTalk, we use a lot of extra interpreters within the community from different agencies that we know are connected. Or we have it internally that somebody can go over there and talk to her and get information out, or give her information. And it's just a very long process in making those phone calls, and then simply having to sit and wait; because they don't work within two or three days, they work within months, in terms of phoning to these different agencies to try to get status changed. So literally they can phone, they can present everything, they can do an appeal and you're not going to hear from them for weeks. That woman is just left sitting there for weeks, because what else should she do? And there isn't, there's nothing...we do our best at Carol's to work with...get around doing something in the community, but what does she do?*

[Interviewer] *What proportion are wives and brides escaping? Sponsored residents who have escaped an abusive situation and their status have been jeopardized because of fleeing?*

[SP 26]*The vast majority.*

Another positive model at first-stage shelters is the development of 'intensive case management' who can closely evaluate complex cases that require more resources, including time to sort out legal and housing issues, and make appropriate recommendations to manage cases better while the woman is in shelter and to assign outreach staff to assist her progress after she leaves shelter and has independent housing.

[SP 26] *The intensive case manager is a new position that was identified by the government because what they were seeing was a pattern of basically frequent flyers, in the shelter, we weren't catching things. Why aren't we catching things, because we are not intensively case managing enough. There is funding that came out through the government came out, said okay you know what, we are going to send our ICMs at the larger base shelters and we are going to see if this works. So they have sent in the ICM positions essentially saying okay, do a better rate job at case managing, because our crisis, former crisis workers don't have the time, they don't have the capacity, do a better job at case managing and hopefully we stop that cycle of coming through the shelters. I believe it's going to work because one of the things that we are authorized to do is write extensions, based on what we are seeing. So now I can write an extension and say you know what*

she needs another week. She is working her butt off, although the human service hasn't come through, this is nothing to do with her, why not ?? for another 21 days we are keeping her for another week till we can get her into housing, and know she is settled, and then what I do is because I'm managing the case, I ensure it goes to our outreach, I ensure our outreach follows up. I ensure that we continue to follow up so that we know that three months down the road when she loses her job, she is not going to come back in to shelter, that we are going to be able to help her out in the community, so we don't see her back to shelter.

The bottlenecked path to rehabilitation

The stage of rehabilitation is crucial in the journey out of violence. In the case of younger sufferers, for example, it is crucial to finish school and find a safe place to live, away from the extended networks of violence that are characteristic of HBV. Young wives and mothers who come to Canada with rudimentary education and shaky English need access to basic occupational training and educational certifications. The need is for access to programs for social housing, work, skills acquisition, further education, long-term safety planning, counselling, and long-term prevention of revictimization (risk and safety planning after leaving shelter). In this context, second-stage shelters have an especially important role.⁷⁹

[SP 25] Second Stage Shelter ... so within the domestic violence world, there's a continuum of service. There is first stage shelter in which moms and children stay there for three weeks minimum and then from there if they're able to or want to come to second stage, the moms and children stay here for six months minimum. While they live at the second stage shelter, the programming provides them with psychoeducational workshops, counseling one to one so more long term, looking at some of the impact of violence on the women and children. And then they go into the community where the second-stage shelter staff support them for another six months. So there's a long term component to the second stage shelter.

In the vignette below, the participant describes the importance of developing safe connections, not only for obtaining short-term assistance, but for the longer-term prospect of rebuilding social networks towards rehabilitation.

[Interviewer] *Sometimes clients, do they say, "I don't want to see anyone from my community?"*

[SP 19] *Sometimes they say that, yes.*

[Interviewer] *What do you do next?*

[SP 19] *We try and offer them other avenues to meet people so that they can start building a social support network and usually that's through groups. So the city of Edmonton runs groups around the city so we're usually referred to them and Safe Society and St. Albert also runs groups so we'll refer it to another program and the YWCA as well. So those are big referrals. That's usually what we do. I understand that they don't want to be part of the community at least for now but it can be really difficult to them to do things on their own as well without any support.*

[Interviewer] *Especially given the fact that what's going on abuse violence is at some level community or communal violence because sometimes the perpetrators are not even relatives. They're not even close. They're not even in the nuclear family.*

[SP 19] *Right.*

[Interviewer] *Quite often these are girls and women who have lived their lives within that framework so they're losing everything. Like literally, not just materials but –*

[SP 19] *That's right, yes. It's true.*

[Interviewer] *No one wants to do that one I guess.*

[SP 19] *Yeah. I mean part of the work we do is taking these people who are really isolated and trying to give them some stability so that they can go out and start building a new social support for themselves.*

[Interviewer] *And that is part of the rehabilitation process so it's financial and economic rehabilitation professional rehabilitation, emotional, physical?*

[SP 19] *Everything, yes*

.Increasingly there is recognition that the process of rehabilitation should be initiated at first-stage shelters, especially those that permit stays slightly longer than three weeks. Follow-up outreach care via intensive case management is an emerging model at Carol's House, which allows stays longer than 3 weeks and is particularly geared to the multiple vulnerabilities of abused immigrant women. Also, even though emergency shelters typically have a 3-week stay their programming also allows a measure of follow-up outreach including emotional support, legal and other practical advice, and safety planning. Such continued support (albeit of varied duration and dependent on available resources) is intended as a measure against psychological, social, and economic re-victimization, a return to being abused and a return to shelter (which is also a renewed challenge to shelter resources).

[SP 17] *At Carol's House they have the intensive case managers or community outreach workers that then work with them on a follow-up basis, right? So my understanding is that when they are in the shelters that the individuals are meeting with clients to identify housing needs and all their needs, right?. With housing that they are looking at capital region housing, the homelessness -- like there is all sorts of other housing capacities afterwards that I think that they are really trying and then second stage shelters as well right. [0:40:04] But once the housing piece is something that they have hopefully solidified that they can see them moving beyond the 21 days and that's still having the outreach support, right? ...*

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**[SP 3]** *A follow-up outreach is offered and it really varies in terms of time. Generally women begin to leave the program three to six months after they have left the emergency shelter. So we have a youth outreach worker and we have an adult outreach worker. So we provide these both for the women as moms and the women as women and then directly for the children as well. So at that point a lot of it is referrals to other agencies such as getting her new home setup and access to different kinds of support or Leisure Access, Headway, access to Food Bank and furniture and things like that. The shelter can help her get in touch with those. She can always come back to us for help, so that any kind of problems that she is having she can call the outreach for help.*

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[SP 13] *Of course once you leave the shelter you will be able to get outside services with the counselor that comes in and ensures that all your needs are met, your needs in the community and*

making sure that you get all the referrals that you need and we also have donations for people which provides you with essentials to start a new home which is you know the toaster, coffee maker, all those sort of things. So we have a pretty much coordinated response with the Food Bank and County Clothes-Line. County Clothes-Line provides women the ability to go shopping for free there. So we can purchase for the women and the Food Bank will provide Food Bank baskets for women leaving the shelter and going to a new facility. So those are the services that we can provide in and outside.

However, getting to the rehabilitative stage is incredibly difficult – the path resembles an ever narrowing bottleneck. Rehabilitation measures in second stage shelters are open only to those who get that far. This transition requires the first stage shelter to be active and accompany the client in the transition. Eligibility is limited to women with children.

[Interviewer] *Suppose it is a young woman who needs to go to a second stage shelter what is the process of getting her out of first stage and putting in her in the second stage?*

[SP 13] *We help her make the application. If she is successful we send her in a cab with all her children and everything and we help them. We take them over there to, so we help them with that process. These are women you know who would do really good, who need it and who want that extra help, right and most immigrant women love second stage not so much for the other clients that I have because they love the protection. They love the fact that they have support with their children. Their only barrier for them is that you have to have a little bit of a benefit of language. You see in that what happens is the second stage is built on the notion that you are going to work on yourself and there is going to be either it is participated or all the stuff now. That is not to say that a lot of women wouldn't want to go there even if they know more English because sometimes they can understand really good and it is just the fact that they don't want to speak it, right but they understand most of the stuff. So they do get assisted with that but and I have seen a lot of women who go there. We just want to make sure that they are not isolated. My experience has been that most immigrant families want to go to a place where there are wrap around services, they get help with their kids and they help them a lot. They are not isolated. They are in a community. So I think they really gravitate to that even though there are rules. You can't bring for example family or male partners or friends or whatever.*

At both first and second-stage shelter, limits on access are linked to age (e.g. a 16 year old may not receive intervention or be able to find shelter), relationship or parental status (e.g. single women at any stage, and in second stage, women without children may not be eligible) gender (no or few options for men, LGBT+ couples at risk, persons in gender transition) and relationship to victim (older male children and extended family are ineligible).

[SP 5] *Well, it's just very -- there's not a simple answer, but shelters will generally work under a very small box. And there's so much more outside of their little box definition that could, should be defined as family violence. But I think more often than not, shelters continue to work on the intimate couple relationship, whether it's same sex or husband-wife, and they don't necessarily address the broader context.*

[SP 4] *I'm just thinking through the shelters that -- I don't know, maybe I don't know but I think there is very limited shelter for men who want to escape an abusive relationship, want to leave an abusive relationship. Yeah. Statistically, we know that there are more women who -- statistically, it's more women but it also happens to men that are abused by the family of the wife or by the wife or whatnot and it's harder for them to get a place for shelter.*

[SP 5] *Well, I think as soon as you go outside of that narrow box, whether it's men, whether it's seniors, whether it's families, like mother and children that are leaving. If some of the children are a certain age, they can't come into the shelter. If there's a certain gender and a certain age, they can't come in. So part of it is how to honor the rules because they're there for a reason, but how do you address what falls outside of that. Yeah.*

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**[Interviewer]** *Then moving from the first stage to second stage my understanding is it's a smaller percentage. It's a very small percentage.*

**[SP 25]** *Yes.*

**[Interviewer]** *I want to understand that process. Who comes, how do they come to the second stage?*

**[SP 25]** *How they come is that the workers phone, ask if there availability, and then an information session is set up. That is, the shelter staff try and phone the person and set up these information sessions with them and arrange when and where the potential intake will come. At the session it is explained who the shelter are what they do. Shelter folk get to know the person a little bit and at the end of it the person makes a decision if this is where they want to go. The shelter make a decision if the person are a good fit for what second stage offers. Sometimes they say you know what no, I'm not ready for this and then they'll go back to wherever if it's independent living, if it's back to their husbands, whatever it is. Sometimes they say you know what yeah, I definitely want this undone and I want to move forward that type of thing.*

**[Interviewer]** *The fit, how is the fit established?*

**[SP 25]** *One they have to have children. They need to be six months clean of alcohol and drugs and the third is a willingness to attend all our workshops. That's kind of the assessment of fit ...you know, sometimes the mums have language barriers. So the shelter quickly assesses to see how much is it. Even if they have a little bit of English they are still invited to come in and sit so they can hear and they have opportunity to integrate into the greater community.*

The process of a resident's integration into the second-stage shelter's milieu is neither smooth nor easy. For example, it may be marred by condescension and judgment from staff or residents (new immigrants themselves) towards new residents with limited English. As the vignette illustrates, senior shelter management need to be attentive to this risk and ensure that new residents are not marginalized and hurt afresh in the shelter milieu.

**[SP 25]** *So even sometimes some new Canadian staff will come and say yeah, she doesn't understand anything. The staff will come to me, oh that's okay. Let her just sit. Be among other women and begin to integrate.*

**[Interviewer]** *I often found it astonishing. Sometimes we think people can't understand it because they can't articulate and they have perfectly good hearing comprehension.*

**[SP 25]** *Yeah. Like I don't speak my language but I understand it. So I get that piece of it so when the staff will come and say this, 'they can't even speak', the response is she can understand it, that's okay.*

Quite often, help-seekers are expected to be proactive in obtaining supports: *'there is the follow-up component which is I think very much needed and practical, but again based on willingness of the client to access that'* [SP 17]. This expectation is likely to be disappointed, given the fact that abuse is associated with isolation, withdrawal, learned helplessness, hopelessness, and profound fear of not being believed, understood or helped. There are well-documented post-shelter housing challenges, with around 30 per cent of those leaving shelter homeless, and many others going back to the situation of violence because of a lack of other options. Affordable housing programs do not prioritize women in shelter. Immigration status remains a consideration and a hurdle if not stabilized when transitioning out of second stage shelter.

**[Interviewer]** *After the 6th month stay at the second stage shelter, what happens?*

**[SP 20]** *Some go independent living in the community and if they want to outreach support, we can provide that. Some are accepted into like a capital region, housing which is social housing provider and there's other housing providers. Some go into the affordable housing and that program is designed for women working or in school. So yeah, just sort of depends and sometimes, the shelter will extend people here if they're on the waiting list for capital region housing. Again, immigrant women, they have to have some status or they won't be accepted into some of these programs, right... The **Housing First**<sup>80</sup> model has not really looked at our client group enough. They look at the absolute homeless population. Now, there has been a couple of second stage shelters that had been able to access some of the housing first dollars and had been very successful because women need rent supplement to make it. Now, rents might come down a bit with the economy so that might help, but most women cannot afford market. Like our affordable social housing next door, we're about 50% to 60% below market. We include the utilities and the rent and that kind of thing because women can't make it and then especially with daycare on top of it. We keep our rates like the parent portion of daycare fees, we have to subsidize a lot too because women can't afford the parent portion of their daycare and their high rent, their utilities and it's very challenging. So our organization is really committed to helping women with some of those barriers. Poverty is a huge one.*

Throughout the difficult process of transitioning out of abuse into emergency shelter, into second-stage shelter and finally into independent living, there is a priority need for continued connections between the client and a case worker.

**[SP 15]** *I'll always call them and I'll have the collaboration with different shelters first stage, second stage, talk with them and have case consultation. And then they get the case and I go over there to the shelter to check out the translation for them to risk assessment or other people work. So kind of like that. We did have the process for moving from second stage to third stage or even to apply for this Subsidized House Corporation. ... I should say that the third stage is the subsidized housing. But some shelters, they have their own subsidized housing. I call them first. They can't stay there for two years. So the other [0:56:09] [Indiscernible], which is a subsidized housing for the government, we apply -- like because when they end the second stage, they have to leave after certain period of time. So at that time, we'll work with those support workers over there in the shelter and then we just apply for the clients, pick up the phone and then give the support letter from the shelter, from us, program. And then they usually have a very -- like speeding up their waiting list on their subsidized housing [0:56:40] [Indiscernible] housing operation.*

As noted earlier, there are challenges with sustaining connections which has adverse implications for rehabilitative counselling and long-term safety planning and safety management). With sufferers of HBV, one must recall that the flight out of violence goes with a loss of social networks (marital and natal).

*[SP 17] in Western Culture, we would say you know, get the heck out of Dodge, right? Let's take a look at shelter that we could look at, right? But now you know it's not just about removing the women from that situation but you have removed that woman from her entire supports and stuff. Her life. That's right, her entire support system whether or not they are informal or formal or whatnot but from her community, from her family, right? And that's significant, right?*

The following vignettes describe measures to strengthen practical skills, create psychosocial resources, and supportive connections to prevent a return to violence because of the aftereffects of abuse and trauma coupled to lack of social support and connections. It is important to note here that psychosocial counselling can itself be a triggering and painful experience; done the wrong way it backfires and is squarely resisted and rejected. Sufferers of violence may have mental health issues that need sustained and also judicious attention.

*[SP 1] So I think transition is huge and in the sense. Before I have gone into this work, I did a lot of volunteering in women shelters out in Calgary. One thing that I really liked in the shelter that I had spent some time in in volunteering and doing some shadowing is they had transition plans. Not only did they keep women safe when they first came in but a lot of these women are so isolated from the world. So how do you drive, like driver's license or how do you grocery shop by yourself? How do you pay the bills? You know, just all of those what I consider daily activities that I do daily or even how to write a resume or how to apply for a job or how to talk to someone. Those are skills that a lot of women who are isolated or come from these kind of violent homes don't have those skills. One thing that I really appreciated is in the shelter that I was volunteering at, they had these services and people with time and patience to teach these women and young girls these skills. So not only are we trying to keep you safe but we don't want to isolate you here either. We want to help you grow and be independent and kind of be that strong woman and not just shelter you again.*

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[SP 3] So a lot of this is educating them about the social kind of network that is there and then emotional support which is the big piece. Having somebody just to listen to after they have left. They have kind of had a very intense kind of three weeks at the shelter where they were just surrounded by our staff and you know 24 X 7 they have a social worker there to talk to and they go for that to being alone and they are trying to kind of pick up the pieces from there. You know it is a hard transition from a shelter which is so busy and you know loud and going from that into living on their own so we provide them some services so that they can make that transition. We are educating them about how to continue to be safe. So we do a lot of work around safety planning because after they have left the security of the shelter they are suddenly vulnerable again to their perpetrator and where things are at you know legal case for instance or custody and arranging transition time and safe drop-offs and things like that. So we do support her through some of that. This will also be for the first few months when she is encountering that so we continue to assess the risk that she is in throughout that period.

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*[SP 15] So when they come to us, they already have a lot of mental health syndromes like depression, anxiety, OCD, everything. Sometimes a little bit like bottom line, not really schizophrenia but like a little bit bipolar. It's difficult for us to fall like [0:47:44] [Indiscernible]. Sometimes they are not prepared to face their mental health issues even if we provide the resources for them. "Okay, this mental health therapist can really help you." They don't want to. They don't want to go for medication yet or maybe they wanted to go see the family physicians first. The family*

*physician may not be specialized in the medications thing. They go, "Okay, I'd see psychiatrist. Do you think I'm crazy?" So that's why we have to be very careful with the terms we use. "Oh, you just talk to her because she has the knowledge how to make you feel more relaxed where you don't need to take the sleeping pill by having more relaxations thing, exercise. They would teach you some techniques, breathing, things like that." We have to really make it more, like rephrase that so that they seek the help from the mental health therapist. Yeah. This is kind of hard because, you know, when you have mental health problem, maybe they're not very engaged sometimes. They were withdrawn. They're not very trustful sometimes from time to time and then they just hold back. Sometimes it's hard for us to continue to give them support because they've just withdrawn. Usually, we give them time. We will say there's something like, "Oh, it seems that you're really not happy." So that's why we always keep updates from clients, like maybe call them once a week. "Oh, how are you doing right now?"*

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[SP 19] *We use trauma-informed⁸¹ kind of an approach and a very client centered approach. So like I said before, different situations affect people differently and some are more traumatized than others. For those who we think have been quite affected, we all send them or try to send them for some counselling but they often don't want to go for that. They're very resistant to counseling. But it can be good for them I guess in the sense that they can recover themselves and get a better sense of who they are now but they also they don't want to pick another situation, another relationship that's going to be the same down the road. So we give them red flags to watch out for and those kinds of things because a lot of people don't like being ended up the counseling stuff. I'm not sure -- It's painful, they don't want to talk about it, and it's done now so they just want to get on with living. That seems to be more of what we're hearing.*

Providers informed us that the task of rehabilitation and living independently is vastly complicated by the mental health issues of women who have survived abuse. For example, it may be difficult to adjust to 'normal' life, to loneliness, to seek and/or hold on to housing and employment. SP 32 described a poignant situation (this conversation was not audio-recorded and thus there is no transcript). A minority client with rent-assisted housing felt unable to let the housing program staff inspect her unit, which is a mandatory part of the rent assistance program. The program staff were unable to connect with the client or with an agency that could have communicated with her to solve the problem of access. As a result, the client's rent-assisted housing was in jeopardy. The vignette below describes the long-lasting effects of abuse which sometimes surface after a delay. The vignette also highlights the need for a case manager to sustain connection and engagement with clients to ensure that their mental health has a chance of improving and that trauma does not overwhelm them in the world they navigate after abuse and after shelter.

[SP 26] *What happens when they are coming out of these cultures is they are so shell-shocked. And there's been so much that's going on and they're so traumatized, and where do you start? So we've had to sort of go back to like almost somebody fleeing fire or the earthquake, basic needs and then we go down like, "Okay, let's get you into somewhere where you're safe", right? Like, "Do you need a house; do you need a roof over your house?" "Okay, yes", so once they've kind of got that simultaneously the same time, we are starting to work with them about...there's huge education pieces. So when I send you the website, you'll notice on our website that we have certain books, and certain pdfs, certain quotes, and things like that. It's stuff that we have collected, that we have been told by those who have fled globally. It works for educating them, so we start giving them information. And it's just we start giving them little bits of information; we start just having...we just go in and we have conversations with them, we just sit and we chat them, we go for coffee, we*

take them to the mall, we help them to navigate if they need to get their driver's license. We help them to do some of this stuff; we help them navigate the core system; because often that's the first time they're coming out. We start helping in that practical system process, so there's less stress on them, and then we start helping them to slowly start to work through what they have seen. Now, a lot of times I'm working with survivors five years out and the ramifications still...I don't know how you'd call it, they've sunk in, but they are still doing their work. And so this is a long term process, this is not six family violence special session; this is not a 21-day stay. This is years of a process when there has been so much indoctrination that you're having to have...this person has had their entire foundation pulled down from underneath them, and you're rebuilding a foundation while they're still living in a house above. And so you have to basically triage. If it's a mom and her kids, there's going to be a lot of attachment issues. If it's a young girl who's 16, you're going to have a lot of hostility. And so you're just triaging what you're...how you're responding and what you're saying to them, and it's a lot of education... it's easy to provide somebody with basic shelter, and toothbrushes, and deodorant and things... We've seen, we just see it happening with the fire. It's easy to do that, I should say it's easy, but you know what I mean, right? And the community comes together; everybody donates this stuff, and everybody can do that. Everybody can give and some usually should perform a couple hours here and there, drop a toothbrush here, and food...whatever. But then that piece is done, and then what happens? And then they're sitting there, then the PTSD [post-traumatic stress disorder] starts setting in, and then the anxiety, and the depression, and all of these starts setting in. And that is almost at times...you need your basic needs, but they are just as crucial as response to mental health part; if we're going to have successful people in our community two, three, five, 10 years from now. And that's the piece that sometimes is missed.

[Interviewer] *In one of the focus groups it was mentioned, some of the women don't even know how and where to buy milk. Isolation has been so extreme...*

[SP 26] *Yeah, we see that. Don't know how to take the bus, we see that a lot; overwhelmed with taking the bus from here to downtown, like overwhelmed. And I see that at my shelter, it's so overwhelming; the world is overwhelming. And what happens is, as they come to that process and they realize the world is overwhelming, the best case scenario in their heads becomes, "Well I'm just going to go back". So you're scrambling to work against that while you're desperately trying to educate them, so they can survive and not feel overwhelmed. You're scrambling to get that time frame where they're saying, "I can't do this anymore I just want..." and it's a lot of work to get those intensive support too.*

The importance of preventing revictimization through financial distress, homelessness, learned helplessness, loneliness, the long-term effects of trauma, and psychosocial pressures to return to the 'father of the children' also emerges in the following vignettes on programming priorities at second stage shelter. Psychoeducational counselling, along with some career development plans and exposure to educational possibilities, is intended to create options that would create the strength necessary for independent living.

[SP 20] *There are groups every morning which talk about family violence, education, healthy relationships, a lot of life skills, parenting, self-esteem, how to set boundaries, all those kinds of things. One of our groups is for moms with little ones to work on child attachment because often, in the violence, that can be disrupted. Maybe she wasn't allowed to mother the kid or parent the kid in the relationship that kind of thing, so we work on some of that as well to help the mom-child relationship. We also get other folks with community come in once in a while to talk to the groups on different things. We have a Humanities 101 twice a year. It's 8 to 10-week program depending*

and the women get a certificate and that's been a really nice partnership because it gives women a chance to look at the possibility of post secondary and for many of them, they never even thought of it. It's kind of an introduction into what university life might be like and they really enjoy it.

