TAKING THE HONOUR OUT OF 'HONOUR-BASED VIOLENCE'

REFRAMING HONOUR AND VIOLENCE

From Theory to Practice

UNDERSTANDING THE CANADIAN LANDSCAPE AND ITS IMPACT ON WOMEN, GIRLS, AND GENDER-DIVERSE INDIVIDUALS IN THE SOUTH ASIAN COMMUNITY

ABRIDGED VERSION

CASSA COUNCIL OF AGENCIES SERVING SOUTH ASIANS

SACAC South Asian Community Advisory Council

WOMEN'S MOSQUE OF CANADA

FUNDED BY:

UNIVERSITY OF TORONTO SCHOOL OF CITIES

United Way Greater Toronto

PROJECT TEAM

AUTHORED BY:

RESEARCH TEAM

Farheen Khan – *Chair of South Asian Community Advisory Council*, United Way Greater Toronto (UWGT); *Founder*, Women's Mosque Canada
Mahdiba Chowdhury – *Project Manager of Health Promotion & Equity*, Council of Agencies Serving South Asians (CASSA)
Jyoti Shukla – *Manager, Community Investments*, United Way Greater Toronto

VOLUNTEERS

Julysa Grant
Yvonne Acheampong
Trisha Wilson-Singer

FUNDERS

Leading Social Justice Collective, in partnership with the University of Toronto's School of Cities and United Way Greater Toronto

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OVERVIEW

1. EXECUTIVE SUMMARY

'Honour-based violence' (HBV) is a serious violation of human rights that infringes on personal autonomy and the right to live free from fear, coercion, and abuse. It encompasses physical, emotional, psychological, and social harm, often justified as preserving family or community "honour." Women and girls—particularly within South Asian communities in Canada—are disproportionately affected, though HBV can occur in other cultural contexts. Understanding the social pressures sustaining HBV is essential for developing effective, survivor-centered policies and support systems.

Despite some progress, significant gaps remain in legislation, training, research, and community engagement. This project conducted a scoping review, focus groups, and community consultations with survivors and subject matter experts. Findings highlight the emotional and psychological impact of HBV, shaped by cultural norms, family expectations, community pressures, and transnational influences. Addressing HBV requires comprehensive approaches combining legal accountability, specialized support services, cultural sensitivity, and community engagement. Centering survivor voices and investing in trauma-informed, culturally competent support systems are critical to ensuring safety, dignity, and independence for affected individuals.

2. INTRODUCTION

2.1 ABOUT THE PROJECT

The *Taking the Honour Out of 'Honour-Based Violence'* project is a collaborative research initiative focused on addressing the health and well-being of South Asian women affected by HBV in the Greater Toronto Area (GTA) and across Canada. The term "South Asian" refers to people with origins to South Asian or the Indian subcontinent, including countries like India, Pakistan, Bangladesh, Afghanistan, and Sri Lanka. This project is a partnership between Council of Agencies Serving South Asians (CASSA), United Way Greater Toronto's South Asian Community Advisory Council (UWGT's SACAC), and Women's Mosque of Canada. This project is funded by UWGT and the Leading Social Justice Collective (LSJC).

2.2 DISCLAIMERS

This report was developed with input from community members, subject matter experts, and survivors with lived experience, though not all perspectives may be fully represented. Our intention in using the term 'honour-based violence' is not to vilify any culture, religion, or community; it was used by collective agreement of participants and the research team, with care to engage respectfully and avoid stigmatization. The report references real cases that may be distressing or triggering, and readers are encouraged to prioritize their well-being.

2.3 PROJECT PURPOSE AND OBJECTIVES

The project aims to deepen understanding of HBV within South Asian communities in Canada, recognizing that HBV is shaped by intersecting cultural, gender, migration, and structural factors. While HBV falls within the broader spectrum of gender-based violence (GBV), its unique features—linked to family honour, collective decision-making, and transnational pressures—require targeted, culturally responsive approaches. Objectives include defining HBV, situating it in social and cultural contexts, assessing prevalence, evaluating interventions, centering survivor voices and perspectives, integrating expert insights, as well as developing culturally responsive tools and equity-focused recommendations.

