

Impact of Gender-Based Violence (GBV) on the Mental and Physical Health of Bangladeshi Canadian Women

By

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Preface

Gender-based violence (GBV), cases at home, have consistently been of immense concern. Statistics Canada estimates that nearly 653,000 Canadian women have experienced some form of domestic violence, a common sub-category of GBV¹. However, recently, due to the COVID-19 pandemic, these issues have been brought to the forefront of gender-based violence discussions. The social and economic stress brought by the COVID-19 pandemic exacerbated pre-existing social norms and gender inequality issues. In Canada, government authorities, women's rights activists, and civil society partners have indicated an overall increase in reports of domestic violence during the virus and lockdown sessions². Some of the contributing factors to the rise in GBV are financial insecurity, employment interruption, and stress-induced social isolation. Furthermore, women coming from immigrant households face unique challenges and the above. These make them more susceptible to violence and less likely to escape from its vicious cycle.

Bangladeshi Canadian, even South Asian women are chronically underrepresented in research and literature. Scholars, activists, and social service providers, working with South-Asian immigrant women suggest that despite limited statistical data documenting domestic violence in South Asian communities, it remains a pervasive and pressing issue³. The structural and socio-cultural barriers these women must confront will intensify patriarchal norms within South-Asian communities.

The Canadian center in this study intended to examine the causes and impacts of gender-based violence on the mental and physical health of Bangladeshi Canadian women, mostly during COVID-19 period. Also, to identify the service gap that these groups of women experienced. Canadian Center would suggest mitigations to help bridge the gap and advocate for the women who feel stuck in violent situations with nowhere to turn.

¹ Alaggia, R., & Maiter, S. (2006). Domestic violence and child abuse. Cruel but not unusual: Violence in Canadian families, 99.

² UN Women (2020a) The Shadow Pandemic: Violence Against Women and Girls and COVID-19, New York, USA. Available at: <https://www.unwomen.org/en/digitalibrary/multimedia/2020/4/infographic-ccovid19-violence-against-women-and-girls> [Accessed 14 September 2021]

³ Chokshi, R., Desai, S. & Adamali, A. (2009). Overview of domestic violence in the South Asian Community in Canada: Prevalence, issues, and recommendations. In J. Fong (Ed.), *Out of the shadows: Woman abuse in ethnic, immigrant and Aboriginal communities* (pp. 147-170). Toronto: Women's Press.

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The research team would like to thank all the people who participated directly or indirectly in this research project. Their contribution has enormously encouraged us to finish this project and to identify the actual scenario of gender-based violence (GBV) among our community.

We wish to thank all the women interviewees who agreed and responded to our questions. In addition, we are thankful to all the participants in our focus group discussions; without their comments, we would not get the complete scenario of GBV.

Our heartiest thanks to all the key informants Dr. Nilanjana Datta, Barrister Umme Habiba, Asma Ahmad Masood, Zarina Sherazee, Soraya Khaleeli, and Mostafa Kamal, who gave their consent to be interviewed despite their busy schedule that has enriched our research with their expert opinions. We are also immensely grateful to all our staff and volunteers who have continuously supported us throughout the research work.

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Finally, we would have never been done this research without the financial support from the Federal Government's department of Women and Gender Equality (WAGE) and the Canadian Women's Foundation. Our heartiest thanks to them for their help. Bangladesh Center and Community Services (BCCS) was our partnership with charity status receiving and dispatching funds, thanks for their support.

Table of Contents

The Research Team.....	i
Preface.....	iii
Acknowledgment	iv
Table of Contents	v
Executive Summary	vii
Introduction.....	1
Research Objectives.....	2
Research Methodology	2
Ethical Consideration.....	3
Literature Review.....	3
Major Findings.....	6
GBV during and before pandemic among Bangladeshi Canadian Women.....	7
Causes of Gender-based violence	11
Where do women connect after being abused and why not be connected.....	12
Impact of Gender-based violence	14
Men Concerned to end Gender-Based Violence.....	15
Limitations	16
Recommendations.....	17
Ensure access of information	17
Organize Educational programs.....	17
Provide Counselling and Mentorship Services	17
Develop Partnerships	17
Allocate More Funding	18
Development of culture-specific services.....	18
Develop an action plan.....	18
Organize community Storytelling.....	18
Mediate during conflict resolution.....	19
Conclusions.....	19

Bibliography 20

Appendix 1: Interview Consent Form..... 24

Appendix 2: Questionnaire 1 25

Appendix 3: Questionnaire 2 31

Appendix 4: Questionnaire 3 (Virtual Workshop)..... 33

Executive Summary

According to UN WOMEN 1 in 3 women experienced physical or sexual violence mostly by an intimate partner particularly after the outbreak of COVID-19. This situation has been increased in many countries⁴. Due to the measures taken to control the spread of the virus, the cases of Gender Based Violence (GBV) become more evident among the immigrant communities. Limited access to information and support along with lack of awareness and education has worsened the situation. The experiences of Bangladeshi Canadian women portray the same although there is not enough research or studies have been conducted on this issue.

According to Bangladesh High Commission in Canada, about 100,000 Bangladeshi-origin people are living in Canada and the migration reached its peak in the late 80s (www.bdhcottawa.ca). This report tried to identify the current situation of GBV among Bangladeshi Canadian women after giving due consideration to the experiences of women from the Bangladeshi community. Also, it aimed to discover the impact of GBV on mental health among Bangladeshi Canadian women during COVID-19 as well as to place /provide recommendations for victims to have easy access to services and resources.

This study is based on survey questionnaire, Focus Group Discussions (FGD), Key Informant Interviews (KII), and In-Depth interviews (IDI). A total of 77 individuals have participated in this research. The research used convenient sampling primarily to identify respondents for the survey, followed by the snowball method. The research is done with the financial support from the Federal Government's department of Women and Gender Equality (WAGE) and the Canadian Women's Foundation.

Major Findings

- The study covered the female population with an age range between 18 to 68+ years. The survey explored some level of GBV in slightly more than half (53%) of the respondents who experienced it throughout their married life although it was never disclosed. About 50% of participants expressed their experience of GBV or shared the information of other women

⁴ UN Women. (n.d.). (2022, January 25). The shadow pandemic: Violence against women during covid-19. Retrieved from <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

being suffered from GBV during the pandemic. The younger age group (28-37 years) was more vulnerable. There was a higher number (75%) of participants who experienced violence at home. The participants were not necessarily victimized at home by partners as expressed by 12% of the respondents; mothers-in-law, kids, daughters-in-law also engaged in GBV at home and this happened immediately after their arrival in Canada being a dependent.

