



Needs Assessment: Community Conversations with Daughters Impacted by Gender-Based Violence

Presented by Laadliyan's GBV Community Advisory Committee

Bidushy Sadika, Pauline Bal, Harjit Kaur, Taranjot Dhillon, Zayn R Dhillon, Fatima Aamir, Gurnoor Brar, Sharan Khela & Manvir Bhangu

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This report explores the particular issues that South Asian daughters experience as survivors or witnesses to gender based violence (GBV) within their ethnic communities. The report is based on a two-hour community conversation on Zoom video conferencing platform that *Laadliyan* held with South Asian daughters impacted by GBV on May 16, 2021. Sixteen daughters participated in the conversation from all over Canada, with one joining us from the United States. The questions we invited the daughters to engage with can be found in the Appendix of this report.

Context I: Daughters experience direct or indirect impacts of GBV on their well-being.

Daughter's experiences of GBV in South Asian families and communities

GBV, or the threat of it, generates a climate of fear in intimate relationships, families, and communities. Daughters often feel overwhelmed, especially when they are privy to the abuse around them, but feel like they are unable to address it. Daughters feel paralyzed because of the shame surrounding GBV or, in some cases, pressured to not "interfere" in the personal matters of other families (i.e. families outside their immediate family). In other words, daughters do not need to experience abuse firsthand, or even within their own families, to feel the cultural pressures to ignore the incidents. One daughter tells us how her cousins come to her with stories of GBV but beg her not to tell anyone:

"I tell my parents... these girls, my cousins, they're not approaching you, but they're constantly texting me, calling me up... it can get a little overwhelming because I feel for them... I feel so helpless at times too, because they go... don't tell uncle, or don't tell, you know, so-and-so, keep it with you. But then it's, it's overwhelming to keep all of that inside of you as well."

For daughters, such feelings of helplessness are often closely followed by feelings of guilt, as they witness their mothers being blamed for the former's actions when they want to speak up and challenge the patriarchal expectations of their families and communities:

"The kind of things your mom has to hear for you, and then you feel guilty. Like why did I have to put my mom through that? Why did I make that mistake?"



One of the most enduring impacts of GBV on daughters is the anger and resentment that builds up against those they love the most. When harm has not been properly addressed, daughters often struggle with persistent feelings of blame towards loved ones, even if they themselves were not the perpetrators. This not only compromises their relationships, but also makes it difficult to heal from traumatic incidents. The complexity of interpersonal relationships, as well as the cultural reluctance to exile the perpetrator from his or her kinship network often makes it easy for daughters to feel resentful of others who might have been involved in the incident, even if those individuals are survivors themselves. One daughter shares her personal struggle with these complex feelings:

"I actually had a lot of anger and resentment towards my mom because... she made the choice to call the police... it was so hard for me to... just solely focus on her as a victim. So it made it really tough emotionally."

While it may be true that there is not always an easy distinction between a perpetrator and survivor (since we all perpetuate harm in different ways), it is important to note that daughters continue to feel anger and resentment when witnessing perpetrators as continued significant members of the community, and the lack of an appropriate accountability process to address harm caused by GBV.

When daughters experience GBV outside of the home, the shame and taboo of GBV continues to plague them. Unable to speak to their family about abusive relationships, daughters often develop complex PTSD and numerous health effects related to stress. The violence they experience firsthand or witness in their communities often exacerbates their sense of living double lives; it not only perpetuates the shame and taboo from abuse, but compels them to bottle up their feelings rather than to reach out for help and support. When describing an abusive relationship, one daughter tells us:

"I had never spoken about it to anyone. I was just trying to be high achieving and was doing all these things... it's almost like did it even happen? Was it real?... it really set me up for a pretty horrific track... where I went off to college to just escape this element."



These direct and indirect impacts of GBV point to the importance of 1) addressing taboos within the family/community, and 2) the importance of culturally sensitive support. Before we elaborate further on this needs assessment, it is important to recognize the **existing resistance strategies that South Asian daughters have practiced in the face of GBV.**

Resistance strategies of daughters in the face of GBV

Our community conversation gave daughters the space to share how they coped with GBV and developed practices of resilience, even as our wider discussion focused on the need to challenge the harmful familial, cultural, and societal factors that shaped their experiences. It is important to mention this before we embark on our needs assessment, as it demonstrates that while we work towards meeting the identified needs, daughters are not helpless.

One strategy of coping with GBV included focusing on self-care and healing, concepts which can often be quite foreign in South Asian households (or even immigrant communities more broadly), where the priority often lies more in communal relationships or responsibilities rather than individual needs or well-being. One daughter made clear her intention to take care of both the individual and the communal, and not forsake one for the other:

"You know, I don't necessarily want to go no contact. So I want to heal myself as much as I can and try to be a pillar in our greater community."