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**[SP 25]** *So when mom and children (they have to have kids in order to stay at second stage) come in they're assigned a staff for the mom and then the children are assigned another set of staff so that kids needs are just as much met as the mom's needs type of thing. Then within a short time period conversations kind of are created as to what would you like to do for the next six months? DO you want to do this? Most of it initial it's legal issues and it's medical issues and schooling and education issues for the children. So moms that are coming beaten, bruised or neglected. They have not taken care of themselves physically, dental work all of that. Those things are focused on. So the second part of the service plan is really kind of dreaming as to hey you know what, you're going to be leaving soon, wanting to give a sense of hope for their future and really hope is for me trying to live independently not going back to the guy because of financial need. So the effort is to really try to work on the education and career development for the women. Of course within all of this, counseling is always offered but its not easy. The other factor that we see is where women go back is the housing. So we work to ensure that they have affordable housing in the community when they leave. So my personal philosophy is that many of our women stay or go back to their abusers. My experience is one is because of the finances which is connected to the housing, which is connected to the education. Second is because of the men are the fathers of the children and we all want our kids to have dads. There it is really because they really love them. They really love the guy. So the psychoeducational workshops try to put some protective factors such as hey you know what, if you have affordable housing then you may not need to go back to this abusive situation. Yes we get that the fathers want to see the children but let's set it up properly that type of thing. So we have those types of conversations. [00:15:11] With new Canadians, it's interesting. Once they come to the second stage, they're quite [Indiscernible[00:15:20] to stay away from their abuser. They've made that decision. So I wish I had stats on how many of them go back. Just from reflecting back, many of them don't go back once they come here. I don't have any hard facts on that piece of it.*

The success of rehabilitation, as with prevention and intervention, depends on communication and collaboration. The vignette below illustrates the collaboration of teachers, social workers and shelter to protect and rehabilitate two teenaged siblings who escaped violence at home.

**[SP 6]** *So for instance, two years ago, we had a case of [0:08:48] [Indiscernible] brother and sister that they ran away from home and we tried to work with the community, it just didn't work out. They were both maybe around 17 and 16. They were looking for work. So they moved to the shelter and then from there, we were able to support them too, even apply for social income. We were able to support them through that process and tell their story and so they got income and they were still in high school when I was -- I removed myself from that because I was leaving temporarily and so they're fine now. They're working but there's safety issues because the parents know where they are and so you're always concerned about that because sometimes, they show up randomly and you can't really move them from that school until the parents know where the school is but the also the kids don't want their parents to be prevented from going to the school. They don't want to create more issues for their parents. They just want to be removed from that situation. They're still in high school so actually that high school was really -- we have staff that work out of that high school but the high school took a big role in supporting the youth. So feeding them and make sure that they had food before they went home and some of the teachers were actually helping them after school because the shelter, you could only go after eight or nine so just a good sleep*

*until-- The teachers took a big role in supporting these kids because they were really good kids and they saw where the struggle was and the struggle was something that everyone agreed that it was just not right and we had to protect these two kids, right? But that process, it was done in partnership with the school. I think that's why we were able to find a place with them faster and we are social workers too so in that case, also there was children services involved and we need to make sure that they -- because sometimes we don't have the power to make things move faster unless children services is involved and then things move a little faster through a lot of works.*

The vignette below also offers some hope as some women do leave and on occasion may be successful in rebuilding their lives.

**[SP 19]** *There's one I can remember where that was the case and because our client's husband wouldn't stand up to his family, the abuse was coming from his family and being perpetrated upon both of them really but more so on her. She just kept telling us that he wouldn't say anything and he would just agree with whatever they said and she was having a very, very difficult time being in that situation and did ultimately end up leaving.*

**[Interviewer]** *Was she able to leave successfully and rebuild a life that she wanted to?*

**[SP 19]** *As far as I know, yes. She left successfully. She had the same kinds of challenges that many of our clients have with the housing and with the source of income but she was able to go -- did she go back to school? It was either back to school or through an employment program that she went through and ended up being on her own or she was okay, so it worked out well.*

### *Community level prevention of violence: The value of dialogic engagement*

Dialogic engagement and intercultural bridging are important at several levels. The *first* is the prevention of violence by spreading a consciousness that patriarchal violence and domestic authoritarianism are unacceptable at ethical, interpersonal, social and legal levels. Relevant messaging via cultural navigators is a crucial method in this respect. *Second*, dialogic engagement and intercultural bridging are necessary to alter a situation wherein ethnocultural communities are isolated within themselves, amongst each other and from the mainstream. In recognition of the 'trust barrier' a few agencies, e.g. Candora Society and Norwood Child and Family Resource Center, pursue a holistic 'strength-based' anti-racist approach in which families are empowered to be the drivers of healthy change at their own pace on their own terms. *Third*, the deployment of agency resources (staff and time) is optimised via the readiness of government agencies to be responsive to case-related enquiries from nonprofit service agencies.

**[SP 16]** *So it's looking at individual problems to social public policy changes. So in our team, we work on all of that. So family violence prevention looks at innovative ways to look at reducing or ending domestic violence. So public education awareness is one of those. Engaging men and boys is another. Working on elder abuse prevention so those are the three community developers that we have and then looking at individual issues there is still prevention and the intervention because we're looking at preventing further violence so that's where the domestic violence intervention team comes in where they still have a tie to what can we do preventively. But it's really about the violence that's occurred and what supports can be put in place so it doesn't happen again. But it's also being informed on and giving information back to those people who are doing the prevention so that they understand the real issues that are coming from those victims.*

In utilitarian terms, the use of public resources and administrative machinery can be optimised via better communication between government desks and non-profit agency case workers.

**[SP 6]** *We're way more effective. We used to be standing in lines with clients to get that stamp no and now we can pick up the phone and say, I think this might be a no but what do you think? You say, no, yes, but you should try this and so then all a sudden instead of like running into these brick walls and child and family services. We actually understand their work and it used to be we would just fight with them and say, no you couldn't do that. You shouldn't do that. Now we know what they're doing and now we can -- we probably have stopped more apprehensions because we can say, this is what's in your box and we know that but this is the actual situation at home or I'm going to go to the home, I'm going to get that out of the home, the home will be safe for the time being so you don't need to do that thing that you were about to do. And they're very appreciative of that. And we're grateful to have the opportunity.*

Missing community connections may be linked to the isolation, alienation and lack of integration that are often predictors of violence in immigrant families. Forging these connections via dialogic engagement reduces alienation, generates community trust in service agencies, enhances the prospect of service uptake, and importantly, generates awareness and consciousness that a social observance may be illegal and unethical.

**[SP 1]** *[In a successful prevention of a forced marriage] we were able to have a multi-disciplinary team with quite a few of us are on the table and when we concluded the investigation I think both family and child it was a positive experience. A lot of it I found too was education. So a lot of things that the family, parents and extended family were doing they didn't realize that that crosses boundaries or crosses lines and the criminal code. So we did a lot of work with education. We worked with our in-home support workers in different multi-cultural agencies with respect to educating and getting the whole family part of the plan eventually. It did take a lot of time and a lot of work but we were able to slowly get there.*

In addition, connections amongst mainstream and grassroots service providers are important (as cause and effect) in such dialogic exchange and trust building. For example to open and extend discussions about the often-avoided but just as often surfacing topic of violence, agencies could deploy grassroots navigators to 'introduce the topic of violence and reframe the conversation in terms of community development (elimination of poverty, improvement of mental health, etc); issues that are related to violence, i.e. poverty and mental health; how to build safety in community' **[FG]**. Similarly sexual violence at home could be opened up as a topic in terms of 'sex positivity' or 'healthy families'. Navigators could in turn train others from their communities to drive conversations forward and ensure that relevant learning is retained and passed on.

**[SP27]** *Our workshops often led into other conversations about the prevention side especially around family violence, sexual violence, child abuse and that kind of thing. That wasn't the focus of the conversation but as you talk about one aspect it kind of leads into some other. So but we felt that there is a different way of engaging the community and that's what we're exploring. As in many ways similar exploration as you are, as on that prevention side, what is that delivery model.*

**[SP28]** *We are testing methods as to how to provide sexual health education in a culturally appropriate manner to new comers and the multicultural communities in general. And the first model is about training peer adult and youth leaders. So that they can in turn train members of their communities and those who are trained at the community level can organize community events where sexual health education will be provided to the members of the community in general.*

The reframing of volatile topics is crucial to retain discussants and to avoid the use of trigger language. These conversations could be very useful to introduce new conceptualizations of gender roles. The

innocuous framing of such discussion sessions may obviate suspicion at home and make it safer and more probable for isolated and threatened persons to attend them. Indeed the vignettes below illustrate the importance of tactical framing of such sessions to ensure attendance. Despite such efforts, facilitators may perceive the difficulty of retaining women surreptitiously attending these sessions and fearful of reactions at home.

**[SP 6]** *So you can do financial literacy, you can do employment interviews, skills, you can do resumes, you can include domestic violence in there somehow. That could be a segue to pass that information to the communities but you can't just do a standalone domestic violence prevention... There was this program called 'Healthy Families'. It was domestic violence prevention. We called it 'Healthy Families' because if you say, "Hey, let's come together on Saturday and talk about domestic violence," no one would show up, right? So that was talking about what does a healthy family look like to you? So we've got food, we've got refreshments and we invite community. We started with one community. And from there, within the first hour, domestic violence discussions. It came from them. We did not introduce it, but within the first hour we we're talking about domestic violence and then we just went on with that topic. We said so this is important of us, can we focus on this? And like yeah, yeah, let's focus on it. So the next year, they brought themselves up but that's the approach we would use with the community. ... We're not going to go in and say hey, we're coming in to talk about domestic violence because then, you're pushing people away already and then you don't get to get things moving forward.*

**[SP 7]** *If there's viable reason to leave the house either attend a class of some sort, then you can get into a lot more from there but nobody is saying I would like some therapy, I would like to talk to a counselor because you're hitting me. The husband is not going to go, "Okay, well..." But if that woman can say, "I'd like to enroll an English class," or "I'm going to go to English class," that's viable but from there, that teacher will then learn that individual, learn that there's something going on in the home, connect them with a social worker, connect them with a therapist. Then the accessing services will happen. It needs to be some kind of a program or you're not going to break isolation by saying here's a social worker.*

**[SP 6]** *I have to say though when it comes to domestic violence with the South-Asian community is very hard because in that project one of the communities we're supposed to work with was a South-Asian community and we were able to bring women together and all of them say I would never go home and tell my husband this is what we talked about today. It was very hard initially to bring the discussions together... So we had around 15 women in one room and they were able to contribute a lot and really learn from them but all of them said we cannot do this. I can't come back to another meeting and I cannot take this conversation at home but they're very honest with the kind of information they give us and a lot of them say this big part of it is the family dynamics – what is an extended family and these other people in the extended family living with the family and that's what a lot of the problems start.*

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[SP 23] *We talk about what are the components of a healthy relationship. And we say it's shared responsibility, it's good communication, it's discipline, it's supervision. So we talk about it. So a man might be vacuuming and doing things like that and everybody laughs, but the truth is that if we can start to have people realize that we're in this together, that it isn't about these rigid roles that we have then -- I mean, Canadians need to think about that as well.*

Effective intercultural bridging and integration requires sustained communicative engagement. In this context, schools, workplaces, and ESL classes provide useful venues for dialogue, opening pathways to integration, social skills, rights awareness in the Canadian context (*Immigrants know what is back at home but not here* [FG]), and exposure to intercultural experiences. Issues such as violence at home are often raised in ESL classes. Thus, such venues should be utilised to empower women in a safe and judicious way. Training in appropriate language and potential referral will be necessary to ensure that those sharing information are not placed at further risk or simply listened to and then forgotten.

Participants reported that in the safe space of ESL classes, women speak of the close monitoring of expenses and denial of funds and opportunities to seek paid work outside the home. Financial abuse was linked to immigration abuse owing to the withholding of documentation and the deliberate delay and refusal to finalize applications to stabilize the spouse's immigration status. If women often speak about these subtle forms of violence in English language classes, it raises the question as to whether these classes, part of the 'wraparound' service model in immigration and settlement, could be used towards rights awareness of immigrant women and also men. Rights education and legal literacy are prevention measures that are known to work, albeit slowly, at the individual and community level. ESL Classes for newcomers may be a good vehicle to provide rights education, to disseminate awareness of the rights of women and the legal landscape in Canada, and perhaps even to discuss thorny issues e.g ways to discipline children.⁸² It is open to debate if such dialogue would help ameliorate or remove strongly patriarchal attitudes. Nevertheless, it is possible for dialogic sessions to establish and reiterate the distinction between patriarchal abuse and violence, however subtle, and healthy relationships.

[Interviewer] *So since your services have this wraparound model do you also, for example, use an ESL class as a way of disseminating that kind of education?*

[SP 6] *Yes.*

[Interviewer] *And how does that work?*

[SP 7] *There's a community development approach to language at our agency so it's not like we're going with a -- you're going to learn A, B, C. Today you sit down and say, okay, what are we going to talk about the Canadian legal system and students would say, "Oh, I'm interested in this," or "I'd like to know about this," and then the teacher will develop curriculum based on that. It might be like, "Oh, I don't know how to discipline my children in Canada." They'll do that. There's language being developed. That's being developed through discussions about or education about something else. So it might be how to vote in Canada. In addition to that, we also bring in external people to run workshops.*

[SP 6] *Landlords and tenants, information sessions. Police may be invited to talk about safety or to go put crime prevention or anything that -- especially and it depends on what's going on sometimes maybe if the Syrian refugees are the hot topic, students are curious because they see that in the news so we might bring someone to talk a little about what's going on. ... And I think a lot of people in the community know this stuff because we get a lot of requests. So we have to be also careful how many of them we can allow in because there's a lot of request to provide information to ESL classes. So we have to balance the plan piece and how much information can come in, right?*

[Interviewer] *But you also have to walk a fine line, don't you? Because I've been an ESL volunteer tutor for a while so I know if there's certain topics you can touch. What are those?*

[SP 6] Yes. We've had requests for sexual health education. I don't know if that's something that you can just take into the class without having to kind of be very careful on how you approach that.

[SP 7] You need to meet the students where they are. So you can talk about -- there's nothing I don't think you can touch but it's how you touch it. To sit down a curriculum and start pointing at whatever the workings of the anatomy.

[SP 6] Yeah, it might not work, yeah.

[SP 7] You may have a great message but it's going to be lost because you could just -- it's too overwhelming. So regardless of the topic, it's just meeting people where they are and how they will take a couple of steps but not like saying, this is Canada it's like this. This is what we do because it's almost like -- but it was pointless. It's not going to have any impact, right? So to have an impact you really need to meet people where they are and let them explore a little bit about what's now reasonable, what's no longer reasonable now that they're in a good place.

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*[SP 2] You know what we are doing, we have ESL classes here. So we try to bring something like that. It was in the mind of the women you don't like -- what is abuse. Abuse is power and control and many times they think it is physical and all that but there are many other ways, you know, isolation is again another violence. And finance is violence. The woman is working with the husband. She puts the money in the bank but she has no card. It is violence. Then you know, he is the one -- Okay, we'll go buy clothes just for you. I know which color will suit you. Again, he is controlling to choose the color. So we are trying to bring these things in our classes to give them the information. So now they know that if they have to buy the dress, they don't have to ask the husband which color and all that. No, I'm going to -- this is my color. So slowly and gradually, when you are with people, you have to bring something because in many cultures, women say, "Oh, he is so loving. He buys everything for me." One day, I got a phone call from one of the [1:13:10] [Indiscernible]. That girl came to know me through another client. She called me and she said that this is what my husband is doing. I'm making money. I'm not allowed to spend even \$20. He is doing everything and all and then I have to tell her this is the control. He is controlling you. He has a certain amount in his mind. He wants you to spend but after that, you don't have any excess to do that. They know that -- this is power. This is control. He is using against me. Most of the time, he is so loving. He is looking after me so well and he goes with me for the shopping. Actually he is not going there for the shopping. He is there to control some of the things.*

However, while using existing educational platforms eg ESL Classes to prevent violence via rights education and sensitization, it is more important to have highly targeted approaches that engage communities (not the general community) (particularly men) using methods that draw on sociocultural dynamics of the communities in the picture. This could be done via peer education, recruiting (and using the status of) leaders in the community. These leaders could be teachers, known businesspersons, seniors, as well as faith leaders who could act as cultural go-betweens.

*[SP 28] They protect the interest of other members of that community and therefore people look up to them. When there are issues they're involved in virtually any kind of issue, even private issues, even issues between families. And that is why there will be a good... they would serve as a good link between the system and the government, the system that we have in place and the people themselves. Because number one they live within the community with these same people, they understand where they are coming from and they also understand the system. So in terms of*

*mediation it will be easier for them and the more engaged they are the more information they have the more knowledge they have, the more it will be easy for them and the more it will be profitable for the members of the community and for those who are even victims of this same sexual violence or domestic violence we talk about.*

[REACH Edmonton](#) offers a valuable model of flexible and agile collaboration in which voluntary cultural navigators, various service agencies, and members of the community come together in dialogue around difficult issues of gender and domestic violence, immigration and finance and related abuse. REACH acts as a ‘backbone’ or hub of collaboration amongst service agencies to achieve ‘collective impact’ against violence in refugee, immigrant and aboriginal communities in Edmonton. The vignette below illustrates that REACH efforts now evince an approach of recruiting members of ethnocultural communities as grassroots change-makers to curb violence and increase safety, instead of focusing strictly on agency capacities to achieve those ends.

*[SP 23]The REACH focus is on building capacity within the ethno-cultural communities. Like in the previous round, there was more of a focus on building the capacity within the different immigrant-serving agencies to deal with family violence. So now the concentration is on the prevention of family violence and building that capacity in the communities. For example, to have the police come in, or Children Services, or Alberta Health Services on mental health issues. There’s a whole area now that in immigration, a lot of Central and South American men are sponsoring their wives and then really using that as power over them and saying, “You know, you’re going to be deported so I can do anything to you that I like.” There’s a great deal of violence within that community right now and a lot of fear. So REACH has somebody come from the immigration to explain what are the rights of people that are sponsored so that people can kind of understand it and get people some support in that area. Another topic is financial literacy because there is a a lot of -- well, there are committees that will talk about the challenges of debt and credit and the challenges of people spending the money or withholding the money like financial abuse. So that means some of those sessions as well. So REACH brings in people and there could be supports from different agencies if needed. But there are no direct ties. There is a steering committee that oversees this project, which gives direction. So REACH works with Changing Together and the Africa Center. The project uses a lot of the places too for venues, for people to come together because if people are already used to gathering at the Mennonite Center then that space is used to have a session for families. And REACH cultural navigators are often people who work elsewhere. We give them an honorarium: Because they’re working all over the place it allows the project then to connect with other staff to also see, well, are there other topics REACH should be paying attention to and doing next.*

Cultural navigators are important mediating influences in that they can help create new and support networks for diasporic families and enable solutions that are not imposed top down but are developed via community participation and dialogue. In this model of violence prevention, the approach is to raise and discuss, without (or with minimised risk of) gossip or judgement, volatile topics such as intercultural parenting, new economic roles and related decision making of women in the household, and the stresses experienced by men in a social-legal context vastly different from what they have known and experienced prior to immigration. Solutions detailed in the vignettes below center on the role of dialogue and exchange across generations and genders to address multi-faceted relational conflicts (amongst parents and children about lifestyles, amongst parents over work and finances). These conflicts are undeniably associated with diasporic experience and stresses. Isolation is an aggravating factor in such a situation. Support networks and the actions of trusted mediators can help lower isolation, stress and the prospects of reactive authoritarian violence.

**[SP 4]** *You can still address things from the parenting perspective. So let's do some parenting and how to manage positive discipline and how you manage this. So that's depending on what the issue is and what's driving the violence, because it might be that it is things as simple as they have no idea how else to deal with the children because they don't have any other model. And learning about positive ways to discipline the children might be helpful.*

**[SP 5]** *And I would say that in the whole likelihood, the girl is preparing for a vacation back home [in a scenario of forced marriage] and is not even told what the agenda is for that visit home. One of the things working in the whole process of settlement in adopting, adjusting, and integrating it to Canadian society is having that conversation at the front-end of being able to say, "These are the laws in Canada. These are the expectations." Talking about the whole area of parenting in two cultures, and the kids are going to be getting the message at school, how do you work with what is known and acceptable for the parents together and have that upfront and all along.*

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[SP 23] *We're not really dealing with the violence once it occurs. We're trying to see if we can prevent it from occurring in the first place.*

And what we're hearing in our discussion groups is that traditional practices that they often employed in terms of how to relate with their children, how to relate to each other. They have become increasingly stressed since coming to Canada. Kids learn about the use of 911, about Children Services. So if parents use what they historically have done, which is often to hit their children, then they are told that they can then have a visit from Children Services. So what we're trying to do is talk about what are some other ways for us to discipline our children so that we don't end up with them, you know, Children Services not bang on our door. ... So communicating with your children. How could you communicate with your kids differently? How could you be okay with your children may be doing some more things as they get a little bit older rather than always saying no and restricting them, and then as a result, ending up in situations that have a great deal with stress, which often leads to hitting our kids or hitting our partner? ...

We always talk about the importance of establishing those relationships with children when they're young, because even as parents often historically, I mean we didn't have a relationship with our mother. We did but not one where you felt you could talk to your mother and where there was any kind of communication. You were told what to do, and if you didn't do what you were told to do -- So I think all of it is about kind of shifting just the way that we interact with our children. And I think then if we do and we see them as people, now, getting past to all those other things around religion and culture is definitely a hard thing. But I think we just started to talk about how can you communicate with your kids across the lifespan, how can you discipline your children and what would that look like depending on the age that they're at, and could you discipline rather than using what you always resort to or that you knew. And yeah, there's limited funds and there's limited ability to do that, but I think it's a good approach. I mean I think it's the idea of the cultural navigator. When people are really in trouble, then they need the support of somebody who has more education, who's a counselor, who has some stuff. But by and large, most of us, if we have issues, we talk to people we know, we talk to our friends, right? So it's really about developing those kinds of relationships....How can we relate to each other better so that we're not so terribly stressed and the relationship doesn't break down? So we've learned things like, in different communities, that's different things but there will be stress because women now have access to

money through Child Tax Credit, and they're making their own decisions about dollars, and men who have historically always made the decisions around money. Now, we're feeling very threatened by that. And I think what's happening is that women have rights and freedoms in Canada that they didn't always have in their culture of origin. And they didn't work outside the home. So they didn't have access to any money, right? Now, they have all these new found freedoms. And in some cases, it has cost such a great deal of tension in the home because women are just saying, "Well, you have no say over that money. I'm not consulting you on it." [0:05:02] So it's to have people come together and think about how can there be a bit more dialogue. I mean, the old way wasn't good, but having somebody who then says, "Well, you have no say over what I do with the money" probably isn't the healthiest solution for the family either. So we try to talk about how could decisions be made differently. ... And we really believe that particularly in ethno-cultural communities that the former networks of support that were in place for people are often not here when they come to Canada. So what we're trying to do through cultural navigators and then adding more people on is to create that network of support that's a safe environment for somebody to share their issues, right? For instance, on the Sudanese community, we have a cultural navigator who will say, "We get together for everything. We get together for weddings and funerals and graduations and engagements." But they don't always talk about what's going on in their family because they're very nervous that that might be shared and they could be shamed or there could be implications as a result of sharing it. So they just don't share that. So what we're trying to do now is build this network so that if people do have issues, they know who to call and they know that person can be trusted and there won't be any spreading of gossip and the story won't come out. So just trying to again use the idea of informal and formal community leaders and trying to really build on that piece. And then the whole other piece is to also address separately for men, what are the issues that they're facing as a result of their attempts to integrate into Canada? And how can we start to support them even separately? So to find out first what their issues are, and then have maybe some support groups for men. I mean, always with the hope that people will come together again. But what we hear in the ethno-cultural communities is that men often won't express how they feel in the presence of their partners, their wives or their community. It's not that easy for them to come together as a group of men and talk about what's going on for them. So we're doing some intentional effort around that as well to try to bring men together and have them talk about what some of their concerns are.

