



# **Needs of Newcomer Women Who Experience Intimate Partner Violence:**

Adjusting to New Life in the Prairies





# Needs of Newcomer Women Who Experience Intimate Partner Violence: Adjusting to New Life in the Prairies

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## Executive Summary

### Background

Based on the Canadian 2016 census, the proportion of Canada's foreign-born population was 21.9% (7,540,830 people) (Statistics Canada, 2017b). Over the past 15 years, the Prairie Provinces have been the fastest growing populations in Canada. The percentage of new immigrants living in Alberta rose from 6.9% in 2001 to 17.1% in 2016. In Manitoba, the immigration rates increased from 1.8% to 5.2% during the same period. Saskatchewan also saw a substantial increase in its immigration rates, from under 1.0% in 2001 to 4.0% in 2016 (Statistics Canada, 2017b).

Statistics Canada (2017) has foretold that Canada's foreign-born population will increase dramatically and could reach between 24.5% and 30.0% of the national population by 2036. Declining birth rates, coupled with the aging population, have resulted in labour market shortages in the growing Canadian economy, leading the Canadian government to shape its immigration policies to meet its economic demands. However, once in the host country, some Newcomer families face new challenges of poverty, social isolation, and discrimination, all of which are ingredients that threaten the family's functioning, relationships, and dynamics (Contenta et al., 2014; LeBrun et al., 2015).

Newcomer women become increasingly vulnerable to intimate partner violence (IPV) due to isolation, reliance on their partner or spouse, and under or unemployment (Erez et al., 2009). In addition, they may face socio-economic disadvantages (UN Convention on the Elimination of all Forms of Discrimination against Women [CEDAW], 1979; UN Declaration on Elimination of Violence Against Women, 1993), changing family roles (Kilkey et al., 2014), and unhealthy coping strategies by their partner such as drinking, drug use, and extramarital relationships, reflecting male desire for dominance (Bui & Morash, 2008).

IPV, also known as domestic violence, is the most common form of violence against women (World Health Organization [WHO], 2013). "IPV can include physical, psychological, emotional, verbal, financial, sexual, and spiritual abuse; excessive jealousy and control; harassment after separation; and murder" (Provincial Association of Transition Houses and Services of Saskatchewan [PATHS], 2018). For Newcomer women, this definition also includes immigration-related abuse (Hass et al., 2006; Tabibi et al., 2018).

In 2018, the province of Saskatchewan represented the highest rate of police reported IPV, which included both women and men, at a rate of 655 per 100,000 people, more than double the national rate of 322 per 100,000. IPV directed at women in Saskatchewan was also the highest amongst the province at 1,066 per 100,000. The province of Manitoba placed second in reported cases of IPV at a rate of 592 per 100,000, and for women the rate was 968 per 100,000. The Alberta rates of reported cases of IPV were 400 per 100,000. Police reported cases of IPV against women in Alberta were 626 per 100,000 (Burczycka, 2019). Between 2017-2018 the rates of violence against women by their partners increased by 3% (Burczycka, 2019). The majority of victims of IPV were female, while the majority of perpetrators were male (Burczycka, 2019). Despite burgeoning literature on IPV, there is limited data regarding the IPV experiences of Newcomer women living in the Prairie Provinces.

### Purpose of Research

This study aimed at gaining a better understanding of Newcomer women's experiences of IPV during their resettlement in the Prairie Provinces. Specifically, the purpose of the study was to consider the impact of, and unique circumstances surrounding, IPV on the lives of Newcomer women and their children in the Prairie Provinces to determine what services are needed to ensure the safety of Newcomer families. For

the purpose of this study, the term “Newcomer” refers to refugees and immigrants who have been in Canada for no more than ten years. However, this study acknowledges that there is no single picture of a Newcomer family that can be painted because immigrants or refugees have dissimilar ethnic origins, class, and geographical backgrounds. The distinction between immigrants or refugees is frequently blurred (Meyers, 2000).

Violence against women has been identified throughout the world both as a major public health concern and a human rights violation (Garcia-Moreno et al., 2003). Of the extant research conducted on immigrant families in Canada, there is scant research on the experiences and perceptions of Newcomer women and service providers in the Prairie Provinces.

The study sought answers to the following four questions:

- What are Newcomer women’s experiences with IPV and the consequences for them and their children in the Prairie Provinces?
- What are the formal (institutions such as shelters) and informal service (including family, friends, places of worship, and cultural groups/association) barriers Newcomer women face when seeking services and/or supports associated with IPV?
- What are the formal and informal interventions that work or do not work for Newcomer women who experience IPV?
- How do service providers respond to challenges of IPV as experienced by Newcomer women, and what do they think can improve services and supports?

## **Methodology**

To answer the aforementioned questions, the methodology for this study involved a qualitative approach, which was guided by an international feminist human rights framework that takes into account social divisions based on class, race, gender, language, geography, religion, and sexualities. The study adopted a qualitative methodology because this approach allows for an exploration of the stories of recent Newcomer women, which privileges their lived experiences and provides unique contextual knowledge. The international feminist human rights framework also offered a theoretical lens through which the researchers explored how service providers responded to Newcomer women who experience the intersections of immigration, patriarchy, race, class, and gender.

The research participants in this study were recruited using purposive sampling. Miles and Huberman (1994) defined purposive sampling as a strategy in which sample members are selected because they have met particular criteria. Each participant had to meet the following criteria: Newcomer woman with experiences of IPV, was born outside of Canada, had been in Canada for less than ten years, and was over the age of 18. We sought to interview both Newcomer women with and without children. For focus groups, we sought participants who worked with Newcomer women survivors of IPV in their job—such as at domestic violence shelters, counselling services, and settlement agencies. The use of focus groups in this study was to provide service provider participants an opportunity to discuss their experiences of supporting Newcomer women who were victims/survivors of IPV.

Data from the individual interviews and focus groups were transcribed verbatim. Subsequently, the transcripts were read independently by all team members. This process allowed each research team member to familiarize themselves with the data and jointly develop a coding framework to identify themes with the two other provinces participating in the study. All coded data were then merged for the three provinces, paying attention to differences and similarities between the themes in the different

provinces. The same process was completed for focus group transcripts. The research team met for full-day in-person meetings, as well as online video conferences, to work through coding and data analysis, categories, and related themes.

## **Findings**

The key study findings focus on the experiences of violence during the different stages of Newcomer women's migration, including pre-migration, migration, and post-migration. These three stages of migration reveal the contexts in which women were living in their home countries, during migration, and post-migration, which offers valuable insights about the nature of violence women were exposed to at various stages in their move to Canada.

The study's findings indicate that experiences of IPV occurred for different women during different migration stages. Many women had traumatic migration experiences of war, sexual violence, loss of family members, and IPV on their way to Canada. Several women experienced IPV during various steps of the migration process, even before arriving in Canada. There was one overriding consequence arising from the IPV Newcomer women faced: a sense of entrapment. Based on the study findings, IPV was heightened during the post-migration stage and the violence was in the form of emotional, psychological, financial, reproductive, sexual, and physical abuse, threats to terminate immigration sponsorships, power and control, stalking, isolation, infidelity, withholding information, aggression from extended family members, and threats to the victim's family back home.

These forms of violence have significant impacts on the victims/survivors and their children. The study participants reported trauma and the negative effects of their psychological, emotional, and mental well-being. Participants reported major behavioural and emotional changes from their children after they left relationships where IPV was taking place. Some children engaged in violent behaviours upon returning from visits with their fathers.

Linguistic skills, transportation, economic dependence, limited awareness of available services/ programs, waitlists, cultural pressure regarding keeping the family together, and concerns for their reputation are some of the barriers encountered by the women who participated in the study.

In terms of formal supports, participants received assistance from domestic violence shelters and services, police, settlement agencies, social assistance, child welfare, and housing services. The women in the study also utilized informal supports such as reaching out to family, friends, and cultural and religious communities. Although formal and informal supports were helpful when fleeing violence, many of the participants expressed that they had to "start over," an experience that presented many challenges such as the difficulties of paying household expenses on a single income, isolation, lack of language skills, and navigating the complex systems of their new host country (i.e., child care, legal services, child custody, and access). This notion of "starting over" presented insurmountable challenges and resulted in conditions where some participants felt they had no options to escape the abuse but felt compelled to return to the relationship. Other participants found incredible strength, capacity, and resources despite the challenges of "starting over."

## **Conclusion**

The IPV experienced by Newcomer women in our study spans the scope of psychological, emotional, financial, spiritual, sexual, and physical violence. But as we discuss below, they are further ensnarled in the violence and sense of entrapment due to additional exacerbating factors. These factors or themes are

unique to their situation and based on their immigration status. The four themes are: experiences of migration chaos; isolation and dependence; deception and threats; and patriarchal pressures carried out by partners, families, and cultural communities. Recommendations for governments and service providers are offered in Chapter 9.

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## Chapter 1: Background

The purpose of this study was to consider the impact of, and unique circumstances surrounding, intimate partner violence (IPV) on the lives of Newcomer women and their children in the Prairie Provinces to determine what services are needed to ensure the safety of Newcomer families. The term “Newcomer,” as used in this project, refers to refugees and immigrants who have been in Canada for no more than ten years.

The research project was guided by four overarching questions. First, what are Newcomer women’s experiences with IPV and the consequences for them and their children in the Prairie Provinces? Second, what are the formal (institutions such as shelters) and informal service (including family, friends, places of worship, and cultural groups/association) barriers Newcomer women face when seeking services and/or supports associated with IPV? Third, what are the formal and informal interventions that work or do not work for Newcomer women who experience IPV? And finally, how do service providers respond to challenges of IPV as experienced by Newcomer women, and what do they think can improve services and supports?

The study’s methodological approach is qualitative. It is informed by an international feminist human rights framework, which allowed for the exploration of the experiences of Newcomer women who experienced IPV and the experiences of service providers who work with this population.

Based on the study’s findings, women’s descriptions of their lives as Newcomers to Canada living with IPV were bleak. The situation for many women was made even worse by several themes including: 1) pre-migration experiences of chaos and trauma; 2) post-migration isolation and dependency; 3) post-migration manipulation, coercion, and threats related to immigration status; and 4) patriarchal family, community, and religious control during the post-migration period that entangled them further in a cycle of entrapment. In addition to these burdens that are unique for Newcomer women who face abuse, IPV (including psychological, emotional, financial, spiritual, sexual, reproductive, and physical abuse) was heightened during the post-migration stage. These intertwined experiences of violence contributed to building more and more barriers that Newcomer women had to navigate in seeking the help they needed during post-migration. The sense of entrapment amongst those who live with IPV was evident in the voices of the Newcomer women who participated in this project.

The report concludes with some of the participants’ recommendations for improving the existing range of services to ensure Newcomer women’s safety and the well-being of their children.

The United Nations defines violence against women as including

any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations, 1993)

IPV, also known as domestic violence, is the most common form of violence against women (World Health Organization [WHO], 2013). “IPV can include physical, psychological, emotional, verbal, financial, sexual, and spiritual abuse; excessive jealousy and control; harassment after separation; and murder” (Provincial Association of Transition Houses and Services of Saskatchewan [PATHS], 2018). For Newcomer women, this definition also includes immigration-related abuse (Hass et al., 2006; Tabibi et al., 2018). IPV can

“occur between current and former legally married spouses, common-law partners, boyfriends and girlfriends and other kinds of intimate partners” (Burczycka, 2019, p. 24).

Within this study we also consider the effects of IPV on children, as children are impacted directly and indirectly by IPV. As noted by researchers, when children are exposed to IPV, they are at risk of child maltreatment, including physical, psychological, and sexual abuse (Holt et al., 2008; Osofsky, 2003; Oudesluys-Murphy et al., 2015; Wathen & MacMillan, 2013). Further, children who are not targets of abuse themselves, but are exposed to IPV, experience significant psychological trauma (UNICEF, 2006).

IPV is a universal phenomenon (CARE, 2018; Tonsing & Barn, 2017) that affects both women and men. However, the latest Statistics Canada report on family violence shows that women bear the brunt of the violence. Eight in ten victims of family violence are typically women and women are more likely to experience more severe forms of IPV than men (Conroy et al., 2019). Canadian women are twice as likely as men to be physically injured, three times as likely to experience disruptions to their daily lives, and seven times as likely to fear for their lives as a result of IPV (Sinha, 2013).

In 2018, the province of Saskatchewan reported the highest rate of police-reported IPV, which included both women and men, at a rate of 655 per 100,000 population—more than double the national rate of 322 per 100,000. IPV directed at women in Saskatchewan was also the highest amongst all the provinces, with 1,066 incidents per 100,000. The province of Manitoba placed second in reported cases of IPV at a rate of 592 per 100,000 and for women the rate was 968 per 100,000. The Alberta rates of reported cases of IPV were 400 per 100,000. Police-reported cases of IPV against women in Alberta were 626 per 100,000 (Burczycka, 2019). Between 2017- 2018 the rates of violence against women by their partners increased by 3% (Burczycka, 2019). It is important to note that in an earlier Statistics Canada survey, 70% of victims of IPV shared that they never brought their complaint of violence to the attention of police (Burczycka, 2016)—demonstrating that the rate of violence against women is likely much higher.

A report from the World Health Organization affirmed that IPV is the most common form of violence experienced by women (WHO, 2019). A global study on homicide found that 58% of female victims of murder worldwide in 2018 were killed by an intimate partner or family member (UNODC, 2019). In Canada, in the same year, 148<sup>1</sup> women and girls were killed by violence. In 53% of the cases, the accused was a current or former intimate partner. In another 13% of the cases, the perpetrator of the killing was another family member (Dawson et al., 2018). Between 2008 and 2018, 945 intimate partner homicides<sup>2</sup> occurred, with 79% of victims being women who were killed by current or former intimate partners (Burczycka, 2019).

Similar to reported cases of IPV among the ten provinces, rates of police-reported family violence against children and youth were highest in Saskatchewan (453 per 100,000), almost double the national rate of 264 per 100,000. Manitoba was second (370 per 100,000). Alberta’s rate was 244 per 100,000 (Conroy, 2019). These numbers, like those of IPV, may not reflect the actual incidents of violence occurring in the family. Children do not always report the violence they witness or experience within their families.

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<sup>1</sup> Since the publication of this data, additional cases of femicide that took place in 2018 have been reported. This number will be updated in a subsequent publication of the Canadian Femicide Observatory for Justice and Accountability.

<sup>2</sup> There is no isolated data base to record IPV homicides. Those trying to keep track of the numbers sometimes have to rely on media reports, but reports and numbers are unreliable since the reporting of IPV homicides varies according to the practices of local police forces (Kingston, 2019).