2.4 RATIONALE FOR USING THE TERM 'HONOUR-BASED VIOLENCE'

The term is used to describe violence committed under the pretext of preserving "honour," reflecting its distinct patterns and social dynamics. Despite debate over its use, it was retained to maintain clarity and alignment with legal, policy, and academic frameworks. The project title, *Taking the Honour Out of 'Honour-Based Violence'*, reframes the discussion to focus on accountability, survivor well-being, and empowerment, while fostering critical dialogue and cultural sensitivity.

In-text citations have been removed for brevity in this abridged version. The full study provides the complete reference list for all sources informing the findings and recommendations presented here.

BACKGROUND

3.1 DEFINING THE CONCEPT: WHAT CONSTITUTES 'HONOUR-BASED VIOLENCE'

Honour-Based Violence (HBV) refers to acts of violence carried out to protect or restore perceived family or community "honour," most often targeting women or girls believed to have violated cultural, social, or religious norms. Unlike domestic violence (DV), which usually involves a single intimate partner, HBV is frequently collective, involving multiple family or community members. Motivations centre on preserving reputation and enforcing conformity regarding behaviour, relationships, sexuality, and autonomy. HBV includes physical and psychological abuse, confinement or restrictions on movement, policing of behaviour, forced marriage, dowry-related harm, sexual assault, female genital mutilation, sex-selective abortion, and, in extreme cases, honour killings. Although HBV can overlap with DV, conflating the two obscures the cultural, structural, and collective dynamics unique to HBV.

3.2 HISTORICAL AND SOCIAL CONTEXT: ROOTS AND DRIVERS OF 'HONOUR-BASED VIOLENCE'

HBV arises from long-standing patriarchal structures in which women are seen as bearers of family reputation. Historical and cultural expectations—such as obedience, modesty, adherence to prescribed roles, and sexual purity—link women's behaviour to family status. Concepts such as izzat in South Asian communities tie honour to women's choices, enabling families to control relationships, appearance, autonomy, and sexuality. In diaspora contexts, migration pressures and efforts to preserve cultural identity can intensify these norms. LGBTQIA2S+ individuals may also face coercion if their identity threatens family reputation. Colonial and postcolonial histories, including legal codification and racialization, have further shaped how HBV is expressed and addressed.

3.3 SCOPE OF THE ISSUE: NATIONAL AND GLOBAL PREVALENCE

In Canada, HBV is not recognized as a distinct legal category and is instead addressed under existing criminal provisions dealing with assault, family violence, and homicide. Estimates suggest roughly a dozen honour killings occurred between 1999 and 2009, with 24 more since 2009, likely underrepresenting the true scope. High-profile cases include Aqsa Parvez, the Shafia sisters, and Amandeep Dhillon. Globally, the United Nations estimates approximately 5,000 honour killings occur each year across South Asia, the Middle East, Africa, Europe, and the Americas. Survivors face similar barriers in Canada and abroad, including underreporting and misclassification of cases, cultural stigma and community pressures, fear of reprisals or retaliation, economic and immigration-related vulnerabilities, language barriers, and limited access to culturally informed support services. These factors contribute to significant gaps in data and hinder efforts to fully understand the scope of HBV.

3.4 NATIONAL LESSONS: STRATEGIES AND PRACTICES TO ADDRESSING 'HONOUR-BASED VIOLENCE'

Canada addresses HBV through existing criminal laws, with courts recognizing HBV motives and refugee claims as grounds for protection. Federal initiatives, led by the Department of Justice, Status of Women Canada, and the RCMP, have strengthened coordination, sector-specific training, and public legal education. Research, including the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations, promotes culturally informed risk assessment using tools like DASH and PATRIARCH to capture HBV-specific dynamics and improve safety planning. Community organizations—including the Canadian Council of Muslim Women, South Asian Legal Clinic of Ontario, the South Asian Women's Centre, and the Barbra Schlifer Clinic—have developed culturally grounded, survivor-centred resources, training, and interventions toolkits.

