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Childhood Experiences of Family Violence Among Racialized Immigrant Youth: Case Studies

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Childhood Experiences of Family Violence Among Racialized Immigrant Youth: Case Studies

CHILDHOOD EXPERIENCES OF FAMILY VIOLENCE AMONG RACIALIZED IMMIGRANT YOUTH: CASE STUDIES

PURNIMA GEORGE; ARCHANA MEDHEKAR; FERZANA CHAZE;
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eCampusOntario



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FoREWoRD

I am honoured to have been invited by the authors to provide a foreword to *Childhood Experiences of Family Violence Among Racialized Immigrant Youth: Case Studies*. For well over two decades, much of my research and teaching has focused on violence in the familial context. Conceptualizations of this violence have changed over time, as have understandings of its etiology and impacts. Our understandings are now more complex, nuanced, and attendant to diverse realities than they were two decades ago, but as the case studies in this book show, there remains much to learn.

The ongoing shifts – and deepening – in understandings of “family violence” (itself a contested term) have been propelled by the centering of the experiences and voices of those not reflected in dominant conceptualizations and discourses. For example, Black women’s scholarship and activism, in centering Black women’s experiences, has revealed the race-based assumptions underpinning notions of genuine victims of gender-based violence, and Queer scholarship and activism, the heteronormative assumptions baked into the “violence against women” frame. The centering of these experiences has uncovered the harms worked by these assumptions and underscored the need for radically different social supports and legal responses (for example, transformative justice rather than criminal law intervention).

The *Case Studies* book centers other voices long neglected in the family violence literature: the voices of racialized immigrant youth. As the authors note, while there has been growing attention to children’s exposure to adult violence in the family, the voices of children themselves – and especially the voices of racialized children – have been largely absent. In fact, in my research over many years I have not come across a single study on family violence that centers, as the one undertaken by the authors does, the voices of racialized, immigrant youth. As the authors implore, “there is an urgent need to expand the limited body of knowledge on racialized immigrant children impacted by FV [family violence].”

The racialized young adults whose narratives of navigating family violence as children form the twelve case studies in the book reveal the gaps, limitations, and harms of current understandings of, and responses to, family violence and offer many profound insights into how family violence ought to be conceptualized and how legal and social systems could and should better respond. For example, while the concept of “coercive control” has existed in the literature for quite some time, only recently has it entered the legal domain (in Canada, particularly through reforms to the *Divorce Act* and the family law legislation of several provinces). The literature on coercive control has positioned patriarchy and gender inequality as central to its deployment. But this single axis view fails to attend to how other structures of power also enable coercive control and how the tactics that comprise coercive control vary. The narratives of the youth make clear that other structures – racism, ablism, migration status, for example – are central to coercive control. The narratives also challenge us to think more deeply and robustly about the concept of the “best interests of the child,” a concept that is

central to decision-making in various realms. The concept has long been critiqued as ambiguous and hence often infused with the prejudices and stereotypes of decisionmakers. The youths' narratives prompt us to think about what the concept of "best interests" might look like if materially grounded in their experiences.

This *Case Studies* book complements the authors' earlier book, *Breaking the Silence: The untold journeys of racialized immigrant youth through family violence*. The two can be used together, or separately. *Breaking the Silence* provides a thorough, engaging, and highly readable overview of relevant research, thematic analysis of the twelve interviews with racialized young adults, and a host of well-conceptualized recommendations with detailed steps for implementation. The *Case Studies* book, while covering some aspects of the literature, provides much greater detail of the narratives of each of the twelve participants in the authors' study, followed by a series of questions to prompt discussion, question assumptions, and deepen learning.

Both books benefit enormously from their interdisciplinary co-authorship. The various theoretical frames the authors describe and draw from include intersectionality (prompting the reader to consider the multiple and complex intersecting structures of oppression in the lives of the youth and their families); critical race theory (underscoring the importance of centring marginalized voices, here racialized immigrant youth); and anti-oppression theory (imploring the reader to attend to the operation of power, especially how systems and structures are themselves often sources of violence in the lives of marginalized youth, families, and communities). Importantly both books underscore how deeply interconnected structural violence and violence as it manifests in individual relationships and families are. This insight is one so often obscured in the rush to blame and punish individuals.

Both books are excellent resources for educators, service providers, lawyers, and all those whose work interfaces in some manner with racialized families struggling to survive in the face of oppression. Among the qualities that I greatly appreciate about both books is that they do not elide complexity; they steer away from simplistic renderings of family violence and from individual blame. Significantly too, the case studies remind us of how much we stand to learn from racialized children and youth, if we take the time to truly listen.



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NOTE FROM AUTHORS

The case studies in this book emerge from the research project “Voices of Racialized Immigrant Youth Who Experienced Family Violence as Children,” conducted in 2020. That study used Van Manen’s (1990) phenomenological approach of inquiry to delineate a description of family violence (FV) and the meaning of it for racialized immigrant youth.

These are the stories that young adults related about their experiences of FV. Our research provided them with an opportunity to share their stories and reflect on their experiences. Memory is complicated—it is shaped by our perceptions and feelings. For example, siblings will perceive the same situation differently because everyone is “wired” differently and experiences trauma differently. However, our perceptions have a real impact on our development, well-being and socialization. It is these perceptions that are important to understand the impact of FV on children and youth.

The details of the stories represent the experiences of twelve racialized youth from diverse backgrounds. You will see their opinions and understanding of gender, race, culture, religion and sexuality throughout their stories. The inclusion of these details is related to their individual experiences and their interpretation of internal and external factors that impacted their lives (i.e. religious and cultural practices).

The study was reviewed and approved by the research ethics boards (REB) of Toronto Metropolitan University and Sheridan College. Participants were purposively selected using the following eligibility criteria:

- a) had directly or indirectly experienced FV in childhood;
- b) self-identified as a racialized immigrant;
- c) were between 21 and 29 years of age;
- d) had not had serious mental health challenges that prevented them from articulating their experiences;
- e) FV-related formal/institutional intervention in their life had to have ended three years before participation in this research.

In-depth, semi-structured interviews were conducted virtually with the participants. In keeping with the phenomenological approach, the interviews captured participants’ experiences and interpretations of FV, the impact of these experiences on their lives, and the response of societal institutions. Additionally, questions emerged during the interviews that were discussed. The participants shared their rich, insightful experiences and interpretations.

The case studies presented in this book have been created from the interview transcripts. We present each case to the reader with the following headings:

- Profile of Participants

- Background
- Family and systemic violence witnessed/ experienced
- Experiences while accessing supports
- Impacts of family and systemic violence

Our research team started collaboration with the intent of studying various socio-legal research gaps in the area of family violence impacting racialized immigrant communities in Canada. We have developed a number of teaching and practice resources as follows:

- Our first research publication was the ECampus Ontario Press book “[Domestic Violence in Immigrant Communities: Case Studies](#)” (2020). From this research project, other publications emerged in addition to the book.

PART I
INTRODUCTION

INTRODUCTION

Family violence is a pressing issue in Canadian society. The literature often uses the terms intimate partner violence (IPV), domestic violence (DV), and family violence (FV) interchangeably. In this book we use *family violence*, as this is the terminology that the most recent amendment of the Canadian Divorce Act uses (Government of Canada, 2023).

Statistics Canada (2022c) shows that police reports about criminal code offences involving the context of family violence have increased to 127,082 victims in 2021, which has reached its highest point since 2007. However, as FV is an underreported crime (Government of Canada, 2022b; Statistics Canada, 2022a), the actual rates might be higher than documented. Most literature on FV focuses on the experience of women, with little attention being paid to children (Khemthong & Chutipongdech, 2021). This is a serious omission, considering how children exposed to FV are more likely to become perpetrators or victims of FV in adulthood (Etherington & Baker, 2016; Fulu et al., 2017; WHO, 2022). Unfortunately, information about the impact of FV on children does not exist beyond a broad look at the impact of adverse childhood experiences (ACEs) (Centers for Disease Control and Prevention, 2022).¹ Because children exposed to FV are impacted in specific ways, their experiences warrant their own investigative category. Our research contributes to this category of experience.

While there is literature on services for women and families, there is little information about services for children impacted by FV. This lack of specific information about the impact of FV on children and effective interventions for them is problematic, as the rate of FV against children and youth has increased by 25% since 2009 (Statistics Canada, 2022c). It should be noted that this statistic is based on limited data reported to the police under the Criminal Code offenses and does not capture the FV as broadly defined in Canada's federal Divorce Act. The information presented by the Government of Canada (2021, 2022a) and Statistics Canada (2022c) also does not include factors such as race, gender, and immigration status. This is problematic when considering Canada's current demographic trends. In 2036, children with an immigrant background will represent between 39% and 49% of the total Canadian population (Statistics Canada, 2017). Furthermore, it is predicted that in 2041, two in five Canadians will be racialized (Statistics Canada, 2022b). Hence there is an urgent need to expand the limited body of knowledge on racialized immigrant children impacted by FV.

Canada has been a signatory to the United Nations Convention on the Rights of the Child (1990) ("UNCRC") for more than three decades (Public Health Agency of Canada, 2021). Article 19 of the Convention highlights how state parties are expected to take appropriate action to protect children from

1. ACEs are stressful and traumatic experiences that individuals have experienced at some point under the age of 18 (Public Health Ontario, 2020).

violence and neglect, with measures including support programs for children and, when relevant, judicial involvement (United Nations, 1990). Furthermore, Article 9 of the Convention highlights how children have the right to participate in legal proceedings relating to their abuse and neglect and have their voice regarding the situation heard (United Nations, 1990). The lack of information about children, including racialized immigrant children, exposed to FV is tantamount to Canada's failure to respect children's rights.

Given the urgency of the need to gather knowledge on the impact of FV on racialized immigrant children, we present real-life case studies of racialized immigrant young adults who experienced FV in their childhood. With these case studies, we hope to draw attention to the compounded impact of FV and highlight how FV is often aggravated by systemic violence in the case of racialized immigrant children. We hope the case studies facilitate the training of professionals working with racialized immigrant children who have experienced FV.

LITERATURE REVIEW

In this section, we discuss the literature relevant to FV, its impact on children and the emerging service needs for children. The section also presents the impact of systemic oppression on racialized immigrant children who experience FV.

Family Violence

The Canadian Divorce Act¹ describes FV as

any conduct, whether or not the conduct constitutes a criminal offence by a family member towards another family member that is violent or threatening or that constitutes a pattern of coercive and controlling behaviour, or that causes that other family member to fear for their own safety or for that of another person—and in the case of a child, the direct or indirect exposure to such conduct—and includes physical abuse, . . . sexual abuse, threats to kill or cause bodily harm to any person, harassment, including stalking, the failure to provide the necessities of life, psychological abuse, financial abuse, threats to kill or harm an animal or damage property and the killing or harming of an animal or the damaging of property. (Government of Canada, 2022c, para 1)

Direct and Indirect Violence

Early medical and social science literature categorized child maltreatment as neglect, physical violence, and sexual abuse (Malinosky-Rummell & Hansen, 1993). Furthermore, psychological abuse and maltreatment were seen as common factors in all forms of abuse and recognized as negatively impacting child outcomes (Trocmé & Wolfe, 2001). This understanding of child maltreatment has evolved. In Canada, child abuse currently encompasses physical abuse, sexual abuse, neglect, emotional harm (psychological abuse) and exposure to FV (Gardner et al., 2019; Mehta et al., 2021).

Scholars have identified the negative impact of direct and indirect exposure to FV on children (Kimber et al., 2018; Luthar et al., 2021; McTavish et al., 2016). Indirect violence refers to children's awareness of a parent's

1. The Divorce Act is a federal act that outlines Canadian divorce procedures and includes issues of child support, decision-making responsibilities and family violence (Government of Canada, 2023). Recently, the Divorce Act replaced the term domestic violence (DV) with family violence (FV) (Government of Canada, 2019).

abuse of another parent, caregiver, or family member. It also includes being aware of a parent's violence by seeing or hearing violent interactions or evidence of abuse and hearing stories about it. Direct violence means being a victim of violence. However, in this book, we move away from the bifurcation of indirect and direct exposure to violence and exercise the concept as a child's direct and indirect experience of violence. This idea was advanced by Callaghan et al. (2018) and Overlien (2017) to challenge conceptions of children as passive witnesses or recipients of violence between/from adults. Furthermore, exposure to systemic factors such as poverty, racial discrimination, bullying, community violence and separation from immigrant parents due to immigration policies have also been understood as traumatic events that can negatively impact a child's life (Portwood et al., 2021).

Impact of Family Violence on Children

Literature from the early 1980s and 1990s focused on the negative impact of FV on children. The literature identified diverse emotional outcomes (withdrawal, anxiety and depression) and problematic behavioural outcomes (conduct disorders, aggression and delinquency) in children impacted by FV (Franzese et al., 2017; Gardner et al., 2019; United Nations, 2020). Gardiner et al. (2019) argue that witnessing FV as a child results in suicide ideation, body-esteem issues and adjustment problems during adolescence. They also assert that such children are likely to engage in bullying but are also victims of bullying at school. Jewkes and Morrell (2017) and Kumari (2020) add that such negative impact often extends into adulthood.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) lays out how post-traumatic stress disorder (PTSD) can impact a person (American Psychological Association, 2022). The prevalence of PTSD varies across demographic groups; Davison et al. (2021) found a strong correlation between PTSD and racialized immigrants (i.e., refugees, uprooted people and economic migrants) compared to white immigrants and Canadian-born individuals. These outcomes persisted despite controlling for social, health, nutritional and economic variables.

Scholars also assert that parents who experience PTSD and trauma are more likely to inflict violence on their children (Cross et al., 2018), which in turn increases the chance of the child developing PTSD (Cross et al., 2018; Schubert, 2022; Woolgar et al., 2022). In their most recent edition of the International Statistical Classification of Diseases (ICD-11), the World Health Organization (2019) distinguishes between PTSD and complex PTSD (CPTSD). In addition to PTSD criteria, CPTSD includes criteria related to experiencing distance in relationships, affect dysregulation and a negative self-concept (Longo et al., 2021; Vang et al., 2021). CPTSD is a psychiatric designation established to address the symptoms associated with experiencing prolonged or repetitive traumatic events (Greenblatt-Kimron et al., 2022; WHO, 2019), such as being exposed to FV and abuse in childhood (Gilbar & Cloitre, 2019; Vang et al., 2021). CPTSD is more debilitating than PTSD, increasing the likelihood of a major depressive disorder and generalized anxiety disorder (Karatzias

et al., 2019; Longo et al., 2021). However, Ford (2020) has challenged the construct validity of CPTSD, recommending further research to distinguish the differences between PTSD and CPTSD symptoms.

