

# EXECUTIVE SUMMARY

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## Honour Based Violence?

A Research Project Exploring Family Violence  
towards Young Women from Immigrant  
Families in Winnipeg



Mount Carmel Clinic



Qualtrica Associates



Nor'West Co-Op  
Community Health  
Centre Inc.



Osborne House Inc.

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# ACKNOWLEDGEMENTS

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## INTRODUCTION

Violence against women is both a major public health and human rights issue around the world. In Manitoba, most policies and family violence programs have been developed to assist women who experience intimate partner violence,<sup>1</sup> rather than other types of family violence.

This study examined family violence towards young women (15-30 years) from immigrant families. Oftentimes referred to as “honour-based violence,” this type of violence is perpetuated towards women by family members other than spouses, common law partners or boyfriends (e.g., by fathers, mothers, brothers, uncles and aunts).

As a research team, we use the term “honour-based violence” with caution, as we feel that there is no honour in the actions of abuse. The phrase “honour-based violence” implies that the sole reason why the violence occurs is because of family dishonour. Little is said about other important factors which may lead to family conflict and abuse (e.g., settlement stresses, structural poverty and discrimination). With these cautions in mind we use the phrase “honour-based violence” (HBV) in this research as this is the most commonly understood term in Canada and other immigrant-receiving countries.<sup>2</sup>

There is a serious paucity of research on HBV. Understanding the complexities and nuances of HBV is an important step towards preventing and addressing it. Thus, this qualitative study aimed to:

- Explore the demographics of women affected by HBV in Winnipeg (e.g., age and cultural background).
- Identify some of the causes leading to this type of violence directed at young women.
- Determine the barriers that affected women encounter when trying to access social services.
- Examine social service gaps, and
- Make concrete recommendations to prevent HBV from occurring and ideas to provide services for affected women.

Interviews were carried out with 34 service providers from the social services, settlement, health, education and law enforcement sectors. Many of the service providers who took part in this study had come across clients affected by HBV. At the outset of the study, the research team hoped to interview up to eight women who had experienced HBV. However, only two women agreed to participate in the in-depth interviews. Most Winnipeg service providers were unable to reach affected women with

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<sup>1</sup> Intimate partner violence includes physical, sexual, or psychological harm by a current or former partner or spouse.

<sup>2</sup> The phrase has gained increasing attention in Canada as a result of the coverage of the Shafia family trial in Kingston, Ontario.

whom they had been in contact a few years ago, since these women no longer sought their services or had migrated to other cities. Additionally, some of the women who fit the criteria to be project participants felt uncomfortable taking part in an interview since for them this meant reliving very painful past events.

Participation in the interviews, which were carried out in 2011, was voluntary and signed consent forms were obtained from all participants. This research was approved by the Psychology/Sociology Research Ethics Board at the University of Manitoba. Confidentiality was (and continues to be) an essential component of this research project.

## Summary of Findings<sup>3</sup>

### Who are the women being affected by so-called HBV?

- Women from a range of ethno-cultural minority communities and religious groups.
- Young women in their teens (in high school) and early 20s, who can generally speak English.
- Women who are immigrants to Canada, but also those who were born in Canada and whose parents were born abroad (second generation).
- Immigrant women who are sponsored to come to Canada by family members are particularly vulnerable to exploitation and/or violence due to the underlying conditions of the immigration sponsorship agreements.

### Who is involved in the violence?

- Multiple family members (males and females) were found to be abusive towards women.
- Brothers may be pressured to follow and keep control over their sisters on behalf of older family members.
- Relatives who sponsor women to come to Canada may be more likely to be involved in carrying out abuse.

**“Her parents used to send the younger brothers around to spy on her so at graduation...[the brother] had to come...and watch what was going on and would phone the parents and tell them everything that she did”**

**(Service Provider)**

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<sup>3</sup> The findings outlined in this section are drawn from focus group and individual interviews. Due to the small sample size in this study we advise caution in generalizing the results. For an elaboration of the study findings, please refer to the full-length report.

