

Gender-Based Violence (GBV) on Bangladeshi Women and Girls During COVID-19 in Toronto: Forms, Causes, and Mental Health Impacts

ABSTRACT

Aims: The COVID-19 pandemic lockdown has led to a rise in the number of gender-based violence (GBV) cases within families. This increase is mainly due to patriarchal influence, prolonged stay at home, social isolation, and financial abuse. Women and girls, in particular, have been adversely affected by this phenomenon, experiencing significant mental health impacts. A study conducted in Toronto explored the various types and causes of violence against South Asian Bangladeshi women and girls and how it affects their mental health, too.

Methodology: Bangladeshi-Canadian Community Services (BCS), an ethnic organization conducted a study on gender-based violence (GBV) from Sep to Dec 2021. Two extensive Zoom group discussions involved 55 females and six males, including social workers (n=9), community leaders/workers (n=17), community youth ambassadors (n=9), and community members (n=26, among them n=11 were victims). Audio recordings were transcribed and translated into English, then thematically coded to identify forms of GBV and provide narratives based on participants' experiences.

Results: South Asian Bangladeshi women and girls have been subjected to various forms of violence by their husbands or male family members, such as physical, psychological/emotional, verbal, and financial violence. Physical violence includes shaking their wives' hands and necks and pushing wives and girls. Psychological, verbal, and financial violence includes scolding, threatening, demoralizing, blaming, belittling, coercing, stealing money, and committing financial fraud. The causes of violence against women during the lockdown are related to the loss of husbands' jobs and idleness, the tendency to establish male power over women out of fear of losing patriarchal control during a crisis, husbands' mental turmoil due to the lockdown and financial crisis, women's protest against extramarital relationships, fear of contracting viruses, taking advantage of women's vulnerability, and greediness towards wives' money. As a result of this violence, many victims have reported experiencing anxiety, mental trauma, frustration, distress, depression, and discrimination. Victims of violence have faced many obstacles in accessing appropriate providers, such as language barriers and threats from their husbands.

Conclusions: The COVID-19 pandemic has disproportionately affected South Asian Bangladeshi women and girls who are experiencing gender-based violence. To address this issue, policymakers, governments, and ethnic organizations must collaborate to create comprehensive plans that aim to eliminate gender-based violence, as well as associated cultural problems and stigma. Community organizations can provide resources and support for victims, working with families and husbands to create a safer environment for those affected.

Keywords: *Girls and Women, Gender-based Violence, Financial Violence, Physical Violence, Psychological and Verbal violence*

1. INTRODUCTION

The COVID-19 pandemic has forced many countries to adopt social distancing, isolation, and stay-at-home orders [1]. Unfortunately, these measures have had a significant impact on people's mental and physical well-being, as well as their overall life satisfaction [2]. Additionally, the pandemic has led to an increase in anxiety, depression, insomnia, and other psychological effects, as well as angry, violent, or aggressive behavior [3, 4]. Such aggressive behavior resulted in violence against women during this pandemic [5-8]. According to the World Health Organization (WHO), the usual prevalence is that one in three women (30%) globally face physical and/or sexual violence in their lifetime [9]. Women also face psychological, emotional, verbal (insulting, threatening, humiliating), and financial violence by intimate and non-intimate partners [10,11,48,49,50,51]. However, during COVID-19, violence has increased manifold across the world because the lockdowns have forced victims to remain confined with their abusers for extended periods, leading to more violence [12].

Canada is unfortunately not an exception when it comes to violence against women. According to a study, around 44% of women in Canada face physical, psychological, or sexual violence from their partner at some point in their lives [13]. This violence is more prevalent among women and girls than men [14,15], and it is even higher for indigenous women [16]. Shockingly, femicide is also a significant issue, with one woman or girl being killed by men every 48 hours in Canada [17]. Furthermore, studies reveal that one in ten women in Canada is highly concerned about violence in their homes [18], and the COVID-19 pandemic has exacerbated the situation. The prevalence of violence against women, girls, and children has increased, as reported by The Assaulted Women's Helpline of Ontario, which witnessed a 400% increase in calls in April 2020 alone [18].

Many incidents of domestic violence among immigrants in Canada go unreported due to the lack of representation of minority subpopulations, especially immigrant women [19]. This is a significant issue, considering immigrants comprise 22% of the Canadian population [20]. Additionally, available data and information are scarce as immigrant women are often hesitant to report their experiences of violence to the appropriate authorities [21]. Instead, they rely on informal services such as family members, religious or community leaders, or community or ethnic organizations, where data is not collected [19,21,22].