Experiencing physical or sexual abuse as a child is correlated with an increased likelihood of revictimization in adulthood in the form of dating violence (Mazarello et al., 2022; Yan & Karatzias, 2020). However, the process of violence transmission remains unclear; Haselschwerdt et al. (2018) found that the transmission of violence changes as developmental stages advance. Female adult participants who experienced FV as children all experienced abusive relationships in high school, and these adolescent experiences influenced how they entered, managed and exited romantic relationships during college. However, over time, respondents became selective about their romantic relationships and actively chose partners who did not share traits with their abusive fathers.

There are intergenerational outcomes for children exposed to FV, including becoming a perpetrator or victim of FV in adulthood (Lünnemann et al., 2019; Maji, 2018). There is also evidence of gendered differences in the intergenerational consequences of FV. Forke et al. (2018) found that a male child is likelier to learn and repeat a man's violence against a woman, while a female child is more likely to feel victimized. However, when a child witnesses a woman perpetrating violence solely or together with a man, the outcome is the same for both male and female children.

Family violence also strains the relationship between fathers and children (Ghani, 2018; Lamb et al., 2018), although children are willing to repair their relationship with their fathers if their fathers recognize how their violent behaviour impacted the children (Lamb et al., 2018). Additionally, Kong and Goldberg (2022) found evidence that sibling relationships are negatively impacted when they experience FV, resulting in distant relationships between them in adulthood.

Family violence negatively affects children's academic performance. Children exposed to FV are likely to experience basic and advanced literacy challenges, hyperactivity, inattention, and difficulty understanding others, affecting their academic performance (Orr et al., 2021). This study also found that children exposed to FV are likely to move schools at least once during the school year. Children exposed to FV are also likely to be victims and perpetrators of bullying at school (Nagaraj et al., 2019). However, scholars have also argued that the impact of FV on education differs depending on the family's cultural background.

Recognizing the adverse outcomes of FV is crucial for expanding our knowledge on the issue and identifying services for children, but there are important critiques that need to be considered. Overlien (2017) argues that previous studies on FV position the child as a passive bystander of abuse, thus stripping the child of agency. Recent literature has found that children are directly impacted when one parent inflicts violence on another and that children develop strategies to cope with and mediate the impact of this (Arai et al., 2021; Callaghan et al., 2018; Overlien, 2017). Overlien (2017) further asserts that research that focuses on a child's negative symptoms and behaviour may lead to the assumption that children who do not demonstrate such adverse outcomes or appear to be successful are not impacted by their exposure to FV and, thus, do not require service support. In this manner, Overlien (2017) has disrupted the notion of support based on adverse outcomes.

Poverty and its Impact on Family Violence

Literature has shown a bi-directional relationship between FV and food insecurity (Laurenzi et al., 2020; Haque et al., 2020). Field et al. (2018) and Lacey et al. (2020) found that individuals living in poverty are more likely to report sexual, emotional and physical abuse, and Bennett et al. (2020) argue that such individuals are more likely to inflict abuse on and neglect their children. Mehta et al. (2021) show that intersectional factors such as a person's demographic background influence the relationships between food insecurity, poverty and FV. Many asylum seekers and refugees have been traumatized before migrating to their new country. This pre-existing trauma, compounded by racism, prejudice, and health, social, educational and financial challenges, puts such individuals at a higher risk of physical and emotional abuse and neglect. In turn, the children in such families are highly vulnerable to emotional and physical neglect and abuse as their parents try to manage the impact of their own trauma and acculturative stress (Mehta et al., 2021).

Additionally, inadequate financial and social resources put poorer immigrant families at an increased risk of FV for extended periods (Niess-May, 2019), and studies have demonstrated that immigrants face greater economic hurdles. According to Crea-Aresenio et al. (2022) immigrants encounter challenges in securing employment, which has long-term financial implications such as wage-earning loss (Zhang & Banerjee, 2021). Women, recent immigrants and racialized individuals in the Canadian labour market are more likely to experience a persistent disadvantage (Lightman & Good Gingrich, 2018). And in Ontario, first-generation immigrants experience barriers to employment, including social and promotional integration, due to cultural judgment and discrimination (Ertorer et al., 2022).

Service Needs

In Canada, 30% of children and youth who are victims of police reported violent crime are also victims of FV (Conroy, 2019) i. e. among child and youth victims, approximately 30% were victims of family violence perpetrated by a parent, a sibling, a spouse or another type of family member. Trauma-informed mental health services (Kulkarni, 2019; Levenson, 2017), school-based programs (Howard, 2019; Martin et al., 2017) and child welfare services (Bunting et al., 2019; Dougherty et al., 2022) are the predominant services available for children experiencing FV. Trauma-informed care requires that the service provider recognizes the importance of their client's trauma and decreases re-traumatization (Racine et al., 2020). However, trauma-informed care has been criticized because of a lack of evidence of its effectiveness with youth and in school communities (Maynard et al., 2019).

Offering programs in school to raise awareness about abuse can be helpful for students (Mehta et al., 2021). However, for schools to promote knowledge of FV effectively, teachers must be prepared with information and

resources to guide children who approach them for guidance (Lloyd, 2018). Lloyd (2018) also has advocated for homework clubs, as students experiencing FV might not have access to space for homework.

Dougherty et al. (2022) found that many students with behavioural problems in school often experience FV and trauma. Offering teachers behavioural support services before making an expulsion decision has been found to decrease the student's problematic conduct and hyperactivity and increase their prosocial skills. As FV and poverty are correlated (Haque et al., 2020; Laurenzi et al., 2020), establishing school breakfast clubs (Lloyd, 2018) and paid family leave for working parents (Bullinger, 2019) are also helpful services for reducing financial stress and unemployment leading to FV.

Child welfare services and FV services play an integral role in supporting survivors of FV. However, tension exists between these agencies because of their different philosophical approaches to supporting service users (O'Leary et al., 2018). Agencies that focus on gender-based violence typically use feminist approaches to support service users, focusing primarily on the mother. In contrast, child welfare services focus primarily on the child and call on the child's parents for support (O'Leary et al., 2018). This inter-agency tension impacts their information sharing and hence, the level of safety for children and mothers impacted by FV.

The number of mental-health clinicians who are trained in trauma-informed and evidence-based interventions targeted at children is low (Dougherty et al., 2022). Dougherty et al. (2022), studying American children, advocate for a government-funded service to address this problem that offers free training to mental-health clinicians about how to diagnose and effectively support children exposed to trauma.

The literature has also identified the importance of supporting children and mothers together. Kulkarni (2019) highlights the necessity of these services as survivors frequently request counselling services for their entire family, especially women who continue to interact with their partner or the co-parent of their child. Sullivan (2021) emphasizes the importance of support workers informing mothers of all available resources related to FV so that mothers can make informed decisions for themselves and their children. The relationship between mother and child can become stained if they leave abusive family settings. In such an event, Thiara and Humphreys (2017) encourage ongoing support for both mothers and children.

As children are agentive in their own right (Overlien, 2017) and cope with FV differently, they require individualized services that meet their specific needs (Noble-Carr et al., 2020). Callaghan et al. (2018) encourage service providers to listen to the child and create a therapeutic atmosphere for the child to develop their coping skills in the face of FV.

The Compounded Impact of Systemic/Structural Violence

Galtung (1990) defined systemic/structural violence as “violence [that] is built into the structure and shows up as unequal power and consequently as unequal life chances” (p. 171). These structures are violent

because they result in a greater risk of harm, illness, injury, and death to a class or group of people (Rylko-Bauer & Farmer, 2017).

Structural and systemic violence such as poverty, food and clothing insecurity, the presence of poor neighbourhoods, high levels of violence, racial discrimination, and racist culturally insensitive services compounds victims' trauma as additional trauma (Rylko-Bauer & Farmer, 2017). Community workers and scholars working with racialized families challenge mainstream feminist approaches to FV, which primarily address the needs of white, middle-class women and misidentify race-based systemic violence and their impact on marginalized women and their families as well as their specific needs (George et al., 2022; Kulkarni, 2019). Scholars and community workers working with South Asian women recommend a critical analysis of uninterrogated assumptions in research, such as attributing FV in racialized immigrant families to their culture (George & Rashidi, 2014; Razack, 2003; Volpp, 2011). Culturalization scripts about immigrant norms and traditions construct frozen, one-dimensional portrayals of immigrant families leading to the perpetuation of harmful stereotyping by professionals and the erasure of survivors' experiences (Volpp, 2002). Using Crenshaw's (1991) concept of intersectionality and interlocking oppression, Kulkarni (2019), Razack (2003), Thobani (2000) and Volpp (2002, 2011) identify a need to reconceptualize FV in immigrant families who experience multiple, interlocking forms of violence. Such analyses are crucial for working effectively with racialized families and dismantling policies and practices that create unnecessary suffering from unnecessary complications.

THEORETICAL FRAMEWORKS

Anti-Colonialism

Anti-colonialism challenges structures that possess the power to uphold systems of marginalization and oppression while promoting equality and universality (Smith, 2012). More specifically, this framework investigates the relationship between powerful colonial systems and demographic groups determined by race, ethnicity, gender, class, religion, language ability, and sexuality (Dei, 2000; Dei & Ashgarzadeh, 2001), which results in the marginalization and othering of individuals categorized into groups that are deemed non-dominant, including Indigenous people, Black people, and non-white migrants. This, in turn, produces unequal social relations for Indigenous, Black, and immigrants from non-European countries with their dominant-group counterparts (Dua 2007; Thobani, 2007). The latter half of the 20th century introduced liberalizing policies for immigrants and refugees under the pretense of multiculturalism and diversity. This has led to “colour-blindness,” which ignores the impact of systemic racism and colonial structures on racialized people (Pon, 2009; Thobani, 2000; Williams, 2011).

Critical Race Theory

The idea that power relations strongly influence race and racism is the foundation of critical race theory (CRT) (Delgado & Stefancic, 2001; Matsuda et al., 1993). To further this concept, Solorzano (1997) highlights how CRT is “a framework or a set of basic perspectives, methods, and pedagogy that seeks to identify, analyze, and transform those structural and cultural aspects of society that maintain the subordination and marginalization of people of colour” (p. 6). Critical race theory actively challenges dominant discourses and centres its perspectives around marginalized populations. As such, CRT values the knowledge of marginalized people acquired through their experience of social inequality (Crenshaw, 1995; Ladson-Billings, 2003). Additional to furthering the theoretical knowledge of the consequences of racism, CRT positions itself to take action against social injustices and works to attain equity for marginalized groups (Delgado & Stefancic, 2001; Matsuda et al., 1993). Racism can change social realities for racialized communities, and CRT is beneficial in this regard because it brings forward the voices of marginalized individuals, and in our case, racialized immigrant youth, and the impact of being exposed to FV.

A Rights-Based Approach to Children

Although children are affected by governments' actions, the child's perspective seldom impacts the decision-making process (Committee on the Rights of the Child, 2002; UNICEF, 2001).

The Standing Senate Committee on Human Rights (2007) has advocated for a rights-based approach to children. This perspective rejects treating children as objects that require care and protection and embraces the right of children to be respected and treated as human beings. A rights-based approach demands that states remain accountable to children's rights and design programs that meet their needs and protect them. Vandergrift, from World Vision Canada, as the Chair of the Canadian Coalition for the Rights of Children, spoke of the advantages of this approach:

The rights-based approach adds real value because it puts the whole child in the centre, and then looks at all components and all factors that can impact that child's situation. It is not just addressing one need—food, water or some of those things—but it looks at the whole child and treats that child as an actor in the situation, not just as a passive recipient. (Standing Senate Committee of Human Rights, 2007, p. 26)

This approach operates with the assumption that children represent one of the most vulnerable groups in society. As such, their rights are often compromised when they compete with the rights of adults.

This rights-based approach to children is an essential framework in the Canadian context and for this study. Canada supports the articles of the UN Convention on the Rights of the Child (1991). Below are the articles from the convention that are relevant to this study:

- Article 9—respect the right of the child not to be separated from parents against their wish except in circumstances that go against the best interest of the child;
- Article 12—a child has the right to express their views, including in legal proceedings;
- Article 16—a child's privacy is to be protected from indiscriminate and illegal intervention;
- Article 18—a child's upbringing and ensuring the best interests of the child are attended to are the responsibility of parents or the legal guardian;
- Article 19—the government is responsible for protecting children from physical and mental violence, sexual abuse, injury, neglect, maltreatment and exploitation, even when the child is in the care of parents or a legal guardian. (Committee on the Rights of the Child, 2002):

The UNCRC highlights that the rights of a child are independent of their race, colour, sex, religion, language, political or other opinions, national or social origin, disability, property, birth or other status. The UNCRC also promotes the state's responsibility to respect every child's right to life and ensure that their rights are upheld without discrimination.

Alongside other Member States, Canada adopted the Sustainable Development Goals (SDGs) laid out by the United Nations. The SDGs specify in their implementation by 2030 *no one is [to be] left behind*. The

Office of the High Commissioner for Human Rights (OHCHR) presented a report to the General Assembly of United Nations (2016) on implementing the protection of children's rights by 2030 that highlighted the intricate relationship between a child's rights and the 2030 deadline. Although it did not explicitly name children, the targets relate to protecting and promoting children's rights. Furthermore, the international community has become increasingly aware that ensuring children's rights is a prerequisite for the 2030 target deadline. Therefore, a systematic rights-based approach to children is imperative to ensure that no child is left behind in the implementation of the SDGs.

Anti-Oppression Practice (AOP)

The three foundational components of AOP are power, intersectionality and oppression (Frazer & Seymour, 2017). Within AOP, oppression is the unfair use of power by the authority to promote negative stereotypes and other interiorization processes of marginalized groups (Ferguson & Lavalette, 2006; Nzira & Williams, 2009).

According to an AOP, power and inequality impact the lives of marginalized groups, resulting in their oppression (Ferguson & Lavalette, 2006; McLaughlin, 2005, 2016). Oppression is also understood in the context of intersectionality, an idea initially proposed by Crenshaw (1991). Intersectionality highlights how experiences of disadvantage, privilege, discrimination and oppression are intricately interlocked. Collins (2015) furthers this idea in that “intersectionality refers to the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities” (p. 2).

Galtung (1990) further elaborates on how marginalized groups are vulnerable to three types of violence related to their oppression: direct, structural and cultural. Direct violence is the interpersonal or collective violence exercised by one group against another group for the purpose of political, economic and social goals. Structural violence is “social arrangements” that are “embedded in the political and economic organization of our social world (Farmer et al., 2006, p. 1686), which advances specific groups and individuals over others. Finally, cultural violence is culture, religion, ideology, language, and dominant knowledge that is “used to justify or legitimize direct or structural violence (Galtung, 1990, p. 291) and that makes “exploitation and/or repression [seem] as normal and natural” (p. 295) or not seen at all.