- GBV event among Bangladeshi immigrant women was not disclosed due to culture and male-dominant attitude in the Bangladeshi community. Non-disclosure was mostly (67%) influenced by dominant male attitude followed by prevailing culture and belief of not to speak out (50%). Financial dependency (39%) and language barrier (22%) were other critical reasons. Not being aware of regulations regarding women's safety (28%), increased poverty due to COVID-19 (22%), religious belief, and unfamiliarity with Canadian work culture (14%) were additionally discussed. Apprehension of not getting custody of children was identified as a reason why Bangladeshi women had to stay in abusive relationships throughout their conjugal life. Addiction and mental issues of partners were explored as other factors of GBV in the Bangladeshi community.
- Bangladeshi immigrant women rarely asked for help when faced violence; more than one half (57%) of the victims did not move to seek help and lack of information about the support system was the attributable factor in 50% of cases. In addition, expensive and non-cooperative social support system was an issue in the community. Insecurity and apprehension about a delay in getting residency status consequent upon clashes with family on whom they were dependent prohibited their help-seeking behavior.
- GBV impacts both the mental and physical health of immigrant Bangladeshi women; adverse cognitive effects were expressed by 84% of participants. The outcome was depression in association with stress, loss of appetite, and insomnia. GBV is likely to have an impact on children's mental health; observing violence at home in face of existent cultural diversity may drive them to grow up with severe behavioral and emotional turbulences with consequence of developing very low self-esteem.
- Men also believe that Bangladeshi Canadian women are being abused. They think that it is exacerbated by a lack of education, financial dependence, and isolation from other family members and friends.

Recommendations

This study provides several recommendations including:

- Ensure easy inclusive access for reporting and getting help and other services
- Education through organizing various community programs and training to reduce risk of GBV
- Provide linguistically and culturally appropriate counseling and mentorship services for victims to recover from the crisis and mental health challenges
- Develop community partnerships for survivors of violence to get immediate support services, including health, legal, shelter, and others
- Plan and organize workshops to disseminate information on causes and effects of GBV to raise awareness among community members to deal with GBV as a social issue rather than a family issue and to safeguard the victims considering human rights
- Raise funds to deal with GBV
- Formulate an action plan to address GBV in the Bangladeshi Canadian community

Introduction

Violence is a leading cause of death across the globe, accounting for 1.6 million annual deaths leading this to an essential public health issue⁵. The World Health Organization (WHO) (2002) defines violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.” Many of the biological, environmental, or social factors like poverty, power imbalance, minority status in the society can trigger the act of violence. One of the prevalent and persistent forms of violence is GBV, which affects one in three women in their lifetime⁶.

It can happen beyond cultural, geographical, political, social boundaries, including physical, sexual, mental, or economic harm inflicted on a person because of socially ascribed power imbalances between males and females (www.unicef.org). Intimate partner violence, sexual violence, child marriage, female genital mutilation, trafficking for sexual exploitation, female infanticide, etc., are the acts commonly done as GBV.

GBV can occur at any stage of a woman’s life, but it becomes more complex in crisis. For example, one systematic review found that approximately one in five refugees or displaced women in complex humanitarian settings experienced sexual violence. However, this is likely an underestimation of the true prevalence given by many barriers for disclosure of GBV by the survivors⁷. More recently, cases of GBV have increased globally due to COVID 19 pandemics, as pandemics often lead to breakdowns of social infrastructures, thus compounding the existing weaknesses and conflicts⁸.

In the case of immigrant women, limited host-language skills, isolation, less contact with the community, lack of access to dignified jobs, uncertain legal statuses, and experiences with

⁵ World Health (n.d.). (2022, January 25). World Report on violence and health - who. Retrieved from https://www.who.int/violence_injury_prevention/violence/world_report/en/abstract_en.pdf

⁶ World Bank Group. (2022, January 25). Gender-based violence (violence against women and girls). Retrieved from <https://www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls>

⁷ Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., & Glass, N. (2022, January 25). The prevalence of sexual violence among female refugees in. Retrieved from

⁸ UNFPA. As Pandemic Rages, Women and Girls Face Intensified Risks. (2020, March 20). Retrieved from <https://www.unfpa.org/news/pandemic-rages-women-and-girlsface-intensified-risks>

authorities in their origin countries often exacerbate domestic violence situations⁹. During the pandemic, measures like maintaining social distance or imposed lockdown force women to stay at home, leading to the increased rate of GBV globally. This report focuses on experiences of GBV among Canadian Bangladeshi women.

Research Objectives

Through this research project we would like to address the emergence of the following needs due to COVID:

- a) To identify the impact of GBV on the mental health among Bangladeshi women during COVID.
- b) To point out the service gap to support them after facing such trauma and made suggestions for institutionalized breaches.
- c) To find out appropriate recommendations for victims to have easy access to services and resources ready for them.

Research Methodology

This research used mixed methods, including literature review, in-depth interviews, key informant interviews, focus groups, and survey questionnaires. The surveys, discussions, and focus groups have been administered in person, online, and via telephone. The research team developed a structured questionnaire (Appendix 2: Questionnaire 1) to assess respondents' personal experiences, knowledge, and attitude about GBV. Two focus group discussions aimed to identify the detailed information and data from selected community members rather than a bigger group of individuals, including men, to know their opinions. In-depth interviews with GBV victims followed these. Key informants' interviews with experts, including physicians, social workers, lawyers, family counselors, women, and community workers, tried to identify the service gap that usually prevents victims from getting into the support system. We used convenient sampling primarily to identify respondents for the survey, followed by the snowball method, as it

⁹ Menjivar, C. (2022, January 25). Immigrant women and domestic violence common experiences in different countries. Retrieved from Academia.edu: <https://www.academia.edu>

was hard to identify victims of GBV from the Bangladeshi community as most cases are unreported. A total of 77 individuals, mainly from the Greater Toronto Area (GTA), participated in the study and provided information on GBV in the Bangladeshi Canadian community.

Ethical Consideration

To ensure reliability and validity, we have done pre-test and post-test of the survey questionnaire. We have highly emphasized an ethical approach in conducting our research. The Canadian Centre for Information and Knowledge has seriously taken participants' confidentiality. There are protocols to ensure that all personal information is kept confidential and not attributed to any individual or organization. The research team used the personal data for the sole purpose of the research. A consent form was (Appendix 1: Interview Consent Form) sent to get consent from all the respondents before the discussion. Participants were well informed about the research objectives and aware of their voluntary participation and right of withdrawal at any time.

The team has preserved the recordings of FGD and the transcribed copies and made those accessible by the research team only.

Literature Review

Women around the world experience gender-based violence in various forms, settings, levels of frequency and severity, mainly conducted by intimate partners, family members, or others, and the feelings of insecurity restrict women's lives in countless ways, hampering their health, as well as their civil, political, economic and social rights¹⁰. Most recently, the discussion on GBV has got a different dimension with the unprecedented outbreak of COVID-19. The social and economic stress brought about by the COVID-19 pandemic exacerbated pre-existing social norms and gender inequality issues. In Canada, government authorities, women's rights activists, and civil society partners have indicated an overall increase in reports of domestic violence during the virus and lockdown sessions¹¹.

¹⁰ UN Women. (n.d.). (2022, January 25). The shadow pandemic: Violence against women during covid-19. Retrieved from

¹¹ UN Women (2020a). (2021, September 14). The Shadow Pandemic: Violence Against Women and Girls and COVID-19. Retrieved from <https://www.unwomen.org/en/digitalibrary/multimedia/2020/4/infographic-ccovid19-violence-against-women-and-girls>

Murhula, Singh, and Myende (2021) found increased occurrences of gender-based violence in different developing and developed countries during the Covid-19 pandemic. Financial concern was one of the significant contributing factors in developing countries, with depression, fatigue, anxiety, etc., to be the other related factors¹². Stress and worry from insecurity and health concerns enhanced by lockdown during the pandemic resulting in isolation with aggressive partners and separation from other individuals and resources were associated with increased gender-based violence during this period in developed countries as these countries are not having many economic difficulties.

