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South Asian Canadians Health & Social Services (SACHSS)
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South Asian Canadians Health & Social Services (SACHSS)

SACHSS offers culturally and linguistically appropriate services for South Asian men, women, seniors and youth, and other communities. SACHS provides programs focused on Health Promotion, Mental Health and addiction issues.

SACHSS serves clients with treatment and counselling services for those mandated by the legal system for issues such as driving under the influence of alcohol/drugs (DUI), violence, domestic violence, anger management etc.

SACHSS runs the PAR (Partner Assault Response) program for domestic violence and undertakes assessments and referrals to rehabilitation centres and intervention services for clients with addiction issues. We offer our services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, and English.

SACHSS has highly qualified and experienced staff in the fields of Health Promotion, Mental Health, and Addiction. We give early, convenient, and flexible appointments including evenings and weekends, and provide prompt, detailed client reports.

SACHSS serves all individuals and groups irrespective of their nationality, race, religion, ethnicity, language, colour, sexual orientation, and preferences.

SACHSS strives to build a healthy and vibrant South Asian community.

Referrals from clients, physicians, family doctors, hospitals, the legal system, lawyers, agencies, and organizations are now accepted.

INFORMATION ON SACHSS

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SACHSS Rehab & Drop-In Centre

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop-in Centre at 247 Main Street Brampton. Ontario. Canada. L6X1N3

All are welcome.

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SACHSS Healthy Living Program

THE SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES - SACHSS IS RUNNING ITS GROUP PROGRAM:

NAME: "SACHSS HEALTHY LIVING PROGRAM"

DATE & TIME: EVERY THURSDAY EVENINGS 6PM TO 8PM

LOCATION: OUR BRAMPTON OFFICE IS LOCATED AT 156 Main Street North, Brampton, Ontario, L6V 1N9 (near Main Street and Church Street; on the 2nd floor inside the Rainbow Room).

WHO CAN ATTEND?

Anyone who faces stress and needs and is interested in Stress Management and developing a Positive Lifestyle.

Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them

Persons who want to improve their Lifestyle with positive physical health and mental health

Persons with mental health issues

Persons with addiction issues

Anyone with anger/violence/domestic violence issues

Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues

Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues

This group is open to men, women, seniors and youth. All are Welcome!

OUR PROGRAMS

Programs for Health Education and Health Promotion	Women's Programs
Programs for Mental Health	Youth Programs
Programs for Addictions	Seniors' Programs
Anger Management Programs	Individual and Group Counselling
Programs for Domestic Violence	Couples and Marriage counselling
Programs for Homeless Individuals	Outreach Programs

Referrals for our service are accepted from all and any organizations, agencies, physicians, and the legal system (including probation officers, parole officers, bail officers, and lawyers).

SELF-REFERRALS ARE ALSO ACCEPTED.





South Asian Canadians Health & Social Services- SACHSS.

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SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES-SACHSS.

FOR ANY INFORMATION PLEASE CALL :
437-254-2794, 647-523-6380 OR 647-718-0786.

WWW.SACHSS.CA



SACHSS DISTRESS HELPLINE

CALL US WHEN YOU NEED US

If you are distressed or feeling low or need someone to talk to, **reach out today**

647-367-4452
416-863-0511

Available in English and South Asian Languages

South Asian Canadian Health and Social Services - SACHSS





South Asian Canadians Health and Social Services

SACHSS GROUP PROGRAM

HEALTHY LIVING, MENTAL HEALTH, ADDICTION AND RELATED ISSUES



EVERY THURSDAY EVENING AT 6 PM



GRACE PLACE, 156 MAIN STREET NORTH, BRAMPTON, ONTARIO, L6V 1N9. RAINBOW ROOM, 2ND FLOOR
(FREE PARKING AVAILABLE)



THOSE WHO CANNOT ATTEND IN PERSON, CAN ATTEND ON ZOOM ONLINE

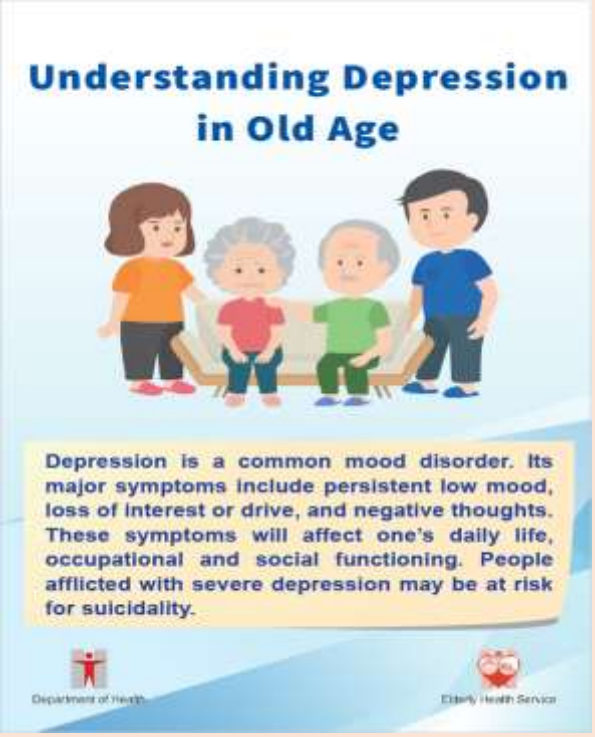
ZOOM MEETING ID: 847 3610 5101
ZOOM PASSCODE: 500711

SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES- SACHSS.

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DEPRESSION IN ELDERLY

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INTRODUCTION

If one has a sad, despairing mood that lasts for more than two weeks, it may be depression. Depression is one of the most common mental illnesses globally. Depression occurs in all ages in both sexes starting from early age until very advanced age.

- Depression rates rise significantly for seniors facing medical illnesses, living in long-term care facilities, or dealing with major life changes. Elderly people commonly have medical problems and other issues related to advancing age including Isolation, Major losses including family and friends, and Cognitive issues.

Key Facts About Late-Life Depression

- **Lower general rates:** Overall community prevalence for older adults is around 5% to 9%, compared to higher rates in younger adult populations.

- **Higher risk settings:** Rates jump to 30% or 40% for older adults in hospitals or nursing homes.
- **Different presentation:** Seniors may show fewer classic signs of sadness and instead report physical aches, fatigue, irritability, or memory problems.
- **High stakes:** Untreated depression in elders leads to higher rates of medical complications and elevated suicide risk.

Common Risk Factors

- **Chronic illness:** Dealing with heart disease, stroke, cancer, or chronic pain.
- **Isolation:** Loneliness or a lack of social support.
- **Major losses:** Death of a spouse, friends, or loss of independence and mobility.
- **Cognitive issues:** Co-occurring conditions like dementia.

DEPRESSION IN ELDERS – CLINICAL FEATURES

Depression is not the same as sadness, though it can be triggered by the sadness caused by loss (e.g., loss of a loved one, loss of hearing), stress or major life change (e.g., retirement, moving). Depression can also be caused by some medical conditions, such as chronic pain, thyroid problems, stroke or Alzheimer's disease. Certain medications and alcohol use can cause depression as well. Depression may also develop for no apparent reason.

People who are depressed cannot just "get over it." Depression is a biological illness caused by a chemical imbalance in the brain. It affects thoughts, feelings, behaviour and physical health.

Older adults who are depressed may have had episodes of depression throughout their lives, or they may have their first episode late in life.

Depression can affect anyone at any age, but **is often not recognized in older adults.** This is because some signs of depression **can be mistaken for signs of aging,** and also because older adults who are depressed **may not complain about feeling low.** When left untreated, depression

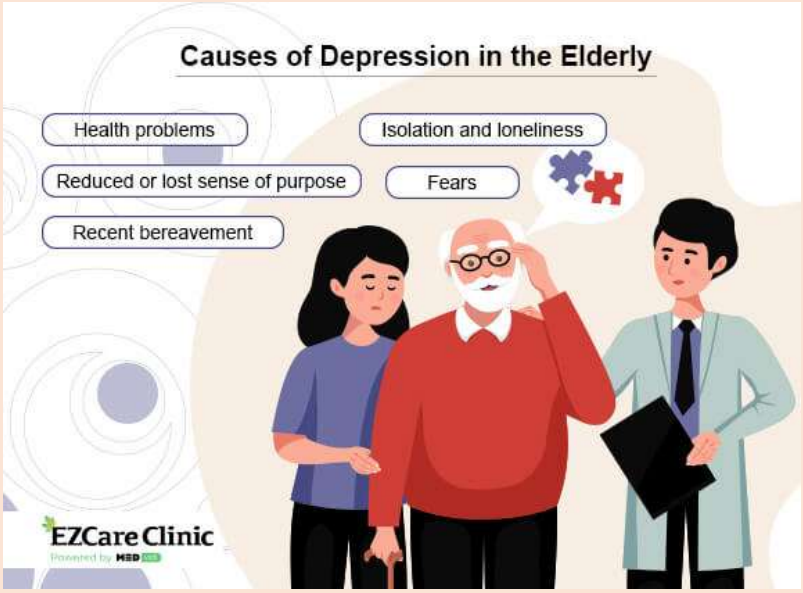
may continue for weeks, months or even years. **Untreated depression is the main cause of suicide in older adults.**

The signs of depression

People often think that depression in older adults is a normal response to the losses of aging. Depression is not normal.

An older adult may be severely depressed if he or she:

- does not get dressed
- does not answer the phone or the door
- loses interest in activities he or she used to enjoy
- expresses feelings of worthlessness and sadness
- has unusual outbursts of crying, agitation or anger, or shows little emotion
- sleeps poorly or too much
- eats more or less than usual
- complains about physical symptoms that do not have a cause
- lacks energy, is often tired
- seems confused
- has difficulty concentrating
- has trouble remembering things
- has trouble making decisions or following through with plans
- spends more time alone
- talks about suicide or thoughts of death or suicide, or suicide attempts



People from different cultures may express emotions, moods, and mood disorders — including depression — in different ways. In some cultures, depression may be displayed primarily as physical symptoms, such as aches or pains, headaches, cramps, or digestive problems.

Feeling down every once in a while, is a normal part of life, but if these feelings last a few weeks or months, you may have depression.
If left untreated, serious depression may lead to death by suicide.

There are several types of depression that older adults may experience:

- **Major depressive disorder** — includes symptoms lasting at least two weeks that interfere with a person's ability to perform daily tasks
- **Persistent depressive disorder (dysthymia)** — a depressed mood that lasts more than two years, although the person may still be able to perform daily tasks
- **Substance/medication-induced depressive disorder** — depression associated with the use, abuse, or withdrawal of substances such as alcohol or pain medication
- **Depressive disorder due to a medical condition** — depression related to a separate illness such as heart disease or multiple sclerosis

RISK FACTORS FOR DEPRESSION

There are many factors that may increase a person's risk of depression. For some people, changes in the brain can affect mood and result in depression. Others may experience depression after a major life event, such as a concerning medical diagnosis or the death of a loved one. Sometimes, those under a lot of stress — especially people who care for loved ones with a serious illness or disability — can feel depressed. In some cases, depression happens for no clear reason.

Research has shown that these factors are related to the risk of depression but do not necessarily cause depression:

- Medical conditions such as stroke or cancer
- A personal or family history of depression
- Stress, including caregiver stress
- Sleep problems
- Social isolation and loneliness
- Lack of exercise or physical activity
- Functional limitations that make engaging in activities of daily living difficult
- Alcohol use disorder — included in substance-induced depressive disorder
- Social isolation and depression in older adults

People from different cultures may express emotions, moods, and mood disorders — including depression — in different ways. In some cultures, depression may be displayed primarily as physical symptoms, such as aches or pains, headaches, cramps, or digestive problems.

DEPRESSION TREATMENT

Depression, even severe depression, can be treated. It's important to seek treatment as soon as you begin noticing signs.

Common forms of treatment for depression include:

- **Psychotherapy:** counseling, or "talk therapy" that can help a person identify and change troubling emotions, thoughts, and behaviors. Treatment for depression may include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT).
- **Medications for depression** that may help balance chemicals in the brain, such as serotonin, that affect mood. There are many different types of antidepressant medications.

Selective serotonin reuptake inhibitors (SSRIs) are antidepressants commonly prescribed to older adults.

- **Electroconvulsive Therapy (ECT)**, during which electrodes are placed on a person's head to enable a safe, mild electric current to pass through the brain. This type of therapy is usually considered only if a person's illness has not improved with other treatments.
- **Repetitive transcranial magnetic stimulation (rTMS),** which uses magnets to activate the brain. rTMS does not require anesthesia and targets only specific regions of the brain to help reduce side effects, such as fatigue, nausea, or memory loss, that sometimes happen with ECT.

CAN DEPRESSION BE PREVENTED?

Although most cases of depression cannot be prevented, healthy lifestyle changes can have long-term benefits for mental health.

Here are a few steps to consider:

- Be physically active and eat a healthy, balanced diet.
- Get seven-nine hours of sleep each night.
- Stay in touch with friends and family.
- Participate in activities you enjoy.
- Let friends, family, and your health care provider know when you're experiencing symptoms of depression.

CONCLUSION

Healthy lifestyle can have long-term benefits for mental health. Being physically active and eating a healthy, balanced diet, good sleep, good socialisation with family and friends all will go a long way in keeping good mental health in old age and may reduce the risk of developing depression in old age.

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https://aagponline.org/patient-article/depression-in-late-life-not-a-natural-part-of-aging/

Conduct Disorders

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Introduction

Conduct disorder is a mental health condition affecting children and adolescents, characterized by repeated aggressive behaviors, rule-breaking and actions that harm others. These actions are more severe than typical misbehavior and often lead to issues at home, school, and in the community. The presentation of conduct disorder can vary among children, but common struggles include anger, difficulty understanding consequences and challenges in forming healthy relationships. Research indicates a strong link between conduct disorder and long-term problems, highlighting the importance of early detection and support (Tesli et al., 2024).