Bangladeshi immigrants in Toronto rely on ethnic organizations for their settlement issues. One such organization is the Bangladeshi-Canadian Community Services (BCS). During the pandemic, BCS attended to several cases of domestic violence, with most cases reported by women, especially South Asian women who sought help with shelter, legal aid, and other support services. BCS's community leaders and social workers assisted these women by connecting them to local service providers. However, the data was not systematically tracked, and the standard procedure for collecting information was not followed. A study found that South Asian Bangladeshi women residing in Canada were particularly affected by domestic violence during this period [23].

There is an urgent need to gain a deeper understanding of gender-based violence among Bangladeshi women, particularly in Canada's Toronto region, where the number of Bangladeshi immigrants is increasing rapidly. Domestic violence is a serious issue faced by Bangladeshi women [23], and many cases have gone unreported, with the root causes of the problem remaining unclear. Moreover, it is unfortunate that Bangladeshi women are often overlooked in research and policy-making, which only exacerbates the problem. The Canadian government has taken steps to address gender-based violence for all individuals, irrespective of their gender, race, or color. Therefore, it is imperative to address the

underrepresentation of Bangladeshi immigrant women in research and policy-making to find practical solutions to this issue.

The study aimed to explore the different forms of violence experienced by South Asian Bangladeshi women and girls living in Toronto during the COVID-19 pandemic. It specifically looked into physical, psychological, emotional, verbal, and financial violence, and the effects of this violence on their mental health. The study also aimed to identify the underlying causes of such violence. Due to a lack of information, there is still room to gain a deeper understanding of the extent of violence and its consequences.

2. MATERIAL AND METHODS

2.1 STUDY DESIGN

Bangladeshi-Canadian Community Services (BCS) is a non-profit organization with 24 years of experience serving the South Asian community in Taylor Massey and the surrounding areas of Toronto [24]. The organization provides many services to all ages, including newcomers, youth, adults, and seniors. These services include health, social, recreational, and educational activities aimed at helping individuals settle into Canadian society. The organization also supports women and girls to prevent gender-based violence. The study involved BCS's community leaders, workers, and members to gain a comprehensive understanding of the issue of violence against women.

2.2 SAMPLE AND SAMPLING

BCS conducted a qualitative study to explore the phenomenon of gender-based violence. Here, qualitative research was considered the appropriate method to understand the contexts fully [25]. Due to safety concerns amid the pandemic, we conducted two extensive group discussions on Zoom instead of in-person meetings. To gather information from social workers who have interacted with victims of gender-based violence, we invited ten of them via email to participate in the group discussions. Nine social workers (n=9) with experience in dealing with gender-based violence agreed to participate, representing various ethnic organizations. Additionally, we contacted seventeen community leaders/workers (n=17) through BCS's communication, inviting them to join the discussion and provide their input. The social workers also invited 35 community members, out of which twenty-six (n=26) participated in the discussion. Nine BCS youth ambassadors (n=9) were also present in the group discussion. In total, 61 individuals participated in two discussions.

2.3 GROUP DISCUSSION GUIDELINES AND DATA COLLECTION

A research team comprising a principal investigator (PI), a researcher, four placement students in the field of social workers, and two dedicated community volunteers developed open-ended questions for group discussions. The PI trained the students and volunteers to conduct these discussions, which involved collecting and transcribing data for analysis while ensuring its safety. The researcher created flyers and finalized the participant lists for the discussions, which were scheduled in the evenings based on availability. Two discussions were held in October and November 2021, each with 30 participants. Due to the pandemic and lockdowns, the discussions were conducted online using Zoom. The research team formulated three significant questions to guide the discussions and ensure that all vital topics were covered. These questions helped participants share their experiences. One discussion lasted for approximately 2 hours and 30 minutes.

Prior to beginning the discussion, the researcher explained the purpose and process of the discussion, as well as how the valuable information gathered would be used for research purposes. We asked the participants that if they were not comfortable disclosing their identities, they could use a pseudonym and turn off the camera for privacy reasons.

During group discussions, two volunteers were assigned as note-takers. They were also responsible for writing and recording the entire discussion. These volunteers were trained in qualitative research methods and knew how to collect information effectively. One researcher acted as a facilitator, and the note-takers received a full day of training on how to conduct the session and collect information appropriately.