Gutura and Nunlall (2020) studied the correlation between Covid-19 and global gender-based violence, specifically gender-based violence in South Africa. They found an increase in such violence during the pandemic with joblessness, isolation due to lockdown, psychological strain, alcohol with both its effect on aggression and withdrawal symptoms associated with less availability during the pandemic, etc. as the related causative factors¹³.

Women coming from immigrant households face unique challenges in a new environment and are always vulnerable to GBV. This increased vulnerability is due to isolation from the society, language barrier, limited or no knowledge regarding available and essential resources, lack of financial autonomy, uncertain immigration status, socio-cultural stigma, possessiveness, mistrust, jealousy, etc.^{14 15}.

Sabri et al. (2020) examined the relation of COVID 19 and GBV within the immigrant community¹⁶. The struggles that immigrant women usually face have become more intensified during COVID-19 with the measures like stay-at-home that force the women to stay with the abuser. Many of the women were not able to meet friends or others due to the interruption of many

¹² Murhula, P. B., Singh, S. B., & Myende, S. M. (2021). The COVID-19 pandemic and its impact on gender-based violence: A global review and analysis. *International Journal of Criminal Justice Sciences*, 16(1), 84-96.

¹³ Gutura, P., & Nunlall, R. (2020). Gender-based violence amid the COVID-19 pandemic: A critical reflection on the global response. *Acta Criminologica. African Journal of Criminology & Victimology*, 33(3), 108-124.

¹⁴ Sabri, B., Campbell, J. C., & Messing, J. T. (2021). Intimate partner homicides in the United States, 2003-2013: A comparison of immigrants and non-immigrant victims. *Journal of Interpersonal Violence*, 36(9-10), 4735-4757.

¹⁵ Sabri, B., Nnawulezi, N., Njie-Carr, V., Messing, J., Ward-Lasher, A., Alvarez, C., & Campbell, J. C. (2018). Multilevel risk and protective factors for intimate partner violence among African, Asian, and Latina immigrant and refugee women: Perceptions of effective safety planning interventions. *Race and Social Problems*.

¹⁶ Sabri, B., Hartley, M., Saha, J., Murray, S., Glass, N., & Campbell, J. C. (2020). Effect of COVID-19 pandemic on women's health and safety: A study of immigrant survivors of intimate partner violence. *Health Care for Women International*, 41(11-12), 1294-1312.

services. Many immigrant women do not have access to the services offered online or by phone which increases the chance of abuse.

Two-fold is the impact of GBV on women during the pandemic. First, women are the most affected by the pandemic, given that they are known to have a more anxious temperament. In addition, there are the stressors of facing GBV in a very solitary environment, such as a lockdown. Studies have shown that women with histories of physical violence have significantly higher incidences of major depression and that 50% of women who have experienced violence also have had a mental health diagnosis¹⁷. The risk of developing depression, PTSD, substance use issues, or becoming suicidal was three to five times higher for women who had experienced violence. Shelters and transition houses have reported that over half of women suffer from significant depression, and over 33% suffer from PTSD. The Ontario Canadian Mental Health Association found a meaningful connection between experiences of sexual violence and suicide attempts, a correlation that is twice as strong for women. The pandemic and occurrence of GBV create an especially harmful environment for women and their health.

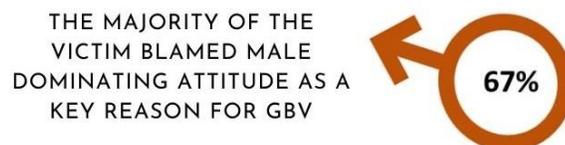
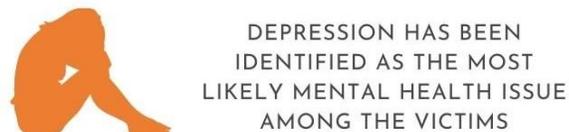
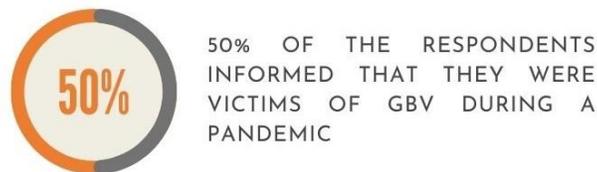
In summary, gender-based violence is a complete violation of human rights that leaves a long-term physical and mental impact on women, and in cases of immigrant women, the effect becomes deepened due to their status and nature encoded by the cultural norms that they bring from their origin. Experts working on GBV have recommended an integrated approach to address the causes and effects of GBV that derive from the intersection of many issues. Allocation of additional resources, including evidence-based measures, putting women at the center of policy formulation and change process, integration of GBV prevention into women's socio-economic empowerments are some of the recommendations done by UN Women that the government should take to end GBV. Coovadia Z and Kaplan S (2017) mentioned gender budgeting as an initiative to use fiscal policy and administration to address gender inequality and women's advancement¹⁸.

¹⁷ Canadian Women's Foundation. (2018, February 9). How gender-based violence impacts mental health. Canadian Women's Foundation. Retrieved from <https://canadianwomen.org/blog/how-gender-based-violence-impacts-mental-health/>

¹⁸ Coovadia , Z., & Kaplan, S. (2020, September 7). Gender budgeting: A tool for achieving equality. Gender and the Economy. Retrieved from <https://www.gendereconomy.org/gender-budgeting-a-tool-for-achieving-equality/>

Major Findings

Bangladeshi Canadian women suffer from GBV before and during COVID though most of the cases are unreported, which has been revealed by this research. All the methodologies have identified the nature key reasons of GBV within the Bangladeshi community in Toronto and have recommended ways to stop violence against women. The prevailing socio-economic inequalities by mixing with the consequences of COVID make the GBV situation more vulnerable. Followings are the findings driven from this research:



GBV during and before pandemic among Bangladeshi Canadian Women

Women experienced GBV throughout their lives

The quantitative analysis of the findings from the survey explored 53% of participants to have experienced some level of GBV throughout their married lives that they never disclosed. In Bangladeshi culture, GBV is considered as a very private issue. Man is considered the prime decision-maker in the family. *"Women are taught to tolerate whatever men do and however they treat women. Men's actions are always undisputed and unquestionable. Norms of acceptability of male partner's abuse are pervasive as women recognized men are more powerful at home"* said the participants at FGD. Banarjee S (2020) points out that *"... the patriarchal social structure, forced marriage, early marriage, marital rape, sexual abuse, sexual violence in households, and barriers to legal support are contributing factors for sexual violence in Bangladesh."*¹⁹.