One way daughters embarked on their journey of self-healing while simultaneously helping others was setting long-term career goals. This was important as it did not just serve to distract them from their trauma, but offered a way to accomplish something and generate self-esteem and pride. Setting career goals allow daughters to challenge feelings of worthlessness that arise from abuse, and counter feelings of helplessness, especially when they engage in careers that give back to their communities and seek to tackle some of the problems they have witnessed or experienced. For example, one daughter tells us of her strategic career planning:

"... I think that I want ... a dual degree with a master's in public health. So I can really take the angle of reproductive justice and [correct] the harm [that women face]... just because we're women... it's used against us, our nurturing, loving qualities."



Another strategy of coping with GBV that daughters articulated included seeking community with other individuals who have had similar experiences. In fact, that is what brought these daughters to our community conversation in the first place. The value of such spaces is that they give daughters the opportunity to share their traumas without judgement, to validate one another's' experiences, and to encourage each other in their resilience as they work towards addressing these issues head-on in their communities. One daughter tells us:

"It means a lot for me to be in this space and to see ... how we're all impacted in different ways... but knowing that this is a community problem."

When daughters seek community, they are able to turn the individual burden that they are shouldering into a collective burden, and build power, relationships, and resources with others to address this collective responsibility.

Needs:

GBV education for families and breaking intergenerational stigma

Daughters who participated in the community conversation about GBV communicated the need to educate South Asian families about the normalization of patterns of toxicity and abuse in South Asian households, such as the prevalence of verbal GBV (e.g., lack of empathy, victim blaming, and backhanded comments from perpetrators). One daughter narrated about being called out for resisting against GBV:

"I spent a great deal of time with my aunts and uncles at their place sometimes. And whenever... one of my cousins would speak up against her dad... he would be like... continue with this attitude. And 'kisi ne tere naal vyaah nahi karna' which means, 'no one's going to marry you if you continue to challenge men like this'"

The need for education about GBV stems from a tendency to rationalize such toxic behaviours in some South Asian families. For example, one daughter heard her cousin saying:

"My mom gets hit because she provoked dad."

Daughters suggested creating awareness on how they were forced to navigate the in-between or conflicting spaces they found themselves in while caught between their loved ones in the context of abuse, and how they found themselves playing multiple 'nurturing' roles in their families as daughters, especially if they were the eldest. Further, they suggested the need for potential resources that could teach them how to navigate these often confusing and emotional circumstances, as well as how to respond to violent situations without involving law enforcement. As mentioned earlier, daughters faced intergenerational impacts of GBV, which had long-term negative consequences on their life decisions, definitions of healthy relationships, their growth, and physical and mental wellbeing. Breaking the intergenerational cycle of GBV is essential to ensure that children do not replicate the abusive behaviours they observe at home while growing up, and so they do not feel that voicing their stance against GBV would compromise their familial ties:

"We discussed... the intergenerational impact on... daughters of gender-based violence and how to protect them and break the cycle. So I think, definitely more work needs to be done. And I would say even with boys, like... how to be in a healthy relationship and how not to... replicate some of the behaviors they saw in the home growing up... I think that starts like when they're in... grade five, grade six... I think the quicker we can start these conversations with them, the better... There is pushback from parents, definitely around what are you teaching my kids, blah, blah, blah. But kids already know these things regardless of what we think."

Therapy and support groups to enhance positive mental health

To deal with the impact of GBV in their families and households, daughters recommended to challenge the prevailing stigma of mental health in South Asian communities and to create awareness on the severity of negative mental health outcomes. In confronting the stigma surrounding mental health, daughters suggested removing reluctance around seeking therapies and, instead, normalizing this behaviour:

"I think just the concept of therapy is so foreign to the South Asian community, like we are a community based community, right. So it's like, we don't seek help outside of our immediate home or... our extended family, if needed, and only when it doesn't make us look bad. But I think... the western concept of therapy is not something that a lot of our parents and a lot of even

people our age or in our age bracket, accept or want, because... there's some stigma associated with that, unfortunately."

They also described the need to build various types of therapy (e.g., group, dance, or arts-based) and support groups that cater to different age and gender identity groups, such as boys/men and mothers/grandmothers. In advocating for the benefits of therapy to enhance positive mental health, a daughter reflected:

"Personally, I felt like therapy has been a big help to me... I felt like it was life changing. So I think definitely, there needs to be more awareness around the benefits of therapy within our community and maybe more culturally and gender appropriate [therapy]."

Context 2: There is a lack of community and institutional support on GBV.

Lack of community and institutional support

Another issue that was identified during the needs assessment was the evident lack of community and institutional support. Overall, concerns emerged from the stigma attached with seeking help and the lack of intuitiveness towards women's health concerns by physicians. Within the healthcare system, daughters mentioned that signs of GBV were often ignored by healthcare professionals. As such, several participants mentioned feeling uncomfortable to voice their concerns because they felt their experience would be ignored, and not receive the support they needed. This was especially the case for daughters living in many Canadian cities as they discussed how their time within their doctor's office is very limited. To address this issue, the daughters suggested that healthcare professionals should receive training around the signs of GBV and cultural sensitivity, so that they are able to support and provide available resources for those experiencing GBV. In speaking about their negative experience with a therapist, a daughter mentioned,

"It really turns you off as well from seeking help again. You're just like, okay, nevermind. I'm just going to deal with it."