3.5 GLOBAL LESSONS: STRATEGIES AND PRACTICES TO ADDRESSING 'HONOUR-BASED VIOLENCE'

Internationally, countries such as the United Kingdom, Sweden, the Netherlands, Germany, and Türkiye use multi-agency coordinated approaches that include explicit legal recognition of HBV, specialized training and units, centralized referral systems, shelters tailored to honour-related risk, and national actions plans focused on prevention and early intervention. Ongoing challenges persist including gender-neutral policies that obscure HBV's patriarchal roots, public narratives framing HBV as an "immigrant" or cultural issue, inconsistent implementation, and limited long-term support. These gaps reinforce the need for survivor-centred, culturally competent, and trauma-informed approaches that address both broader gender-based violence and the specific mechanisms that drive HBV.

METHODOLOGY

4.1 RESEARCH DESIGN

This study used a multi-phase approach to examine HBV in South Asian communities in the GTA. It began with a scoping review analyzing existing HBV cases and interventions nationally and globally. Building on these insights, focus groups and consultations with survivors and subject matter experts explored HBV, assessed intervention effectiveness, and identified service gaps. Findings informed practical recommendations and guided the development of a culturally informed, trauma- and survivor-centered HBV training module, which was piloted with law enforcement, social service agencies, and healthcare providers. The report, findings, and recommendations were shared with stakeholders to strengthen coordinated, culturally informed prevention, intervention, and survivor support.

4.2 DATA COLLECTION METHODS

A mixed-methods qualitative approach combined secondary and primary data. The scoping review examined grey literature, academic studies, public data, and media to understand HBV's prevalence, social and cultural roots, interventions, and systemic gaps. Primary data included focus groups and consultations with survivors, subject matter experts, and LGBTQIA2S+ participants. Data collection emphasized centering survivor voices, capturing cultural nuances, and generating community-informed solutions.

4.3 ETHICAL CONSIDERATIONS

Participant safety, privacy, and dignity were prioritized. Informed consent, trauma-informed facilitation, and culturally sensitive support were provided. Group and individual sessions accommodated diverse needs, and participants were compensated. All transcripts were anonymized and securely stored, then deleted post-publication.

4.4 LIMITATIONS

Recruitment challenges and the sensitive nature of HBV limited sample size and representation. Ethical safeguards constrained detailed contextual reporting, and structural factors like systemic racism and under-resourcing of culturally specific services influenced engagement. The study primarily focused on women in heteronormative relationships, with LGBTQIA2S+ voices underrepresented, highlighting the need for intersectional research.

4.5 PARTICIPANT DEMOGRAPHICS

20	**Subject Matter Experts:** Professionals with extensive experience, often decades, supporting South Asian, Muslim, and other racialized communities affected by GBV and HBV. Several were also identified as survivors of HBV. They represent healthcare, social services, legal services, policing, community and non-profit organizations, education, and policy advocacy,

13 (6 off-record)	**Women with Lived Experience of HBV:** Cisgender, heterosexual South Asian women. Included second- and first-generation immigrants (via refugee claims, family sponsorship, student visas, work permits).

6	**LGBTQIA2S+ Participants:** South Asians who identify as LGBTQIA2S+ with lived experience of HBV and professionals who work closely with LGBTQIA2S+ communities affected by HBV. Included second- and first-generation immigrants.