The AOP perspective and understanding of violence are essential to this study because experiences of oppression and violence are rooted in structural conditions (Frazer & Seymour, 2017; McDonald, 2005; Morley et al., 2014). Furthermore, violence directed against individuals and groups can often be traced back to structural and cultural violence. The disadvantage experienced by marginalized groups can also increase, depending on the intersecting identities of individuals. Therefore, responses to these problems demand a multidisciplinary solution that supports the affected individual and recognizes their rights (McLaughlin, 2005, 2016). Additionally, it is important to engage with the systems that contribute to and perpetuate the violence an individual is subjected to (Baines, 2017; Morley et al., 2014). Using Galtung's framework, our analysis

de monstrate show syste mic violence worse ns and complicate s the impact of FV on racialized immigrant children.

METHODOLOGY

These case studies were developed from data gathered through phenomenological research (Van Manen, 1990) and captured participants' experiences and interpretation of FV, the response of societal institutions, and the impact of these experiences on their lives. In keeping with Van Manen's phenomenological approach, the research focused on obtaining both a description of the experience of FV and the meaning of it for the participants, thus combining phenomenology's descriptive and interpretive aspects. As participants recalled their childhood experiences of FV, they simultaneously reflected on the meaning of their experience and its impact on them.

The REBs of Toronto Metropolitan University and Sheridan College reviewed and approved the study. As per REB protocol, participants were recruited from several sources using several recruitment methods. Each researcher posted on social media, and a flyer was sent to community agencies serving women and children experiencing FV, and circulated through Sheridan College, and Toronto Metropolitan University's Faculty of Community Services listserv of students. Efforts were made to recruit racialized youth of diverse gender, education, cultures, countries of origin, and immigration statuses (Kall & Zeiler, 2014). Purposive sampling with the following eligibility criteria was used to select participants: a) they must have directly or indirectly experienced FV in childhood; b) they must self-identify as a racialized immigrant; c) they should be between 21 and 29 years of age; d) they should not have serious mental health challenges that prevent them from articulating their experiences and e) any FV-related formal/institutional intervention in their life should have ended three years before participation in this research. Thirteen people who met these criteria contacted the lead researcher, Purnima George, and expressed interest in participating in the study.

The consent form, which outlined the purpose of the study, data collection procedure, the risks involved, the benefits, confidentiality, the voluntary nature of participation, and access to research findings was sent to the interested youth. They signed the consent form and provided their preferred pseudonym to be used in the final report before the interview.

Due to COVID-19 restrictions, all interviews were conducted virtually on Zoom. We used an in-depth, semi-structured interview schedule that provided scope for probing questions and responses. Interviews lasted 90–180 minutes. The experiences participants related and interpretations they provided in the interviews were rich and insightful. One of the participants also shared artwork they had created while experiencing severe stress from violence. All participants received an honorarium prorated to the time they spent in the interview. At the end of the interview, they were also reminded of counselling services they could access if they felt re-traumatized in recounting their stories. The interviews were audio-recorded and transcribed with the software Otter AI.

The data analysis began with a two-stage process. The first stage comprised close reading of transcripts

to identify all statements that reflected participants' experiences and interpretations of FV. The second stage comprised weaving together case studies (narratives) from the selected statements (Padgett, 2017).

The study's preliminary findings were shared with the participants for feedback on the accuracy and representation of the information they shared. At this stage, one participant withdrew from the study, and based on their request, all information they shared has been deleted. Hence, our final sample consists of 12 racialized immigrant youth who experienced FV in their childhood. Below we present their case studies.

PART II

CASE STUDIES

CASE STUDY 1: ABI

Profile

Name	Abi
Age	29
Gender	Female
Pronouns	She/her
Ethnicity	Sri Lankan Tamil
Religion	Hindu
Education	Completing an undergraduate degree
Citizenship/ Immigration Status	Canadian

Background

Abi is the middle child, with an older brother and younger sister. The family immigrated from Sri Lanka to Canada during the war.

Family and Systemic Violence Witnessed/Experienced

The violence in Abi's family began when her family immigrated to Canada from Sri Lanka. Prior to immigrating to Canada, her father's mental health was relatively stable. It declined upon arriving in Canada as he experienced an insurmountable amount of stress, which contributed to the onset of his schizophrenia. He refused long-term institutionalization, but at one time, he was forced to undergo treatment in an institution for approximately a month.

During psychotic episodes, Abi's father expressed his fear through violence towards her mother. Abi and her siblings witnessed her father being physically violent toward their mother when they were growing up. Abi recalls that the violence was often unprovoked and often stemmed from her father's struggle with mental illness.

or poor communication between her parents. Abi remembers her mother being angry that her father was not fulfilling his responsibilities as either a partner or parent.

Abi's mother struggled to manage the home with her employment income and social assistance. Due to scarce financial resources, Abi's mother could not fulfill Abi's wishes for shoes or earphones. Abi resented her mother and thought her mother did not love her as she was the second child and hence did not buy her shoes and earphones. This misunderstanding continued for a long time and hampered Abi's relationship with her mother.

Family violence was more rampant when Abi was between 13 and 16 years old. While Abi's mother was predominately the target of physical abuse, Abi and her brother were also targeted. As Abi and her siblings grew older, they would insert themselves into their parent's altercations, attempting to break up the physical violence. Abi's brother would also take his anger out on her. He quickly lost his temper, often reacting violently over minor things. In Abi's opinion, their mother rarely intervened as she was too busy.

Based on the strained relationships with her mother and siblings, at the age of 18, Abi decided to move out and live independently. Soon after moving out, Abi had her first attack of Schizophrenia, and hence could not live independently. Because of tensions with her mother, Abi did not return home but lived with her cousin for about a year. Unfortunately, Abi had to return home after her cousin died of cancer, and since that time, her relationship with her mother has improved to the point where they occasionally speak.

The violence has continued over the years. Abi's parents remain married. Her younger sister left home in the fall of 2020 to attend university. Abi and her brother still reside with their mother and father. Abi is currently on medication for her schizophrenia. She is trying to complete her education. Even after several attempts to get a job, Abi is still unemployed. Abi is mending relationships with her family, notably her mother and brother. Abi's younger sister provides her with emotional support. Their relationship now is non-violent, and they remain close.

Experiences while Accessing Supports

Abi's family lacked support from the healthcare system. Despite being institutionalized numerous times, her father, to date, has not received adequate mental health treatment. Abi's father also experienced a language barrier within the healthcare system, as translators were not provided. The family relied on Abi and her younger sister to translate during medical appointments.

Abi has also experienced challenges within the Tamil community because people with low economic status, which her family is, are not respected. Abi's cousins have had various opportunities arising from being a part of the Tamil community that have contributed to their success, while she has not, and she attributes this to her family's economic status.

Impacts of Family and Systemic Violence

Witnessing her father's physical abuse and enduring abuse from her brother was particularly challenging for Abi between the ages of 13 and 16. She became defensive and not only blocked out her emotions but was also physically abusive to other members of the household, including her younger sister. Abi had her first psychotic episode at the age of 18, which resulted in a diagnosis of schizophrenia.

Abi's relationship with her family members was affected significantly by FV. Abi has a "distant" relationship with her father, although she has always had a positive view of him and loves him. As a child, she did not understand that he was not fulfilling his parental duties but had good memories of being at the park with him. She now understands that he was not there for them as a parent because of his struggles with mental health.

Growing up, Abi blamed her mother for her father's physical absence, the tension in the household, and financial constraints. Now, Abi understands that her mother could not fulfill her childhood demands of shoes and earphones as she did not have the means to fulfil Abi's needs.

Abi's mental health challenges have impacted her academic life. She enrolled in an undergraduate program ten years ago, which she is currently trying to complete. Her low self-esteem and anxiety have contributed to several leaves of absence in the ten years. Though she finds it difficult to succeed in the program, she has not given up. She is currently taking medication and counselling for her mental health challenges. A feeling of inferiority as a racialized individual has affected Abi's employment prospects.

Until the age of 20, Abi was close with her oldest cousin (who died of cancer) and a few friends. Since the onset of her schizophrenia ten years ago, Abi has not made any new friends.

CASE STUDY 2: ADRIANA

Profile

Name	Adriana
Age	21
Gender	Female
Pronouns	She/her
Ethnicity	Syrian Arab
Religion	Muslim
Education	Completed high school, beginning university
Citizenship/ Immigration Status	Refugee in Canada

Background

Adriana was born in Syria into a traditional Muslim family and is the oldest of five siblings. When Adriana was an infant, her father, a Ph.D. graduate, received a scholarship to work in China. Adriana has many childhood memories of travelling to China to visit her father while living in Syria. At the age of 12, Adriana, her mother, and her siblings joined her father in China after the war broke out in Syria. Adriana's school friends and a teacher played a critical role in supporting Adriana in navigating the family violence.

Family and Systemic Violence Witnessed/Experienced

When Adriana was 11 years old and living in Syria, she began wearing a hijab because she wanted to be grown up and felt that, from a cultural perspective, it represented womanhood. However, once she began wearing a hijab, Adriana was expected to behave as a grown woman, which she felt was unjust. When Adriana moved

to China, she did not want to wear her hijab¹. Her parents did not accept this idea and forced her wear the same. Adriana's father prayed five times daily, and everyone in the house was expected to join him. As a preteen, Adriana did not understand the rationale behind the religious instructions but knew that if she refused or did things that her parents did not condone, including not praying "properly" and not wearing a hijab, she would be physically and verbally abused.

Adriana's parents disapproved if they thought Adriana was engaging in behaviour that went against their religious faith. Her father would get angry and tell Adriana he did not want her to be his child. He hit her with his hands or objects, and her mother verbally abused her. Adriana's mother emotionally abused her by saying things such as, "I don't understand why God even created you" and "You are a disgrace to us." To avoid abuse, Adriana pretended that she was following religious practices. These hurtful comments made Adriana wish that she was deaf.

Adriana's family encouraged her to pursue education but controlled what she studied. In China, when Adriana's father learned that her school taught physical and sexual health education, he prohibited Adriana from participating in the same, by arranging her absence with the teacher. Adriana was also not allowed to participate in a school swimming gala with her friends.

Adriana struggled with her identity because her parents controlled how she dressed and behaved in front of others. Adriana's father was respected in their ethnic community in Syria as he was the only highly educated male in the village, and also in China because he helped community members. He took leadership and supported community members in addressing problems and issues important to the community. Adriana's father behaved kindly with Adriana in front of guests, despite inflicting abuse on her before the guests arrived. Adriana never wanted guests to leave because the abuse and yelling could commence once they did.

Whenever Adriana was upset, she drew dark pictures of naked women because she felt naked bodies were in their most real form without added layers of deception. Her parents found those pictures inappropriate. Her mother often rummaged through her room, looking for anything she could condemn her for. When Adriana returned from school one day, her mother had ripped the drawings apart. Adriana's mother screamed at her, saying that Adriana was "the child of the devil" whose "head is being controlled by demons" and that she was a "whore" who had "no shame."

Sometimes during abusive episodes, her father shifted his focus from her to her mother and began blaming her mother for Adriana's behaviour. Adriana was relieved when her parents argued because it diverted their

1. Adriana's story includes references to religious practices associated with Islam. Inclusion of these details is not meant to criticize these practices but to describe her experience, which includes her father's coercive control of her as a child and teenager. We want to acknowledge that practices like daily prayers and wearing the hijab are not always coercive. There are many Muslim women who choose to wear the hijab as an act of publicly declaring their connection to their religion and their beliefs. Adriana struggled with this practice and the expectations that were a part of it (i.e., expectations of being a woman) and often did not understand why she needed to follow these practices. She describes her parent's actions towards her as controlling and abusive, and their relationship with Adriana does not reflect healthy supportive communication. The causes of FV are often complex, and it can happen in a household adhering to any or no religion.

attention from her and stopped the abuse toward her. Often, a day or two after mistreating her, her parents bought her gifts or cooked Adriana's favourite food. This behaviour was confusing for her.

When Adriana was 15 years old, Adriana began taking a change of clothing in her backpack when she was heading to school. Before going to school, she would remove her hijab and long shirt in the subway washroom and before heading home, she would put it back on. Adriana loved going to school and being outside with friends because it was her escape from the abuse she experienced at home.

The first person that Adriana confided in about her experiences of abuse was a school friend from the UK. The friend asked Adriana why she had ignored his texts the entire summer, and Adriana explained that her parents had taken away her phone. Later, this school friend told his mother, who was a teacher at the school that Adriana went to, about Adriana's situation. Adriana also confided in this teacher, but the teacher was limited in her capacity to help. When Adriana was 18, she moved out of her parent's residence into her own apartment.

During the three years that Adriana lived in China independently from her parents, she continued to experience physical and emotional abuse. Her father held onto her official identification documents. Without these documents, Adriana could not access services. For example, Adriana could not rent an apartment in her name. She had to rent her first apartment under a friend's name and access healthcare services at a free clinic.

After Adriana left her parent's home, she lived in poverty. Without identification, Adriana could not be officially employed. She supported herself by relying on cash jobs, which included teaching English to Chinese students, modelling, translating, working in a bakery and being a personal assistant. Her income sources were unstable, and sometimes there was not enough money. At those times, Adriana relied on her friends' generosity for food. Before moving to Canada, Adriana began receiving financial assistance from the UN.

It was only after Adriana left China and resettled in Canada that her parents' abuse stopped. In Canada, Adrianna maintains phone contact with her family, except her mother continues to believe that Adrianna lied about her abuse. She has deleted her mother's messages because they were triggering. To maintain their reputation, Adriana's parents have misled their extended family in Syria, saying that they sent Adriana to Canada on an academic scholarship. Adriana has the contact information of her extended family members but does not communicate with them as she worries they share her parents' mindset. Adriana is still in contact with her friends and teachers in China and keeps them updated about new events in her life, such as being admitted into a Canadian university. Adriana plans to legally change her last name when she is allowed as a security precaution and a way of continuing her reinvention.

Experiences while Accessing Supports

Adrianna perceives that in China, law enforcement did not protect her from her father's controlling behaviour. Adriana's school wanted to remain impartial, and any support that Adriana received from the school was from individual teachers acting independently. In order to gain more freedom, Adriana applied to five universities in the UK but declined their offers of admission because they did not offer full scholarships.

Adriana secured a full scholarship for a school in Mexico but could not go because her father had confiscated her identification. To break free from the control of her parents and to earn a better livelihood, Adriana planned to move to Beijing. To do this, she needed a permit to travel to Beijing but could not obtain it.

Adriana applied for resettlement as a refugee under the United Nations High Commission for Refugees (UNHCR). Adriana received financial support from the UN and UNHCR offices in Beijing after they learned of her poverty. Due to the COVID-19 pandemic, her application for refugee status was delayed, but eventually, UNHCR offered Adriana the option to relocate to either Canada or Mexico and, based on her decision, supported her resettlement as a refugee to Canada.

