

Culturally Integrative Responses to Family Violence

Critical Insights on the Culturally Integrative Family Safety Response Model (CIFSR) From
Community Practitioners in London, Ontario

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This report provides an overview of the key themes that emerged from discussions amongst the Community of Practice members involved in the *Culturally Integrative Responses to Family Violence* project in London, Ontario. This project is an ongoing collaborative effort by the Muslim Resource Centre for Social Support and Integration (MRCSSI) and the Centre for Research and Education on Violence Against Women and Children (CREVAWC) with the aim of formalizing guidelines and professional development materials for frontline workers that support the implementation of the Culturally integrative Family Safety Response (CIFSR) model. Frontline workers were asked for their perspectives on the implementation of this model amongst newcomer families dealing with family violence in London, Ontario, and what would happen if a resource like this was not available for frontline workers.

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List of Acronyms and Abbreviations

CREVAWC: Centre for Research and Education on Violence Against Women and Children

MRCSSI: Muslim Resource Centre for Social Support and Integration

CASLM: Children's Aid Society of London-Middlesex

LPS: London Police Services

LCCLC: London Cross Cultural Learner Centre

LICHC: London Intercommunity Health Centre

FACS: Family & Children's Services of St. Thomas and Elgin County

CIFSR: Culturally Integrative Responses to Family Violence

CoP: Community of Practice

AC: Advisory Committee

Executive Summary

Family violence, including all forms of abuse, mistreatment, and neglect, is a recognized global health problem (World Health Organization, 2014), with majority of victim/survivors being women and children (Conroy, 2021; Cotter, 2021; Edleson, 2001). Despite the increasingly diverse population of Canada, limited efforts have been made to include newcomer families within family violence prevention and intervention studies (Ashbourne & Baobaid, 2019). Immigration is a complex experience for many families as they learn to navigate a new and unfamiliar country, often with limited social supports (Okeke-Ihejirika et al., 2020). Recent Canadian immigration trends also show that a large proportion of newcomers are from Africa and Asia, where communities are more likely to uphold collectivist cultural norms (Statistics Canada, 2017; Triandis, 1995). Differences in women's sociocultural background, including their alignment with collectivist values, can impact their help-seeking behaviours and the ways that they create safety for themselves and their children (Ahmad et al., 2009). Fear of stigma from communities, lack of familiarity with Canadian laws and mainstream services, and lack of availability of linguistically and culturally appropriate services that recognize the differences in these women's help-seeking behaviours are some of the many factors that can impact newcomer women's willingness, and ability, to access mainstream violence prevention services (Ahmad et al., 2009; Okeke-Ihejirika et al., 2020). Factors such as pre-migration trauma, lack of opportunities for gainful employment and financial distress, and difficulties in acculturation can also increase men's risk for violence perpetration (Ashbourne & Baobaid, 2019; Clarke et al., 2010; David & Jaffee, 2021; Gupta et al., 2009; Lee & Hadeed, 2009). Implementation of risk assessments or interventions based solely on an individualist lens can result in an underappreciation of the unique risk factors, inherent strengths, and barriers to accessing mainstream services amongst newcomer families.

Thus, there is a need for services to tailor their mandates to ensure responses incorporate an understanding of collectivist perspectives and reflect an understanding of the unique challenges, barriers, and experiences newcomer families may experience. The CIFSR model was developed by Dr. Mohammed Baobaid in 2009 with the goal of providing culturally integrative services to newcomer Muslim families in London (Baobaid & Ashbourne, 2016). Culturally integrative services go beyond cultural sensitivity (e.g., worker trainings, language interpretation, and outreach within marginalized communities by anti-violence agencies) and require the involvement of a cultural organization, in this case the MRCSSI, at each step of the prevention and intervention process (Baobaid & Ashbourne, 2016). CIFSR is a strength-based model, informed by a collectivist lens, that recognizes the unique needs and inherent strengths of newcomer families (Baobaid & Ashbourne, 2016). This framework brings together agencies involved in anti-violence work (e.g., shelter services, police services, child welfare) within a

particular community and the family's informal supports (e.g., extended family and broader collective) to reduce risk and optimize outcomes for the family (Baobaid & Ashbourne, 2016). This model works along a continuum of care, from prevention services (e.g., community education and capacity building for cultural and religious leaders) to intervention (e.g., culturally integrative risk assessment, coordinated service provision, direct services, programming, and referrals) (Baobaid & Ashbourne, 2016). Within this model, the cultural agency acts as the coordinator between the multiple service agencies and community supports and the cultural broker and advocate for the family and larger community (Baobaid & Ashbourne, 2016).

The *Culturally Integrative Responses to Family Violence* project is an active, ongoing collaboration between MRCSSI, CREVAWC, and various service agencies involved in work with newcomer families in London, Ontario. The aims of this project are to evaluate the feasibility of the application of the CIFSR model to support newcomer families experiencing family violence and to develop guidelines and formal partnerships between service agencies in London, Ontario, to support this implementation. This study involves a community-based research approach to explore the perspectives of front-line workers from MRCSSI, LPS (including victim services), CASLM, FACS, LICHC, and LCCLC. Over the course of five months, the CoP and research team met multiple times online via Zoom to discuss four complex case studies of family violence that were addressed by MRCSSI, in collaboration with other service agencies in London, using the CIFSR model. Case studies were partially de-identified and the CoP received information such as the family demographics, family dynamics, the family's pre- and post-migration experiences, the family's experiences of settlement in Canada, the family's engagement with services or agencies, and final case outcomes. CoP members were led in discussion by the research team to reflect on the impact of using a culturally integrative framework, missed opportunities, and some of the challenges that they could perceive in applying this model within their own work within similar cases. The fourth case was unique in that it was created using common themes amongst various cases presenting at MRCSSI to facilitate discussion around what would happen and how services would respond if MRCSSI, or a comparable cultural agency, was not involved in service provision. Meticulous discussion notes were kept by members of the research team which were then used to identify salient themes.

The first section of the findings in this report provides an overview of the various considerations for working with newcomer families and barriers that families might experience when accessing services related to family violence prevention and intervention. The key barriers highlighted were financial stress, community stigma against mandated services, lack of services for men, fear of outcomes, language barriers, differences in understanding of family violence, and pre-migration trauma. The reasons for endorsement of the CIFSR model within the London community is outlined in the second section. The CoP noted that the application of the CIFSR model can go beyond Muslim communities. In addition, the model encourages a holistic way of working with families, involves fathers in the process in a meaningful way to increase safety for the family, gives back some of the power to the families involved, and encourages power-sharing and trust-building between the agencies involved. The model's

involvement of a cultural agency was helpful in that the agency played a coordinating role that lessened the burden on workers and families, increased family trust and engagement, and facilitated collaboration between services, thereby increasing access to support. The third section provides an overview of some of the challenges that agencies might experience when trying to implement this model. Some challenges noted by the CoP were time constraints, lack of adequate funding or resources, lack of services for men, involvement of multiple agencies potentially being overwhelming for the families involved, difficulties in balancing the needs of both the family and individuals involved, difficulties in working with multiple agency mandates, and the lack of a coordinating agency if MRCSSI was not present. The fourth section outlines suggestions on how service workers could be more proactive in this work, a theme that resonated throughout all our discussions. This included the need for proactive work to be done within settlement agencies when screening families upon intake and clarifying what information is disseminated upon arrival.

The report concludes with a roadmap to action developed by the research team that highlights specific recommendations and steps to achieve them:

- **The need for broad based education on family violence within diverse communities and service organizations:** This education should be rooted in an awareness of the differences in understandings of family violence, cultural humility, barriers to access both informal supports, as well as formal services, and lack of understanding within systems of collectivist versus individualist family structures.
- **The expansion of services within settlement agencies to recognize and respond to domestic violence:** Settlement agencies are often the first encounter newcomer families have and thus are an appropriate starting point for prevention. In order to have the capacity to provide proactive and preventive support, settlement agencies need to have adequate funding and support to provide workshops and holistic family support, training for service staff, and the ability to screen families upon intake for stressors that could contribute to the increased risk for family violence.
- **Investment in culturally integrative services to address family violence:** The results showed a clear endorsement of the CIFSR model. The involvement of MRCSSI, a cultural agency, was seen by agencies as critical to being able to address the unique risks in diverse communities. Thus, to establish similar services, it would be valuable to not only consider the best location for such services, but also to use census and population data when setting priorities of the specialized services. Moreover, it is imperative services are equipped with sufficient staff who are trained to respond to and work with culturally diverse families.
- **Providing support for collaborative work across mandated and community-based services.** These relationships can be supported by having memorandum of understandings (MOUs) that agencies can access as well as the establishment of policies and procedures that facilitate and guide workers when building partnerships. There should also be ongoing investment in cross-agency training and a clarification of roles and responsibilities of each agency.