Women who participated in the survey have experienced or heard about GBV during the pandemic

Based on the survey data, 50% of women have experienced or know some women suffering from GBV during the pandemic. "Canada's Assaulted Women's Helpline fielded 20,334 calls between Sept. 1 and Dec. 31, 2020, compared to 12,352 over the same period the previous year" said Yvonne Harding, manager of resource development at the organization (<https://globalnews.ca>). Although this report didn't have an exact figure of Bangladeshi women who called to the helpline, but findings from FGDs reveal this scenario as most of the participants mentioned the increased rate of GBV during COVID with adverse impact on mental and physical health. Islam and Hossain (2021) mentioned that *"People are also forced to expend more time at home, adjusting with additional stress and the reduced income of families increase the risk of GVB."*

¹⁹ Banerjee, S. (2022, January 25). Identifying factors of sexual. Retrieved from https://www.researchgate.net/publication/353717325_Banarjee_S_2020_Identifying_factors_of_Sexual_Violence_against_Women_in_Bangladesh_Journal_of_Aggression_and_Violent_Behavior_Elsevier_Publication_521_1-8_ISSN1359-1789_DOI_101016javb2020101384_URL_ht

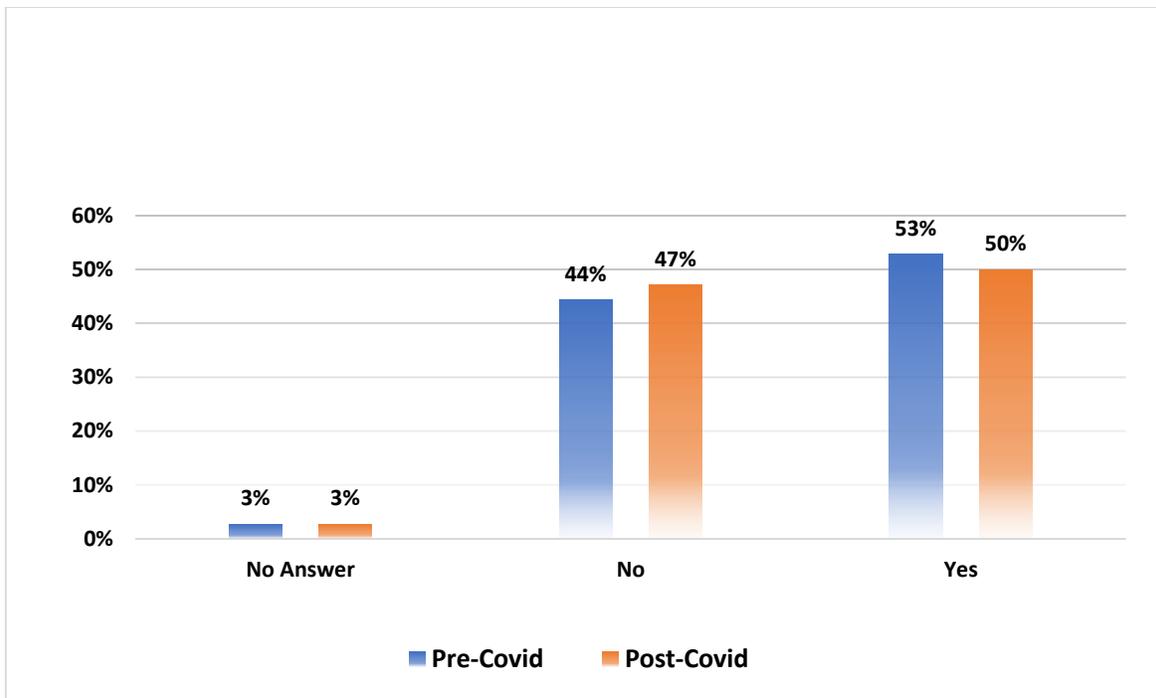


Figure 1: Women who participated in the survey have experienced or heard about GBV during the pandemic.

GBV can happen anytime to any woman irrespective of age and education

The survey covered the female population aged between 18 to 68+ years. Younger women aged 28-37 years in our survey group were the most vulnerable. In general, we assume that older women usually are not affected or impacted by GBV, but data from the survey indicates that 6% of women in the 48-67 age group and 6% from 68+ reported having some violence that also needs to take in consideration when design programs and service aimed to end GBV. This finding relates to the experiment of UN Women. As per the UN Women 2021 report, “*we generally assume that violence against women affects only women of a certain age, and for this reason, most surveys do not measure violence against older*”. Again, most of the women who participated in the survey have some level of education. Interestingly, it is a general notion within the South Asian community, particularly among our target group, that women with less education are more vulnerable to GBV. In contrast, among our respondents' majority of women, 36 % have completed their master's degree, the higher education level.

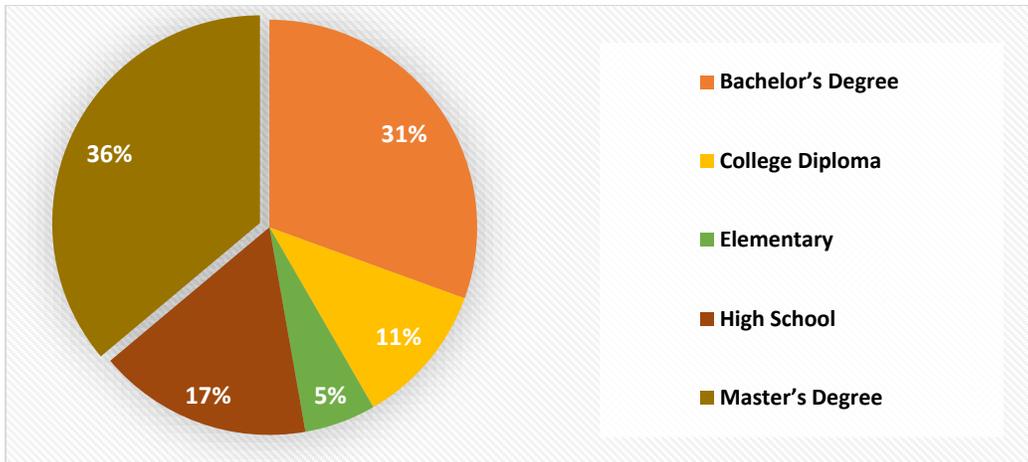


Figure 2: GBV can happen anytime to any woman irrespective of age and education.

Women experience violence mostly at home

Regarding the place of violence, 75% mentioned violence at home both during and before COVID-19. Focus group participants noted that stay-at-home orders for a long time made them confined to stay with the abuser during the pandemic. According to WHO, “*when half of the world population was in lockdown, the number of women and girls who had been subject to sexual or physical violence perpetrated by an intimate partner was no less than 243 million*”. In addition, 13% of respondents mentioned workplace violence, followed by 6% reported at public places, and others, including cyberbullying, were said by 6%.