Dialogic engagement of men is crucial. Men can also engage their peers, colleagues and community members in a 'snowball' mode to initiate conversation around gender roles, equal rights, and the legal landscape. Legal literacy will be more effective in preventing violence if it is coupled to friendly dialogue and discussion with trusted community figures. In this regard, community influentials could play a role in propelling the conversation. This tactic essentially uses the collectivist dynamic of HBV against itself. There is a consistently noted association between specific forms of gender-family violence and the collectivist dynamic, predominance of primary contact and association, and extended family structures with a strongly patriarchal distribution-exercise of authority, accompanied often by hierarchies of age. In this context, while violence may be one outcome of such collectivism, one should also consider the tactical value of engaging influential persons, bearers of status and authority to prevent violence. Dialogic engagement, occurring in a 'snowball' mode, first leaders and then general community members, would capitalize on existing networks and collectivist dynamics to provide legal literacy first and then perspectival change alongside legal compliance.⁸³

[SP 28] *Because just like I have said it's the men that are resisting that a woman has a right and that's at the home front even though the law is there. Most of them I believe are not aware of the law or the seriousness that is attached to the law. But when they are engaged then they know that it is real and there will be an understanding there. Even though they feel they have cultural rights or religious rights, when it comes to the system there is a law in place and there is a system in place.*

And there is enlightenment as to what the rights of the individual are as a man and as a woman and this is different. It's going to take a while because its change and change doesn't happen suddenly its gradual. So and then the more men that come, that are engaged and are involved the better it is. Because then they have their groups they talk a lot and then they can also actually help to spread the information and of course to educate other men... their leaders in their communities, their men who other men look up to. So engaging them and those men going back to them and because they look up to them is like they are the mentors. If they accept even if the idea and the strategy and the information is acceptable to them then the other men are going to look at that. I mean this are the men that we look up to its going to make a lot of influence.

Cultural navigators can play an important role to support LGBT+ persons as well. In specific situations, the navigator can have one-on-one support sessions with youth suffering the effects of violence and lack of acceptance of non-binary gender identities and same-sex relationships. Mediation, even with all its complications, is also a possible course of action to head off violence, for example, via diplomatic consultations with families threatening LGBT+ youth with eviction or other violence. The vignette below illustrates the role played by a cultural navigator in supporting at-risk LGBT+ youth, including from ethnocultural communities.

[SP 23] *Specifically the area of the LGBTQ, the cultural navigator works one on one if he hears about families. [0:30:10] What's starting to happen now is that immigrant and refugee serving agencies are calling him if they're hearing that there is a child in the family, and so he is playing that one-on-one role. I mean, it's probably the last area that's a feud shame for people, right? He finds that to try to collect people together, like he knows a group of Ethiopian boys that are gay but he said, "They call me when they want to see me." So having regular meetings with them, setting toward the Pride Center doesn't work, at least not in immigrant communities. But this one-on-one approach, and what he has also done is gone to a home. Another family where the boy came to school and the dad had beaten him. And he called the family and they actually invited him to dinner, which was quite amazing. So he just said at all costs, "Don't kick him out. We know that this is very hard for you but if you do -- I mean boys between the ages of 15 and 24 are extremely vulnerable if they get removed from the home of their LGBT." He just really says, "These are the risks. Just keep the dialogue open. Keep the boy at home. I'll come back. We'll talk about it, and just don't kick him out." That's kind of the way we have approached it with the families, and it's slow and we don't get a lot of people that are calling. It's often through principals in schools that he will find out that a child, a youth in an immigrant home has been ostracized or beaten or whatever by his family. Our work really is around trying to do education with people to say, "These are kids that live in your community."*

Dialogic engagement is relevant to the delicate task of mediation, which in some cases may help repair relationships and prevent the onset or continuation of violence. Mediation depends on cultural competencies and the relationship of trust between the mediator and the family (ies) involved. The picture on intercultural dialogic mediation and the repair of relationships (elaborated elsewhere in this report) is quite mixed, with many help-seekers insistent on a clean breach with their community reference-group. Power differentials in families can skew the outcome, with not all participants bringing the same level of resources and strengths to the process. Some participants indicated that resolving violence through mediation is difficult perhaps even futile and some others were more hopeful and suggested that it could work in specific circumstances, perhaps by the mediator marshalling the power-holders in the family to support the suffering person. In any scenario, the process is lengthy and delicate and without monitoring there is no way to predict the long-term stability of an ostensibly positive result.

[FG] *Keeping the family intact is not a frequent outcome. Mediation and working with children services - final result is usually separation.*



[SP 26] *We do have specific connections with certain, well with a lot of different cultural groups where we know we can and have referred the women to for a longer term help and those are where we tend to send women to get help navigating the cultural context of what they're going through. We had a young lady in shelter from Somalia. Her husband and she had married from two different tribes. When she fled into our shelter what actually happened was the tribes back home were contacted and this tribe were meeting together to hush out a plan and it was very much in her defense. So we actually have seen that happen, where we've seen, "Okay, they've gone back" and so she... because we were saying, "Well do you want to go to court, what do you want to do?" And she said, "No, I don't need to, like they're going to figure this out." And actually we watched and they did, they were quite helpful at figuring it out. I have also seen women who were fleeing say, "I don't want anything to do with my culture, I don't want them to know. I don't want them involved. I don't anyone who's got the same colour of skin as me anywhere near me." And I've heard them say that straight up to me because they know what the pressure is going to be coming from their culture and they're actively choosing not to have that piece in their life currently, and I can think of a client who did that recently who said, "I don't want anything to do with my culture because you know what, I came to Canada to live a different life. I know I am a woman and I have rights here, my culture doesn't believe that. I don't want anything to do with them; don't hook me up with it". So we respect that. So I have seen both ends of the spectrum, massively*



[SP 17] *I'm thinking about this woman who had canceled and said that her mom had talked to her husband, right? So there is obvious, to me what's clear is that there is a hierarchical structure within that family that says my mom who is my elder and my mother and then I'm going to take this advice from and that I guess my hope at the end of the day was that this mom was high enough in the family structure that she would carry some weight over her daughter's husband to be able to kind of keep that in check and so maybe identifying those people in the family unit that can maybe facilitate change may help and support safety planning or mediation.*



[SP 23] *One of the challenges is that we both want to keep the family unit together. That's what older people in the community will always argue. And young people will say, "Well, no, they need to leave." So there is a tension and there's even a tension within organizations that support families that are immigrants and refugees... Some of the older settlement workers want a child to stay in the family, and the younger staff that are working with the youth say, "Well, I don't think they should stay there at all cost. That's way too dangerous." So because you have that tension, we're trying to find that middle ground and a way to kind of maneuver through that. And I think if you get a champion too in a community that starts to say, "Well, you know what? Let's at least keep talking about it and let's not throw kids out of the house and let's be respectful of who they are and just try to work it through." I mean, nothing helps in some cases but I think that supporting people and continuing to talk to people, as well as continuing to talk to the young people is really important...So there isn't sort of a consensus on how do we do this, and I think that building as many supports as we can, I mean we try with LGBT to -- what we try to do is say, "Let's try to understand this." And I've worked with men and women who've been very successful in going to*

the home and speaking one on one to the family and saying, "So, what's really important here?" Like, is it your honour?[0:20:02]You know, they talk and talk and talk. I find the talking takes so long, like this was a Sudanese man and he spent three hours with the family. And at the end, they still didn't completely accept that girl but they didn't kick her out of the house, and she did marry and she moved to Calgary, he told me. So there was a somewhat of a resolution. There's a tenuous relationship still there. So I think it's always to figure out how you can keep the dialogue going and start to change some of the conversation.

Again, one encounters the need for (and lack of) safe, affordable and reliable interpreters. Mediation is hard to achieve when the interpreter's biases enter and distort the communicative exchange, adding frictions and complicating an already conflictual situation. In the vignette below, the participant describes safety considerations regarding interpreters as well as occasional reliance on volunteer interpreters trusted by the client.

[Interviewer] *How do you handle language barriers?*

[SP 19] *We have a strong relationship with the multicultural health brokers so wherever we can, we'll partner with them to work with a client and if that doesn't work we do have access to well, for example, the John Howard Society's Domestic Violence Complainant Assistance Program, which has access to interpreters for court so any of their clients can have an interpreter there and we haven't run into a situation where we can't find -- I guess we found one lady. She volunteered to help us which was very nice but she was already associated with the client. I think she might've been -- she was like a lawyer. I think she was a lawyer and the court things had gone through most of the court proceedings already and she just needed a couple more meetings and she was okay so this lady came and interpreted for her which was really nice. So otherwise, we would have to pay for an interpreter and we're not -- there's a lot of problems with that sometimes because we don't know where these interpreters are coming from so they might be someone that this person knows or sees in the community or maybe it's someone that knows their family. So we really have to be cautious and careful about that. So far, I haven't had any problems communicating with people. We had found a way to do it.*

Mediation could be effected through existing platforms for home visitation and family violence prevention. The following vignette describes the rationales of a project to develop training modules for facilitators of mediational dialogue around intercultural parenting. The lengthy vignette richly illustrates that there is a tension between such repair efforts and the risk to the sufferer, which never entirely dissipates. With HBV, the service provider must consider that any attempt to bring people together to 'repair' relationships poses a risk that is magnified because of the extended networks of violence, the number of people who may support the violence, or commit it directly. Dialogue is not a quick solution to violence; bringing discussants together, for example for dialogue and joint counselling, is a slippery venture when one of the discussants has sought to escape the violence of the others.

[SP 14] *This particular project is being done in partnership with UCCA, the United Cultures of Canada Association.⁸⁴ UCCA are developing the content, the resource materials for each module that will be delivered and to date we have only been received the content for the first module which is the rights of the child. The parent-child relationship was initially stopped. It's going to be our last module which means I won't actually have the content until a few months down the road. We've actually ask the content for everything by April 15th. I don't actually know exactly we haven't really delved in to what the content of that is going to look like but definitely in part I think we'll be borrowing somewhat from kind of the idea of parenting in two cultures that approach because looking at the differences of the children here who integrate a lot quicker even around*

language and just being in school and parents who are still coming with the same expectations in some cases of their culture, country of origin and kind of the clash. How do we address the behavior of a child perhaps without it impacting the relationship of the parent and the child?

[Interviewer] *That's fascinating, how would you?*

[SP 14] *I think that sometimes if we focus exclusively on -- I mean one example that we talked about was let's say somebody a parent who wants her daughter to wear the hijab and daughter refuses to. Is it about then impacting the relationship where we're going to disown or kick somebody out of the house where that relationship is essentially almost severed in some cases. Is that really what our end goal is or is the end goal more about being able to come to an understanding about the choice of that behavior without it severing the relationship.*

[Interviewer] *Mediation?*

[SP 14] *Well even just I think how can we bring together the roles and expectations of country of origin with another understanding of what the other pressures of that child would come from -- would be receiving. One of the qualities that we're talking about this with was looking at for example going back to why, what is the importance of wearing of hijab, is that about forcing that into somebody where isn't an internalize choice where really that's what you would wanted to be is an internalize choice because if it's not coming from that internal decision of this is something that means something to me then again it really ends up being just an imposed behavior. If that's what we're looking at exclusively then the potential is severing that relationship. What is kind of that more important piece, I guess to being able to weigh those expectations with some flexibility perhaps.*

[Interviewer] *That is interesting. It's very interesting. In fact, a clinical psychologist with whom I had a conversation about this kind of very contentious family dynamic, she said that neither anger management nor assertiveness anger management for parents or assertiveness training for the teenager work sometimes, like Aqsa Parvez, you know the case of Aqsa Parvez? Strangled by her parents or father I think. One of the factor was she refused to wear the hijab and she was assertive. It's a classic case of intergenerational cultural conflicts or intergenerational conflict. Neither anger management nor assertiveness training, how would you prevent it, how would you -- what would you do as psychologist, what could you think would work?*

[SP 14] *I think it's -- one, I don't think that in any kind of this family dynamics I think that having any kind of joint counseling or anything is the way to go. In any case the family violence of which this I do see as being part of family violence, but ideally it's each individual receives counseling. If we're going by counseling approach that each individual receives counseling because if just one person receives counseling and we think that it's exclusively one partner or the parent then the child or the other partner doesn't necessarily adjust to the changes that the other individual is making. Ideally it's still a joint approach but not together.*

[Interviewer] *Not sitting all together. How would you get them to the table separately?*

[SP 14] *Well in that I think still goes down to desire because if we're looking at the stages of change model, if one individual is still in pre-contemplation, if you will, then it's not going to be successful. Either through motivational interviewing or assisting to try and move along through the stages of change but I don't think it will be successful until both individuals are there willingly*

interested at least in exploring. They don't have to come to the table hundred percent gung-ho that there's going to be change but at least willing to hear different perspective.[0:20:32]

[Interviewer] *I want to be optimistic, but what makes be hesitate to be optimistic in this kind of case is this sometimes the girls are just so scared for their lives that they run away to shelter. They want to disappear. They want nothing to do with the community, they don't want the parents or anyone from the community, not even the parents mind you it could be the religious leaders, it could be the friend's networks, friends, moms, aunt in that case it becomes a bit more complicated does it need to approach the parents.*

[SP 14] *For sure, because I think that you can only do that if there's already some willingness -- like some openness on the part of the parents because at some cases it will just put the daughter -- use daughter but the child at much greater risk by alerting essentially or approaching the parents or the community whoever the portrayer or the person who's using the abuse.Yeah. I think that in some cases it would not even an option and then it really focuses I think you zoned into safety planning for the individual who's experiencing the abuse because the safety planning becomes critical in order to try to increase safety to minimize the risk of homicide in the end.*

Home visitors may need training in family violence risk assessment, including for HBV. Currently, training in HBV risk assessment is not consistent - it is expensive and is not accessible to all non-profits.

Funding priorities are skewed. What governments and supporters (even in historically disenfranchised sections) give to is not necessarily where the need is most - it is where the agenda is skewed towards, regardless of what the actual need is on the ground. E.g., agencies need resources for community engagement, not tip lines that inflate workloads of already strapped providers while sowing animosity and suspicion in the community. What emerges from the interviews and the focus groups is a situation where laws are framed against forms of HBV (e.g. forced marriage in the *Zero Tolerance for Barbaric Cultural Practices Act*⁸⁵) but there are not the resources in place to actually protect those at risk of such violence. Service providers reported that they simply ignore or dismiss the *Zero Tolerance for Barbaric Cultural Practices Act* (<http://bit.ly/29u1mkk>) seeing it as divisive, politically motivated, and not useful to their work.

[SP 1] *So one of the conversations I had about that act with I forget, it was interesting. You know, the act, one of the things that they allocated like a million dollar for a tip line so people could call in leave messages about it. So instead of spending that amount of money on a tip line why not spend it on empowering community agencies and service providers to actually do something on education on training, setting up health counters and helpdesks to do something empowering the shelters for example. ... if there's that awareness and people are phoning but are we equipped to deal with those cases? I don't know if we can do that.*

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**[SP 22]:** *What it did is if anything, it stigmatized some communities. What it did is the Canadian-born person it said there are people who came from other corners of the world using barbaric practices and so it's stigmatized communities. I don't know about those communities that themselves were dramatically affected in any way other than there's a stigma around that those who engage in barbaric practices. So men or women saying I'm from community X were now stigmatized it as barbarians. So I mean if anything, it was like a racist policy that helps people feel more comfortable with their racism.*

**[SP 21]** *I mean it came out in the discussion in the lunch room that people thought, that's just ridiculous and then of course, you moved on.*

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[SP 5] *We ignore it because it's a flawed bill, to begin with. I think while the intention behind it might have been good, the implications and the impact on families is horrific. And if it jeopardizes the safety of the individual in front of me, and again, part of it is with children. It's very black and white in the law in terms of what we need to do. With adults, it's a little bit greyer, and most of the practices, the barbaric cultural practices that the bill was targeting are not necessarily spelled out in Canadian law. But again, if we asked our colleagues, the majority probably would have never even heard the bill.*

[Interviewer] *What do they describe as barbaric cultural practices?*

[SP 4] *Well, female genital mutilation, for example. But they wouldn't have that done here anyway. See, it's like one of those things. It was trotted out just before the election. Forced marriage, honor killings, yes. But honor killings are, anyway, murder which there is a criminal law.*

[SP 4] *So a lot of question, comment has been raised about the superfluity of this act.*

[Interviewer] *Yeah. Again, like you have laws like around consent, for example, right, and sexual consent and whatnot that would apply.*

[SP 5]: *I think the most disturbing part of that was if this is happening to your neighbor, feel free to call this number.... Well, I can say internally in our agency, we've never had a conversation about it. And I would doubt whether the majority of my colleagues would even know what it is.*

Dialogic engagement and building trust with ethnocultural communities is as essential as it is difficult – essential not only to prevent violence but also to ensure the uptake of services such as immunization, disease screening, settlement and integration etc. In contrast to what should be, trust and dialogue remain fragile, as seen in the sheer reluctance of women to seek help against violence because of their fear of child protective agencies ‘taking the children away.’ Another instance of this fear is of children being apprehended and taken into protective custody in situations where parenting practices can be construed as abuse through the lens of Canadian law. The classic example here is the use of corporal punishment (e.g., slapping, spanking) of children, which has normative acceptance in many societies but is actionable in Canada. Community engagement and outreach may involve home visitation, in the course of which a service provider may witness a parent slapping a child, which may be construed as abuse, in which case the service provider is legally obliged to inform protective services. This or a similar situation creates tensions around the practice of home visitation, and creates dilemmas for home visitors, who need to retain trust with the community but are legally compelled to report violence to minors.

[Interviewer] *In your view, do women of ethnocultural minorities come to get services or not, and if not why not?*

[SP 14] *My first reaction is no, that's my first sense but I know our statistics at [ANTI-VIOLENCE COUNSELLING CENTER] we're certainly we had more than 30% of the clients at the [ANTI-VIOLENCE COUNSELLING CENTER] self-identified as being from another ethnocultural background. It's pretty high percentage still I think that they were [ANTI-VIOLENCE COUNSELLING CENTER] continues to do really good work and a track team if you will or being*

open to people feeling comfortable there and accessing service. Now with their new ethnocultural family violence specialist it'll probably increase even more. But relative to the numbers that I think exists within society, if we're looking at ethnic minority groups if you will, I don't think they're accessing mainstream supports and for number of reasons, one I think there's fear, a fear of misunderstanding and I think that there's also huge fear of child and family services which I think impacts people's desire and therefore makes them reluctant to access supports which is a whole other topic and issue because I think there's even with organizations that are more immigrant serving agencies. I think that there isn't as much -- I don't know how to say this that's okay. I think there are some -- I think immigrant serving agencies are -- it's probably a judgment on my call by part two but there's a more of a reluctance to actually follow legislation and to do consultations and reporting to child and family services and I do think that part of it is just around again fear so much of those that those decisions are based in fear but sometimes rooted in seeing the interventions that CFS sometimes are making because we definitely could see a bigger weight of intervention in certain ethnocultural groups.... Where child and family services would open a file or investigate within for example the Somalian community or we definitely know there is an increase with the aboriginal community for sure but if we're looking at I think there's also greater numbers within the Somalian community potentially the Sudanese community and I think in part some of that just stems from the cultural norms coming from a country of origin where children certainly don't have the same rights as they do here, part of that I think is just a lack of education, awareness, understanding, but it also requires change. We can be aware of but if we're expecting that this is how I use the word discipline loosely is I punished in my country of origin and here we can't punish them, we need to discipline but change doesn't happen overnight just because we might be aware of that.

DISCUSSION OF FINDINGS

In Edmonton, the aspects of HBV are as complex and shaped by immigration as is Canadian society. If one goes looking for violence that can be diagnosed as HBV, one does not find a conspicuously identifiable and easily typed violence. The evidence in our report suggests that HBV is not an exotic form of imported violence in its own hermetically sealed categorical vessel. Furthermore, spectacular violence is not the norm; intervention may be and is often skewed by the non-obviousness of violence. Violence motivated by reputational concerns (i.e. concerns over retaining patriarchal control and being acknowledged for it within families and community reference-groups) occurs but is less conspicuous, expressed in ways that are often subtle, not liable to be detected, prevented and penalized.

Let us consider the case of women who come to Canada via an arranged marriage that proves to be abusive. Abuse exists in a context of financial dependence on spouses, language issues and other barriers to employment and outside help, uncertain immigration status. The sufferer is unable to seek help and leave the situation – on account of the already identified barriers, but also with the awareness that leaving would dent her and her natal family's reputation. Worse, the abuser and his family may see her leaving as damaging their reputation and seek revenge, or threaten her kinfolk in her country of origin. So she stays. In this scenario, intimate partner violence may intersect with questions of honour and reputation; abusers may include not only the husband but also his parents and siblings. The sufferers of violence include not only the woman in her marital home, but also her extended family in her country of origin. Aids to such violence also issue from those natal families. Their expectation and verbalised pressure on the woman may make her stay in place and endure abuse. Such expectations exist in a context that involves both economic and sociocultural pressures. The natal family's often-lifelong payment of exorbitant dowries to the groom's family coexists with their anxieties about the social ramifications of a failed marital alliance. A family's power structure and patterns of interactions arouse violence and abuse. It is common for a person who is assigned a low value to suffer abuse and violence while a person who has high power and

high value in the family and community is predominantly the perpetrator who rarely suffers consequences.

Going by the evidence in the needs assessment, HBV in the Edmonton context is very much linked to immigration-related vulnerability, to the stresses, frictions and fractures of diasporic experience.⁸⁶ Violence is inflicted and suffered in an immigration-receiving context wherein patriarchal mindsets and practices are shaped by the experience of immigration.⁸⁷ Immigration tends to shift the domestic balance of power - between husband and wife, between parents and children. Husbands used to being the heads of the household, the breadwinners, the *pater familias*, suddenly find that their credentials are not recognized and that their wives adjust and find employment faster. Parents find that their children have independent views concerning their life choices. Inter-generational conflict and cultural frictions enter the picture.

Also, in immigrant communities, relatives and friends form important socio-economic support systems for newcomers. Engagements and marriages are often tied to business deals, promises of employment for a relative by marriage, gifts of land and jewellery etc. A girl's or boy's refusal to play the marriage game threatens that socioeconomic scenario and may trigger force as a response – as forced marriage, beatings and imprisonment, or lethal violence.⁸⁸ For new arrivals family is a safety network and the maintenance of family harmony and solidarity becomes a felt as well as imposed priority for women who are expected to lay their individual concerns and aspirations aside for the sake of the family. In this situation, the structure and dynamics of patriarchal control, patrilineal descent and patrilocal residence combine to ensure women's submission to men. Women's identities are predominantly familistic – mother, wife, daughter etc. Traditional male authority is expected to be carried forward as the steering and stabilizing force in the new context. It is in this context that women either cannot complain of abuse or often recant their stories of abuse. It is in this context also that men react with violence against women who upset the balance of power and order of command by obtaining employment, forging ties outside home and family and taking a lead role as the mediator and negotiator between family and outside institutions, e.g. between the school and healthcare system and their children.⁸⁹

The report's other key finding is the expression of heteronormative views and practices as HBV. This finding undermines the portraiture of HBV as an alien import from a 'global South/East' impervious to the humanist egalitarian norms of the 'North/West'. On occasion, research links HBV and its hypermasculine patriarchal violence to homophobia and transphobia. For the most part, though, despite the worldwide violence towards LGBT+ persons, analysts and practitioners make little effort to look beyond obviously bloody crimes of honour and tend to focus on women as victims without considering what it means to be victimised as, say, a trans woman or a lesbian woman, and what it means to be victimized on heteronormative pretexts as an LGBT+ member of a racialized minority.