Overall, these findings demonstrate the clear support for the use of a culturally integrative framework by frontline practitioners involved in this project, recommendations for how agencies can formalize collaborative relationships across sectors, and next steps for both preventing and intervening in cases of family violence within newcomer communities. Some limitations for generalizability of these findings were also noted by the research team and the AC. Firstly, it is important to note that the work may have overlooked certain perspectives given the study's collaborative nature necessitated members of MRCSSI be part of the research team, AC, and CoP. In addition, the case studies focused on a small sample of families from Arab or Muslim cultures and consisted of only cis-gendered, heterosexual couples, that were married and had children. Thereby, the perspectives of newcomer families from cultures, sexual orientations, gender identities, and family dynamics outside of these were not considered in this project. Future research with larger, and more diverse samples, is required to measure the effectiveness of this model within newcomer communities.

Introduction

Family violence is recognized as a major and complex social and health issue, a form of gender-based violence, across the globe (World Health Organization, 2014). Various terms (e.g., family violence, domestic violence, gender-based violence) are used interchangeably, both across, and within, diverse social and academic sectors, to describe the phenomenon of family violence (Government of Canada, 2014). In this report, we define family violence as an umbrella term that includes any form of abuse, maltreatment, or neglect towards a child or adult from another member of the family, including incidents such as, but not limited to, intimate partner violence, coercive control, child exposure to domestic violence, woman abuse, sibling abuse, child abuse, and elder abuse. Family violence includes all forms of physical, psychological or emotional, sexual, financial, and spiritual abuse and maltreatment. Within this definition, ‘perpetrator’ does not refer uniquely to an intimate partner, but rather can refer to any member of the nuclear or extended family who may be causing harm, which broadens understanding of the scope and dynamic of the violence within families (Rossiter et al., 2018). Recent police statistics (Conroy, 2021) and self-report surveys (Conroy, 2021; Cotter, 2021) in Canada have demonstrated that women are more likely than men to experience different forms of family violence. Moreover, the co-occurrence rates for domestic violence against women and child abuse are estimated to range from 30% to 60% (Edleson, 2001). Thus, it is primarily women and children who experience the major and long-term impacts of abuse (Breiding et al., 2008; Kashani et al., 1992) including, in extreme cases, domestic homicide (Campbell et al., 2007).

An ongoing issue within the family violence literature is the underrepresentation of newcomer families within research samples (Park et al., 2021). This is especially concerning given the increasingly diverse population of Canada. The 2016 Statistics Canada census demonstrated that one in five Canadians were born outside the country and 21.9% of the general population came to Canada as immigrants (Statistics Canada, 2017). Looking at changes to Canadian immigration throughout the last decade, it is notable that immigrants are more likely to be from Africa and Asia, with fewer coming from Europe (Statistics Canada, 2017). While immigrants and refugees in Canada constitute a heterogeneous group with a wide range of religious, ethnic, and cultural backgrounds and beliefs, it is important to note that the majority of the world’s population outside of North America and select European countries subscribe to more collectivist cultural norms and ideals than individualist ones, which are more common in North America (Triandis, 1995). Individualism and collectivism can be seen as two ends of a continuum that describes one component of an individual’s cultural identity

(Hofstede, 2001; Triandis, 1995). More collectivist cultures place greater value on the goals of the collective group and the maintenance of social roles and obligations than individualist cultures, where individual well-being, unique self-expression, and personal success is encouraged, even at the cost of social harmony (Hofstede, 2001; Oyserman et al., 2002; Triandis, 1995). While this is an oversimplification of this complex dimension of a person's cultural identity (see, for greater detail, Oyserman et al., 2002; Triandis, 1995), as discussed subsequently, the development and implementation of risk assessments and interventions using only an individualist lens can miss critical risk factors and inherent strengths of families coming from more collectivist backgrounds.

Current Canadian statistical data is inconsistent with regards to whether newcomer women are at a higher risk for experiencing family violence. While some reports indicate that newcomer women experience higher rates of family violence than Canadian-born women (Daoud et al., 2012; Hyman et al., 2006), other investigations have noted the opposite trend within their sample (Du Mont & Forte, 2012; Miskurka et al., 2012; Stewart et al., 2012). However, we know from the extant literature that immigrant and refugee women experience unique barriers when trying to leave abusive relationships and access mainstream services. Immigration is a challenging and complex experience for most families as they navigate a new country with unfamiliar laws and language, often with limited social supports and opportunities for gainful employment (Okeke-Ihejirika et al., 2020). Immigrant and refugee women might be hesitant, or unable, to access mainstream services due to factors such as, but not limited to, a lack of information about Canadian criminal and family laws, fears of deportation and financial dependency on an abusive sponsor, or a lack of access to culturally and linguistically appropriate services (Ahmad et al., 2009; Okeke-Ihejirika et al., 2020). Within more collectivist communities, beliefs regarding the importance of preserving family integrity and resolving family disputes within the family, combined with patriarchal beliefs that attribute the responsibility of family management to women, can also contribute to some newcomer women's fear of being stigmatized by their community if they access formal support services and to feelings of self-blame for being unable to 'manage' their family dynamics (Ahmad et al., 2009; Wachholz & Miedema, 2000). As noted by Ahmad and colleagues (2009), while in some cases, collectivist values can increase supports for women and children and improve individual well-being, these values can be exploited by perpetrators to maintain unequal power dynamics. Furthermore, although literature in this area remains limited, present studies stipulate that men's pre-migration trauma, presence of post-migration stressors, and post-migration difficulties in adjusting to new social norms and gender expectations can be risk factors for family violence perpetration and domestic homicide (Ashbourne & Baobaid, 2019; Clarke et al., 2010; David & Jaffee, 2021; Gupta et al., 2009; Lee & Hadeed, 2009). Such risk factors are not included in most standardized family violence risk assessments, resulting in under-recognition of the risks for victimization and barriers to safety for newcomer women and children experiencing family violence.

Over the last four decades, Canadian anti-violence and social services have developed and implemented innovative programs to address and respond to family violence (Eckhardt et al., 2013). These programs, informed by a Western individualist perspective, largely center around a “rescue and prosecute” strategy that aims to separate victim/survivors from their perpetrators (Okeke-Ihejirika et al., 2020). Thus, shelters for abused women became a popular intervention along with sanctions and no-contact orders from the criminal justice system (Bala, 2008; Yoshioka & Choi, 2005). This approach has many limitations which are especially apparent when applied to immigrant and refugee women from collectivist backgrounds (Ashbourne & Baobaid, 2019; Okeke-Ihejirika et al., 2020). As highlighted by Ahmad and colleagues (2009) and Okeke-Ihejirika and colleagues (2020), newcomer women’s help-seeking behaviours are often closely linked to their sociocultural context, such as their alignment with patriarchal beliefs and endorsement of collectivist values, and limited resources and power when compared to Canadian-born women. While some newcomer women might be hesitant to access formal supports due to fear of being stigmatized by the community, others might grapple with fears of deportation or their inability to financially support themselves and their children without their husband, who is often their sponsor (Ahmad et al., 2009; Okeke-Ihejirika et al., 2020). As such, newcomer women are more likely to turn towards informal supports, such as community leaders and trusted friends and relatives, and engage in emotion-focused coping strategies that do not directly involve formal interventions (Ahmad et al., 2009; Okeke-Ihejirika et al., 2020). For example, some of the South Asian women in Ahmad and colleagues’ (2009) investigation described how visiting extended family served to reduce their husband’s violent behaviours, since their husband could not act violently in public out of fears of ruining their public image. When formal services, such as police and shelter services, do not value newcomer women’s diverse responses to intimate partner violence and attempts to increase safety for themselves and their children or do not treat them as active agents in the decisions concerning them, this can further silence and isolate newcomer women (Okeke-Ihejirika et al., 2020; Wachholz & Miedema, 2000). Approaches and responses to family violence focused on intervening after abuse has occurred also do not address factors such as pre-migration trauma and post-migration stressors and adjustment difficulties that can increase men’s risk for violence perpetration (Ashbourne & Baobaid, 2019; Clarke et al., 2010; David & Jaffee, 2021; Gupta et al., 2009; Lee & Hadeed, 2009).

Gaps in services to address family violence among immigrants and refugee populations necessitate a different response, one that understands the collectivist perspective, includes newcomer families in decisions that impact them, and acknowledges the unique risk factors, inherent strengths, and barriers to accessing services that might exist within newcomer communities. Constructive change occurs when family violence prevention and intervention efforts demonstrate cultural sensitivity and competence (Ahmad et al., 2009; Okeke-Ihejirika et al., 2020; Simbandumwe, 2008). Providing professional development opportunities for frontline workers within mainstream services to acquire skills, values, or attitudes that enable them to respond to and understand the beliefs, perceptions, attitudes, language, or behaviour of newcomer communities that they are serving (Arra, 2010; Simbandumwe, 2008) or to address

their own implicit biases and stereotypes towards the culture of newcomers (Pokharel et al., 2021; Warrier, 2008) ensures a foundation for culturally informed practice. Culturally integrative services go beyond this (Baobaid & Ashbourne, 2016) by ensuring that mainstream agencies, such as anti-violence agencies, police services, and child protection services, bring their cultural sensitivity and humility to work with cultural agencies to bridge the gap between their services and the local ethno-cultural community, building relationships over time and coordinating prevention, interventions, and protocols in order to address families' unique cultural contexts (Ashbourne & Baobaid, 2019; Baobaid & Ashbourne, 2016). From a culturally integrative perspective, agencies, partners, and individual service providers, work to understand the cultural context that influences clients' help-seeking behaviours, inherent strengths, and service needs (Baobaid & Ashbourne, 2016). At the same time, service providers avoid stereotypical assumptions about clients' sociocultural or ethno-religious identity that can contribute to dismissal of survivor agency, justify family violence by incorrectly attributing it to a set of cultural or religious norms, and demonize men from marginalized communities (Ashbourne & Baobaid, 2019; Baobaid & Ashbourne, 2016).