While research into experiences of IPV among Newcomer women is limited (Rossiter et al., 2018), there have been studies of Newcomers' experiences of IPV conducted in larger centres with a longer history of immigration (Light, 2007; McKenna & Larkin, 2002). Data on the prevalence of IPV among Newcomer populations are inconsistent, likely due in part to limited access to Newcomer women as research participants as well as methodological issues (Tabibi, et al., 2018); however it appears that IPV is not more prevalent among Newcomer populations than in the Canadian-born population (Han, 2009; Rossiter et al., 2018). The difference is that Newcomer women face unique factors and barriers when reporting abuse, seeking safety, and accessing services, which in turn makes them more vulnerable to the risks of IPV (Rossiter et al., 2018; Tabibi et al., 2018; Tabibi & Baker, 2017). Since, as noted above, most of these studies involved larger centres, it was necessary to examine the experiences of Newcomer women and families in the Prairie Provinces with the goal of increasing support and safety.

Statistics Canada reported that in 2014, nearly 127,000 immigrants (3%) of immigrants in Canada had experienced spousal violence in the previous five years (Ibrahim, 2018). The study was limited to those who could speak either official language (French and English) and again, these numbers should be considered with caution since they most likely do not represent the actual picture of violence that Newcomers experience. It is conceivable the actual numbers are much higher considering the fact many Newcomer women do not speak either of the official languages, they are isolated, they may not trust the police, and they may face threats of deportation from their partner if they report to the police (Rossiter, et al., 2018). In fact, IPV among the general population is gravely underreported, with 70% of survivors stating that they did not report the IPV that they experienced to the police (Burczycka, 2016).

IPV has been described as an epidemic because of the “social contagion it can wreak” (Kingston, 2019, p. 25). It profoundly and adversely affects women and their children, damaging their physical and mental health (Afifi et al., 2017; Holtmann & Rickards, 2017) and their equal participation in society (Manjoo, 2016; Rossiter et al., 2018; UN Declaration, 1993). A Justice Department of Canada report found that in 2009 the costs associated with spousal violence were \$7.4 billion (Zhang et al., 2012)—equivalent to \$8.8 billion in 2019. In 2016, the global cost of violence against women “was estimated by the UN to be US \$1.5 trillion, equivalent to approximately 2% of the global gross domestic product (GDP), or roughly the size of the entire Canadian economy” (CARE, 2018, p. 4). The United Nations has taken direction, on a universal basis, to bring attention to the devastating impact of family violence. They have adopted conventions intended to eliminate it and they have set up monitoring bodies to provide international oversight to track its elimination (UN Convention on the Elimination of all Forms of Discrimination against Women [CEDAW], 1979; UN Declaration on Elimination of Violence Against Women, 1993).

## Chapter 2: Theoretical Framework

The purpose of this study was to consider the impact of, and unique circumstances surrounding, IPV on the lives of Newcomer women and their children in Canada. The intent was to determine what is needed to ensure the safety of Newcomer women and families. We have reviewed the data and analyzed our findings using an international feminist human rights framework informed by an intersectional analysis (Cho et al., 2013; Crenshaw, 1994).

Such a framework is appropriate in two ways. First, IPV is a violation of human rights in that, as discussed below, it is a threat to the equality rights of women and children, their personal security, and their right to be free from torture. Second, an intersectional feminist analysis recognizes the differences and sameness amongst women. It is multidirectional and considers varying contexts of women's lives (Cho et al., 2013; Crenshaw, 1994). Examining violence against women within a human rights framework informed by intersectionality acknowledges that race, class, gender, sexualities, abilities, citizenship, and location are relational. Each category does not stand on its own and this understanding facilitates the exploration of social, cultural, religious, and economic injustices faced by vulnerable individuals and groups such as Newcomer families (Canadian Research Institute for the Advancement of Women [CRIAW], 2006; Hopkins, 2019). At the same time, this emancipatory approach acknowledges the pitfalls of a universalist human rights interpretation by carefully examining 'cultural essentialism' or 'cultural relativism' that has been used to excuse the social, religious, and cultural status of women as subordinate (Ife, 2012; Reilly, 2011). This framework promotes a context-driven and clearer analysis of the issues by moving away from the individual level to the complexities of a societal and systemic review.

### Human Rights

The United Nations' *Convention on the Elimination of Discrimination* (CEDAW) was adopted by the United Nations General Assembly in 1979. It recognizes the historical and systemic nature of women's inequality and acts as a universal 'benchmark' in attaining legal and equitable standards for women. The articles in CEDAW expand on other foundational UN human rights documents, such as the Universal Declaration of Human Rights, that affirm "faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women" (CEDAW, 1979). Canada signed CEDAW in 1980 and ratified it on December 10, 1981. By ratifying CEDAW, Canada has committed to ensuring the rights and freedoms enunciated in it are upheld. In 1993 the United Nations' General Assembly adopted the *Declaration on the Elimination of Violence against Women* (DEVAW). It is a statement of principles that explicitly addresses violence against women. It defines violence against women as

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations, 1993, (A/RES/48/104, Article 1)

With this statement, the international community affirmed that violence against women is a human rights violation that undermines a woman's right to equality, security, liberty, integrity and dignity, and the right not to be subjected to cruel, inhuman, or degrading treatment (Advocates for Human Rights, 2019; Manjoo, 2016).

Manjoo (2016) described how violence against women limits the rights of women to citizenship participation in cultural, social, economic, and political life. Specifically, violence against women limits their right to life and security, which includes such rights as health and reproductive health care; access

to justice; the right to access equality rights such as equal participation in public and community life; protection from harm; non-discrimination in community and family life; and the right to be free from all forms of torture, including sexual violence (Advocates for Human Rights, 2019; Holtmann & Rickards, 2018; Manjoo, 2016).

In 1993, the Committee on the Elimination of Discrimination Against Women, a committee tasked with ensuring state parties are abiding by CEDAW, issued General Recommendation 19, entitled “Violence against women.” Their review of international compliance with CEDAW led them to specifically mention the often-overlooked violence women face in the home. The Committee said:

Family violence is one of the most insidious forms of violence against women. It is prevalent in all societies. Within family relationships women of all ages are subjected to violence of all kinds, including battering, rape, other forms of sexual assault, mental and other forms of violence, and other forms of violence which are perpetuated by traditional attitudes. Lack of economic independence forces many women to stay in violent relationships. The abrogation of their family responsibilities by men can be a form of violence and coercion. These forms of violence put women's health at risk and impairs their ability to participate in family life and public life on a basis of equality. (Para 23, Committee on the Elimination General Recommendation #19)

International attention to violence within families and communities is highlighted in the recently developed United Nations’ Sustainable Development Goals (SDGs). The SDGs are made up of seventeen goals that aim to reduce some of the social, economic, and environmental issues that are faced by the world community. For example, Goal 5 is a call to action to “achieve gender equality and empower all women and girls.” Each Goal is accompanied by Targets and Target 5.2 seeks to “eliminate all forms of violence against all women and girls in the public and private spheres . . .” Goal 16 calls for the “promotion of peaceful and inclusive societies for sustainable development, [to] provide access to justice for all and build effective, accountable and inclusive institutions at all levels.” Evidence of the achievement of this goal is to include a demonstrated reduction of “all forms of violence and related death rates everywhere” as well as “an end to abuse, exploitation, trafficking and all forms of violence against and torture of children.” Target 16.10 calls for an assurance that all people have public access to information and the protection of fundamental freedoms, which as noted earlier, includes freedom from violence, in accordance with national and international human rights agreements (United Nations, n.d.). It is important to note that all major international human rights documents call for the education of citizens and access to relevant information on their rights and freedoms, which includes their right to be free from violence.

The significance of using an international human rights framework is that the United Nations conventions, specifically the *Convention on the Elimination of Discrimination against Women* (CEDAW), have been ratified by most of the countries throughout the world, making them a common touchstone by which to evaluate the positioning of women. They set standards and goals in attaining collective and individual rights to dignity and respect. State parties are to take all appropriate measures to protect women from human rights violations, such as violence, whether perpetrated by the state, institutions, communities, or within the family. The United Nations Committee on the Elimination of all Forms of Discrimination against Women stated clearly that State Parties are responsible for private acts of violence. State Parties must act to prevent such violations of rights and investigate and punish acts of violence. They are also responsible for compensation for those so affected (UN DEVAW, 1993).

Historically the public/private divide has perpetuated gender inequality (Reilley, 2011). However, discrimination under international human rights laws is not restricted to public state action or inaction. The United Nations' human rights documents, to which Canada is a signatory, extend the role of the Canadian government to protecting, preventing, and compensating families that experience violence. The public/private divide no longer excuses governments from their responsibilities to protect families from familial violence.

### **Intersectional Feminist Analysis**

Structural theories explain IPV as a systemic issue rather than something that is an individual trait or dynamic. It is explained, in part, by the valuing of men and the devaluing of women. The inequality experienced by women, and male dominance of women, fosters violence against women in such social structures (UN DEVAW, 1993). Mason et al. (2008) reported that IPV is more common in patriarchal societies “where cultural values, including social mores and religious beliefs, dictate male dominance in gender relationships, condone violence against women, and create separate codes of conduct for men and women” (p. 1399). Many religious teachings, for example, indicate that women are subordinate to men (Howland, 2005; Manson, 2020). The WHO reported that almost a third of women worldwide have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime. Worldwide, 38% of murdered women—compared to 6% of murdered men—are killed by an intimate partner. The WHO reported that men are more likely to resort to violence when they are raised in a society that endorses an attitude of entitlement over women, have witnessed violence perpetrated against their mothers, and have a history of child maltreatment. IPV is “mostly perpetrated by men against women” (WHO, 2019, p. 2).

IPV is the most common form of violence against women (WHO, 2019). As noted above, it is a worldwide plague that knows no borders. There is no reprieve for refugee and immigrant women. Migration and immigration bring with them many stressors such as isolation, poverty, trauma, and challenges to power dynamics between men and women, increasing women's vulnerability to IPV (Mason et al., 2008; Rossiter et al., 2018). Theorists argue that when a person's status is threatened, this may lead to the use of violence “as a strategy to compensate for the lack of power” (Mason et al., 2008, p. 1399). While the degree and type of challenges faced by Newcomer women and their children vary due to past life experiences and their specific socio-cultural and economic backgrounds, it has been observed that the migration experience brings a shift in the status quo within the family in terms of both spousal and youth-parent relationships (Boyle & Ali, 2009; Goh et al., 2007; Hynie et al., 2012; Knapp et al., 2009; Lenon, 2000; Mahdi, 1999). This is particularly true of refugee families where the collapse of ordered family relationships can mirror the collapse of the social order, particularly following extended periods in refugee camps (Hynie et al., 2012). WHO (2019) noted that humanitarian emergencies, such as those forcing refugees to flee, may exacerbate family violence.

An intersectional feminist analysis works hand in hand with a substantive interpretation of international human rights documents. It moves the discussion beyond the individual to the systemic level, and recognizes the intricacy of identities that intersect with one another to compound the effects of discrimination and violence women face within their families and society at large. It expands the discussion from male dominance over women to social structures that discriminate, and to an acknowledgment of other identities that increase the vulnerability of women such as race, class, poverty, ethnicity, age, language, religion, sexual orientation, ability, and unemployment, among others. These intersecting identities are compounded further for Newcomer women who, in addition, face migration issues unique to their experiences such as war; displacement; physical, social, and economic isolation;

sexual violence; limited English-language proficiency; settlement; and threats of deportation (Manjoo, 2016; Mason et al., 2008; Rossiter et al., 2018). Erez et al. (2009) found that the level of violence experienced by Newcomer women increased upon arrival in the new country and that the likelihood of violence beginning after arrival was high.

Abraham and Tastsoglou (2016b) pointed out that “drawing upon an intersectional analysis enables us to examine the manifestations and outcome of violence against women at the interpersonal, community, and macro-institutional level” (p. 522). It is a framework that will assist in demonstrating how violence against women “is closely interwoven with structural and cultural oppression” (Abraham & Tastsoglou, 2016b, p. 522).

Our study applies critical theories including intersectional feminism and human rights perspectives to study the experiences of Newcomer women living with IPV. Using these theoretical perspectives, this study is rooted in the larger goal of eliminating violence against women and the negative impacts on children through questioning unexamined power, privilege, and webs of gendered oppression that hitherto have appeared intractable.

## Chapter 3: Literature Review

In our review of the existing academic literature, the goal was two-fold. First, we aimed to examine the immigration patterns in Canada's three Prairie provinces to lay the foundation for understanding the flows of refugees and immigrants in Western Canada. Second, our aim was to understand the intersections of immigration and IPV. Here, the intent is to shed light on some of the key issues regarding Newcomer women's experiences of IPV. Previous academic research has documented common forms of abuse experienced by Newcomers, causes of abuse suffered by this population, impacts of IPV on immigrant women and their children, and factors contributing to Newcomer women seeking help, as well as barriers to services for Newcomers (Han, 2009; Rossiter et al., 2018).

In this section, we draw mainly from Canadian but also American and European literature to report on each of the main research findings concerning Newcomer women's experiences of IPV. The review of literature from Canada and other countries is intended to provide a broad understanding of the intersection of immigration and IPV experiences for Newcomer women and families, which is the focus of this report. To help understand the context in which Newcomer women arrive on the Prairies, we now turn to a brief discussion of immigration and its importance to Canada and the Prairie Provinces.

### Immigration Patterns

In both historical and contemporary periods, Canada has encouraged immigration for economic and demographic reasons. Declining birth rates coupled with the aging population have resulted in labour market shortages in the growing Canadian economy. The Canadian government has shaped its immigration policies to meet its economic demands (Green & Worswick, 2017). Since the inception of the 1967 points system, immigration policy has shifted Canada's immigration patterns to the selection of skilled and educated immigrants. The education levels of most immigrants when arriving in Canada are quite high even though their foreign credentials are often not recognized, forcing them to either return to school or work in entry-level jobs to survive. At the provincial level, the Government of Saskatchewan has noted that "immigration provides an important tool for addressing Saskatchewan's labour market needs and demographic challenges by increasing the pool of workers in the province and enriching the ethno-cultural mosaic of our communities" (Saskatchewan Ministry of the Economy, 2016, p. 5).

Available research indicates that immigrant and refugee families now form a substantial, and growing, portion of the population of Canada. In 2016, it was reported that the highest immigration rates since 2008 were among the Western provinces of Manitoba, Saskatchewan, Alberta, and British Columbia (Statistics Canada, 2017b). Statistics Canada reported that the percentage of new immigrants living in Alberta rose from 6.9% in 2001 to 17.1% in 2016. In Manitoba, the percentage increased from 1.8% to 5.2% during the same period. Saskatchewan's immigration also grew, from just under 1.0% in 2001 to 4.0% in 2016 (Statistics Canada, 2017b). By 2036, population and demographic projections indicate that the immigrant population in Calgary will be between 32.7% and 40.8%, while in Winnipeg the percentage of the population composed of immigrants will be between 29.2% and 40.5% (Statistics Canada, 2017a). Immigrants to Saskatchewan tend to be young. In 2009, the Saskatchewan Ministry of Advanced Education, Employment and Immigration, Immigration Services Division (2009), reported that 27.8% of immigrants were in the 0-14 age group and 72.3% were in the working-age group (15-64 years). A similar age profile pattern is noted where half of immigrants destined to Alberta were between 25 and 44 years old on average (Government of Alberta, 2011). Like Alberta, most immigrants to Manitoba are aged between 25 and 45 (Government of Manitoba, 2012). The Prairie Provinces' strategy is to attract young workers to participate in the economic growth of these regions.