(The Meadows, 2025)

What Conduct Disorder Looks Like

Children and adolescents with conduct disorder often show behaviors such as fighting, bullying, stealing, lying, destroying property and breaking major rules. Such behaviors are not occasional and can happen repeatedly, causing harm or distress. Conduct disorder is also connected to other mental health conditions. Many children with conduct disorder also have attention deficit hyperactivity disorder, anxiety, or even mood problems. In a large study from Norway, researchers have found that 64% of children diagnosed with conduct disorder had at least one other mental

disorder. Attention deficit hyperactivity disorder was one of the most common conditions seen with conduct disorder (Tesli et al., 2024).



(Dreamstime, 2000)

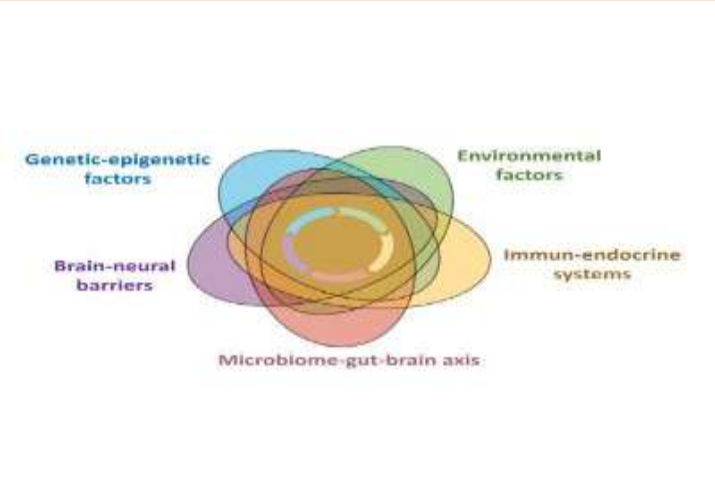
Conduct disorder can begin in childhood or during adolescence. Childhood-onset conduct disorder usually leads to more serious long-term problems, while adolescent-onset conduct disorder may be more related to peer influence. Both forms can affect school performance, friendships and family relationships.

Genetic and Environmental Factors

Conduct disorder does not have a single cause. Instead, it develops from a combination of genetic and environmental factors. Research shows that conduct disorder is highly heritable, meaning genes play a strong role. In a large population study, children with conduct disorder had higher genetic risk scores for attention-deficit/hyperactivity disorder, major depressive disorder and autism spectrum disorder. This suggests that conduct disorder shares genetic pathways with other mental health conditions (Tesli et al., 2024). A child who is genetically more vulnerable to emotional or behavioral difficulties may also be more likely to develop conduct disorder.

Environmental factors also matter. Children who grow up in homes with low parental education, domestic violence, bullying, or instability are at higher risk. In the Norwegian study,

bullying was strongly linked to conduct disorder even after accounting for genetic factors (Tesli et al., 2024). Another study from India found that children with conduct disorder had poorer outcomes when they lived in homes with alcoholism, domestic violence, or parental separation (Jayaprakash et al., 2022). These findings show that stressful environments can worsen behavioral problems and make recovery harder.



(Frontiers, 2022)

Limited Prosocial Emotions

In recent years, the Diagnostic and Statistical Manual of Mental Disorders added a specifier called limited prosocial emotions for children with conduct disorder. This specifier is used when a child shows traits such as lack of guilt, lack of empathy, shallow emotions, or lack of concern for performance. These traits are sometimes called callous unemotional traits.

Children with conduct disorder and limited prosocial emotions often experience more severe behavioral problems. They may be more aggressive, have more difficulty connecting with others and respond less to typical discipline strategies. In a study of justice-involved boys, those with conduct disorder and limited prosocial emotions had higher levels of aggression, more school expulsions and lower treatment engagement than boys with conduct disorder only (Colins et al., 2026). They also had more delinquent friends and showed more risky decision-making.



(Verywell health, 2026)

Another study found that children with the limited prosocial emotions subtype exhibited more conduct disorder symptoms, greater fearlessness and a higher risk of future conduct disorder problems. Harsh parenting and early callous unemotional traits were identified as early warning signs (Colins, Fanti, and Andershed, 2021). This suggests that the limited prosocial emotions specifier helps identify a group of children who may need more specialized support.

Parenting and Conduct Disorder

Parenting plays a major role in conduct disorder. Positive parenting, characterized by warmth, involvement and consistent support, can protect children from developing severe behavioral problems. Negative parenting, characterized by harsh discipline, inconsistent rules, or low supervision can increase the risk of conduct disorder or worsen symptoms.

A large study across several countries found that both high negative parenting and low positive parenting were linked to conduct disorder. However, positive parenting was especially important for children with high callous unemotional traits. Youth with conduct disorder and high callous unemotional traits showed lower levels of positive parenting than those with conduct disorder and low callous unemotional traits (Pauli et al., 2021). This suggests that warm, supportive parenting may help reduce some of the emotional difficulties seen in conduct disorder, which is characterized by limited prosocial emotions.



(Hillcrest, 2026)

Many families of children with conduct disorder face stress, poverty, or mental health challenges. These pressures can make consistent parenting difficult. Understanding conduct disorder requires looking at the whole family environment, not just the child's behavior.

Treatment and Support

Conduct disorder is treatable, especially when help begins early. The most effective treatments focus on teaching children's new skills and supporting parents in managing behavior. Parent management training teaches caregivers to set clear rules, use positive reinforcement, and respond calmly to misbehavior. Cognitive behavior therapy helps children learn problem-solving, emotional regulation, and social skills.

One program, the Treatment Program for Children with Aggressive Behavior, combines cognitive behavioral therapy with parent and teacher support. It showed strong results. Children who completed the program had reduced aggression and improved behavior. These improvements remained stable even ten months after treatment (Del Giudice et al., 2023). This shows that structured, long-term support can make a real difference.

Children with conduct disorder and limited prosocial emotions may need more specialized approaches. Because they often show less empathy and fewer emotional responses, therapists may need to use strategies that focus on motivation, building trust, and helping the child understand consequences in a meaningful way.



(Psychicare, 2026)

Moving Forward

Conduct disorder is a complex condition impacting children, families, and communities. It results from factors like genetics, environment, parenting, and emotional growth. These children are not unruly; they are young individuals encountering significant challenges that call for empathy, patience, and support.

Research shows that early intervention, positive parenting, safe environments, and strong support systems can help children with conduct disorder build healthier futures. When families, schools, and communities collaborate, children with conduct disorder are more likely to improve their behavior, build empathy, and develop positive relationships.



(Drjonicewebb, 2025)

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Gender - Based Violence in Canada

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Introduction

Gender based violence is defined as harmful physical, sexual or psychological acts towards an individual based on their gender. This is often rooted it power imbalances and gender equality (UNHCR, 2024). Gender- Based Violence is known to be a pressing human rights concern in Canada as it affects individuals from all communities. While it can affect any individual, women are affected at a much higher rate (Government of Canada, 2024). This article will discuss the magnitude of the matter and the current causes and outcomes of violence rooted in gender inequality in Canada.



Figure 1: Submission to the UN Special Rapporteur: online gender-based violence in the context of COVID-19 | **GenderIT.org (2020)**

Social and **historical context**

The history of gender-based violence in Canada is der equality and social justice. Violence is understood differently by different groups, shaped by enduring inequalities based in colonialism, patriarchy and systemic discrimination (Bourassa et al., 2018). Colonialism, the Canadian residential school's system, and structural racism have all had disproportionate intergenerational impacts on mainly Indigenous women and girls (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). It is a major of Canadian history that still affects the Indigenous communities in Canada. Generally, Intersectionality is key to understanding GBV as elements including race, class, disability, sexual orientation etc. influence the risk and access to support for victims in Canada (Crenshaw, 1991). During colonization, European settlers imposed patriarchal structures that dismantling their cultural and tradition gender roles and relationships that were more equitable. With time these western adaptions fueled an increased acceptance of violence against people that did not conform to traditional gender-roles such as two-spirited people and against women and girls.

Current Reality of Gender-Based Violence

Even today Gender- based violence continues to be a persistent concern in Canada. The Canadian Women's Foundation (2024) has reported that roughly 44 per cent of women encounter some form of relationship-based violence at one point in their life. Furthermore, around 80 per cent of victims of police-reported intimate partner violence. Indigenous women are six times more likely to be murdered than non-Indigenous women (Government of Canada, 2025). Sexual assault is one of the most underreported crimes, with only about 6 percent of incidents reported to police (Conroy & Cotter, 2017). These statistics reveal the widespread nature of GBV and the challenges in addressing it effectively.

Root Causes and Contributing Factors

Gender-based violence occurs due to unfair social systems that treat men and women unequally. When society allows men to have more power through subtle and unfair traditions and cultural norms it reinforces male dominance, economic dependency, and limited access to education and employment for women. (Johnson & Dawson, 2011). Financial dependence on men can make it more difficult for women to leave physically and emotionally abusive relationships. Furthermore, mental health concerns, addictions and exposure to abuse in childhood further increases the risk of both mistreatment and aggressive behaviours (Daoud et al., 2020). Institutional barriers, including inadequate legal protection and systemic bias, often prevent survivors from seeking justice (Government of Canada, 2013).



Figure 2. Representation of women's rights and gender equality advocacy. *Source: Canadian Union of Postal Workers (CUPW), 2016.*

Legal and Policy Framework

Canada has built a robust legal and policy While in theory the government supports victims of violence the reality can look quite different for victims of GBV. In the Criminal Code, these activities are classified as assault, sexual assault,

and harassment. The Canadian Human Rights Act outlaw's discrimination on the basis of sex, gender identity, and sexual orientation. The federal government's Strategy to Prevent and Address Gender-Based Violence (announced in 2017) prioritizes prevention, survivor support, and the development of responsive legal and justice systems (Government of Canada, 2024). This strategy emphasizes the importance of collaboration across federal, provincial, and territory governments, as well as community organizations.

Support Systems and Services

In Canada, support services for survivors of GBV include crisis lines, counselling, shelters and legal aid. Community organizations play a critical role in providing trauma-informed and culturally sensitive care (Canadian Women's Foundation, 2024). However, access to services is not equal, particularly in rural and northern communities and among Indigenous and immigrant groups (Moffitt et al., 2020). Many survivors experience long wait times or must travel great distances to get to safe housing or counseling services.

Challenges and Possible Solutions

Despite progress, major challenges persist. Underreporting continues to conceal the full scope of GBV, and survivors frequently confront stigma and disbelief when seeking care (Conroy & Cotter 2017). Shelters and support services have limited capacity due to funding constraints, particularly in distant places. There is also a need for more thorough data gathering that includes marginalized groups' experiences (Daoud et al., 2020).

The government must prioritise creating policies that focus on equality and inclusivity, ensuring that all survivors have access to justice and support. Education on this topic in schools and higher education is also necessary to create change. Collaboration between governments, Indigenous communities, and civil society is essential to helping survivors and reducing the damage caused by perpetrators (Vos et al, 2006).

Conclusion

As gender- based violence is a persistent concern in Canada, it will demand increased attention and action from not on the government but the public as a whole. To create a Canada free

from gender-based violence is achievable through collaboration, compassion, and the unwavering pursuit of human rights.

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Insomnia and Healthy Sleep

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Introduction

Sleep is a fundamental biological need essential for maintaining physical health, emotional stability, and cognitive functioning. Despite its importance, many individuals struggle with sleep-related issues, particularly Insomnia, one of the most common sleep disorders worldwide. Insomnia is characterized by difficulty falling asleep, staying asleep, or experiencing non-restorative sleep despite adequate opportunity to rest (American Psychiatric Association, 2022). In modern society, increasing stress, digital device usage, and irregular lifestyles have significantly contributed to sleep disturbances. Healthy sleep, on the other hand, is crucial for brain restoration, emotional regulation, and physical recovery. This article explores insomnia, its causes, effects, and the importance of healthy sleep practices in improving overall well-being.

Understanding Insomnia

Insomnia can be classified into two main types: acute and chronic. Acute insomnia is short-term and often triggered by stress, life changes, or environmental factors. Chronic insomnia lasts for at least three nights per week over three months or longer and is often associated with underlying psychological or medical conditions (Harvard Medical School, 2021).

The causes of insomnia are complex and multifactorial. Psychological conditions such as anxiety and depression are strongly linked with sleep disturbances. According to Walker (2017), emotional stress activates the brain's arousal system, making it difficult to transition into restful sleep. Additionally, lifestyle factors such as caffeine consumption, irregular sleep schedules, and excessive screen time before bed also disrupt the natural sleep-wake cycle.

Medical conditions like chronic pain, asthma, and neurological disorders can also interfere with sleep quality. In many cases, insomnia is both a symptom and a contributing factor to mental health disorders, creating a cyclical relationship between sleep disruption and psychological distress.

Effects of Insomnia on Health

The effects of insomnia extend beyond simple tiredness. Sleep deprivation impacts nearly every system in the body. Individuals suffering from insomnia often experience:

- Daytime fatigue and low energy
- Difficulty concentrating and memory impairment
- Irritability and mood instability
- Reduced immune system functioning
- Increased risk of anxiety and depression

Research shows that chronic sleep deprivation can impair decision-making abilities and emotional regulation (National Sleep Foundation, 2023). Over time, it may also increase the risk of cardiovascular diseases, obesity, and diabetes due to hormonal imbalance and chronic stress activation.

Healthy Sleep and Its Importance

Healthy sleep is defined not only by the number of hours slept but also by sleep quality. Most adults require 7–9 hours of uninterrupted sleep per night for optimal functioning (Harvard Medical School, 2021). Healthy sleep supports:

- Memory consolidation and learning
- Emotional regulation and stress management
- Immune system strengthening
- Cellular repair and growth
- Mental clarity and productivity

Good sleep hygiene practices play a crucial role in achieving restorative sleep. These include maintaining consistent sleep schedules, avoiding caffeine in the evening, limiting screen exposure before bedtime, and creating a calm sleeping environment. Walker (2017) emphasizes that sleep is not a passive state but an active process essential for brain health. During sleep, the brain

processes emotions, removes toxins, and consolidates memories, highlighting its importance in maintaining psychological balance.