Overview of CIFSR

The CIFSR model, as depicted in Figure 1, provides services to respond to family violence within newcomer families along a continuum of prevention, early identification and intervention, and critical interventions (Baobaid & Ashbourne, 2016). CIFSR is a strength-based approach developed by Mohammed Baobaid of the MRCSSI in 2009 (Baobaid & Ashbourne, 2016). The model has been developed with the goal of preventing family violence initiation and escalation thus hoping to contribute to the de-escalation of violence, reduced family disruptions, and minimization of the number of children in care (Baobaid & Ashbourne, 2016). When families are experiencing violence, the model utilizes diverse tools to assess and manage risk, safety plan, and coordinate interventions (Baobaid & Ashbourne, 2016). This model has been applied in many cases to support families within London that seek services through MRCSSI (Baobaid & Ashbourne, 2016).

The CIFSR model utilizes the potential strengths of collectivism, addresses inherent challenges associated with some beliefs and values that intersect with patriarchy within family contexts, and supports the institutional structures around the community to act more collaboratively (Baobaid & Ashbourne, 2016). It takes into consideration that newcomer families are coming from a collectivist background and uses the guiding principles of collaboration, flexibility, and trust to optimize outcomes for the family (Baobaid & Ashbourne, 2016). The CIFSR model requires a cultural organization, in this case MRCSSI, to engage in proactive work that involves building relationships with key service providers like mandated agencies (e.g., police, child protection) and non-mandated agencies (e.g., women's shelter and support services, settlement agencies, cultural agencies), and local ethnocultural communities,

including religious and cultural leaders (Baobaid & Ashbourne, 2016). These pre-existing relationships support enhanced awareness and accountability in prevention and early identification of family violence within various local communities, and are utilized, together with the family and local mentors (e.g., extended family, religious supports) to support and enhance interventions (Baobaid & Ashbourne, 2016). This work aims to foster mutual understanding and trust between services and community members which then encourages the collaborative development of prevention and intervention materials, resources, or services (Baobaid & Ashbourne, 2016). In addition, the pre-emptive engagement with service providers prior to their involvement becoming mandated encourages more flexible responses later on (Baobaid & Ashbourne, 2016).

CIFSR focuses on enhancing relationships between service providers and the collectivist community by encouraging agencies to share power with each other as well as with the family (Baobaid & Ashbourne, 2016). It encourages agencies to listen to the family's unique stories, challenges, goals, and areas of need and provide on-going holistic support to each member of the family (Baobaid & Ashbourne, 2016). In building these relationships, the model facilitates prevention, early identification, and intervention in the form of education, awareness, and collaboration with service providers thereby enhancing family safety and wellbeing (Baobaid & Ashbourne, 2016). When incidents of family violence are identified, a coordinated organizational response team (CORT), consisting of cultural, service agencies, and the family's informal supports, is developed to bring together and coordinate work of different service agencies (Baobaid & Ashbourne, 2016). The Four Aspects Screening Tool (FAST) utilized in this model prompts workers to gather information about families' demographics (including factors such as family structure and level of support), universal aspects (e.g., education, physical and mental health, employment), migration history (e.g., experiences in country of origin, war atrocities, settlement experience), ethno-cultural factors (e.g., cultural identity, understanding of gender roles, sense of belonging in the community), and religious and faith factors (e.g., role of religion for self, role of religion within family, and sense of belonging in religious community) (Baobaid & Ashbourne, 2016). This allows workers to get a more holistic understanding of the family's risk level, areas of need, strengths, and sources of formal and informal supports (Baobaid & Ashbourne, 2016).

Culturally Integrative Family Safety Response (CIFSR)



Figure 1. Culturally Integrative Family Safety Response Model

Note. From *Enhancing Culturally Integrative Family Safety Response in Muslim Communities*, pg. 15, by M. Baobaid & L. M. Ashbourne, 2016, Routledge. Copyright 2016 by Routledge. Reprinted with permission from authors.

Key Aims of Present Report

This project provided the opportunity to assess the implementation of the CIFSR model in London, Ontario, and develop guidelines and professional development materials for workers and agencies looking to implement this model in their work. In London, this model has been used by the MRCSSI on a case-by-case basis, without formal protocols for implementation. Three key aims guided our conversations with the members of the CoP. Firstly, we wanted to better understand the ways that sociocultural context, ethnoreligious beliefs, and migration experiences can act as risk and protective factors for newcomer families. Secondly, we wanted to assess whether a culturally integrative approach to addressing family violence could provide meaningful outcomes for newcomer families that would otherwise not be feasible using a more traditional approach. Lastly, we wanted to use these conversations as an opportunity to understand the ways in which agencies serving newcomer families (e.g., anti-violence agencies, social services, settlement services, community leaders) in London can strengthen and formalize cross-cultural relationships to implement this model in their work.

Methods

Research Design

The larger *Culturally Integrative Responses to Family Violence* project utilizes a community-based research (CBR) approach which encourages researchers and community members to share power at every level in the research process to optimize and enhance community well-being (Goodman et al., 2018). CBR is grounded in the principles of community empowerment, collaboration, and social change and requires equitable decision-making and mutual accountability from all agencies involved in the process (Goodman et al., 2018). This process also ensures that the products of the research are disseminated in equitable ways and are equally meaningful for the partners involved (Goodman et al., 2018). Some examples of the ways in which this approach was applied to the larger study includes:

- Ongoing collaboration between the MRCSSI and CREVAWC in the development and implementation of the project, such as when setting timelines, determining research aims and discussion questions, scheduling meetings, and interpreting results.
- Sharing of preliminary findings with CoP and AC members in multiple formats (i.e., written and oral presentation) with ample opportunity for feedback.
- Acknowledgement of each partner's unique strengths, resources, and interests during the development and implementation of the project (e.g., MRCSSI taking leadership of CoP discussions).
- The use of an AC to guide the work of the project and help to distill some of the key findings, conclusions, and recommendations. The AC was comprised of 18 individuals that included the principal investigators, research team members, and executive representatives from the key service providers involved.

This report constitutes a core component of the larger study. This study used a qualitative collective case study research design to explore and gain an in-depth understanding of the perspectives of front-line workers who are involved with cases of family violence amongst newcomer communities in London, Ontario. A collective case study involves analyzing multiple cases to generate a deeper understanding of the topic at hand (Crowe et al., 2011).

Participants: Community of Practice (CoP)

Participants in this study were CoP members. The CoP included front line workers who represented key service providers in the region of London, Ontario. This list of CoP members was selected by the AC and consisted of frontline workers that have either worked directly with MRCSSI and/or provide culturally informed services to newcomer families in London. The

service providers included were MRCSSI, LPS (including victim services), CASLM, FACS, LICHC, and LCCLC. Anova is the product of a merge between London Women's Community House and the Sexual Assault Centre of London. Anova offers shelter to abused women and their children, support and counselling services to all individuals experiencing gender-based and family violence, and prevention work for communities. The LICHC offers access to health and social services, specifically catering to individuals who face barriers to healthcare, such as poverty, language or culture, mental health complications and more. The LICHC provides a diverse array of services that support newcomers needs. LCCLC is a settlement agency that offers integration support to newcomer families and promotes intercultural awareness. The study recruited three representatives from Anova, one from LICHC, two from LCCLC, two from MRCSSI, two from CASLM, three from LPS, and two from FACS of St Thomas and Elgin County. Of the three LPS members, one was specifically representing Victim Services. In total, 15 front line workers comprised the CoP. Two of the members of the CoP, one from LPS and one from the MRCSSI, were also members of the AC.

Procedure

The research team and CoP met via Zoom on seven separate occasions between July 2020 and November 2020. In total, four cases of family violence within newcomer families were reviewed using the CIFSR model as a framework. In the first meeting the research team provided an overview of the project, explored the perceptions of the CoP regarding family violence in newcomer families, gauged the CoP's general understanding of the CIFSR model and addressed any questions or concerns of the CoP. To accommodate conflicting schedules of CoP members, this meeting was held three separate times and the same content was covered each time. At the fourth meeting Case 1 was reviewed. At the fifth meeting Cases 2 and 3 were reviewed. At the sixth meeting Case 4 was reviewed. Case studies were circulated to the CoP in advance so that they could review the cases prior to the meetings. At the final meeting, the research team provided the CoP members with a summary of the preliminary findings from their previous discussions, in written and oral format, and gave them the opportunity to provide feedback on the reliability of the findings. CoP members were also asked about what supports they would need to implement this model within their agency.