Examining immigration patterns in Canada, and particularly in the Prairies, is important because it not only demonstrates demographic trends but also indicates the emerging social and economic needs that require consideration for new services, programs, and policies. Focusing on the Prairie region is necessary considering the increasing number of Newcomer families to the Prairie Provinces (Statistics Canada, 2017b) to meet the region's economic needs. There has been concern that the emphasis on economic capital has led to neglect of social capital and community well-being (Orlowski & Wicker, 2015). To add to our knowledge and find ways to improve the well-being of Newcomer women, their children, and the community as a whole, this study focuses on IPV as experienced by Newcomer women and their children now living in the Prairie region.

### **Immigration and IPV**

One of the hopes of Newcomer families, particularly those leaving their homelands due to violence, is the anticipation of safety for themselves and their children (Kaslow, 2014). However, once in the new country, many Newcomer women face additional challenges of poverty, social isolation, and discrimination, all of which are ingredients that threaten the family's functioning, relationships, and dynamics, which leads to increased stress and, in some cases, IPV (Contenta et al., 2014; Kikulwe, 2015; LeBrun et al., 2015; Saile et al., 2014).

Immigration systems and processes often put women in vulnerable situations during the migration process. For example, immigration through Immigration, Refugees and Citizenship Canada's (IRCC) family class requires that the sponsored family member is financially supported by the sponsor (IRCC, 2019a). Previously, women who were sponsored were often reluctant to report IPV for fear of jeopardizing the sponsorship relationship—and their chances of staying in Canada (Alaggia et al., 2009). In 2019, IRCC began providing temporary resident permits for survivors of IPV and their children, granting legal immigration status in Canada with the intention of preventing survivors from remaining in situations of IPV for fear of risking their future in Canada (IRCC, 2019b).

The experiences of IPV that Newcomer women and children face are different from their Canadian counterparts. In many cases, the perpetrator of violence has unique circumstances to leverage as control, should a woman seek help. For example, the perpetrator may threaten to withdraw immigration sponsorship of the abused partner if the violence is reported and outside help is sought (Regehr et al., 2015; Rossiter et al., 2018) and/or lie to her about the consequences to her and the children's immigration status should she leave (National Centre on Domestic and Sexual Violence [NCDSV], 2009; Tabibi et al., 2018). Newcomer women have limited support networks compounded by multiple forms of oppression, such as race, class, and gender, language, histories of exclusion, poverty, and unemployment (Pitts, 2014). The threats and lies told by perpetrators to limit a woman's access to assistance are exacerbated even more by Newcomer women's limited skills in Canada's two official languages, English and French. The intersectionality of oppression that Newcomer women face places them at greater risk of IPV compared to their Canadian counterparts and increases the barriers they face in accessing services.

### **Common Forms of IPV**

Newcomer women may experience the same forms of violence experienced by Canadian-born women, though their status as Newcomers adds an additional layer of complexity. The National Centre on Domestic and Sexual Violence (NCDSV) illustrated this by revising the original *Power and Control Wheel* developed by the Domestic Abuse Intervention Project, creating the *Immigrant Power and Control Wheel* (NCDSV, 2009). In the *Immigrant Power and Control Wheel*, the controlling behaviours from the original wheel are contained within the centre, and behaviours uniquely experienced by Newcomer women are

added to the outside. For example, in situations of IPV where controlling behaviours are present, it is common for an abusive partner to threaten to take the children away. The *Immigrant Power and Control Wheel* expands this to add threats from the partner to take the children out of the country or to report her children to immigration officials. It is also common for perpetrators of IPV to prevent their partners from getting or keeping a job. Newcomer women may also be prevented from learning English and attending educational or job training programs (NCDSV, 2009).

According to Tabibi and colleagues (2018), a woman's immigration status can make her more vulnerable to ongoing violence from her partner. Immigration-related abuse can manifest differently, depending on a woman's immigration status, how long she has been in the new country, language abilities, and other factors. For example, for women who have been sponsored by their partners or who are refugee claimants, their partners may deliberately lie or withhold information about the process so that women think they cannot leave the relationship. Women who do not have immigration status may be threatened with deportation. For other women who are new to Canada, their partner may prevent them from learning English (Tabibi et al., 2018).

In their study of Vietnamese immigrant women living in the United States with experiences of IPV, Bui and Morash (2008) reported that verbal abuse was common, experienced by 75% of their sample, followed by physical abuse at 63%, and sexual abuse at 46%. Further research findings by Bui and Morash (2008) indicated that all the women who reported experiencing physical abuse also suffered verbal abuse, and that 37% of the study participants were victims of both physical and sexual abuse. A study conducted by Du Mont and colleagues (2012) found that Newcomer women were more likely to experience sexual violence from a partner than emotional violence. Du Mont et al. (2012) noted that in some countries, rape in a marriage is not a crime, highlighting the fact that Newcomers to Canada may not be aware of differences in the law. Financial abuse is another form of IPV. Newcomer women are often faced with the challenges of their partner's financial control, as well as control over her employment and career advancement possibilities (Bui & Morash, 2008; Erez et al., 2009; NCDSV, 2009). Coerced debt (such as when partners amass consumer debt in a woman's name or force her to take out loans or lines of credit) is another form of financial abuse (Littwin, 2012).

Victimization does not just occur within the home—according to Erez et al. (2009), victimization can occur in public areas including medical clinics, cars, and various social service offices, in front of family members, children, neighbours, and other community members. After separation, when a former partner no longer has access to the survivor in her home, danger often increases in other locations, such as her workplace (Giesbrecht, 2020a). In addition, members of the husband's family often participate in the abuse. Victimization and harassment in the presence of others reflects a perception that the abuse is justified, and perpetuates the perpetrator's conception that they will face no consequences for their behaviours (Erez et al., 2009), as he has the support of his family and the community.

### **Exacerbating Factors**

Tabibi et al. (2018) listed several factors that can increase risk and vulnerability for Newcomer women. These can include pre-migration trauma (such as abuse, war, sexual violence, or witnessing acts of violence while in a refugee camp); challenges and stress resulting from the migration and settlement process; social isolation; loss of family connections, community, and support structures that were present back home; geographic isolation (exacerbated when extended family do not live nearby or when the family does not have access to transportation); economic insecurity (sometimes resulting from not being able to work, due to immigration status or language abilities, or not being able to work in one's profession

because foreign credentials are not recognized in Canada); changes in economic roles and gender roles within the family (for example, when a wife who previously stayed home to care for children is now working and her husband stays home, due to a lack of available work); and the family's level of integration into Canadian society.

Existing literature also provides a detailed understanding of the motives behind IPV, which are first and foremost rooted in the social and structural norms that normalize patriarchy and male violence (Bui & Morash, 2008; Mason et al., 2008; Rent, 2020). For immigrant men, jealousy can intensify once the family has immigrated and his partner has been able to secure employment (Bui & Morash, 2008; Erez et al., 2009). Some men feel anger when their traditional roles and their image and status as the family's authority figure become diminished (Lenon, 2000). This results in threatened masculinity (Boyle & Ali, 2009), feelings of depression, alienation, low self-esteem, disempowerment, and an identity crisis (Renzaho et al., 2010) and can contribute to the perpetration of IPV (Lenon, 2000). The power shifts within the family have an impact on spousal relationships and, by extension, on the stability of the family. Mahdi (1999) reported an increase in disputes, while Boyle and Ali (2009) noted that role reversal can lead to separation, divorce, and violence. Many women in the extant research reported unemployment as a common factor in the abuse, and that joblessness for men meant a threat to their masculinity as breadwinners (Erez et al., 2009).

Bui and Morash (2008) stated that Newcomer women are at risk of physical abuse, jealous oversight, and are denied access to money when they are employed and their partners are jobless. Their male partner's desire to remain as head of the household can result in some men wanting to control household income (Bui & Morash, 2008). In some cases, family earnings are used to support relatives back home (Erez et al., 2009). Financial challenges in the home can result in economic neglect and hardship for women who, for the most part, bear the brunt for all sorts of family ills including violence (Bui & Morash, 2008). Despite the family's financial challenges, it is not uncommon for some men to acquire new interests and behaviours, such as alcohol, drugs, gambling, and relationships with other women (Erez et al., 2009). The study by Erez et al. (2009) does not fully explain the negative male behaviours of alcohol/drug use, gambling, and infidelity by some immigrant men but it is conceivable that these may not be new behaviours in their relationships (Bui & Morash, 2008).

Similarly, resettlement in a new country is often associated with changes in childcare patterns within families, such that Newcomer fathers often assume greater responsibility for childcare than they may have done previously. This role reversal has the potential for both positive and negative outcomes; fathers may become emotionally closer to their children, however, fathers may also experience greater stress and turmoil as they adapt to their shifting responsibilities (Kilkey et al., 2014). The lack of employment opportunities coupled with assuming household roles like childcare can be a source of conflict, particularly when men have not previously performed these roles in their countries of origin. There can be a strong desire on the part of some immigrant men to avoid doing household labour like childcare that is regularly assigned to women. Altered family roles are further complicated by the loss of family support and kinship networks to provide childcare relief. Relatedly, the lack of the family support network increases the rate of social isolation and a deep sense of vulnerability for immigrant women. As concluded by Erez et al. (2009), immigration to a new country intensifies the risk of victimization and also creates additional vulnerabilities for immigrant women, noting that the level of violence increases upon arrival in the new country and that the likelihood of violence beginning after arrival is also high.

Lastly, resettlement in the new country places many immigrants in the position of “starting over” because foreign credentials and work experiences are rarely recognized in the new country, leading to bewilderment, fear, anxiety, and stress (Chaze, 2009; Kikulwe et al., 2017; Schellenberg & Maheux, 2007). Starting over often implies the need to return to school for further education. The ability to return to school and complete one’s education is influenced by financial abilities. The inability to make ends meet can exacerbate men’s violence against partners and limit opportunities for schooling, which can improve the family’s economic situation in the long term.

### **Impacts of IPV on Women and Children**

The consequences of IPV are well established in current academic literature. Citing extant research, Hyman et al. (2006) argued that IPV is associated with both acute and chronic health outcomes, which range from physical injuries to ongoing anxiety and depression. These views are also shared in a study by Kulwicki et al. (2015), whose findings demonstrated that IPV is significantly associated with depression amongst survivors. The resulting poor health outcomes reduce their quality of life and ability for self-care, as well as diminished productivity and participation in social and community activities.

Other research indicated that immigrant and refugee women fleeing IPV are likely to experience homelessness, mental health issues, and trauma (Tabibi & Baker, 2017). According to Tabibi and Baker (2017), IPV was among the top-cited reasons for recent housing loss among Newcomer women. Homelessness also heightened the vulnerability of women and children because of unsafe and insecure living conditions. The interplay between immigration, homelessness, and IPV remains an area of research interest that is not fully explored within the Canadian context.

Closely linked to the poor health outcomes women with IPV experience are concerns of child abuse and neglect. The 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (Trocmé et al., 2008) showed that 34% of the substantiated cases of child abuse in Canada involved some form of children witnessing IPV. There is evidence to suggest that IPV is a strong predictor of various forms of child maltreatment (Apple & Holden, 1998; Dixon & Graham-Kevan, 2011; Holt et al., 2008; Osofsky, 2003; Oudesluys-Murphy et al., 2015; Wathen & MacMillan, 2013; Waugh & Bonner, 2002). The term “child maltreatment” refers to acts of violence perpetrated against children and includes physical abuse, sexual abuse, emotional abuse, psychological abuse, neglect, and witnessing IPV. Children exposed to IPV are at risk of physical and emotional harm (Regehr et al., 2015; Shonkoff & Garner, 2017; WHO, 2013). Children and youth who witness or experience IPV can experience lasting trauma. Violence within the family and involving close family members has been found to have a profound impact on a child’s development and adjustment (Chan & Yeung, 2009). Studies show that the trauma may manifest itself in the form of physical and mental health illnesses and higher suicide risks, and that childhood trauma may reverberate intergenerationally by affected children becoming victims or perpetrators of IPV themselves as adults (Afifi et al., 2017; Durrant & Ensom, 2019; Holt et al., 2008; Kingston, 2019; Shonkoff & Garner, 2017).

All provinces in Canada make it mandatory in their respective child protection legislation to report child abuse to child protection agencies. Child exposure to IPV is considered a form of child maltreatment and is included in child protection legislation in the Prairie Provinces (Tonmyr et al., 2018). Bui and Morash (2008) contend that patriarchal family systems and violent family practices reproduce abusive sons. It must be stated that while experiencing or being exposed to IPV in childhood is a risk factor for IPV perpetration or victimization in adulthood, not all children who grow up in families where violence and abuse are present go on to repeat these patterns in their own adult relationships (Humphreys & Mullender, 2000).

Along with concerns of mental health acuity and stress, available research also suggests that with violence in the home, women also lose the ability to develop and sustain authority over their children (Holt et al., 2008). Violent and controlling partners can interfere with women's ability to parent by preventing them from making decisions, by undermining their parenting, and by undercutting them in front of the children, which may encourage children to behave disrespectfully toward their mother (Jaffe et al., 2008a, 2008b). Physical aggression by young people towards their parents, particularly mothers, is common in violent home environments. Research also indicates that young people become dependent on their parents [mothers] for safety when exposed to IPV (Holt et al., 2008, p. 803). Similarly, Holt et al. (2008) found that a safe and secure relationship with a parent or caring adult becomes the "greatest protective factor" for children exposed to IPV (p. 806).

### **Factors That Hinder Help-Seeking**

The intensity, severity, and frequency of abuse; fear that one's life is in danger; economic circumstances; shame; availability and accessibility of help; and the impact on and threat to children are among the many factors that influence abused women's decision to seek help (Abraham & Tastsoglou, 2016a; Barrett & St. Pierre, 2011; Ford-Gilboe et al., 2015). Within this broad range of factors, the most important aspect known to influence abused women to seek help is when her life or the life of her children is in danger. We know that the threat of danger continues, and can escalate, even after the relationship ends (Akers & Kaukinen, 2009; Dawson, 2017; Office of the Chief Coroner for Ontario, 2018).

Women victims of IPV may seek formal and/or informal supports (Barrett & St. Pierre, 2011). Barrett and St. Pierre (2011) defined informal support as friends, family members, coworkers, classmates, and spiritual or religious advisors. Formal supports are described as services that include police, medical, legal, counselling, shelters, crisis centers, and crisis lines. Sylaska and Edwards (2014) found that informal supports such as emotional support from a social network were among helpful responses received by victims of IPV. Gaining access to formal services can lead to positive outcomes for victims of IPV, particularly in terms of safety and holding the perpetrator accountable. Additionally, in their study with Latin American women, O'Neal and Beckman (2017) found that educational attainment was an important factor in reducing IPV and that education assisted women in accessing community-based services.