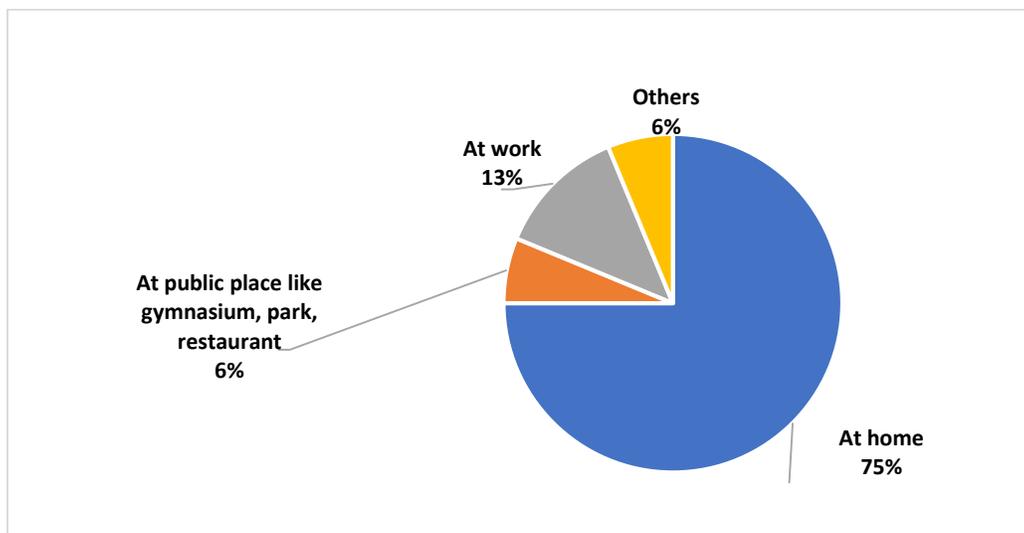


Figure 3: Women experience violence mostly at home

Causes of Gender-based violence

Culture and male-dominant attitude are critical for not disclosing violence happening to Bangladeshi immigrant women

The respondent identified dominant male attitude as the highest influential cause of GBV (67%) followed by prevailing culture and belief of not to speak out (50%). Financial dependency (39%) and language barrier (22%) are other critical reasons. Not being aware of regulations regarding women's safety (28%) and increased poverty due to COVID-19 (22%) are also discussed. The participants also equally identified religious belief (14%) and not being aware of Canadian work culture (14%). These findings express the traditional South Asian culture with ideas of traditional gender roles, patriarchy, and a strong family unit²⁰. Focus group male participants mentioned that "girls in Bangladeshi community from their childhood are taught to give priority to their family reputation even by sacrificing their self-respect."

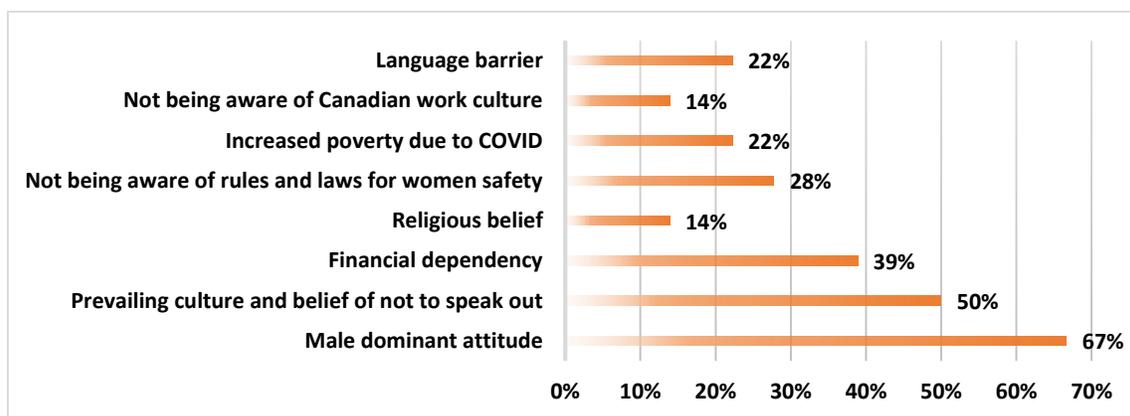


Figure 5: Causes of Gender-based violence (All the responses are counted as 100%)

The well-being of children is also a cause of GBV

The possibility of not getting custody of children is another reason why Bangladeshi women choose to stay in abusive relationships throughout their conjugal life. "We have one kid at home, so police decided to take him to shelter, and then I got connected with him through children aid society; that was so painful for me," said one of the survivors. In addition, FGD participants noted that many women stay in abusive relationships to protect their daughters who are of marriageable

²⁰ Natarajan, M. (2002). Domestic violence among immigrants from India: What we need to know — and what we should do. *International Journal of Comparative and Applied Criminal Justice* vol. 26, no. 2, 301-321.

age. *"Particularly, they fear once the word gets out their daughters who are of marriageable age, will not get suitable marriage proposal"* discussed by the service providers.

Addiction and mental issues of partner

In-depth interviews with the victims have explored a new cause of GBV in the Bangladeshi community: the male partner's addiction and mental health issues. *"I was married to my partner at the age of 18, and just after my marriage, I found him*

"My husband is drug-addicted. After coming to Toronto my husband mentally and physically tortured me from day one. One day I was threatened by a knife and then I locked myself in a washroom. I felt unsafe living with him, left his house, and started living alone in a basement. I am now helpless; I don't know what my future is."

-A respondent

addicted. He started abusing me physically and mentally. But my family forced me to stay with him", said one victim. Another victim reported, *"I came to Canada with my husband. On the same date of my arrival, my husband beat me. I was so shocked and afraid of being a newcomer. After a few days, I found out that he had hidden mental health issues during the marriage."* During the pandemic, the issue of addiction has become another reason for GBV as *"Financial pressures often force men into addictions, i.e., alcohol, gambling, etc., that magnify the abuse perpetrated at home,"* said one of the service providers.

Where do women connect after being abused and why not be connected

Immigrant women rarely asked for help when facing violence

About 57% of female respondents who experienced violence were mainly reluctant to ask for help. Not having any information about the support system (50%) is the main reason. One of the victims shared her experience that *"when I was hit by my husband, as a new immigrant, I did not even know about calling 911, my uncle, who lives in the USA, called 911 and asked for support."* UN Women (2020) mentioned that globally, *"less than 40% of women who experience violence report it, and amongst most of those who do, they will choose to seek help from a family member or a friend; less than 10% of women who seek help go to the police"*. FGD respondents mentioned that *"In most cases, women do not share anything with anyone for fear of being judged, disturbed*

privacy, future of children, and to save the offender". In some cases, respondents shared their experiences of being abused for being single, separated, or divorced. People judged them on the basis of their relationship status and try to objectify them and take advantage of that. Also, there are cases where women are being physically abused after being in a fake relationship. Men try to make false promises and after being physically intimate, they stop all communications. In both cases, women never report to anywhere and these cases remain undocumented.

Lack of information about support system

This research finds that most Bangladeshi immigrant women are not only afraid or hesitant to seek

"I am a single mother, living alone in Toronto. I am facing financial hardship to survive. I want to marry someone and settle my life. When I try to proceed, people approached me in a negative way. They want me to live together first. Either they ask me to go to them or they may come to my home. I don't want this kind of situation. I was suicidal. I am frustrated and hopeless in my life. I don't have a good sleep."

-A respondent

the services they may need, but they are also not aware of the support system. One particular example is the Immigration and Refugee Protection Act (2002)²¹, which aimed to improve the life of South Asian immigrant wives in Canada. However, studies reported that the *language barrier*

prevented 103 immigrant South Asian women from understanding and exercising their rights under the act.