KEY FINDINGS & RESULTS

Key Findings	Qoutes
Subject Matter Experts Working Across Sectors on 'Honour-Based Violence'	
Experts expressed discomfort with the term 'honour-based violence,' noting that it is racialized, rooted in colonial assumptions, and can perpetuate stigma against communities. At the same time, some acknowledged its practical use in literature and in how survivors describe their experiences. Many recommended modifying the language—such as using quotation marks—to critically frame the concept while maintaining its recognizability.	*"For me. It's not. Should we use this terminology or not? Because I think it is both racist and colonial in its construction. And also it is based on very specific experiences and realities."* *"Everyone in our community knows what we're talking about when we use that word."* *"There's no honour in 'honour-based violence'... putting the term 'honour' in quotations and acknowledging the aspect of 'there's actually no honour in this'... that's what we're trying to do."* *"I always like to ask myself, whose benefit are these questions for? Because I find that so often when we get into the dialogue of terminology, it's more for the benefit of academia and agencies, and less about survivors."*
HBV is often enforced by multiple family members, including women, who may participate in controlling others as part of a "patriarchal bargain"—a survival strategy where women uphold patriarchal norms to protect their own status or safety within the family. These dynamics reinforce control over young women, shaping self-worth and perpetuating cycles of violence.	*"We're also seeing women as perpetrators who are helping to commit this violence against other women."* *"What we're not talking about is the power dynamics that includes women... sisters and moms who feel the young women are violating the family's reputation."* *"That minimal amount of power... is dependent on the people around you upholding a certain image that you have."* *"Honour rests on the shoulders of women and girls in our community... Women are also involved in HBV, pressure marriage, and [sex] selective abortions. A part of the problem."*
Grassroots expertise is often overlooked, underfunded, or later co-opted by mainstream organizations with greater access to resources and policy influence. This erasure leads to out-of-touch programs, repeated gaps in interventions, and a lack of data on vulnerable populations, increasing their risk and hindering effective policy responses.	*"There's a lot of systemic racism that happens within the process... where smaller groups or minority groups that are doing the work—it's not recognized. Then it gets put again as though it's this new phase of things."* *"Every 5 years something new comes up... yes, that's okay, because we are in progress... but we need to do this dance by making sure that the priorities are part of this process."*
Non-physical abuse—restricted movement, surveillance, emotional manipulation—often goes dismissed due to cultural normalization. Experts call for trauma-informed, survivor-	*"The notion is that, 'oh, like at least he didn't hit you,' right?"* *"There are so many things that happen in the community that are so normalized... that it's not even considered 'honour-based violence.'"*

centered interventions that recognize non-physical abuse, address collective family dynamics, and provide long-term support and culturally appropriate services.	*"If that one person was taken out of the picture, how would your mom react? How would your aunts and uncles react? Would those people continue to uphold and continue to perpetuate the same forms of violence?"*
Survivors often face retraumatization when navigating fragmented institutions, repeatedly retelling their stories to providers unfamiliar with culturally specific abuse. Weak inter-agency collaboration, inconsistent policies, and experiences of gaslighting or victim-blaming increase vulnerability, mistrust, and discourage seeking help.	*"I had to tell my story to the hospital staff, then again to the police, and once more at the shelter. It was retraumatizing."* *"I was gaslit. I was made to believe everything is my fault… What it does—it is so damaging."* *"When I was going through my trauma, I was pretty much silenced by the people who should have supported me."*
Effective HBV prevention requires early, gender-transformative interventions within families, schools, religious institutions, and communities, equipping young women with knowledge about rights and healthy relationships while engaging boys, men, and elders to shift harmful gender norms.	*"We need to look into the upstream framework…what are some unhealthy gender norms that are so embedded in our systems?"* *"It's not just the language—it has to be a paradigm shift."* *"Our values are formed in faith institutions and the conversations we have at the dining table… If we can capitalize on some of those spaces, we can make a lot of change."*
Women with Lived Experience of 'Honour-Based Violence'	
Cultural expectations of "honour" govern women's lives from a young age, enforcing restrictive gender roles, controlling their bodies, and limiting personal agency. Double standards dictate behavior, prioritizing domestic responsibilities and marriage over education, career, or personal aspirations, with shame, guilt, and surveillance used to enforce compliance.	*"From a young age, I was told that I could not do what my brothers or other male members of the family did. I was told that I was different and that I had special rules to protect not only me but also members of our family. That somehow my actions would wrongfully impact everybody at home."* *"I was married off early and told that my career and education were no longer a priority. That my main purpose in life was to procure and to establish and raise a family"*
Family and community expectations profoundly shape women's experiences of health, sexuality, and bodily autonomy. Fear of bringing shame through menstruation, fertility, or perceived sexual misconduct limits freedom, isolates women, and reinforces stigma. These pressures often compound trauma from sexual or physical abuse and restrict women's ability to seek care.	*"By the time I was 12, I was asked to cover myself in front of the male members of the family as showing parts of my body that accentuated my femininity was considered a distraction and could put me at risk of abuse from others both inside and outside the home."*