Impacts of Family and Systemic Violence

Growing up, to escape from home, Adriana injured herself to be admitted to a hospital. For Adriana, being hospitalized was a temporary relief from the abuse she experienced at home. Adriana also considered suicide multiple times, mainly after she had run away from home. Adriana felt hopeless, helpless and trapped as she feared she would be returned to her father's care. The nightmares and panic attacks Adrianna experienced throughout her childhood continue even though Adriana is settled in Canada.

Adriana created artwork as an emotional outlet for the abuse she experienced, and she often used dark colours to reflect her depressive symptoms. Since moving to Canada, she has noticed a positive shift in her artwork in the emotions expressed and the colours used.

CASE STUDY 3: ANITA

Profile

Name	Anita
Age	21
Gender	Female
Pronouns	She/Her
Ethnicity	Bangladeshi
Religion	Muslim
Education	Completing an undergraduate program
Citizenship/ Immigration Status	Canadian

Background

Anita is the middle child of her family. She has an older and a younger sister. The elder sister and Anita were born in Saudi Arabia, where her parents lived at the time. The younger sister was born in Canada.

Family and Systemic Violence Witnessed/Experienced

Before moving to Canada, Anita and her family resided in Saudi Arabia, where she and her older sister were born. Anita's younger sister was born in Canada. Her parents disagreed about immigrating to Canada: Anita's mother wanted to immigrate so her daughters could have a better future, but her father was reluctant, as he was worried his daughters would lose their culture and religious faith. Anita's father's family members advised him against coming to Canada because they felt the girls would give up their religion and marry white men.

The differences of opinion between parents led to continuous arguments between them. Their arguments resulted in the parents not communicating, sometimes for days or weeks. After one argument, Anita's father left home for a few hours but returned on the same day. Anita and her sister did not know they were leaving Saudi Arabia until their parents took them to the airport and advised them that they would not return.

The arguments between her parents continued in Canada for the first two to three years, although the reason for the arguments had shifted to her father's expectation that his daughters wear hijabs. Anita's elder sister (who was nine years old at the time of immigration) was expected by her school in Saudi Arabia to wear a hijab, but Anita, who was seven, did not have to do so. Yet she wore a hijab. After coming to Canada, Anita and her sister stopped wearing their hijabs.¹ Their father blamed their mother for this, as he felt his wife should set an example for their daughters. Anita's father's insistence was based on the fear his family members had instilled in him.

To ensure that the girls did not give up their religion, Anita's father imposed restrictions on her and her sister to wear a hijab and attend an Islamic school. It took a lot of effort on Anita's and her elder sister's part to convince their father to let them attend public school. They were allowed on the condition that they would do well, and if they didn't, they would attend the Islamic school. Anita emphasized that such restrictions are associated only with girls and not with boys in her community. Anita considers the differential treatment by her parents toward their daughters as unfair.

Anita's parents have exercised control on the decision she made regarding her post-secondary education. Anita's parents objected to her pursuing a business degree and wanted her to pursue a career in science in a university of their choice. Because of this, Anita stopped speaking with her parents for some time and lived with her older sister at her university residence with no intention of returning home. In the end, Anita selected a science program to appease her parents at the university her parents wanted her to attend. Further, she was not allowed to stay in a campus residence. She was told that her older sister was already doing so, and her parents would be alone if she stayed in a residence. Anita was upset with her parents for using this as their excuse because Anita's younger sister still lived at home with her parents.

Anita finds the science program challenging. She is overwhelmed and fears falling short of her parents' expectations. Anita's parents are unaware of her struggles; they are focused on convincing her to pursue engineering after completing this program.

Anita continues to live in her parental home and experiences ongoing parental involvement and control in her life. Anita tries to support her parents as much as possible and fulfill their expectations. She leaves school early to pick up her younger sister from school, so neither parent has to leave work early. To accommodate her younger sister's schedule, Anita adjusts her schoolwork and project meetings, and these adjustments cause stress for her.

1. Women are expected to wear a hijab in Saudi Arabia as religious practice, but this is not the case in Canada. However, Anita's father saw her refusal to wear the hijab as a rejection of both his culture and religion. Muslims have many different practices of wearing hijab globally, from not wearing a hijab to wearing a simple head covering to wearing a full-body garment. Anita's story is an example of a woman being caught at the intersection of gender and religious and cultural practices.

Impacts of Family and Systemic Violence

Anita's parents' control of her has affected her physically, mentally and emotionally. She used the word *stress* and a variation of it 29 times during the interview to express how she felt about the control. However, she feels she has become skilled at managing her parents' arguments, with "very few breakdowns." She feels that many other children would not have been able to endure what she endured. As for the stress caused by her studies, she has "breakdowns" before every exam and assignment deadline. She has worry lines on her forehead and is conscious of how those lines have affected her appearance.

CASE STUDY 4: CHIAIRO

Profile

Name	Chiairo
Age	25
Gender	Female
Pronouns	She/her
Ethnicity	South Asian and Polish
Religion	Christian
Education	Pursuing a professional degree
Citizenship/ Immigration Status	Canadian

Background

Chiairo was born in Canada, but her parents are from India. She has an elder sister. Her father passed away when she was very young, and Chiairo's mother remarried a few years later to a Polish man. Chiairo's maternal grandparents lived with them then and played a key role in how Chiairo and her sister were raised. They provided care and stability to Chiairo and her sister.

Family and Systemic Violence Witnessed/Experienced

Chiairo's experience with FV began when her mother remarried. Her stepfather was very controlling. For example, though her mother had been driving for a long time, he did not want her to drive anymore. He got upset if her mother went out without him or if he did not know where she was. He demanded details of whom her mother was with, and he isolated her mother from her friends. Similarly, he prohibited Chiairo from socializing with friends and going out. Her stepfather also endangered their lives with his reckless driving whenever he was upset or irritated.

Growing up, Chiairo was unaware that her mother was in a violent and controlling relationship, and she

thought her stepfather's behaviour was normal. It took a long time for her to recognize the signs of abuse because, in her opinion, men being aggressive is normalized in society. After ten years of her mother and stepfather being together, Chiairo's mother disclosed to Chiairo that she was physically abused by her husband. Chiairo's older sister told her she had witnessed their stepfather forcefully dragging their mother out of a room. Chiairo's sister was also targeted by their stepfather, who started many fights without provocation. Chiairo was troubled by her mother's abusive situation and was concerned for her health and safety. She repeatedly asked her mother to leave the abusive relationship. However, Chiairo believes her mother truly loved her stepfather and was committed to the vow she made. She feels that if her parents received assistance without being judged or stereotyped, they could have possibly had a healthier relationship.

Before she turned 18, Chiairo did not disclose the FV to anyone. She was concerned about being judged because they were a minority in a predominantly white suburb. She did not want their neighbours to know about the abuse because that would confirm their stereotypes of South Asians.

The violence ended when Chiairo's stepfather died. Chiairo is pursuing a professional degree. She lives on the university campus and remains in contact with her mother and sister. Chiairo's stress continues to weigh on her even after she has moved out of the home to pursue post-secondary education. Chiairo's mother has a new boyfriend, and Chiairo has tried to caution her mother that this new relationship could be a repeat of the previous one because she has not attempted to get professional support to address the abuse she experienced in her past relationship. Since her mother did not receive this comment well, Chiairo has stopped talking with her about this. The possibility that her mother will be in another abusive relationship worries Chiairo.

Chiairo believes her stepfather viewed himself as racially and culturally superior to her mother, causing him to be violent and controlling. Chiairo's stepfather often made racist comments, including negative statements about her mother's community and her grandparents' accents, education, intelligence, traditions, and culture. He separated her mother from her community and accused her mother's friends of not allowing people from different backgrounds to be a part of their community.

Chiairo's family lives in a white neighbourhood. She recalled that someone from the neighbourhood had called Children's Aid Society (CAS; now Child Protection Services) on Chiairo's mother when her sister had sustained bruises from practicing karate. Chiairo believes CAS was called because of the prevalent stereotype that South Asians are violent towards their children.

Experiences while Accessing Supports

After Chiairo turned 18, she accessed the counselling service available through her university.

Chiairo was not satisfied with the counsellors because only one of them was a racialized person. She felt they could not relate to her cultural identity and experiences, and hence the advice she received was not applicable to her situation.

Impacts of Family and Systemic Violence

Chiairo battles depression, which is tied to her childhood experiences of FV. Besides counselling, she has taken medication, which had unpleasant side effects.

Her stepfather's controlling behaviour meant that her mother did not work for a long period and eventually, her employer let her go. This adversely affected the finances of their family.

While Chiairo loves and respects her mother, she feels they do not have a typical mother-daughter relationship. She had to take on many responsibilities because her mother could not.

Her stepfather's attitudes and behaviour impacted the connection Chiairo's family has with extended family members and the South Asian community. Chiairo's family stopped receiving invitations to social gatherings, and people stopped speaking with them because of the negative family dynamics involving her stepfather. This also influenced Chiairo's friendships, as she was not open about her stepfather with them; she did not invite friends' home nor say much about her personal life.

CASE STUDY 5: JASMINE

Profile

Name	Jasmine
Age	29
Gender	Female
Pronouns	She/her
Ethnicity	Bengali/Indian
Religion	Muslim
Education	Completed BA and is currently in a college diploma program
Citizenship/ Immigration Status	Canadian

Background

Jasmine's family immigrated to Canada from India in 2001 when Jasmine was 10 years old. Their first residence was a small apartment. Jasmine lived with her parents and younger brother until she began university.

Family and Systemic Violence Witnessed/Experienced

In India, Jasmine's immediate family lived with her father's extended family, but Jasmine's mother was ill-treated by her in-laws. Jasmine recalled an incident when she was six and living in India. She was sitting on her mother's lap while extended family members verbally abused her mother, making her cry. According to her mother, the extended family members did not allow her mother to hold or look after Jasmine when she was an infant. As a way of protecting his wife, Jasmine's father decided to move to Canada, and Jasmine's mother is grateful to him for this decision. Jasmine's mother feels obligated to her husband for this.

After moving to Canada, Jasmine began noticing extreme tension and arguments between her parents because they lived in a much smaller space than before. Jasmine did not witness her father physically abuse her

mother, but he did use corporal punishment on her and her brother. Jasmine's father wanted his children to do well in school, and when they did not, he unleashed his anger on them and would slap the backs of their heads. Likewise, when they were disobedient. According to Jasmine, he tried to buy her love. When his anger had abated, he showered Jasmine with expensive gifts. Jasmine's fear of being punished by her father for not doing well in school was so severe that on one occasion, she sought out a school friend to help her change the marks on her report card. Her father also did not allow Jasmine to have friends over or to go to sleepovers at friends' homes. Nor did he allow Jasmine and her brother to socialize with children from their community but preferred that they mingle with white children. In Jasmine's opinion, her father believed he moved his family to Canada for a better life, and the family did not value this.

Jasmine's father's abuse ended when Jasmine moved into a university residence. Jasmine felt she had to leave home for her safety and to develop into her own person. During her first year in university, she suffered from a serious illness and was frequently hospitalized. Against her will, Jasmine returned home that summer and had to remain at home because her father did not let her take a summer job. In subsequent years, Jasmine avoided moving home by taking summer classes at the university.

Jasmine and her brother have both moved out of their parents' home, but they visit their parents frequently. Their relationship with their father has improved. There are no bitter arguments when they meet. However, it has taken Jasmine 10 years of persistently challenging his behaviour to reach this point. Jasmine's father's anger and violent behaviour also lessened when he realized that if he did not change, he would lose his children. Jasmine's parents are still together, but her father continues to verbally abuse her mother. Jasmine and her brother defend their mother whenever it happens in their presence. While Jasmine and her brother did not get along as children, he is now one of her best friends. She trusts her brother and feels she can speak to him about anything.

When Jasmine was 26 years old, she began working for a catering company because she loved to cook. She was the only woman and person of colour in the kitchen and felt she was treated differently because she had not attended culinary school like her co-workers had.

People often expressed surprise that Jasmine spoke English without a South Asian accent. This affected her as a child, and she wondered why people would assume she would have an accent. Jasmine was also the recipient of micro-aggressive comments such as "Where is Bangladesh? I have never heard of it before" and "You know you are pretty for a brown woman."

Experiences while Accessing Supports

When Jasmine was in grade 11, she was determined to leave home after high school. To this end, she sought help from a guidance counsellor to identify a good undergraduate co-op program at a university away from her home. Jasmine convinced her father to let her enter the program recommended by the guidance counsellor. In the process, she rejected an offer of admission from a reputable university close to her parents' home.

Impacts of Family and Systemic Violence

Jasmine has recently been diagnosed with a generalized anxiety disorder. She had similar symptoms in high school but was not diagnosed. She has had stomach issues since she started university, which has gotten worse in the past two years. This has resulted in frequent visits to the hospital and emergency clinics. The doctors believe stress is causing the stomach issues. She has also been diagnosed with a hernia on her esophagus.

Jasmine feels she did not have a normal childhood because she had to stay home often and could not socialize with friends. She, therefore, chose to socialize at university instead of focusing on her studies. This impacted Jasmine's academic performance, and she lost her place in the much-desired co-op program she was enrolled in. The pressure of school and losing her place in the co-op program affected her mental and physical health. She started experiencing anxiety, depression and low self-esteem. Since Jasmine did not do well in university, she had to retake her courses, which required additional OSAP (Ontario Student Assistant Program) loans, leaving her with substantial debt. Because of this debt, OSAP has only partially funded the diploma program Jasmine is currently enrolled. Jasmine has currently taken a break from studying to save money for the tuition.

CASE STUDY 6: JAY

Profile

Name	Jay
Age	28
Gender	Male
Pronouns	He/his
Ethnicity	Sri Lankan Tamil
Religion	Hindu
Education	Completed college
Citizenship/ Immigration Status	Canadian

Background

Jay and his parents immigrated from Sri Lanka. He lives with his parents and siblings. Jay gets along very well with his cousin, who lives in the same city as Jay in Canada. Jay's father has extended family members living in Canada, and the family maintains a close relationship with them.

Family and Systemic Violence Witnessed/Experienced

Growing up, Jay witnessed altercations between his parents, but he was never targeted. Jay remembers one altercation between his parents when he was approximately 11 years old; Jay's father assaulted his mother, and she fell and hit her head. Jay was worried about internal bleeding and wanted his father to take her to the hospital and get medical attention. However, his father rejected the idea and insisted that she was responsive. Jay called his two siblings, who were not at home at the time of the incident, for support in getting their mother medical attention. Both of his siblings refused to go against their father's wishes, which led to Jay calling 911.

Although Jay specified to the 911 operator that he only wanted medical services, police officers were

dispatched to his home. The police officers asked Jay and his father what had transpired. Both Jay and his father described the event as an accident, and no criminal charges were laid.