Expensive and non-cooperative social support system

Service providers mentioned expensive social support systems like the cost of hiring a lawyer or an interpreter as one of the causes for many Bangladeshi women not asking for help. The jargon used in the court system is relatively not understandable for newcomers too. Hence, they avoid asking for help and prefer to stay in an abusive relationship. One of the respondents said, *"At the beginning, I contacted one lawyer from my community but did not get much help; moreover, I was badly treated by him. The next time I went to another lawyer, I paid some money to continue the*

²¹ Citizenship and Immigration Canada. (n.d.). Amendment to the sponsored spouse/partner (IMM5490) and spouse/common-law (IMM 5285). Retrieved from <http://www.cic.gc.ca/english/resources/manuals/bulletins/2013/ob541.asp>

case, but he also didn't help me that much and stopped working. Then in 2021, I went to the legal aid and got a lawyer, but I am still not satisfied with their service."

Fear to lose status

Women who applied for refugee or spouse visas avoid clashes with family on whom they are dependent. Victims feel that would delay getting their residency status here in Canada. Sometimes, abuser or relatives threaten them indirectly that if they share anything to anyone else, they will disclose sensitive information regarding their cases.

"My husband did not allow me to work outside, forced me to stay at home most of the time. One day I was physically assaulted by him. After calling 911 my husband was arrested. After one day's locked up, he got bail. Now we are separated. I couldn't share this situation with anyone in my friends and relatives for social stigma and started living far away in Toronto from my community. I am having financial hardship, loneliness, losing taste and I was also suicidal sometimes. I am not even interested to receive treatment from a doctor. I am mentally depressed and don't know how to overcome it."

-A respondent

Impact of Gender-based violence

GBV impacts both the mental and physical health of immigrant Bangladeshi women

84% of participants in the survey mentioned the adverse cognitive effects of GBV; the outcome was a depression in association with stress, loss of appetite, and insomnia. *"I went into severe depression; I am scared all the time. Want to die but don't have the strength to do anything. Since the financial situation was not stable, I fell into extreme uncertainty. I stopped going out of the house and could not go to work,"* said one of the victims. Another older victim said, *"I was crying.*

"Before marriage, he assured me that he would be taking care of my child from a previous relationship. Right after the marriage, he started emotionally abusing me. He was an international student and forced me to sponsor him. He married me only to get immigration status in Canada. When he got his permanent residency by my sponsorship, he left the country to marry another girl in Bangladesh. I fell sick both mentally and physically in this situation."

-A respondent

Whenever I feel that my daughter-in-law is ignoring me intentionally or said something abusive, I burst into tears. I feel like not being loved by anyone."

Impact on children's mental health

As an immigrant, Bangladeshi children are already deprived of having a joint family environment which most of the Bangladeshi Canadians used to have. When children are already in cultural shock, violence at home may drive them to grow up with severe behavioral and emotional turbulences with a chance of having very low self-esteem. One victim mentioned, *"I am having lack of concentration, lack of friends. I am feeling shame to go to any relatives. Cry alone, feel uncertainty about my son's future -what happened. I think he has destroyed my life."* Marques ES, de Moraes CL, Hasselmann MH et al (2020) mentioned that children who are growing up surrounded by violence are more likely to become perpetrators of violence in the future or survivors of GBV²².

Men Concerned to end Gender-Based Violence

To identify men's perspectives toward gender-based violence and ways to engage themselves to end GBV, we organized a focus group discussion with male participants from the community. Men also mentioned that GBV exists among Bangladeshi Canadian women in different forms like physical, cultural, mental, or financial. Women are vulnerable because of lack of education, being dependent financially, not being connected with friends and families.

The participants agreed that during the Pandemic, people face a lot of mental, physical, and financial hardship which fuel up the anxieties among them. Women are the worst victim of that situation. With extra stress of the household works, women face a lot of hardship because of different uncertainty and an increased number of domestic violence.

When discussing why women remain silent and do not ask for any support, men shared that culturally we teach our daughters to keep quiet even when violence happens against them. As an immigrant, women are already vulnerable for many reasons, so they feel helpless. In our culture, girls or women must take all the blame before any justification. Society judges them based on their

²² Marques, E. S., Moraes, C. L., Hasselmann, M. H., Deslandes, S. F., & Reichenheim, M. E. (2020). Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures. *Cad Saude Publica*.

family education, kids' future, social and cultural connections. The main reasons include cultural values, religious misconceptions, worries about children's future, lack of information about where to report and receive support, and lack of culturally appropriate counseling.

There could be multiple ways to support the community to increase awareness or build connections, such as organizing educational programs, making people understand Canadian values while preserving home country's values, more community engagement through volunteering, and providing detailed information on cross-cultural understanding, and family education also important. As well, organize programs like storytelling, sharing experiences from role models, and sharing own positive experiences in small groups.

During the focus group discussion, we found out men's concerns regarding GBV against men. They share examples where they are also facing lots of abuse or violence, especially domestic violence. Toward achieving a solution for gender-based or domestic violence, men want to encourage other males to be respectful toward women and their rights.

Limitations

There are a few limitations of this study. Firstly, the research is a new kind in our targeted community, and there were no prior research studies on this topic. Therefore, we don't have any idea before which can help lay a foundation for understanding the research problem we have investigated. Second, we could not reach out to law enforcement agencies to know their views. Due to COVID-19, we couldn't meet with many respondents in person. Third, the number of samples (10) we have analyzed for in-depth interviews is not good enough to know the broader perspective of GBV that affects the mental and physical health of Bangladeshi Canadian women. Each case is a different kind, and the impacts are also other. One of the significant limitations was this study is not getting complete scenarios of GBV those were affected. Because some of the respondents were not comfortable sharing details as we feel that the abuser was at home during the interview. Due to cultural prejudices, many respondents don't want to disclose their situation, thinking it would create trouble for their families. Finally, we feel that five months were insufficient to roll out an intervention like this in terms of timeline.

Recommendations

There are various recommendations that came up from key informants, FGD, and literature review to solve this issue as follows:

Ensure access of information

Ensure availability of community resources on GBV, including access for reporting, help, and getting services (through flyers, brochures, books, social media, and information sheets) for girls and women in the community. Those can be displayed at doctor's offices, community centers, libraries, Facebook groups, etc.

Organize Educational programs

Education is one of the critical tools to prevent gender-based violence. Education can reduce such risks and result in changes in attitudes and behaviors that may lead to abuse. Education can carry out through organizing various community programs and training engaging youth in the community to let them inform about gender norms, roles, and practices. Community organizations, religious leaders can address the issue of GBV from the pulpit and in religious gatherings.

Provide Counselling and Mentorship Services

Provide linguistically and culturally appropriate counseling and mentorship services for victims to recover from the crisis and mental health challenges. However, the researchers found very few women counselors in the Bangladeshi Canadian community. Hence, more counselors from the same cultural background are needed to provide the appropriate service.