Questions for the discussion

- Can you share your experience of the types/forms of domestic violence experienced by Bangladeshi immigrant women?
- What are the reasons behind this?
- have you heard of any mental health concerns from the victims?

2.5 DATA ANALYSIS

The researchers utilized thematic analysis to examine qualitative data obtained from a community conversation. The note-takers then transcribed the notes and audio recordings. Afterward, two social studies student volunteers carefully read through the transcripts. They were trained by the principal investigator on how to conduct a thematic analysis and followed the six stages of analysis[26]. The analysis procedure included getting familiar with the data, creating initial codes, looking for themes, reviewing the themes, defining and labeling the themes, and producing the report. An inductive coding process was employed in the study to identify themes that were relevant to the study's objective. The principal investigator assigned codes to the relevant narratives. The study was conducted with great care to ensure the data's credibility, transferability, dependability, and conformability.

3. RESULTS

3.1 PHYSICAL VIOLENCE

Multiple participants across various groups have reported that many women of Asian Bangladeshi origin have been subjected to physical violence by their husbands. The underlying cause behind this surge in domestic violence was that the husbands lost their jobs, which resulted in an increased sense of fear of controlling their families due to financial instability. Consequently, the husbands were losing their temper and resorting to abusive acts, such as pushing, grabbing, and shaking their wives. This behavior is highly concerning as it poses a threat to the safety and well-being of women in these communities.

One social worker said,

“As a result of the lockdown, many men were compelled to stay at home more often and had fewer things to do. Regrettably, many of these men also lost their jobs, which created a financial crisis for their families. Consequently, many men were worried about losing their sense of masculinity, authority, and paternal influence over their family members.”

Other social workers and most participants mentioned the same reasons as described in the statement made by the social worker. According to the participants, husbands were found to be more likely to engage in extramarital relationships using social media. Wives who protested against their husband's actions often faced physical violence. In some cases, wives were able to identify their spouse's adulterous relationships, which ultimately led to divorce being initiated by the husband.

One community member said,

"My close relative's husband developed an extramarital relationship through social media. He spent most of his time on social media. His wife asked him to stop the affair. Afterward, the husband increased the time spent on social media with his extramarital relationship. One day, a conflict arose, and the husband choked her neck."

3.2 PSYCHOLOGICAL/EMOTIONAL/VERBAL VIOLENCE

3.2.1 VIOLENCE WITH WOMEN

Some participants reported that some husbands lost their jobs and had nothing to do at home, so they spent excessive time on Facebook, resulting in neglecting their family and household responsibilities.

A community leader said,

"Many husbands get angry when their wives ask for help with household chores, often denying their requests due to patriarchal views in many Asian cultures."

During the pandemic, some husbands stayed home and spent more time with their wives or partners. However, instead of providing support, some husbands began to closely monitor their wives' activities at home and criticized them for minor mistakes. This behavior led to verbal abuse, which caused severe mental health and well-being issues for their partners.

One participant said,

"A friend's mother contracted COVID-19, which made the friend very sad. While preparing dinner, the wife accidentally overcooked the food. She asked her husband to cook instead, but he declined. When the wife overcooked the food, her husband scolded her. The wife became upset and frustrated, and as a result, she couldn't sleep and cried to me."

During the lockdown, some participants reported that families were required to stay at home for extended periods. This often resulted in conflicts within the family regarding hygiene issues. Husbands were particularly strict about their family members' hygiene habits, frequently asking their wives and children to wash their hands regularly, even if they didn't go out for activities or social interaction. However, the husbands themselves didn't follow the same practice when coming from outside. This had a negative impact on their mental health, and the wives and children became frustrated, depressed, and demoralized.

Also, some participants reported that the husbands ordered their wives to wear two masks at once when they went outside, which caused breathing difficulties for the women. The wives were subjected to bad words and criticism when they did not comply with their husbands' advice. This behavior created a sense of tension, anxiety, mental erosions among wives and children, who felt pressured to follow these instructions for daily activities and social interaction.

One community leader said,

"One of my neighbors told me that her husband was having trouble understanding the challenges she faced while wearing two masks to prevent COVID-19. She suffers from asthma and wearing two masks intensified her respiratory distress. Unfortunately, her husband was indifferent to her plight and even threatened her if she did not follow his orders. His main concern was that he could contract COVID-19 from her."

According to the participants, women experienced fear and depression during the COVID-19 pandemic as they witnessed its negative impacts. Unfortunately, their husbands did not provide any emotional support to them. Furthermore, husbands instructed their wives to avoid social activities, not communicate with relatives, and not invite their relatives over to their home. Moreover, husbands belittled their wives by reminding them of the possibility of contracting COVID-19 and dying.