Relationship Between Insomnia and Mental Health

There is a strong bidirectional relationship between insomnia and mental health disorders. Individuals experiencing anxiety or depression are more likely to develop sleep problems, while chronic insomnia can worsen mental health symptoms.

According to the World Health Organization (2021), sleep disturbances are both a symptom and a risk factor for mental health conditions. Lack of sleep increases emotional reactivity, reduces stress tolerance, and impairs cognitive control, making individuals more vulnerable to psychological distress.

This creates a negative cycle where poor sleep worsens mental health, and poor mental health further disrupts sleep. Addressing insomnia is therefore an important component of mental health treatment and recovery.

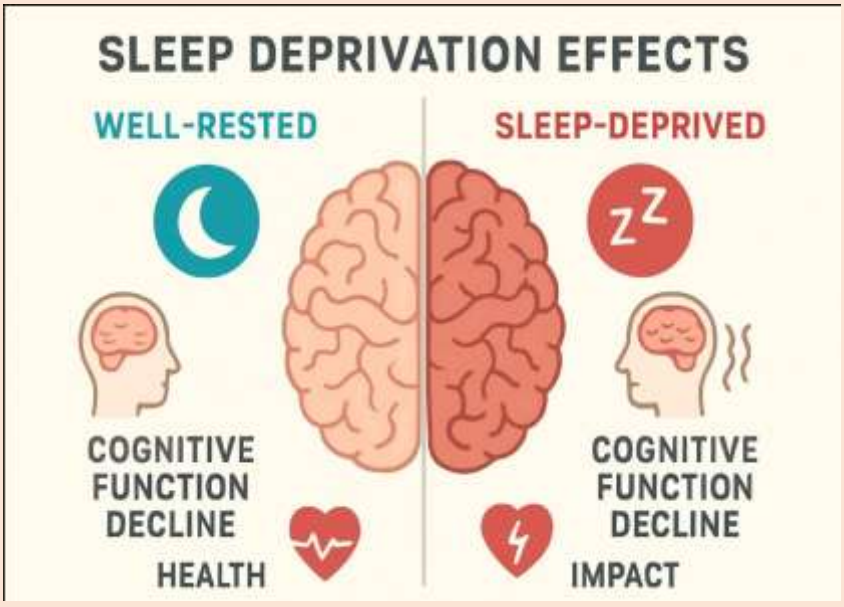


Figure1- Relationship Between Sleep Deprivation and Cognitive Function (Walker, 2017)

Strategies for Improving Sleep Quality

Improving sleep quality requires consistent behavioural and environmental changes. Evidence-based strategies include:

1. Sleep Hygiene Practices

Maintaining a regular sleep schedule helps regulate the body's circadian rhythm. Avoiding stimulants such as caffeine and nicotine before bedtime can also improve sleep onset.

2. Cognitive and Behavioural Approaches

Cognitive Behavioural Therapy for Insomnia (CBT-I) is considered one of the most effective treatments for chronic insomnia. It focuses on changing negative thoughts and behaviours associated with sleep.

3. Stress Management

Relaxation techniques such as meditation, deep breathing exercises, and mindfulness can reduce physiological arousal and promote better sleep.

4. Environmental Adjustments

A dark, quiet, and cool sleeping environment supports better sleep quality. Limiting exposure to blue light from electronic devices before bedtime is also beneficial.

Discussion

Insomnia is a growing public health concern due to increasing lifestyle pressures, digital dependency, and mental health challenges. The modern world has significantly disrupted natural sleep patterns, leading to widespread sleep deprivation.

Addressing insomnia requires a holistic approach that combines lifestyle modification, psychological support, and medical intervention when necessary. Early identification and

treatment of sleep problems can prevent long-term health consequences and improve overall quality of life.

Public awareness about healthy sleep habits should be promoted in schools, workplaces, and healthcare systems to reduce the burden of sleep-related disorders.

Conclusion

Sleep is essential for maintaining both physical and mental health. Insomnia significantly disrupts this balance, leading to a wide range of cognitive, emotional, and physical problems. Understanding the causes and effects of insomnia is crucial for developing effective prevention and treatment strategies.

By adopting healthy sleep practices and addressing underlying psychological or medical issues, individuals can significantly improve their sleep quality and overall well-being. Promoting healthy sleep is not only a personal responsibility but also a public health priority.

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Eating Disorders and Its Management

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Introduction

While eating is a normal part of health, for an eating disordered person food is connected to fear, anxiety, guilt or loss of control. Eating disorders involve much more than bad eating habits or lifestyle choices; they are serious mental health illnesses which can have a significant impact on physical health, emotional wellbeing and social interactions. According to the World Health Organization (2024), eating disorders contribute significantly to illness and disability among young people worldwide.

Stigma, fear of judgment, and a lack of awareness contribute to many people suffering silently. If left untreated, eating disorders can result in malnutrition, heart problems, digestive problems, depression, anxiety, and/or death. But early diagnosis and thorough treatment will help to get better. The support of healthcare providers, families, schools, and communities is important for those impacted by these disorders.

Understanding Eating Disorders

Eating disorders are psychiatric disorders that involve ongoing abnormal patterns of eating and abnormal thoughts about food, weight or body shape. The disorders can make it difficult to live a normal life, to be physically healthy, to stay emotionally stable, and to maintain healthy relationships.

Eating disorders are not just a one-time occurrence when one is dieting or overeating; they are a persistent pattern of eating behavior that leads to adverse physical and mental effects if not addressed. Many people think that eating disorders affect only young females. In fact, they can impact anyone – regardless of their age, sex, socioeconomic status, or culture (American Psychiatric Association, 2022).

Types of Eating Disorders

1. *Anorexia Nervosa (AN)*

The hallmark features of anorexia nervosa are a severe restriction in eating, a fear of gaining weight, and a distorted body image. People tend to think they're overweight, when they are really underweighted.

Common symptoms include:

- Extreme weight loss
- Skipping meals
- Excessive exercise
- Fatigue
- Low blood pressure
- Hair loss
- Feeling cold frequently
- Lack of menstruation in some people

Medical complications and suicide have some of the highest mortality rates of psychiatric disorders, making anorexia one of the most lethal of these (American Psychiatric Association, 2022).

2. *Bulimia Nervosa (BN)*

In bulimia nervosa, the person engages in episodes of binge eating and then in behaviors that are designed to avoid weight gain, these include:

- Self-induced vomiting
- Misuse of laxatives
- Excessive exercise
- Fasting

Bulimia can be more difficult to identify as it is not associated with any weight loss and individuals may have a normal weight.

Symptoms include:

- Swollen salivary glands
- Tooth enamel erosion
- Sore throat
- Dehydration
- Electrolyte imbalance
- Gets upset with himself/herself after meals

3. *Binge-eating disorder (BED)*

Binge eating is the most prevalent eating disorder in the world. Large amounts of food eaten in a short time with an inability to stop eating.

Binge eating differs from bulimia in that there are no purging behaviors following the binging episode.

Symptoms include:

- Eating very quickly
- When not hungry, eat!
- Being embarrassed to eat by oneself
- Feeling guilty afterward

- Depression and anxiety
- Gaining weight and obesity-related issues

Avoidant/Restrictive Food Intake Disorder (ARFID)

Different types of ARFID include not eating any foods or eating very little of any food, but not due to body image issues. Rather, people might refuse to eat due to the texture, smell, taste, or risk of choking or vomiting. This disorder is more prevalent in children but can persist into adulthood.

Other Specified Feeding or eating disorders (OSFED)

Others suffer from eating disorder symptoms that do not meet the criteria for the above eating disorders. These conditions are referred to as OSFED and continue to be a condition that is treatable professionally.

Causes and Risk factors

Eating disorders typically are manifested by a combination of factors, not one single cause.

Biological Factors

There is some evidence that genetics have a role. Those who are at risk for eating disorders, anxiety or depression are at greater risk. Other hormonal changes and brain chemical abnormalities that affect appetite and mood can also play a role.

Psychological Factors

Anxiety, depression, obsessive-compulsive disorder, perfectionism and low self-esteem are among mental health issues that can make someone more susceptible to developing an eating disorder.

Social and Cultural Factors

These modern expectations of beauty are often created by television, film, magazines and social media. Exposure to frequent edited photos and messaging about being overweight can lead to low body image, particularly in adolescents.

Environmental Factors

Factors that can contribute to the development of an eating disorder include bullying, childhood trauma, abuse, family conflict, high levels of academic stress, and the stress of sports or careers focused on body size.

Signs and Symptoms

Early diagnosis is the key to better treatment. Symptoms of overt warning signs include:

- Rapid weight changes
- Obsession with calories or dieting
- Avoiding meals
- Excessive exercise
- Need to go to the bathroom more often than usual after eating.
- Mood swings
- Depression or anxiety
- Fatigue
- Dizziness
- Hair thinning
- Feeling cold
- Difficulty concentrating
- Social withdrawal
- Low self-esteem

Not all people have all symptoms and often people conceal behaviours, making early diagnosis difficult.

Diagnosis

Eating disorders are diagnosed using a thorough evaluation by health professionals. This includes:

- Medical history
- Physical examination
- Mental health assessment

- Determination of weight and nutrition assessment
- Blood tests
- Electrolyte testing
- When required, Heart monitoring (ECG)

Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) criteria can assist clinicians in recognizing the specific types of eating disorders (American Psychiatric Association, 2022).

Management and Treatment

Due to the impact eating disorders have on the body and mind, it is important that treatment is provided by a multidisciplinary team.

Medical Care

If the malnutrition is severe, dehydration, electrolyte imbalance or heart problems are present, medical stabilization is priority. In some cases, hospitalization may be required if life-threatening.

Nutritional Rehabilitation

Registered dietitians assist people to regain healthy eating patterns by creating a well-rounded meal plan, resolving nutritional imbalances and minimizing food anxiety.

Nutritional therapy is not just about weight gain; it's about re-establishing a healthy relationship with food.

Psychotherapy

Psychological treatment is one of the most effective approaches.

Cognitive Behavioral Therapy (CBT)

CBT can help people become aware of their unhealthy food, body image, and self-worth thoughts and replace them with more healthful ones. CBT is one of the most successful therapies for BED and bulimia nervosa.

Family-Based Therapy (FBT)

FBT is particularly effective with adolescents who suffer from anorexia nervosa. Parents are actively involved in nutrition recovery and collaborate with health care providers.

Interpersonal Therapy (IPT)

IPT works with relationship issues, bereavement and social stressors which can impact disordered eating.

Medication

Medications don't cure eating disorders, but some people experience some reduction in depression, anxiety and binge-purge eating with certain antidepressant medications known as selective serotonin reuptake inhibitors (SSRIs). Medication is always given in addition to psychotherapy and nutrition counseling.

Support Groups

Peer support groups are a special form of support that involves sharing experiences with others in a safe environment, which can help to decrease isolation and promote recovery.

Prevention

While prevention is not always possible, there are some factors that help minimize risk of developing an eating disorder.

These include:

- Promoting positive body image
- Teaching healthy eating habits not dieting.
- Creating open discussions around mental health issues
- Restricting access to unrealistic beauty standards
- When you see the signs, you can catch them. If you see the signs, you catch them.
- Offering mental health learning in school
- Supporting families to implement healthy eating habits.
- Getting professional help at an early age.

Important roles are also filled by healthcare professionals who are screening high-risk people at routine health visits.

Conclusion

Eating disorders are serious conditions of the mind, and can be treated, but they must be identified early and treated effectively. They impact on people physically, emotionally and socially; sometimes disrupt education, work, relationships and quality of life. The success of the recovery will be determined by early diagnosis, evidence-based treatment, family involvement, nutritional rehabilitation, and psychological support. Minimizing stigma and raising public consciousness can help prompt individuals to get help sooner. A healthy body image, healthy eating habits and access to good mental health services must be cultivated and supported by healthcare professionals, educators, families and communities. However, many people overcome this disorder and live healthy, productive lives with the right treatment and continued care.

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Dementia: Causes, Clinical Features, Management, and Prevention

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Introduction

Dementia is a progressive neurological syndrome that has become one of the greatest public health challenges of the twenty-first century. It affects millions of individuals worldwide and has a profound influence on families, healthcare systems, and communities. Although dementia is commonly associated with older adults, it is not a normal part of ageing. Instead, it results from diseases that damage brain cells and gradually impair memory, reasoning, communication, behavior, and the ability to perform everyday activities. As populations continue to live longer, the prevalence of dementia is expected to increase, making awareness, early diagnosis, and effective management more important than ever (World Health Organization [WHO],2023).

Dementia is more than just memory loss. Over time, this alters how a person thinks, feels, acts, and relates to the world. Simple activities like cooking, doing the laundry, managing money, driving, or identifying family members can become more challenging. Emotional distress for families when adjusting to new care roles and stress, depression, and financial strain for many caregivers. Therefore, dementia is a medical and social problem that needs compassionate, multidisciplinary intervention.

This article delves deep into dementia, shedding light on its causes, clinical characteristics, diagnosis, management, prevention, and the significance of healthcare professionals. The discussion focuses on evidence-based strategies to support dignity, independence, and quality of life for people with dementia.

Understanding Dementia

Dementia is not a single disease but an umbrella term describing a group of symptoms caused by disorders affecting the brain. These symptoms include deterioration in memory, language, attention, judgment, learning, orientation, and executive functioning. The most common

type is Alzheimer's disease, accounting for nearly two-thirds of all cases, followed by vascular dementia, Lewy body dementia, and frontotemporal (World Health Organization [WHO], 2023). Each type affects different areas of the brain, producing unique patterns of cognitive and behavioralchange.

Healthy ageing can include some forgetfulness, whereas dementia is a significant worsening of cognitive function that affects a person's ability to live independently. Symptoms typically appear slowly and get worse over the course of several years. Early recognition is especially important, as this enables the individual and/or family to plan and have access to community resources, and to start interventions that might slow functional decline. There are also social implications of dementia, as stigma and lack of understanding may stop people from getting help at an early stage of dementia.