In this situation, the picture on responses against HBV (or capacity for them) is patchy. Strategic competencies are missing or inadequate, such as knowhow of standard HBV risk assessment tools. Some of the gaps in handling HBV are perhaps because the focus has been on largely on violence amongst intimate partners and on child abuse by one or both parents. There has been little attention to the requirements for understanding and handling a group-driven form of violence that intersects with intimate-partner, family and gender violence. Often also, the anxious eagerness to be culturally blind in a multicultural society has led to HBV being shoehorned into the larger category of 'domestic violence' - resulting in a lack of objective analyses of its features and lack of appropriate responses. A leitmotif of the conversations across the focus groups and interviews was that training in the complexities of HBV is missing, apart from sporadic workshops, voluntary extra work taken on by specific staff, and some conference presentations on the topic. There is a need for scenario training, better training with immersive experience, and competencies in the complex community and family dynamics of HBV.

The client centred approach (4 Rs - recognizing, responding, referring and reconnecting), is acknowledged as vital in handling any kind of violence. Its implementation, however, is challenged by several factors, such as the short time frames of service models and limited resources of agencies - limited counselling sessions, limited shelter stays, under-resourced staff operating under funding cuts. Most agencies are too resource-strapped to do more than offer short term support. This is unfortunate because the complexity of abuse generally demands long-term case management to resolve issues such as immigration status and custody of children. In addition, rehabilitative efforts stretch far into the future and very few agencies are mandated or resourced for that kind of long-term follow up.

Participants generally agreed that collaboration amongst service providers could optimise resource use and improve services. There is, unfortunately, a relative lack of formal platforms for communication and mutual education amongst service providers (e.g., justice system and social workers). There are time crunches and confidentiality concerns in case-sharing. There is not enough capacity for people to work together as they should in cases of extreme complexity.

RECOMMENDATIONS IN BRIEF

At this early juncture, recommendations center on prevention of violence via dialogic community engagement (a phrase used to the point that it is cliché but with relatively little understanding of its practical preventative value), standardised training to enable providers to detect the red flags of collectivist gender violence, checks and balances to ensure ethical compliance, and adoption of collaborative mechanisms by agencies. See also the associated draft 'A Service Delivery Framework against 'Honour' based violence'.

- (1) Primary prevention. A key finding in the needs assessment in this regard is the importance of home visitation programs. It is essential to foster programs in which service providers can connect with clients in the community *'where the clients are at'*. This step however requires connection with service providers who can forge communicative links amongst members of the communities being visited. This will help create receptivity to the concept and purpose of home visitations as well a readiness to enter into dialogue with home visitors (e.g. about relational management, intercultural parenting and conflict resolution).
- (2) Secondary prevention, intervention via detection of the red flags of violence and understanding the appropriate course of action. This step requires provider training in the specifics of HBV related risk assessment, risk management (strategies to manage risk once assessed) and safety planning.
 - It is essential to create channels so that providers can meet clients offsite if needed. In the situation that a provider cannot go offsite, it would be helpful to connect with a service partner who could do so. For example, if a client of a downtown agency lives on the north side of Edmonton and the service provider cannot go offsite, a connection with the Candora Society or the Norwood Child and Family Resource Center could open a channel that could sustain the connection with the client.
 - It is essential to have (1) standards for doing background checks of interpreters, who may be needed to facilitate communications (2) appropriate enforcement mechanisms to make sure that interpreters respect procedural and ethical norms of safety and confidentiality. Enforcement could involve channels for formal complaint, suspension or withdrawal of certifications for breach of confidentiality or misrepresentation of clients.
- (3) Universal prevention of violence. Despite the grandiose title, what this means is simply an effort to mobilize grassroots cultural navigators to engage communities (with some effort given to engaging

men in ‘snowball’ fashion) in conversations about gender roles, relationships, the stresses of immigration and resettlement (e.g. intercultural and intergenerational conflict). These discussions are important for increasing legal literacy and consciousness of universal human rights in a dialogic and non-alienating non-patronising way. There are several programs in Edmonton to engage men against violence. These vehicles can be used to raise awareness and mobilize consciences and attitudes against gender violence. The activities of REACH Edmonton and the Compass Centre for Sexual Wellness’ (workshops with men in the African community) are significant in this regard.

- (4) Agile platforms for agencies to support each other All of the above steps need agile means of communication and sharing knowhow and experience amongst agencies. Amongst Edmonton agencies, the willingness to participate in such networks is related not only to time and opportunity available but also to basic awareness of who does what, where and how. Knowing what another agency does or can offer is a first, essential (and yet currently absent) step for one agency to identify another as a source of potential help. For example, a volunteer-run psychosocial counselling agency might encounter a language barrier with a client but is unable to pay for CanTalk services. A solution could be to refer a client to Multicultural Health Brokers, who may be able offer counselling in the client’s language. A second example: a school counsellor is contacted by a student worried about homophobic backlash at home on coming out. The counsellor could help the student better if there were a connection with the Pride Center of Edmonton. The success of such a referral depends on staff availability and ability down the road. It also depends on the first provider knowing sources of help and knowing whom to contact further.

The success of referral also depends on good experiences and related good publicity i.e. case sharing. If people know that such contacts exist and that making these contacts yield results, they may be incentivized to step out of their siloes and at least temporarily put away their territorial concerns. Such mutual inter-agency awareness can grow through online networks faster than through in-person meetings. The online network that is intended for years 2-3 of this project is a step in the direction of creating a ‘hive’ of agencies, with each participating agency as a node in a network or neighbourhood of supports to each other as also to sufferers of abuse and violence.

STEPS AHEAD

Going into Year 2 (September 2016 – July 2017), we will draw service providers into a community for knowledge-sharing and integrated service model development. We will promote case sharing and discussion via a restricted-membership (but free) electronic forum. This forum will provide a platform for Edmonton service agencies to engage in collaborative knowledge exchange i.e., start sharing and comparing relevant case experience concerning HBV. Such dialogue will help agencies identify commonly experienced challenges and potential solutions in HBV prevention, intervention and rehabilitation. To enable those e-forum discussions, we are also creating an online repository for providers to access relevant literature. This will offer research papers, factsheets and position statements from university, government and non-profit sources, as well as our own guidance documents and summaries of policy forum discussions. The contents of the repository have been compiled and are being indexed and annotated to serve as a consolidated and curated source of policy-relevant information on HBV.

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APPENDICES

Appendix 1: Interview Guide for Service Agencies

Focus: Developing a collaborative multi-agency strategy against honor-related violence

Role and background

1. Please tell me about your organization and your role in it.
2. What is your (and your organization's) experience of working with cases of 'honour' violence – e.g., forced marriage, threats of or actual violence for 'shaming' the family/community; genital mutilations. *If yes, do you have statistics of how many cases of HBV you dealt with in the last three years?*

Service model

3. Very broadly, what is your current service model to protect girls and women against violence? Does your service model address honour violence?
4. What tools of risk assessment do you use? How could these be improved? How could these be tailored for honour violence?
5. What is your capacity to receive and process calls for help?
6. What is your capacity and associated challenges with intake and housing – short and long term protection and rehabilitation
7. How does funding impact personnel training, program design and delivery?
8. What measures are needed to increase uptake of your services amongst women of visible ethnosocial minorities? What are the challenges with women of minority communities?
9. What is needed towards their protection and long-term rehabilitation?
10. What are your outreach methods and how does outreach influence service uptake amongst minority women?
11. *Please describe your link-ups with community leaders, volunteer-run ethnic community agencies.*
12. Do your staff receive cultural sensitivity and cultural safety training?
13. Please elaborate if your staff have training in cultural orientation, training with simulation scenarios?
14. In shelters, what is the situation with handling special social needs (kitchens, prayer rooms etc)? Do unmet needs in these areas have any impact? Please elaborate.

Partnerships

15. What is the role of inter-organizational partnership in your organization's service model? For example, what are your platforms to get together and share information on problematic cases, unmet needs?
16. In your view, what would be the best practices in a coordinated interagency response in preventing honour violence?
17. Please elaborate on how to avoid conflicts over mandate, duplicative effort.

Next steps: Task force formation

18. Would you participate in a task force to help design a new service delivery model, a referral protocol that could be standardised and piloted in Edmonton?

Activities planned would include:

- *Generating terminology and protocols to discuss and handle cases of multi-perpetrator gender violence (also called 'honour-related' violence).*
- *Knowledge transfer via (i) an electronic forum and database for case sharing (ii) a repository of relevant case law, international best practice models, guidance documents, and lay summaries of taskforce discussions.*
- *Developing risk education modules for case-intake workers, standard referral mechanisms, and long-term strategies to ensure that survivors are rehabilitated and are not revictimised or shifted back to situations of risk.*

19. How much time per month could you devote (2 hours a month)? Eg: Contribute to an e-forum for case sharing, protocol deliberation and updates, inter-agency policy sharing and formulation?

20. Whom would you recommend that we talk with next? *Thank you for your time! We will be in touch as the project goes forward.*

Appendix 2: Information Sheet and Consent form: Interviews

Organization: Indo-Canadian Women's Association (ICWA)

Funder: Status of Women Canada (PROJECT FUNDING NUMBER: AB15072)

Background

In an earlier ICWA project 'Working Together' (Link: <http://bit.ly/1WCzOIY>), interviews of service providers in Edmonton identified barriers in efforts to prevent family violence against women in immigrant communities, including cases of 'honor-related' violence. Siloed services and a lack of culturally competent outreach and case-assessment training were consistently reported challenges. These themes had also emerged in our surveys of participants in a 2012 Edmonton conference 'In the name of honour'. Lack of coordinated effort amongst service providers has the result that cases of violence may not be detected and the victims and survivors not protected and rehabilitated in time. A key challenge is that agencies unfamiliar with the cultural dimensions of some aspects of family violence may not know what to do or where to refer victims, who may be shunted from one agency to the other, resulting in duplication of effort with no real help extended to the woman at risk. Understandably, women avoid the sheer discomfort of repeating painful stories in multiple settings. Being in the open as they seek help also carries the risk of discovery and punitive action by their natal and/or marital families. The overall effect of lack of inter-agency coordination and strategy is that women at risk of violence fall through the cracks in the system; this is especially the case when the women are seen as low to medium risk, with only the most egregious cases of violence being referred for police intervention. Despite the documented occurrence of honor-related violence in Canada, there is no dedicated helpline for women at risk of this form of violence. Strategies and intervention models applied in other jurisdictions (UK's DASH (2009) Risk Identification and Assessment Model; <http://bit.ly/1HUgY52>) have not been similarly developed here. This project seeks to understand and address these gaps.

Purpose

The current project is a community assessment to identify solutions for coordinated agency activities and improved protocol and case sharing amongst service providers attending to the needs of women affected by familial violence associated on occasion with notions of honour. The core intended outcome is an inter-agency strategy and an integrated service delivery model towards early detection of risk, with intervention and rehabilitation of victims and survivors of family violence, particularly ‘honor-related’ violence. Project partners will pilot the service delivery model in the final phase of the project. To assess present service capacity and identify some features of the planned strategy we seek your participation in an in-depth interview.

What will you be asked to do?

A project investigator will interview you. This interview will take approximately three-quarters to one hour of your time. We will give you the option to review our notes on your comments, and you may request to receive the final report by providing your contact information on the last page.

What type of information will be collected?

Should you agree to participate in this project you will be asked to express your point of view and tell us about your views on unmet needs with working in the area of harmful practices against women, with a focus on honor-related violence. We will ask your permission to audio record our conversation. You may request the audio recording device to be shut off at any time.

Are there risks or benefits for participating?

Given the small number of experts working to prevent honor-related violence against women, there may be a risk that someone may recognize your opinions, even though we will de-identify you when presenting data. We are not aware of any long-term risks posed by participating in an interview. There are no costs for you to participate in this project, other than the investment of your time. The benefits include your opportunity to collaboratively develop policy to protect women against violence.

Participation

Participation in this project is voluntary and you may choose whether you would like to participate or withdraw without consequence.

Withdrawal from the project

Even after you have agreed to participate in the interview you can decide at any point that you do not wish to continue. You may decide that you do not want what you said to be used up until the time the results of this interview are put together for publication. The investigators then cannot use this information and it will be destroyed.

Confidentiality

The information you provide will be de-identified by being assigned a number rather than your name. The de-identified data will be made available to the personnel working on this project, all of whom will have signed a confidentiality agreement. The audio recording device will be used for reference only. The data collected, including audio recordings, transcripts of recordings, and any notes, will be stored in a secure manner by the investigators.

Additional Use

To enable case sharing and education about relevant policy issues, your anonymized views will be transcribed and quoted in the aggregate in a guidance document that will be shared on an online policy forum. The document will be circulated online to expert participants in a policy task force, and these respondents will subsequently propose new themes and suggest any new insights. At the end of our interview, we will also invite you to participate in the task force and/or online policy forum.

Use of the Information

From the results of the interviews, the investigators will make practical recommendations for policy makers, service agencies and institutions, and government bodies on measures to coordinate strategy and action to detect, intervene and rehabilitate in cases of honor-related violence against women. The results may also be used in presentations and be published in journals.

Contacts

This project is run by Dr Amrita Mishra, Project Director (Indo-Canadian Women's Association). If you have any further questions or want clarification regarding this project and your participation, please contact:

Dr. Amrita Mishra
Project Director, Indo Canadian Women's Association
Address: 9342 34 Avenue NW, Edmonton, Alberta, T6E5X8
Phone: 780-490-0477

Ms Jagjeet Bhardwaj
Treasurer & Board Member, Indo Canadian Women's Association
Address: 9342 34 Avenue NW, Edmonton, Alberta, T6E5X8
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CONSENT FORM to Participate in the Project 'Working in Partnership to End Violence against Women and Girls'

Dr. Amrita Mishra, Project Director, Indo Canadian Women's Association

Phone: (780) 695-1368/(780) 490-0477; Email: REDACTED

| | | |
|---|-----|----|
| Do you understand that you have been asked to participate in an interview for a policy development project? | Yes | No |
| Have you read and received a copy of the attached Information Sheet? | Yes | No |
| Do you understand the benefits and risks involved in taking part? | Yes | No |
| Have you had an opportunity to ask questions and discuss this project? | Yes | No |

| | | |
|---|-----|----|
| Do you understand that you can quit participation at any time without giving a reason? | Yes | No |
| Has the issue of confidentiality been explained to you? | Yes | No |
| Do you consent to being audio recorded? | Yes | No |
| Do you understand who will have access to the records from this interview? | Yes | No |
| Do you understand that the information you provide will be used to make policy recommendations? | Yes | No |
| Can we use this information in the future for presentations and publications? | Yes | No |
| This project was explained to me by: _____ AMRITA MISHRA | | |

I agree to take part in this project.

| | | | |
|--|------|-----------------------------|------------------------------|
| Signature of Participant | Date | Printed Name | |
| I would like to receive a copy of project results (check one): | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| I would like to be contacted to participate in the online forum: | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you would like to receive a copy of the results please provide us with your address and email:

I believe that the person signing this form understands what is involved in the project and voluntarily agrees to participate.

| | |
|--|-------|
| _____ | _____ |
| Signature of Interviewer (AMRITA MISHRA) | Date |

[Appendix 3: Focus Group Procedure](#)

General Procedure

Service providers that need to serve clients effectively will be assessed and the barriers they face like adequate resources training etc. will be identified. In total 10 focus groups of first responders and other service providers will be conducted to complete a community assessment of unmet needs and relevant solutions. Pre and post tests will be conducted to measure an increase in awareness as well as the impact of focus groups conversation on participants.

Materials

Flip charts, marker pens, timer, sticky notes.

Activities

HOOR 1 (Focus questions for brainstorming)

1. Describe 3 key aspects of HBV? Is it different from domestic violence in any way?
2. Describe if you have been faced with a case of HBV. What action could you take? What gaps and barriers did you face?
3. Describe 3-5 key markers (red flags) that help you identify cases of potential HBV.
4. Describe 3-5 barriers and related solutions in prevention and intervention of HBV cases?
5. Describe 3-5 barriers and related solutions in long-term protection and rehabilitation?

HOOR 2 (Scenario discussion activity)

Case Scenario 1

Nina is 21 years old, a sponsored resident in Canada, and has been referred to you by a grassroots community organization. She speaks Punjabi and Urdu fluently. In her conversation with you, it emerges that she is about 2 months pregnant with her second child, a girl, like her first. Her husband and mother-in-law insist that she end the pregnancy. Nina desperately wants the child but is worried – her husband has threatened divorce if she doesn't go through with the abortion. Her parents-in-law reside with them and support her husband. Nina's aged parents live in her home country. They do not know of her situation and she doesn't want to tell them: "If he divorces me, they will die of shame. I can't go back. I can't!"

What will you do? Write out 3-5 responsive steps in the order you would take them. Would you have been able to provide services? What gaps or barriers might you encounter in responding appropriately? What else could you do?

Case Scenario 2

Fifteen year old Sima has falling grades and is increasingly withdrawn from friends and sports at school. In your counseling session with her, Sima confides that she is gay. Her mother has taken her cellphone and laptop away. She has had to delete her social media accounts. All calls to her on the home landline are vetted by her brother, mother and father. You suggest that Sima could bring her parents in for a talk. She is reluctant, saying that it will anger them that she spoke to an 'outsider.' Also, the family is busy planning a trip out of the country in two weeks' time.

What will you do? Write out 3-5 responsive steps in the order you would take them. Would you have been able to provide services? What gaps or barriers might you encounter in responding appropriately? What else could you do?

Case Scenario 3

Sixteen year old Shweta has contacted you for counselling. She tells you that she tested positive for pregnancy on a dipstick. She is in a relationship with a school friend and her parents do not know. She is

terrified of her parents finding out, ‘They will kill me.’ What will you do? Write out 3-5 responsive steps in the order you would take them. Would you have been able to provide services? What gaps or barriers might you encounter in responding appropriately? What else could you do?

General guidance – Also see Timetable

- The aims, methods and outcomes of the focus groups will be discussed at the outset.
- Participants should give consent to participate. Measures to ensure confidentiality should be laid out in simple terms. Facilitator may use a camera to record notes and flip charts ensuring at the outset that this will be comfortable to participants.
- Facilitators must circulate amongst groups and ensure that participants understand the terms and content of the consent forms. All consent forms must be signed and collected.
- These focus groups seek to elicit technical knowledge of challenges and solutions. The tone and content are practice-oriented. While ‘academic’ style reflection is not unwelcome, the emphasis is on relevant policy and practice and solutions that can be implemented.
- There are no right or wrong answers. Each person’s responses are as valid as others.
- Facilitator should use relaxed tones, conversational and courteous language, and where necessary ice breakers (light appropriate humour) to ease stress or jog the conversations.
- While sensitive issues are going to be discussed, participants are seasoned service providers. It is unlikely that anyone will be distraught to the extent that external intervention will be needed. Nevertheless, keep boxes of tissues on the tables.
- Participants will be offered light refreshments. In some cases we may be able to offer limited reimbursements for travel.

Time-management

| Duration | Activity | Planning |
|-----------------|--|---|
| ~15 mins | Welcome, background, introductions, dedication and acknowledgments; housekeeping and orientation | <ol style="list-style-type: none"> 1. Facilitators need to have cue cards ready for their opening statements and the later mini-presentations. 2. Flip charts for the first section, markers, consent forms and feedback surveys on tables. 3. Acknowledge funder (Status of Women Canada) and dedicate session to victims of gender violence. 4. Quick intros - names and agency only. 5. Ensure everyone knows where exits and bathrooms are. 6. Snacks and coffee should be on the side table. People can help themselves and get loo breaks during. There is no time for a separate break interval. |
| ~60 mins | Questions 1-5 (~ 10 mins per question) and related mini-presentations (1 min max) by facilitators. | <ol style="list-style-type: none"> 1. Facilitator will have written each question in big bold letters on a flip chart to be displayed. This must be done in advance to save time. 2. The facilitator will read question out loud and clear (reading time max 30 seconds). 3. Participants’ table(s) will have markers and flip charts prepped for written responses. People should note responses on the flip charts. 4. Facilitators will have prepared these flip charts as table columns (Col 1 Barriers 1-5; col 2 Solutions 1-5) |

| | | |
|-------------|---|--|
| | | <p>that people will fill in. This must be done in advance to save time.</p> <p>5. Facilitator will keep time with a countdown timer. Time management per question:</p> <ul style="list-style-type: none"> • 8 mins for group to discuss and to write • 1-2 mins for a group to stand up and describe a case (2 mins) or read out the most significant barrier and related solution (1 min). Facilitator will note this in a shortened form and put it up for all to see. • 1 min max for facilitator to make a mini-presentation. <p>* Mini-presentations should take the form of summing up and presenting one or two background thoughts on the topic. These should be done in between question rounds and ONLY AFTER discussants have presented their views. Use select points from the introductory material above (not too much, avoid teaching them).</p> |
| ~30 minutes | Case Scenario Activity | <ol style="list-style-type: none"> 1. Facilitator will have written case scenario in big bold letters on a flip chart to be displayed. This must be done in advance to save time. 2. The facilitator will read scenario out once loud and clear (reading time ~ 30 seconds). 3. Participants' table(s) will have markers and flip charts prepped for written responses. People should note responses on flip charts. 4. Facilitators will have prepared the scenario flip chart with the questions that people will fill in. This must be done in advance to save time. 5. Facilitator will keep time with a countdown timer. Time management per question: <ul style="list-style-type: none"> • Max 10 minutes to brainstorm and write • ~ 5 minutes to read aloud and 10 to discuss aloud |
| ~ 5 minutes | Summing up; Self-reflection; closing activities | 2 minute summing up. Collect feedback survey and consent forms. Announce what comes next. Answer any questions. |

Appendix 4: Information Sheet and Consent Form: Focus Groups

I _____ consent to participate in a focus group conducted by staff of the Indo Canadian Women’s association and the John Humphrey Centre for Peace and Human Rights for the above named project. I participate of my own will and consent to share my views without breach of confidentiality. I have been informed and understand that

- My identity will not be revealed in the final material.
- All views will be recorded as anonymized and in the aggregate.
- Recordings will be (1) photographs of flip charts (2) photographs of anonymized comments from the focus group.

- The output of the discussions will include anonymized case studies, examples, stories, any conversation that occurs during the session and other responses to the questions.
- Photo recordings shall be used for policy analysis and service-model design. Recordings shall be destroyed immediately upon completion of analysis.
- Names, locations or dates will NOT be made public.
- NO photographs will be made of participants. NO audio/video-recordings will be made.

I grant permission to the Indo Canadian Women's Association (ICWA) to use the information provided for their project addressing specific forms of familial violence against women in Edmonton.

Signature _____

Witness _____

Date _____

Appendix 5: Focus Groups: Evaluation Form

We thank you for your time and interest in our focus group.

Name (optional):

Service sector:

Please answer the following questions:

Q1) To what extent did this focus group help raise your awareness about the issue of honor based violence in diverse communities?

1. Not at all
2. To a little extent
3. To some extent
4. To a moderate extent
5. To a large extent

Q2) Please state your level of agreement with the following statement:

The focus group adequately covered aspects of the services and programs women and girls need to respond to honor based violence.

1. Strongly disagree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree

Q3) Did the discussion today enhance your understanding of factors in honor based violence?

1. Not at all

- 2. To a little extent
- 3. To some extent
- 4. To a moderate extent
- 5. To a large extent

Q6) To what extent do you think such discussions like the one you participated in today could lead to improving access to existing programs and services in the area of honor based violence ?

- 1. Not at all
- 2. To a little extent
- 3. To some extent
- 4. To a moderate extent
- 5. To a large extent

Q7) Would you be interested in having more such discussions like the one you had today? Please circle the one that applies.