One participant said,

"A friend's husband has told her to stay home and avoid going out. He has even prohibited her from inviting any family members to their house. The reason behind such strictness was that the husband would hold his wife responsible if he contracted COVID-19. If this happens, the husband has threatened to send his wife to live outside the home permanently."

During the COVID-19 pandemic, some husbands have reportedly stopped talking and interacting with their wives after they contracted the virus. This has resulted in the women taking care of themselves and their children without sufficient support from their spouses. As a result, their mental health has been severely affected, leading to feelings of helplessness, sadness, emotional distress, and isolation.

A community leader said,

"I have observed several instances where women have been scolded by their husbands for contracting COVID-19. These husbands tend to increase their nagging and often resort to physical gestures to threaten or intimidate their wives, resulting in sadness and distress. I have even received phone calls from some women in tears due to this behavior."

Husband lost his job. The family faced an economic crisis. The husband blamed the wife for this and misbehaved with their wives.

One community member said,

"My neighbor told me that her husband frequently blames her for the economic challenges he has faced since their marriage. Before getting married, he had a stable job and a comfortable life. However, he has recently claimed that she is the reason behind his job loss and that she has cursed him."

A social worker shared a story in which a wife complained to another social worker about her husband's abusive behavior and emotional torture during the lockdown. The wife sought help from the social worker, but when the social worker inquired about the next step, the wife stopped communicating. Unfortunately, many women are unable to complain to social workers or anywhere else because their husbands threaten them.

One social worker said,

"During the pandemic, I received complaints from women clients who were being threatened by their husbands. However, when I attempted to move forward with the cases, the clients disappeared. Some of them explained that their husbands would abandon them if they complained to me, and they did not want to damage their family relationships. Consequently, they felt compelled to comply with their husbands' wishes".

Furthermore, another social worker said that language barriers made it difficult for women to access the necessary resources to combat violence and abuse.

One community member said,

"My sister confided in me that she has been subjected to violence in her home. Unfortunately, she is afraid to approach a case worker or a social worker for help because of her language barrier. She cannot read English resources, which makes it difficult for her to seek assistance from formal sources."

Some participants observed that men stayed home during the lockdown and closely monitored their children's activities. Husbands blamed their wives when their kids didn't listen to their parents. As a result, they asked their wives to leave the house immediately, claiming they could not raise well-behaved children. This situation led some women to search for separate living arrangements.

One community leader said,

"One of my relatives started living separately. She said that the disease came into our life (COVID-19) that affected my good family relationships. The children were confined in the home and suffered from mental health issues because of the lockdown. My husband did not understand it. The children became aggressive, and my husband blamed me for their impudent behavior. He told me to leave home so the children became more well-behaved."

3.2.2 VIOLENCE WITH CHILDREN

Some participants reported that during the COVID-19 pandemic, some families had to stay at home in one room. This led to disappointment and frustration for the boys and girls (children) in the family. At times, they didn't want to listen to their parents, and this caused arguments between the parents. Some fathers even became abusive towards their children, leading to police involvement in some cases. The children were threatened with being kicked out of their homes if fathers returned, causing them to feel scared and helpless.

One social worker reported,

"The conflicts between the husbands and wives escalated to a level where law enforcement had to get involved. As a consequence, the husband was legally restricted from communicating with his spouse and children. This led to a great deal of emotional anguish for the children, which had a negative impact on their academic performance and physical well-being."

A group of young girls reported feeling depressed due to gender inequality in their households. They were affected by safety concerns, which prevented them from going outside and interacting with friends. In contrast, their fathers allowed their sons to go outside and socialize, which had a significant impact on the mental health of the girls. The girls felt

that their fathers were not treating them fairly and were discriminating against them based on their gender.

The participants reported that as a result of the COVID-19 pandemic restrictions, the children were confined to small one-bedroom apartments which made them feel uncomfortable. Moreover, they were stressed out since their parents did not allow them to attend in-person school when the school opened.

One youth girl said,

"My friend's father used to get very angry with her whenever she wanted to attend school in person during the pandemic when schools reopened. Sometimes, her father would even try to physically harm her when she expressed her desire to go to school in person. One day, she left the house to buy some study materials during COVID-19, but her father didn't allow her to eat anything throughout the day as a form of punishment. She was understandably upset about this situation, and I was very distraught to hear about it."