Complex cases, which involved the application of the CIFSR model and cross-agency collaboration, were selected by Dr. Baobaid and Abir al Jamal for this project. After obtaining consent from families, key information about the breakdown of the family structure and dynamic, pre-migration experiences and migration journey, experiences of settlement in Canada and resulting stresses or struggles, type, and length of engagement with MRCSSI, type and length of engagement with other agencies (including mandated and non-mandated services), and family outcomes were extracted from their case file at MRCSSI. CoP members were then asked to reflect on how the integration of a culturally-informed framework and the involvement of a cultural agency influenced the case events and outcomes, specifically what went well, what were some challenges, were there any missed opportunities and any

recommendations they had to offer. The last case was slightly different in that it asked CoP members to imagine that MRCSSI was not present and how their respective services would respond without the input of this cultural agency and its coordinating support.

Overview of Cases

Case 1: The first case described the journey of a Middle Eastern family of four fleeing religious prosecution in their country of origin and settling in London, Ontario. The family experienced extreme war-related trauma in their home country and again in their transit country, resulting in severe physical and mental health complications for the father, mother, and the older child. Within a year of settling in London, intimate partner violence manifested, and the father was charged, arrested and received a restraining order. The family was involved and supported by several agencies including, but not limited to, LCCLC, MRCSSI, child welfare agencies, and police and judicial services. The outcomes of engagement were positive in that the mother became more confident in voicing her opinions and the father was able to receive the appropriate mental health and social services to take accountability for his actions and reconnect with his family in a constructive, healthy, manner.

Case 2: The second case involved a Middle Eastern Arab family consisting of the father, mother, and their five children. The father had abused the mother since early on in their marriage and while his extended family tried to stop him, the abuse continued. When a war broke out in their country of origin, the father witnessed the murder of his eldest brother and the family decided to leave the country. During this time, the eldest son was kidnapped and killed, and the father was also abducted and tortured, but eventually was released. Upon his release, the family fled to a transit country where they suffered from extreme poverty and the father's perpetration of abuse against the mother increased. Three years later, the family immigrated to Canada and faced significant barriers due to language differences, feelings of isolation and mental health complications as a result of unresolved trauma. At one point the father threatened to kill the mother, resulting in police involvement and a restraining order being placed against the father. The family was involved with several agencies including LICHC, MRCSSI, child welfare agencies, and police and judicial services, and others. The outcomes of engagement were positive whereby the mother regained her voice and decision-making capacities, and the children and mother were able to restore their relationships with each other. The father acknowledged that his actions were wrong and continued to live separately since he was ultimately unable to adopt a healthier attitude towards his family.

Case 3: The third case consisted of a family of five of Middle Eastern Arabs. In the country of origin, the father witnessed the execution of his older brother which resulted in the father, mother, and their children to eventually migrate to Canada. The couple struggled financially, and the mother suffered from physical illness and depression which exacerbated their financial stress. The teenage daughter was at heightened risk of lethality at home and thus, all three children were removed from their care and placed in two separate foster homes. The parents also received a restraining order to prevent contact with the teenage daughter.

Multiple agencies were involved with the family's case, such as MRCSSI, child welfare agencies, police, and the justice system. The support received was beneficial because the family received collective and individual support resulting in increased autonomy as well as communication and unity between the family, though the teenage daughter continued to struggle with her sense of belonging, navigating between two cultures, and mental health problems.

Case 4: For the final case, it is important to keep in mind that MRCSSI's involvement was not included because the goal of this case analysis was to determine how the CoP would respond and react to a disclosure of family violence from a newcomer family without the support of a cultural agency. This case study was compiled of themes from families that MRCSSI worked with in the past and included the detailed the journey of a family consisting of the parents and their five daughters. Due to the father's patriarchal views, the mother was expected to obey and serve the family. The father suffered from a mental disability. He was also verbally, psychologically, emotionally, physically, and financially abusive towards the mother and daughters. The family immigrated to Canada due to an economic recession in their country of origin. The family integrated smoothly despite a lack of involvement with settlement services. The abuse had stopped, the children joined extra curriculum activities at school, the mother was excelling in her ESL program, and the father had access to psychiatric support. However, three years later, the family welcomed one of the father's family members, which resulted in increased tension and stress. The father began abusing the mother and daughters again. One of the daughters reported the abuse to a school counselor, which led to the family's involvement with police services, child welfare agencies, and legal services. When the father moved out of the family home, the child protection file was closed, however the father continued to engage in post-separation abuse towards the mother, including using the children as a conduit for this abuse. Eventually, he gained full custody of their children and made plans to return to his country of origin with his children to completely separate them from his ex-wife.

The case discussions involved both big group discussions and breakout discussions and were guided by members of the research team, predominantly those from the MRCSSI. During these discussions, detailed notes were recorded by members of the research team. Although these notes were not exact verbatim, they closely captured the opinions and perspectives of anyone who participated in the discussions. These notes were then utilized in data analysis whereby they were examined by the research team for salient themes related to the CIFSR model and guiding questions. The research team assessed key themes for each case. Once complete, the key themes of each case were compared to evaluate facilitators and barriers in adapting a culturally-integrative response. Specifically, prominent themes were outlined by the research team across the four cases regarding unique barriers newcomer families faced, what aspects of the CIFSR model worked well, what aspects were challenging and recommendations on what can be done to improve implementation. In order to increase reliability of the extracted themes, the CoP members received a preliminary report and an oral presentation outlining the key themes. They then had the opportunity to email or verbally share any feedback they had with the research team.

Results

Unique Challenges and Considerations

The CoP members noted various considerations for working with newcomer families and challenges that immigrant and refugee families might experience when accessing services related to family violence prevention and intervention, illustrated visually in Figure 2.

Barriers Newcomer Families Might Experience When Accessing Mainstream Violence Prevention Services

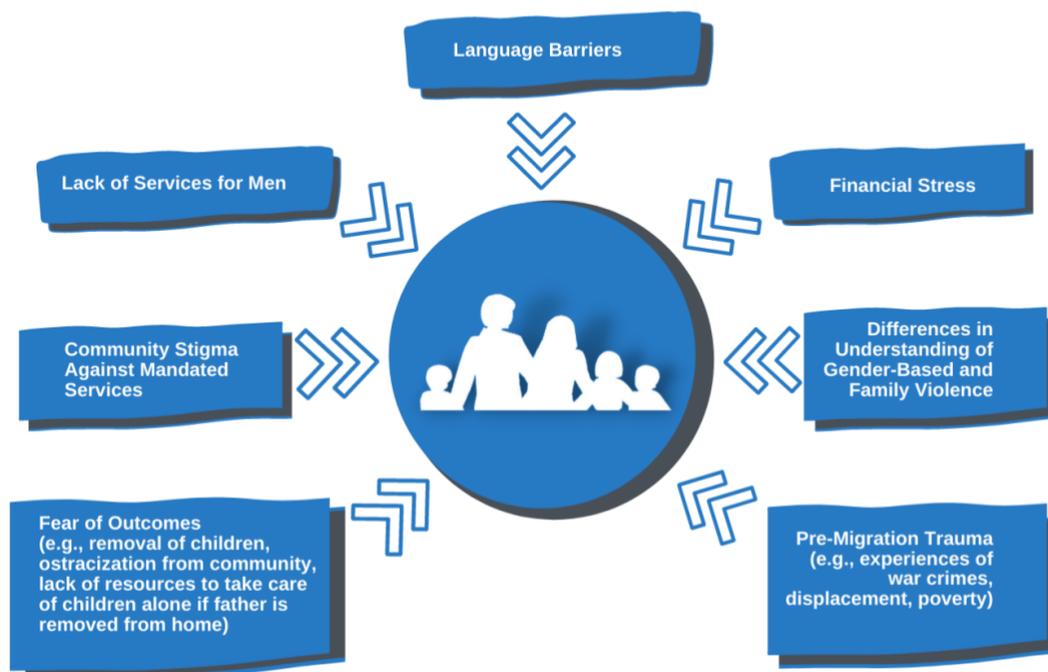


Figure 2. Unique Challenges Experienced by Newcomer Families Following Family Violence

When working with newcomer immigrant and refugee families, members of the CoP noted that it is important to consider the ways in which the concepts of family and communities might differ within collectivist cultures, when compared to individualist cultures.