- 1. No interest
- 2. Little interest
- 3. Some interest
- 4. Moderate interest
- 5. Considerable interest

Q8) How effective was the focus group? Was it conducted well? Please give any comments. Thank you!

Appendix 6: Focus Group Evaluations

Source: Figures in parentheses are percentages of the 35 participants who completed the evaluation.

| | | | | | |
|---|-------------------|--------------------|---------------------------|----------------------|-------------------|
| To what extent did this focus group help raise your awareness about the issue of honor based violence in diverse communities? | Not at All | To a little extent | To some extent | To a moderate extent | To a large extent |
| | 3 (8%) | 4 (12%) | 5 (15%) | 14 (40%) | 9 (25%) |
| The focus group adequately covered aspects of the services and programs women and girls need against honor based violence. | Strongly disagree | Disagree | Neither agree or disagree | Agree | Strongly Agree |
| | 1 (2%) | 4 (11%) | 8 (22%) | 15 (42%) | 7 (20%) |
| Did the discussion today enhance your understanding of factors in honor based violence? | Not at All | To a little extent | To some extent | To a moderate extent | To a Large Extent |
| | 3 (8%) | 1 (2%) | 7 (20%) | 15 (42%) | 9 (29%) |
| To what extent do you think such discussions like the one you | Not at All | To a little extent | To some extent | To a moderate extent | To a Large Extent |
| | 1 (2%) | 2 (5%) | 4 (11%) | 11 (31%) | 17 (48%) |

| | | | | | |
|---|-------------|-----------------|---------------|-------------------|-----------------------|
| participated in today could lead to improving access to existing programs and services in the area of HBV? | | | | | |
| Would you be interested in having more such discussions like the one you had today? Please circle the one that applies. | No Interest | Little Interest | Some Interest | Moderate Interest | Considerable Interest |
| | 0 | 2 (5%) | 4 (11%) | 11 (31%) | 18 (51%) |

Appendix 7: Focus Groups 1-8 Discussions of ‘Nina’

Nina is 21 years old, a sponsored resident in Canada, and has been referred to you by a grassroots community organization. She speaks Punjabi and Urdu fluently. In her conversation with you, it emerges that she is about 2 months pregnant with her second child, a girl, like her first. Her husband and mother-in-law insist that she end the pregnancy. Nina desperately wants the child but is worried – her husband has threatened divorce if she doesn’t go through with the abortion. Her parents-in-law reside with them and support her husband. Nina’s aged parents live in her home country. They do not know of her situation and she doesn’t want to tell them: “If he divorces me, they will die of shame. I can’t go back. I can’t!”

1. Group 1 discussants perceived the need to conduct a detailed risk and safety assessment and to offer ‘Nina’ counselling about her rights as an individual and available community supports (financial options were mentioned but not discussed in detail). The group was unaware of the sociocultural ramifications of divorce for women in some communities, specifically South Asian. As well, other family dynamics not explored included the level of pressure or support from birth family members and nature of ‘Nina’s relationship with other kinship/peers networks. The group was aware of the IRCC exception from the rules of conditional residence for newly sponsored spouses/family members in cases of abuse/violence. They did not describe the process and level of difficulty of obtaining exception. Shelter options were not mentioned as a possible outcome of the risk assessment.
2. Group 2 discussants proposed starting with a detailed information gathering, specifically risk assessment, followed by counselling, rights education and referral to legal services (not specified). The question of language barrier and related solutions was not mentioned. The IRCC exception was mentioned, but not the difficulties of obtaining it. Potential sociocultural family dynamics (and associated challenges for ‘Nina’s’ decision making) were not discussed – violence involving extended family, pressures from birth family to stay in marriage, pressure to bear sons.
3. Group 3 discussion was scanty. There was no mention of risk assessment, counselling, or rights education. The nature of support from women’s groups (not specified) were not elaborated. The group did not explore the issues related to language barriers, not only in intervention/protection but also for rehabilitation - job finding, financial and social. Solutions against the immigration-related abuse were not discussed. Lack of immigration stability was seen as an insurmountable barrier to access to all services. The group did not discuss the human rights/ethics violation involved in son preference, and did not assess to what extent patriarchal son preference was shaping the coercion and violence towards ‘Nina’.
4. Group 4 noted the importance of culturally safe and competent shelters (Carol’s House for South Asian women), the need of longer stays and significant case resources and supports for obtaining an

exception from sponsorship-related conditions for those suffering abuse. Since the process is meant to be client-centred, a perceived barrier is that the counsellor should not impose personal opinion and choices on the help-seeker. Even in a situation that the help-seeker/client wishes to return to the situation of risk, the service provider/counsellor cannot interfere. In the case scenario here, the woman may well return to the family and act as they wish; the alternative for her may be a loss of all social networks and ties (on both sides of the immigration fence). One of the well-documented aspects of HBV is the extended networks of violence (perpetration and complicity at several levels). The case 'Nina' illustrates the intersecting harms to a woman navigating collectivist social contexts, immigration-related instability and family violence, lack of job options owing to lack of pertinent language skills, as well as isolation from the mainstream.

5. Group 5 identified a need for risk assessment, counselling, or rights education. The group also identified the collectivist aspects of violence towards 'Nina', i.e., patriarchal son preference and associated violence. The group recognized a potential conflict of wants and outcomes from the client's perspective: end a desired pregnancy or leave the family/community network. Also, the group identified the family's potential for abuse of female children, alongside with the fact that violence often peaks during pregnancy. The group discussed the possibility of obtaining an exception from sponsorship-related conditions for those suffering abuse. The group saw victims as very often unaware of their immigration-related rights, or even if they are, as unable to pursue them. Rights awareness and education are crucial. Additionally, the group recognized that cases of complex family violence (outside the dyadic intimate-partner type) have a cross-border aspect. It was not clear if they understood that networks of support and violence span borders. While the group was rather optimistic that IRCC could be supportive and sympathetic, one finds little statistical evidence to support such optimism. Indeed, many commentators have recorded concern that under the current terms, the onus of proof of abuse largely rests on the victim (and her advocates). There is no guarantee that even an abundance of proof would yield an outcome favorable to the applicant for an exception.

6. Group 6 saw the need to address the language barriers facing 'Nina'. While some discussants suggested that community members could be of assistance, this recommendation must be weighed against the concern reported in the interviews that help seekers often avoid fellow community members and refuse their assistance. Perpetrators of violence mobilise their own networks and seek to muster support in the community. This has an effect on the availability of safe and trustworthy cultural connectors, particularly interpreters. Given the small size of ethnocultural communities, interpreters and perpetrators often know each other – implying potential conflicts of interest that may extend to legal situations (where a biased interpreter may twist the victim's words in the presentation of evidence for court purposes), heightened risk of violence to the victim if the interpreter divulges her whereabouts to the perpetrator, and revictimization if the interpreter exerts pressure on her and/or (subtly or explicitly) criticizes her choices and decisions.

7. In Group 7, which was rather large and thus broken into three sub-groups, participants were highly wary of applying any 'preconception' to the scenarios and insisted against the signposting of these cases as associated with HBV. They saw no or few safety or confidentiality barriers in talking to the husband and the in-laws. They identified but did not explore issues of immigration-related vulnerability or the feasibility of advocating for victims of immigration-related abuse within the family. Shelter options did not emerge as a protective measure. The risks associated with the use of ethnocultural connectors and interpreters were not explored. Spiritual beliefs were associated with 'Nina's' reluctance to end the pregnancy and get a divorce. In a case of sex selective abortion (a real possibility given the pressure to abort a female child after the very early detection of fetal sex alongside the birth of a first female child; cf the documented statistical rise of sex-selective abortion in S Asian Indian families after the birth of a first female child), Sub-Group 1 remained equivocal about the attitudes of the family. In any case, understanding whether family were gender biased or not is irrelevant – the pressure and psychological

violence of a group against the vulnerable individual is the most relevant fact to be considered here; pregnancy is a predictor of heightened violence. The discussants queried but did not explore ‘Nina’s’ reluctance to tell her parents of her family situation – indicating lack of comprehension of (1) the sociocultural dynamics and perception of marriages as alliances between families in South Asia, with (2) complex economic and social exchanges based on marriage (e.g. dowry), and (3) the associated collective loss of face associated with divorce in a society where the girl’s birth family are seen as wife-givers in debt to the man’s family which are seen as wife-receivers and thus incurring a burden.

8. In Group 8 risk assessment, counselling, and rights education were suggested as courses of initial action. Prenatal care in a culturally safe shelter environment was raised as a protective solution, alongside financial options via Alberta Works (not elaborated further). However, there was no exploration of immigration-related challenges for ‘Nina’s’ access to services. There was no mention of the exception from conditional residence for sponsored spouses or of related barriers and solutions.

Appendix 8: Focus Groups 1-8 Discussions of ‘Sima’

Fifteen year old Sima has falling grades and is increasingly withdrawn from friends and sports at school. In your counseling session with her, Sima confides that she is gay. Her mother has taken her cellphone and laptop away. She has had to delete her social media accounts. All calls to her on the home landline are vetted by her brother, mother and father. You suggest that Sima could bring her parents in for a talk. She is reluctant, saying that it will anger them that she spoke to an ‘outsider.’ Also, the family is busy planning a trip out of the country in two weeks’ time.

1. Group 1 discussants recommended a detailed safety assessment with information gathering to assess whether ‘Sima’s’ parents were aware of her sexuality and their level of acceptance. Only an in-depth assessment would indicate any potential connection of homophobia with the isolation and surveillance of the teen. It was seen as necessary to establish if the controls on communication were a response to falling grades or the teen’s sexuality. The safety assessment could highlight if there were concerns that would merit contacting necessary services to intervene. The discussants recommended probing how the teen viewed the travel plans and also identifying supportive kinfolk as a temporary measure for accommodation. In the event that the teen contacts a school counsellor, the policies, capacities and connections are different than for those attending to general clientele. Challenges reported were the legal minority of the teen and the difficulty of reconnection down the road. While the discussants saw the travel plans as somehow problematic, they did not specify how (e.g., travel outside the country on short notice alongside high collective and coercive surveillance of the girl are red flags of a potential forced marriage).

2. Group 2 discussants interpreted the trip out of the country as a red flag of violence (although they did not specify). The isolation was also viewed as a red flag. Children’s services were seen as an option for the minor to receive appropriate intervention. Emotional support to the teen was emphasized.

3. Group 3 recommended counselling to make ‘Sima’ aware of her options – e.g., access to protective and legal services. The group also suggested providing her with alternative means of communication. The trip out of the country was seen as meriting question. A recommendation was also to identify safe persons in Sima’s community and to connect her with them. It was unclear how such safe persons were to be identified and how they would help. The emphasis of the recommendations was on advice and referral. A notable caveat was that new risks to safety could emerge during the onward referral process itself, as the victim became more connected to other services and was more in the open, so to speak. Additionally, contacting the family to engage them was seen as risky and potentially escalating violence. The group did not query whether the isolation and surveillance of telephone contacts was linked

to disclosure of sexuality or falling grades or some other cause. It was not clear how other services would help or what the barriers would be further on down the line.

4. Group 4 viewed the situation as high risk and treated the planned trip out of the country as a red flag for further premeditated violence to 'Sima'. Immediate recommended steps, as part of safety planning, included advising the teen not to go and providing her with tips including (1) embassy contacts (2) retaining separate copies of her passport and itinerary and sharing these with trusted friends. Onward referral to a safe counsellor of LGBT teens was a strong recommendation. The group also saw it as a priority to get the teen into a safe house and/or to provide her with means of communication (i.e. cell phone). Barriers perceived included: inability/reluctance of children services to intervene when there is no obvious harm; child welfare services as a mere stopgap; possible increased risk with alerting of parents as a result of police being contacted (not clear by whom).

5. Group 5 saw the teen's withdrawal as a red flag for suicidal depression, and noted the association of increased suicide rates amongst LGBTQ populations. The restriction on communication and movement (isolation and confinement to home) were also seen as concerning in themselves, even though the causes were not clear (i.e., whether connected to 'Sima' being gay or something else). The group saw enough grounds for police and CFS to be contacted, with the planned trip abroad seen as a red flag for forced marriage or femicide. Safety planning was recommended as priority action, alongside psychosocial counselling to cope with the situation. Safety planning would encompass a quick-exit plan as well as assessing how the teen views the travel plans (whether risk is perceived or not). Discussants pointed out that the accessibility of counselling services for such an isolated victim depends a great deal on location. A school counsellor would be easier to access during school hours compared to one located in an office at a remote location elsewhere in town. In this regard, discussants emphasized that school counsellors are under no obligation to inform parents, that the information must stay confidential unless the help-seeker allows disclosure. The group was also concerned that the family could not be contacted unless the teen were already in safe custody. Contacting the parents was seen as escalating the risk to the teen, given that their actions were abusive, perhaps almost punitive. Discussants perceived a significant barrier with contacting CFS in that that the family could downplay events until a later time when they could act without legal repercussions. Discussants explored the possibility of contacting safe persons, such as a friend of the teen and identified long-term challenges related to rehabilitation of such a young survivor of violence (e.g. education, work, long term safety).

6. Group 6 discussants recommended as a first step, detailed history gathering, including family's definitions, attitudes and related practice (based on client's anecdotal evidence) towards others based on their perceived affiliation and cultural membership. This initial information collecting would also clarify if the family was aware of the teen's sexuality, her understanding of the reasons for the trip abroad, and her understanding of why her lines of communication and her movement are being monitored. The group emphasized the importance of a client centred approach and the need to discuss with 'Sima' whether it was important for her to come out at that time, given the related safety concerns and potential repercussions (forced marriage (referred to as 'arranged marriage' by discussants and other 'treatments')). The group was uncertain about tools for coming out in traditional settings with conservative sexual mores. Risk and safety assessment followed by travel related safety planning were also prioritized. Discussants said that the client might be unaware of the level of risk. Travel safety planning included compiling information about embassy location and contacts as well as potential supports in the destination. The case was seen as possibly meriting CFS involvement, although it was uncertain how they would intervene (of if they would intervene). Police involvement was also considered as a possible line of action. A perceived stumbling block in this context was the intervening agency's incomplete understanding of honour based violence and perception of the case as low risk. With reference to medium to long term actions, the discussants emphasized the importance of being able to reconnect, albeit inconspicuously, with the survivor, with attention to safety of both the provider and recipient of services.

Discussants also recommended looking into alternative support networks in the teen's family and community. Some discussants suggested that the name of the fictive teen can predispose one to making cultural assumptions and seeing the family's actions through the lens of honor violence when the reality may be altogether different. E.g., taking away cell phone and internet access and monitoring phone usage may be responses to falling grades rather than a response to disclosure of sexuality. In addition, the trip overseas may be a holiday or time away from a stressful home situation rather than an alert of potential forced marriage or other honor violence to the teen. In any case, it is important to approach the case without assumptions and to gather all relevant information prior to advising the teen and making safety plans for the trip.

7. Group 7 Sub-Group 1 discussants suggested that Sima could access a GSA in her school (if available). Gay-straight (or more recently gender and sexuality alliances) alliances in schools are school/student-led organizations. GSAs are intended to provide a safe, supportive environment for youth of sexual and gender minorities.⁹⁰ While it is uncertain if such guidance is uniformly implemented by all actors (e.g., by counsellors who may feel duty-bound to contact the parents if they see a teen with signs of suicidal depression), it is clear that confidentiality and respect for a person's desire to self-identify are of vital importance. Apart from school supports, the discussants mentioned some aspects of safety planning pertaining to the planned travel – knowing the destination of travel, having contacts of embassies and consulates on hand, and identifying safe connections who could support 'Sima'.

Group 7 Sub-Group 2 discussants emphasized the need to avoid jumping to conclusions and to identify when the trip was planned (e.g. before or after the disclosure of sexuality) and if there was indeed such a disclosure, to first assess from 'Sima' what the family's attitudes are on sexual orientation. The discussants also mentioned that the family does appear to have a fear of outsiders and there appears to be a history of violence in the home, although this may or may not have a relationship to honor violence. The sub-group did not comment on the collectivist monitoring and surveillance of the teen, or on her withdrawal and falling grades (markers of depression and related to abuse and violence at home; documented risk markers with LGBT+ persons).

Group 7 Sub-group 3 also recommended an in-depth information gathering, including the teen's understanding of the purpose of the trip, whether there was any computer or cell phone content that would have led to a disclosure of her sexuality, the teen's emotive state (assessment for depression). Discussants stated that there could be grounds for intervention (blocking of passport and CFS involvement in case).

8. Group 8 said that it was important that the teen have a safe space in which she could talk openly and discuss her situation. The counsellor should conduct a risk assessment and develop a safety plan. As with Focus Group 7, discussants said that Youth Empowerment and Support Services (http://yess.org/images/uploads/YESS_brochure_web_may2016.pdf; Edmonton provider of emergency housing, medical and psychosocial support to youth at risk) as well as a school GSA could form part of 'Sima's' support network and the counsellor should help her identify such supports. Interestingly, this group suggested reaching out to parents, with the note that there might be grounds for CFS to be called. Onward referrals for further relevant help could be the Pride Centre of Edmonton. The group did not explore the implications of the collective surveillance, social withdrawal, lowered academic performance, and family's planned travel.

Appendix 9: Focus Groups 1-8 Discussions of 'Shweta'

Sixteen year old Shweta has contacted you for counselling. She tells you that she tested positive for pregnancy on a dipstick. She is in a relationship with a school friend and her parents do not know. She is terrified of her parents finding out, 'They will kill me.'

1. Group 1 discussants recommended that "Shweta" be assisted in getting a reliable pregnancy test (home kits often yielding false results) along with a checkup. Other key steps were identifying her safe

connections and probing the meaning of her statement ‘they will kill me’ specifically by asking questions about family’s attitudes, e.g., about sex and pregnancy. Safety planning could include discussion of safe housing as in shelter, or with safe kin, and friends. Discussants were unsure if a pregnant teen could be accepted into a general women’s shelter. The counsellor/case worker could conduct a risk assessment and help the teen develop a safety plan for worst case scenarios. Some discussants thought that school counsellors are obligated to contact the parents. However, this breach of confidentiality is not consistent with recommended best practice. Compare from the case study “Sima”, where the recommendation is to maintain strict confidentiality unless the student herself desires disclosure.

2. As with Group 1, Group 2 discussants recommended that the counsellor/case worker help the teen by taking her for medical examination, and supplement the information provided by the teen by talking to teachers about her home situation (Compare from the case study “Sima”, regarding the guidance on maintaining confidentiality; the counselor having this talk with teachers at the teen’s school should have “Shweta’s” consent as well). The discussants also stressed that counselling services should be culturally appropriate, although they did not elaborate how or why a culture-based approach would be useful in this case.

3. Group 3 discussants were clear that counsellors should respect confidentiality and privacy, build trust and connection, and not contact the parents. It is also necessary to confirm if she actually is pregnant, as well as to trace the circumstances in which she became pregnant (whether connected to sexual abuse; if the intimate partner is available and supportive or not). It might be advisable to try to connect with the school’s guidance counsellor (if the teen has contacted one earlier). Discussants did not explore what the onward sharing of case information means for the retention of confidentiality (e.g., in the situation that the guidance counsellor contacts the parents). Useful onward referrals could be the Edmonton-based Terra Centre (<https://terracentre.ca/services/family-outreach/>). The Centre supports pregnant teens, teenage parents and their babies with pre and post-natal counselling, obtaining baby care materials, housing, completion of education, job market etc). The safety of a referral is linked to whether the person at the other end of the referral chain understands honor violence and the complications of safety planning and rehabilitation in the context of a collectivist form of family violence. Some discussants thought that the name of the teen is not grounds enough to assume honor violence is necessarily portended by ‘They will kill me.’ Indeed, many teens frightened by the prospect of an unplanned pregnancy may make such a grandiose statement – rhetoric rather than family reality.

4. Group 4 discussants recommended collecting a detailed history from ‘Shweta’, with details on the relationship with her parents and any episodes of violence therein. Some discussants suggested that the provider help the teen explore options of keeping the pregnancy, alongside collecting information, discussing and helping to access resources relevant to her situation (unclear what, why and how). It was unclear if shelters are able to take in single mothers and/or minors, and if so, which ones. As with Group 3, discussants recommended a discussion to unpack the meaning of ‘They will kill me’ during the risk assessment and safety planning and to get police and CFS involved if the risk is high. Indeed, police involvement was seen as a plus in the bureaucratic chain of activities (the ‘paper trail’) in a case of potential honor violence.

5. Group 5 discussants recommended that the teen be accompanied to a medical appointment for a full health checkup along with a confirmatory test for pregnancy. As with Group 3, discussants suggested that case exploration could identify if the pregnancy was wanted, unplanned, or the outcome of assault. As with Group 3, the discussants saw value in connecting the teen with the Terra Center of Edmonton. Psycho-educational counselling at the Terra Centre could also help the teen make an informed choice on whether she wanted to keep the pregnancy, keep the baby, or neither. Discussants saw it as important to identify safe connections outside the family, with whom she could find stopgap shelter. A thorough unpacking of ‘They will kill me’ was seen as a priority, as well as to establish whether the teen’s fear had

any link to the religious and cultural views of the family and/or herself. Discussants were divided over whether the parents could be drawn into the counselling process. Some saw informing the parents as risky and others were more equivocal. Discussants agreed that contacting the parents would depend on the teen's permission. Also, at 16, the teen was seen as being of the age of consent with the potential maturity to be able to live independently. Safe connections and assistance from resources such as the Terra Centre were seen as useful in this context.

6. Group 6 discussants saw it as essential to gather the teen's views on what sort of support she felt was most important to her and to act in consonance with that information – a client centred approach. Discussants as in the other groups recommended a thorough medical examination to confirm pregnancy and to assess health (physical and mental). There was a strong agreement on the need to unpack the statement “They will kill me”. The service provider's perspectives were seen as playing a key role in the assessment. Taking “they will kill me” literally could mean an assumption of a risk of honour violence; seeing it as a grandiose statement could mean downplaying the risk. Thus an objective risk assessment should involve trained probing on family dynamics – e.g., whether there was any conflict between the teen and her parents on sociocultural matters and if so, how these were evidenced in her interactions and daily life. A high risk assessment based on the information about the home situation would warrant an effort to get CFS involved. Barriers to getting help for the teen included her age and whether it would affect shelter. Access to medical services would require the teen to have the right papers, i.e., health card.

7. Group 7 discussants strongly warned against jumping to cultural conclusions about the risk of honor based violence purely based on the client's name. They strongly recommended an in-depth probing to (1) deconstruct the statement “They will kill me” to assess risk to “Shweta” (2) plan communication (if any) on how to disclose pregnancy with the family (3) identify options, safe connections and develop a safety plan. A medical assessment to confirm pregnancy was seen as necessary. The [Compass Centre for Sexual Wellness](#) was recommended for onward referral for further counselling around options and legal rights.

8. In group 8, as with the other groups, a medical examination was recommended to provide clear information on the putative pregnancy and health status of “Shweta”. Unpacking the client's statements was seen as important to enable risk assessment and related safety planning. A key barrier to protecting the client from harm was that she might not be seen as a priority case by CFS; also, at 16, being of the age of consent, she might not be seen as a ‘child’ and might be outside CFS mandate. Youth Empowerment and Support Services and the Compass Center for Sexual Wellness were seen as appropriate onward referrals for follow-up counselling. Regarding conversation with the family, culturally sensitive mediation was emphasized. An interesting suggestion was to role-play the conversation with the parents ahead of any meeting. Discussants did not raise the issue of confidentiality and how to make the decision to contact the parents or not. The method of assessing seriousness of the statement “They will kill me” was not elaborated. There was no discussion of how the information gathering could probe for details on family dynamics and sociocultural standpoints on sexuality, sex and pregnancy, life choices etc. The group noted that “Shweta” faced serious long-term challenges related to her youth, with her education not complete, which also meant limited employability.