Another daughter shared,

"I can't even imagine talking to a male doctor about gender based violence and how they would deal with this issue. Or they need to be more outspoken, and actually let your patients know that they have these resources available, so that patients even know who they can turn to. I think it's very important for them to be outspoken about these concerns. Just anybody who's a leader within the community I think needs to be there to say, we're taking a stand against gender based violence, we have resources available, you can come to us, I think it's very, very important knowing where you can go."

The key recommendation that daughters provided was that there is a need for a multi-pronged approach towards addressing GBV, which is led by South Asian community leaders. The first step is encouraging open conversations about GBV and recognizing that it is a community wide problem. Often, the issue is suppressed and overlooked by bystanders as being a household matter. Removing the bystander effect is integral in ensuring individuals will intervene. Additionally, women need to be encouraged to speak up and hold perpetrators accountable. This can only occur if the community provides support to women once they decide to speak up or leave abusive situations. One daughter mentioned that we need to:

"Figure out how we can create more loving, safe ... home environments for ourselves and for the people that we love."

Daughters suggested that religious institutions should begin to provide safe spaces for those experiencing GBV. They believe that centralizing women's issues and reducing the stigma attached with seeking help is possible if religious leaders challenge GBV and engage in this important dialogue. Community leaders must interfere and take an active role in situations related to GBV through interventions, such as mediation. There needs to be community wide advocacy and support for South Asian women facing GBV, and a push for culturally responsive resources.

"Gurdwaras are for me, I would consider it a safe haven where I could go pray, but I would also like it to be accessible if we're going through a situation of gender based violence...someone [should be] there to hand out resources and connect me with someone in our community."



Unfortunately, when I brought [this] up to someone at the Gurudwara, he just said, that this is not our expertise and we don't get involved in matters like that."

Needs:

The need for appropriate and culturally sensitive resources

An underlying and prevalent theme throughout the community conversation was the urgent need for appropriate and culturally responsive resources. A daughter made an important point about how the criminal justice system is not always the solution as most families do not want to contact law enforcement. As a result, it is integral that alternatives be provided so individuals can make the best decision for themselves. Currently, accessing mental health support is extremely costly and it is difficult to find a therapist who utilizes a cultural and intersectional lens, which makes it inaccessible.

"Who do I go to, to talk about that kind of stuff? I had nobody. Even when I was finding counselling, like I looked at southasiantherapists.org, but there was nobody on there that was affordable. I was paying a hundred dollars plus per hour for therapy. Which is not great when you don't have a job and you're paying your mom's bills because your dad is now refusing to pay your mom's bills and you're paying your own bills. So it would have been great to know where to go for that."

Other resources which are needed are:

Resource Toolkits

- A comprehensive website which encompasses multiple resources, supports and toolkits consisting of safety planning for South Asian women experiencing GBV either directly or indirectly.
- Culturally responsive resource lists for physicians which they can provide to patients who may be experiencing GBV:
 - *"We need culturally responsive resources. We need health practitioners who are able to sense the warning signs when someone's going through something and are able to talk to them. I think health practitioners need resources, they need to get together with these other service providers who are in the SA community to be able to refer people or even explain this topic to people that are coming in as patients."*



- Need for resources that help newcomer/immigrant women in cases of GBV, as oftentimes their dependent status makes it more difficult for them to leave abusive situations.

Workshops

- Workshops which discuss topics related to GBV, such as navigating divorce, mental health, power and control dynamics in abuse, workshops for men/boys who have been impacted by GBV, preventative education (healthy vs unhealthy relationships, identifying red flags, defining GBV), etc.
- In order to encourage education from a younger age on unhealthy and healthy relations and GBV, there need to be partnerships with schools so workshops and conversations can be facilitated around these topics.

Support Groups/Counselling

- Spaces such as support groups where individuals can share their stories of GBV and vocalize the topic, in order to normalize discussing it.
- Counselling programs such as relationship therapy for South Asian couples.

Appendix

Questions posed during our community conversation:

1. What brought you here? What do you hope to achieve from this conversation?
2. What is your understanding of GBV as a daughter? How does it differ from the view of the South Asian community?
3. As a daughter, what supports do you see available on GBV? What types of supports do you think you would benefit from the most when it comes to GBV?
4. If you've accessed any resources, did you feel they were effective?
5. What have the impacts of GBV been on you or a loved one?
 - a. How do you see these impacting you long-term? Short term? (eg financial, personal, emotional)
6. How can an organization like Laadliyan/other grassroots groups/resources support you and your family/loved one? What types of supports are you/would you be comfortable accessing? What would you like to see in future community conversations?