Causes of Dementia

Each disease has its own underlying causes for dementia. In Alzheimer's Disease, abnormal beta-amyloid plaques build up on the outside of nerve cells and tau protein tangles up within the nerve cells. Such abnormalities interfere with the transmission of information between brain cells, leading to the death of large numbers of brain cells with time (Alzheimer's Association, 2025). With increasing damage to more neurons, memory and thinking capacity gradually decline.

Vascular dementia is caused by not enough blood flow to the brain, which can be due to a stroke, small vessel disease, high blood pressure, diabetes or heart disease. When the blood supply is interrupted again and again, brain tissue does not get oxygenated or nourished, resulting in permanent cognitive damage. Whereas in Alzheimer's disease, there is no such thing as a stepwise progression, in vascular dementia, there are steps after each vascular event.

Other medical conditions, such as HIV-associated neurocognitive disorders, chronic alcohol misuse, thyroid disease, vitamin B12 deficiency, brain tumors, Parkinson's disease, and traumatic brain injury, can contribute to dementia. Some illnesses resemble dementia but may be reversed if diagnosed and treated in time, emphasizing the need for a thorough medical evaluation and review.

Clinical Features

The symptoms of dementia can differ depending on the type and severity of the condition, but tend to get worse as the condition progresses. The first symptom is typically memory loss, especially for recently learned information or what one was talking about. People may ask the same questions over and over, lose important items or forget appointments. As the disease advances, it is more likely that you will have trouble recognizing dates, places or people you know.

Later in dementia, physical changes occur. They can have poor balance, slowed reactions, problems swallowing, weight loss, and may become totally dependent for personal care, and experience urinary incontinence and infections. In fact, as dementia progresses, almost all activities of daily living are affected, and there must be constant supervision.

Diagnosis and Assessment

Diagnosing dementia requires comprehensive assessment rather than a single test. Healthcare providers begin by collecting detailed medical history and interviewing family members about changes in cognition, behavior, and daily functioning. Cognitive screening tools such as the Mini-Mental State Examination (MMSE) or Montreal Cognitive Assessment (MoCA) provide valuable information regarding memory, attention, language, and executive functioning.

Blood investigations help identify reversible causes, including thyroid disorders, vitamin deficiencies, infections, or metabolic abnormalities. Brain imaging using computed tomography (CT) or magnetic resonance imaging (MRI) identifies strokes, tumors, or patterns of brain atrophy consistent with different types of dementia. When appropriate, neuropsychological testing provides a detailed evaluation of cognitive strengths and weaknesses. Early diagnosis enables timely treatment, future planning, caregiver education, and access to community resources.

Management

Although no cure currently exists for most forms of dementia, comprehensive management significantly improves quality of life. Pharmacological treatment includes cholinesterase inhibitors such as donepezil, rivastigmine, and galantamine, which improve communication between nerve cells and temporarily enhance cognitive function. Memantine may benefit individuals with

moderate to severe Alzheimer's disease by regulating glutamate activity in the brain (National Institute on Aging, 2024). Medication decisions should always consider benefits, side effects, and patientpreferences.

Creative therapies, including music, art, gardening, reminiscence, and pet therapy, often reduce anxiety while enhancing emotional well-being. Establishing predictable routines, maintaining familiar surroundings, simplifying tasks, and using memory aids can reduce confusion and frustration. Individualized care plans that respect personal preferences and cultural values remain essential. Family caregivers require education, counselling, respite services, and emotional support. Caregiver burden is substantial, and supporting caregivers improves both patient outcomes and family well-being. Community organizations, support groups, adult day programs, and home-care services play important roles throughout the disease trajectory.

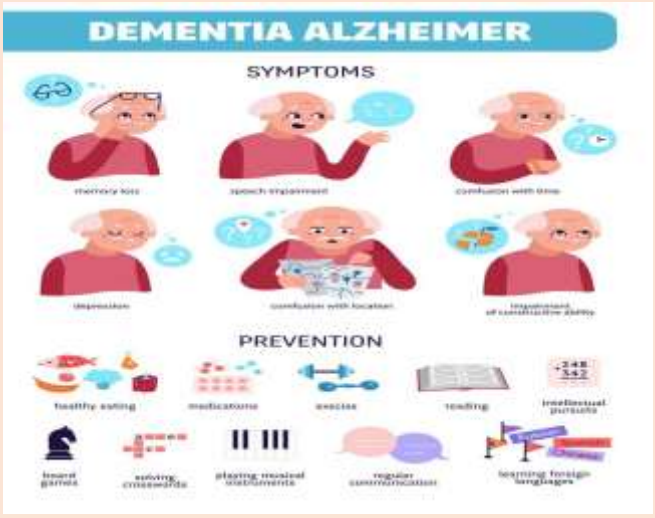


Figure 1: Prevention of dementia by Greene, n.d. (2012).

Prevention of Dementia

- Exercise regularly to keep your brain and body healthy.
- Eat healthy foods such as fruits, vegetables, fish, whole grains, and nuts.
- Keep your blood pressure, blood sugar, cholesterol, and weight under control.
- Keep your brain active by reading, learning new things, or doing puzzles.

- Spend time with family and friends to stay socially active.
- Get your hearing checked and use hearing aids if needed.
- Avoid smoking and limit alcohol consumption.
- Get enough sleep every night.
- Reduce stress by practicing relaxation or enjoyable activities.

Conclusion

In conclusion, dementia is a complex syndrome that affects cognitive, emotional, behavioral, physical, and social functioning. Although there is currently no definitive cure, early diagnosis, evidence-based treatment, supportive therapies, caregiver education, and preventive lifestyle measures can improve quality of life. Continued investment in research, public education, and dementia-friendly communities will be essential as the global population ages. By combining scientific knowledge with empathy and person-centered care, healthcare professionals and society can ensure that individuals living with dementia receive the respect, support, and opportunities they deserve throughout their journey.

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Harmful Effects of Vaping and Its Prevention

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Introduction

Vaping is an important public health problem in the United States, particularly among youth and young adults. Electronic cigarettes (e-cigarettes) are battery-operated devices that heat a liquid solution, which contains nicotine, flavorings and other chemicals, to produce an aerosol that is inhaled by the user. While some people may think vaping is safer than smoking cigarettes, there are studies indicating that this is not the case. Chemicals found in vaping products may have harmful effects on physical health, mental health and quality of life (Centers for Disease Control and Prevention [CDC], 2024).

Some popular flavors, social media marketing, peer pressure, and the belief that vaping is harmless are all factors that contribute to this rising trend. The brains of youth are especially vulnerable as development is still underway, making them more likely to become addicted to nicotine and suffer nicotine's effects. It is important to recognize and learn about the adverse health effects of vaping and preventative measures that can be taken.



Figure 1: The Health Risks of Vaping (Centers for Disease Control and Prevention [CDC], 2025)

The increasing popularity of vaping and its understanding

Initially, electronic cigarettes were made available as a product that will help some adult smokers to diminish or quit the use of traditional cigarettes. But vaping is growing more popular among people who don't smoke, including teens. There are a lot of vaping devices available that have appealing characteristics, such as colorful packaging, replacement pens, sweet flavors like fruit, candy, and mint. These factors make them more attractive to the younger generations.

Nicotine is a highly addictive substance that is found in vaping products. The World Health Organization (WHO, 2024) states that exposure to nicotine can cause dependence, and it may impact brain development particularly during adolescence. Unlike regular cigarettes, vaping products may provide a high level of nicotine, which can lead to addiction in a short period of time.

While vaping will not result in tobacco smoke, the aerosol that comes out of e-cigarettes is not harmless. Can contain harmful substances such as heavy metals, ultrafine particles and chemicals that can cause damage to lungs and other systems of the body (WHO, 2024).

The effects of vaping on health

Nicotine Addiction and Brain Development

The worry with vaping is nicotine addiction. Nicotine acts in the brain's reward system by boosting the levels of dopamine, which gives an immediate sense of relaxation and pleasure. With repeated use, the brain develops a dependence on nicotine making it hard for people to quit vaping.

Adolescents are particularly at risk since their brains are still developing until early adulthood. Exposure to nicotine at this time could impair attention, learning, and memory and decision-making skills (CDC, 2024). Kids who start using e-cigarettes might be more likely to try other tobacco products, such as tobacco cigarettes, in the future.

Nicotine withdrawal symptoms include irritability, anxiety, mood swings, trouble focusing, and a craving for nicotine. These side effects can induce a cycle of dependency, as people may keep vaping to experience these effects.

Respiratory Health Risks

Since a vaper breath in chemicals directly into the lungs, the respiratory system can be affected adversely. The aerosol made by e-cigarettes can irritate lung tissue and be a part of inflammation. Respiratory complaints reported by people who vape include coughing, throat irritation, chest pain, and shortness of breath.

One of the biggest concerns regarding vaping is E-cigarette or Vaping Product Use-Associated Lung Injury (EVALI), which is an injury to the lungs caused by vaping that may require medical treatment. While some of the cases of EVALI have been linked to a specific chemical in a vaping product, they have shown the potential hazards of lung inhalation of chemical aerosols (CDC, 2024). The long-term health effects of vaping are still being researched but it's believed that frequent use can lead to poorer lung health and higher risk of respiratory issues.

Cardiovascular Effects

There are also cardiovascular effects that may be harmful from vaping. Nicotine raises blood pressure and heart rate, putting more strain on the blood vessels and heart. Chronic nicotine use can cause inflammation and dysfunction of blood vessel function.

According to the American Heart Association (2024), the stress response and circulation in the body are affected by nicotine-containing products, which can lead to a rise in cardiovascular risks. There is further research to be done to fully understand the long-term effects of vaping and at this time, the evidence does not support the notion that vaping is harmless for the heart.

Mental Health Effects

There is a strong link between the use of vaping and mental health, especially among youth. While it may be noted that many people use vaping to help relieve stress or anxiety, this can, over time, lead to an increase in emotional problems associated with being addicted to nicotine.

As levels of nicotine are reduced, people can feel more stressed, irritated, anxious, and have trouble regulating their emotions. This can cause people to become more dependent on vaping and use it

more often to ease withdrawal symptoms. The cycle of dependence can have a negative impact on mental health, academic achievement, and functioning in daily life (CDC, 2024).

The harmful effects of vaping on young people and society. The negative effects of vaping on youth and society. However, the recent rise in youth vaping is a growing concern as early exposure to nicotine can have an impact on lifelong health behaviors. Peer influence, advertising and social acceptance are important factors for teens' experimentation. A lot of young people start vaping, and they aren't aware that nicotine is addictive, or of the potential risks to health.

Vaping can have a negative impact on families and communities too. Vaping aerosol from second-hand use can introduce harmful chemicals and nicotine into the air of others. These exposures can be more harmful to children, pregnant people and individuals with respiratory issues (WHO, 2024). Addressing youth vaping will take a multi-agency effort involving families, schools, health care providers, and the government.

Prevention Strategies

Education and Awareness

One of the most effective means of prevention is through education. Schools and community groups can offer correct information on vaping dangers, nicotine habit and wholesome coping methods. Raising awareness about the risks of vaping among the public can help to inform people about the dangers of vaping and promote responsible decision-making.

Supporting families and communities

Parents and caregiver are important in preventing youth vaping. Providing positive role models, encouraging open dialogue, and talking about peer pressure can help to minimize the risk of kids trying to vape. Community programs can also be used to assist with prevention, offering resources and health-promoting recreational activities.

Healthcare Interventions

Screening individuals to identify vaping behaviours and educating about quitting can help in prevention and cessation by healthcare professionals. Individuals can break their

nicotine addiction (and its associated behavioral habits) with the help of counselling, behavioural supports and evidence-based smoking cessation programs (National Institute on Drug Abuse [NIDA], 2024).

Government Policies

Public policies play a role in curbing youth vaping. Restrictions on sales to minors, policy measures to limit advertising and product marketing may help reduce vaping initiation. Ongoing monitoring and research need to be continued in order to develop effective public health approaches.

Conclusion

Due to its negative impact on both physical and mental health, vaping has emerged as an important public health concern. Vaping is not a harmless activity and adults may use these products as an alternative to smoking, but not for young people or those who have never used tobacco products. The negative impacts of nicotine addiction, respiratory issues, cardiovascular risks, and mental health impacts underscore the importance of prevention and education. Vaping reduction is a community and collective endeavor that relies on the efforts of individuals, families, schools, health care providers, communities, and governments. Community vaping awareness programs, supportive interventions, and effective policies can help decrease vaping rates and reduce the health risks of nicotine use to future generations.

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Cyberbullying in Youth

Amrita Deol

South Asian Canadians Health & Social Services (SACHSS)

Introduction

Cyberbullying refers to the intentional and repeated use of digital technologies to harass, threaten, embarrass, or intimidate another individual (UNICEF, n.d.). Examples include posting hurtful comments, spreading rumors online, sharing embarrassing photos or videos without consent, impersonating someone through fake accounts, excluding individuals from online groups, or sending threatening messages. Because much of adolescents' social interaction now occurs online, cyberbullying has become one of the most significant public health concerns affecting youth today. Research indicates that cyberbullying is widespread among adolescents. According to the Cyberbullying Research Center, approximately **55%** of U.S. teens have experienced cyberbullying in some form, while nearly **60%** have witnessed cyberbullying directed toward others (Patchin & Hinduja, 2023).

Studies have linked cyberbullying to increased rates of anxiety, depression, loneliness, low self-esteem, poor academic performance, substance use, self-harm, and suicidal thoughts among young people. Unlike traditional bullying, there is often no safe place to escape, as online harassment can continue even when children return home from school.

Preventing cyberbullying requires collaboration among families, schools, healthcare professionals, community organizations, and technology companies. By promoting respectful online behaviour, strengthening digital literacy, recognizing warning signs early, and encouraging open communication, communities can help create safer online environments where young people can develop healthy relationships and emotional resilience (Patchin & Hinduja, 2023).

Understanding Cyberbullying

Cyberbullying can take many different forms, including (American Psychological Association, 2023):

1. ***Harassment***

Harassment involves repeatedly sending insulting, threatening, or offensive messages through text messages, emails, or social media platforms. Victims often experience ongoing fear and anxiety due to continuous unwanted communication.