NOTES AND REFERENCES

Italics represent quotes from the relevant publications.

¹ Rutherford, A., Zwi, A. B., Grove, N. J., & Butchart, A. (2007). Violence: a glossary. *Journal of epidemiology and community health*, 61(8), 676-680. Retrieved on September 2, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2652990/pdf/676.pdf> (p679) *The primary prevention of*

violence aims to stop violent incidents occurring. Primary prevention is the most effective form of prevention but also the most difficult to achieve. Policy initiatives to address poverty and inequity could be classified as primary prevention activities in relation to violence, as could those directed at controlling the availability of firearms. Primary prevention is often unattractive to politicians because upstream preventive activities are not visible unless they are linked with service provision. Sustained nurse home-visiting of mothers with young children is an evidence-based primary prevention strategy that does link with service provision and is widely acknowledged to improve outcomes for children and reduce their risk of becoming victims or perpetrators of abuse. **Secondary prevention** aims to minimise harm once a violent incident has occurred, focusing on immediate responses, such as emergency services or treatment for sexually transmitted diseases following rape. Secondary prevention could also include intervening in situations of high risk, such as reducing the risks of sexual exploitation in refugee camps or internally displaced person settings through better planning of facilities, better training of protection forces, and greater calls for accountability by those charged with the duty to protect victims of violence. **Tertiary prevention** aims to treat and rehabilitate victims and perpetrators. Approaches focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence. Examples include psychological therapies for abused children; screening and support services for victims of intimate partner, domestic or family violence; and specific recognition of the needs of survivors of torture. (**Emphases inserted**).

² Rutherford, A., Zwi, A. B., Grove, N. J., & Butchart, A. (2007). Violence: a glossary. *Journal of epidemiology and community health*, 61(8), 676-680. Retrieved on September 2, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2652990/pdf/676.pdf> (p 677-678) **“Intimate partner violence”** refers to physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Although women can be violent against their male partners and violence may be found in male-male and female-female partnerships, it is well accepted that the overwhelming burden of partner violence around the world is borne by women at the hands of men.... **“Domestic violence”** is often used interchangeably with intimate partner violence. Domestic violence includes physical abuse, verbal abuse, economic abuse and social abuse.... **Family violence** refers to child maltreatment, sibling violence, intimate partner violence and elder abuse. The concept of family violence is increasingly being used to draw attention to how each of the sub-types of family violence may cause or be a risk factor for the other subtypes, and how there may be common underlying risk factors at the levels of the family and the relationship between the family and the wider community and society. In turn, this suggests prevention opportunities that can help reduce the risk of all types of violence within the family by addressing the family and social systems.... **Gender-based violence** is a term that recognises that violence occurs within the context of women's and girl's subordinate status in society, and serves to maintain this unequal balance of power. Gender-based violence is sometimes used interchangeably with “violence against women” although the latter is a more limited concept. The United Nations defines **violence against women** as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”. **Gender-based violence therefore includes violence against women occurring within the family, geographically or culturally specific forms of abuse such as female genital mutilation, “honour killings” and dowry-related violence as well as various forms of sexual violence, including rape during warfare, trafficking of women and forced prostitution. As mentioned earlier, these latter examples may be forms of collective violence where these abuses are directed not only against individuals but against entire groups. This is particularly so when sexual and gender-based violence are perpetrated in situations of conflict. Despite considerable attention, the lack of widely agreed definitions of the different forms of gender-based violence and violence against women, and the different ways in which these concepts are operationalised in the research context, limits the comparability of research findings. (Emphases inserted).**

³ Roberts, K. A., Campbell, G., & Lloyd, G. (2013). Honor-based violence: Policing and prevention. CRC Press. (excerpt from p 119) *Razan Fayeze was a family law attorney at the Tahirih Justice Center, a Virginia-based nonprofit organization helping women fleeing forced marriages, so-called "honor violence," and genital mutilation in places like Togo and Pakistan to find safety in the US. One morning Fayeze got a call from an attorney working with a women's shelter in Texas. The shelter needed advice on how to help a 16-year-old girl who had run away from home because her parents were about to send her overseas to enter a forced marriage. Now the parents were threatening to sue the shelter if they kept the girl. Fayeze advised that the shelter go to court and file an order of protection for the girl against her parents. Child protective services apparently said they didn't want to get involved in a "cultural issue," remembers Fayeze. The next week, the girl had gone back to her family.*

⁴ Asquith, N. L., & Fox, C. A. (2016). No Place Like Home: Intrafamilial Hate Crime against Gay Men and Lesbians. In *Queering Criminology* (pp. 163-182). Palgrave Macmillan UK. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Nicole_Asquith/publication/282810003_No_Place_Like_Home_Honour_Heteronormativity_and_Hate_Crimes/links/561cfc5308ae50795afd6ede.pdf

Rogers, M. (2016). Transphobic 'honour'-based abuse: a conceptual tool. *Sociology*. Retrieved on September 2, 2016 from <http://soc.sagepub.com/content/early/2016/02/09/0038038515622907.full.pdf+html> .

⁵ Asquith, N. (2015). Honour, Violence and Heteronormativity. *International Journal of Crime, Justice and Social Democracy*, 4(3). Retrieved on September 2, 2016 from http://s3.amazonaws.com/academia.edu.documents/39004521/Honour_Violence_and_Heteronormativity.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1473052874&Signature=8%2BjCuZWpnKgV%2B0WSrFeB8cMlquQ%3D&response-content-disposition=inline%3B%20filename%3DHonour_violence_and_heteronormativity.pdf

⁶ In sociological terms, a reference group provides people with the frames with which they evaluate, order and constitute their identity, experiences, personal attributes, values, actions, and social ties.

⁷ Caffaro, F., Ferraris, F., & Schmidt, S. (2014). Gender differences in the perception of honour killing in individualist versus collectivistic cultures: Comparison between Italy and Turkey. *Sex Roles*, 71(9-10), 296-318. https://www.researchgate.net/profile/Susanna_Schmidt/publication/266150558_Gender_Differences_in_the_Perception_of_Honour_Killing_in_Individualist_Versus_Collectivistic_Cultures_Comparison_Between_Italy_and_Turkey/links/5457a3d90cf2bccc491111cd.pdf

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- ⁸ Petosic, T., Guruge, S., Wilson-Mitchell, K., Tandon, R., Gunraj, A., Robertson, A., ... & Bauder, H. (2015). Intergenerational Violence: The Post-Migration Context in Canada. Retrieved on September 2, 2016 from http://www.ryerson.ca/content/dam/rcis/documents/RCIS%20WP%202015_02%20Petosic%20et%20al_Final.pdf (p2) *The phenomenon of intergenerational violence encompasses three areas: child abuse, violence between adolescents/youth and their parents, and elder abuse. ... there are connections between the stresses of immigration in the post-migration context, socio-economic conditions, and violence. Structural factors and stresses stemming from immigration offer an interesting point from which to analyze the processes and effects of ageism, racism, and sexism. The effects of gender roles feature prominently across all three areas and require further analysis in the context of other oppressions. Gendered violence can pre-exist and may remain, shift, or begin in the post-migration context.*
- ⁹ Korteweg, A. C. (2012). Understanding honour killing and honour-related violence in the immigration context: Implications for the legal profession and beyond. *Canadian Criminal Law Review*, 16(2), 135. Retrieved on September 2, 2016 from http://www.learningtoendabuse.ca/sites/default/files/korteweg_cclr-understanding-honour-killing.pdf
- ¹⁰ Salter, M. (2014). Multi-perpetrator domestic violence. *Trauma, violence & abuse*, 15(2), 102. Retrieved on September 2, 2016 from <http://www.qldfamilylawnet.org.au/sites/qldfamilylawnet/files/qflpn/Multi%20perpetrator%20Domestic%20Violence.pdf>
- ¹¹ Jackson, G (2015). MOSAIC Project: Literature Review. Retrieved on September 2, 2016 from <http://honourforwomen.ca/wp-content/uploads/2016/01/Literature-Review-Jan-2016.pdf>
- ¹² Kumar, N. (n.d). Crimes, Not Cultures. Retrieved on September 2, 2016 from <http://www.ucca.ca/common/data/Crimes-Not-Cultures.pdf>
- ¹³ Expert Group Meeting, (2009). Good Practices in Legislation on “Harmful Practices” against Women. Retrieved on September 2, 2016 from http://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Report%20EGM%20harmful%20practices.pdf (p20-21) *‘Dowry-related violence is a serious problem that affects the lives of women and girls. Dowry includes gifts, money, goods or property given from the bride’s family to the groom or in-laws before, during or anytime after the marriage. Dowry is a response to explicit or implicit demands or expectations of the groom or his family. The United Nations Division for the Advancement of Women defines dowry-related violence or harassment as “any act of violence or harassment associated with the giving or receiving of dowry at any time before, during or after the marriage.’*
- Advocates for Human Rights, Stop Violence Against Women. (2010) Dowry-Related Violence. Retrieved on September 2, 2016 from http://www.stopvaw.org/dowry-related_violence *‘The violence and deaths associated with dowry demands can constitute domestic violence. Similar to acts of domestic violence, the acts used in dowry-related offenses include physical, emotional, and economic violence, as well as harassment and stalking as means to exact compliance or to punish the victim. Women often struggle with bringing successful claims of dowry-related violence, as emotional and economic violence are difficult to prove in a court of law. However, dowry-related violence is distinct from domestic violence in that the husband or current partner may not be the only perpetrator of dowry-related violence or death. In-laws, former spouses, or fiancés may also commit acts of dowry-related violence. While dowry is practiced in many different of the world, dowry-related violence is most prevalent in South Asia, in the nations of India, Pakistan, Sri Lanka and Bangladesh. The most common forms of dowry-related violence are*

battering, marital rape, acid throwing, wife burning, and other forms of violence. Perpetrators may also use methods of starvation, deprivation of clothing, evictions, and false imprisonment as a method of extortion. They often use violence disguised as suicides or accidents, such as stove or kerosene disasters, to burn or kill women for failing to meet dowry demands. Survivors of dowry-related violence often require similar services as survivors of domestic violence. These women will require transport to shelters, emergency services, support programs, and legal assistance.'

¹⁴ Sev'er, A. (2012). In the name of fathers: honour killings and some examples from South-eastern Turkey. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 30(1), 129-145. Retrieved on September 2, 2016 from <http://journals.msvu.ca/index.php/atlantis/article/view/866/859>

¹⁵ Mayeda, D. T., & Vijaykumar, R. (2016). A Review of the Literature on Honor-based Violence. *Sociology Compass*, 10(5), 353-363. Retrieved on September 2, 2016 from https://www.researchgate.net/publication/301905267_A_Review_of_the_Literature_on_Honor-based_Violence_Literature_Honor-based_Violence

¹⁶ Heise, L. L. (1998). Violence against women an integrated, ecological framework. *Violence against women*, 4(3), 262-290. Retrieved on September 2, 2016 from https://www.researchgate.net/publication/11127184_Violence_Against_Women_An_Integrated_Ecological_Framework

Petotic, T., Guruge, S., Wilson-Mitchell, K., Tandon, R., Gunraj, A., Robertson, A., ... & Bauder, H. (2015). Intergenerational Violence: The Post-Migration Context in Canada. Retrieved on September 2, 2016 from http://www.ryerson.ca/content/dam/rcis/documents/RCIS%20WP%202015_02%20Petotic%20et%20al_Final.pdf (p 7) *Examining violence in an ecological framework and from an intersectional standpoint can reconcile “cultural” and “structural” factors that may result in violence in immigrant families. Other overarching factors include immigration policies that emphasize economic migration and the financial commitment of sponsorship and deprioritize family reunion. Language also emerges as an interesting factor. For example, language can decrease isolation, improve employment opportunities, and act as a barrier to communication between parents and children, and to accessing services. Across all three areas of violence, “immigration stress” emerges as a potential source or accelerator of violence in immigrant families.*

¹⁷ Sokoloff, N. J., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence against women*, 11(1), 38-64. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Natalie_Sokoloff/publication/7701217_Domestic_Violence_at_the_Intersections_of_Race_Class_and_Gender/links/544106a90cf2a76a3cc68fc8.pdf

¹⁸ Most agencies signed interest in joining a formal support network against HBV, i.e. participation on a knowledge-sharing e-forum, participation in training workshops (if offered) and feedback on reports and the integrated service delivery model.

¹⁹ Corbin J., and Strauss A. (2008). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*, 3rd ed Sage Publications, Wiltshire, UK.

Charmaz K. (2006). *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. Sage Publications, Wiltshire, UK.

²⁰ TCPS 2 (2014)— the latest edition of Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Retrieved on September 2, 2016 from http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf. According to the Panel on Research Ethics (Government of Canada): *The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS or the Policy) is a joint policy of Canada's three federal research agencies – the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (SSHRC), or “the Agencies.” This Policy expresses the Agencies’ continuing commitment to the people of Canada to promote the ethical conduct of research involving humans. It has been informed, in part, by leading international ethics norms, all of which may help, in some measure, to guide Canadian researchers, in Canada and abroad, in the conduct of research involving humans (http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-epc2/introduction/).*

²¹ Cross, Pamela. (2013). Violence Against Women: Health and Justice for Canadian Women. Retrieved on September 2, 2016 from http://ccmw.com/wp-content/uploads/2013/07/EN-VAW_web.pdf

²² We have so far made a practical choice here in retaining the term ‘honour based’ violence for its ‘recognition value’ (Jackson 2015: 3) so as to promote critical conversation and to avoid creating confusion at the present stage when measures against such violence are still nascent. Having said that, we saw in the focus groups that the terminological controversy and disagreement refuses to die down. Thus, as this project moves ahead, we propose the term **Patriarchal Reputation-Oriented Violence (PROV)** as a working replacement for the phrase ‘honour based violence’. This term PROV objectively captures at least two of the core aspects of this form of gender violence, i.e., patriarchal thinking and practice and the related collectivist obsession with communal estimations of reputation. Terms such as ‘shameful femicidal violence’ or ‘femicide’ have been suggested as alternatives to HBV. However, femicide and femicidal violence do not work as alternatives for HBV - not all sufferers are women, and not all violence ends in a killing. In fact, femicidal violence is not as frequent or as large on the horizon of risk as the media would like. As for ‘shameful violence’ - the adjective is redundant. Since honour-based violence does not always culminate in murder, what is the value in calling this violence femicidal or even gendercidal? It is arguable that exclusive use of the terms femicide or femicidal violence may enhance the media-driven focus on honour killings while obscuring the multiple other, less visible, daily-lived-through manifestations of such violence. To name just a few: dowry extortion, marital rape in forced marriage, sex-selective abortion, threats of violence, daily restrictions on how women and girls should have specific thoughts and movements, tolerance of intra-familial sexual abuse. One might consider cases also in which women and girls are groomed, abused and trafficked because the perpetrator(s) hold the threat of community or family shame over the girls' heads to ensure their silence. The girls are in a double bind here: they face the present abuse as well as the threatened risk of violence from their own supposedly ‘shamed’ families.

²³ Mishra, A (2016) Skewed Male-Female Ratios amongst Immigrants In Canada. Retrieved on September 2, 2016 from <http://www.slideshare.net/AmritaMishra13/mishra-2016-son-preference-1-62103826>. We need to understand that the Canadian legal landscape enables son *preference* to become discriminatory *practice*. The legal conditions allowing fetal sex-selection are not imported. As far back as 2007, there were reports suggesting that sex selective abortion was being advertised and practiced in Canada (Solomon, S (2007) “Sex-selective abortion comes to Canada: Recent BC dispute sparks ethical debate over abortion practice.” National Review of Medicine. 4, 15.). Currently, the Assisted Human Reproduction Act specifically prohibits sex selection of embryos unless there is evidence of a sex-linked disorder (Thiele, A. T., & Leier, B. (2010). Towards an ethical policy for the prevention of fetal sex selection in Canada. J Obstet Gynaecol Can, 32(1), 54-7). There is no law prohibiting sex selection of

fetuses. The ethics statements of the Society of Obstetricians and Gynecologists of Canada and the guidelines of provincial colleges of physicians and surgeons are fairly clear: sex selection based on bias and preference is unethical. But those statements are not legally binding. In Canada there can be no sex selection in vitro, but there is the space and technology for sex selection in utero. The 2009 work by Almond et al (Almond, D., Edlund, L., & Milligan, K. (2009). O sister, where art thou? The role of son preference and sex choice: evidence from immigrants to Canada (No. w15391). National Bureau of Economic Research) and 2012 CMAJ editorials and commentaries stated the reality of sex selective abortions in Canada and elsewhere (Kale, R. 2012, "It's a girl!"—could be a death sentence. Canadian Medical Association Journal, 184(4), 387-388; Vogel, L. (2012). Sex-selective abortions: no simple solution. Canadian Medical Association Journal, 184(3), 286-288.).

²⁴ Silverman, J. G., & Raj, A. (2014). Intimate partner violence and reproductive coercion: global barriers to women's reproductive control. *PLOS Med*, 11(9), e1001723. Retrieved on September 2, 2016 from <http://journals.plos.org/plosmedicine/article/asset?id=10.1371%2Fjournal.pmed.1001723.PDF>

West, C. M. (2016). African immigrant women and intimate partner violence: A systematic review. *Journal of Aggression, Maltreatment & Trauma*, 25(1), 4-17. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Carolyn_West3/publication/288685069_African_Immigrant_Women_and_Intimate_Partner_Violence_A_Systematic_Review/links/568f2ce808aeaa1481b05411.pdf

²⁵ IRCC. (2012). Backgrounder — Conditional Permanent Resident Status. Retrieved on September 2, 2016 from <http://www.cic.gc.ca/english/department/media/backgrounders/2012/2012-10-26a.asp>
What is conditional permanent residence? Citizenship and Immigration Canada (CIC) has introduced amendments to the Immigration and Refugee Protection Regulations (the Regulations) which apply to spouses, common-law or conjugal partners in a relationship of two years or less with their sponsor and who have no children in common with their sponsor at the time they submit their sponsorship application. The sponsored spouse must cohabit in a legitimate relationship with their sponsor for two years from the day on which they receive their permanent resident status in Canada. If they do not remain in the relationship, the sponsored spouse's status could be revoked. The conditional measure only applies to permanent residents whose applications are received on or after October 25, 2012—the day that the amendments came into force. Aside from the need to satisfy the two-year requirement, conditional permanent residence does not differ from normal permanent residence. These sponsored spouses have access to the same rights and benefits as other permanent residents. They will be allowed to work and study without a work or study permit; they will not be subject to different tuition fees in post-secondary schools; and they will have the same access to health coverage and social benefits, including social security (or income support). If the relationship breaks down, the sponsor remains financially responsible until the end of the three-year undertaking period, irrespective of the cause of the breakdown.

For some trenchant commentary on the effects of CPR on migrant spouses, see Bhuyan R, Osborne BJ, Zahraei S, Tarshis S (2014). Unprotected, Unrecognized: Canadian Immigration Policy and Violence Against Women, 2008-2013. Retrieved on September 2, 2016 from <http://www.migrantmothersproject.com/wp-content/uploads/2012/10/MMP-Policy-Report-Final-Nov-14-2014.pdf>. (p11) *In this report we ... use the term "precarious immigration status" to reflect a range of designations in Canadian immigration policy for people who reside in Canada but lack the rights and security of citizenship. People with precarious status represent a diverse group that includes: temporary foreign workers, international students, sponsored spouses with conditional permanent residence, people who enter Canada on a visitor visa, people who are awaiting a decision on a refugee claim that they submitted inside Canada; and people who are "non-status". Permanent residence in Canada has also*

become more “precarious”, with new laws that make it easier to deport refugees (i.e. who return to their home country) and permanent residents (i.e. who are deemed “criminal”).

See also Bhuyan, R. and Smith-Carrier, T. (2010). Precarious migratory status in Canada: Implications for Social Work and Social Services Delivery. *Canadian Social Work Journal*, Vol. 12(1), pp. 51-60. Retrieved on September 2, 2016 from <http://p2pcanada.ca/wp-content/uploads/2011/09/Settlement-of-Newcomers-to-Canada-Fall-2010.pdf>

²⁶ Canadian Council for Refugees (CCR) Conditional Permanent Residence: Failure in Policy and Practice. Retrieved on September 2, 2016 from <http://ccrweb.ca/en/conditional-permanent-residence-failure>

Canadian Council for Refugees (CCR) Conditional Permanent Residence for Sponsored Spouses: What frontline workers should know. Retrieved on September 2, 2016 from <http://ccrweb.ca/files/cprfrontlineen.pdf>

²⁷ IRCC (2015, November 16) Operational Bulletin 480 (Modified) Conditional permanent residence measure for spouses and partners in relationships of two years or less and who have no children in common. Retrieved on September 2, 2016 from

<http://www.cic.gc.ca/english/resources/manuals/bulletins/2012/ob480.asp>

The Government of Canada is concerned about marriage fraud, which can victimize Canadian citizens and permanent residents and undermine the integrity of Canada’s citizenship and immigration programs, and has taken steps to address this problem. CIC has introduced amendments to the Immigration and Refugee Protection Regulations (the Regulations) which specify that spouses, common-law or conjugal partners who are in a relationship with their sponsor for two years or less and have no children in common with their sponsor at the time of the sponsorship application are subject to a period of conditional permanent residence. The condition, described under subsection 72.1(1) of the Regulations, requires the sponsored spouse or partner to cohabit in a conjugal relationship with their sponsor for a period of two years after the day on which they became a permanent resident. The conditional measure only applies to permanent residents whose applications are received on or after October 25, 2012, the day that the amendments came into force....The condition ends after the two-year period has elapsed. There are two exceptions to the application of the condition. It ceases to apply when there is evidence that the sponsor has died during the two-year period of conditional permanent residence. Given concerns about the vulnerability of spouses and partners in abusive relationships, the condition also ceases to apply in instances where there is evidence of abuse or neglect from the sponsor, or of a failure by the sponsor to protect the permanent resident or a child of the permanent resident or the sponsor, or a person who is related to the permanent resident or the sponsor and who is habitually residing in their household from abuse or neglect by another person related to the sponsor (whether the perpetrator is residing in the household or not) during the conditional period. For both exceptions, the sponsored spouse or partner must have lived together in a conjugal relationship with the sponsor up until the cohabitation ceased as a result of the death of the sponsor, or of abuse or neglect. ...The condition ceases to apply if a CIC officer determines, based on all available evidence, that the sponsored spouse or partner is or was unable to meet the condition because one of the following situations occurs: the sponsored person, a child of the sponsored person and/or of the sponsor, or a person who is related to the sponsored person or the sponsor and who is habitually residing in their household, was subjected by the sponsor to any abuse or neglect referred to in subsection 72.1(7) of the Regulations, or the sponsor has failed to provide protection from abuse or neglect by another person who is related to the sponsor, whether that person is residing in the household or not; and the sponsored spouse or partner has cohabited in a conjugal relationship with the sponsor until the cohabitation ceased as a result of the abuse or neglect.