Develop Partnerships

The partnership enables collaboration with government agencies and nongovernmental organizations to combat gender-based violence. By developing a care system through community partnerships, survivors of violence can get immediate support including health, legal, shelter, and others. Develop a collaboration with media and faith-based leaders for challenging gender stereotypes and toxic masculinity (this can be especially relevant to Bengali communities where women find it hard to break cultural norms).

Allocate More Funding

Allocate more funding for collaborative research on GBV and its correlation with immigrant communities with a particular focus on challenges that emerged from COVID -19.

Development of culture-specific services

Plan and organize information workshops on the causes and effects of GBV to make the community members aware that GBV is not a private issue; instead, it is a violation of human rights. Inclusion of GBV curriculum at LINC classes to change the mindset that forces women to tolerate abuse. The messaging should be inclusive of language and accessible in terms of media channels used to ensure reaching all vulnerable groups. For instance, by making it available in multiple languages and broadcasting networks. Organize more community engagement sessions to include all the stakeholders like men, women, kids, policymakers, opinion leaders to make people aware of this.

Develop an action plan

Developing an action plan focusing on the values, norms, culture, and beliefs of diverse communities living in Canada can reduce or end GBV. While making the action plan needs to include community members, local and national level political leaders, religious or faith-based organizations, agencies supporting women, law enforcement agencies, and all the relevant stakeholders. More specifically, the inclusion of cultural representatives and victims or survivors can make the action plan more solid and practical.

Organize community Storytelling

In any community, reducing gender-based violence will never be successful without engaging more men in the process. Participants from a focus group with men revealed ideas about how we can educate and engage more men from the community. Storytelling would be a great thing, to begin with. Sharing own experiences of having a respectful relation at home, at work, or anywhere toward women may help others.

Mediate during conflict resolution

Most of the women in the Bangladeshi Canadian community have a fear to ask for support as they think that if they ask for support, that will lead them to separation. Culturally, religiously and for the sake of their kids, that would be the last resort for them to get separated. So, one size fits all approach will not work, rather we need to have more social workers or counselors who work with the family to mediate the conflict instead of resulting in separation

Conclusions

The main objective of the Canadian Centre for Information Knowledge was to identify the experiences of Bangladeshi women to understand how GBVto impacted them during the pandemic, to identify the service gap and to actively suggest mitigations to help bridge this space, and advocate for the women who feel stuck in violent situations with nowhere to turn. Finding from the survey, FGDs, service providers' interviews, and in-depth interviews with ten victims showed that immigrant women from the Bangladeshi community experience GBV although mostly those were unreported due to cultural norms, immigration status, language barriers, financial dependency, and lack of knowledge about the support services. An integrated effort from all levels of government, civil society, community organization, and allocation of more funds can support Bangladeshi Canadian women to be free from abusive relationships.

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Appendix 1: Interview Consent Form

Canadian Centre For Information And Knowledge

Interview Consent Form

Research project title: The Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi Canadian Women

Date:

Thank you for accepting to be interviewed for the above-mentioned study. We need this consent form to make sure you understand the goal of your participation and that you agree to the terms of your participation. We don't expect any risks as a result of your involvement, but you have the right to end the interview or withdraw from the study at any time. Therefore, please read and sign this form to attest that you agree with the following:

- The interview will be recorded or documented.
- Any summary interview content, or direct quotations from the interview, that is made available through publication or other outlets will be anonymized so that you cannot be identified, and care will be taken to ensure that other information in the interview that coexists with you is not made public.

I have read the above information regarding this research study on the Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi-Canadian Women and give consent to participate in this study.

Name of the Participant

Signature of the Participant

Date

Name of the Researcher

Signature of the Researcher

Date

Appendix 2: Questionnaire 1

Canadian Centre For Information And Knowledge

Questionnaire

The Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi-Canadian Women during COVID-19

Thank you so much for participating in this survey. All your personal information will be kept confidential and only will be used for this research purpose. Please understand that you do not have to participate in this research, and that you can terminate your participation at any time during the course of the research. Also feel free to skip any particular question and move on the next one at any time during the research.

In addition, once the research is finished, you have the right to ask the researchers to not include the information you provided in this survey. This research is confidential and no individuals or organizations will be identified without their written consent. Any information that could reveal your identity or that of your organization will be excluded from any papers that are written based on this research.

PART 1: Demographic Data

1. Name: (Optional)

2. Age range:

- 18-27
- 28-37
- 38-47
- 48-67
- 68+

3. What is your level of education?

- Elementary
- High School
- College Diploma
- Bachelor's Degree
- Master's Degree
- Certificates (please specify)
- Other (please specify)

4. What is your occupation?

- Housewife
- Student
- Private Service (At-home services for instance daycare)
- Corporate Job
- Government Services
- Other

5. What is your marital status?

- Single
- Married
- Separated
- Divorced
- Other

6. Do you have any children or individuals you need to support? Please specify number

- No, If Yes
- Children
- Parents
- Other

7. What is your annual household income?

- Less than 20k
- 20 – 30k
- 31 – 50k
- 51 – 80k
- 81 – 100k
- 100k+

8. Do you contribute to your annual household income?

- Yes (please specify what amount: _)
- No

PART 2: Gender-Based Violence and COVID -19 Pandemic

1. Have you been a victim to any kind of gender-based violence BEFORE the COVID-19 pandemic?

- Yes
- No
- Do not want to answer

2. If you answered “Yes” to the previous question, when did this violence start? Please provide short answer. (For example it began earlier but became more severe during the pandemic)

3. Have you been victim to gender-based violence during the course of March 2020 – Present?

- Yes
- No
- Do not want to answer

4. If your answer is “yes”, where has it been happened?

- At home
- At work
- At public place like gymnasium, park, restaurant
- Others

5. How was the pattern of abuse or violence? (Please give tick marks)

- Physical violence
- Mental violence
- Cyber bullying
- Other (please specify)

6. In your opinion which reasons work most behind gender-based violence?

- Male dominant attitude
- Prevailing culture and belief of not to speak out
- Financial dependency

- Religious belief
- Not being aware of rules and laws for women safety
- Increased poverty due to COVID
- Not being aware of Canadian work culture
- Language barrier

Part 3: Determine the impacts of gender-based violence on women physical and mental health:

1. Is the violent or abusive behavior affects your physical health?

- Yes
- No
- Do not want to answer

2. If Yes, can you please explain briefly about what type of physical effect you have?

3. Is the abusive behavior having an effect on your mental health?

- Yes
- No
- Do not want to answer

4. If Yes, what type of effect you have on your mental health

- Depression
- Suicidal tendencies
- Substance uses
- Stress
- Feelings of avoidance/withdrawal
- Became aggressive
- Lack of appetite
- Sleeping disorder/insomnia

Others _____

5. How was your reaction to these abuses that impacted your regular physical and mental health like burst into tears, distracted at work etc.