There are scholarly debates about whether socio-demographic factors (e.g., race, class, age) play a role in influencing the decision by women victims of abuse to use formal or informal supports. Relevant to this discussion are three key aspects that emerged out of this debate regarding the utilization of various supports in connection to socio-demographic factors. 1) A study conducted in Canada by Hyman et al. (2006) showed the length of stay in Canada had an impact on help-seeking for immigrant women with experiences of IPV. Study findings from Hyman et al. (2006), as well as from Humphreys and Mullender (2000), indicated that established immigrants (i.e., women who had lived in Canada for ten or more years) were likely to seek formal and informal services in the same way as women in the general population. 2) Available research consistently indicates that informal support is the major source of assistance to women with experiences of IPV and a pathway to formal services including health, criminal justice, and social service systems (Barrett & St. Pierre, 2011; Hyman et al., 2006; Kaukinen, 2002). Therefore, research consistently emphasizes the significance of strengthening informal supports, recognizing that these social networks are necessary for IPV survivors to seek formal assistance. 3) The discussion of the socio-demographic factors, in connection with women's help-seeking, raises questions of the barriers that immigrant women and other marginalized women are likely to face when accessing both formal and informal supports. Available research indicates that the help-seeking experiences of immigrant women are severely compromised by cultural/religious barriers, socio-economic challenges, legal factors, and a

lack of knowledge regarding available resources as described below. Such an understanding of the barriers to accessing formal and informal supports is crucial for strengthening the resources available to all survivors of IPV (Barrett & St. Pierre, 2011).

### **Cultural and Religious Barriers**

Alaggia, Regehr, and Rishchynski (2009), as well as Kulwicki (2015), have noted that cultural practices and religious and social norms can be an impediment for women to disclose and seek care for IPV. Specifically, complex cultural and/or religious considerations such as the meaning of marriage and gender expectations (Erez et al., 2009) can hinder women victims of IPV from seeking help. For some women, there are cultural/religious expectations of maintaining the sanctity of marriage at whatever cost. There is often a strong belief in staying with an abusive partner for the children in order to maintain parenting obligations (Alaggia et al., 2009). Akers and Kaukinen (2009) added that the presence of young children in the family may increase women's dependency on the marriage, as childcare responsibilities hinder women's opportunities for paid employment, as well as educational advancement and economic independence. To others, IPV is a private family matter requiring no involvement of outsiders including police, shelters, or the legal system (Erez et al., 2009). The belief in not involving others can be due to fear of being ridiculed or shunned by their community and even by their own families (Kalunta-Crumpton, 2013), as well as faith communities. In some cases, there is also fear of harm to the victim's family back home if IPV is reported (Green & Derksen, 2018).

### **Legal Barriers**

Closely related to the intersectionality of cultural/religious factors and gender are views on the futility/utility of relying on police for assistance. Studies have noted the reluctance by some women to involve police intervention in matters related to IPV (Alaggia et al., 2009). Kalunta-Crumpton's (2013) study of Nigerian women who had been murdered by their partners in the United States indicated that rates of reporting to the legal authorities were low because the police force itself was perceived as a patriarchal institution, insensitive to male abuse of women. The same view was shared in Canadian research conducted by Alaggia and colleagues (2009), who noted that police and legal interventions did not result in any substantive consequences for perpetrators of IPV. Seeing that their partners would not be held accountable led to women's reluctance to report abuse. Immigrant women in Canada were found to be reluctant to report IPV to police (Ibrahim, 2018) due to lack of trust and the fear of deportation (Alaggia et al., 2009; Manjoo, 2016; Mason et al., 2008).

Help-seeking by racialized/immigrant women involving police interventions is a well-studied area (Akers & Kaukinen, 2009; Saxton et al., 2018), and even though researchers have reported inconsistencies in how services are accessed by immigrant women, research overwhelmingly indicates some reluctance by this population to seek official legal help. In their study, Saxton et al. (2018) concluded that police and legal systems were difficult to navigate and that survivors of IPV felt overwhelmed, frustrated, or confused when accessing these services. The conclusions made by Saxton et al. (2018) indicated that more work is still needed, despite past and ongoing police training related to IPV.

Fear of deportation due to lack of immigration status also has kept some Newcomers away from involving police and other legal authorities. While it is common for abusive husbands to threaten their partner with deportation, the law makes it clear that someone cannot choose to have their partner deported. The power to remove someone from Canada is held by federal immigration authorities (Community Legal Education Ontario, n.d.). Immigration, Refugees and Citizenship Canada now recognizes family violence as a reason for sponsorship breakdown. Someone who is experiencing violence is able to apply for a

temporary resident permit to stay in Canada, and IPV is a consideration for victims to apply for permanent residency based on humanitarian and compassionate grounds (IRCC, 2019b).

In contrast, other Canadian research found that Newcomer women were more likely to report IPV to police (Hyman, 2006). Akers and Kaukinen (2009) added that racialized women report IPV to police when they perceive police officials to be “community caretakers” that can help to solve their family problems. The lack of a community and support network also can lead immigrant women, particularly those who are Newcomers, to report IPV to police (Bø Vatnar & Bjørkly, 2010).

### **Socio-Economic Barriers**

Researchers indicate that racialized women with earnings of less than \$30,000 Canadian per year used significantly fewer forms of both informal and formal support in comparison to non-racialized women and women with incomes above that amount (Barrett & St. Pierre, 2011). Other reviews have provided further understanding that educational attainment, poverty, financial dependency on their partner, and distribution of resources all work together to isolate and hinder survivors of IPV from seeking help (Alaggia et al., 2009). According to Abraham and Tastsoglou (2016a), the lack of housing, employment, and healthcare available to victims influences their decision to seek help. The studies cited above establish that women survivors of IPV who are socially and economically marginalized have fewer resources and networks to access both formal and informal supports. Findings from studies that examined the experiences of women who experienced IPV also indicated social and economic challenges for survivors. For example, Ford-Gilboe and colleagues (2015) found that survivors of IPV did not have the ability to pay for services, faced transportation challenges, and lacked childcare, which collectively placed many of the women in a socially and economically disadvantaged position.

### **Language Barriers**

Lastly, research conducted on help-seeking for IPV also indicated that language was one of the reasons for the low rates of reporting IPV amongst the Newcomer women population (Alaggia et al., 2009). Limited English skills also can be a major factor in women’s lack of information on available resources and services such as shelters, medical services, and school information for children. Language can further limit the victim’s ability to know their rights, particularly in relation to immigration rules and child protection laws. In an interview with the CBC, Vic Lantion, the program coordinator for the Ethno Cultural Council of Calgary, indicated that “some newcomers do not even have a definition of what domestic violence is.” Lantion went on to say, “If you cannot name it [domestic violence], you cannot tame it” (Green & Derksen, 2018). The comments shared by Lantion and other front-line professionals are consistent with study findings by Hyman (2006) that suggest that gradual language skills development provides some Newcomer women with the ability to identify and, therefore, speak about their experiences of IPV. It must be stated that the lack of language to describe IPV is not uncommon for Canadian-born people as well, as they may not know that emotional abuse, control, sexual abuse, and other forms of abuse are part of domestic violence (Bradbury-Jones et al., 2014; Giesbrecht, 2020b). An American study by Erez and Hartley (2003) reported that some immigrant women who experience language barriers have to rely on friends, neighbours, relatives (including their children), or community members to translate and report their abuse.

Institutional racism and discrimination, poverty, and the lack of language skills often coincide to further isolate survivors of IPV (Abraham & Tastsoglou, 2016a; Malley-Morrison & Hines, 2007). Newcomer victims can be subject to judgement, blame, and disapproval if interpreters are from the same community and share the information about violence in the family with others (Abraham & Tastsoglou, 2016a).

Several problems have been identified with using children as interpreters, such as a child's lack of linguistic knowledge to accurately interpret, possible longer-term repercussions of a child being privy to adult issues and concerns at a young age, and a disruption to the normal family hierarchy in terms of the roles and position of parents (Lebrun et al., 2015; Maiter & Stalker, 2011). However, it is reported that children are still often called upon to act as interpreters in child protection cases and family-related matters (Chand, 2005; Lebrun et al., 2015; Maiter & Stalker, 2011). The research makes it clear that using children as interpreters to discuss IPV is inappropriate (Chand, 2005; Lebrun et al., 2015; Maiter & Stalker, 2011).

Overall, there are multiple and intersecting barriers that immigrant women face in accessing help to address experiences of IPV. This qualitative study was undertaken to understand how these barriers have been experienced and encountered by Newcomer women in the three Prairie Provinces of Manitoba, Saskatchewan, and Alberta. The intent of the study is to add to the existing knowledge about the available services and approaches to working with Newcomer women in the Prairies with experiences of IPV.

## Chapter 4: Methodology

Guided by the international feminist human rights framework, this study adopted a qualitative methodology to understand the experiences of Newcomer women in the Prairie Provinces who have experienced IPV, as well as the experiences of service providers who work with and support Newcomer victims/survivors. The intent of this study is to privilege the voices of those with lived experiences of IPV, and to use this information to make recommendations that will help service providers to better serve Newcomer IPV survivors in the Prairies.

### Methods

Feminist tradition and scholarship advocate for the elimination of androcentric bias, with its practices of placing a masculine point of view and knowledge at the center of world view, culture, and history (Hesse-Biber et al., 2004) to the detriment of women's human rights. In advancing feminist scholarship, Hesse-Biber and colleagues (2004) argued that researchers should be asking new questions and using new methodologies to access subjugated knowledges. This feminist epistemological and methodological approach begins with research questions rooted in women's lived experiences (Hesse-Biber et al., 2004). In her work regarding racialized discourses and ethnic epistemologies, Ladson-Billings (2000) noted that the historical failure of literature and research to include narratives of marginalized groups does not make their stories less important. Bui and Morash (2008) also noted that because of language and cultural differences, immigrants and their communities are often inaccessible to researchers. The same is true of the present study.

Effort was made to widely promote the study and recruit Newcomer women through various means, but we acknowledge that there are many Newcomer survivors that we were unable to reach, likely because of language and cultural barriers, as well as fear. As Tabibi and Baker (2017) wrote, "Caution is required when drawing conclusions from the emerging body of research, and efforts to identify and learn from immigrant and refugee women with different experiences and those not represented in existing research is encouraged" (p. 3). Due in large part to the depth of social and cultural capital required to conduct sensitive research with members of marginalized immigrant communities, researchers tend to focus on small samples from one specific immigrant community (Erez et al., 2009). In the present study, we spoke to a diverse group of Newcomer women from the three Prairie Provinces. These participants were diverse in native language, ethnicity, nationality, cultural groupings, education, and country of origin.

### Data Gathering

Data for this study were generated through a qualitative approach, using focus groups and interviews. These are common methods in feminist research examining violence and abuse (Westmarland & Bows, 2019). Feminist research is not defined by the methods that are used, but rather by the way these methods are used (Beckman, 2014; Letherby, 2003). Our qualitative approach centered the experiences of Newcomer women who have experienced violence and the service providers who work with them and incorporated trauma-and-violence-informed principles<sup>3</sup> (Nonomura et al., 2020; Ponice et al., 2016). The study was informed by data collected in two distinct sets—interviews with Newcomer women and focus groups with service providers.

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<sup>3</sup> "Trauma-and-violence-informed interventions and research take into account not only the psychology, behaviour, and lived experience of the individual client, but also the kinds of social circumstances in which their everyday lives take place—that is, the relationships, community environment, and social structures that shape the kinds of opportunities and challenges they face (Varcoe et al., 2016; cf. Smith, 1989)" (Nonomura et al., 2020, p. 3).

The project received Research Ethics Board approval from the Universities of Regina, Manitoba, and Calgary. Researchers and research assistants, interpreters, and childcare providers all signed confidentiality agreements.

The study used criterion sampling, in that participants needed to meet particular criteria for inclusion (Patton, 2002). The specific criteria to participate in the individual interviews were that the participant was a Newcomer woman with experiences of IPV, was born outside of Canada, had been in Canada for less than ten years, and was over the age of 18 years. We sought to interview Newcomer women both with and without children. For focus groups, we sought participants who worked with Newcomer women survivors of IPV in their job—such as at domestic violence shelters, counselling services, and settlement agencies.

#### **Participant Group 1: Newcomer Women**

Individual interviews were conducted with Newcomer women in five cities (Calgary, Regina, Saskatoon, Winnipeg, and Brandon) in three Prairie Provinces (Alberta, Saskatchewan, and Manitoba).

A flyer containing details for participation was shared with agencies that serve Newcomer women who have experienced IPV (including domestic violence shelters and counselling centres, Newcomer centres, settlement agencies, and other community agencies). The flyer was posted in these agencies, circulated via email, and shared on social media. Newcomer women who were willing to participate contacted the researcher in that location. The second recruitment approach that the team utilized was the promotion of the study by women and service providers who participated in the individual and focus group sessions. Newcomer women who participated were encouraged to tell other Newcomer women about the study and service providers were asked to tell their clients about the study. Thus, we also relied on snowball sampling methods in order to recruit women who found out about the study from friends or family members.

Individual interviews were conducted with Newcomer women to protect their privacy and increase their comfort when sharing their experiences regarding IPV. Use of individual interviews also helps to develop rapport and trust with individual participants. Women were given an honorarium of \$50 to thank them for their participation. The interviews were arranged at a time and location that was convenient for the participants. Depending on the participants' needs, childcare was arranged on-site for interviews or a per diem was offered to women to assist with covering childcare costs for the interview. Funding was also available to pay for transportation via taxi for women who needed it, or to cover the cost of women's parking at the interview location. Many of the interviews were conducted in women's homes, by female members of the research team. Women expressed that they felt comfortable being interviewed in their own home and it also alleviated the need to arrange transportation. Researchers who visited participants' homes had a safety plan, including letting a colleague know where they would be and checking in upon conclusion of the interview.

At the start of the interview, Newcomer women filled out a demographic form identifying their age (multiple choice, identified by categories), home country (open-ended question), languages spoken (open-ended question), length of time in Canada (multiple choice: 0-5 years or 5-10 years), immigration stream that they entered Canada through (multiple choice), their highest education level (multiple choice), and if they were currently working (yes/no).

Researchers structured the interviews as a conversation. Interviews were intended to be informal and interactive to help set a relaxed atmosphere and increase participants' comfort (Creswell & Poth, 2018; Moustakas, 1994). Semi-structured qualitative interviews vary in the length of time, depending on how much the woman feels like sharing (Westmarland & Bows, 2019). Interviews were, on average, between 60 to 90 minutes in length. Prior to beginning the interview, women completed a consent form as well as the demographic form. Consent was an ongoing process throughout the interview and participants were informed that they were not required to respond to all questions and that they could share as much, or as little, as they were comfortable with.

Newcomer women were asked if they agreed to the audio-recording of their interviews. Audio recording of qualitative interviews helps to maintain the relaxed, conversational atmosphere of the interview, without the need for the researcher to take notes throughout. Audio recording also allows researchers to share verbatim quotations, in the participants' own words. The majority of interview participants consented to have the interview audio recorded. These recordings were transcribed verbatim. For women who were not comfortable with their interviews being recorded, researchers wrote or typed notes. When taking notes, every effort was made to capture the full detail of women's stories and to capture direct quotations.