2. ***Public Humiliation***

Embarrassing photographs, videos, rumors, or personal information may be shared publicly without the victim's permission. This type of cyberbullying can severely damage a young person's reputation and emotional well-being.

3. ***Impersonation***

Bullies may create fake social media accounts or gain unauthorized access to someone's account to post inappropriate content while pretending to be that individual. This can harm relationships and trust among peers.

4. ***Social Exclusion***

Young people may be intentionally excluded from online group chats, gaming communities, or social media groups. Public exclusion can reinforce feelings of loneliness and isolation.

5. ***Cyberstalking and Threats***

Some individuals repeatedly send intimidating messages, monitor another person's online activity, or make threats of physical harm. Although less common, these behaviours may require intervention from school authorities or law enforcement.

Causes And Risk Factors

1. ***Social Media and Online Platforms***

Social media has transformed how adolescents communicate. Platforms that allow anonymous messaging, public commenting, and rapid content sharing may increase opportunities for

bullying behaviour. Features such as likes, shares, and follower counts can also encourage individuals to post harmful content to gain attention or social approval (American Psychological Association, 2023). Online gaming communities also present opportunities for cyberbullying through voice chats, messaging systems, and competitive interactions.

2. ***Peer Pressure and Social Acceptance***

Adolescence is a period during which peer relationships become highly influential. Some youth engage in cyberbullying to gain popularity, fit into social groups, or avoid becoming targets themselves. Group dynamics can contribute to "pile-on" behaviour, where multiple individuals participate in bullying a single victim online.

3. ***Family Influences***

Supportive family relationships serve as an important protective factor against cyberbullying. Conversely, limited parental supervision of online activities, poor communication within families, or exposure to aggressive behaviour at home may increase the likelihood that youth engage in or experience cyberbullying.

4. ***Bad Online Influences***

Young people are constantly exposed to digital content that may shape their behaviour. Influencers, online personalities, and viral trends sometimes promote mocking others, spreading rumors, engaging in online "drama," or participating in harmful internet challenges. When disrespectful behaviour receives attention, popularity, or entertainment value online, adolescents may begin to view cyberbullying as acceptable or socially rewarded.

5. ***Lack of Digital Literacy***

Many adolescents have extensive experience using technology but limited understanding of digital citizenship, online privacy, and the long-term consequences of online behaviour. Without education regarding responsible internet use, youth may underestimate how harmful online actions can affect others.

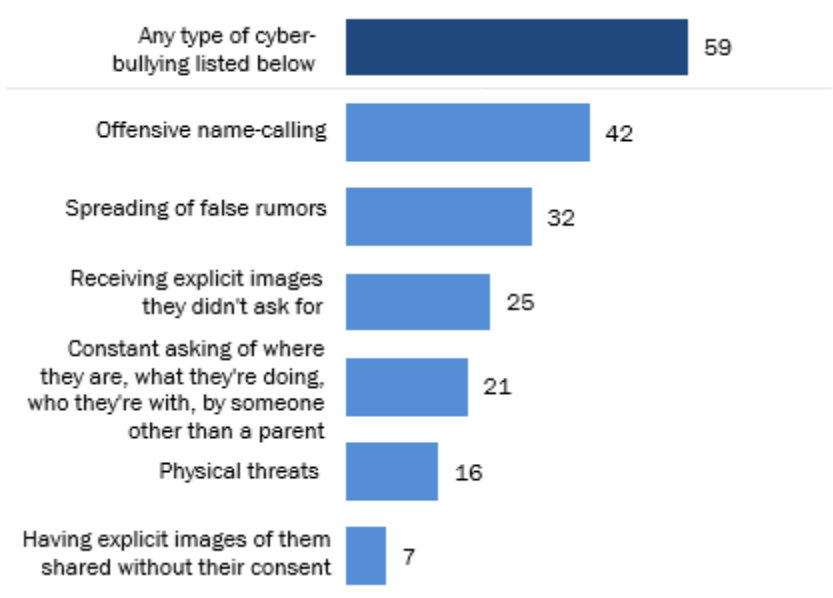


Figure 1. *Prevalence of Cyberbullying Among Youth (Anderson, 2018).*

Symptoms And Warning Signs of Cyberbullying

1. ***Emotional Symptoms***

Victims of cyberbullying commonly experience emotional distress that may interfere with daily functioning. Common emotional symptoms include:

- Persistent sadness or depression
- Anxiety or excessive worry
- Irritability or mood swings
- Feelings of embarrassment or humiliation
- Low self-esteem and reduced self-confidence
- Hopelessness
- Fear of attending school or participating in social activities

2. ***Behavioural Changes***

Cyberbullying often results in noticeable behavioural changes. Youth may:

- Suddenly stop using their phone or become unusually secretive about online activity

- Avoid school or extracurricular activities
- Withdraw from family and friends
- Lose interest in hobbies they once enjoyed
- Experience declining academic performance
- Have difficulty concentrating in class
- Become unusually aggressive or emotionally reactive

3. ***Physical Symptoms***

Emotional stress caused by cyberbullying may also produce physical symptoms, including:

- Headaches
- Stomach aches
- Fatigue
- Difficulty sleeping or nightmares
- Changes in appetite
- Frequent unexplained illnesses

4. ***Serious Mental Health Consequences***

If cyberbullying continues without intervention, it may contribute to more serious psychological conditions. Research has found that prolonged cyberbullying is associated with increased risks of:

- Major depression
- Anxiety disorders
- Self-harm behaviours
- Substance misuse
- Suicidal thoughts or behaviours

Management And Intervention

1. ***Psychological Support***

Many youth who experience cyberbullying benefit from mental health support. Speaking with a trusted adult, school counsellor, psychologist, or social worker provides an opportunity to process emotions and develop healthy coping strategies (American Psychological Association, 2023).

Therapy may help young people:

- Build self-esteem and confidence
- Develop healthy coping mechanisms
- Improve emotional regulation
- Reduce symptoms of anxiety and depression
- Strengthen resilience when facing future challenges

2. ***Family Support***

Supportive family strategies include:

- Encouraging open, non-judgmental communication
- Listening calmly without immediately blaming or criticizing
- Monitoring online activity in age-appropriate ways
- Helping children adjust privacy settings on social media
- Saving evidence of cyberbullying, such as screenshots or messages
- Blocking and reporting individuals responsible for abusive behaviour

3. ***School Involvement***

Effective school responses include:

- Implementing clear anti-bullying policies
- Providing confidential reporting systems
- Investigating reports promptly and fairly
- Offering counselling services for affected students
- Teaching digital citizenship and respectful online behaviour
- Educating staff to recognize signs of cyberbullying

4. ***Digital Safety Strategies***

Helpful digital safety practices include:

- Keeping personal information private
- Using strong passwords and enabling two-factor authentication
- Limiting communication with strangers online
- Reviewing privacy settings regularly
- Blocking and reporting abusive users
- Avoiding responding to threatening or insulting messages
- Saving evidence before deleting harmful content

Prevention

1. ***Promote Digital Citizenship***

Digital citizenship refers to using technology safely, ethically, and responsibly. Teaching young people that online actions have real-world consequences encourages respectful communication and accountability (UNICEF, n.d.). Youth should be encouraged to:

- Treat others online with kindness and respect
- Think before posting or sharing content
- Recognize that digital content may remain online permanently
- Respect others' privacy and personal boundaries
- Report cyberbullying when they witness it

2. ***Encourage Open Communication***

Children should feel comfortable discussing their online experiences without fear of punishment or judgment. Parents and caregivers can build trust by regularly asking about social media use, online friendships, and digital challenges. Questions such as, "Has anything online made you uncomfortable recently?" or "Have you seen someone being treated unfairly online?" can encourage meaningful conversations and help identify problems early (UNICEF, n.d.).

3. ***Teach Media and Digital Literacy***

Education about digital literacy should include:

- Identifying trustworthy online information
- Recognizing fake accounts and scams
- Understanding algorithms and social media influence
- Recognizing harmful online challenges and trends
- Understanding the emotional impact of online interactions

4. ***Address Bad Online Influences***

Parents and educators should encourage youth to:

- Follow positive and educational online creators
- Question harmful online trends before participating
- Avoid engaging with accounts that promote hate or harassment
- Understand that popularity does not justify harmful behaviour (UNICEF, n.d.)



Figure 2. **Tips for Preventing Cyberbullying (InfoSecTrain, n.d.).**

Conclusion

Cyberbullying has become an increasingly important public health issue as digital communication continues to shape the daily lives of young people. While technology provides valuable opportunities for education, creativity, and social connection, it can also expose youth to harassment, intimidation, and emotional harm. Prevention requires a shared commitment from families, schools, healthcare professionals, community organizations, and technology companies. Promoting digital citizenship, encouraging open communication, strengthening media literacy, and teaching empathy can help foster safer and more respectful online communities.

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Developmental Disorders in Children

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Developmental disorders in children are a group of conditions that affect the physical, cognitive, language, behavioural, emotional, and social development of young individuals. These disorders typically appear during early childhood and can significantly influence a child's ability to learn, communicate, interact with others, and complete daily activities. Common developmental disorders include autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), intellectual disabilities, learning disabilities, communication disorders, and motor disorders (World Health Organization [WHO], 2023).

Child development is influenced by a combination of genetic, biological, environmental, and social factors. While some children experience temporary developmental delays, others may require lifelong support and specialized services. Early identification and intervention are considered essential because they can improve developmental outcomes, increase independence, and support children in reaching their full potential (Centres for Disease Control and Prevention [CDC], 2024).

In recent years, awareness of developmental disorders has increased among healthcare professionals, educators, families, and policymakers. Advances in research have improved understanding of how these conditions develop and how children can receive appropriate support. However, many children continue to experience barriers, including delayed diagnosis, limited access to healthcare services, educational challenges, and social stigma. This paper examines the causes, characteristics, effects, management strategies, and prevention approaches related to developmental disorders in children.

Research indicates that developmental disorders affect millions of children worldwide. According to the World Health Organization (2023), developmental disabilities are among the leading causes of childhood disability and can influence a child's health, education, and quality of life.

Early childhood represents a critical period when the brain develops rapidly, making early screening and intervention especially important.

Autism spectrum disorder (ASD) is one of the most commonly recognized developmental disorders. The Centres for Disease Control and Prevention (2024) reports that autism affects children's communication abilities, social interactions, and patterns of behaviour. Similarly, ADHD affects attention, impulse control, and activity levels, often creating challenges in academic performance and social relationships (American Psychiatric Association [APA], 2022).

Studies have shown that children with developmental disorders benefit significantly from early intervention programs. These programs may include speech therapy, occupational therapy, behavioural interventions, educational support, and family-based approaches. Early support can improve communication skills, learning abilities, emotional regulation, and overall independence (Zwaigenbaum et al., 2015).



Figure 1-Child Receiving Developmental Support and Therapy (Raising Children Network, 2025)

Causes of Developmental Disorders in Children

Developmental disorders can occur due to various biological, environmental, and social factors. In many cases, there is no single cause. Instead, multiple factors interact to influence a child's development.

Genetic Factors

Genetic influences play an important role in many developmental disorders. Certain genetic changes or inherited conditions can affect brain development and contribute to disorders such as autism spectrum disorder, intellectual disabilities, and learning disabilities. Research has identified strong genetic components associated with several developmental conditions, although genetics alone does not explain all cases (APA, 2022).

Prenatal and Birth Factors

Conditions that occur before or during birth may influence childhood development. Exposure to harmful substances during pregnancy, premature birth, low birth weight, complications during delivery, and certain infections can increase the risk of developmental difficulties. These factors may affect brain development and contribute to delays in cognitive, physical, or behavioural skills (WHO, 2023).

Environmental Influences

Environmental conditions can also affect child development. Exposure to toxins, limited access to healthcare, poor nutrition, and stressful living environments may contribute to developmental challenges. Supportive environments, proper healthcare, and early childhood education can help reduce some risks and promote healthy development (CDC, 2024).

Brain Development Differences

Children with developmental disorders may experience differences in how their brains develop and process information. These differences can affect communication, attention, learning, emotional regulation, and social interaction. Neurodevelopmental research suggests that developmental disorders involve complex interactions between brain structure, function, and genetics (Zwaigenbaum et al., 2015).

Family and Social Factors

Family relationships and social environments can influence how children experience developmental disorders. Supportive families, positive school environments, and access to

community resources can improve outcomes, while social isolation, stigma, and lack of support may create additional challenges for children and their families (WHO, 2023).

Understanding the causes of developmental disorders is important because it allows healthcare professionals, educators, and families to identify risk factors and provide appropriate support. Although developmental disorders cannot always be prevented, early recognition and intervention can significantly improve children's abilities and quality of life.

Effects of Developmental Disorders on Children

Developmental disorders can affect many areas of a child's life, including communication, learning, social relationships, emotional health, and independence.

Communication Difficulties

Many children with developmental disorders experience challenges with speech, language, or communication. Some children may have difficulty expressing their needs, understanding language, or participating in conversations. Speech and language therapy can help improve communication skills and support social development (CDC, 2024).

Learning Challenges

Developmental disorders may affect memory, problem-solving, attention, and academic performance. Children with learning disabilities or intellectual disabilities may require individualized education plans and additional classroom support to succeed academically (APA, 2022).

Social and Emotional Challenges

Children with developmental disorders may experience difficulties forming friendships, understanding social situations, or managing emotions. These challenges can contribute to frustration, anxiety, and feelings of isolation. Positive social support and inclusive environments can improve emotional well-being (WHO, 2023).

Behavioural Difficulties

Some developmental disorders are associated with behavioural challenges, including impulsivity, difficulty following instructions, repetitive behaviours, or emotional outbursts. Behavioural therapy and structured routines can help children develop coping skills and improve daily functioning (Zwaigenbaum et al., 2015).

Impact on Families

Developmental disorders can also affect families. Parents and caregivers may experience emotional stress, financial challenges, and difficulties accessing appropriate services. Providing families with education, support groups, and healthcare resources is important for improving outcomes for both children and caregivers (WHO, 2023).