## What does the abuse and violence look like?

- Emotional abuse and a high degree of control (associated with young women's lack of freedom and independence).
- Being stalked, followed and controlled.
- Coerced to work in and outside of the home, and contribute financially to the family.
- Physical violence (e.g., having noses broken; having hot or cold water thrown on them).
- Forced marriages, oftentimes to older men from the same ethno-cultural community.

**“While I was sleeping, I was getting kicked and punched or getting hot water in my face or cold water. Hoping the next morning I should never wake up again. I am sorry [young woman begins crying softly then sighs]”**

**(Young Woman)**

## Why is the abuse happening?

- Patriarchal norms espoused by parents or guardians.
- Intergenerational clashes.
- Lack of parental knowledge about how to discipline teenage children in a Canadian context.
- Diminished sense of parental control.
- Poverty, economic stress, parental unemployment and discrimination causing stress and friction.
- Mental health condition of parents and guardians.
- Sudden changes in the composition of the family, due to family reunification policies may create tension, especially in overcrowded conditions.

## What are some barriers that young women encounter when seeking help?

### Personal Barriers

- Women normalize the abuse as a culturally acceptable way of life.
- Women feel that they have caused the violence, by not having fulfilled the expectations of family members.
- Women lack the skills or the confidence to seek help and resources on their own.
- Women have reservations about trusting service providers.

### Family and Community-Related Barriers

- Pressure to remain silent and maintain the unity of the family and ethno-cultural community.
- Fear of rejection and isolation from ethno-cultural communities if they reveal the violence to others.

### Structural Barriers

- Since critical service gaps exist, there are very few places where women can turn to for help (see next section for more information).

## What are some existing service gaps?

- **Lack of safe, culturally appropriate and age appropriate emergency housing for young women escaping HBV.** According to project participants, due to existing program goals (and a shortage of funding and available spaces) priority in shelters is given to women who face intimate partner violence. Moreover, service providers appear to be unaware or reluctant to call Child and Family Services (CFS) authorities if women are under 18 years of age, because of family repercussions.
- **Little to no awareness about this type of violence among service providers.** This can partly be attributed to the fact that, until very recently, HBV has not been on the policy agenda. The service providers who were interviewed in this study noted that there is a lot of information available to them on the topic of intimate partner violence. However, there are no existing resources or training opportunities about how to help young women from immigrant families experiencing family violence.
- **Poor communication and coordination between social service agencies.** The low level of communication and coordination that takes place between different social service agencies (particularly between women's shelters and immigrant serving organizations) adds another layer to this complex issue.

## KEY RECOMMENDATIONS

- Fund shelter spaces or other types of emergency housing for women from immigrant families who are affected by HBV.
- Foster constructive dialogue and strengthen ties between ethno-cultural communities, service providers and Child and Family Services (CFS).
- Establish an inter-departmental government working group to address this issue from a policy and programmatic level.
- Create awareness and training opportunities for service providers to detect and effectively respond to HBV.
- Integrate information about this type of violence in high schools, community colleges and English as Additional Language (EAL) classrooms.
- Develop poster campaigns about this type of violence in bus shelters, public bathrooms and doctors' offices, among other places. Social media campaigns and emergency hotlines for young women may also be effective.
- Fund and carry out community-based workshops and discussion circles for ethno-cultural community awareness and action against HBV.

## CONCLUSION

Despite the increasingly multicultural make up of Manitoba, little attention has been paid to family violence towards young women from immigrant families. Young women affected by violence need a safe place to go. They need service providers who will respect them, understand their situations, and effectively help them to seek culturally and age appropriate services. Family members also need assistance on how to discipline their teenage children in a Canadian context.

Ultimately any successful initiative to address so-called HBV requires the participation of community and government stakeholders. Players will need to engage in frank and open dialogue about this type of violence, and partake in a coordinated response that takes the safety and well being of women as paramount. For the sake of young Canadians at risk of so-called HBV (or currently being abused), it is time for collective action. We conclude with the words of a project participant, who fittingly said:

**“You know when it says [that] it takes a whole village to raise a child?  
It takes a whole village to protect a child.”**

(Shelter staff member)