Newcomer women were asked about any experience of IPV in their home country, before moving to Canada, as well as how the relationship (and the violence/abuse) might have changed since moving to Canada. We asked women if they had talked to anyone about the violence/abuse in their relationship since arriving in Canada and if they had sought services or supports. We asked if they had ever gone to a shelter or other domestic violence service, sought assistance at a Newcomer service provider, or had contact with child protection. We also asked about informal sources of support. We asked women what kind of assistance they were offered and if they got the help they needed. Another line of questions asked women their opinion on what kinds of services are most helpful for Newcomer women who are experiencing IPV—and what is not helpful. We inquired as to what worked well for them in their situation and what services they wish existed. Newcomer women with children were asked how they thought IPV had impacted their children and if they had sought any services or supports to assist their children in dealing with violence/abuse. We also asked what services and supports participants thought could help Newcomer children in situations of IPV.

Many of the Newcomer women who participated in interviews were already connected with services. For women who were not connected with services or who had questions or needs in a particular area (legal assistance, for example), researchers provided appropriate referrals. All members of the research team were prepared with knowledge of Newcomer and IPV service providers in their own community.

Some women expressed that they wanted to see the final report and gave us their email addresses. Upon completion, the final report was shared back to women via email.

#### **Participant Group 2: Service Providers**

According to Patton (2014), a focus group interview is an interview with a small group of people on a specific topic. Groups are typically six to ten people with similar backgrounds who participate for one to two hours. Focus groups mirrored the same process that the research team used for the individual interviews.

Focus groups were conducted with service providers in six cities (Edmonton, Calgary, Saskatoon, Regina, Winnipeg, and Brandon) in three Prairie Provinces (Alberta, Saskatchewan, and Manitoba). The criteria for inclusion were that the participants worked with Newcomer women in a professional capacity (such as at a domestic violence shelter, counselling centre, or settlement agency) and had some experience supporting Newcomer women who were victims/survivors of IPV.

A flyer containing details for participation was shared with agencies that serve Newcomers and agencies who serve victims/survivors of IPV. Team members and partners in each province shared the invitation. For example, PATHS shared the invitation with domestic violence professionals in Saskatchewan, and Saskatoon Open Door Society shared the invitation with staff who work with Newcomers in the province. Community partners Immigrant Services Calgary, Calgary Immigrant Women's Association, and Mount Carmel Clinic shared the information within their respective communities. An environmental scan was conducted to find domestic violence and Newcomer-serving agencies in the six cities as well as other agencies including language instruction and other educational programs, policing, sexual assault centres, and other counselling centres. Originally, the research team planned to conduct two focus groups in each city, for a total of 12 focus groups. In some cities, additional focus groups were conducted to accommodate professionals who were unable to attend the previously scheduled two focus group dates.

Prior to beginning the focus group, all participants completed a consent form and confidentiality form as well as a form with demographic information. Demographic information included the type of organization that the service provider worked for and their role, their years of experience, their gender, and if they identified as a Newcomer to Canada.

In the focus groups we used a semi-structured format with open-ended questions (Hesse-Biber & Leavy, 2006; Wibeck et al., 2007). Participants were asked about the services offered at their agency and the ways in which they work with or support Newcomer women who have experienced IPV. Focus group questions explored both the experiences and perceptions of service providers related to the services their agencies offered and challenges encountered with Newcomer women who experienced IPV, as well as questions designed to address the question of the effectiveness of services or supports provided. We inquired as to what unique challenges domestic violence service providers had encountered working with Newcomer clients. We asked for examples of Newcomer women who have experienced IPV and the ways that their status as a Newcomer impacted them. Service providers were also asked for their opinion on what kinds of services are most helpful for Newcomer women who are experiencing IPV—and what is not helpful. Service providers shared what services they wished existed or changes and improvements they would like to see to existing services. We also asked service providers to share what they felt could improve their agency's practice of serving Newcomer women who have experienced IPV.

## Demographics

### **Participant Group 1: Newcomer Women**

In total, thirty-three (n=33) Newcomer women were interviewed (7 in Alberta, 15 in Saskatchewan, and 11 in Manitoba). The majority of participants (75%) were between 35-50 years old.

**Table 1: Participant Age**

18-24	0%	0
25-34	21%	7
35-50	76%	25
50+	3%	1
<i>Total</i>	100%	n=33

Before coming to Canada, participants had lived in Africa, Asia, Europe, and the Middle East. Women from Afghanistan, Bangladesh, Burundi, Democratic Republic of Congo, El Salvador, Ethiopia, Eritrea, Ghana, India, Indonesia, Iran, Iraq, Liberia, Malaysia, Morocco, Nigeria, Pakistan, Philippines, Rwanda, Sierra Leone, Somalia, South Sudan, Sudan, Togo, Trinidad, the United States, and the United Kingdom participated in interviews. Many of the women spoke English as well as one or more languages from their home country. Among the 33 participants, over 20 different languages and dialects were spoken.

**Table 2: Years in Canada**

0-5 years	30%	10
5-10 years	61%	20
Longer	9%	3
<i>Total</i>	100%	n= 33

**Table 3: Immigration Stream**

<b>Refugees (GARs – Government Assisted Refugees)</b>	21%	7
<b>Refugees (Privately Sponsored)</b>	6%	2
Blended Visa Office Referral (BVOR)	0%	0
Humanitarian Stream	0%	0
<b>Family Class</b>	18%	6
Economic Immigrants	0%	0
<b>Provincial Immigrant Nominee Program</b>	3%	1
Temporary Worker program	0%	0
Student Visa	0%	0
<b>Other (specify):</b>	21%	7
Unknown	30%	10
<i>Total</i>	100%	n= 33

Under “other,” participants specified that they were refugee claimants or had come under other types of sponsorship or work visa programs.

**Table 4: Highest Level of Education**

No formal schooling	9%	3
Elementary school	15%	5
High school	9%	3
Some post-secondary school	21%	7
Certificate, trade, or degree program	24%	8
Post-degree or graduate program	18%	6
Unknown	3%	1
<i>Total</i>	100%	n= 33

**Participant Group 2: Service Providers**

In total 62 service providers participated in focus groups (16 in Alberta, 32 in Saskatchewan, and 14 in Manitoba).

**Table 5: Service Provider Agency**

Settlement Agency	56%	35
Domestic Violence Shelter	21%	13
Other (specify):	23%	14
<i>Total</i>	100%	n= 62

Service providers who selected “other” worked in counselling/support centres, educational institutions, police agencies, victim services, the justice system, and healthcare. Job roles commonly represented among the 62 participants include Settlement Workers, Domestic Violence Shelter/Service Workers, Social Workers, Counsellors, Support Workers, Administrators, and Managers/Directors. Focus groups were mostly female (88%; 2% male; 10% unspecified). Twenty-five (40%) service providers who participated in focus groups had moved to Canada from another country (23 did not identify as Newcomers and an additional 14 did not specify).

**Data Analysis**

Given the nature of the study's research design, an inductive data analysis approach was used. In defining this type of analysis, Patton (2002) stated: “Inductive analysis involves discoveries, patterns, themes and categories in one's data” (p. 458). Similarly, Thomas (2006) specified, “The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant, or significant themes inherent in the raw data without restraints imposed by structured methodologies” (p. 238).

The qualitative data from both the Newcomer women's interviews and the service providers' focus groups were analyzed following a three-step process. First the researchers in each location read and coded the interview transcripts from each city. Researchers familiarized themselves with the data from their province before jointly developing, with the other two provinces, a coding framework to identify themes. All coded data was then merged for the three provinces, paying attention to differences and similarities between the themes in the three provinces. The same process was completed for focus group transcripts. The tri-provincial research team met for full-day in-person meetings, as well as online video conferences, to work through coding and data analysis. The research team completed multiple readings of the transcripts to ensure that the stories of women and service providers were captured in the data. We did not require participants to verify the data. Detailed quotations have been included in the report to reflect the participants' stories.

## **Ethical Considerations**

Throughout the research process, the research team discussed trauma-and-violence-informed research principles (Nonomura et al., 2020; Ponc et al., 2016). We knew the potential vulnerabilities of Newcomer women with experiences of IPV, but we were unaware of the extent, severity, and uniqueness of this problem in the Prairie Provinces. Regular research team discussions helped us to stay focused on the goal of providing the women with opportunities to voice their experiences. We also made the decision that female members of the research team would be the ones to complete the individual interviews with the women, whenever possible.

There was also the possibility that participants would disclose issues related to child abuse or children being presently exposed to IPV (a child protection concern in the Prairie Provinces). We could not guarantee confidentiality if child protection issues emerged as we were obligated by the duty to report. At the beginning of the interviews, participants were advised of our responsibility to report any child protection issues and concerns. The research team had experience working with and conducting research with vulnerable populations and were equipped to give referrals and develop a safety plan with women, if needed.

## **Strengths and Limitations**

A strength of this project was that we spoke with Newcomer women directly, as well as service providers who work with Newcomer women experiencing IPV, in the three Prairie Provinces. Recruitment happened in six cities, though we did have some participation from Newcomer women who had lived rurally and had relocated to an urban centre to flee the violence and seek shelter. Given the vastly different contexts (in terms of access to services, including transportation, culture, and isolation) for Newcomer women living in rural and remote areas of the Prairie Provinces, further investigation into the experiences of rural Newcomer women who have experienced IPV is needed.

Another strength was the diversity of our participants. The study gathered data from women from 27 different countries, with a wide range of education, work, and life experiences. We also spoke to service providers in the domestic violence and settlement fields, as well as a range of other community services.

An effort was made in our project to speak to Newcomer women both with and without children. Speaking to Newcomer women who had children at the time they experienced IPV helped us to gain an understanding of how IPV impacts Newcomer children and of the barriers that Newcomer mothers face when exiting IPV. We did not, however, speak to children directly and children's experiences are more extensive than are captured in this study. A future research priority may be to speak to children (including adult children) of Newcomer parents who experienced IPV.

## Chapter 5: IPV and Impacts on Women and Children

The purpose of our research was to determine the unique situations facing Newcomer women who have experienced IPV and to determine what is needed to ensure their right to safety and security for themselves and their family. One of our research questions addressed in this chapter asked the Newcomer women about their experiences with IPV and the subsequent consequences they faced. This question highlighted the unique barriers or burdens faced by Newcomer women living with IPV. This chapter begins with women's description of their lives as Newcomers to Canada and living with pre- and post- migration experiences of IPV, and it ends with the impacts of violence on their lives and the lives of their children.

### Pre-Migration Experiences of Chaos and Trauma

The first theme unique to Newcomer women is the trauma of migration. All the women we interviewed had varying traumatic and chaotic experiences as they made their way to Canada. The Newcomer women in our study had at one time or another gone through different stages of migration—pre-migration, migration, and post-migration (Drachman, 1992). Pre-migration refers to the experiences of Newcomer women prior to moving to Canada. Many Newcomer women had experienced trauma in their home countries—often war and violence that forced them to flee their homeland and seek refugee status:

Before coming to Canada... just lots of murders and killings. Just with all the violence in the countries [where we lived] and that, it was just really, really scary. It was very stressful there and just the building would fall down and there was always stuff falling and we'd lose our clothes... We'd have nothing, because they would bomb things and everything would just be lost. (Saskatchewan)

There was war. Everyone was running to protect their lives. I don't think there was time to engage in arguments or disputes that will create IPV. In war zones, the only thing one thinks of is security for your life. (Manitoba)

Some participants talked about the patriarchal systems and structures in their country of origin that reinforce men's control over women:

Well you know, Afghanistan is a Muslim and male-dominated country. Men control everything including what their wives do or say. So my husband could shout at me or sometimes push me around when we are home, but that was accepted in the society. You do not complain to anybody about that. (Manitoba)

Newcomer women talked about engaging in long-distance or transnational relationships with their partners or husbands prior to migrating to Canada. In some cases, the women had long-distance relationships with the men before getting married:

We met in Singapore. Since then we are dating for a couple years, but this [is mostly] like long-distance dating. Maybe that's why I don't see the signs [of IPV]...He came three, four times in a year to meet me. Then he came into Malaysia staying for like six, seven months I believe. We get to know each other. Then I thought, *hey, that he's the guy*...He's not smoking. He's not drinking. (Alberta)

The experiences of violence and IPV among Newcomer women pre-migration highlights various social, political, and cultural contexts that shaped women's lives before coming to Canada. Some women were

fleeing countries that were affected by war and violence. Some women migrated with their partners, while others engaged in long-distance or transnational relationships before making the decision to move to Canada. Most of the interview participants stated that they did not personally experience IPV in their relationship pre-migration, although many of these same participants acknowledged that IPV was common in their home countries.

The migration process for Newcomer women and their families to Canada is complex. The migration experiences of immigrants and refugees are largely shaped by the receiving country's immigration policies and the stream through which they arrive. Therefore, it is important to distinguish between the women who arrived in Canada as refugees and those who arrived as immigrants.

Approximately one third of the women participants were refugees and several had experienced living in refugee camps with their family prior to coming to Canada. For some of these families, the stress of living in refugee camps added strain on their relationships:

We did not have any problem when we were in Liberia, but when we moved to stay in the refugee camp in Ghana, we used to argue from time to time. It was all about the difficult life in the camp, but he never hit me. We used to yell at each other when we were all angry. (Manitoba)

One individual offered a contrasting view. She commented that living in a refugee camp protected her from experiencing IPV:

He could not have tried that [IPV] in the refugee camp because the UNHCR [the United Nations Refugee Agency], was monitoring our situations. If anyone did any bad thing, they will throw you out of the camp. (Manitoba)

Obtaining the financial stability to sponsor a family member in accordance with IRCC requirements is often a long process that can take several years, resulting in prolonged separation. A recurring issue raised by the participants in all three provinces was that while they were waiting to be sponsored by their partners, the men often engaged in extramarital relationships with other women.

Many participants talked about the incongruence with how the men treated them prior to migrating and how that changed after they arrived in Canada. For some of the women who had immigrated with their husbands, the violence worsened after their arrival in Canada. In reflecting on her migration experience, this participant wonders if her life would have been better had her family not moved to Canada:

So we're happy, like you know, I keep thinking, *maybe if we don't come here in Canada we're not broken or something*. [If] he did not come here in Canada, we just stayed in Philippines maybe we're still together or happy. (Alberta)

Another Newcomer woman experienced IPV throughout all stages of the migration process including pre- and post-migration.

Yes, for 28 years. I have been abused all these years. It has never changed. We used to fight before moving to the refugee camp. He hit my head with a stone at the camp. We fought in the camp and it continued when we moved to Canada. We arrived in Canada on a Sunday; he hit and choked me in front of the children. I have a lot of scars on my face because he hits me all the time. (Manitoba)

There are multiple factors at play during the migration process that create and enable situations where women are completely dependent on their partners. The migration period brings about many stressors which are exacerbated once they arrive in Canada.