Managing Developmental Disorders in Children

Effective management of developmental disorders requires a personalized approach based on each child's strengths, needs, and abilities. Early intervention and continued support can help children develop important skills and improve their quality of life.

Early Screening and Diagnosis

Early identification allows children to receive support as soon as possible. Developmental screenings help healthcare professionals recognize delays in communication, movement, learning, and social skills. Early diagnosis provides families with access to therapies and educational resources (CDC, 2024).

Behavioural Therapy

Behavioural interventions help children develop communication skills, social abilities, emotional regulation, and positive behaviours. For children with autism spectrum disorder, evidence-based behavioural approaches can support learning and independence (Zwaigenbaum et al., 2015).

Speech and Occupational Therapy

Speech therapy helps children improve language, communication, and social interaction skills. Occupational therapy supports children in developing motor skills, coordination, independence, and daily living abilities (WHO, 2023).

Educational Support

Schools play an important role in supporting children with developmental disorders. Individualized education plans, classroom accommodations, specialized instruction, and inclusive learning environments allow children to participate successfully in education (APA, 2022).

Family Support and Involvement

Families are essential partners in supporting children with developmental disorders. Parent education, counselling, support groups, and involvement in treatment programs help families understand their child's needs and encourage positive development (WHO, 2023).



Figure 2- Children participating in a social skills activity (KidStart Paediatric Therapy, 2025).

Prevention and Awareness Strategies

Although not all developmental disorders can be prevented, several strategies can reduce risks and promote healthy childhood development.

Prenatal Care

Regular medical care during pregnancy helps monitor maternal and fetal health. Healthy nutrition, avoiding harmful substances, and managing medical conditions during pregnancy can support healthy brain development (WHO, 2023).

Early Childhood Healthcare

Routine developmental screenings and healthcare visits allow professionals to identify concerns early. Early detection provides opportunities for intervention before developmental challenges become more severe (CDC, 2024).

Public Awareness and Education

Increasing awareness about developmental disorders helps reduce stigma and encourages families to seek support. Education programs can help communities understand that developmental differences do not define a child's abilities or potential (APA, 2022).

Inclusive Communities

Creating inclusive schools, recreational programs, and community spaces allows children with developmental disorders to participate fully in society. Acceptance and accessibility promote confidence, independence, and social connection (WHO, 2023).

Research and Healthcare Improvements

Continued research is necessary to better understand developmental disorders and develop improved treatments and support systems. Advances in genetics, neuroscience, education, and therapy continue to improve opportunities for children with developmental challenges (Zwaigenbaum et al., 2015).

Developmental disorders in children are complex conditions that influence communication, learning, behaviour, social interaction, and daily functioning. These disorders can result from

genetic, biological, environmental, and social factors, making early identification and support essential. Conditions such as autism spectrum disorder, ADHD, intellectual disabilities, and learning disabilities require individualized approaches that recognize each child's unique strengths and needs.

Although developmental disorders may create challenges for children and families, early intervention, educational support, therapy, and inclusive environments can significantly improve developmental outcomes. Families, healthcare professionals, educators, and communities all play important roles in supporting children and ensuring they have opportunities to succeed.

Increasing awareness and reducing stigma are essential steps toward creating a society where children with developmental disorders receive acceptance, understanding, and appropriate resources. Through early support, research, and collaboration, children with developmental disorders can achieve greater independence and participate fully in their communities (CDC, 2024; WHO, 2023).

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Effects of Domestic Violence on Children

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Introduction

Domestic violence is a serious issue that affects millions of families around the world. While much attention is often given to the direct victims of abuse, children who witness domestic violence are also deeply affected. Even if a child is not physically harmed, seeing or hearing violence between parents or caregivers can have lasting emotional, psychological, and developmental consequences. Children depend on their caregivers to provide safety, stability, and emotional support. When violence occurs in the home, this sense of security is disrupted, often leaving children feeling frightened, confused, and powerless. Research has shown that children exposed to domestic violence are at greater risk of developing mental health problems, behavioral difficulties, academic struggles, and challenges in forming healthy relationships later in life (Kitzmann et al., 2003). Understanding these effects is essential to helping children recover and preventing the cycle of violence from continuing across generations.

Domestic violence, also referred to as intimate partner violence or family violence, includes physical, emotional, psychological, sexual, and financial abuse between people in intimate relationships. According to the Office on Women's Health (2025), domestic violence involves behaviors used by one partner to gain power and control over another. Children may witness abuse directly by seeing violent incidents, hearing arguments or physical assaults, observing injuries afterward, or experiencing the emotional tension that exists in an abusive household (National Child Traumatic Stress Network [NCTSN], n.d.). Even infants and very young children are affected by exposure to violence because chronic stress influences early brain development and emotional regulation.

One of the most immediate effects of domestic violence on children is emotional distress. Many children experience fear, anxiety, sadness, guilt, and confusion when violence occurs in their home. They may worry constantly about the safety of their parents or siblings and may even believe they are responsible for causing the violence. According to the National Child Traumatic

Stress Network (n.d.), children often blame themselves because they do not fully understand the reasons behind the abuse. These feelings of guilt can continue long after the violence has ended if children do not receive appropriate support and reassurance.

Exposure to domestic violence can also result in symptoms of trauma. Children may have nightmares, difficulty sleeping, frequent headaches or stomach aches, trouble concentrating, or become easily startled. Some children experience symptoms similar to post-traumatic stress disorder (PTSD), including flashbacks, avoidance of reminders of violence, and persistent feelings of fear. The Office on Women's Health (2025) explains that children exposed to domestic violence may become withdrawn, depressed, or unusually anxious because they are living in an unpredictable and threatening environment. Without treatment, these emotional difficulties can continue into adolescence and adulthood.

Behavioral problems are another common consequence of witnessing domestic violence. Younger children may become clingy, cry frequently, wet the bed, or regress to behaviors they had previously outgrown. School-aged children may become aggressive toward peers, have difficulty following rules, or struggle with emotional regulation. Adolescents may engage in risky behaviors such as substance use, fighting, truancy, or unhealthy dating relationships. The National Child Traumatic Stress Network (n.d.) notes that some children externalize their emotions through anger and aggression, while others internalize their distress through withdrawal, anxiety, or depression. Every child responds differently depending on factors such as age, personality, support systems, and the severity of the violence.

Domestic violence also has a significant impact on children's education. Living in an abusive home often creates chronic stress that interferes with concentration, memory, and learning. Children may arrive at school tired because they were unable to sleep due to violence in the home. Others may frequently miss school because their family is relocating to escape abuse or attending legal and medical appointments. As a result, children exposed to domestic violence are more likely to experience lower academic achievement, reduced attention spans, and behavioral issues in the classroom (Office on Women's Health, 2025). Teachers may observe changes in participation, declining grades, or difficulties interacting with classmates.

The effects of domestic violence extend beyond childhood and can influence a person's development well into adulthood. Research conducted by Kitzmann et al. (2003), which examined numerous studies involving children exposed to domestic violence, found that these children consistently displayed more emotional, behavioral, and social difficulties than children who had not experienced violence in their homes. The researchers concluded that exposure to domestic violence significantly increases the likelihood of adjustment problems across multiple areas of functioning. These findings demonstrate that witnessing violence should not be viewed as a minor experience but rather as a serious form of childhood adversity.

Children who witness domestic violence may also struggle with forming healthy relationships. Because children learn by observing the adults around them, they may begin to believe that violence, intimidation, or controlling behavior is a normal part of intimate relationships. The Department of Justice Canada (2021) explains that exposure to family violence can increase the likelihood that children will either become victims or perpetrators of abusive relationships later in life if appropriate interventions are not provided. However, this outcome is not inevitable. Positive relationships with supportive adults, counseling, and early intervention can help children develop healthier relationship skills and break the cycle of abuse.



Figure 1: Children who are exposed to domestic abuse (Doc Wire, 2025)

Long-Term Effects on Mental and Physical Health

The long-term effects of domestic violence can continue well into adulthood if children do not receive appropriate support and intervention. Children who grow up in violent households are more likely to develop anxiety disorders, depression, low self-esteem, and post-traumatic stress disorder (PTSD). They may also struggle with trust, emotional regulation, and maintaining healthy relationships. According to Kitzmann et al. (2003), children exposed to domestic violence experience significantly more emotional and behavioral problems than children who are not exposed to violence, highlighting the lasting impact of these experiences on overall well-being.

In addition to mental health concerns, chronic exposure to stress can affect children's physical health. Living in an environment where violence is common causes the body's stress response to remain activated for long periods. This prolonged stress can weaken the immune system, interfere with healthy brain development, and contribute to sleep disturbances, headaches, stomachaches, and other stress-related health problems (National Child Traumatic Stress Network [NCTSN], n.d.). Younger children are especially vulnerable because their brains are still developing, making them more sensitive to the effects of chronic fear and instability.

Brain Development and Social Development

Domestic violence can interfere with normal brain development, particularly during early childhood. The constant stress of witnessing violence affects areas of the brain responsible for memory, learning, emotional regulation, and decision-making. As a result, children may have difficulty concentrating in school, controlling their emotions, or responding appropriately in social situations. According to the NCTSN (n.d.), repeated exposure to trauma can change how children process stressful situations, making them more reactive to everyday challenges.

Social development may also be affected. Children who witness domestic violence often have difficulty trusting others or expressing their emotions in healthy ways. Some become withdrawn and avoid forming close friendships because they fear rejection or conflict. Others become aggressive or controlling because they have learned these behaviors from adults in their household. These social difficulties can make it harder to develop healthy friendships and romantic

relationships later in life. Children may also struggle to communicate effectively, solve conflicts peacefully, or feel secure in relationships because violence has shaped their understanding of how families interact.

Factors That Help Children Recover

Although the effects of domestic violence can be severe, recovery is possible when children receive appropriate support. One of the most important protective factors is having at least one safe, caring, and supportive adult in their lives. This may be a parent, grandparent, teacher, counselor, or another trusted adult who provides emotional stability and reassurance. Feeling safe and supported helps children rebuild trust and develop healthy coping strategies. Professional counseling is another important resource for children who have experienced domestic violence. Trauma-informed therapy allows children to process their experiences in a safe environment while learning healthy ways to manage emotions and stress. Counseling may also involve parents or caregivers to strengthen family relationships and improve communication. According to the Office on Women's Health (2025), early intervention can reduce the long-term emotional and behavioral effects of domestic violence and improve children's overall well-being. School also play an important role in supporting children affected by domestic violence. Teachers, school counselors, and other staff members can recognize warning signs, provide emotional support, and connect families with community resources. A stable school environment offers consistency and routine, which are especially important for children whose home lives have been unpredictable. Academic accommodations, counseling services, and positive relationships with educators can all contribute to a child's recovery.

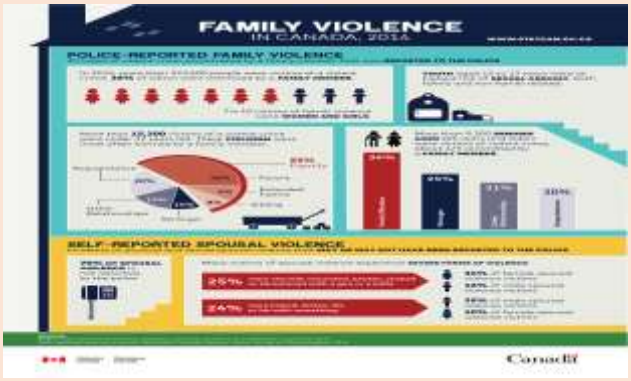
Prevention and Intervention

Preventing domestic violence requires cooperation among families, schools, healthcare professionals, social service agencies, and the legal system. Public education programs can raise awareness about healthy relationships, warning signs of abuse, and available community resources. Healthcare providers, teachers, and social workers are often in positions to recognize signs of domestic violence and help families access support services.The Department of Justice Canada (2021) emphasizes that protecting children from family violence involves ensuring their physical safety while also addressing their emotional and psychological needs. Legal protections,

emergency shelters, counseling services, and community support programs all play important roles in helping families escape abusive situations and begin the recovery process. Early intervention not only protects children from immediate harm but also reduces the likelihood of long-term emotional and developmental difficulties.

Conclusion

Domestic violence affects far more than the individuals directly involved in abusive relationships. Children who witness violence experience emotional, psychological, behavioral, academic, and social challenges that can continue throughout their lives if they do not receive appropriate support. Exposure to violence can increase the risk of anxiety, depression, trauma-related symptoms, difficulties in school, and unhealthy relationships in adulthood. However, these outcomes are not inevitable. With early intervention, trauma-informed counseling, supportive caregivers, and strong community resources, children can heal from their experiences and develop into healthy, resilient adults. Recognizing the impact of domestic violence on children is essential for breaking the cycle of abuse and creating safer environments where every child has the opportunity to grow, learn, and thrive.



Family violence in Canada: A statistical profile *(*Statistics Canada, 2016)

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Gender Roles in South Asian Communities

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Introduction

Gender roles refer to the behaviours, responsibilities, and expectations that society assigns to individuals based on their gender. These roles are shaped by cultural traditions, religion, family values, education, and social norms. Within South Asian communities, traditional gender roles have historically emphasized men as providers and decision-makers, while women have often been expected to assume caregiving and household responsibilities. Although these roles continue to influence many families today, changing social attitudes, increased educational opportunities, and greater workforce participation have gradually transformed gender expectations across many South Asian communities. Despite this progress, unequal gender expectations continue to affect physical health, mental well-being, educational opportunities, employment, and family relationships. Understanding how gender roles influence health and society is essential for developing culturally appropriate strategies that promote equality while respecting cultural values. This article examines traditional gender roles in South Asian communities, explores the factors that shape these expectations, discusses the ethical and social issues associated with gender inequality, and outlines strategies that support healthier and more equitable communities.



Figure 1 - Women in South Asia (The Economist, 2017)

Traditional Gender Roles in South Asian Communities

Gender roles have long influenced family life throughout South Asian cultures, including communities originating from India, Pakistan, Bangladesh, Sri Lanka, and Nepal. Traditionally, men have been expected to serve as the primary financial providers, protectors, and leaders within the household. Women have often been expected to manage domestic responsibilities, raise children, care for elderly family members, and support the needs of their spouses and extended families. Although many South Asian families no longer follow these roles as strictly, traditional expectations continue to influence attitudes toward education, employment, marriage, and parenting (UN Women, 2023).