Survivors frequently remain silent or share minimally due to fear of family and community reprisal, social ostracism, or coercion such as forced marriage. Disclosure risks both personal safety and family reputation, leading to long-term emotional and social consequences, and reinforcing the control HBV exerts across generations.	*"My family, after learning about my assault, shunned me for a time. I was no longer considered an honourable woman, and therefore it would impact my family honour if I stayed."* *"When I was in my country of origin, as a young person, I was heavily abused by members of my family. But despite this, I was unable to share with even the women closest to me, out of fear of reprisal or the kind of shame it would bring upon my family."*
Survivors face systemic barriers, including long waitlists, limited culturally or spiritually informed services, and gaps in trauma-informed care. Traditional services often fail to understand religious or cultural contexts, leaving survivors hesitant to seek support. Many pursue alternative healing approaches, such as somatic therapy, to address unrecognized emotional and physical trauma.	*"I wish I had a counselor at the shelter who understood my perspective and point of view. My faith is important to me, but she did not understand why I was afraid to face my family or why I had a fear for God and how that was tied to my abuse."* *"Despite going through mainstream services and finding some solace, I also found solace in doing more hands-on healing and body trauma work for which I am very grateful. Today I do my best to inspire other women to do the same."* *"I did not feel safe accessing a community-based agency as I was afraid the information may get back to my family."*

LGBTQIA2S+ Individuals with Lived Experience and Professionals Supporting Affected Communities

Many LGBTQIA2S+ participants experience intense silencing and concealment due to threats of HBV, often beginning in childhood. Surveillance, restricted social networks, and pressure to conform result in psychological coercion, internalized shame, and long-term impacts on mental health, self-perception, and identity. The expectation to remain silent and protect family reputation leaves enduring emotional scars and cycles of isolation.	*"I was not allowed any females in the house. My father put that in place. I was not allowed to go without somebody escorting me. It became my own shame."* *"I'm queer too but very closeted. My work has been around care work and I do not come out as queer in most settings. And because I love going back to Pakistan. And I have a Muslim family. And I really don't want to be killed in Pakistan. I really, really love home."* *"That we weren't allowed to go once I said I'm separated. None of the family could go in that area where my in-laws lived. And [that] separated the women's supports from each other."*
HBV persists and can intensify in diaspora contexts, as families enforce outdated cultural norms. Migration does not automatically provide safety; pressures to maintain family honour, uphold tradition, and conform to expectations often continue, intersecting with structural barriers, generational gaps, and cultural memory. Emotional and social obligations tied to family and reputation can remain just as binding in a new country.	*"My parents are inflicting these rules that are from the 80s, not from right now. And if we don't fast-forward to 2025, then we're going to still be in that. Having to deal with people stuck in a time loop — that's hard. They're not going to understand you at all. When I got divorced, I literally had to hide my divorce so that I could have it. I sold my house in secret. My dad didn't talk to me for a year, and my kid was only a year old. His toxicity — he knew what happened, but he also beat me."* *"It was always told that you keep your mouth shut. Because we don't want our men to be sentenced severely. So here you have immigrant women coming in who don't know anything about the system, who have never worked outside the home... how are they supposed to leave?"*