### **Post-Migration Isolation and Dependence**

The second theme of interviews with Newcomer women was isolation and dependency. Upon arrival in Canada, the Newcomer women found themselves isolated and dependent on their abusive partner. The dependency was fuelled by a lack of knowledge on their status and rights, and language and financial limitations. The dependency and isolation complicated their attempts to deal with the IPV.

Many of the Newcomer women participants spoke of isolation relating to being new to a country where they were dependent on their partner, separated from their family, and did not speak the language. The isolation that women experienced was compounded by the IPV that they were experiencing. Culture sometimes dictated that women not speak out about what they were experiencing. One participant noted that keeping silent was a common experience and expectation:

Ladies, most of the time, it's part of the culture they just keep quiet, right, whenever [IPV] is in the house, they don't say anything and when they come here also it's the same stuff happens and they don't say it to anyone. (Saskatchewan)

Women were prevented from connecting with family members and with their cultural communities. One participant described the situation many face:

He doesn't want me to go out and work as other people do. He wants me to be in the house and take care of the children. So whenever I start working, he's not happy...he has jealousy when I go out. (Saskatchewan)

When experiencing IPV and isolation, some women experienced serious psychological effects including suicidal ideation. One participant spoke of women from her own cultural community who committed suicide as a result of violence/abuse. She shared how women who do not have support and are abused by their partners and members of the extended family may feel totally alone and may feel hopeless or see suicide as their only means of escape. Other Newcomer survivors told us that they had felt this way themselves when they were in the relationship: "I was so depressed, I almost killed myself" (Saskatchewan). One woman talked about feeling suicidal after the relationship ended and of battling feelings of exhaustion. Multiple women shared that their children were their motivation not to give up.

Sometimes partners intentionally created barriers to women being able to access services by creating problems with their immigration, along with other essential paperwork:

You know, living with him was so hard and at the same time I lost...my world became so very small. No papers. I have no driver's license. I have no health card. (Saskatchewan)

The isolation also heightened women's vulnerability because they lacked opportunities to develop knowledge of the available resources. One participant said that all she did was go to her cleaning job and return home—she did not talk to anyone. She added that she did not know about women's shelters. She said that now she knows that there are many supports available but that she did not know about them at

the time. She said that at that time, she asked herself, “Who do I have?” as she felt family members and members of her church were all against her (Saskatchewan).

Isolation is a one of the most serious barriers for Newcomer women across the Prairie Provinces. Even in larger urban centres, survivors of IPV may not have the knowledge to access services and support. They may not know anyone other than their partner and, sometimes, his family. After explaining the complex process that she had to go through to secure transportation from her rural home to a larger centre where she could seek services, one woman said: “It's not just me. I'm sure there's a lot out there in small towns that's being isolated” (Saskatchewan).

Not only did Newcomer women experience physical isolation, they experienced a lack of social support networks which were linked to forced dependency on their husband. This was noted by one of the participants, who remained in the relationship due to a lack of social support that significantly limited her options: “the only family that I have was him and my daughter. So I couldn't leave” (Saskatchewan).

Another woman stated that her partner had no family in Saskatchewan, nor did she. She added, “Once we went back to Pakistan for six months and he was so sweet and nice and he was totally a changed person because he knew I have the family there for support” (Saskatchewan).

When a Newcomer participant made friends with other women at their faith institution, her husband tried to prevent her from exchanging text messages with them. Eventually, he decided to end their participation at the church altogether (Saskatchewan).

Other women spoke of their isolation:

He used to lock me inside the home...every time he used to leave for work...I stayed in the house the whole day, and I just used to wait for him. I cook for him, clean for him. Because the only way I can talk to my family was internet, I was talking to my mom through Skype. When he wants to torture me, he used to take the WiFi adapter with him to the work. (Saskatchewan)

On top of being new [to the country], the family violence makes you feel even more isolated because you're just trying to survive. You're trying to make it to the next day, particularly there's also the whole thing in your head, is this abuse, is this not. I don't want to believe it is because how could someone that loves me abuse me. (Alberta)

I've talked to many women that they are in a way coerced or lied to come to another country and then they end up here and they're isolated, and it's hard for them to be able to go back. Even to visit family...A lot of times that's in [partner's] hands or it feels like it...Even the last time there was something mentioned where he was, ‘Well maybe I won't let you go.’ There was kind of this feeling of [being] trapped. (Alberta)

### **Post-Migration Manipulation, Coercion, and Immigration Status-Related Threats**

A large portion of the participants were sponsored by their male partners; many were not aware of immigration laws and policies, nor of their rights in Canada. Therefore, many of these individuals recounted stories of their husbands and partners taking advantage of their limited knowledge about the country's immigration system. This was further compounded by their limited proficiency in English and a

lack of social supports that positioned them to depend on their abusive male partners in virtually all aspects of their lives after arriving in Canada.

One woman who was in an arranged marriage explained that her husband sought to marry her after he had been unsuccessful in his first attempt to immigrate to Canada on his own:

A wife, especially educated wife can add 200 points...that's why he married me. Because when he first gave the proposal, my family asked, 'What kind of girl you wanted to marry?' He has only one demand, and he said to my family, 'The girl must be educated.' (Saskatchewan)

She added that he was the primary applicant on the immigration application, whereas she was listed as his dependent. All communications from IRCC went to him, leaving her without knowledge of the process. Sometimes a woman's status (in this case, her education) is exploited as a means for her husband to satisfy immigration requirements.

Resettling into a new country also brought challenges of citizenship and, in some cases, of having no immigration status in Canada. The promise of citizenship was threatened by abusive partners who would make claims of withdrawing their sponsorship or delaying the process of applying for permanent residence for their wives. One participant, who had come to Canada on her own on a work permit, was pressured to leave her job after getting married to a Canadian-born man. "I just put my residency in jeopardy, you know. When he asked me to leave my job and from there, there's no other way" (Saskatchewan). This woman had a child born in Canada, with her Canadian-born partner. He continually threatened to deport her and keep their child. She faced the very real threat of being sent back to her home country without her daughter because her husband interfered in filing the necessary paperwork to allow her to stay in Canada. She went on to say, "[He] would always tell me, 'If you take my daughter, I'll charge you with kidnapping. But if you leave her, you will be charged with abandonment'" (Saskatchewan).

Control tactics from partners jeopardized women's immigration status in other ways—when they returned to their home country for a visit, one woman's husband stole her "jewelry, and he took my passport, my PR [permanent resident] card, so that I would not be able to come back" (Saskatchewan).

Another woman stated:

He had filed for my Permanent Resident application...everything was almost complete. He became more abusive and started threatening me that if I gave him any trouble, he will go to Immigration and cancel the sponsorship...When we met I was going to apply for the PR on my own but he convinced me that it will be quicker if he sponsored me. I agreed but now looking back, I think I made a big mistake in letting him file for me. Because he was now using it against me...like holding me hostage. (Manitoba)

Some men used coercion as a way of getting women to return to the relationship: "He says, if she is back with him, he can get the citizenship easier and work easier" (Saskatchewan).

Newcomer women are especially at risk when they do not speak English. In situations of IPV, this can be another way that abusive partners foster isolation and ensure that women are not effectively connected

to the surrounding community. Partners withholding assistance and support related to the need to speak English—or mistranslating her words—can be part of the abuse.

Abusive partners attempted to manipulate women's lack of English language skills to their advantage, in some cases having women sign papers they could not read—for example, life insurance papers or to take out a loan in her name (such loans provided cash for the partner that was sometimes spent by his extended family). Women's lack of English-language ability and understanding of Canadian banking practices was also taken advantage of by their partners and extended family members. In one case, a woman and her husband had enough cash saved to purchase a vehicle outright, but he insisted on taking out a line of credit. She admitted, "I signed the letter, while I don't even know exactly what I am doing" (Saskatchewan).

There were situations where the men exploited women's limited financial literacy and withheld information about the financial options available to the participants. A salient example is preventing women from having their own bank account, thus limiting their financial autonomy. One of the participants, through her interpreter, elaborated:

So he was the one who was stealing...especially with finances so she didn't have any idea about what is going on...Because she doesn't know, it's part of the culture back home, they're [the husband] the one who deals with it, right? (Saskatchewan)

Some partners lied to women about debts incurred during the immigration/sponsorship process. This disinformation was used to perpetrate financial abuse and control:

It was about money. He complained that he had incurred so much debt bringing me over and that when I work, we should use the money to pay for the debt. I agreed, but he wanted me to pay more money than my small pay could cover. (Manitoba)

She continued:

He was always complaining about me not working hard enough to earn money to pay the debt. That is why I took other jobs in home care working with elderly people. I was working long hours and it really affected my health. But he also complained about when I come home late from work. We had no car and I took a number of buses to go to work and come home, which was difficult in the winter especially. (Manitoba)

Nine of the interview participants disclosed infidelity by their partner. One woman, who also suffered abuse from her mother-in-law, shared that her mother-in-law encouraged her husband to keep up the extramarital affairs, including continuing to telephone former partners back in their home country.

In other cases, infidelity occurred within the family home, with knowledge of other family members. In more than one case, a Newcomer woman was working hard to provide for herself, her husband, and their children when she discovered he had been purchasing expensive items for another woman on credit. One woman's husband rekindled a relationship with his ex-wife, even sleeping with the ex-wife in the same house, when his current wife was eight months pregnant. Another woman's husband had several affairs. One of his lovers was pregnant at the same time as the Newcomer woman. She recalled how her husband's parents assisted the other woman with home repairs.

In some instances, the men accused the women of infidelity. One man continually accused his wife of having an affair and denied paternity of his own child.

The Counselor advised that we do a DNA test, which we did. When the result came, it was positive that he is the father of the child. The Counselor advised him then to stop talking about the fact that he was not the father of child, since the DNA test had proved it. He got more angry when we got back home. That was when the hitting and yelling increased. (Saskatchewan)

### **Patriarchal Family, Community, and Religious Control During Post-Migration**

Controlling tactics were commonly employed by the partners of the women that we interviewed. Some men attempted to assert their power by reinforcing views about women's subordinate roles as wives to serve their husband. These norms were often grounded in patriarchal beliefs and expressed and enforced by their partner, their faith, and family and community members.

One participant stated, "I felt like I was a puppet that he's the master, and he's playing with my life" (Saskatchewan). Another participant reported that her partner had said, "'I brought you to Canada and you didn't serve me very well...' I said, 'I'm not your servant. I'm your wife'" (Saskatchewan).

Another participant faced similar challenges:

My husband directly said to me, 'If you don't look after me. If you don't clean the house. If you don't cook for me, why are you with me?' This is my value. He defined my value in this way. I am just a housekeeper, nothing else...You are not a human being. You are a kind of object. You are a kind of benefit just a piece of furniture, a piece of property, nothing else. (Saskatchewan)

Partners restricted some women's freedom to go out. For one woman in an arranged marriage, abuse started the first day. Even before meeting, he was controlling on the phone—"Don't go here, don't go there—I thought, *What should I do?*, so I just stayed quiet" (Saskatchewan).

Women recounted that their partners made all the major decisions for the family. An interview participant recalled how choices in the relationship, such as multiple moves to different countries, were dictated by her husband:

We stay [the] summer there and then he said, 'I have to go back to another country.' Then I said, 'This is not a life, we have kids. We have to be stable in one place' especially my daughter. She [is growing], she needs stability. She has type one diabetes and she really needs more care. But I suffered with the moving and no home. When he needs something, he does it. He was controlling me. (Saskatchewan)

Newcomer women shared examples of partners and extended family members providing incorrect and untrue information for the purposes of creating fear and controlling them. It was not easy for couples navigating their new life in Canada while under the control of others. This individual lived with her in-laws and explains that she could not make her own decisions and she must obey what her mother-in-law said:

And we never have our own house. We stay with his family, and his mother since we were married. So it's hard...because everything, all the decision with his mom also. So it's hard for me, you don't have your own decisions. You always follow like whatever they say. (Alberta)

She added that back home she had been able to go outside and visit with neighbours, whereas here in Canada she was expected to not leave the house. Another woman who participated in our study also spoke of the violence she endured from her mother-in-law and other extended family members:

Problems start[ed] with his parents, with his mother. So his mother, she's controlling him so he must listen to her [on] everything...And he must tell her everything about our lives. His mother also abused me and my daughter, especially my daughter because my daughter he's not her father. He's a step-father. (Saskatchewan)

Many participants in the study have experienced abuse perpetrated by members of the husband's extended family, particularly the women's mother-in-law. In most cases, the women belonged to a culture where it is traditional for the mother-in-law to have a major role in the decisions involving their son's family. One participant recalled how, in their family background, everything is controlled by the mother. She spoke of her mother-in-law instigating violence and abuse:

Then...I got pregnant with my third child...My mother-in-law, she was giving me hard time. I was crying from the beginning of my pregnancy until the end, I was crying...I don't know what his mother did for him to change to become like that. (Saskatchewan)

She continued, "I don't know how everything changed. But, I know if the mother's not in my house, we just me and him and the children, everything's gonna change" (Saskatchewan).

Other extended family members caused problems in the relationship by telling husbands what to do, including how to treat their wives:

So there was no abuse is start there [in home country] because we didn't have much time to live together and then we came to Canada. When we came to Canada, everything his brother tells him that is what we have to do. (Saskatchewan)

Women spoke of hierarchies within their extended families. A participant shared how as the youngest of three daughters-in-law, she had no voice and was subject to the decisions of the older ones. In other cases, in-laws raised issues with women's careers and blamed them when children did not arrive quickly enough after the marriage.

In some cases, the women were pressured to remain in relationships where IPV was taking place because of beliefs and values about family. For one participant, an arranged marriage was a tradition in her family. Although her partner had a girlfriend in Canada, he agreed to an arranged marriage in order to satisfy traditional expectations:

He was working in Canada, so he was here for a pretty long time, not only in Canada, he has worked in different countries. So, he had that different mindset that what a wife looks like, what a girlfriend looks like, right? But, his parents wanted somebody from our culture. So, we have this parent's pressure that whatever they say, you have to do it. (Alberta)

Some women felt powerless to leave an abusive partner because of cultural stigma associated with divorce. She said she felt her situation in Canada was worse than in her home country, because at home she would have asked a male relative to mediate the situation with her husband. Here, she felt all extended family members blamed her for what was happening, and she had no support.

Several women had been questioned by members of their own community about why they left their husbands, and some had been told to go back to these relationships. Oftentimes, this resulted in fear of seeking help. Many participants talked about the cultural stigma of reporting IPV to authorities.