CoP members also highlighted how women and men's understanding of gender-based and family violence can vary substantially based on laws and criminal sanctions of their country of origin and cultural or community beliefs on what constitutes gender-based and family violence. For example, the CoP mentioned how not all families might recognize the different forms of domestic violence that do not include physical abuse (e.g., sexual, spiritual, financial, emotional, and psychological abuse). This can create barriers for men, who have perpetrated violence, in appropriately identifying behaviours that need to be changed and for women in reaching out for formal support for the abuse that they are experiencing. It is important to note that minimization of violence can be present even outside of newcomer communities.

"We always consider they're coming from a different [culture] and have different ideas of abuse and we have to make sure they understand the risk assessment as we do. Some families maybe physical abuse is the only type they recognize as abuse. Financial, emotional, verbal, and all those stuff are normal and if we talk to them about this stuff and try to let them know this is abuse, they might minimize it." (Anova Representative, Case 4)

Newcomer families also often experience a myriad of barriers towards accessing, and engaging, with mandated and non-mandated services dealing with issues related to family violence. Firstly, families have to be knowledgeable about what non-mandated services exist in their community and what types of supports these services can provide. While this barrier might exist for all families, for newcomer families this might be further exacerbated due to the fact that they are in a new, unfamiliar environment, and their knowledge about these resources can be expected to be reasonably low. Secondly, language and financial barriers can impact families' access to, and engagement with, these services. Some agencies may not have the financial resources, or access to, professional interpreters. An example of how this impacts victim/survivors includes when a victim/survivor is looking to leave an abusive relationship. Even for victim/survivors to access shelter spaces, they have to call and talk to a worker who will let them know whether or not there is shelter space. To speak to the latter point, even though a lot of agencies working with families to deal with the aftermath of violence are free-of-cost, the involvement in multiple agencies require parents to allocate a significant amount of their time towards these services, which can result in reduced time and capacity to generate income. Moreover, not all services are free-of-cost (e.g., criminal defense lawyers or family lawyers) and even when they are, families might still have to use financial resources to access these services (e.g., paying for transportation), especially when accessing culturally informed services (e.g., counselling) that are not always accessible in more remote regions.

“For example, if she calls shelter for space and if she doesn’t speak the language, we need interpreter and for her to get space there, she has to call every day. But if she doesn’t know the language, who will call? Is it the interpreter? She has other things to do, she is not obligated to call on behalf of women.” (Anova Representative, Case 2)

Lastly, members of the CoP highlighted how community stigma associated with these services and community beliefs about the importance of handling family issues within the family, alongside individual fears, can impact families’ willingness to contact and engage with services. In particular, newcomer women might be hesitant to disclose experiences of abuse due to community stigma associated with mandated services (e.g., police and child protection agencies) and personal fears associated with the anticipated outcomes of getting involved with these agencies (e.g., removal of children and ostracization from community resulting in a loss of community support). For some women, these fears might be further exacerbated by negative experiences of mandated services in their country of origin or pressure from extended family and community to not involve mandated agencies in family matters. Moreover, women who are dependent on their partners for their immigration status or to help meet their financial needs (e.g., in the case where they are not fluent in English and do not have stable employment) might view disclosing abuse as more detrimental to their family and their own well-being than not disclosing.

“A lot of women have this belief that the children will go to the husband and that’s perpetuated by how things work in their country of origin ... they also have the belief something will go wrong because that’s what happens back home.” (LCCLC Representative, Introductory Meeting)

“It’s also about feeling incompetent because most of the women, they have lots of kids – four, five, seven – they don’t speak the language, they don’t know how to drive, they are not educated, they cannot take care of the children alone. They do not want to come and tell ‘oh my husband beats me’ because they cannot be independent without the husband. I know of families where the husband lives in the basement and they don’t want to separate because she feels she will not be able to take care of the children.” (LCCLC Representative, Introductory Meeting)

It is important to recognize that when immigrant and refugee families migrate to Canada, in addition to the unique barriers that they might experience in accessing formal supports, they also no longer have the same access to their informal supports (e.g., extended family and friends) that they did in their country of origin. When considering this in the context of the unique barriers that these families might face in accessing formal supports (e.g., shelter services, child protection, and police services) outlined previously, this can leave female victim/survivors without any support in leaving an abusive relationship and caring for their children alone and male perpetrators without anyone to hold them accountable for their actions and provide support for meaningful change to occur. Even when families build informal supports within Canada, these informal supports (e.g., community members) might experience similar barriers in supporting families involved with mandated services (e.g., stigma around mandated services within the community or a lack of understanding of the dynamics of interpersonal violence). Furthermore, while for some women, extended families might be a source of strength and support, for others, extended family and friends might be a source of further abuse and intimidation.

Finally, each family member's individual and collective experiences of trauma (e.g., domestic violence, kidnapping, torture, death of close family) within their country of origin and during transit to Canada can impact them, and their involvement in these services, in profound ways that cannot be dismissed. An understanding of a family's migration and trauma history and fostering empathy related to their experiences is critical towards supporting immigrant and refugee families.

“When I’ve experienced cases similar to this where parents come and have suffered a loss of so many things, Canada is not what they expected, they feel like they’re failing and do not know how to get out of it.” (CASLM Representative, Case 3)

Strengths of Using the CIFSR Model

The CoP identified many advantages and strengths to using the CIFSR model. One was its flexibility for use with a range of families. The first case presented to the CoP consisted of a non-Muslim family who experienced religious prosecution within a Muslim-majority country prior to moving to Canada. When asked by a CoP member whether the family involved was hesitant at any point to work with MRCSSI, representatives from MRCSSI and LCCLC that were involved in this case indicated that the family was not hesitant to work with MRCSSI because they were from a religious minority and did not have access to services within their religious community. The culturally integrative process of working with the family, of recognizing and making space for their religion and culture, optimized outcomes for the family in the end.

The members of the CoP emphasized that the involvement of an agency that works from a culturally integrative lens from the start can help facilitate trust-building with the family. Once rapport has been established, this can help facilitate the “soft transfer” of clients, where the family is also able to more easily trust the other agencies that they are referred to through the cultural agency. This was highlighted in Case 2, where the success of the case outcomes was partially attributed to the early involvement of MRCSSI. This family was introduced to the other services through MRCSSI.

“I think that when MRCSSI is involved, it gives a sense of comfort and a sense of understanding; ‘I know someone from this agency that will support you, let me soft transfer you to this person’. I think that builds rapport and that builds trust. It’s already one point forward. If it’s a [MRCSSI representative] saying, ‘I know [an Anova representative], she’s an outreach counsellor at Anova’, they already have that trust, and it gives leeway.” (Anova representative, Case 2)

Due to the complex needs of the families involved, the CIFSR model’s guiding principle of collaboration, encouraging mandated services (e.g., child protection and police services), non-mandated agencies (e.g., shelters, community health clinics, settlement services) and cultural agencies (i.e., MRCSSI in these cases) to work together to meet the needs of the family, was identified as a major strength for ensuring that all the family’s needs are met appropriately and in a timely fashion. Newcomer families might not be aware of all the resources that are available to them within their community, resulting in families “falling through the cracks” of the system and not receiving timely services that are required to adequately reduce risk and increase family well-being. The model’s guiding principle of collaboration encourages these various agencies involved with families to establish working relationships and be aware of each agencies’ services and referral process. This was highlighted during Case 1 discussions when CoP members recognized the importance of knowing what resources are available within their communities to refer families to the appropriate resources within a timely fashion. This was again highlighted in Case 2 where the agencies, including MRCSSI, involved were able to provide the family with a circle of support and respond to the unique needs of each member from a culturally integrative lens. This resulted in increased engagement from the father, who was held accountable for his actions from multiple service providers, and increased supports for the mother, who felt empowered in her decision-making for her family.

“I think that’s a big piece in terms of, especially folks coming from complex trauma, you do see that collaboration is an essential piece in ensuring that services are provided when they need to be, especially around resources” (LPS – Victim Services Representative, Case 1)

“This family, they have a lot complex trauma, both mother and father, before coming ... and then moving to a different country, it’s a very complex case. So, the involvement of many organizations, such as the MRCSSI, and the sponsor family, and Children’s Aid Society, all together is very helpful because they surround the family with many support.” (LCCLC Representative, Case 2)

“I don’t think risk was increased, more people, more accountability, more support. I think risk would be highest when no one was aware and on their own” (Anova Representative, Case 2)

The CoP members also noted how the presence of a cultural agency that is able to take on the coordinating role within the CIFSR model’s Coordinated Organized Response Team (CORT) can reduce the burden on both families and workers involved in the case and optimize outcomes for the family. The involvement of various agencies can often be overwhelming for parents who have to navigate multiple systems and services by themselves, and for workers, who have to consider the different mandates of each agency involved with the family and might have limited time to do this work. A coordinating agency that can help facilitate trusting relationships and information sharing between the family and multiple agencies involved, as well as between the different service providers themselves, can help lessen the burden on both the family and the workers involved. For workers in particular, this coordinating agency can help facilitate discussion around differing mandates and clarify the roles and responsibilities of the different service providers involved, which also inevitably supports the families.