Survivors' healing is shaped by complex family relationships and cultural expectations. Agency is constrained by family pressure, tradition, and obligations, and recovery often follows non-linear paths that balance autonomy, safety, and connection. Stories of resilience highlight gradual healing, reflection, and learning from family experiences, even when liberation is delayed or partial.	*"It took her 25 years to be able to say that I cannot live with you under the same roof, even if we are culturally going to be married… For the longest time, I was really angry at her—why not leave? But now I understand. Back home, there are no resources. But here, my mom says she didn't leave because of us."* *"My mom broke free for a bit and went to my grandparents' house, but they sent her back saying, 'We're traditional people. We don't do this.' Years later, I was coerced into a marriage of my own and I became my mother. As much as I was frustrated at her for not breaking free. I couldn't stand up to him. And it's not somebody who I am."*
Some participants hold dual roles as survivors and professionals, navigating the emotional labor of maintaining professional boundaries while carrying personal trauma. This balancing act can lead to burnout, isolation, retraumatization, and tokenization, particularly in heteronormative, white, or cis-centric institutions that fail to acknowledge lived experience.	*"I'm a therapist and a survivor. Sometimes it feels like I have to choose which version of me gets to show up."* *"I used to be much more out in the earlier part of my career, but I was harmed by it. Now I pick and choose."*
Participants debated the term "honour-based violence", emphasizing that decisions about its use should be grounded in survivors' lived experiences rather than imposed by outsiders; while "honour" is often weaponized to justify harm, naming it can be essential for survivors, and changing or rejecting the term without a clear, respectful process risks confusion and silencing important conversations.	*"So how will you make a decision? Even if, let's say you wanted to take a vote on it… is it going to be from the experiences of people or the do-gooders who want to change this? Okay, I'm coming from a good place. The do-gooders. They're privileged. They haven't experienced it."* *"When we say 'honour,' we have to remember it's being weaponized. But for some survivors, that word is exactly what they need to name what happened."* *"How would you go about talking and discussing about a person who has changed their name and you're not allowed to say the last name or not allowed to say the old name—the dead name—anymore? How would you actually go through that process? Because that's the exact same thing that's happening here. People are getting insulted by this thing that is very… it's a past term."*
Participants highlighted the lack of culturally responsive, LGBTQIA2S+-affirming services. Many felt unsafe or mistrustful of mainstream and community supports due to past judgment or violence. In South Asian communities, queer individuals may seek help without severing family ties, so services must be trauma-informed, culturally competent, and inclusive, addressing gaps left by heteronormative frameworks.	*"If I'm going to be honest, when I opened the Zoom call, I was a bit hesitant because I saw hijabis on the screen, and it was a bit traumatic because of my experience with the Muslim community being very judgmental and sometimes even violent toward queer people."* *"It's not that we don't want help… it's that we don't trust the help that's offered."* *"Just because someone is queer doesn't mean they want to leave their family behind. That nuance is always missed."* *"If the framework is heterosexual, you're already leaving us out.*

DISCUSSION & ANALYSIS

6.1 CONCEPTUAL FRAMING: 'HONOUR-BASED VIOLENCE' WITHIN GENDER-BASED VIOLENCE

HBV is a distinct form of GBV, characterized by collective enforcement through families and communities rather than individual abusers. It often includes surveillance, restricting social interactions, imposing curfews, and controlling education or employment. The findings highlight how Intergenerational dynamics heighten risks, particularly for second-generation youth, women, and LGBTQIA2S+ individuals, as families attempt to preserve "traditional" norms. Behaviours such as dating, rejecting arranged marriages, asserting independence, or expressing non-conforming identities are perceived as threats to honour, triggering HBV through emotional manipulation, monitoring, and strict behavioural rules. HBV also has transnational dimensions: survivors may face threats of being sent abroad for punishment or "re-education," complicating protection. Positioning HBV as both part of GBV and a distinct phenomenon allows interventions to address its collective, cultural, and cross-border risks while remaining integrated into broader anti-violence strategies.

6.2 SURVIVOR REALITIES: SILENCE, STIGMA, AND INTERSECTIONAL BARRIERS

Survivors are pressured into secrecy, with abusers weaponizing distorted cultural and religious narratives to instill guilt and shame. HBV disrupts life trajectories: survivors may be withdrawn from school, prevented from pursuing higher education, or forced into exploitative employment, limiting financial independence, skill development, and social networks. Beyond physical harm, survivors face profound psychological and emotional impacts, including depression, anxiety, hypervigilance, and PTSD, often compounded by shame and self-blame. Intersectional vulnerabilities—such as precarious immigration status, LGBTQIA2S+ identities, or fear of reinforcing negative stereotypes—intensify isolation and silence. Despite these barriers, survivors show resilience, seeking discreet support online, through trusted peers, or escaping abusive environments, highlighting the need for trauma-informed, culturally grounded services that validate survivors' strategies and protect their safety.