I cried so much that day. I knew that he was going to be in trouble and people in our community will blame me. I told the prosecutor I was not going to come to the court again. I went home, packed my things and two days later, I moved out of our house. I was scared of what he will do again if he came back. (Manitoba)

This participant further explained that her cultural community was more sympathetic towards her husband than they were to her:

Yes, he tried to get his friends in our community to convince me to go to court and change the court order on him, but I refused. I am scared to go to that court. Anyway, he keeps telling people that he brought me to Canada and I put him in jail. I hear them from some friends but they don't talk about what he did to me. (Manitoba)

Sometimes women's extended family members interceded to try to pressure women into going back to an abusive husband. One woman described the pressure she received, saying:

You're the woman, so you have to endure and take it [abuse]. Be patient, everything will be okay. So pray for it so it will be okay. But it's not going to be easy, but one day it's going to be worth it. Do it for your children. (Alberta)

Newcomer women experienced their male partners exploiting religious traditions and values in order to manipulate, coerce, or control them. Their partners and their extended family often used their beliefs as a tactic to legitimize violence against women. As one Newcomer woman said, "Spiritual abuse can happen even if you share the same religion, that people can twist your religion for their own advantage and use it against you" (Alberta). The role of religion in abuse was exemplified by this woman:

Yes, he has been screaming at me frequently. He complains a lot. He finds everything that me and the children do as not good, that it is *haram*...like something bad, not allowed in the Quran. He was now using the Quran to intimidate me. But I would have nothing of it anymore. (Manitoba)

Sometimes, Newcomer women and their families were not connected to their cultural community because of their partner's behaviour. There were explicit attempts on the part of male partners to prevent the women in our study from accessing community supports and networks. One woman said that upon her family's arrival, the cultural community had attempted to assist them, but her husband prevented this. Another woman told us that "I wanted a connection with the [cultural] community when I left but was not sure how to do that" (Saskatchewan).

While cultural communities are a source of support for many survivors of IPV, during this project we heard examples of the lack of support women received from their cultural communities. In a few cases, the women made the decision not to connect with their communities for fear of judgement or a lack of support from other women in their own cultural community. A survivor told us that she had identified someone within the community who was a positive support, but she did not feel she could engage with the women in the community as a whole.

Another woman described her reluctance to engage with people from her cultural community, stating that she would not go to them for support. She stated, “I wouldn't go to them, because those people who think [IPV] is normal...they don't have that kind of empathy towards me” (Saskatchewan). The same woman said she could not seek help from her religious institution because people from her cultural community attended the same place of worship.

### **Heightened Abuse During Post-Migration**

In addition to the above four themes, IPV was heightened during the post-migration stage. The violence that participants experienced included emotional, psychological, financial, reproductive, sexual, and physical abuse.

#### ***Emotional and Psychological***

Newcomer women reported different types of psychological and emotional violence from their partners. These manifestations of psychological and emotional abuse were exacerbated given the women's marginalization as immigrants and refugees dealing with barriers such as language and limited social supports, as well as unfamiliarity with Canadian systems, structures, and policies.

One participant's partner attempted to make her think she was “crazy”:

Yeah, it's just always, ‘No, I didn't do that. You did that.’ And sometimes, am I crazy? Did I really...? And then I would rewind what I did, and then the picture I have in my mind, I was the one... (Saskatchewan)

The same woman went on to share, “He would always joke that, ‘There's a rope, yeah, one of these days you will hang yourself’” (Saskatchewan).

One Newcomer woman realized at some point that what was happening to her and her son was abuse. But to begin with she was not sure:

There's the constant lying, the gaslighting, because I would, I would ask him, ‘Is something going on?’ He would always say, ‘No, nothing's going on.’ Then just, of course, the manipulation. Yeah, that continued throughout our relationship, and the sexual abuse. Particularly, there was one very clear incidence where I do feel like I was raped by him. (Alberta)

Another form of psychological and emotional abuse manifested in the form of monitoring or surveillance of the women. Women spoke of their partners monitoring their email accounts. One woman's partner used surveillance cameras as a control tactic to monitor her movements:

So he put cameras everywhere, he said, ‘This is for the cops.’ But every time I go out, take my daughter...because if you go out, going to the right is to Post Office. If I would go to the right, he

would text me, 'Why are you going on that direction? Are you going to the Post Office?' I just don't like being watched. (Saskatchewan)

Many of the woman participants described ongoing stalking and harassment after they had separated from their partners.

He still follows me wherever I go. 'Oh, I saw you in this mall. What you are doing there?' Keep calling me. When I go to my friend's, 'Oh, what are you doing there?'...this is not the kind of man I want. I just need myself to be free. Always, every time I go. Even here is not safe...it's just like no, this one is not a safe life for me, especially when I'm driving. (Saskatchewan)

He stalked me when I went to the daycare. (Alberta)

I'm afraid sometimes. I don't want to go out, because when he followed me for one week, I don't feel safe for myself. Not just for myself but those people that I visit...my friends. Yeah, so I'm still walking on eggshells, until this issue dealt with in court. (Saskatchewan)

Emotional and psychological abuse was a major manifestation of IPV that numerous participants shared throughout the interviews.

### ***Financial***

Another major manifestation of IPV experienced by the Newcomer women was financial. The research participants reported challenges of financial exploitation, manipulation, and control by their partners. Financial abuse manifested itself in different forms including lack of access to bank accounts, inability to purchase one's choice of goods, and control over money received from the child benefits and other sources. This abuse was exacerbated when women had difficulty understanding Canadian banking practices due to language limitations. One participant stated that it is common for Newcomer settlement agencies to open a joint bank account for the family, which men typically end up controlling.

Yeah, back when he was living with us he would just look after all the money...For years I never saw any money and he controlled all the money...I had no control over anything and friends would help out by giving us stuff...Now I go shopping and I try to make sure that there's enough food for the kids and stuff. (Saskatchewan)

The Canada Child Benefit (CCB), formerly Canada Child Tax Benefit (CCTB), was an issue for Newcomer survivors in all three provinces. Some women did not know that they were entitled to or had been receiving the CCB, until they left the relationship and service providers mentioned it. Women also shared examples of men taking the CCB and putting children's educational savings plans under the men's own names, later taking this money for their own purposes:

Because I don't have much education, it was him that dealt with everything...he made us open a joint account and the child tax benefit cheques were put in it. But he did not allow me to take any money from it, even to buy things for the children. (Manitoba)

One woman told of her partner using a credit card that was in her name. Initially, he paid the bill, but then he stopped making the payments. He left her with two months' rent owing, as well as outstanding utility bills. He went travelling, while she was stuck at home with payments she could not manage.

Some women in the study experienced financial insecurity and an uncomfortable dependence. One participant expressed:

And you basically [cannot] go out...if you need pads, you just have to wait for him. I just depended on him. Everything. If there's no milk, there's no water, there's nothing. I just depend on him. I had no freedom. (Saskatchewan)

Some partners controlled the Newcomer women's employment, even pushing women to take multiple jobs to earn more money. Then often these men would control the money.

Women talked about working multiple jobs at the expense of their health. One woman reported that when health challenges resulted in her being unable to work, the IPV worsened. While many women were pushed to work multiple jobs, some partners objected to women working at all because, as one woman stated, "He felt insecure. If I start earning, he won't be able to control me" (Saskatchewan).

A Newcomer woman who had married a Canadian man shared:

When I was working, he's already taking all my cheques and all my tips and he would hand me \$20. So every week, I was earning \$479, and then like \$200 to \$300 tips. And he would hand me \$20. So I still didn't know if it was normal, because I never asked anybody. I was very embarrassed that that was happening to me. (Saskatchewan)

### ***Reproductive and Sexual***

Women also reported that they experienced sexual violence from their husbands. Women, especially those in arranged marriages, felt that they could not reach out to their families for help. One woman was in an arranged marriage and subjected to multiple sexual assaults by her husband:

There was some kind of nights that he knows that I'm mad at him, but he still did it and he didn't care. He used to hear me crying in the bathroom, and he didn't care...I feel like I can not move on with the mental torture he gave me. (Saskatchewan)

Another woman talked about how her culture and upbringing silenced her when she experienced sexual violence in her marriage:

My husband physically hurt me, and its sexual assault, which I didn't know about because I used to believe...and it's in our religion...that you cannot say no to your husband when it comes to sex. I just know that you cannot say no...if you are sick or if you are in pain, you cannot say no...I just knew that in our religion. (Saskatchewan)

The situations of IPV experienced by the participants appeared to be made worse by women's lack of knowledge about the law and their rights in Canada, as well as their partners' understanding of the same.

When I talked to the police, she was like, 'Do you know that it's a sexual assault in Canada?' I was like, 'How? He's my husband.' She's like, 'No. It's still a crime.' I was like, 'But in our religion, it's not.' But now I find out...if you're trying to force her, it's a rape. (Saskatchewan)

The women spoke of times when they were forced into decisions concerning pregnancies. One participant was told by her husband that she must have an abortion.

I'm just crying...they have a psychologist there and she said that, 'If you want to keep the baby, we can keep it. And the government help to you to keep them.' But I say that, 'My husband says no.'

She continued, "I said that, 'Please, I want to keep the baby.' He said 'No.' And unfortunately, I did that" (Alberta).

Another participant described pregnancy as a means of controlling women, "The man tries to tie woman down with kids. That's what they try to do and this is not helpful" (Saskatchewan).

One woman recounted, through her interpreter, that after she got pregnant, she was accused by her partner of infidelity,

He accused her of adultery and that this is not his child...Her husband told her, if she wants to continue live happily in his house, she's supposed to [have] an abortion. She said since God give her the child, she's not...getting rid of it. (Saskatchewan)

### **Physical**

Physical violence is the type of abuse that often catches the attention of authorities such as the police and child protection. While many of the women experienced many forms of violence, as noted above, it was usually physical violence that resulted in interventions to address the IPV experienced by the women and their children.

The extent of physical abuse that some of the women survived was shocking:

He [ex-husband] beat me at one point so bad...that he cracked my head and I passed out. I was in the hospital for over two years. I lost my memory for two years. So in that period I didn't know anything that went on. It was after I gained some memory back that I was told that Child and Family Services had taken our children away. (Manitoba)

I've been choked. I've been thrown against the wall and yeah, my neck has been injured, and I've been punched in the face and my nose. I've had my arms twisted, I've got injuries from that. Lots of physical violence and lots of being punched in the head. (Saskatchewan)

He kept complaining about me not earning more money even when he knew that I was sick. So he will easily get angry and yell at me...Then he started to push me around and one time I fell down so I also pushed him. That was when he got so angry and slapped me. He hit my face so hard that I fell...I don't know what happened next. I may have passed out unconscious. I don't know. When I woke up, I was in the hospital and there was a tube in my nose. (Manitoba)

Some women endured physical violence, protecting their children as best they could:

And then the baby was still in the crib crying. He just get up because he cannot sleep while the baby's crying... 'If that's making you not sleepy, why can't you just get up and pick up the baby,

and then make him quiet while I'm making the milk?' That was my problem that night, because I said that. So I get beaten. (Alberta)

Another woman, who was beaten “everyday,” also described trying to protect her children. She stated, “I just allowed him to beat me because I thought that if I fight, he may do worse things to me, to the kids. I don't know. I'm trying to protect them.” (Alberta)

I never leave him alone with the kids. Never, ever. It's never. I'm either watching them or he'll be watching with me...I don't know what he's going to do to them if I'm not there. Even if I go take a shower I never leave them with him... (Alberta).

Women recounted that when they were in their relationships, IPV had occurred in front of their children.

When he was abusing me, he did it front of the children. He doesn't care. He beat me up. He [was] yelling at me, screaming at me. Swearing at me, all in front of the children. (Alberta)

One of the participants disclosed the occurrence of physical abuse after she left the relationship:

I used to be afraid he was going to kill me even after we separated. He followed me around town threatening to beat or kill me. I went for a seminar; he came around and wanted to hit me. I was getting a ride home when he attacked me. He hit my face, it got swollen. (Manitoba)

One survivor spoke of her former partner who was physically, sexually, and psychologically violent. She spoke of his pornography addiction and his violence against the family's dog—allegations he denied when she brought them up to police and later in court. This woman spoke of her concern for the dog's safety if she left it behind, but given the challenges she faced in fleeing, she knew she would be unable to travel with the animal and did not know where she could take it: “So that was another thing in my mind, when you leave and you have a pet that you cannot leave, and that is so attached to you. So I just left the dog there” (Saskatchewan).

### **Accumulative Pre/Post-Migration Impacts of IPV**

The manifestations of IPV as experienced by Newcomer women were described in detail in the previous sections. In this section we illustrate the impact of IPV on Newcomer women and their children. Newcomer women discussed both the immediate and long-term impacts of IPV on them, as well as on their children.

#### ***Impact of IPV on Newcomer Survivors***

In situations where women have been exposed to violence and trauma in their home countries and/or during their migration, experiences of IPV impacted women by triggering past traumas. One woman recounted through an interpreter that she had come from a war-torn country where, at the time, she fled for safety with her child, but the child died. She fled from IPV with her remaining children after their arrival in Canada:

She said this [the IPV] brought back memories of when she ran away with her child, her first born. So, it all started to come back...so she took her son and ran away, because she comes from [war-torn area]...She says when she ran away, she was abused. She says she doesn't want to talk about it. (Saskatchewan)

It is a real emotional stress...The last thing I want is for my husband to kind of constantly harass, stress, and abuse me. Me and my children have been through too much: escaping the brutal war and life-threatening dangers in my country, living in a crowded refugee camp. (Manitoba)

Participants also reported the toll that the abuse took on their mental health and well-being. The women provided ample stories recounting how their physiological, emotional, and mental well-being were affected.

Another major impact of IPV on Newcomer women were feelings of self-blame and regret for coming to Canada:

I thought I will be losing my baby so that time I [was] pregnant [as I was experiencing a lot of] stress. I was working, my job was physical, I was doing housekeeping. I was stressed at my work, when I got home it's stress. I didn't even feel myself. What was the reason why I came to Canada? That was my question. My first question. What is the reason why I came to Canada? So this in not life, this is not life I want but what can I do? Nothing. (Saskatchewan)

Mothers often minimized or hid the impact of abuse from their children in order to protect them. By doing so, they dealt with the aftermath in silence:

Now everything is okay you know, like to them I talk to them and I support them a lot. Everything is fine, but the time during my abuse, I pretend not to let my children witness what I'm going through. Because this will bother them until they grow and I tried to hide everything on them, even though I'm crying I have to wait until they sleep and then I will be crying while nobody watching me and I try not to talk not to tell them anything. (Saskatchewan)

A woman who came to Canada on a work permit ended up without status after being pressured to leave her job by her Canadian-born husband. She faced deportation—something her husband was actively working to achieve. She was terrified at the prospect of being forced to leave her Canadian-born daughter behind:

I knew that I was gonna be deported, I'm not gonna leave my daughter. Not with that man. Not with that man who is addicted to pornography. Not with that man who doesn't have friends. Yeah, I couldn't even send our daughter to a school because he had a fight with the school principal. He had argument with the police officer. Even the doctors in the community. So, who would help my daughter? Always in my mind that I would never ever leave. I would never. I will fight for my daughter until the end. (Saskatchewan)

Many of the women we interviewed ended up in hospital due to the injuries they endured at the hands of their partners. One woman who spent two years in hospital recovering from her life-threatening injuries spoke of what she remembered:

I thought he was going to kill [me]. I was screaming and asking him whether he was going to kill me. I don't know what happened next, but the last thing I heard was that there was a loud continuous noise at the door, and I heard someone yell like 'Stop it, stop it!' I don't know what happened next. I may have passed out unconscious. I don't know. When I woke up, I was in the hospital. (Manitoba)

### ***Impact of IPV on Newcomer Children***

Given that all women in the study but one had children, a clear finding that emerged was the impact of IPV on the children. In many cases, children witnessed incidents of abuse. Women in this study experienced severe physical violence and oftentimes, it occurred in front of their children.