Jay lived with his first cousins when he first settled in Canada, so he developed a close relationship with them. Whenever Jay and his cousins got together, they shared details about happenings in their homes, including the FV. These discussions allowed them to cope with the violence in their families.

Jay currently lives with his parents and has a respectful relationship with them. Jay's relationship with his siblings is good but is a work in progress. Jay's father has not abused his mother since Jay called 911. Furthermore, Jay told his father he would not hesitate to call 911 again if his mother was injured. Jay feels he holds the role of "watchdog" in his family to ensure that his father never inflicts violence on his mother again.

Experiences while Accessing Supports

Jay does not feel that being a racialized individual impacted his interaction with EMS or the police. When the first responders came to his home, he requested that they remove their shoes when they entered the "Puja room" (place of worship in the house), which they respectfully did, nor did they step on the carpet in this room.

Impact of Family and Systemic Violence

Jay does not feel that witnessing altercations between his parents impacted him physically, emotionally or financially. Witnessing FV sparked Jay's interest in criminology, which he pursued in his post-secondary education.

CASE STUDY 7: MARIA

Profile

Name	Maria
Age	23
Gender	Female
Pronouns	She/her
Ethnicity	West Indian
Religion	Christian
Education	Completed undergraduate degree and diploma
Citizenship/ Immigration Status	International student

Background

Maria is from Guyana, West Indies. Her parents separated when Maria was six. After the separation, Maria lived with her mother in a town, and her father lived in the country. This was Maria's mother's second marriage. She has three daughters from her first marriage. Maria did not interact much with them. They were much older than her and were married.

Family and Systemic Violence Witnessed/Experienced

In her childhood, Maria witnessed her father being abusive to her mother, physically, verbally, emotionally and financially. Maria's father beat her mother and sometimes threw things at her during arguments. Maria's parents had small arguments almost every day as her mother challenged the father's abusive behaviour. During her parents' fights, Maria would cry, scream and beg them to stop. Maria's father did not physically abuse or beat Maria except once when he hit her because she was rebelling. Out of anger, she hit back.

After several attempts to separate from her husband, but then reuniting with him, Maria's mother eventually divorced him. After Maria's parents separated, the court issued a restraining order on her father, preventing him from seeing her at school. The father breached the court order and went to see Maria at her school. She was only aware of this when the school principal got involved.

Even though Maria's father owned a mechanic shop, he did not financially support her mother. Her mother managed the household finances from the rental income of a property she owned. Maria's mother worked hard to provide everything for the family, including sending Maria to a private school.

When Maria was 21, she left Guyana for post-secondary education in Canada. On the night before she left Guyana, Maria's father came to see her and told her he wanted to take her to the airport. Her mother rejected her father's offer because she did not want to travel with him in the same vehicle. According to Maria, her father has not accepted that his relationship with her mother is over. Maria's father was not allowed to sleep inside the house that night, so he slept in his vehicle.

Maria did not want her parents to travel in separate cars to the airport. However, her mother refused to travel together with her ex-husband, which forced Maria to choose which parent she would travel with to the airport. She chose her mother because her mother provided her financially, including the money to study in Canada. Maria felt sorry for her father.

While Maria is in Canada, Maria feels that she was never exposed to racism in Guyana, but in Canada, she has witnessed it. The tension between her parents continues, Maria does not witness their arguments. Her father calls her often, and if he starts talking about anything unpleasant related to her parents' relationship, she warns him and, if necessary, disconnects the call. Maria is doing well as an international student in Canada. While she is grateful to her mother for giving her this opportunity, she also worries about her father's health as he recently had a heart attack.

Maria loves her mother and has a very high regard for her. Despite the abuse her father inflicted on her mother, Maria does not hate him. While she does not appreciate her father's actions, she still has a "weak spot" for him.

According to Maria, even though her parents' past relationship contributed to her eventually becoming a stronger person, it took her some time to reach the stage where she could advocate for herself. Maria has overcome low self-esteem and her feeling of worthlessness. Despite having a checkered career, Maria feels she has found her path.

Experiences while Accessing Supports

Maria received counselling for self-harming behaviour when she was in high school in Guyana. However, it was ineffective because a family member had to be present because she was underage, which made it difficult for her to express how she truly felt.

Impacts of Family and Systemic Violence

Maria's response to the abuse she experienced as a child was often emotional. If she did not get what she wanted from her parents or if things did not go her way, she cried, had an outburst, and reacted rudely. She rebelled and spent much time on the phone with her friends. When Maria was in high school, she cut herself with a razor blade. Since she was angry at that point, it did not cause her pain, and she felt relaxed after cutting her wrist.

Maria could not focus on her academics in high school, and she felt that her teachers did not recognize her academic potential. They never asked Maria what was happening to her and why she behaved as she did. The teachers put her down and did not offer encouraging words to do well. Maria completed high school when she was 16 and waited for a year to get into an undergraduate program. Unfortunately, she did not receive any support from her professors, did not do well and eventually dropped out of the program. After a break, she decided to do her undergraduate education in psychology. Maria benefited from psychology as the knowledge she gained provided her with a better understanding of herself, and she overcame her low self-esteem. After completing her undergraduate studies in Guyana, she came to Canada as an international student and is currently pursuing a diploma. When Maria compares her current grades with those she received in high school, she sees the significant negative impact of experiencing abuse on her academic performance in earlier years.

Maria still has outbursts of anger. She argues with her mom and older sisters when they disagree. Maria consciously tries not to control others in relationships, but she likes to have control over her own life. Maria feels strange when she does not have that control and things are controlled by someone else because it reminds her of her parents' relationship. Maria believes witnessing her parents' abusive relationship and her mother's "agony" affects her relationships with men. A past romantic relationship was abusive, and Maria found it difficult to end it.

CASE STUDY 8: MAYA

Profile

Name	Maya
Age	22
Gender	Female
Pronouns	She/her
Ethnicity	Sri Lankan Tamil
Religion	Hindu
Education	Completing an undergraduate program
Citizenship/ Immigration Status	Canadian

Background

Growing up, Maya lived with her parents and two younger siblings. Maya's family received support from her maternal grandmother, uncle and aunt when the FV created a crisis for the family.

Family and Systemic Violence Witnessed/Experienced

Maya's parents came to Canada at a young age. They met each other in Canada and got married against their families' wishes. The families' disapproval stemmed from differences in caste and financial status.

Maya has witnessed verbal, physical and financial violence between her parents since childhood. During Maya's childhood, Maya's father drank excessively and physically abused her mother. At times, it was her mother who instigated the fights. When Maya was 11, she witnessed an incident of severe physical assault by her father on her mother. She intervened and pushed him away. Maya also took on a protective role at a young age. During her parents' fights, she asked her siblings to come to her room and distracted them. Maya's mother channelled her frustration about her husband onto Maya by emotionally abusing her. She blamed Maya and her siblings as the reason she was stuck in her marriage.

Maya's parents had multiple breakups and reconciliations. She remembers that at one point, her parents were separated for two years. Maya's mother accepted him back into her life, each time thinking he had changed either because he had been in prison or attended Alcoholics Anonymous. However, the conflict resumed once they reunited. During one incident, the police escorted her father out of the house. During subsequent fights, Maya's father left home to avoid police involvement.

When Maya's father was away, Maya's mother managed financially by working and receiving government welfare support. Maya's mother also relied on her brother (Maya's maternal uncle) for financial loans. When Maya was 12, her mother developed a gambling addiction at a time when Maya's father was away from home. Maya's mother borrowed money and left Maya alone with her two younger siblings for the day. Maya had no option but to take care of her siblings. Maya learned how to cook, clean and do laundry during this time.

The emotional abuse and neglect intensified when Maya was in high school. When Maya was 16, she moved into her maternal grandmother's house. After Maya moved out, her mother bought tickets for a two-month family vacation to Sri Lanka. Once they returned from the vacation, Maya's mother decided she no longer wanted to take care of Maya and her siblings. As a result, Maya and her siblings started living with her maternal aunt and her husband.

Maya was cautious because they had different household rules than she was used to. During this time, though Maya and her two siblings were teenagers, they shared a room and a bed. Maya's aunt and uncle value education, and they are highly educated professionals. They view education as an exit from poverty for racialized immigrants. While living with them, Maya was influenced by their value system and pushed herself to study hard so that she could attend university.

Maya loved school and saw it as an escape from family issues. In high school, Maya channelled her interest in Study of politics and human rights and became involved in Model United Nations and an equity club (previously known as gay/straight alliance). Maya studied engineering but did not do well during her first year and had to leave the program. Maya did not give up and is currently pursuing a different university program.

Currently, Maya's parents live together because her father is not well. The conflict between Maya's parents has decreased. Maya believes her father's health issues have made him less argumentative. However, their relationship is still unstable. Maya and her sister continue to live with their maternal aunt and uncle, and Maya's brother lives with their parents. Maya is still upset with her father over the physical, emotional, and verbal abuse he inflicted on her mother. She is also sympathetic towards him because he came to Canada as a refugee and has a difficult relationship with her mother, who, in Maya's opinion, is "a handful to handle." Her father's ill health has motivated Maya to re-establish a relationship with him.

Maya does not speak with her mother unless her mother calls her. Maya is not keen on having a relationship with her mother because she feels that, based on her experience, her mother will continue interfering in her life. However, Maya's mother attempts to connect with Maya by bringing her the food she loves. Maya has a good relationship with her siblings. However, she is closer to her brother than her sister because they are closer in age.

Experiences while Accessing Supports

Police visited Maya's house multiple times during her childhood to arrest her father. Maya's mother usually called the police, but at times she confided in her siblings about the violence, and they called the police. It felt abnormal for Maya to have the police called because of FV. Whenever the police officers came to the house, they would check if the children were also being abused. When Maya was ten years old, following her father's arrest. After the arrest, Maya's father attended therapy and connected with a social worker. The Child Protection Services (CPS) visited Maya's home to check on how Maya and her siblings were looked after. Maya and her siblings were very cautious about the information they shared with them to avoid the involvement of CPS. Maya told CPS that they, the children, were fine. Their mother took care of them and only grounded them when they misbehaved.

Maya never told her schoolteachers about the abuse she experienced at home, as she was worried that confiding in them would result in CPS involvement. Since she received support from her mother's family, she felt she did not require additional support from teachers.

Impacts of Family and Systemic Violence

When Maya was younger, she was often angry and physically expressed her anger by pushing others and swearing. While in elementary and middle school, Maya did not socialize or engage in many extracurricular activities because she had to worry about her siblings at home when her mother went out gambling.

Moving to her maternal aunt's house during high school impacted her academic performance positively as she was free from the responsibility of caring for her siblings and chores; she could focus on her studies. However, her first year at the university was not good. The program she chose didn't interest her, so she changed universities and programs.

Maya's witnessing FV has made her cautious of relationships, especially romantic ones with cis-gendered men. Witnessing violence between her parents has also made Maya more aware of red flags she should watch out for in a partner. Maya feels that she is less malleable in relationships. Because Maya witnessed her mother financially dependent on her husband, Maya plans to navigate her future romantic relationships in a way where she and her partner's finances will be separate.

Compared to her siblings, Maya is much more frugal about money and tries to save as much money as possible.

CASE STUDY 9: SAMANTHA

Profile

Name	Samantha
Age	25
Gender	Female
Pronouns	She/her
Ethnicity	Pakistani
Religion	Muslim
Education	Completing graduate degree
Citizenship/ Immigration Status	Canadian

Background

Samantha is the oldest child in the family and has three siblings, twin sisters and a brother. Shortly after Samantha was born, she and her mother came to Canada as permanent residents. Her father remained in Pakistan, while Samantha and her mother moved between the two countries.

Family and Systemic Violence Witnessed/Experienced

When Samantha's parents lived together in Pakistan, Samantha's father inflicted emotional, financial and physical abuse on her mother. Soon after Samantha was born in 1995, her mother immigrated with Samantha to Canada, and in 1997 her mother obtained permanent resident status.

Samantha's father disagreed with Samantha's mother's decision to leave Pakistan and refused to provide financial support when they were living in Canada. Samantha and her mother stayed with a distant family friend before moving into a shelter. Samantha's mother faced challenges navigating the Canadian shelter

system. Due to financial constraints, Samantha and her mother returned to Pakistan when Samantha was two years old.

While in Pakistan, her mother gave birth to twin girls, but after this, her father became increasingly abusive. Samantha's mother sought support from her family, who advised her to move back to Canada with Samantha. Samantha and her mother returned to Canada in 2000 when Samantha was about five years old, leaving behind her 1 ½ year-old twin sisters in Pakistan. Samantha's mother depended on Ontario Works (OW), food banks and the Child Benefit for financial support. In 2003, when Samantha was eight years old, Samantha and her mother returned to Pakistan for a second time.

After returning to Pakistan, Samantha's mother conceived her brother. Samantha's father was kind to her mother initially but resumed his abusive behaviour in a few weeks. He physically abused her even when she was pregnant and often left her bruised and bleeding. Samantha's mother began planning her return to Canada with Samantha. However, Samantha's father took away their permanent resident documents and SIN card. Samantha and her mother escaped from home and stayed at a shelter in Pakistan, leaving the twins, who were about six years old by then, at home. While Samantha and her mother were at the shelter, Samantha's father successfully obtained a court order for the custody of the twins.

In 2004, Samantha's mother gave birth to a baby boy, but she had to leave him with her brother in Pakistan when she and 10-year-old Samantha returned to Canada, where they have lived since. Soon after their return to Canada, Samantha's father filed for custody of his newborn son and was successful. Thus, Samantha's mother could not bring any of Samantha's siblings to Canada.

Although Samantha's father's physical abuse ended once Samantha and her mother moved to Canada, Samantha's mother still endured emotional trauma from leaving behind three of her children in Pakistan. She also suffers from Post Traumatic Stress Disorder (PTSD) because of the years of abuse by her husband. Samantha's mother's mental health issues impacted her relationships and physical health. Her behaviour was unpredictable, and she was temperamental before she was diagnosed. On one such occasion, she was arrested in front of Samantha's school friends and community members.

After coming to Canada, Samantha and her mother lived in extreme poverty despite receiving Ontario Works and Child Benefit support. They got some relief from financial stress when Samantha's mother was diagnosed with schizophrenia, and they were switched to the Ontario Disability Support Program (ODSP), which provided better financial support.

Samantha worked hard to develop her academic skills, and in grade eight, she was valedictorian and top of her class in math and science. She was given a leadership award in the year that her mother had physical and mental health crises. Samantha had to start working when she turned 16 to help support her mother and herself.

When Samantha was 22 years old and had completed her undergraduate degree, she began connecting with lawyers to sponsor her siblings. During this time, Samantha spent six months gathering letters of support to build a case for the immigration of her siblings on humanitarian grounds. Most of Samantha's mentors and maternal family discouraged her from sponsoring her siblings. Despite this, Samantha continued to work at

getting her siblings to Canada and giving them a better life. She found an immigration law firm in Montreal and applied to sponsor her siblings through the United Nations High Commissioner for Refugees (UNHCR). She has successfully received permission to sponsor them.