²⁸ Erez, E., Adelman, M., & Gregory, C. (2008). Intersections of immigration and domestic violence: Voices of battered immigrant women. *Feminist criminology*. Retrieved on September 2, 2016 from http://s3.amazonaws.com/academia.edu.documents/45547730/intersections_of_immigration_and_domestic_violence_Feminist_Crim.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472923869&Signature=44dtPV%2BZJGqXDbDBWeBztiwHdfc%3D&response-content-disposition=inline%3B%20filename%3DIntersections_of_Immigration_and_Domesti.pdf This report from the US contains painful evidence consistent with our report on the effects of CPR and the challenges of seeking exceptions. (p46-47) ‘*Men threaten women in a number of ways with regard to immigration including that they would call ICE officials and report their immigration status (40%); get them deported (15%); withdraw their petition to immigrate or otherwise interfere with the naturalization process (10%); take away the children or deny their custodial rights (5%); and, more generally, use immigration status to humiliate or degrade them (5%). One undocumented woman succinctly stated, “He makes threats to report me to the INS if I don’t do what he wants.” Women also illustrated the connection between immigration and domestic violence being particularly painful for mothers. “He would tell me I did not have any rights in this country. He threatened to take our children—and he finally did!” In another instance, a woman was forced to trade custody of her children for an adjustment of her immigration status. In addition, mothers feared that their children would be deprived of opportunities for a brighter future that, in the minds of the women, the United States can provide. One woman was concerned about “employment for my older children and their immigration status. [My] son wants to be a U.S. citizen, to attend school and work here.” Women did not want to jeopardize their children’s immigration status and thought that divorce or leaving the United States would have negative consequences for their children. Many battered immigrant women who do not have lawful permanent residency believe that divorce means losing their right to work or stay in this country. “If ever I challenge him to stay here, he will divorce me; I will lose my green card and will not be able to financially survive.” This translates to jeopardizing her ability to sustain herself financially. Although the VAWA (1994) and its subsequent reauthorization (2000) Public Law 103-322, Violence Crime Control and Law Enforcement Act of 1994 Public Law 106-386, Victims of Trafficking and Violence Protection Act of 2000 provided battered immigrant women a self-petition option, most immigrant women are not aware of it. A husband uses the woman’s lack of knowledge, dependency, and immigration status as a weapon to threaten and demand compliance.’*

See also from the US: Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). “He Said They’d Deport Me” Factors Influencing Domestic Violence Help-Seeking Practices Among Latina Immigrants. *Journal of Interpersonal Violence*, 29(4), 593-615. Retrieved on September 2, 2016 from https://ay14-15.moodle.wisc.edu/prod/pluginfile.php/148664/mod_resource/content/1/REINA%202014%20undocumented%20latinas%20culture%20language%20barriers.pdf

²⁹ IRCC. (2012). Backgrounder - Exceptions from conditional Permanent Residence for Victims of Abuse or Neglect. Retrieved on September 2, 2016 from <http://www.cic.gc.ca/english/departement/media/backgrounders/2012/2012-10-26b.asp>

IRCC (2015, November 16) Operational Bulletin 480 (Modified) Conditional permanent residence measure for spouses and partners in relationships of two years or less and who have no children in common. Retrieved on September 2, 2016 from <http://www.cic.gc.ca/english/resources/manuals/bulletins/2012/ob480.asp#sec03.2> (See Section 3)

³⁰ Ammar, N. H., Orloff, L. E., Dutton, M. A., & Aguilar-Hass, G. (2005). Calls to police and police response: A case study of Latina immigrant women in the USA. *International Journal of Police Science & Management*, 7(4), 230-244. Retrieved on September 2, 2016 from

https://www.researchgate.net/profile/Nawal_Ammar2/publication/238340971_Calls_to_Police_and_Police_Response_A_Case_Study_of_Latina_Immigrant_Women_in_the_USA/links/0a85e530216e6eb3b900000.pdf

Zannettino, L. (2012). "... There is No War Here; It is Only the Relationship That Makes Us Scared" Factors Having an Impact on Domestic Violence in Liberian Refugee Communities in South Australia. *Violence Against Women*, 18(7), 807-828. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Lana_Zannettino/publication/230657863_..._There_is_No_War_Here_It_is_Only_the_Relationship_That_Makes_Us_Scared_Factors_Having_an_Impact_on_Domestic_Violence_in_Liberian_Refugee_Communities_in_South_Australia/links/54f53b840cf2f28c1363b725.pdf

³¹ In this context, one may also explore the implications and limitations of the Residential Tenancies (Safer Spaces for Victims of Domestic Violence) Amendment Act, 2015, which took effect on August 8, 2016. See Legislative Assembly Of Alberta. (2015) Bill 204: Residential Tenancies (Safer Spaces For Victims Of Domestic Violence) Amendment Act, 2015. Retrieved on September 2, 2016 from http://www.assembly.ab.ca/ISYS/LADDAR_files/docs/bills/bill/legislature_29/session_1/20150611_bill-204.pdf

See also the related discussion in Koshan, Jennifer., Hamilton, Jonnette Watson. (2015, Dec 4). The Residential Tenancies Act and Domestic Violence: Facilitating Flight? Retrieved on September 2, 2016 from http://ablawg.ca/wp-content/uploads/2015/12/Blog_JK_JWH_Bill204_Dec2015.pdf. According to this Act, a tenant who can submit evidence of suffering abuse can seek early release from tenancy without financial penalty. If a threshold requirement of fear of violence is met, *'the victim may terminate their tenancy by giving the landlord 28 days' notice and a certificate confirming there are grounds for the termination no later than 90 days after the certificate is issued by the designated authority (section 47.3(2)). This 28 day notice period would apply to all types of tenancies, including monthly periodic tenancies, yearly periodic tenancies and fixed term tenancies'* (Koshan et al 2015, p1). Tenants need to show their landlord a certificate issued by a designated authority verifying that they are at risk and confirming that domestic violence exists as grounds for early termination of the tenancy. The application for a certificate may be made by either the victim or by someone acting on their behalf with their consent. Getting the certificate requires the tenant to provide the Ministry of Human Services with an emergency protection order, a peace bond or a letter from a certified professional (e.g physicians, nurses, social workers, psychologists, police officers, shelter workers, and victim support workers) confirming that the tenant and their children and/or 'protected' adult relatives in that residence are facing abuse and violence (*protected adult*" including assisted adults, represented adults, or supported adults as defined in the *Adult Guardianship and Trustee Act, SA 2008, c A-4.2.*) (Koshan et al 2015, p1).

The Residential Tenancies (Safer Spaces for Victims of Domestic Violence) Amendment Act, 2015, is a promising development, at least lowering financial barriers that keep people locked into abusive domestic situations. There are, however, quite a few questions: what of the barriers that keep abused persons from initiating or continuing the processes of contacting the authorities, filing complaints, and compiling the evidence and the paperwork needed to get that certificate allowing them to end the tenancy? What are the measures to ensure that landlords understand the legislative change and comply with it? Will women of limited English, traumatized and isolated, clearly understand the process? Where will the abused spouse and her children and dependent adult relatives go after the termination of tenancy (the shelter situation being what it is)? What is the probability of the abused person being able to pay the rent for the 28 days notice period?

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- ³² Case scenario ‘Nina’ was based on the interview data and a reading of the situations presented in Anitha, S., Roy, A., & Yalamarty, H. (2016, February). Disposable women: abuse, violence and abandonment in transnational marriages: issues for policy and practice in the UK and India. British Academy. Retrieved on September 2, 2016 from http://eprints.lincoln.ac.uk/20091/7/20091%20Anitha%20et%20al_2016_Disposable%20women.pdf
- ³³ Compare from evidence in Australia in Easteal, P. W. (1996). Violence against immigrant women in the home. *Alternative Law Journal*, 21(2), 53-57. Retrieved on September 2, 2016 from <https://aifs.gov.au/sites/default/files/fm45pe.pdf>
- ³⁴ Walton-Roberts, M. (2008). Weak ties, immigrant women and neoliberal states: Moving beyond the public/private binary. *Geoforum*, 39(1), 499-510. Retrieved on September 2, 2016 from http://s3.amazonaws.com/academia.edu.documents/30981982/GEOF812_offprint.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472923423&Signature=MNpT4F3nQE5Zza%2FtC5OER%2FzBPZE%3D&response-content-disposition=inline%3B%20filename%3DWeak_ties_immigrant_women_and_neoliberal.pdf
- ³⁵ Wasim, F. (2014). South Asian American Daughter-in-law/mother-in-law Relationships, Cultural Values Conflict, and Help-seeking for Domestic Violence (Doctoral dissertation, Oklahoma State University). Retrieved on September 2, 2016 from <http://bit.ly/2crCN9L>
- ³⁶ Also reported in the Saheli Asian Women’s Project, Manchester UK. Anitha, S., Farouk, W., Haq, Q., Khan, S., Mahmood, A., & Mansoor, A. (2007). Domestic violence and mental health: experiences of South Asian women in Manchester. Retrieved on September 2, 2016 from [http://eprints.lincoln.ac.uk/3000/1/Anitha et al dv and mental health report 2009.pdf](http://eprints.lincoln.ac.uk/3000/1/Anitha_et_al_dv_and_mental_health_report_2009.pdf)
- ³⁷ For a sufferer of violence, domestic space may be a source of ambivalence and emotional conflict, which is linked to women often returning to that space and to its dangers. See George, P., & Rashidi, M. (2014). Domestic Violence in South Asian Communities in the GTA: Critical Perspectives of Community Activists and Service Providers. *Journal of Critical Anti-Oppressive Social Inquiry*, 1(1). Immigrant women are often forced to occupy a ‘*violent space*’ that is co-produced by the subtle or open racism, sexism and classism outside the home and the openly patriarchal values and practices within the home. In this situation, home is simultaneously a space of gender subjugation and patriarchal control and a place of ‘*shelter, acceptance and identity*’. Retrieved on September 2, 2016 from <http://caos.library.ryerson.ca/index.php/caos/article/viewFile/9/5>
- ³⁸ Aujla, W. (2013). Voicing challenges: South Asian immigrant women speak out about their experiences of domestic violence and access to services (Masters Dissertation, University of Alberta). Retrieved on September 2, 2016 from: [https://era.library.ualberta.ca/files/jm214p505/Aujla Wendy Spring%202013.pdf](https://era.library.ualberta.ca/files/jm214p505/Aujla_Wendy_Spring%202013.pdf)
- Ahmad, F., Driver, N., McNally, M. J., & Stewart, D. E. (2009). “Why doesn’t she seek help for partner abuse?” An exploratory study with South Asian immigrant women. *Social science & medicine*, 69(4), 613-622. Retrieved on September 2, 2016 from <http://yorkspace.library.yorku.ca/xmlui/handle/10315/31833>
- ³⁹ Ulloa, E. C., Dyson, R. B., & Wynes, D. D. (2012). Inter-partner violence in the context of gangs: A review. *Aggression and violent behavior*, 17(5), 397-404. Retrieved on September 2, 2016 from:

https://www.researchgate.net/profile/Emilio_Ulloa/publication/225298350_Inter-partner_violence_in_the_context_of_gangs_A_review/links/0912f4fd8bd6e2377a000000.pdf

Miller, J., & Decker, S. H. (2001). Young women and gang violence: Gender, street offending, and violent victimization in gangs. *Justice Quarterly*, 18(1), 115-140. Retrieved on September 2, 2016 from: http://www.michelepolak.com/200fall11/Weekly_Schedule_files/Miller.pdf

Papachristos, A. V. (2009). Murder by Structure: Dominance Relations and the Social Structure of Gang Homicide. *American Journal of Sociology*, 115(1), 74-128. Retrieved on September 2, 2016 from: https://www.researchgate.net/publication/38031676_Murder_by_Structure_Dominance_Relations_and_the_Social_Structure_of_Gang_Homicide1

⁴⁰ Jenney, A., Mishna, F., Alaggia, R., & Scott, K. (2014). Doing the right thing?(Re) Considering risk assessment and safety planning in child protection work with domestic violence cases. *Children and youth services review*, 47, 92-101. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Angelique_Jenney/publication/267573514_Doing_the_right_thing_Re_Considering_risk_assessment_and_safety_planning_in_child_protection_work_with_domestic_violence_cases/links/5485184e0cf24356db60e4a6.pdf (p 98) *It is necessary to understand the multiple components of what makes a woman feel safe in order to take all actions into account. There were instances in which women chose actions they perceived as increasing their safety (e.g., recanting after making a police report), which from the perspective of the child protection or police system may have been seen as increasing their risk.*

Raval, V. V. (2009). Negotiating conflict between personal desires and others' expectations in lives of Gujarati women. *Ethos*, 37(4), 489-511. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Vaishali_Raval2/publication/230270524_Negotiating_Conflict_between_Personal_Desires_and_Others'_Expectations_in_Lives_of_Gujarati_Women/links/55eedce808ae199d47bf9f87.pdf

⁴¹Pearce, K. E., & Vitak, J. (2015). Performing honor online: The affordances of social media for surveillance and impression management in an honor culture. *new media & society*, 1461444815600279. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Jessica_Vitak/publication/282349188_Performing_honor_online_The_affordances_of_social_media_for_surveillance_and_impression_management_in_an_honor_culture/links/560d6a5c08aeed9d13752372.pdf

Mishra, S., & Basu, S. (2014). Family honor, cultural norms and social networking: Strategic choices in the visual self-presentation of young Indian Muslim women. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, 8(2), 38. Retrieved on September 2, 2016 from https://www.researchgate.net/publication/269652253_Family_honor_cultural_norms_and_social_networking_Strategic_choices_in_the_visual_self-presentation_of_young_Indian_Muslim_women

Günsoy, C., Cross, S. E., Sarıbay, A., Olcaysoy Ökten, I., & Kurutaş, M. (2015). Would you post that picture and let your dad see it? Culture, honor, and Facebook. *European Journal of Social Psychology*, 45(3), 323-335. Retrieved on September 2, 2016 from https://www.researchgate.net/publication/275353742_Would_you_post_that_picture_and_let_your_dad_see_it_Culture_honor_and_Facebook_Culture_honor_and_Facebook

⁴² Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). "He Said They'd Deport Me" Factors Influencing Domestic Violence Help-Seeking Practices Among Latina Immigrants. *Journal of Interpersonal Violence*, 29(4), 593-615. Data excerpt (p606) '*One time my partner was throwing pillows at me and I didn't even know why so I called a police officer who I knew spoke Spanish, but then he sent other officers . . . and I do not know how to speak English, and they did, so they talked to my partner because he speaks English . . . and my partner told them I was crazy and that he was leaving to go to work. So they left.*' Retrieved on September 2, 2016 from https://ay14-15.moodle.wisc.edu/prod/pluginfile.php/148664/mod_resource/content/1/REINA%202014%20undocumnted%20latinas%20culture%20language%20barriers.pdf

⁴³ It should be noted here that men may suffer immigration-related abuse as well, although women are far more frequently at risk. It was reported in a focus group '*one guy, his sponsorship - they have taken his passport, immigrant status etc and won't give it to him. They threaten deportation.*' However, as noted elsewhere, shelter options for men are close to non-existent. See also p 13-14 in Kumar, N. (n.d). *Crimes, Not Cultures*. Retrieved on September 2, 2016 from <http://www.ucca.ca/common/data/Crimes-Not-Cultures.pdf>

⁴⁴ Bhattacharyya, S. (2012). Indian immigrant women's post-divorce experience. University of British Columbia Masters Dissertation. Retrieved on September 2, 2016 from <https://open.library.ubc.ca/cIRcle/collections/24/items/1.0103437>

⁴⁵ Bhuyan, R. (2011). *Negotiating Social Rights and Social Membership on the Frontlines of Service Delivery to Migrants with Precarious Status*. Retrieved on September 2, 2016 from http://ceris.ca/wp-content/uploads/virtual-library/Bhuyan_2009.pdf

⁴⁶ See Kumar, N (n.d). *Crimes, Not Cultures*. Retrieved on September 2, 2016 from <http://www.ucca.ca/common/data/Crimes-Not-Cultures.pdf> (p 104) *In exceptional cases, Canadian authorities have extra-territorial jurisdiction and can investigate and try crimes committed outside Canada. In such cases, the offender or the victim or intended victim must be a national of Canada or the circumstances of the offence must relate to Canada. For example, if an offence of bigamy is committed outside Canada by a Canadian citizen resident in Canada, the offender may be tried and punished by a court in Canada. (s. 290 of Criminal Code) However, in few cases, Canadian authorities have extra-territorial jurisdiction. In other cases, these authorities must seek cooperation from other countries for the purpose of investigation and prosecution.*

⁴⁷ An EPO is one of four types of protection tools that can be used when an abusive partner is not in jail. The others include Queen's Bench Protection Order (an EPO renewed in court), Peace Bond and Restraining Order. Each has distinct processes and timelines for obtaining, review and upholding or withdrawal. Details are presented in simplified form in the publication by Today Family Violence Help Centre (2016) *Family Violence Support Booklet*. Retrieved on September 2, 2016 from <http://thetodaycentre.ca/wp/wp-content/uploads/2014/08/Today-Centre-online-booklet.pdf>

⁴⁸ Bhuyan R, Osborne BJ, Zahraei S, Tarshis S (2014). *Unprotected, Unrecognized: Canadian Immigration Policy and Violence Against Women, 2008-2013*. Retrieved on September 2, 2016 from <http://www.migrantmothersproject.com/wp-content/uploads/2012/10/MMP-Policy-Report-Final-Nov-14-2014.pdf>. (p11)

⁴⁹ Kropp, Randall.P., Hart, Stephen D. (2004). *The Development of the Brief Spousal Assault Form For The Evaluation Of Risk (B-Safer): A Tool For Criminal Justice Professionals*. Retrieved on September 2,

2016 from http://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/rr05_fv1-rr05_vf1/rr05_fv1.pdf The B-SAFER is a set of guidelines for assessing risk for spousal assault, designed to be especially useful for decision making by police and other justice agencies. The B-SAFER tool is a 10-item condensed version of the Spousal Assault Risk Assessment (SARA).

On SARA, see Kropp, Randall. P., Hart, Stephen D., Webster, Christopher D. (n.d). Spousal Assault Risk Assessment Guide. Retrieved on September 2, 2016 from <http://www.mhs.com/product.aspx?gr=saf&id=overview&prod=sara#description>). SARA *‘helps criminal justice professionals predict the likelihood of domestic violence. The tool is a quality-control checklist that determines the extent to which a professional has assessed risk factors of crucial predictive importance according to clinical and empirical literature. With 20 items, the SARA assessment screens for risk factors in individuals suspected of or being treated for spousal or family-related assault. The SARA can help determine the degree to which an individual poses a threat to his spouse, children, family members, or other people involved. The instrument can be used by members of various boards or tribunals (e.g., parole and review boards, professional ethics committees, etc.), lawyers, victims’ rights advocates, and prisoners’ rights advocates.’*

Both SARA and B-SAFER were developed for use with professionals within the criminal justice system, including law enforcement, and both require training and expertise in family violence. (Millar, A., Code, R., Ha, L. (2009, April). Inventory of spousal violence risk assessment tools used in Canada. Retrieved on September 2, 2016 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr09_7/rr09_7.pdf.)

BSAFER and SARA incorporate a ‘structured professional judgement’ (SPJ) approach to risk assessment, including scenario planning. The SPJ approach is seen as preferable to the overly idiosyncratic methods of unstructured clinical decision-making and the inflexibility of actuarial decision-making (Kropp, Randall.P., Hart, Stephen D. (2004). The Development of the Brief Spousal Assault Form For The Evaluation Of Risk (B-Safer): A Tool For Criminal Justice Professionals. Retrieved on September 2, 2016 from http://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/rr05_fv1-rr05_vf1/rr05_fv1.pdf. (p3-5)).

See Northcott, M. (n.d). Intimate Partner Violence Risk Assessment Tools: A review. Retrieved on September 2, 2016 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf. Northcott discusses the development and features (including pros and cons) of the diverse intimate partner violence tools (and their methodologies, i.e. SPJ or actuarial) in use in Canada. These tools include:

- SARA, BSAFER, Danger Assessment (DA, detailed description in Northcott, pp 22-23, also in notes of section Lack of training and standardized tools for HBV Risk Assessment) (SPJ based)
- The Ontario Domestic Assault Risk Assessment (ODARA), and The Domestic Violence Risk Appraisal Guide (DVRAG (actuarial).
- The Violence Risk Appraisal Guide (VRAG) and Level of Service Inventory – Revised (LSI-R) are tools specialized for correctional institutions to assess recidivism for general and violent offenders.

⁵⁰ The PATRIARCH tool is a tool developed in Sweden in 2005 by P.R. Kropp, H. Belfrage, and S.D. Hart and is a set of guidelines for SPJ based assessment and management of risk for HBV (Belfrage, H., Strand, S., Ekman, L., & Hasselborg, A. K. (2012). Assessing risk of patriarchal violence with honour as a motive: six years experience using the PATRIARCH checklist. *International Journal of Police Science & Management*, 14(1), 20-29.)

⁵¹ Ahmad, F., Driver, N., McNally, M. J., & Stewart, D. E. (2009). "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. *Social science & medicine*, 69(4), 613-622. Retrieved on September 2, 2016 from <http://yorkspace.library.yorku.ca/xmlui/handle/10315/31833>

⁵² See Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. E., & Campbell, J. C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the danger assessment for immigrant women. *Social Work Research*, 37(3), 263-275. Retrieved on September 2, 2016 from <http://www.mass.gov/mova/docs/mvaa/messing-et-al-2013-da-i-pref.pdf> (p3) *'There are three main components of cultural competency for helping professionals: (1) awareness of their values, beliefs, and biases; (2) knowledge of their clients' values, beliefs, and cultural practices; and (3) the skills to use culturally appropriate and sensitive intervention strategies ... To practice in a culturally competent manner, practitioners need culturally competent risk assessment tools; however, there are currently no risk assessment instruments for identifying immigrant women at risk for severe and lethal IPV despite the evidence that this population is at elevated risk for experiencing IPV and femicide. Because of the specific vulnerabilities of immigrant women, risk assessments need to be adapted for use with this population.'*

⁵³ Shetty, S. & Kaguyutan, J. (2002). Immigrant Victims of Domestic Violence: Cultural challenges and available legal protections. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved on September 2, 2016 from http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=384

⁵⁴ City of Edmonton. (2016). Family Violence Prevention. Retrieved on September 2, 2016 from http://www.edmonton.ca/programs_services/for_family_individuals/family-violence-prevention.aspx Safe Connection Cell Phone Program provides cell phones for victims of family violence; distribution is managed by City of Edmonton social workers engaged in intervention against family violence. The phone helps victims feel safe, connected and helps them regain their sense of safety and empowerment. This public-private partnership involves the City of Edmonton Citizen Services, Edmonton Police Foundation, Rogers, 630 CHED radio, Digital Communications, Crystal Glass, Nokia and the Edmonton Police Service.

⁵⁵ Home visitation is an evidence based form of primary prevention of violence. Rutherford, A., Zwi, A. B., Grove, N. J., & Butchart, A. (2007). Violence: a glossary. *Journal of epidemiology and community health*, 61(8), 676-680. Retrieved on September 2, 2016 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2652990/pdf/676.pdf> (p 679) *'The primary prevention of violence aims to stop violent incidents occurring. Primary prevention is the most effective form of prevention but also the most difficult to achieve. Policy initiatives to address poverty and inequity could be classified as primary prevention activities in relation to violence, as could those directed at controlling the availability of firearms. Primary prevention is often unattractive to politicians because upstream preventive activities are not visible unless they are linked with service provision. Sustained nurse home-visiting of mothers with young children is an evidence-based primary prevention strategy that does link with service provision and is widely acknowledged to improve outcomes for children and reduce their risk of becoming victims or perpetrators of abuse.'*

For a description of aims, activities and outcomes of home visitation in Alberta, see Alberta Home Visitation Network Association (2016) What is Home Visitation? Retrieved on September 2, 2016 from <https://www.ahvna.org/pdfs/brochure-whatishv.pdf>

⁵⁶ The Domestic Violence Intervention Teams are a partnership between social workers from City of Edmonton Citizen Services and constables from Edmonton Police Service. City of Edmonton (2016). Family Violence Prevention. Retrieved on September 2, 2016 from: http://www.edmonton.ca/programs_services/for_family_individuals/family-violence-prevention.aspx The DVIT teams ‘contact victims after there has been a police report of domestic violence, assess risk and provide safety options and support to victims, help with police investigations, make recommendations to the court for bail and sentencing, partner with other agencies to assist victims.’