According to young female participants, their friends have been experiencing extreme hunger due to the lockdown imposed during the pandemic. Due to the restrictions, their parents could not go out regularly to purchase food, and the financial crisis prevented them from buying sufficient food for their family members. These friends were feeling hungry, and their fathers ignored them. Fathers threatened to confine daughters to a single room if they were hungry again and again. The daughter became sad and felt helpless.

3.3 FINANCIAL VIOLENCE

The participants reported that many working women experienced financial abuse/ violence from their husbands during the pandemic, as reported by the participants. Some men intentionally opened a joint bank account with their wives and later took their saved money from the account without their wives' knowledge or consent. Later, husbands abandoned them along with their children, leading to severe financial hardship, especially during the COVID-19 pandemic. Some women emotionally broke and passed hard time. However, most of them did not report it.

Some participants reported that several women have resorted to hiding their bank cards in the washroom or elsewhere that were not easily accessible to their husbands. When the husbands could not obtain access to the bank cards, they would resort to threatening their wives with divorce and making illogical statements.

During the COVID-19 pandemic, some husbands forcibly took government financial assistance provided to their wives. They threatened to leave their wives if they didn't hand over the money. Furthermore, some women gave money to their husbands for groceries but didn't receive the change. Others had gift cards stolen by their husbands.

3.4 REASONS BEHIND DOMESTIC VIOLENCES

The participants of a study have reported that the COVID-19 lockdown was a significant factor in causing domestic violence among South Asian Bangladeshi women and children. Due to the restrictions, family members were confined to their homes, and husbands started conflicts with their wives and children. Additionally, with the loss of jobs, husbands were afraid of losing their patriarchal influence over the family due to the financial crisis. Husbands were worried that no one would listen to them, and thus, husbands tried to establish male power over women and children. The participants also reported that some husbands

experienced mental turmoil caused by the lockdown and financial crisis, which affected their mental health and led to conflicts with their families.

Furthermore, husbands spent more time at home, and some even developed extramarital relationships through social media. When their wives protested, the husbands became aggressive and violent. Some participants also reported that men were afraid of getting infected with the virus and became angry and aggressive towards their wives and children, fearing husbands might contract the virus from family members.

3.5MENTAL HEALTH CONCERN

According to a recent study, many individuals have reported that violence against women and children has a negative impact on their mental health. Social workers have stated that they frequently receive requests from women in their community for mental health counseling due to symptoms such as anxiety, tension, depression, insomnia, and loss of appetite. One social worker shared a story about a woman who was mentally abused by her husband because she requested him to end his extramarital relationship with other women. The woman became so upset and hopeless that she went without food for two days.

4. DISCUSSION AND CONCLUSION

Although violence against women is already prevalent, it has increased during the COVID-19 pandemic. This study was conducted to explore the various forms of domestic violence experienced by South Asian Bangladeshi women and girls living in Toronto during this period. The study also delved into the underlying reasons for this violence and its impact on the mental health of the victims. The study found that women were mostly subjected to psychological and verbal abuse from their husbands. Children, especially girls in the families, were not exempted from the violence. Physical and financial violence were also reported. The perpetrators of the violence were found to be staying at home for more extended periods due to the lockdown, which contributed to the increase in violence. Furthermore, the loss of jobs of men in the families during the pandemic led to financial insecurity, which was linked to a loss of masculinity and male control over women, contributing to the violence. The consequences of violence against women and children included anxiety, depression, frustration, mental trauma. The implications of these findings are significant and require attention from policymakers and the public to address and prevent such violence during crisis time.

During outbreaks, there is often an increase in gender-based violence, as observed in several studies [27]. Unfortunately, the COVID-19 pandemic is no exception [28]. Although we know that outbreaks often lead to an increase in domestic violence, the world did not initially focus on this issue during the COVID-19 pandemic, which led to the rise in such cases. Most evidences show that all forms of violence - physical, sexual, emotional, and financial - have significantly increased during the pandemic [28-29]. However, our study and studies in Ethiopia and Australia reveal that females more experienced psychological, emotional, and verbal abuse. Regardless of the form of violence, it has a significant negative impact on women's mental health (30). We need more mental health counselors to support women in overcoming this situation. To prevent further domestic violence, we need to educate husbands and fathers (perpetrators) about the severe consequences of their violent behavior through informal education and social media. Women's active and integral participation in this awareness campaign is crucial as they can help spread the message and feel empowered in the process. Local organizations, social workers, and health workers

must work together to end this unacceptable behavior and create a safer environment for women and girls. To prepare for future crises, we must take more proactive measures now.