These traditional roles can provide families with structure, shared responsibilities, and strong intergenerational support. Many South Asian communities value close family relationships, respect for elders, and collective decision-making, all of which contribute to strong social networks. However, problems may arise when individuals feel pressured to conform to expectations that do not reflect their personal goals, interests, or abilities. Women may experience pressure to prioritize caregiving over education or career development, while men may feel obligated to suppress emotions and carry the responsibility of financially supporting their families regardless of personal circumstances.



Figure 2 - Women Push Back on Taboos in South Asia (Irfan, 2022)

Factors Influencing Gender Roles

Several factors shape gender roles within South Asian communities. Culture remains one of the strongest influences because traditions are often passed from one generation to the next through families and community institutions. Religious beliefs may also influence expectations regarding family responsibilities, modesty, marriage, and parenting. Although interpretations differ between individuals and faith communities, cultural traditions are frequently intertwined with religious practices, making change gradual and complex (World Health Organization, 2022).

Family expectations also play an important role. Parents and extended family members may encourage sons and daughters to pursue different educational paths, occupations, or family responsibilities based on traditional beliefs regarding gender. In some families, daughters may experience greater expectations related to household responsibilities or caregiving, while sons may be encouraged to pursue careers that provide financial stability. These expectations can influence educational opportunities, career choices, and personal development throughout adulthood.

Immigration and acculturation further influence gender roles. South Asian families living in Canada and other Western countries often balance traditional cultural values with the more individualistic values of their new society. Younger generations may adopt different perspectives regarding education, careers, dating, marriage, and household responsibilities than their parents or grandparents. These differences can sometimes create intergenerational conflict, particularly when family members hold differing views regarding gender equality and personal independence (Islam et al., 2014).

Health and Social Impacts

Traditional gender roles may influence both physical and mental health. Women who experience unequal access to education, employment, or healthcare may face increased risks of financial dependence, psychological distress, and reduced opportunities for personal growth. Balancing employment with caregiving responsibilities may also contribute to chronic stress, anxiety, and burnout.

Men may also experience negative health outcomes related to traditional gender expectations. The belief that men should remain emotionally strong and avoid expressing vulnerability

may discourage them from seeking help for depression, anxiety, or other mental health concerns. Delayed treatment can contribute to worsening mental health and reduced overall well-being. Research consistently demonstrates that restrictive gender norms affect both women and men by limiting opportunities for healthy emotional expression and access to appropriate healthcare services (WHO, 2022).

Gender inequality may also influence experiences of domestic violence, workplace discrimination, and unequal access to leadership opportunities. While significant progress has been made in many South Asian communities, barriers continue to exist in some settings, particularly where traditional expectations discourage women from participating fully in education, employment, or decision-making.

Ethical and Moral Issues

Gender roles present several important ethical considerations. One of the most significant concerns involves balancing respect for cultural traditions with the promotion of gender equality and human rights. Cultural traditions deserve respect because they contribute to family identity, social cohesion, and community values. However, traditions should not limit an individual's access to education, healthcare, employment, or personal safety based solely on gender.

Ethically, every individual deserves equal opportunities to develop their abilities, participate in society, and make informed decisions regarding their own lives. Healthcare professionals, educators, and community organizations have a responsibility to provide services that are culturally sensitive while promoting fairness, inclusion, and respect for all individuals. Addressing gender inequality does not require abandoning cultural values. Instead, communities can preserve important traditions while encouraging equal opportunities, mutual respect, and shared family responsibilities.

Promoting Gender Equality and Community Support

Promoting gender equality requires a balanced approach that respects cultural values while ensuring equal opportunities for all individuals. Gender equality does not mean eliminating cultural traditions or family values. Instead, it involves ensuring that every person has equal access to

education, healthcare, employment, and opportunities for personal growth regardless of gender. Communities that promote equality often experience improved physical health, stronger family relationships, higher educational achievement, and greater economic stability (UN Women, 2023).

Education is one of the most effective ways to promote gender equality. Schools, colleges, and community organizations can help individuals understand how traditional gender stereotypes influence health and well-being. Educational programs that encourage respectful relationships, shared family responsibilities, and equal opportunities can help reduce discrimination while preserving important cultural values. Healthcare professionals also play an important role by providing culturally sensitive education regarding mental health, family relationships, and gender equality.

Family support is equally important. Parents who encourage both sons and daughters to pursue education, develop life skills, and participate equally in household responsibilities help create healthier family environments. Encouraging open communication allows family members to discuss changing expectations while respecting cultural traditions. Shared decision-making and mutual respect between family members strengthen relationships and reduce conflict.

Community organizations and religious leaders can also contribute to positive change. Because many South Asian families place significant trust in community leaders, these individuals are well positioned to promote respectful discussions regarding gender equality, healthy family relationships, and equal opportunities. Community-based initiatives that involve both men and women are often more successful because they encourage cooperation rather than division.

Prevention Strategies

Preventing gender inequality begins with education, awareness, and early intervention. Schools should provide education that promotes respect, diversity, and healthy relationships from an early age. Teaching children that abilities and opportunities should not be determined by gender helps reduce stereotypes before they become deeply established.

Increasing access to education for girls and women remains one of the most effective prevention strategies worldwide. Education improves employment opportunities, financial independence, health literacy, and overall quality of life. At the same time, encouraging boys and men to develop emotional awareness and seek support for mental health concerns may reduce harmful stereotypes regarding masculinity and improve overall well-being (World Health Organization, 2022).

Healthcare providers should also screen for issues related to gender inequality, including mental health concerns, intimate partner violence, and barriers to healthcare access. Providing culturally responsive care allows individuals to discuss sensitive concerns in safe and supportive environments. Community outreach programs can further increase awareness of available resources while reducing stigma surrounding mental health, family counselling, and support services.

Government policies also contribute to prevention by promoting equal access to education, employment, healthcare, and legal protections. Policies addressing workplace discrimination, domestic violence, parental leave, and equal pay help reduce structural inequalities while supporting healthier families and communities. Collaboration between governments, healthcare organizations, educators, and community leaders creates environments where gender equality can continue to improve.

Conclusion

Gender roles continue to influence many aspects of family life within South Asian communities. While traditional roles have contributed to strong family relationships, cultural identity, and community support, they may also create unequal expectations that affect education, employment, mental health, and overall well-being. Both women and men can experience challenges when societal expectations limit opportunities or discourage healthy emotional expression.

Promoting gender equality does not require abandoning cultural traditions. Instead, it involves creating environments where individuals have equal opportunities to reach their full potential while preserving the values that strengthen families and communities. Education, open communication, culturally responsive healthcare, community engagement, and supportive public

policies all contribute to reducing gender inequality. By encouraging mutual respect, shared responsibilities, and equal opportunities, South Asian communities can continue to preserve their cultural heritage while promoting healthier and more inclusive futures for all individuals.

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Understanding Suicide Risk and Its Prevention

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Introduction

Suicide is a significant global public health issue that affects individuals, families, and communities. According to the World Health Organization (WHO), more than 720,000 people die by suicide each year (World, 2025). Suicide is also the second leading cause of death among young people aged 15 to 34 years, highlighting its devastating impact on adolescents and young adults (I, 2025). In Canada, approximately 4,500 people die by suicide every year, which is equivalent to about 12 deaths every day, while more than 200 Canadians attempt suicide daily (Public Health Agency of Canada, 2019). Beyond the loss of life, suicide has profound effects on families and communities, with at least seven to ten loved ones being significantly affected by each suicide death (Public Health Agency of Canada, 2019). Suicide is a complex phenomenon that results from the interaction of social, cultural, biological, psychological, and environmental factors throughout an individual's life (World, 2025). Understanding suicide risk factors, recognizing warning signs, and implementing evidence-based prevention strategies are essential for reducing suicide rates and improving mental health outcomes.

Figure 1

Government of Canada Statistics on Suicide



It highlights the burden of suicide in Canada, including its ranking as a leading cause of death among youth and young adults (Public Health Agency of Canada, 2023).

Understanding Suicide Risk

Suicide risk refers to the likelihood that an individual will think about, attempt, or die by suicide (Centers for Disease Control and Prevention 2024). Although mental illness is strongly associated with suicide, suicidal behaviour often results from multiple interacting factors rather than a single cause (Turecki & Brent, 2016). Many suicides occur impulsively during periods of crisis when individuals feel unable to cope with life stressors, including relationship difficulties, financial problems, chronic illness, or emotional distress (World, 2025).

Major Risk Factors for Suicide

Mental Health Disorders

Mental illnesses such as depression, anxiety disorders, bipolar disorder, post-traumatic stress disorder (PTSD), and substance use disorders significantly increase the risk of suicide (Turecki & Brent, 2016).

Previous Suicide Attempts and Self-Harm

A history of self-harm or a previous suicide attempt is among the strongest predictors of future suicide attempts and death by suicide (Turecki & Brent, 2016). In Canada, women have higher rates of self-harm, and self-harm itself is considered a significant risk factor for suicide (Public Health Agency of Canada, 2019).

Stressful Life Events and Trauma

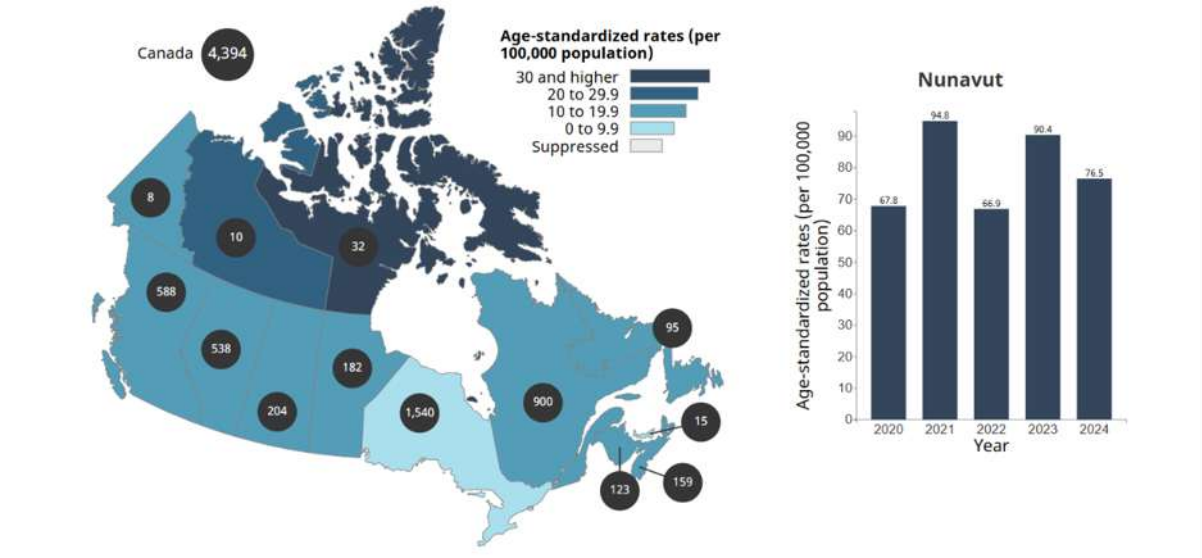
Experiencing trauma, abuse, violence, disaster, loss, or conflict can substantially increase suicide risk (World, 2025). Individuals may also become vulnerable during periods of significant life stress, including financial difficulties, unemployment, relationship breakdowns, or chronic pain and illness (Turecki & Brent, 2016).

Social Isolation and Discrimination

A sense of loneliness and social isolation is strongly associated with suicidal behaviour (World, 2025). Certain populations experience increased vulnerability because of discrimination and marginalization. These groups include refugees and migrants, Indigenous peoples, incarcerated individuals, and members of the 2SLGBTQI+ community (World, 2025). In Canada, populations at increased risk include men and boys, survivors of suicide loss, survivors of previous suicide attempts, some First Nations and Métis communities (Public Health Agency of Canada, 2019).

Figure 2

Suicide Mortality Rates Across Canada, 2024



It illustrates the number and age-standardized suicide mortality rates (per 100,000 population) across Canadian provinces and territories in 2024 (Canada, 2023).

Warning Signs of Suicide

Recognizing warning signs can allow for timely intervention and support. Common warning signs include:

- Talking about wanting to die or kill oneself.
- Expressing feelings of hopelessness or having no reason to live.
- Withdrawing from family and friends.
- Increased use of alcohol or drugs.
- Giving away personal belongings.
- Saying goodbye to loved ones.
- Engaging in reckless or self-destructive behaviours.
- Experiencing significant mood changes, agitation, or emotional distress

(National Institute of Mental Health, 2022).

Protective Factors

Protective factors are characteristics or conditions that reduce the likelihood of suicide and help individuals cope with adversity. Strong social support from family, friends, and communities

can significantly reduce suicide risk (Centers for Disease Control and Prevention, 2024). Positive relationships provide emotional support and encourage help-seeking behaviours (Centers for Disease Control and Prevention, 2024). Other protective factors include access to mental health services, problem-solving skills, resilience, a sense of purpose, and the ability to effectively manage stress (Centers for Disease Control and Prevention, 2024). Cultural and community connectedness, particularly among Indigenous communities, may also act as protective factors by fostering belonging and social support (Centers for Disease Control and Prevention, 2024).

Suicide Prevention Strategies

Suicide prevention requires coordinated action at the individual, community, and societal levels. According to the WHO, suicide prevention efforts must involve multiple sectors, including healthcare, education, justice, labour, business, agriculture, politics, and the media (World, 2025).

The WHO's LIVE LIFE Framework

The World Health Organization developed LIVE LIFE, an implementation guide that provides countries and communities with practical, evidence-based strategies for suicide prevention (World Health Organization, 2021). The framework recommends four key interventions (World Health Organization, 2021).