PART 4: Access and availability of resources

1. Have you sought out help for the violence you experienced?

- Yes, it has been working so far
- Yes, but it has not been very helpful
- No

2. If the answer is No, what are the reasons?

- Not aware of the support systems
- Prefer not to disclose the incident to any one
- Prefer to be silent out of fear
- Thinking about the future of kids

3. Who do you turn to when struggling with issues of gender-based violence during the pandemic?

- My immediate family (spouse or husband, children, parents, siblings)
- My close friends
- My colleagues
- Community support Services
- Police
- I speak to professionals or attempt to get help externally
- I do not speak to anyone about my struggles

4. Did you receive proper support from family, friends or community? Please share your experiences:

5. Are you aware of the availability of resources that can help facing gender-based violence in Canada?

- Yes, I am well knowledgeable in the resources available
- Yes, I am somewhat aware of the resources available
- No, I am not aware of the resources available to me
- No, I am having difficulty to find the resources available to me

6. Were the options you have tried so far useful in helping you deal with the problems?

- Yes

- No
- Do not want to answer

7. If no, in your opinion what are the reasons for not getting proper service like limited access, expense etc.

8. Do you want to express anything else that you feel needs to be considered for women from Bangladesh who are silent although have experiences violence?

Thank you so much for sharing your experience in this survey. We truly appreciate your time and sincerity in helping our research.

Appendix 3: Questionnaire 2

Canadian Centre For Information And Knowledge

Questionnaire

The Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi-Canadian Women

Service Provider's Information	
Name	
Affiliation	
Name of Interviewer	

Section One: What are the most common forms of gender-based violence happens to Bangladeshi Canadian Women that as a service provider/lawyer you have noticed? What are the root causes of CBV?

Key points: What is your idea regarding gender-based violence in Bangladeshi-Canadian Community? What are the situations that pre-dispose people to Gender-based violence (GBV) in this community? (Probe for example, poverty, culture, social status, etc.? Does pandemic worsen the situation of GBV?

Section Two: How do Bangladeshi Canadian women respond when face any GBV and how are their help seeking behaviors. A lot of these records might be misleading because many offences are not even reported to the police. Why do victims decide not to report?

Key points: Where do people most commonly seek help when they are exposed to gender-based violence? (Probe for specific places). How are women viewed differently from men in the community? Do women/girls or seek for help when they experience gender-based violence? (Probe: Do they tell anyone (family members, other women, health worker, community leader, police/security people/authorities, someone else) What barriers do women and girls face in reporting GBV in this community? (Probe: For example, stigma against survivors, acceptance of violence as normal, fear of intimidation, logistical (cost, distance, hours of operation, etc.), lack of awareness of services, lack of trust in the benefits of services, lack of coordination between services, lack of follow up, or lack of the quality of services)

Section Three: Is there enough availability and accessibility of services within the community when any GBV occurs?

Key points: In your community, where do women and girls most commonly seek help when they are exposed to gender-based violence? Are there community structures that support survivors of GBV? (Probe: If yes, please describe). What services are typically available to GBV survivors in your community? (Probe for services provided to address the health, legal, mental health, safety, and economic needs of GBV survivors. Probe for who provides them? For example, is it a community-based organization, a religious organization, the government? Please list them: Probe: For when and where the interventions and services are offered? Probe for community members' awareness of the services? Do existing services to prevent GBV employ a survivors-centered

approach? (Please explain). Do existing services to prevent or respond to GBV survivors address needs of survivors who are living with disability? Please explain. What is the quality and accessibility of the existing GBV services in this community. What are the gaps in the GBV services provided by organizations in this community?

Section Four: What should be done to improve services, including access to services?

Key points: What do you think needs to be done to break the barriers women and girls face to report GBV and access post-GBV services in this community? What should be done to help GBV survivors in this community? (Probe: How could these efforts be improved?)

Section Five: Recommendation for Reducing GBV in the Community

Key points: What is currently being done in this community to prevent gender- based violence? What can women leaders/groups do to prevent GBV in this community? What can youth leaders/groups do to prevent GBV in this community? What can community/religious leaders do to prevent GBV in this community?

Thank you for your time and ideas. This has been extremely helpful.

Appendix 4: Questionnaire 3 (Virtual Workshop)

Canadian Centre For Information And Knowledge

Research Topic: The Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi Canadian Women during COVID-19

Name of the group participated: Virtual FGD group	Date:
Location: Virtual on ZOOM	Duration: from ----- to ----- (1 hour 30 minutes)
Participant's description:	
▪ Number of women:	
Names of the Facilitators:	
Observer:	

Introduce the topic of the research/FGD:

Good evening everyone and welcome to our today's focus group discussion. You probably are aware that the pandemic due to COVID has impacted our lives in many ways. GBV is one arena that has been dramatically increased during this pandemic. With half the world under lockdown as governments' response to COVID-19, GBV increased significantly (UN Women, 2020a). At the time when half of the world population was in lockdown due to COVID-19, the number of women and girls between ages of 15 and 49 who had been subjected to sexual and/or physical violence perpetrated by an intimate partner (GBV) was no less than 243 million (UN Women, 2020a). Especially marginalized women like immigrant women are more vulnerable to violence due to their spousal visa status, language barrier, shortage of culture specific shelter house. Canadian Centre for Information and knowledge with the help from the Canadian Women Foundation is conducting a research on "The Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi Canadian Women during COVID-19" and this FGD is part of our research. I hope that your answers to my questions will help improve services for women, girls, and families in this community. I expect our discussion to last about one-and a-half to two hours.

Introduce the facilitators: Today I, Touhida Choudhury and Sohelia Bonhi will act as your facilitators.

Agree on group norms and confidentiality: Before starting the discussion, I am now reading the consent form to get your consent about the FGD. Also, this discussion will be recorded only for data collection and nothing will be published without your consent.

We will start with the first section of this FGD and I will ask some general questions to get your response.

First question: A

1. In your opinion what types of abuses happened to women in our community during COVID-19 that you may have witnessed, observed or heard about?
2. What are the main reasons behind GBV that have been happened during the pandemic?
3. What do women usually do after they have experienced such violence? Do they seek help?

Thanks for this section and now we will move to our second part with some specific questions to learn more about the gap of the service.

Second question: B

1. What are the possible impacts of the abuses according to you that happened on women like physical, mental, etc.?
2. Do women look for help when they experience any kind of violence? Do women look for help when they experience sexual violence? Family members, other women, health worker, community leader, police/security people/authorities, someone else)? If yes, to whom they primarily report? If not, what are the reasons for not speaking up about the crisis?
3. What social and legal services exist to help address problems associated with violence (e.g., health, police, legal counseling, and social counseling)?

CLOSING QUESTIONS:

Before we finish, I would like to hear from you that what should we do to end violence against women?

Do you think the topic of today's discussion "The Impact of Gender-Based Violence on the Mental and Physical Health of Bangladeshi Canadian Women during COVID-19" is important to men and boys? And why?

Thank you all for your valuable opinions. This has been extremely helpful. I said in the beginning, that objective of our research is to identify the Impact of GBV on the physical and mental health of Canadian Bangladeshi Women during COVID as well to identify the service gap that victims usually face, all your inputs will contribute to finalize our findings. Please remember that you agreed to keep this discussion confidential. Please do not share with others the details of what was said here. Please do not give details of what was said here, so that we can try to preserve confidentiality and the safety of people who are exposed to violence.

Do you have questions for me? If anyone would like to speak with me in private, I will stay here after we end.

Thank you for your help.

For Further Contact:

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