



## Enhancing Wellness – M4Y Frequently Asked Questions - FAQs



### 1. What does M4Y stand for?

M4Y stands for mentoring for you. The goal of the *Enhancing Wellness and Crime Prevention in the Pandemic among Immigrant Youth and Women Survivors of Violence* project is to develop an interactive mentoring app that supports and builds resilience within diverse immigrant communities through safe, trauma-informed, and culturally sensitive access to education and resources for IPV prevention.

### 2. How do you define “immigrant”?

This research perceives “immigrant” as a fluid concept that bounces between national and cultural belonging and identification as opposed to a singular, fixed, or homogenized entity. Immigrant communities are heterogeneous, and each incident of violence, whether it occurred before, during, or after immigration requires nuanced care, understanding, and approaches. The popular definition of an immigrant is a person who has established a semi-permanent (in the middle of obtaining permanent residency) or a permanent (having obtained permanent residency or citizenship) residence in a “new place” other than that in which their immediate family habitually live (Gimeno-Feliu et al., 2019). In the Canadian context, an immigrant refers to a person who “has been granted the right to live in Canada permanently by immigration authorities,” and those include both landed immigrants and naturalized citizens (Statistics Canada, 2023). Alternatively, newcomers are commonly used to describe protected persons (including refugees), individuals who have applied for or received permanent resident status, or individuals who have received “approval-in-principle” from immigration authorities (Government of Canada, 2024). As such, immigrants and newcomers are alternatively used in this project.

### 3. What is the scope of your research?

Led by the Vancouver and Lower Mainland Multicultural Family Support Services Society (VLMFSS), Enhancing Wellness – M4Y is a 5-year research initiative that seeks lived experience from six immigrant communities (Chinese-speaking, Filipino, Eastern European, Persian/Afghani, South Asian, and Hispanic-speaking communities) in British Columbia, Canada to understand the impact of COVID-19 on immigrant women and youth fleeing violence and their coping strategies.

British Columbia has the second highest immigrant population second to Ontario in Canada (IRCC, 2018). Among the immigration population, nearly 25% of British Columbians are a visible minority (5% of the population in BC is Indigenous; Province of BC, 2024). The top three birthplaces among immigrants living in Metro Vancouver are China, India, and the Philippines where Mandarin Chinese or Cantonese (24.4%), Punjabi or Hindi (11.1%), and Tagalog (4.9%) respectively represent the top three alternative languages spoken in home (Statistics Canada, 2022). The non-official languages spoken at home among BC’s immigration population are closely followed by Korean (3.1%), Iranian Persian (2.6%), Spanish (1.7%), Vietnamese (1.4%), and Russian (1.1%) (Statistics Canada, 2022).

To practice cultural humility and to ensure ongoing language and emotional support for the participants, the scope of research is purposively narrowed down and focused to match the strengths and available resources of VLMFSS. We acknowledge that the six linguistic communities do not represent the diverse immigrant communities that reside in BC, Canada. The research also does not include participants of women and youth of temporary resident status. We recommend that more research on the effects of COVID-19 on immigrant IPV victims and their families in addition to the six groups as well as temporary residents or permit holders is required to understand the impact of relationship violence during the pandemic.

#### 4. How do you choose the four research regions of BC?

According to Census 2016, 88.4% of British Columbians are concentrated in a census metropolitan area (CMA) whereas 11.6% live outside the CMA (Statistics Canada, 2017). The population residing in the top 4 census metropolitan areas (Vancouver, Victoria, Kelowna, Abbotsford-Mission) accounts for 65% (just over 3 million people) of the total population in BC (4.6 million). Metropolitan areas are immigrant gateways not only for their emerging or established cultural and socioeconomic activities, sites, and intercultural connections (Price & Benton-Short, 2008), but also hubs with better access to multicultural and settlement services from government and/or non-profit organizations compared to rural areas. As such, we identify the four regions of BC: Metro Vancouver, Fraser Valley, Okanagan, and South Vancouver Island as our research regions. We acknowledge that immigrants from underserved and rural communities in BC are disproportionately affected by COVID-19. Future research is required to identify the trends and needs of these communities.

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