6.3 CRACKS IN THE SYSTEM: GAPS IN SERVICES AND INSTITUTIONAL RESPONSES

The background and findings from this study revealed systemic shortcomings that exacerbate survivors' vulnerability. Mainstream GBV services often lack HBV-specific approaches, leaving collective, cultural, and transnational risks unaddressed. Key gaps include:

- **Culturally Responsive Knowledge:** Frontline staff often lack understanding of how cultural or religious norms are misused by abusers to control survivors. HBV-specific training should address local, immigrant, and transnational contexts, enabling staff to build trust and develop effective safety plans.
- **Funding and Sustainability:** Services for specific communities are frequently underfunded and reliant on short-term grants, limiting long-term support, staff retention, specialized training, outreach, and prevention programs.
- **Risk Assessment Tools:** Standard assessments fail to capture HBV-specific risks, including family involvement, community surveillance, and threats of being sent abroad, resulting in incomplete safety planning.
- **Interagency Collaboration:** Fragmented communication across shelters, law enforcement, and social services forces survivors to repeatedly retell trauma and hampers coordinated responses.
- **Reporting and Law Enforcement:** Fear of retaliation, stigma, or immigration risks, and misinterpretation of HBV as ordinary DV deter timely reporting and intervention.
- **Access and Safety Challenges:** Survivors face practical and systemic barriers, including long waitlists, language challenges, intake and shelter logistics, and limited trauma-informed, culturally sensitive, and LGBTQIA2S+-inclusive services.
- **Prevention and Awareness:** Limited public education leaves communities ill-equipped to challenge harmful norms. Survivors emphasize educating men about healthy gender norms and women about rights and healthy relationships to prevent abuse and support early intervention.

Together, these challenges reinforce survivors' vulnerability and underscore the urgent need for comprehensive, culturally informed, and HBV-specific prevention, intervention, and support strategies.

RECOMMENDATIONS

Key Recommendations	Lead Actors	GTA Considerations
Government & Policymakers		
Coordinated Systems-Level Response: Regional protocols and joint community tables should be established to prioritize high-risk cases and address survivors' legal, social, educational, and health needs collaboratively. GTA municipalities should embed culturally specific services within broader GBV frameworks. Collect disaggregated data on race, ethnicity, and immigration status to identify disparities, monitor gaps, and target interventions.	Ontario provincial & municipal governments, Ministry of Health, GBV service agencies, public health units	Coordinate across multiple municipalities; include suburbs with high newcomer populations; prioritize high-need neighborhoods; establish shared local data systems
Legal Recognition of HBV & National Action Plan Integration: HBV should be explicitly defined in the Criminal Code to ensure accountability and stronger protections for survivors. Integrate HBV into the 2022 National Action Plan to End Gender-Based Violence to provide clear guidance for frontline workers, law enforcement, and community agencies. This alignment will strengthen culturally informed support, policies, monitoring, and data collection for survivors.	Government of Canada, Ministry for Women and Gender Equality, Ontario provincial & municipal governments, legislative bodies	Ensure policies reflect GTA's diverse cultural, religious, and linguistic communities; provide culturally informed, survivor-centered guidance
Funding and Sector Support: Long-term, stable funding towards under-resourced shelters, housing, counselling, legal aid, and community programs. Resources should prioritize underserved populations such as LGBTQIA2S+ survivors and newcomers. Investments in culturally specific organizations, staff training, inter-agency coordination, and program evaluation will improve service quality, accessibility, and consistency.	Ontario provincial & municipal governments, funders, grant agencies, philanthropic organizations	Address funding gaps in suburban shelters and community programs; target neighborhoods with large South Asian, Muslim, and immigrant populations; ensure multi-year GTA-specific funding
Law Enforcement & Justice System		
Culturally Competent Support and Frontline Capacity Building: Train law enforcement, crown attorneys, and GBV agencies on HBV, coercive control, forced marriage, digital surveillance, and intersectional considerations. Employ staff reflective of communities; provide multilingual resources and secure communication. Embed HBV response within GBV frameworks to strengthen referral pathways and risk assessment.	Police services, crown attorneys, frontline GBV agencies, specialized HBV units, legal aid, immigration & family lawyers	Standardize training; recruit diverse staff; provide multilingual resources; implement consistent risk assessment tools