Currently, Samantha lives with her mother and is very protective of her. She is pleased that she could work to fulfill her mother's wish of getting her siblings to Canada and is eagerly waiting for reunification with her siblings in the future.

Experiences while Accessing Supports

Samantha's mother faced challenges in obtaining proper legal advice regarding bringing her three minor children, who were born in Pakistan, to Canada.

Child Protection Services (CPS) became involved with Samantha when she was six. Samantha's mother was too lenient and allowed Samantha to stay at home from school if she did not want to go. As a result, Samantha was absent from school often, and the school contacted CPS. After this, Samantha was afraid she would be removed from her mother and was careful not to speak about her situation.

When Samantha and her mother came back to Canada when Samantha was 10, they first lived in a shelter. At the shelter, Samantha's mother talked about her experiences openly. She was offered many resources and received much support from the shelter staff. Samantha has remained connected with the shelter manager over the years, who has supported Samantha and provided a sponsorship letter for Samantha's siblings.

In 2008 when Samantha was 13, her mother was diagnosed with schizophrenia and underwent treatment for three months in a hospital. At this time, CPS contacted Samantha's maternal uncle, who was living in the United States (US) as next of kin, asking if he could stay with Samantha. The alternative was placing Samantha in foster care. To avoid Samantha's stay in foster care, Samantha's uncle came from the US and stayed with Samantha.

When Samantha's mother was an Ontario Works (OW) recipient, her relationship with the OW caseworker was challenging. They often visited Samantha's mother in person, and she was very fearful of them. Samantha feels that her mother had a difficult relationship with CPS and OW because her mother would not communicate her need for support and could not navigate the services effectively. Additionally, Samantha and her mother felt they faced excessive scrutiny by OW staff. This underlying tension affected Samantha greatly; she thought that because of her mother's mental health challenges, she would either be deported to Pakistan and placed in her father's care or put into foster care.

Over the years, Samantha's school teachers noted Samantha's mother's mental health struggles and were empathetic toward her mother. One of the teachers has maintained contact with Samantha and supports her.

The Centre for Addictions and Mental Health and Addictions (CAMH), a prominent mental health institution in Toronto, was extensively involved in Samantha's mother's treatment. The organization also

supported Samantha, and she felt that it was easier to talk with them as their approach was supportive, which provided much-needed stability for Samantha.

Impacts of Family and Systemic Violence

Until Samantha turned 18, she was careful about her relationship with her father and did not offend him out of the fear that he would be given custody of her, and she would then have to live with him in Pakistan. However, from the age of 15, she worked to establish a good relationship with her father and eventually convinced him to allow her siblings to move to Canada.

Samantha and her mother had no contact with her twin sisters when they were between 7 and 18 years old. Once her sisters turned 18, Samantha connected with them on social media and electronic platforms. Samantha seldom speaks with her brother. Samantha has been financially supporting her siblings since she turned 18.

Samantha has a good relationship with her maternal aunt and her children, who live in the US. Samantha also has a good relationship with her maternal uncle and maternal grandparents. Samantha has no relationship with her paternal grandparents. Samantha is in contact with her paternal uncle and feels she gets along better with him than her father.

Moving between the Canadian and Pakistan education systems was academically disruptive for Samantha. In Canada, she struggled with English, and in Pakistan, with reading Urdu. As Samantha grew older, she became stronger academically and felt that school offered her stability and refuge.

Samantha's experiences of witnessing FV, moving between two countries and caring for her unwell mother have made it challenging for Samantha to connect with friends because she thinks they would not understand her problems.

During her undergraduate program, Samantha followed the guidance of a friend and accessed mental health services through her university. She underwent an evaluation and was diagnosed with PTSD and depression. Samantha never followed up with treatment for these diagnoses because she is functional without treatment; she thinks she no longer suffers from PTSD. Samantha suspects that she has suffered from depression since she was 12 years old.

CASE STUDY 10: SANDIRAN

Profile

Name	Sandiran
Age	26
Gender	Non-binary
Pronouns	They/them
Ethnicity	Sri Lankan
Religion	Hindu
Education	First year medical school
Citizenship/ Immigration Status	Canadian

Background

Sandiran is the youngest child of three, with an older brother and sister, all three years apart. Sandiran's parents immigrated to Canada from Sri Lanka.

Family and Systemic Violence Witnessed/Experienced

Sandiran's father suffered the trauma of civil war in Sri Lanka, and after coming to Canada, he was diagnosed with paranoid schizophrenia. Over the years, to keep his paranoia in control, he began consuming alcohol and became addicted. Sandiran's earliest memory of witnessing FV was when they were four or five when their father slammed their mother's head against the wall. The abuse occurred regularly at night, and Sandiran and their siblings observed the violence. Their mother slept in Sandiran and their sister's room to protect herself, but that did not stop their father. Sandiran and their sister would wake up in the middle of the night to find their father beating their mother. However, Sandiran and their siblings had to maintain secrecy about their family situation.

Sandiran's mother insisted that the children not disclose what was going on at home to anyone to ensure

Child Protection Services (CPS), the school, and counselors would not get involved. Sandiran now understands that rule and is thankful, as it kept the siblings from being taken into care by the state. Sandiran's school was in an affluent neighbourhood, and the teachers would encourage Sandiran to seek the support of their parents for help with their homework. It was clear to Sandiran that these teachers did not and could not understand their domestic reality. As a result, Sandiran did not view the school as a safe space or teachers as persons with whom they could share what they were experiencing at home.

As children, Sandiran and their siblings also faced other challenges. Sandiran was raised in public housing in a low-income area known at the time for gang activity. Neighbours frequently drank at night and were loud, yelling and pounding on the walls. Occasionally, Sandiran would hear people within the building pounding on their door at night. Sandiran's father was unable to work because of his mental illness. Their mother had to work to support the family, which she continued even after their father went on social assistance (welfare). Ten years later, their father was hospitalized in a psychiatric institution and started receiving disability benefits, which eased the family's financial assistance somewhat. Sandiran's mother managed the family finances and communicated to the children that they had to be very careful with their own money, as she could not support them financially. As a result, Sandiran and their brother began working as soon as possible to contribute to the family's household income.

When Sandiran and their siblings were in upper elementary and early high school, they decided to try and stop their father's physical attacks on their mother. Sandiran and their sister intervened by barricading their bedroom door with their beds, and if their father entered, they pinched and pulled him out. As Sandiran's older brother was the firstborn and male, he played a more active role than the other siblings in stopping the abuse.

The family violence has continued over the years, with Sandiran still playing an active role in intervening and trying to stop the abuse. When Sandiran was in university, their brother and sister began experiencing mental health challenges, leaving Sandiran to protect their mother. When Sandiran heard a commotion of any kind, they would run to defend their mother by either explaining to their father that what he was doing was not acceptable or threatening him when he threatened their mother. Sandiran and their mother felt they had no other option but to remove their father's alcohol and access to money. When they stopped giving him money, their father became violent with Sandiran and their mother. Sandiran acted in self-defence and threatened him with calling the cops or having him institutionalized. The family continues to live together.

At the time of the interview, Sandiran was attending a medical program in an Ontarian city. They were in touch with their father, mother and sister and provided support to all of them. They attributed their academic success to their mother and wished to support their family after they completed their education.

Experiences while Accessing Supports

Because of their father's mental health concerns and their family's poverty, the Tamil community ostracized

their family. This included distant relatives, family friends and Sandiran’s father’s brother and his children. According to Sandiran, as racialized immigrant, they experienced the pressure of having to fulfill the expectation of a model minority immigrant by assimilating into Western Euro-centric culture. In keeping with this, Sandiran thought they had to stay under the radar and concentrate on academics. It also included limiting interaction with anyone deemed dangerous. This added to their segregation and marginalization.

At 17, Sandiran attempted to volunteer at a neighbourhood organization but was considered too young and was offered the services of the organization instead. The leaders were Black women who were social workers and knew the realities of the low-income, racialized families living in their neighbourhood. Throughout the 2.5–3 years Sandiran accessed their services they also disclosed the FV and mental health crises at home. However, in a discussion between the leaders of the organization and Sandiran, one of the leaders used a derogatory stereotype about South Asians that they walk around “stone-faced” (emotionless), which destroyed Sandiran’s trust in them and they stopped accessing their services.

Sandiran’s search for support continued, and while in college, Sandiran disclosed the FV to a physician, and the doctor encouraged them to see a counselor. Sandiran sought counselling services through the college and was paired with a white, middle-class woman. In Sandiran’s opinion, the counselor did not understand what it meant to be racialized. Sandiran also disclosed the FV they witnessed throughout their life. Since the counselors they met did not recognize their experience of FV as traumatic, Sandiran stopped accessing their support.

In 2016, when Sandiran was 21 years old, they visited Sri Lanka to meet relatives. Sandiran was excited to listen to people’s stories of their lives and hear about their parents before migrating to Canada. However, the environment in Sri Lanka was stressful and constrained. In Sri Lanka, Sandiran was presumed to be a cisgendered female and was not allowed to move around freely; a number of rules were imposed on them. Sandiran noticed a lot of distrust between people, a legacy of the war and the community talking poorly of everyone. Sandiran reached a breaking point when they heard their mother’s two sisters and their children talking negatively of Sandiran’s mother. Soon after, Sandiran started having harmful thoughts, resulting in severe psychosis. They experienced delusional thoughts, became emotionally agitated and impatient, and yelled at people. Upon their return to Canada, Sandiran consulted a psychiatrist available through their university. The mental health concerns escalated to suicidal ideation. However, when they thought about their father and sister who were trying to survive with their mental health challenges, they were reminded of their own strength and were inspired to live and survive.

Impacts of Family and Systemic Violence

Living in poverty has directly impacted Sandiran’s emotional and mental well-being, magnifying the negative impact of the FV they experienced at home. Even on nights when there were no violent altercations, Sandiran was afraid. Sandiran always dreaded that their father would murder their mother. Therefore, when neighbours

were loud and pounded on their door, Sandiran was sure they would break in and murder the family. As a result, Sandiran lived in constant fear.

Sandiran experienced isolation, a lack of trust and a feeling that no one was there to support them or their family. Sandiran constructed the world as a terrible place, where people do not care about others. Based on this thinking, Sandiran believed that they could not trust others. Sandiran also internalized what was happening at home and wanted to self-destruct. Every day, Sandiran considered jumping off the balcony or jumping in front of a moving vehicle. When they were 8 or 9 years old, Sandiran attempted suicide a few times. Until they were 17, Sandiran was heavily depressed and had suicidal ideation.

The family's financial situation continues to affect Sandiran. However, they cannot offer the family any financial support now that they are studying in another city. Currently, Sandiran carries an immense amount of anxiety about this.

Sandiran manages not to let FV and their family's situation disrupt their academic performance by emotionally numbing themselves and forcing themselves to transition from chaos to normalcy quickly and seamlessly. For instance, when Sandiran's older sister attacked their mother during her first mental health crisis, Sandiran stayed overnight with her in the hospital and on the following day, they wrote a biology test and remembers smiling throughout the day. This is how Sandiran has managed to succeed in their academic career.

When Sandiran was writing their thesis in a graduate program during the COVID-19 pandemic, they experienced extreme dissonance between their home and academic life. When the university closed its doors because of COVID-19, Sandiran lost their quiet space to work. Sandiran snuck into the university and evaded security to do their work. After being caught by a professor, Sandiran was removed from the university campus even after they shared their domestic difficulties. Despite these barriers, Sandiran completed their thesis and was accepted into medical school.

Sandiran witnessed FV replaying itself inter and intra-generationally. As children, Sandiran and their two older siblings physically fought with each other. Their older brother and sister have hated each other throughout their lives, and their brother physically abuses their sister. Because of this and other issues, Sandiran's sister has developed a severe mental illness, which led her to be physically violent with Sandiran's mother.

While the siblings physically fought each other as children, Sandiran and their brother have grown out of the violence and have had a good relationship. When Sandiran was bullied at school, their brother came to support them. According to Sandiran, he is a good big brother. Sandiran has significant respect for the pressure he faces being the first-born and first-male child. However, in 2016 when Sandiran was going through a severe mental health crisis, a situation unfolded in their family and their brother responded harshly to Sandiran. They could not accept such a response from their brother. Since then, Sandiran and their brother have not had a real conversation. In their opinion, their brother has internalized the FV he has witnessed and responds like their father. Currently, their brother is going through something difficult, and as awkward as it is, Sandiran is trying to be there for him and rebuild the relationship.

Growing up, Sandiran's relationship with their older sister was always very tense, and they could not form

a proper sibling bond. Sandiran's sister viewed them as a threat because of her mental illness, and their sister felt unsupported and neglected by the family. However, within the past three to four years, they have started connecting, and Sandiran offers extensive support for her. Together, they are trying to navigate the journey of what they lived through and heal from it.

Sandiran's parents were stricter with the older two siblings than with Sandiran. As the youngest child, Sandiran did not have the stress and pressure of taking on responsibility when their mother and father could not as their older siblings did. Sandiran felt that their father was not afraid to show his love for Sandiran. This influenced Sandiran significantly and they have empathy for their father because of his mental illness. Sandiran knows that their father's violence grew out of his terrifying experiences. While Sandiran loves him as a person, they do not condone his behaviour towards the mother. When Sandiran established boundaries within the household and imposed restrictions to control their father's violence, the relationship became more challenging. Sandiran finds it difficult to maintain a relationship with him because of his alcoholism and because he lives in his own reality because of his mental illness. Their father continues to express his love for Sandiran and continues to talk with them over the phone as they are now living in another city.

Sandiran and their mother have a robust relationship. Sandiran's mother taught her children a lot and was very loving. After going through depression and suicidal ideation as a child and teenager, Sandiran realized their mother had been the only one supporting them. According to them, their mother is the most incredible and strongest person. Sandiran also admires their mother's resilience. Sandiran is studying medicine so that what their mother experienced will not have been in vain, but will allow Sandiran to be empathetic and help others.

Sandiran has difficulty building and forming social bonds with peers because of the turbulence in their home, the building they lived in, and their community. While Sandiran had friends in school, in reality, they did not consider them as friends; they were acquaintances. However, when a fellow student, during a class presentation, spoke about witnessing FV, Sandiran was emboldened to share their experiences with this student. Though they never talked about FV again, their relationship has developed into a genuine friendship. However, to this day, Sandiran has difficulty understanding social dynamics.

Sandiran is bitter towards the Tamil community in the Quebec City they grew up in but has had a dramatically different experience with the Tamil community in Ontario where they now live. Sandiran is connected on a social media platform with Tamils in their medical school cohort, where they can discuss gender-based violence in their community. Furthermore, Sandiran attended a talk by a Tamil psychologist on FV. Sandiran believes there is a notable difference in the number of people engaged in this rich dialogue in the city she lives in now, compared to their home city in Quebec. However, based on their previous experience, Sandiran protect themselves and their family by not engaging with Tamil community members, other than on a professional level.