“In terms of who’s managing that case and who’s taking that lead, it’s important that that is established as soon as possible. We worked closely with the MRC which has been great in terms of making sure folks feel connected and determining who’ll be the lead ... that development of who’s coordinating can lessen the burden (on the family), especially when they don’t know sometimes what’s available and to me when too many players are calling, it can be confusing for the family” (LPS – Victim Services Representative, Case 1)

“This is also overwhelming, like having a lot of service providers, but it’s just having that case coordination and case management makes life easier. So that one person is able to explain and organize what’s going on. And we work with everyone and everyone has different mandate, but MRC coordinates that for everyone so outcome was great” (MRCSSI Representative, Case 1)

Moreover, the CoP members recognized that the coordinating agency needs to work from a culturally integrative lens. The importance of this was highlighted in the first case where MRCSSI acted as the family’s advocate with mandated agencies. At the same time, MRCSSI was able to effectively communicate information from mandated agencies to the family in a culturally sensitive manner. In turn, this relationship between MRCSSI and the family resulted in maintaining good rapport between the family and the other agencies involved, while still achieving the goals outlined by the mandated agencies as necessary for reducing risk and increasing family safety.

“In our efforts to empower woman, I can see us as coming off as, we are asking them to leave, we are asking them to make that choice even though that’s not the intention. That being said, there is often a non-association order in these cases, and that becomes a focus of our talking to the family or talking to the mum ‘remember the non-association order, how’s that going?’ So, it’s helpful to have MRC to have that case management so they don’t fall into breaking that non-association order and that becomes such a focus that she might interpret that as us separating them.’ (CASLM Representative, Case 1)

“The relationship that LCCLC had with MRC was with one specific department and we made sure that all the information was stream-lined within that case manager... it was more coordinated to assist the family, to make sure family members were not getting lost in the translation and navigation piece. And that took a lot of meetings – there were a lot of service providers on call – to get the services in hand and to make sure that the adequate and most accurate information was given to clients. They were respectful of the cultural piece, there was also that education piece of what the expectations were moving forward, making sure it doesn’t happen again, and making sure that the rights and responsibilities of both the husband and wife were understood, as well as the impact on the children throughout the whole process.” (LCCLC Representative, Case 1)

Trusting relationships (one of the guiding principles of the model) which enable power sharing between agencies, was also recognized by the CoP as critical to the positive outcomes of the cases presented. This dynamic involves each member of the CORT valuing the unique expertise of each agency involved in the work. This was highlighted in both Case 2 and Case 3 where child protection agencies worked alongside MRCSSI as equal partners in the risk assessment and decision-making process to optimize the outcomes for the family involved. While Ministry standards and Court requirements were still followed, these were navigated in more culturally integrative ways through MRCSSI's involvement. For example, supervised access was driven by MRCSSI in Case 2 in order to ensure that rapport was maintained with the family.

“The best parts of this was that our agency took a backseat and we asked MRC for a lot of support and we walked alongside them. It wasn’t just us making the decision, it was a lot of ‘what would be the best thing?... Even if you look at the part with the engagement with MRC and how they were doing [supervised child] access and how they were driving it...It helped not having that fear of CAS, because it wasn’t just CAS there” (FACS Representative, Case 2)

“It seems CAS recognized it’s limitations and what it could and couldn’t do. It seems like that was the agency that looked out to the MRCSSI and tried to accommodate the family from their cultural norms. There was the understanding that the main agency did not have a cultural understanding and that was a strength.” (LICHC Representative, Case 3)

This model encourages service providers to slow down, understand the family's unique journey, and share power with the family in the decision-making process. Representatives from majority of the agencies involved identified how taking the time to slow down and get to know the family's history and ethno-cultural and religious identity, followed by giving them some of the power back (that was removed when they initially got involved with mandated agencies) by involving them in the decision-making process was critical in fostering better outcomes for the whole family. There was a general consensus that families, especially victims/survivors, should be involved in the decisions that will impact them and that a holistic understanding of where the family is coming from, as well as their individual and collective goals, areas of needs, and sources of support are important aspects for workers to inquire about.

“They come from war countries and when these families come to Canada, I think that’s one of the biggest barriers, we don’t know these families, we don’t try to know the history” (Anova Representative, Case 2)

“The overall steps and supports to the family, as extensive as it was, and were done well, sometimes it does take slowing down and trying to make sure there is a voice heard by the parties involves so they can be a part of their care plan” (LPS – Victim Services Representative, Case 2)

Some representatives also noted the ways in which their agency was already moving towards more culturally informed ways of working. An example of this was when child protection representatives shared their work with the new Children’s Aid Societies’ ‘Signs of Safety Model’. While this model is not inherently a culturally integrative model, the workers in our CoP identified the ways that it allowed them to work in more culturally informed ways, such as asking the family about their informal supports. This allowed families to have an active voice in who was involved in their care planning and at what stage and capacity.

“I was thinking with my agency and the use of ‘Signs of Safety’. One of the things that in assessing risk, we also find out what is going well and what needs to happen, it’s done through coordination with parents and whoever they indicate are their support. It will be a means of knowing who the people consider a support agency, supports by the family, and that will include with us as well. Who mum finds as support? Based on information received, we can act on that one in finding out who can do what, when, and then how. Because supports come differently. Some are privy to what’s going on, some briefly, but they are all supports and we need to coordinate those.” (FACS Representative, Case 4)

This point was further emphasized in Case 3, where the CoP members believed that a lack of a culturally integrative approach was partially responsible for the teenager’s ongoing mental health problems after re-integration into the family. While the whole family, aside from the daughter, were able to receive culturally sensitive counselling, the daughter did not. The workers analyzing this case indicated that this was likely what contributed to the exacerbation of the daughter’s mental health problems and issues re-integrating into the family when she returned to the family home.

“The teenager is still struggling with her two identities and the mental health problems. Part of the reason was because family received culturally integrative services but the daughter did not. She is still looking, who is she between the two cultures?” (MRCSSI Representative, Case 3)

Father’s involvement in this model can help reduce risk, and create safety, for the women and children involved. In general, there seems to be a lack of support for men who have perpetrated violence, regardless of their cultural, religious, and/or ethnic background. These men often do not have access to a worker or agency that can provide case coordination and referral to the appropriate services (e.g., mental health, criminal justice support) for identifying and improving their capacities as fathers and as a member of their family overall. The CoP recognized that supporting fathers, rather than leaving them out of the picture, in these cases was critical towards mitigating the associated risk for women and children. This does not mean that parents always reconciled in these cases, rather, that fathers were able to recognize the impact of their behaviours on their children. Moreover, newcomer men might present with additional challenges in accessing and responding to services, such as their past histories of trauma and differences in understanding of family structures and their role within the family, which need to be considered.

“I think that a lot of the times why Anova involves MRC is because I think it’s very important that both sides get the counselling and support that’s needed. With Anova, we wouldn’t provide support for an abusive partner, we would only provide support for the woman.” (Anova Representative, Case 1)

“We tend to leave the father out. We need to be purposeful about bringing him into service as well... When they all come together, all family members are experiencing some support and service, then we are maybe able to move forward.” (FACS Representative, Case 2)

This was emphasized in Case 2 where even though the parents did not reconcile in the end, the involvement of the father in services allowed him to recognize that his behaviours were wrong, and that due to his inability to change, he should limit his contact with the family by living separately and only occasionally visiting his children.

“I’m thinking about [dad] and it was kind of refreshing to read that the outcome with him having the intervention, taking Caring Dads, and was still not able to change enough to go back to the family home. Okay, it’s not successful but it was a success. ‘Okay I’m not buying into this, it’s not going to work’ and was able to move on.” (CAS-LM Representative, Case 2)

Challenges in Model Implementation

While there was an overall consensus within the CoP that the involvement of various agencies is critical in reducing risk and increasing supports for these families, the CoP members also recognized that this process of involving multiple agencies can be overwhelming for families. While the involvement of a coordinating agency can help reduce some of this burden, it cannot be completely eradicated, and families might still feel overwhelmed at times. This was emphasized in Case 3 where the involvement of multiple agencies was so taxing on the family, both financially and time wise, that the father had to drop out of his studies in the final year. More collaborative practices, such as group meetings and meaningful information sharing (with consent of the individuals involved) between agencies, can help further reduce some of this burden on families.

“There is a lot of need in a new place, cultural shock that a family is going through, you are looking for a home... once he has a charge, the family needs to do A, B, and C. It prevents some jobs. Then, there is another layer of problems associated with financial stressors. And the time for working and to adjust as a family is taking up by all these programs. The programs keep escalating. Sometimes, the interventions that we put in place can make things more difficult for the family.” (FACS Representative, Case 3)

*“But again, overwhelming the family, too many people, I think it affected the parents. He dropped out of the course in final year? [Yes, he left University]”
(LCCLC Representative, Case 3)*

The CoP brought up some general, practical barriers and limitations that might hinder the implementation of this model within their agencies. These included factors such as lack of funding and resources for professional translators, lack of a diverse workforce, enough workers for the entire family to receive services, and time constraints. However, it is important to note that for majority of these, there was an overall consensus that there needed to be more government-level support to enable culturally integrative services. For example, regardless of funding abilities, in order to interact with families that do not speak English, a translator is required. Furthermore, some workers also identified the ways that they bypassed these limitations within their agencies as a way to continue supporting the families involved (e.g., re-allocation of funding from one pool to another to allow for translators or holding joint meetings to reduce time constraints). These constraints spoke to the larger system-level constraints that might impact all families involved in these services, with the impact being further exacerbated in these more complex cases.