Perpetrator-Focused and Rehabilitation Interventions: Culturally informed rehabilitation, counseling, and accountability measures for perpetrators. Confront harmful gender norms and family pressures. Integrate legal accountability with court-mandated counseling, diversion programs, and educational initiatives. Collaborate with community leaders and organizations to increase engagement.	Courts, probation services, rehabilitation programs, community organizations, faith/community leaders	Pilot programs in high-prevalence neighborhoods; tailor interventions to local cultural norms; monitor community feedback
Survivor Safety and Legal Measures: Authorities should provide relocation, safe housing, confidentiality, and anonymity in legal proceedings, while explicitly recognizing HBV motives in prosecutions and sentencing. Consistent application across the GTA, with clear guidance for law enforcement and service providers will strengthen coordinated protections and long-term survivor security.	Police services, Crown attorneys, courts, probation services, shelters	Apply protections consistently across GTA municipalities; provide relocation and shelter options; ensure confidentiality and safe access
Researchers & Educational Institutions		
Data Collection, Monitoring, and Participatory Research: Collect disaggregated HBV data with attention to intersectionality to capture risk factors and lived realities. Engage survivors as co-researchers to ensure culturally grounded insights. Longitudinal studies, conducted in partnership with community organizations, should track trends, evaluate programs, and produce culturally responsive tools, especially in GTA neighborhoods most affected.	Universities, colleges, research institutes, government research bodies, community organizations	Focus research on high-prevalence neighborhoods; include multicultural and immigrant populations; translate findings into locally relevant tools
Education, Teacher Training, and Safe Reporting: Schools should integrate HBV and GBV awareness into curricula, teaching healthy relationships, consent, and rights. Teachers need culturally informed, trauma-sensitive training to recognize abuse, and confidential reporting channels coordinated with community providers ensure timely support. This will make schools proactive spaces for prevention, early disclosure, and survivor support.	High schools, colleges, universities, community organizations	Implement training in schools with high South Asian, Muslim, and immigrant populations; establish connected reporting pathways; tailor awareness materials
Community & Service Providers		
Survivor-Centered Services and Targeted Support: Services should address immediate and long-term needs through counseling, peer support, life-skills programs, and emergency supports like legal aid or financial assistance. Approaches should be holistic, culturally and linguistically accessible, and coordinated across regions to ensure continuity and safety.	Shelters, counseling centers, social service agencies, cultural organizations, mental health professionals	Expand services in high-need neighborhoods; ensure accessibility; address intersectional needs

Expanding Safe and Secure Spaces: Staff in shelters should be trauma-informed and culturally competent, and spaces should ensure confidentiality and physical security. Expanding shelters across the GTA, especially in suburbs and high-density areas, will ensure equitable access and better coordination with GBV services.	Shelters, cultural organizations, social agencies, municipal housing authorities	Develop shelters in suburban/isolated neighborhoods; integrate with GBV networks; ensure culturally and physically secure spaces
Community-Led Awareness and Education Programs: Community-led initiatives should raise awareness, reduce stigma, and complement formal services. Programs targeting youth and men should be implemented to reduce stigma, promote healthy gender norms, and connect prevention efforts to support services, coordinated across GTA neighborhoods with large South Asian, Muslim, and immigrant populations.	Community organizations, faith-based institutions, cultural centers, shelters, social service agencies, media partners, local leaders	Target youth and men in neighborhoods with large South Asian, Muslim, and immigrant populations; coordinate with schools and networks; ensure culturally relevant messaging

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