One may compare the DVIT partnerships with a similar model from the US described in Dean, C. W., Lumb, R. C., & Proctor, K. (2000). Social work and police partnership: a summons to the village. Strategies and effective practices. Retrieved on September 2, 2016 from: http://www.hawaii.edu/hivandaids/USA/N_Carolina/Crime/NC_Social_Work_and_Law_Enforcement_Partnerships_A_Summons.pdf

⁵⁷ Alaggia, R., Maiter, S., & Jenney, A. (2016). In whose words? Struggles and strategies of service providers working with immigrant clients with limited language abilities in the violence against women sector and child protection services. *Child & Family Social Work*, 1. Retrieved on September 2, 2016 from https://www.researchgate.net/publication/290789324_In_whose_words_Struggles_and_strategies_of_service_providers_working_with_immigrant_clients_with_limited_language_abilities_in_the_violence_against_women_sector_and_child_protection_services

⁵⁸ Jenney, A., Mishna, F., Alaggia, R., & Scott, K. (2014). Doing the right thing?(Re) Considering risk assessment and safety planning in child protection work with domestic violence cases. *Children and youth services review*, 47, 92-101. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Angelique_Jenney/publication/267573514_Doing_the_right_thing_Re_Considering_risk_assessment_and_safety_planning_in_child_protection_work_with_domestic_violence_cases/links/5485184e0cf24356db60e4a6.pdf (p 99)*Clients in this study struggled with attaining a feeling of safety even after ending the abusive relationship, which often coincided with the closure of their CPS file. This loss of support is an important reminder that safety is best considered a continuum of service, rather than an event or point in time as illustrated by the client participants who discussed safety concerns as enduring aspects of their lives.*

⁵⁹ Government of Alberta (2011) Alberta Works: Supports for Albertans fleeing abuse. Retrieved on September 2, 2016 from http://www.humanservices.alberta.ca/documents/RRM-PUB_fs_supports_fleeing_abuse.pdf

⁶⁰ CanTalk is an anonymous, for pay, telephone-based service (<http://www.cantalk.com/>) which is in use by some agencies serving at-risk immigrants. The service provider could access CanTalk depending on funding.

⁶¹ *In 1994 the Freedom of Information and Protection of Privacy Act (the FOIP Act) was given royal assent, and on October 1, 1995, it came into force for all Government of Alberta ministries. Since the Act first came into force, it has been extended to cover school jurisdictions (September 1, 1998), health-care bodies (October 1, 1998), post-secondary educational institutions (September 1, 1999) and local government bodies (October 1, 1999). The Act provides individuals a right of access to records, including records containing their own personal information, that are in the custody or under the control of a public body subject to certain exceptions set out in the Act. The Act also establishes limitations pertaining to the collection, use and disclosure of personal information by public bodies in order to protect the*

privacy of individuals. From: The final report from the all-party Standing Committee on Health reviewing the FOIP Act tabled in the Alberta Legislature on November 15, 2010 (p 6). Retrieved on January 3, 2017 from

http://www.servicealberta.ca/foip/documents/Review_of_the_Freedom_of_Information_and_Protection_of_Privacy_Act_Final_Report-November_2010.pdf.

Link to a copy of the FOIP Act:

http://www.qp.alberta.ca/1266.cfm?page=F25.cfm&leg_type=Acts&isbncln=9780779762071

According to Service Alberta (2017): *Public bodies include all provincial government departments, agencies, boards and commissions. It also includes local public bodies such as municipalities, universities, school boards and others. The FOIP Act does not apply to private businesses, non-profit organizations or professional regulatory organizations operating in Alberta. In these cases, Alberta's Personal Information Protection Act (PIPA) will apply*. Retrieved on January 3, 2017 from *FOIP Website* <http://www.servicealberta.ca/foip/>.

⁶² West, C. M. (1998). Lifting the “political gag order”: Breaking the silence around partner violence in ethnic minority families In: J. L. Jasinski & L. M. Williams (Eds) *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks: Sage. p. 184 – 209. Retrieved on September 2, 2016 from <https://works.bepress.com/DrCarolynWest/35/>

⁶³ Also a situation reported in the US. Almeida, R. V., & Dolan-Delvecchio, K. (1999). Addressing Culture in Batterers Intervention: The Asian Indian Community as an Illustrative Example. *Violence against Women*, 5, 6. Retrieved on September 2, 2016 from <http://www.transformativejustice.eu/wp-content/uploads/2010/02/addressing-culture-with-batterers-almeida.pdf>

⁶⁴ Maiter, S., Stalker, C., & Alaggia, R. (2009). The experiences of minority immigrant families receiving child welfare services: Seeking to understand how to reduce risk and increase protective factors. *Families in Society: The Journal of Contemporary Social Services*, 90(1), 28-36. Retrieved on September 2, 2016 from http://scholars.wlu.ca/cgi/viewcontent.cgi?article=1001&context=scwk_faculty. According to Maiter et al: CFS involvement of immigrant families exists in a context of poverty, immigration related stress, and inability to escape poverty. *‘The struggles that many families who come into contact with child welfare services in relation to poverty and finances are further exacerbated for the immigrant families in this sample because of low English proficiency, which then impacts their ability to secure employment. These stressors are, however, additive because foreign credentials and experience are not recognized by the host country. Thus a clear path to ending poverty is not so easily available to immigrants’* (p34).

⁶⁵ Province of Alberta (2013) Protection Against Family Violence Act. Retrieved on September 2, 2016. from <http://www.qp.alberta.ca/documents/Acts/p27.pdf>

Government of Alberta. (2011). Protection Against Family Violence Act Guide. Retrieved on September 2, 2016 from: <http://www.humanservices.alberta.ca/documents/protection-against-family-violence-act-guide.pdf> *The Protection Against Family Violence Act (PAFVA) came into force in 1999. This is an Alberta law that protects family members from family violence. Family members include seniors, women, men and children whether they reside together or apart. After a formal review and evaluation, the following amendments to the legislation were proclaimed in force on November 1, 2006. The addition of stalking to the definition of family violence. Research shows that 57 per cent of the time, stalkers are partners or former partners of the victim. This amendment is intended to provide better protection to those who have left a violent relationship. Protection for family members, regardless of whether they live*

with their abuser. Ensuring that vulnerable people, such as seniors, are protected. Clarification on the use of emergency protection orders (EPOs). EPOs can now be granted even if the offenders say they “did not mean” or “intend” to hurt anyone. The removal of barriers that previously prevented some children from getting counselling. A Queen’s Bench protection order can order that a child may receive counselling with the consent of only one parent. Further review of the legislation took place in 2010, and amendments came into force on November 1, 2011: The 2011 amendments added the offence and the consequences for breaching a protection order. This amendment will help ensure consistent enforcement across the province for protection order breaches. Primary Objectives of the Act: To provide immediate protection and safety for claimant and family members. To serve as a deterrent to future family violence. To enable safety measures to be put in place for other family members. (p1)

⁶⁶ When one asks how and where perpetrators in some settings get confidence in their right to abuse, one could look to the sense of entitlement stemming in part from contexts of law enforcement that enable the community-wide valorization or tolerance of gender abuse. In some countries where honour killings are prevalent, the laws allow for the woman’s family to ‘forgive’ the perpetrator. In situations where women have been raped, they are given the choice of being killed by a family member, committing suicide, or marrying their rapist. So, forced marriage and its continuing rape become the way in which murder and suicide are averted. In addition, where premeditated violence driven by honour is punishable by law, passion may be also used as a courtroom defence with the calculation of a shorter prison term for manslaughter rather than a longer term for premeditated, carefully orchestrated murder.

See the following for related discussions:

Welchman, L., & Hossain, S. (2005). Introduction: ‘Honour’, rights and wrongs. Retrieved on September 2, 2016 from http://eprints.soas.ac.uk/3446/1/Welchman_and_Hossain_'Honour'_rights_and_wrongs_2005.pdf

Abu-Odeh, L. (1997). Comparatively speaking: The honor of the east and the passion of the west. *Utah L. Rev.*, 287. Retrieved on September 2, 2016 from <http://scholarship.law.georgetown.edu/cgi/viewcontent.cgi?article=2414&context=facpub>

Odeh, L. A. (2010). Honor killings and the construction of gender in Arab Societies. *American Journal of Comparative Law*, 58(4), 911-952. Retrieved on September 2, 2016 from <http://scholarship.law.georgetown.edu/cgi/viewcontent.cgi?article=2644&context=facpub>

⁶⁷ See the ‘Table of criminal codes as they apply to different criminal behaviours’ on p 103 in Kumar, N. (n.d). *Crimes, Not Cultures*. Retrieved on September 2, 2016 from <http://www.ucca.ca/common/data/Crimes-Not-Cultures.pdf> See also p 19-20 for a description of dowry practice in the UK and Canada.

⁶⁸ The hypothetical scenario refers to planned female genital mutilation (FGM). World Health Organization. (2016, February). Female genital mutilation. Retrieved on September 2, 2016 from <http://www.who.int/mediacentre/factsheets/fs241/en/> The World Health Organization defines FGM as ‘*all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.... The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. WHO strongly urges health professionals not to perform such procedures. FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted*

inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death...Female genital mutilation is classified into 4 major types.

- *Type 1: Often referred to as clitoridectomy, this is the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).*
- *Type 2: Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).*
- *Type 3: Often referred to as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).*
- *Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.'*

⁶⁹ See Tiihonen S (2011). *Breaking Through: Rethinking Assessment Practices In Ontario Shelters*. Retrieved on September 2, 2016 from <http://endvaw.ca/wp-content/uploads/2016/05/Breaking-Through-Rethinking-Risk-Assessment-Practices-in-Ontario-Shelters-OAITH-2011.pdf>. Tiihonen offers a simple language analysis of the adaptation of what were designed as tools of assessment of homicidal lethality for the purpose of risk assessment in shelters. While such adaptation is necessary to handle the variation and dynamics of violence and risk, it also leads to a proliferation of tools in use, with lowered prospects of inter-agency cross-talk about what risk is, how it is assessed, and how these assessments are interpreted and operationalised to optimise case outcomes.

⁷⁰Northcott, M. (n.d). *Intimate Partner Violence Risk Assessment Tools: A review*. Retrieved on September 2, 2016 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf According to Northcott (p13) on choice of tool: *'There are a number of factors that should be considered when determining which risk assessment tool to use. These factors include:*

- *Whether the goal of the risk assessment is to predict recidivism, to prevent violence, or both.*
- *Whether the focus is offender-focused or victim-focused. Some tools are designed to assess the offender specifically whether it is to determine the likelihood of re-offending or to develop risk management strategies, while others are focused on whether the victim will be re-victimized.*
- *Whether the purpose of the assessment is to determine the risk of intimate partner violence or intimate partner homicide (Braff and Sneddon 2007). If the purpose of the assessment is to determine the likelihood of intimate partner violence recidivism, the evaluator could choose such tools as the Spousal Assault Risk Assessment Guide (SARA) or the Domestic Violence Screening Inventory (DVSI). If the purpose is to determine the likelihood of intimate partner homicide, the evaluator could choose the Danger Assessment (DA) or the DV-MOSAIC.*
- *The time it takes to complete the risk assessment. Some tools consist of fewer items and thus are less time consuming to complete (Braff and Sneddon 2007). For example, assessments that require file reviews, interviews with offenders and other contacts, and reviewing psychological reports, are more time consuming than assessments that do not require these steps. Furthermore, some tools require the input or assessment by a psychologist. One must consider the availability of the psychologist to conduct the assessment and the time it may take him or her to conduct the assessment.*

- *The individual conducting the assessment (Guo and Harstall 2008). For example, the tool that is chosen may depend upon whether the assessor is a clinician, a law enforcement officer or a social worker.*
- *The skill and experience of the individual conducting the assessment (Braff and Sneddon 2007). While some research shows that extensive clinical experience is not necessary to complete some measures (e.g., Storey et al. 2011), one should consider the level of clinical experience needed to complete a specific tool when choosing an instrument.*
- *The setting in which the assessment will take place (e.g., courthouse, women's shelter) and the accessibility of the information necessary to complete the assessment (Guo and Harstall 2008).'*

⁷¹ Northcott Melissa. (n.d). Intimate Partner Violence Risk Assessment Tools: A review. Retrieved on September 2, 2016 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf According to Northcott (p 22-23): *The Danger Assessment (DA) was developed by Jacquelyn Campbell in the United States and is used throughout the United States and Canada (Guo and Harstall 2008; Millar 2009). The DA is a structured clinical assessment tool that was originally designed for use by emergency room nurses to assess the likelihood of intimate partner homicide (Guo and Harstall 2008; Hanson et al. 2007). It is now also used to predict domestic violence recidivism, but not in low-risk or medium violence cases (Guo and Harstall 2008). It is used in a number of settings, including for the purposes of victim education and awareness, safety planning and determining the conditions of services. The DA is comprised of two parts. The first is a calendar on which the victim indicates the severity and frequency of instances of domestic violence that she experienced within the last 12 months. The second part is a 20-item checklist of risk factors that are related to intimate partner homicide (Millar 2009). Both sections are completed in collaboration with the victim (Hanson et al. 2007). Guo and Harstall (2008) state that the most appropriate users of the DA are victim advocates, social workers or clinicians in various settings, such as women's shelters and hospitals. The strengths of the DA are that it has strong test-re-test reliability, good inter-rater reliability and construct validity, and correlates strongly with other measures of domestic violence (Kropp 2008). In addition, it is a good tool to use with victims as it allows victims to better understand the risk that the relationship may pose to them and what risk management options are available (Guo and Harstall 2008). It may also serve as a useful instrument when information is difficult to obtain or when the offender cannot be interviewed. The accuracy of the DA, however, is not as strong as other tools and it does not provide the evaluator with a means of assessing the risk level posed by the accused (Hilton and Harris 2005).'*

⁷² Belfrage, H., Strand, S., Ekman, L., & Hasselborg, A. K. (2012). Assessing risk of patriarchal violence with honour as a motive: six years experience using the PATRIARCH checklist. *International Journal of Police Science & Management*, 14(1), 20-29.

⁷³ This is an instance of how turnover at agencies can erode hard-to-gain and expensive knowhow (in this case, the trained use of a risk assessment tool highly relevant to HBV) along with continuity because of turnover at agencies.

⁷⁴ Jenney, A., Mishna, F., Alaggia, R., & Scott, K. (2014). Doing the right thing?(Re) Considering risk assessment and safety planning in child protection work with domestic violence cases. *Children and youth services review*, 47, 92-101. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Angelique_Jenney/publication/267573514_Doing_the_right_thing_Re_Considering_risk_assessment_and_safety_planning_in_child_protection_work_with_domestic_violence_cases/links/5485184e0cf24356db60e4a6.pdf (p98) *Some workers believed that engaging women in creating their own safety plans was a relational technique that increased the chances of the effectiveness of that plan. They also understood that they couldn't always change clients, which was an inherent reality*

in their work. This belief was always related to the attempt to convince women to leave an abusive partner; considered by workers the most effective form of safety plan.

⁷⁵ CBC News (2015, September 23). Alberta women's shelters given \$15M in new funding. Retrieved on September 2, 2016 from <http://www.cbc.ca/news/canada/edmonton/alberta-women-s-shelters-given-15m-in-new-funding-1.3240357> *The extra money will go toward: helping offset increased operating costs at women's emergency shelters; providing program funding in all 11 second-stage shelters; hiring 84 new outreach support workers and 40 child and youth counsellors to work in shelters and communities across the province; increased fee-for-service rates to support on-reserve emergency shelters, and; enhancing data collection, research and training.*

⁷⁶ Edmonton AM, CBC News (2015, October 8) More needs to be done to help domestic abuse victims: advocate. Retrieved on September 2, 2016, from <http://www.cbc.ca/news/canada/edmonton/more-needs-to-be-done-to-help-domestic-abuse-victims-advocate-1.3262875>

⁷⁷ This is recognized by the IRCC in its guidance concerning the process for seeking an exception to the rule of conditional permanent residence. See IRCC (2015, November 16) Operational Bulletin 480 (Modified) Conditional permanent residence measure for spouses and partners in relationships of two years or less and who have no children in common. Retrieved on September 2, 2016, from <http://www.cic.gc.ca/english/resources/manuals/bulletins/2012/ob480.asp#sec03.2> *Victims may include: the sponsored spouse or partner; a child of the sponsor and the sponsored spouse or partner; a child of the sponsored spouse or partner; a child of the sponsor; a person related to either the sponsor or the sponsored spouse or partner who was habitually residing in their household, which may include: a parent or grandparent, a child or grandchild, a sibling, a niece or nephew, an aunt or uncle, and a cousin.*

⁷⁸ Province of Alberta (2014). Child, Youth and Family Enhancement Act, Revised Statutes of Alberta 2000 Chapter C-12 Current as of December 17, 2014. Retrieved on September 2, 2016 from <http://www.qp.alberta.ca/documents/Acts/c12.pdf>.

See the simple language explanation of apprehension from the Bear Paw Legal Education and Resource Centre (2016) What is Apprehension? Retrieved on September 2, 2016 from <http://www.bearpaweducation.ca/what-apprehension> *'When authorities confirm the need for protection following an investigation, or when circumstances change in an open case, a child may be taken into the care of Child and Family Services by means of warrant or a court order to remove the child from the home. An application for a warrant or court order to search for and remove (apprehend) a child from the home is made to the court or a justice of the peace, depending on the jurisdiction. If a child has not been returned to the parent/guardian within 2 days of being apprehended, then the director must make an application the Court within 10 days for a supervision order, a temporary or permanent guardianship order, or an order returning the child to parent/guardian's care. Emergency Apprehension: A director / peace officer may apprehend a child without an order if there are reasonable / probable grounds that the child's life or health is seriously endangered because it is abandoned, lost, no guardians; Child has left the custody of their guardian without consent; Substantial risk that child will be physically injured/sexually abused. Through the Protection Against Family Violence Act (PAFVA), an abusive family member may be removed from the home without criminal charges being laid. In an emergency, a police officer or a Director may obtain an Emergency Protection Order by phone. A warrant may also be obtained that allows a police officer to enter a home and check that a person is safe if no one has been able to see that person for a significant period of time.'*

⁷⁹ Huncar, A. (2015, Sep 24). How will \$15M for shelters help women in Alberta? Retrieved on September 2, 2016 from <http://www.cbc.ca/news/canada/edmonton/how-will-15m-for-shelters-help-women-in-alberta-1.3241202>

⁸⁰ The Homeless Hub (2016). Retrieved on September 2, 2016 from <http://homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first> *'Housing First' is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. It is an approach first popularized by Sam Tsemberis and Pathways to Housing in New York in the 1990s, though there were Housing First-like programs emerging elsewhere, including Canada (HouseLink in Toronto) prior to this time. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This is as true for people experiencing homelessness and those with mental health and addictions issues as it is for anyone. Housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections. **Housing First in Canada: Supporting Communities to End Homelessness** says, "Housing is not contingent upon readiness, or on 'compliance' (for instance, sobriety). Rather, it is a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery."*

⁸¹ TIP Project Team (2013 May). Trauma Informed Practice Guide. Retrieved on September 2, 2016 from http://bccwh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

⁸² Discussions of disciplinary methods are relevant to how parents handle intercultural and intergenerational frictions with their children born and/or raised in Canada, which again relates to public policy on acceptable/inacceptable forms of domestic discipline, which in its turn is linked to community perceptions of the purview and powers of child protective services).

⁸³ The downside to this model of community engagement is that it is heavily reliant on male influentials and may have the unintended effect of strengthening patriarchal relationships and modes of engagement.

⁸⁴ UCCA is a non-profit organization engaged in research, education and policy development to resolve complex challenges related to immigration to Canada. Objectives are 1. *To build community capacity and promote civic participation amongst immigrants;* 2. *To develop strategic responses in social, legal and family conflict matters affecting immigrant families in Canada;* 3. *To work toward empowerment of women and improve their lives so that they can become fully participating citizens of Canada;* 4. *To research and identify gaps and promote community response;* 5. *To liaise where necessary with individuals, organizations and governments locally and intentionally and foster collaboration of trans-national stakeholders;* 6. *To deliver services of a social, advocacy, legal and educational nature regarding serious social malpractices such as trans-national fraudulent marriages;* 7. *To research, develop and provide resource co-ordination to respond to identified needs in serious socio-legal issues;* and 8. *To undertake international projects to promote Canadian values and humanitarianism and assist women, youth, children and other weaker segments of society to improve their well being.* (<http://www.ucca.ca/index.php?Mandate-and-Objectives-2>) Publications relevant to WIP activity are A Self-Help Guide for Victims of Domestic Violence (<http://www.ucca.ca/common/data/A-Self-Help-Guide.pdf>); Crimes, Not Cultures (<http://www.ucca.ca/common/data/Crimes-Not-Cultures.pdf>); Guidelines for Training: Multicultural Family Law Facilitators (<http://www.ucca.ca/index.php?Guidelines-for-Training-Multicultural-Family-Law-Facilitators-29>)

⁸⁵ Barbara Schlifer Clinic (n.d). <http://schliferclinic.com/if-passed-the-zero-tolerance-for-barbaric-cultural-practices-act-will-pose-another-institutional-barrier-to-marginalized-communities-reporting-violence-and-receiving-support/> The Act amends the Immigration and Refugee Protection Act (IRPA), the Civil Marriage Act and the Criminal Code, criminalizes forced marriage and polygamy. Its application can bar migrants who practice polygamy (or are suspected of doing so now or later) from entering Canada and could remove permanent residents already in Canada who practice polygamy.

⁸⁶ One might also consider a similar dynamic in cases in which female temporary foreign workers may suffer sexual and labour exploitation by male employers from their communities. So here one would see an intersection of vulnerabilities and associated abuse - gender, economic, immigration, linguistic, and sociocultural. One needs to consider that temporary foreign workers (unless highly skilled and savvy global nomads with many options) have very limited access to social supports and services.

⁸⁷ Korteweg, A. C. (2012). Understanding honour killing and honour-related violence in the immigration context: Implications for the legal profession and beyond. *Canadian Criminal Law Review*, 16(2), 135. Retrieved on September 2, 2016 from http://www.learningtoendabuse.ca/sites/default/files/korteweg_cclr-understanding-honour-killing.pdf

⁸⁸ Payton, J. (2015). 'Honour' and the political economy of marriage (Doctoral dissertation, Cardiff University). Retrieved on September 2, 2016 from <http://orca.cf.ac.uk/72363/1/Joanne%20Payton%20Final%20Thesis%20for%20ORCA.pdf>

⁸⁹ Shetty, S. & Kaguyutan, J. (2002). Immigrant Victims of Domestic Violence: Cultural challenges and available legal protections. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved on September 2, 2016 from http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=384

⁹⁰ See relevant guidance by Wells (2015) GSAs and QSAs in Alberta Schools: A Guide For Teachers, (Accessed on September 2, 2016 from <http://bit.ly/1F4diDy>; p17): *Next to the family, schools play one of the most important roles in the lives of students. Unfortunately, some sexual and gender minority students may come from families that are not supportive of their sexual orientation or gender identity. It is important to note that parental permission or notification is not required for a student to participate in a GSA or QSA. Unlike other minority students whose families can help them positively reframe experiences of discrimination, many sexual and gender minority youth are not out to family and some have families that are unsupportive and even discriminatory. LGBTQ youth are one of the few invisible minorities in schools. Often these students will not come out and be visible unless they feel their school is a safe environment. Because of the risk involved to the student, a teacher should never reveal a student's sexual orientation or gender identity to a parent or colleague without the express consent of that student. Unwanted disclosures or breaches of confidentiality, whether at school or home, can have potentially devastating and possibly life-threatening consequences. While it is important to respect a student's confidentiality, if you suspect that a student may be suicidal or is being subjected to abuse it is your professional obligation to ensure that the student receives immediate attention and support. At minimum, you must refer the student to a school counsellor or administrator, and that person will help to determine what further steps are necessary to protect the student.*