“It is that conversation before family engages in service but also attending the first session with the family, so they are not having several meetings with several people. My meeting is with the provider, so it’s not multiple meetings. I find community meetings like that are the best because it cuts down meetings for clients, cuts down meetings for me, so it’s a win win situation.”
(FACS Representative, Case 3, September 20, 2021)

As noted in the previous section, another limitation identified by the CoP was that not all agencies work with men. As highlighted in these cases, holding fathers accountable for their actions, while providing support for improving the quality of their interactions with the family (e.g., mental health and parenting support), can help increase safety and reduce risk for women and children.

In particular, there was an acknowledgment within the CoP that women’s shelter services are not the right resource for men and that cultural agencies or child protection services are likely a better fit. As noted by Anova representatives, if fathers were involved as a part of standard practice, this might create barriers for women accessing shelter services due to fears of their abusers gaining access to them and their information. Moreover, the victim/survivor (mom in this case) having access to her own agency can give a sense of control and power that might be critical towards improving outcomes for women and children involved. Therefore, the recommendation put forth by some members of the CoP was to have agencies that do work with the whole family separate from a resource that works only with the mother involved. There was also an acknowledgement from the CoP that when an agency is involved with the entire family, there needs to be separate counsellors for the mother and father, and that these counsellors need to be able to effectively manage the unique challenges that might present when an agency is working with both the perpetrator and the victim/survivor (e.g., knowing what information can be shared between the two counsellors and with other agency workers involved).

“How much information does MRC have on mom and what are they giving to dad? We just really need to be careful, who’s working with dad and who’s working with mom and information on mom is only shared with worker at Anova working with mom, to make sure dad is not receiving information about where she is.” (Anova Representative, Case 2)

“If the client said that’s something she wants, that’s something we would possible support with... And it’s actually something we are talking about a lot at Anova, how can we engage abusers but it’s a huge conversation because of the safety risks and we never want a woman to fear coming to shelter thinking we are going to engage the abuser. It’s a sensitive and fragile conversation...” (Anova Representative, Case 4)

There was an acknowledgment that working with, and reconciling, the needs of the family with the needs of each individual within the family is a difficult, but important part of this work. This is addressed through both individual and family level work that is done by multiple agencies. This was highlighted in Case 3 where a LICHC Representative mentioned how in addition to addressing the daughter’s need for culturally integrative counselling, she might have also benefited from further individualized support. Moreover, providing women and children with their own individual sources of support (e.g., individual worker or separate agency) might be critical in allowing their individual needs to not be forgotten in the context of the family, especially when they have experienced trauma and loss of agency and control.

“Another was the pathway of the daughter, when I got the part where she was [kicked out of the foster home], my heart was – this is such a heavy trajectory. I know we are looking at this from a cultural point, but how do we center the individual in that? How her needs could have been centered to pull out her needs because she’s now victimized and not feeling supported. Maybe that’s the struggle, centering the family in the collectivist versus the individual in that case” (LICHC Representative, Case 3)

“...and I know MRCSSI had counselling for mom and dad – sometimes when mom has her own separate agency that she’s working with, because CAS was involved with both parents, MRCSSI was involved with the same family, when mom has her own agency it gives a sense of agency and power and I would keep that in mind.” (Anova Representative, Case 2)

There was a general consensus amongst the CoP members that increasing family safety and reducing risk were core components of their work, however, how risk was assessed and managed differed from one agency to the next. For example, representatives from both child protection agencies and Anova recognized that their agencies have standardized risk assessments which often do not include items specific to factors such as culture, religion, and migration history, and migration or pre-migration trauma included in this model. While they did indicate that some organizations and workers might choose to ask about these factors themselves as a part of their risk assessment and/or care planning for the family, these are not a requirement. Moreover, while MRCSSI works with all family members (mom and dad receive separate workers in cases of interpersonal violence), CAS is only required to work with the primary caregiver (although they can work with both the mother and father), and as stated previously, women’s agencies are often not able to work with the perpetrator due to (genuine) concerns about the impact it has on victim/survivors accessing and responding to their services.

“Risk assessments are standardized. The formal one is standardized, and culture is not really in that but on a regular basis we assess risk every time we go to the home and I know at our agency, we started taking culture into our practice and at every supervision, we discuss that and think of culturally appropriate services we can connect the family with.” (FACS Representative, Case 4)

Recommendations put forth by the CoP and research team to address this challenge was collaborative risk assessment and management (i.e., child protection and cultural agency members collaborative visit family during initial assessment and intake) that allows workers to assess the entire family, from a culturally integrative lens, and the integration of these migration, ethno-cultural, and religious factors into pre-existing standardized assessments within mandated agencies where feasible.

“It would be ideal if we could do the safety planning together, we are all mandated to do them” (CASLM Representative, Case 1)

Since the CoP highlighted the coordinating role that MRCSSI played (between agencies, family, and the community) within the first three cases as a core component of effectively managing risk and increasing family well-being, the research team generated a fictional case, compiled of some common themes that MRCSSI often works with at their agency, and asked the CoP members to reflect upon the question: “What would happen if MRCSSI was not present?” Moreover, CoP members were further probed to reflect upon which agency could take on this coordinating role, if MRCSSI was not present. As highlighted in prior discussions, this coordinating role would require the agency to: (a) be aware of all services in their community and (b) work from a culturally integrative lens.

While shelter workers often take on this coordinating role for mothers, as noted previously, they would not be able to work with perpetrators. Victim services, child services, police, or healthcare services providers were also identified as potential coordinators for the families involved. However, some of the members of the CoP and the research team noted that police and child protection services might not be safe spaces for survivors to build those trusting relationships required for this coordination to occur. Moreover, these discussions centered around these agencies (i.e., victim services, child protection, police, and healthcare services) referring the family members to other resources in the community and discussions on whether these agencies can work from a culturally integrative lens or whether these agencies can also facilitate cross-cultural collaboration did not take place in this meeting.

Recommendations for Change

Lastly, we wanted to highlight recommendations provided by the CoP. Throughout these discussions, there was a recognition amongst the CoP members that there is a need for proactive work to be done within settlement agencies to screen for, and support families, presenting with stressors (e.g., pre-migration trauma or difficulties in acculturation) that could contribute to the development of interpersonal conflict or exacerbation of pre-existing family conflict, resulting in family violence. Secondly, it was unclear to the CoP members what type of information families receive when they arrive in Canada. They emphasized the need to educate families about the Canadian legal system.

“I find that families that have immigrated here, ‘this is what life is like’ and we come in, ‘that’s not what life is like here in Canada’, it flips them on their head and it shocks them. ‘Well you told my kids they can do this, and they have all these rights’, and then they’re not used to that, and it makes the family fall apart. If we can help educate the parents when they’re coming into the country, the law, and CAS, and I don’t know if there is a program like that. I think more of that information might be helpful” (FACS Representative, Case 1)

Secondly, there was a recognition that more proactive work needs to be done to prevent family violence, increase victim/survivors' access to community resources, reduce stigma and misinformation surrounding family violence within communities to increase informal supports for victim/survivors, and reduce the stigma around mandated services that might prevent victim/survivors' access to these services. Some examples of these include community workshops, community-based outreach for victim/survivors (e.g., women's groups, anonymous helplines), and holistic family support and education (mentioned previously). Moreover, the CoP recognized that this outreach and support also needs to involve children, perhaps through social workers within school boards.

"I don't know but I think if there is a way we can, where any family arrives to Canada, if there is pre-immigration trauma, if we can offer counselling even before the abuse happens, it would be even more important. Start with parenting courses, start with empowering women, given them more knowledge about living in Canada." (LCCLC Representative, Case 2)

"One of the things that father commented on was that he wished every immigrant who arrived had this support, of the Strengthening Families Program. In this family, it was like all the stars aligned – the programs were available to the family when they needed them" (MRCSSI Representative, Case 3)

"What you said, [LCCLC Representative], is about community, how they perceive service providers, that trust issue, how do we build trust between community and service providers?" (MRCSSI Representative, Case 3)

"Second generation will always struggle... maybe it's the social workers at the school, to outreach to the youth and identify if someone is in need before crisis starts" (LCCLC Representative, Case 3)

There was a recognition that often, mandated services do not get involved until it is too late and someone has already gotten hurt. CoP members considered problems with this model of response and discussed ways in which mandated services may be part of preventative and proactive measures. For example, by being involved in educating community members about these services, not only can mandated services support prevention of violence, but members of the community might also feel more comfortable accessing these services in cases where family violence does occur.