Our research found that South Asian Bangladeshi women in Toronto did not report frequent physical violence against them during the lockdown. However, it was interesting to note that these women reported a higher incidence of physical violence in their home country during the lockdown [31]. This difference in reporting might be due to social conditions and cultural contexts [31]. Similarly, an Australian study also showed low incidents of physical violence during the lockdown [32]. It's essential to recognize that any form of gender-based violence is not acceptable. However, some communities view violence against women as a cultural expectation [33]. Immediate action must be taken to ensure the safety and well-being of women in our communities. To eradicate domestic violence, a comprehensive approach is needed, focusing on institutional, social, cultural, political, legal, and individual aspects [33].

The COVID-19 pandemic has also unleashed a catastrophic wave of economic instability, which is causing a dangerous and alarming rise in gender-based violence [34,35,36]. Our study confirms that this disturbing trend is real and devastating for countless individuals. It's time to acknowledge and address this issue with urgency and determination to ensure that everyone can live free of violence and oppression, regardless of their gender.

This study has found that the lockdown was a significant factor that contributed to domestic violence against South Asian Bangladeshi women and children. This trend has also been observed in other parts of the world [2]. The lockdown has resulted in family members being confined to their homes, leading to an increase in conflicts and violence between husbands or intimate partners and their wives and children. Women were left trapped with their abusers and isolated from social contact and support networks, exacerbating the situation [28, 29, 37]. This trend is not limited to South Asian families but extends to other ethnic families [38-41]. Furthermore, gender inequality, patriarchal social norms, stress, and financial crisis have all played a role in increasing domestic violence during COVID-19 [27, 42, 43]. Our study has revealed similar findings. To prevent such incidents, policymakers, governments, and local organizations need to work together based on evidence-based research to take immediate action to protect vulnerable families and provide them with the necessary support during these challenging times.

It is a sad truth that women and girls often become victims of domestic violence at the hands of male family members such as husbands or fathers. This issue has been highlighted in this study. Furthermore, this study found that gender-based violence often results in anxiety and depression among women and girls. These mental health issues have become even more prevalent across the world during the COVID-19 pandemic (32,44-47). Therefore, taking action and focusing on promoting wellness outcomes is essential. This can be achieved by increasing access to psychological counseling, related training, and public awareness programs for reporting violence in the community. It is crucial to be aware of this issue, as domestic violence can have far-reaching implications for women's mental health. Social workers also can play a vital role in educating community members to recognize and respond to such situations. They can help raise awareness about the problem and work towards finding solutions to prevent it from happening. Working together can make a difference and create a safe and secure environment for women and girls.

The study has limitation. Unfortunately, we couldn't have an in-person community conversation due to social distancing measures. Connectivity issues caused interruptions, resulting in the loss of valuable information. Despite this, we persevered by engaging participants via phone, although it was time-consuming, to ensure the completion of the report. We were unable to include more participation from men, so we missed out on

additional explanations from their perspective regarding gender-based violence against women.

In our conclusions, to create a safe and secure society, we must take a proactive approach and address the root causes of violence. Research has shown that during the pandemic, women and children were at a higher risk of harm from their intimate partners or husbands who were staying at home for extended periods. It's our responsibility to take strong action to end this violence and protect those who are vulnerable. Research should also include men from the Bangladeshi community, as gender-based violence cannot be fully eradicated without their voices. It's important to explore more cultural factors related to domestic violence. Community organizations can provide legal support in the language of the affected individuals, and social programs should aim to value men and women equally. Together, we can work to build a society where everyone feels safe and secure.

ETHICAL APPROVAL AND CONSENT

The ethical board of Bangladeshi Canadian Community Services (BCS) approved the study. Since it did not involve any medical approach to human subjects, rigorous ethical issues were not necessary. We took written consent from the study participants and strictly adhered to the Helsinki Declaration of Ethical Principles for Human Subjects, a globally recognized standard that ensures confidentiality. After receiving permission from the participants, the facilitator-initiated discussions while a note-taker recorded notes. We did not write down the participants' names during the group discussion to ensure anonymity. Moreover, the note-taker informed the participants that they had the right to refuse to answer any question, stop giving information at any point, or withdraw from the discussion. The note-taker kept all information separately; only the principal investigator could access it.

COMPETING INTERESTS

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

Disclaimer (Artificial intelligence)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

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