The first intervention is to limit access to the means of suicide, including firearms, pesticides, and certain medications (World Health Organization, 2021). Restricting access to lethal methods can reduce suicide deaths because many suicide attempts occur impulsively. The second intervention is to interact with the media for responsible reporting of suicide (World Health Organization, 2021). Sensationalized reporting can contribute to imitation suicides. Responsible reporting reduces stigma and encourages help-seeking. The third intervention is to foster socio-emotional life skills in adolescents by promoting emotional regulation, coping strategies, resilience, and problem-solving skills (World Health Organization, 2021). The fourth intervention is the early identification, assessment, management, and follow-up of individuals affected by suicidal behaviours (World Health Organization, 2021). Early intervention and ongoing support can significantly reduce future suicide risk.

The LIVE LIFE framework also identifies foundational pillars necessary for successful implementation, including leadership, financing, evaluation, multisectoral collaboration, awareness raising, capacity building, and surveillance (World Health Organization, 2021).

Early Identification and Screening

Early identification and screening are essential components of suicide prevention. Healthcare providers should routinely assess individuals for suicidal thoughts, previous suicide attempts, and other risk factors (World, 2025). Standardized screening tools, such as the Columbia-Suicide Severity Rating Scale (C-SSRS), can assist healthcare professionals in identifying individuals at risk and determining appropriate interventions (World Health Organization, 2021). According to the WHO, prompt assessment, crisis intervention, and follow-up care can significantly reduce the likelihood of future suicide attempts (World, 2025).

Stigma

Stigma surrounding mental health remains a major barrier to suicide prevention, often preventing individuals from seeking timely support. The World Health Organization emphasizes the need to "move from silence to openness, from stigma to empathy, and from neglect to support," highlighting the importance of creating environments where people feel safe to speak up and seek help (*"Shift the Narrative" on Suicide to Prevent Loss of 720,000 Lives Annually*, 2025). Shifting the narrative on suicide also requires systemic change, including stronger government investment in mental health services and policies that ensure equitable access to care (*"Shift the Narrative" on Suicide to Prevent Loss of 720,000 Lives Annually*, 2025). However, global data from the WHO Mental Health Atlas shows that mental health remains underfunded, with median government spending at only 2% of total health budgets since 2017, and significant disparities between countries ranging from approximately $65 per person in high-income nations to as little as $0.04 in low-income countries (*"Shift the Narrative" on Suicide to Prevent Loss of 720,000 Lives Annually*, 2025). The WHO recognizes mental health as a universal human right, underscoring the need to reduce stigma and improve access to care worldwide (*"Shift the Narrative" on Suicide to Prevent Loss of 720,000 Lives Annually*, 2025).

Conclusion

Suicide is a complex and preventable public health issue that affects millions of people worldwide. Understanding the multifaceted nature of suicide risk, recognizing warning signs, and strengthening protective factors are essential components of prevention. Evidence-based strategies, including the WHO's LIVE LIFE framework, demonstrate that comprehensive and collaborative interventions can reduce suicide rates and save lives. Healthcare professionals, governments, communities, and families all have important roles in promoting mental health, reducing stigma, and ensuring that individuals experiencing suicidal thoughts receive timely and compassionate support.

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Trauma- Its Effects and Management

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What Is Trauma?

The American Psychological Association characterizes trauma as an intense emotional response to a terrible event (Westby et al., 2026). These events include but are not limited to geographical natural disasters to experiencing accidents, to having to go through a death of a loved one and also being a victim of sexual and physical violence (Westby et al., 2026). Recently there has been much attention given to Adverse Childhood Experiences (ACES). ACES are traumatic events inflicted on individuals who are under the age of 18 (Schweitzer & Sonnentag, 2024). Typically, these include physical, sexual, emotional abuse, living in a dysfunctional environment where parents are constantly fighting, violence is constantly being shown, and also where addiction is prevalent (Schweitzer & Sonnentag, 2024). For those who have experienced ACEs tend to be affected in many avenues in their life such as psychological, emotional, health and physiological and also behavioural. Studies also show that those individuals who come from a racialized background and a minority tend to be affected more (Westby et al., 2026). To be more specific, women, children and lower education and socioeconomic status groups have higher rates of ACEs as compared to other demographic populations (Merrill & Scott, 2026).

Psychological And Emotional Impacts

First, studies have shown that individuals who have been impacted by ACEs growing up, tend to have more negative health outcomes as compared to those individuals who have not been exposed to such traumatic events (Underwood et al., 2026). Research shows ACEs contribute to modifications in the biological systems, specifically impacting the level of stress people express (Underwood et al., 2026). This means that having a history of ACEs changes us biologically such that the amount of stress we feel for stressors, increase. This makes individuals vulnerable to feel more stress than is attended.

Stress is one of the main factors that affect academic performance in college going students (Underwood et al., 2026). Studies show how ACEs is positively correlated with stress, which means that those who have a history tend to be having more stress in their day to day, despite controlling for social support (Underwood et al., 2026). This makes sense because being exposed to extreme stressors very early on can make individuals hypervigilant about their close surroundings (Alfakeh et al., 2026). When this happens even normal everyday things can feel like a big pressure and burden. College is already hard as is, but with the added elevation of increased stress for adolescents, academic life becomes severely impacted. ACEs also contribute to more mental health challenges such as depressive symptoms and lower quality of life such as poor sleep habits affecting mood (Underwood et al., 2026).

Further, having to experience ACEs means that individuals were witnessing moments of childhood neglect and household dysfunction (Alfakeh et al., 2026). This means that they were not being treated with the same level of love and belonging that is needed for healthy growth and development. When these things are not present in childhood by parental figures who should be taking care of us, then this contributes to experiencing emotional dysregulation which leads to empathy deficits (Alfakeh et al., 2026). Empathy is imperative when it comes to social activities and being able to relate with others (Alfakeh et al., 2026). It helps us feel for someone else and socially interact in an acceptable way. However, studies show that those who have higher ACEs also tend to have a lower level of empathy (Alfakeh et al., 2026). This can make it hard for them to talk with other people, engage in networking, and associate with others through their work and school. It would make it hard to attend social events, engage in public gatherings and be able to make friends.

Moreover, ACEs make it harder for individuals to reach out for support (Merrill & Scott, 2026). This happens because if individuals experience adverse moments, it depreciates the ability to trust others and also lowers their self-worth (Merrill & Scott, 2026). Naturally then this can make it harder to reach out to people, express what they have been feeling, and there would be fear around whether someone else can understand what they are going through and listen without being judged (Merrill & Scott, 2026). Studies show that those who experienced trauma early in life are not able to rely on others (Merrill & Scott, 2026). Similarly, studies also show that those who have experienced abuse early on were less likely to use mental health services (Merrill & Scott, 2026).

Therefore, it is evident that ACEs makes it feel like the person is all alone, and that no one will help them and mean good for them.

Health and Behavioural Impacts

Furthermore, studies report that ACEs contribute to adverse health outcomes later on in adulthood (Jemiyo et al., 2025). These health problems include but are not limited to physical health conditions such as chronic destructive pulmonary disease (COPD) and coronary heart disease (Jemiyo et al., 2025). These health complications also become intense in adulthood when the family they come are from a low socio-economic status. For example, reports show that there is a positive relationship between a low household income family, having a history of ACEs and problems that show up later in adulthood (Lee et al., 2021). These can include heart disease, lung disease, and obesity (Lee et al., 2021). Not only do health problems rise but ACEs influence the engagement in health risk behaviours such as smoking, alcohol abuse, and premature mortality (Lee et al., 2021). This demonstrates how ACEs not only impact someone's mental health, but their physical health is also affected. It goes without saying then that ACEs starts to affect us as a whole, which makes it hard to function effectively in our day to day.



Figure 1: ACEs Affect Many Domains (atrain education, n.d)

Additionally, aggression is an important behavioural trait that seems to increase for those who have a history of ACEs (Luijkx et al., 2024). It is important to note however that there are many factors that are into play when it comes to addressing aggression. Essentially aggression is

a public concern because being aggressive towards others leads to unsafe environments putting people in harm's way (Luijkx et al., 2024). Aggression is the behaviour of harming others and there are two types (Luijkx et al., 2024). Reactive aggression includes physically being violent with others where people showcase anger and hostility (Luijkx et al., 2024). Proactive aggression is subtle where people try to obtain benefits and have a low emotionality for others (Luijkx et al., 2024).

Additionally, there are two models that can be used to determine how people with ACEs can develop aggression in adulthood. On the one hand, Bowlby and attachment theory discusses that having unreliable parents growing up will lead to unhealthy emotions and behaviours when it comes to relationships which increases the risk of reactive aggression (Luijkx et al., 2024). In other words, seeing the way a parental relationship unfolds at home, is something individuals adopts in their worldview and future relationships which follows them through adulthood. On the other hand, the social learning theory discusses how aggression can develop when we observe what happens at home where aggression, violence and having unhealthy interactions with others is prominent (Luijkx et al., 2024). This makes it likely for proactive aggression to develop because people are likely to follow what they already see (Luijkx et al., 2024).

Management Of ACEs

Moreover, there are both individual and structural factors that can be put into place which help manage the effects of ACEs. The Conservation of Resources Theory (COR) states that when individuals are depleted of essential resources they value, it increases the likelihood that they will experience stress and health related outcomes growing up (Chandele et al., 2026). ACEs fit well with this theory because when we are young, we require our family to give sense of safety, attachment and stability but when these are disrupted, it impacts us when we get older (Chandele et al., 2026). However, an individual factor that can help mitigate these impacts would be to look into protective factors and help strengthen those connections (Chandele et al., 2026). Protective factors include but are not limited to individual skills like self-efficacy and problem solving, having a dignified workplace, and also having community relationships which can help increase the quality of life (Chandele et al., 2026). In other words, by helping individuals reflect on the strengths they have, and encouraging them to take part and interact with these resources helps to lower the negative effects of ACEs. For example, studies have found that if an individual has a strong peer

relationship while growing up, then encouraging them to maintain that connection and use that support system can help increase emotional and behavioural growth (Chandele et al., 2026). In the same way, when looking at siblings, studies show similar results. For example, an individual grows up with siblings, and they spend a lot of time with each other (Schweitzer & Sonnentag, 2024). At times there can be rough patches between siblings, but studies show that consistent contact fosters a shared sense of social understanding which leads to positive psychosocial outcomes (Schweitzer & Sonnentag, 2024).

Moreover, on the structural level, trauma-based facilities and workshops can be offered to students who attend elementary all the way to college. By having these resources available to students helps to pay attention to their needs, what they might be struggling with and providing therapy when needed so they can continue their life with a supported environment and a positive mindset. For example, early childhood educators (ECE) in schools can learn about the needs of trauma survivors, and practice trauma informed care (TIC) (Chudzik et al., 2026). These ECE can help to provide attuned and responsive relationship with children which makes it helpful to understand what the child needs and how their experiences affect them emotionally (Chudzik et al., 2026). This helps to create a safe and healthy environment for children while they grow up so they can be offered support systems right from the beginning. This will allow children to form healthy, strong and dependable relationships where someone offers them understanding, respect, and sincerity – something they might not have experienced in their homes.

Similarly, when someone has a history of ACEs, their emotional regulation seems to be heavily disrupted (Lin et al., 2026). Studies show that being able to regulate emotions helps with the impact of ACEs, offering individuals to grow and build a healthier life for themselves (Lin et al., 2026). College is a critical time for students where they embark on a new academic journey (Lin et al., 2026). Although it can be fun, but there is a lot of stress and pressure that gets added which makes situations harder (Lin et al., 2026). Studies show that many college students have a history of ACEs which makes it harder for them to perform and do well academically (Lin et al., 2026). To help here, college institutions should offer emotion regulation classes which will help to develop a healthier mindset and build more resiliency (Lin et al., 2026). This allows students, who might otherwise be having a hard time gain the skills and techniques needed to help mental

health. Likewise, beyond clinical settings, students should also be able to have access to emotion regulation resources through mobile applications or websites (Lin et al., 2026). This again allows students to have the support and resources they require – something they might not have had in their home environments.

Finally, the integration of Trauma Focused CBT (TFCBT) is imperative (Márquez et al., 2025). This therapeutic approach is very helpful for children and non-offending caregivers who experienced trauma (Márquez et al., 2025). What makes this different from regular CBT is how it offers education about topics that are specific for people who have gone through ACEs. In this therapy, for example, individuals will be taught behaviour management strategies and parenting skills that can be useful for non-offending caregivers to build on and develop (Márquez et al., 2025). Parents and children are also psycho educated about the impacts of trauma which helps them to see how they are not alone (Márquez et al., 2025). Different relaxation techniques are also offered where individuals can learn how to manage their physiological symptoms of trauma in a healthy way (Márquez et al., 2025). These are some of the services offered by TFCBT but in addition to these, spreading awareness of this form of therapy through social media, schools and community bulletin boards will also help survivors of trauma to stay aware of the services they can go to. It helps to spread awareness and offer knowledge and information that people might not have.

Conclusion

Overall, trauma experienced in childhood have long lasting impacts that stay with us all the way to adulthood. These impacts affect many domains in our lives that range from psychological to emotional to behavioural and even physiologically with individuals being likely to develop health related complications and risk-taking behaviours. It goes without saying then that trauma affects our ability to form relationships, excel in academic careers, and also be able to reach out and ask for support when we need it the most. To help combat this, there are many management strategies that can be implanted on both the individual and structural level which can help lower the impact of ACEs. These include helping individuals identify their protective factors and encouraging them to strengthen these bonds but also the how academic institutions should offer therapeutic services that are grounded in trauma focused care. By helping spread awareness of these

services offered, individuals who have a history of ACEs will feel supported which helps them to move through life in a strong, healthy and positive way.

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SACHSS

South Asian Canadians Health& Social Services-SACHSS

South Asian Canadians Health & Social Services (SACHSS) is a registered not for profit charity organization. SACHSS provides culturally and linguistically appropriate services to South Asian and other communities. SACHSS services include Health Education, Health Promotion, Mental Health, Addiction, Stress Management, Anger Management and related social issues and social and recreational programs. SACHSS provides services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, Sindhi, Arabic, French and English.

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