“Once we get involved in the investigation and that restraining order is there, we keep an eye on those restrictions and we provide a lot of victim support to say this is the restriction order and the conditions, as a part of Victim Bill of Rights, and what they can do if there is a breach. But all that is after the fact so we don’t know until after the person called that it’s escalated to the point of violence. I have been trying to do proactive work, to talk to police a head of time, prior to there being an incident where someone is being charged and criminal charges are being laid. Because of the stigma and the shame of keeping things to yourself and family privacy, we don’t get notified until something bad has happened” (LPS Representative, Case 4)

Moreover, there was a recognition that proactive work involves the development and formalization of relationships between mandated agencies and non-mandated and cultural organizations (i.e., MRCSSI). This suggestion moves from training for individual workers on how to respond in more culturally meaningful ways (which is just a starting point), to encouraging organizations to restructure their work to allow for culturally integrative practice. These relationships can support agencies in strengthening their collaborative processes, recognizing and valuing each agency’s unique expertise, and working within the various agency mandates to meet the needs of newcomer families across the spectrum of prevention to support and intervention services. These relationships allow for cultural agencies to be involved at the very start, which is critical towards providing culturally integrative services for families. This was highlighted in the first case, where LCCLC had a Memorandum of Understanding (MOU) with MRCSSI and were actively holding cross-agency meetings to collaborative support newcomer families and the early engagement of MRCSSI was a core component of this case’s success.

“From a police perspective, it’s like any job, you get who you get when you call police. There may be some officers who are better able to understand cultural differences or they’re more empathetic or sympathetic to people, not just culturally. But in any situation, having someone that comes along with the police that’s a great idea.” (LPS Representative, Case 1)

“We had an MOU with MRC in terms of meetings that were held quite regularly once a week, but sometimes more meetings because of the complexities of a lot of arrivals.” (LCCLC, Case 1)

Recommendations put forth by the CoP and research team to support the establishment of these relationships included the development of sample MOUs and practice “roadmaps” that agencies looking to do this work can access. Sharing policies and procedures for collaborative work and best practices for building these partnerships across mandated and cultural services can facilitate development of this model. There was also a recognition from the CoP of the need for agencies to engage in diverse hiring processes and for child protection agencies to engage in active recruitment of diverse families within the foster care system.

Limitations

It is important to note that the results of this study are based on the research team’s understanding of themes that emerged throughout discussions between the research team and CoP members. It is possible that certain perspectives were overlooked or misunderstood. In addition, given that this study was conducted as a collaborative process, MRCSSI was not only a part of the core research team, but also a part of the working CoP group and AC. Although MRCSSI’s involvement was a strength, and is consistent with community-based research, it is important to note that this may have made it difficult for some members to freely discuss the limitations of the model. Moreover, the cases utilized within the study were based on families served by the MRCSSI which consisted of predominantly Arab and/or Muslim cultures. While the findings and recommendations suggested may apply to other members of other newcomer communities, it is important to note that Canadian newcomers constitute a heterogeneous group in relation to ethnoreligious and sociocultural identities. Therefore, in future research, it is necessary to look at more culturally and religiously diverse samples of families. In addition, the cases all focused on heterosexual couples and although this model has been applied to families with 2SLGBTQIA+ identifying family members, this was not addressed in this project. Future research should also include more diverse samples as there are likely important considerations of supporting families with intersecting newcomer and queer identities that were missed in this project.

Conclusions and Future Directions

Newcomer and culturally diverse Canadians face unique risks for domestic violence related to migration including trauma they may have experienced within their country of origin and during transit to Canada, differences in understandings of family violence, barriers to access both informal supports, as well as formal services, and lack of understanding within systems of collectivist versus individualist family structures.

Diverse identities impact how people experience domestic violence and how they may seek help. Addressing domestic violence and promoting healthy relationships in Canada's multicultural communities requires that these communities are empowered to create and coordinate supports for specific populations. Our call is for the significant expansion of services through community-based agencies with mandates to serve newcomer, multi-cultural or culturally specific populations. These agencies have a key role in preventing and responding to domestic violence and for coordinating services for families alongside mandated and mainstream services. Specific recommendations are as follows:

- 1. Broad based education on family violence.** Newcomer and culturally diverse Canadians face unique risks for domestic violence related to migration including trauma they may have experienced within their country of origin and during transit to Canada, differences in understandings of family violence, barriers to access both informal supports, as well as formal services, and lack of understanding within systems of collectivist versus individualist family structures. Needed are:
 - Broad and general education within diverse communities, such as within the Neighbours, Friends and Families program. Note that accessibility issues need to be considered when creating or suggesting resources to families (language issues, format, families not being technologically advanced, etc.). Agencies with a mandate to serve newcomer, multi-cultural or culturally specific population should take the lead role in this work.
 - Expanded education within health and social service organization on risks and responses to family violence within diverse communities. This work should promote cultural humility and emphasize the need to work alongside culturally based services.
- 2. Expansion of services within settlement agencies to recognize and respond to domestic violence.** Settlement agencies are an important starting point for prevention. There should be significant expansion of the capacity of settlement service providers to provide proactive and preventative supports. Specific recommendations are as follows:

- There should be a review of information that families receive when they arrive in Canada to ensure such accessible and appropriate information on domestic violence and on the Canadian legal system. Recognizing that at the point of initial arrival, families are dealing with many urgent and complicated issues, it is important that the provision of this information be spread out over time and be available on an ongoing basis. Providing ongoing information can be facilitated by making information about domestic violence available across a range of settings including faith communities and ESL classes and in a range of ways including online, in print, and in facilitated conversations.
- There should be an investment in training and support for settlement service staff and volunteers on how to recognize and respond to domestic violence. Training should be followed and supported by an online community of practice/discussion space where those working at settlement agencies can get additional information, support and consultation when dealing with a concerning situation.
- Upon intake, settlement agencies should screen for families presenting with stressors that could contribute to the development of interpersonal conflict or exacerbation of pre-existing family conflict, resulting in family violence.
- Settlement agencies should be funded and supported to offer regular workshops, outreach, and holistic family support aimed at reducing stigma and misinformation surrounding family violence including stigma around mandated services, increasing victim/survivor's access to informal supports and community resources, and increasing information and facilitating access to services for individuals behaving abusively or at risk for such behaviours.

3. Significant investment in culturally-based services to address family violence. There was clear endorsement, within this project, of the culturally integrative service model. This model calls for culturally-based, holistic support service agencies that can partner with mainstream agencies to meet the needs of diverse families experiencing family violence. Specialized culturally-based services were seen as a critical bridge to being able to address the unique risks in diverse communities. Specialized services need to have the capacity to: a) work alongside shelters to respond to the risks and needs of victim/survivors; b) work alongside child protection services to respond to address concerns about child maltreatment; c) work alongside men's programs to manage risk and change patterns of behaviours in family members who are behaving abusively; d) be able to provide consultation and support to mandated services on culturally diverse cases; e) have services that address a continuum of needs including preventative services, those for families facing stressors, and risk and safety focused intervention for family violence. To set up such services, the following might be considered:

- Review census and population data within communities to set priorities for the development of specialized services.
- Consider the best location for such services. In some communities, there are existing culturally-based agencies that might expand to provide these supports. In others, it

might be necessary to build from settlement services. In still others, such services might be best developed as a specialized unit within a broader community-based agency or in association with faith-based communities. Care should be taken to consider how and whether community members would feel safe and comfortable accessing this service. As such, host organizations should be places where families feel comfortable and supported and which already have multiple ties to and within the community.

- Ensure sufficient staffing and training to respond to, and work with, culturally diverse families.

4. Provide support for collaborative work across mandated and community-based services.

Addressing domestic violence in diverse communities requires coordination and collaboration across culturally-specific community-based services and mandated services. Setting up and maintaining strong multi-agency collaborations is time-consuming and needs to be adequately supported and funded. Collaboration needs to go beyond training for individual workers on how to respond in more culturally-sensitive ways, to encouraging organizations to restructure their work to allow for culturally integrative practice. These relationships can support agencies in strengthening their collaborative processes, recognizing, and valuing each agency's unique expertise, and working within the various agency mandates to meet the needs of newcomer families across the spectrum of prevention to support and intervention services. Furthermore, collaborative relationships allow for cultural agencies to be involved at the very start, which is critical towards providing culturally integrative services for families. In order to support the establishment of these relationships, there needs to be:

- MOUs that agencies can access and the establishment of policies and procedures that facilitate building partnerships between agencies and referring clients.
- Time allotments, especially within mandated service agencies, for collaborating with culturally-based services.
- Ongoing investment in cross-agency training to develop a shared understanding of culturally integrative ways of assessing and responding to risk.
- Clear systems and pathways of response that detail roles and responsibilities of each agency, including protocols for responding in situations of heightened risk/urgent need.

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