CASE STUDY 11: SONIA

Profile

Name	Sonia
Age	26
Gender	Female
Pronouns	She/her
Ethnicity	South Asian, Punjabi
Religion	Sikh
Education	Pursuing a career in healthcare
Citizenship/ Immigration Status	Canadian

Background

Sonia was born soon after her parents immigrated to Canada from India. As Sonia's parents did not have a good relationship with each other, Sonia witnessed frequent conflict between them throughout her childhood and adolescence.

Family and Systemic Violence Witnessed/Experienced

Sonia's parents' relationship has never been good, and their conflict intensified when they immigrated to Canada. They remained together because theirs was an arranged marriage, according to Sonia. Since Sonia's parents are not highly educated, they could not secure well-paying jobs in Canada. Her father was a cab driver and worked his way up to being a truck driver, and her mother worked in factories for minimum wage. At times Sonia's mother interrupted her employment and during these times, it was difficult to manage on a single income. After their immigration to Canada, Sonia's parents first lived in the basement of her maternal uncle and grandparents' house. Sonia lived with her maternal grandmother until she was four years old.

There is also tension between Sonia's paternal and maternal families. Sonia's paternal family (who live in

British Columbia) have disrespected Sonia's mother, insulted her family, and encouraged her father to exert power and control over his wife and children. Her paternal family thinks her maternal family is "crazy" and Sonia is "crazy" and "hyper," as is her mother. Sonia faced gender-based discrimination from her father's family. When Sonia's younger brother was born, her paternal family flew from BC to visit and made an offering in the gurudwara (Sikh temple) in thanks for the boy's birth. They made no offering when Sonia was born.

Throughout her childhood, Sonia witnessed verbal and physical violence between her parents. When Sonia was about 10, her father pushed her mother down the stairs. As the stairs were carpeted, her mother had rug burns on her arms. After this abusive incident, Sonia's father's friends and mother's family mediated the situation and resolved the conflict between her parents.

Sonia was never personally targeted during episodes of FV but adopted the role of a peacekeeper during her parents' altercations. Sonia often de-escalated the tension and consoled her mother by giving her mother water and the fruit she liked.

As Sonia and her younger brother grew older, the episodes of physical violence decreased but never abated entirely. An incident between Sonia's parents during the COVID-19 pandemic involved her mother's resistance to her father-in-law staying with them on his return from India because he was unkind to her and treated her as a servant. Sonia's mother was also hesitant about accepting someone who had travelled to other countries into her home during the COVID-19 pandemic. Furthermore, Sonia's mother was worried that having her father-in-law in her home would jeopardize Sonia's brother's preparation for his MCAT as they would have to share the basement where he studies. Sonia and her brother agreed with their mother about Sonia's grandfather visiting, while her father supported the idea.

This polarization erupted into an argument between Sonia's parents. On a day when Sonia's parents were alone, the argument escalated, and her father forcefully pushed her mother, slapped her across the face, and was increasingly physical with her. Sonia's mother was terrified because he had never been so violent before, and she called 911. When the police officers arrived, Sonia's father was angry and would not calm down. Despite Sonia's mother's repeated requests not to arrest Sonia's father, the officers arrested him and removed him from their house.

Since the 911 incident, Sonia's father has been calmer and avoids behaviour that could have legal ramifications. He has pleaded guilty to his charge and is completing court-ordered counselling. He feels that his family wants to ruin him and that they framed him. In the past, Sonia's parents were able to mend their relationship after instances of FV. However, as Sonia's mother called 911, there is little prospect of reconciliation. Sonia's mother has met with divorce lawyers but hopes their relationship will return to normal. However, after the 911 incident, Sonia's father is determined not to reconcile.

Currently, Sonia is the primary support for both of her parents. She helps them with paperwork and other chores and accompanies her mother to meet with a divorce lawyer, supporting her through the meeting. As her mother has aged, caring for her has grown exponentially. After the 911 incident between her parents, Sonia speaks to her mother daily. Since Sonia's father does not have a relationship with her brother, Sonia carries the

load of her father's needs. Sonia feels responsible for her father because he has worked hard and helped her financially. She still communicates with her father but not as much as before the 911 incident.

Sonia is close to her maternal family and feels much support from them. Sonia confided to her mother's family about the recent 911 incident between her parents, and they fully supported her. Sonia's uncle and cousins remain in contact with her. Sonia's relationship with her paternal family is distant, and she has little interaction with them.

Experiences while Accessing Supports

Sonia thinks that if the police officers had responded in a more culturally sensitive way, her father might have felt understood.

Impacts of Family and Systemic Violence

Sonia's parents did not speak English when she was young, and she was often tasked with filling out her brother's school forms or attending parent-teacher conferences. Sonia suspects that the FV between her parents she witnessed influenced her and her brother's relationship growing up, as they were always physically fighting with each other. However, in adulthood, the fighting has stopped. Sonia's current relationship with her brother is good, but they tend to talk about superficial things and not about the violence that transpired between their parents.

Sonia secured an extremely prestigious and competitive role in a healthcare setting while living in her parents' home. The event related to the father's arrest impacted Sonia significantly. She was stressed and emotional, which impacted her hospital internship. Her supervisor misinterpreted it as Sonia's inability to manage work-related stress. They called Sonia for a meeting attended by the director and HR representative. During the meeting, Sonia was not allowed to explain herself but was told to pack her things and vacate the workplace immediately. Sonia attributes the treatment she received to her racialized identity.

CASE STUDY 12: VIKTOR

Profile

Name	Viktor
Age	21
Gender	Male
Pronouns	He/him
Ethnicity	South Asian
Religion	Muslim
Education	Pursuing undergraduate education
Citizenship/ Immigration Status	Canadian

Background

Born in Canada, Viktor has a younger brother and sister.

Family and Systemic Violence Witnessed/Experienced

Viktor was about five when his father's violence against his mother, siblings and himself began. The violence comprised physical and verbal abuse and occurred frequently. Viktor faced this violence when he behaved in a way his father did not like or when he did not do his homework. As a child, Viktor wanted to escape the violence and tried to cope but could not.

Viktor and his brother were targeted more than his sister, which Viktor feels was due to her young age and gender. Viktor is sure that witnessing the physical and verbal violence impacted him as a child.

The violence stopped when Viktor's mother left home with Viktor and his two siblings on a day when his father was at work. Viktor was five, and his younger siblings were three and one. Viktor has never seen his father since and has not given any thought to his parents' situation. As the oldest child, Viktor supports his mother

by taking on a co-parenting role alongside her. Viktor is currently attending university and continues to take care of his younger siblings.

Experiences while Accessing Supports

Viktor first had contact with the police when he was about seven years old. Viktor vaguely remembers the court system and interacting with a Children's Aid Society (currently known as Child Protection Services) social worker, who he thought was a daycare worker or a teacher.

Impacts of Family and Systemic Violence

When Viktor was about 16, he started asking questions about his father's violence, particularly of his mother and uncle. Talking about the violence has made him feel much better and helped him be a better person and know what not to do with friends and life partners. Additionally, learning about how his mother managed the situation gave Viktor tremendous appreciation for her and helped him develop the skills needed to be a parent.

Viktor feels obligated to act as a father figure for his siblings to alleviate his mother's responsibilities. However, his siblings' relationship with their mother is not very good, and Viktor is the connection between his mother and siblings. In interpersonal relationships with friends and family, Viktor is cautious and tries to recognize signs of problem behaviour.

PART III
DISCUSSION QUESTIONS

DISCUSSION QUESTIONS

INTERSECTIONAL VULNERABILITIES

1. What are the different types of abuse/violence that the children in the case studies experienced?
2. How did systemic violence aggravate personal violence in the case studies? Which supports would you offer/recommend to alleviate the effects of systemic barriers?
3. Why is it important to consider a person's intersectional identity while planning services? Explain how consideration of intersectional identities would influence the services you design.
4. Many of the case studies demonstrate children's agency while experiencing FV. What supports would you design to harness and bolster the strengths of these children?

PRACTITIONERS' SUBJECTIVITY AND SOCIAL LOCATION

1. How have the case studies challenged your understanding of FV and its impact on racialized immigrant children? Based on this understanding, how would you change what you would do as a practitioner working in the field?
2. Read the following statement: "You need a professional of the same cultural or religious background as the client/ service user to deliver culturally informed services." Do you agree or disagree? Why?

LAW AND SOCIAL POLICY

1. What are the legal protections available to children experiencing family of FV in Canada under various civil, criminal and immigration laws? Based on the case studies, what kind of legislative and policy changes are needed for responding to the needs of racialized immigrant children experiencing FV in Canada?
2. What is the importance of "bringing the voice of a child" into decision making about matters that impact them?
3. What are the impacts of exposure to/witnessing or experiencing violence on children? How should that factor into the "best interests of the child" analysis?
4. What role should the understanding of FV play in intervening in and resolving cases involving parental disputes?

5. Do you think family justice professionals need training in trauma-informed practice? Why?
6. What do you understand by the term *coercive control*? Where did you see the type of patterns of abusive behaviors used to control a family member in the case studies?
7. What professional skills do we need to develop to ensure that our practice is informed by the voices of children?

MIGRATION AND TRANSNATIONALISM

1. In what ways did transnational relationships support or create challenges for the participants experiencing FV?
2. How did the immigrant experience make the families more vulnerable to FV in the case studies?
3. What are the misconceptions immigrant families might have about deportation and their lack of rights as immigrants? How might you address these?

PROVIDING SUPPORT

1. What kinds of supports (legal, medical, social) did the participants in these case studies access? What were the barriers to accessing support?
2. Identify the personal and systemic challenges that impacted the FV experiences in each of these cases.
3. How would you provide holistic support to racialized immigrant youth experiencing FV?
4. How would you use a trauma-informed approach in supporting racialized immigrant children and youth who have experienced or witnessed FV?
5. Each of the cases illustrates risk factors, systemic factors and supportive factors that impacted the experience of FV. Enumerate these factors for the cases you have read. How does your analysis compare with those identified by the authors of this book? See Appendix 1.
6. In many of these cases, participants and their families interacted with various services and supports. Not all these interactions were positive. Where could practice have improved to make a positive difference for these families?
7. Family violence can feel overwhelming. You may wonder how you can influence positive change in situations like the ones represented in the case studies. Take a few minutes to come up with ways in which we can work with racialized immigrant communities to prevent incidences of FV.

RESEARCH

1. When doing research, what steps would you take to minimize the risk of harm to participants who had experienced FV as children?
2. This study uses phenomenological interviews to center young people's voices. What other approaches are suitable when doing research to understand the experiences of young people who have experienced FV?
3. Describe the potential of participatory action research in engaging communities to understand children's/youths' experiences of FV.
4. Design a knowledge dissemination plan based on the case studies that presents key messages for stakeholders.

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APPENDIX 1: FACTORS IMPACTING EXPERIENCES OF FAMILY VIOLENCE

ABI		
Risk Factors	Systemic Factors	Supportive Factors
Abi witnessed severe physical abuse by her father of her mother. Abi actively participated in protecting her mother from her father's physical abuse.	Abi experienced internalized racism during job interviews	Currently, Abi has good relations with her sister and mother.
As a child, Abi did not have good relationships with her siblings and mother.	Abi's father's treatment for his mental illness has been ineffective as the effects of war are not recognized as trauma.	
Abi has been diagnosed with a mental illness.	Abi's family lived in public housing in a low-income neighbourhood.	
Abi's mental health has affected her academics and career.	Abi's family lived in extreme poverty and hence Abi's needs as a child were not met by her mother.	
Abi's father suffers from a mental illness and war trauma.		
Abi's father is addicted to alcohol; uses alcohol to control schizophrenic hallucinations.		
Abi's family did not receive support from paternal family members who lived in the same city as Abi.		
Abi lived in isolation so that she could maintain secrecy about her family's situation.		Abi had good relations with her cousin, who passed away from cancer.

ADRIANA		
Risk Factors	Systemic Factors	Supports
Adriana experienced coercive control, physical and spiritual abuse and stalking from her father.	After leaving her parents' home, Adriana lived in extreme poverty and with food insecurity.	Adriana had a strong personal network of friends and a teacher.

Adriana experienced verbal abuse from her mother, who checked Adriana’s school bag and destroyed her drawings.	Adriana did not receive support from her school as an institution despite knowledge of the abuse Adriana was facing.	Adriana received support from UNHCR to come to Canada as a refugee claimant.
Adriana’s father imposed his religious beliefs and practices on all family members, including Adriana.		Adriana’s school and the hospital were places of refuge from the violence at home.
Adriana feared an attack by her parents when she lived alone.	Adriana’s family immigrated from Syria to China and their immigration status impeded Adriana’s ability to travel within China without a visa or to leave China.	
Adriana’s father was highly respected in the Syrian community in China and tried to maintain the honour of the family by coercively controlling his children.		
Adriana has developed PTSD, nightmares and panic attacks.		

ANITA		
Risk Factors	Systemic Factors	Supports
Anita regularly witnessed arguments and fights between her parents in Saudi Arabia before immigrating to Canada.	Anita’s parents’ acceptance of their community’s discourse about reputable and non-reputable professions negatively impacts her career choice and advancement. Anita’s choice of academic program will not be respected.	Anita has a strong, positive relationship with her older sister.
Anita’s attendance at a public school was based on the condition that she would do well in that school. Hence, she experienced much pressure to perform well academically	Anita experienced gender-based discrimination from the paternal side of her family who advised her father not to expose Anita and her older sister to western practices.	

Parental control was exerted over Anita in selecting a university and an undergraduate program. She was not allowed by her parents to live on the university campus.	Anita understands the rationale behind her parents' expectation with regard to education as racialized immigrants in this country.	
Anita was pressured to perform well in her undergraduate program.		
Anita is unable to balance the pressures of university and her responsibility for her younger sister.		
Stress has impacted Anita physically. She also has nervous breakdowns before every exam. Her parents are unaware of Anita's struggles.		
Anita does not have a good relationship with her younger sibling.		
Anita does not have a good relationship with her father's family.		
Anita's parents exercised a double standard in how they brought up Anita and her older sister compared to her younger sister who was born in Canada. Anita is deeply hurt by this.		

CHIAIRO		
Risk Factors	Systemic Factors	Supports
Chiairo witnessed her stepfather's abuse of her mother. He did not allow her to work, isolated her from her friends and community members, and made racist comments about her ethnic community. He was volatile and his behaviour was unpredictable.	Being the only racialized family in a small, white neighbourhood, Chiairo's family lived in isolation and feared judgement from neighbours. Hence, the family maintained secrecy about the abuse they were experiencing.	Chiairo's maternal grandparents were actively involved in bringing up Chiairo and her sister.

Chiairo's stepfather exerted control over her and did not allow her to socialize with friends.	Seeing her sister's bruises (the result of karate), teachers reported the family to CPS. In Chiairo's opinion, the school's suspicion was confirmed because of stereotypes about South Asian families.	
Chiairo is anxious about her mother and, hence, distracted from studies.	Chiairo has sought support for her mental health but has not found most counsellors helpful because they did not understand Chiairo's context.	
Chiairo's family had limited financial resources because her stepfather made her mother give up her job; the family had only the income of her stepfather to live on.		
Chiairo lived in isolation; she did not make friends so that she could maintain secrecy about her situation.		

JASMINE		
Risk Factors	Systemic Factors	Supports
Jasmine witnessed constant arguments between her parents and was extremely afraid of her father.	Her racialized immigrant parents believed that the only way for them to rise economically was through higher education and hence they pressured their children to excel academically.	The school guidance counsellor supported Jasmine in finding a good university program.
Jasmine's father was strict and wanted her to focus on her studies and not recreation. She was not free to spend time with her friends or party with them.	Jasmine was discriminated against because of her race and lack of formal education at the catering company she worked at.	Jasmine has a good relationship with her brother and together they work at influencing their father.

Jasmine committed an unethical act by changing her marks on her report card because she feared her father's punishment.	Jasmine experienced racialized microaggressions on numerous occasions.	Jasmine's father is open to listening to what Jasmine and her brother had to tell him about his abuse. He changed his behaviour as he did not want to adversely affect his relationship with Jasmine and her brother.
Strict parenting pushed Jasmine away from home to a university in another city, where she was distracted from her studies in her first year.		
Jasmine's health was adversely affected because of the stress of not doing well at university.		
Jasmine was financially dependent on her father.		
Jasmine has no friends from or connections with her ethnic community as she was not given an opportunity by her father to mingle with children in her community.		
Jasmine, her mother and brother have not received support from any members of Jasmine's father's family.		

JAY		
Risk Factors	Systemic Factors	Supports
Jay witnessed heated arguments and fights between his parents.		Jay had the support of his cousin who was his age.
Jay challenged his father's abuse of his mother and called 911 at a young age.		
Jay lost the support of his siblings when he called 911 on his father.		

MARIA		
Risk Factors	Systemic Factors	Supports

While in Guyana, Maria witnessed her father's extreme physical, verbal, emotional and financial abuse of her mother.	School authorities supported Maria's father despite them being told not to let Maria's father meet her.	Maria has good relations with both parents. However, her mother is her only source of material support.
Maria's father breached the divorce court order by visiting Maria at school.	Maria went for counselling while in school but did not benefit from it because her mother was required to be present.	
Because of FV, Maria remained distracted at school. Nor did she receive much support from her teachers. In her first year of university, Maria did not do well and was not liked by her professors. Maria had to change her program.	Maria experienced racism as a racialized international student in Canada.	
Maria self-harmed as a way to resist FV .		
Maria has three older half-sisters but does not have a good relationship with them.		

MAYA		
Risk Factors	Systemic Factors	Supports
Maya witnessed heated arguments and physical fights between parents.	Maya's parents did not have high-income occupations, which meant the family lived in poverty.	Maya's maternal grandmother, uncle and aunt provided material and moral support from Maya and her family.
Maya was abused by her mother.	Maya's maternal uncle believed that racialized immigrants can only break the cycle of poverty with education and encouraged Maya to pursue postsecondary education.	Maya has a good relationship with her brother.
Maya's father has an alcohol addiction, and her mother has a gambling addiction.	Maya responded to law enforcement and CPS interventions in such a way that her siblings and herself were not apprehended by the CPS.	When Maya's mother decided she could no longer take care of Maya and her siblings, her maternal aunt and uncle took them in and supported their educational and other needs.

Maya was responsible for household chores and caring for her two younger siblings at a young age.		
Maya’s mother refused to take care of her children. Hence, she and her siblings had to move out to their grandmother’s home.		
Maya’s first year of university did not go well. She had to change her program and university.		
Maya does not have a good relationship with her sister.		
Maya identifies as bisexual and feels that as a brown girl she must hide her sexuality because of the lack of acceptance from her community.		Maya is open about her sexuality with her grandmother, uncle and aunt, and Maya reports that they raised no objection.

SAMANTHA		
Risk Factors	Systemic Factors	Supports
Samantha was very afraid of her father as a child. Samantha witnessed her father’s She was aware of the severe physical, verbal and emotional abuse of her father inflicted on her mother.		Samantha and her mother received support and direction from a shelter worker for navigating her mother’s mental health and their housing.
	Samantha grew up in poverty—financial support from OW and child support was insufficient to take care of her and her mother’s basic needs.	Samantha received support from a shelter worker and a teacher.
Samantha and her mother did not receive any financial support from her father.	Samantha’s mother did not have good relations with the OW staff.	Samantha received support from her maternal uncle after her mother’s diagnosis of schizophrenia and liver complications.

Samantha grew up in an ever-changing world and a precarious environment: movement between countries, lack of safety, and living with a mother who had severe physical and mental health challenges.	Samantha received support from a lawyer in her efforts to bring her siblings to Canada.	Over the years, Samantha has been able to establish rapport with her father and has convinced him to send Samantha's three siblings to Canada.
Samantha's mother's family in Pakistan did not provide support.		
At a young age, Samantha had to take care of the household in addition to studying because her mother was diagnosed with a mental illness and had physical health issues.		
Samantha lived with the threat of being sent to her father in Pakistan if her mother was deemed incapable of caring for Samantha.		
Samantha's mother had to leave behind three children in Pakistan, and she could not bring them to Canada.		
Samantha lived in isolation to maintain secrecy about her situation.		
Samantha has battled depression. However, she has never taken medication or sought counseling for it.		

SANDIRAN		
Risk Factors	Systemic Factors	Supports
Sandiran witnessed her father's extreme physical abuse of her mother.	Sandiran's family lived in extreme poverty.	Sandiran has a good relationship with her parents and sister.
Sandiran's father was diagnosed with severe mental health issues brought on his war trauma.	Sandiran lived in public housing in a low-income neighbourhood.	
Sandiran's father has an alcohol addiction. He drinks to control his schizophrenic hallucinations.	Sandiran's family did not receive any support from a neighbourhood community organization even after they heard from Sandiran about the FV.	

While growing up, Sandiran and her siblings did not have a good relationship.	Sandiran’s school was in an affluent neighbourhood. The teachers did not provide support to Sandiran because they were unaware of the challenges of racialized immigrant families living in a low-income neighbourhood.	
Sandiran’s family did not receive any support from her father’s brother’s family who lived in the same city	Sandiran’s family was ostracized by their ethnic community because they were poor.	
Sandiran experienced suicidal ideation while in school and later developed psychosis.	Sandiran’s father has not received effective mental health support. There has been no recognition of his war trauma.	
	The counseling Sandiran accessed in university was ineffective because the counselor lacked a culturally informed approach to understand Sandiran’s social and familial context.	

SONIA		
Risk Factors	Systemic Factors	Supports
Sonia witnessed tensions and conflicts between her parents in childhood.	Sonia was not loved by her extended paternal family because she was a girl and therefore labelled her as “crazy” and “hyper.”	Sonia received support from her maternal grandmother and uncle and his family. Sonia was raised by her maternal grandmother.
Sonia lost her job in a healthcare setting because of the stress of her father’s arrest at the time of the 911 incident.		Sonia has a good relationship with both parents and brother.
Sonia experienced depression after the 911 incident and lost her job.	At her workplace, Sonia was not given a chance to explain the reason for her lack of performance and was fired.	

<p>Sonia’s relationship with her brother after the 911 incident has become superficial. They do not discuss critical issues impacting their lives.</p>	<p>Sonia accessed counseling for her depression but did not find it beneficial.</p>	
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<p>VIKTOR</p>		
<p>Risk Factors</p>	<p>Systemic Factors</p>	<p>Supports</p>
<p>Viktor witnessed his father’s extreme abuse of his mother as a child and was also abused by his father.</p>		<p>Viktor, his siblings and mother have received much support from his mother’s side of the family.</p>
<p>Being the eldest child, Viktor has had to take care of his siblings and support his mother from a young age.</p>		

APPENDIX 2: GLOSSARY OF KEY TERMS

GLOSSARY OF KEY TERMS

Family Violence¹:

Family violence means any conduct, whether or not the conduct constitutes a criminal offence, by a family member towards another family member, that is violent or threatening or that constitutes a pattern of coercive and controlling behaviour or that causes that other family member to fear for their own safety or for that of another person — and in the case of a child, the direct or indirect exposure to such conduct — and includes

- (a) physical abuse, including forced confinement but excluding the use of reasonable force to protect themselves or another person;
- (b) sexual abuse;
- (c) threats to kill or cause bodily harm to any person;
- (d) harassment, including stalking;
- (e) the failure to provide the necessities of life;
- (f) psychological abuse;
- (g) financial abuse;
- (h) threats to kill or harm an animal or damage property; and
- (i) the killing or harming of an animal or the damaging of property

Coercive Control:

Coercive control is a pattern of abusive behaviors used to control or dominate a family member or intimate partner. Coercive control involves repeated acts of humiliation, intimidation, isolation, exploitation and/or manipulation, frequently accompanied by acts of physical or sexual coercion. Rather than one single incident of violence, this abuse is characterized by the ongoing manner in which it removes the victim's rights and liberties, entrapping them in the relationship, and causing distinct emotional, psychological, economic, and physical harms. It includes Implicit or explicit threats, isolation, micro-managing daily activities, undermining and discrediting the other parent, economic abuse, litigation abuse, and exploiting vulnerability.

Best Interest of the Child²:

1. As defined in Section 2(1) of Divorce Act, R.S.C., 1985, c. 3 (2nd Supp.)

2. As defined in Section 16 of Divorce Act, R.S.C., 1985, c. 3 (2nd Supp.)

On March 1, 2021, significant amendments to the federal Divorce Act and the Ontario *Children's Law Reform Act* came into force. The amendments to the Divorce Act introduced the enumerated *Best Interest test* and took a two-pronged approach to FV: *Analysis of what constitutes the harm and what can be done to reduce such harm to children.*

According to Section 16 (3) of Divorce Act, in determining the best interests of the child, the court shall consider all factors related to the circumstances of the child, including

- (a) the child's needs, given the child's age and stage of development, such as the child's need for stability;
- (b) the nature and strength of the child's relationship with each spouse, each of the child's siblings and grandparents and any other person who plays an important role in the child's life;
- (c) each spouse's willingness to support the development and maintenance of the child's relationship with the other spouse;
- (d) the history of care of the child;
- (e) the child's views and preferences, giving due weight to the child's age and maturity, unless they cannot be ascertained;
- (f) the child's cultural, linguistic, religious and spiritual upbringing and heritage, including Indigenous upbringing and heritage;
- (g) any plans for the child's care;
- (h) the ability and willingness of each person in respect of whom the order would apply to care for and meet the needs of the child;
- (i) the ability and willingness of each person in respect of whom the order would apply to communicate and cooperate, in particular with one another, on matters affecting the child;
- (j) any family violence and its impact on, among other things,
 - (i) the ability and willingness of any person who engaged in the family violence to care for and meet the needs of the child, and
 - (ii) the appropriateness of making an order that would require persons in respect of whom the order would apply to cooperate on issues affecting the child; and
- (k) any civil or criminal proceeding, order, condition, or measure that is relevant to the safety, security and well-being of the child.

According to Section 16 (4) of Divorce Act, in considering the impact of any family violence under paragraph (3)(j), the court shall take the following into account:

- (a) the nature, seriousness and frequency of the family violence and when it occurred;
- (b) whether there is a pattern of coercive and controlling behaviour in relation to a family member;

- (c) whether the family violence is directed toward the child or whether the child is directly or indirectly exposed to the family violence;
- (d) the physical, emotional and psychological harm or risk of harm to the child;
- (e) any compromise to the safety of the child or other family member;
- (f) whether the family violence causes the child or other family member to fear for their own safety or for that of another person;
- (g) any steps taken by the person engaging in the family violence to prevent further family violence from occurring and improve their ability to care for and meet the needs of the child; and
- (h) any other relevant factor.

Systemic and structural Violence:

Galtung (1990) defined systemic and structural violence as “violence [that] is built into the structure and shows up as unequal power and consequently as unequal life chances”. These structures are violent because they result in a greater risk of harm, illness, injury, and death to a class or group of people (Rylko-Bauer & Farmer, 2017). Examples: poverty, food and clothing insecurity, the presence of poor neighbourhoods, high levels of violence, racial discrimination, and racist culturally insensitive services compounds victims’ trauma as additional trauma.

Trauma Informed Care approach: This approach recognizes how any child, youth, or adult might have a trauma history and interacts with the client in a way to decrease re-traumatization as much as possible.

Risk, Risk factors and Risk Assessment³:

Risk: In cases of FV, risk can be understood as the likelihood that violence will occur in the future if actions and safety measures are not in place

Risk factors: A risk factor is a circumstance, an event and/or a personal characteristic that precedes the occurrence of the danger and may influence a perpetrator’s decision making. In, other words, a risk factor increases the likelihood of danger

Risk assessment: When it comes to the assessment of risk, it is crucial to note that the risk for violence can be influenced by context and can rapidly increase or decrease according to the change of circumstances. Therefore, the assessment of risk and safety should be ongoing.

Types of Risk factors⁴:

3. (Risk Assessment, Risk Management, Safety Planning | Canadian Domestic Homicide Prevention Initiative (cdhpi.ca)

4. The Centre for Research & Education on Violence against Women & Children, “Domestic Violence Risk Assessment and Management Curriculum” (1 December, 2012)

Dynamic Risk Factors: Actual or pending separation, Escalation of violence, Perpetrator unemployed, Excessive alcohol and/or drug use by perpetrator, Depression – in the opinion of family/friend/acquaintance or professionally diagnosed – perpetrator, Other mental health or psychiatric problems – perpetrator, Obsessive behavior displayed by perpetrator, including stalking and/or possessive jealousy, New partner in victim’s life, Access to or possession of any firearms

Static Risk Factors: History of domestic violence, History of violence outside of the family by perpetrator, Controlled most or all of victim’s daily activities, Prior assault on victim while pregnant, Choked victim in the past, Perpetrator was abused and/or witnessed domestic violence as a child, Failure to comply with authority – perpetrator, Perpetrator threatened and/or harmed children

Systemic factors: Immigration status, racial identity, forced marriage, class, religion, trauma due to conflict zone and/or war, child protection involvement, government income assistance, criminal court involvement, civil court, economic status/ challenges, ability/ disability, gender identity, sexual orientation, systemic bias based on substance use, mental health issues and type of employment.