When he was abusing me, he did it front of the children. He doesn't care. He beat me up. He's yelling at me, screaming at me. Swearing at me, all in front of the children. (Saskatchewan)

Another mother elaborated on how her daughter lived in constant fear of her father's abuse:

Now she's shocked, so she's scared of him. Sometimes she said, 'I'm scared,' she's scared just to go from room to kitchen to bring water. She said, 'I'm scared maybe he will come to hurt us.' (Saskatchewan)

As well as witnessing the violence against their mothers, some of the children were also victims of abuse from their fathers:

We got into more argument and he was so angry, he pushed me. My daughter also pushed him and he slapped her. I stood in between them to protect my daughter because her father was so angry. He pushed the two of us down and he left the house. (Manitoba)

It is common for children to be implicated in the abuse by abusive fathers. One woman shared:

When [shelter] told me that there are programs for children who have seen violence at home, I called right away, because I know that there's an effect on my daughter, I know that. Because her dad constantly tells her that 'you wrecked our family, your mom wrecked our family, your mom just thinks about herself, she's a gold digger.' So, my daughter would tell me, 'Mom, are you a gold digger?...Dad says you're a psychopath.' And sometimes they would call me on video. Just to say goodbye. So, I would be so excited because my daughter is there [with him] and they will call me. And both of them just say, 'Bye-bye, psychopath gold digger.' (Saskatchewan)

Women talked about physical abuse during pregnancy and while recovering postpartum. The IPV that pregnant women endured had consequences for their children. Some of the Newcomer women experienced health complications as a result of the abuse, which impacted their options around caring for children.

Some women discussed the need to feed formula to their babies because they could not breastfeed—either because of health challenges or because their partner would not allow it. One woman recalled that her doctor advised her against breastfeeding due to health problems she was experiencing. Even after sharing this with her husband and the doctor discussing it with him, her husband insisted she must continue breastfeeding.

For another woman, she explained how her husband refused her permission to breastfeed her hungry child: "My daughter was crying all night. I said [husband's name], my breast was engorged, it's so painful. There's a lot of milk, maybe I can take [daughter's name] and I give it. [He said] 'No'" (Saskatchewan).

One Newcomer mother talked about the ways in which the abuse she endured while pregnant impacted her children:

The MRI test saying that they have wound. All wound in his brain. Impact of that when he was born. I guess it's all come through the trauma they have since they were inside me...I remember my ex beat me up when I was pregnant with both of them, kicking me on the floor. Yeah, when I was pregnant. Three days after C-section from the hospital he was kicking me while I was holding my daughter. But thank god nothing happened to her. (Alberta)

Another woman shared how she arrived in Canada seven months pregnant. She had a normal, healthy pregnancy up to that point and medical staff advised her that her baby was very large. Then,

When I was here for next two months, or last two months of my pregnancy when there was lots of stress, there was no proper care, like I said, he was trying to pressure me to go back [to India]. So, I didn't even have proper diet at that time. So, when my baby was born, he was born underweight because my baby did not grow after that. So, that was first impact that I could see that has affected him. (Alberta)

She went on to describe how a lack of support from her husband impacted her—all childcare, food preparation, and other work fell to her immediately upon her arrival home from the hospital. Three months later, she left the child's father. She felt that this prevented the harm that the child could have experienced had they continued to live in that situation, but "those three months were very bad, and it changed lots of things. Otherwise maybe he would have been more healthy when he was born and things like that" (Alberta).

Not only were these mothers dealing with their own experiences of IPV, they also bore witness to the ways in which the abuse impacted their children emotionally. In talking about the emotional impact on her son, one woman disclosed:

I know that he's [son] getting that negative feeling in the house. He just cry, every little things. Maybe because he saw me too, little things, sometimes I take it in, I take it in, and I cannot take it in anymore. So what can you do? Just sit down and cry. (Alberta)

Exposure to IPV has serious implications for children, as several women testified. After the women left their abusive partners, some observed major behavioural and emotional changes in their children. One woman, who left the relationship for her daughter's well-being, talked about the changes she saw in her two-year-old and how living in a home free of abuse positively impacted her child:

He [husband] was so loud, yelling and shouting. She [daughter] was affected physically and emotionally, not eating, not growing, not speaking...While he was away for 10 days, she started eating, started doing better—he said, 'Wow, she's grown in 10 days,' then I realized it's better if I leave. (Saskatchewan)

After going to a shelter, the mother noticed how happy her daughter was playing with the other children. "I also saw her [daughter] dancing for the first time and enjoying life" (Saskatchewan).

Newcomer mothers talked about their efforts to help their children heal and recover from the violence that they had experienced:

It's sad. I mean, I try to work with my kids. I want to make sure that they're okay and I want them to be calmer and I know that they haven't had the easiest life and it's hard for me, because I'm by myself. I get some help here and that has really meant a lot to me, because it's just me. It's very sad. (Saskatchewan)

Additionally, she expressed some of the ongoing challenges that she experiences in dealing with the impact of IPV on her children:

They were so scared. I mean it messed their heads up and they didn't do well with it at all. I didn't want them to be exposed to that. I wanted to make sure that they were okay. I tried to keep them as safe as I could and I tried to get them to play. Even here it's still hard on them. (Saskatchewan)

When talking about their past relationships, some women minimized the potential impact on their children, stating that because their children were very young, they had not been exposed to the abuse.

I think they're okay. I will say I got [out of] there before my kids will even know this was going on. I didn't stay there. I left when my son was only five or six. So, my daughter was just three. I got out. But they still can notice, but it's not going to affect them that much. I don't know, but that's what I think. Because they didn't really stay in it that long. (Alberta)

It is common for children to blame themselves for problems in the home. "The kids can see it. Sometimes they don't tell you. You don't say anything, but they can see it. And sometimes they would come and say, 'Sorry, Mom.' I said, 'No, sorry. Sorry for what? It's not your fault'" (Alberta).

## Summary

The first theme unique to Newcomer women is the trauma of migration. All the women we interviewed had varying traumatic and chaotic experiences as they made their way to Canada. The second theme was isolation and dependency. Upon arrival in Canada, the Newcomer women found themselves isolated and dependent on their abusive partner. The dependency was fuelled by a lack of knowledge on their status and rights, as well as language and financial limitations. The dependency and isolation complicated their attempts to deal with the IPV. Another theme that added to the sense of entrapment amongst the Newcomer women was the manipulation and threats they encountered from their abusive partners. Some of the women shared that their partners had lied to them regarding their immigration status, which for many of the women caused them to fear being deported and, in some cases, deported without their children. In addition to these burdens that are unique for Newcomer women who face IPV was the pressure associated with their cultural norms. These norms were often grounded in patriarchal beliefs and expressed and enforced by their partner, their faith, and family and community members. These four intertwined themes each contributed to building more barriers that Newcomer women had to navigate in seeking the help they needed. The sense of entrapment amongst those who live with IPV was overwhelmingly evident in the voices of the Newcomer women who worked with us on this project.

The Newcomer women described that the IPV they experienced included financial, emotional, psychological, spiritual, sexual, and physical violence. Women's status as Newcomers impacted their experience of IPV and added to their sense of entrapment. Many women had traumatic migration

experiences including war, sexual assault, loss of family members, and family violence on their way to Canada. Once in Canada, the women and their children faced isolation while being dependent on an abusive partner/father. The dependence was enforced by language and financial limitations. The women recounted stories of manipulation and threats from their partners, and in some cases other family members, related to their precarious immigration status, their children's safety, and their families back home. The trauma and abuse created further barriers to the women's safety and freedom.

## Chapter 6: Help-Seeking

In the last chapter, we presented how the four intertwined themes, combined with the variegated forms of IPV, each contributed to building more and more barriers that Newcomer women had to navigate in seeking the help they needed. Newcomer women who sought support for the IPV they experienced encountered a number of interventions ranging from IPV shelters and services to informal supports including cultural and spiritual supports, as well as help from friends and family. In this chapter, we address the second and third research study questions, which focused on the following: 1) the formal and informal services the women sought; and 2) what worked or did not work for the women.

### **Navigating Formal Supports**

As noted earlier, many Newcomer women did not initially know about the services and supports available to them. All the Newcomer women in our study had made contacts with either formal or informal supports, however, for many women, the lack of information caused treacherous delays in getting help.

#### ***IPV Shelters and Services***

Women talked of domestic violence shelters as “helpful and supportive.” Some expressed that they were afraid to go, not knowing what to expect. When another support person, such as a police officer or counsellor, informed women of their local shelter and what they could expect, they were more likely to access the service.

I would have to say my experience being here [shelter] has been positive. Yeah, all the supports they offer, even going so far as helping me with Alberta Works or even my taxes. Just little things like that that you don't think about...They support me in all those areas, attending court dates and offering emotional support. (Alberta)

It was helpful. The [worker], she was always calling to find out how we were doing, if we had problems. She still calls me until today. The shelter, initially, it was tough because I've never been in that kind of situation. But like I said, I kept talking to my daughter, ‘You know what, this is where we are now, this is the reality. We have to take it and then move with it.’ Everyone there was really helpful, they made us feel at home. They tried to help us because we didn't know anyone. They all were helpful. (Saskatchewan)

Shelter staff usually speak to women about looking for housing soon after their arrival so that they will have an adequate amount of time to secure housing. Some of the Newcomer women who were interviewed expressed how difficult they found this:

First stage, they just force you to leave. When I was there two weeks, they said, ‘You have to leave in two weeks.’ They said, ‘You can go to [apply for] the housing,’ but I was trying to decide what to do, I was experiencing pressure from my family. It should be two months, not one. That’s why I went back. (Saskatchewan)

Another woman shared that a second stage shelter had allowed her to continue living there long past the typical time limit of one year. She spoke highly of the safety provided: “I feel safe [in second stage]. He’s still following and trying to access me, so this is the best place” (Saskatchewan).

Women who are fleeing IPV are often starting over with nothing—no clothing for them and their children, and no household items such as cooking pots or bedding. Additionally, many refugee women arrive in Canada with few personal effects and their partner may keep possession of the family's belongings. Shelters were able to help them obtain some of these necessary household items. One woman, through an interpreter said,

She says she feels safe [at the shelter] and they treated her nicely, but the kids didn't like it, because it didn't feel they had their own space. She was happy, because they come and ask her, 'How are you, how are you doing?' She says everything they provided for her, even the type of food, if she wants halal meat, whatever it is. They also provided everything from, her own shoes and she didn't have to ask, they just come and ask. (Saskatchewan)

Newcomer women expressed that it was helpful when shelter staff were able to provide them with transportation to needed appointments. IPV shelters and services also provide women with much-needed assistance navigating processes related to immigration (such as applying for work permits and filing refugee claims). As shelters in the Prairie Provinces serve increasing numbers of Newcomer women, workers are encountering new situations and learning alongside their clients. One woman said she had the impression that "I was the very first immigrant who left who didn't have any papers. At first they couldn't understand what happened" (Saskatchewan).

While most IPV shelters have volunteers who watch children at specific times (such as when women staying in the house attend programming), the majority of shelters do not have full-time childcare staff. One woman stated that childcare is valued, as the mothers have a lot on their minds and need downtime as well as time to plan for the future, including making necessary phone calls. Further, childcare allows children the time to play and interact with other children (Saskatchewan).

### ***Outreach Services***

Outreach services offered by IPV shelters and counselling agencies are invaluable for many women exiting situations of IPV. Newcomer women found connecting with an outreach worker prevented isolation and provided them with much needed support and information after they had left the shelter.

When we were at [shelter] they asked you to fill a form and then I went for an interview, and they said it was so that even when I leave the shelter, someone would always be there for me. And if I need to go somewhere, because I didn't have a car or means, they could come take me there for appointments. And that was the way it was. So when I left [shelter] and moved to [my own place], I didn't know anyone, but I met [outreach worker] and she's been wonderful. (Saskatchewan)

More support after leaving the shelter was something that some women wished for. Many women would appreciate continued support from the workers they had already gotten to know and trusted.

For those who are in violence, if there is some department, or if there is some person assigned, they follow-up once a week...I live by myself, what if I am missing? Nobody knows what is going on. No one has that time. Sometimes we don't feel like just dragging other person into my life, who is completely unknown, or who is seemingly known to us. It's better there is some professional people. (Saskatchewan)

## **Police**

Several of the women that participated in the research reported that police had become involved. Overall, the women found the interactions to be helpful. Police were often the service providers who helped women escape their violent situations and get to safety:

When I first got here I didn't say anything, because I was told not to say anything. I had to keep it quiet. I wasn't allowed to say anything, because he would beat me up and [service provider] was working with us and would kind of see things and I'd say, 'Oh, no, no. We're fine. We're fine. We're fine.' Eventually the policeman called and then we were all taken out and put into a shelter. (Saskatchewan)

The police come over, and then the police said, 'Okay, so you have to leave.' I said, 'I cannot go anywhere. I don't know anybody. I don't have family members here. I don't know anybody here. Where do you want me to go?'... So, that's when police said, 'You know what? You know that we have a shelter here for women. Why don't you go there?' I said, 'I didn't know that'...So they were the ones who gave me the shelter number, so I called the shelter, and then go there and stay with my baby. (Alberta)

He got obsessed and got violent, and then he slapped me around and beat me up, and in the end...he took a knife, and I thought if I stay longer maybe I will die, I better leave. And I called the police, the police came and told him woman cannot be abused in Canada. (Saskatchewan)

But I think the fact that the police came the time they did saved me and I am grateful to them and the hospital. Maybe I would have died that day. (Manitoba)

One woman, who arrived with a work permit, was pressured by her Canadian partner to quit her job. This left her in a precarious position since she no longer had documented immigration status. He abused her and while the police attempted to intervene, she was afraid to have them find out her immigration status. They had a child together and she was terrified of being deported and forced to leave her daughter behind:

Then one police [officer] came up to me. 'Mrs. [name],' he said, 'I just wanted to ask you something. How was your relationship with [husband]?' I got really scared, when a police officer in his uniform asked me about my relationship with [husband]. Then I said, 'We're fine. We're okay.' So, I denied everything. Then he told me that, 'I just want you to know that if ever there's a problem, we are here for you.' (Saskatchewan)

Some women are afraid of the police because of their experiences with the police in their home country. An interpreter explained for one of the women that "according to our culture she wouldn't call the police in the house while she has children in there, she wouldn't do that" (Saskatchewan).

The issue of protective orders (including peace bonds, restraining orders, or no contact orders) came up in some of the women's stories. Only one woman shared that she had been given an Emergency Intervention Order (a court order that allows the victim to stay in the house, at the immediate time, while the perpetrator is removed with no contact conditions put in place) (Government of Saskatchewan, n.d.). In the majority of cases where police were involved, emergency orders were not offered and the onus

was put on the victim/survivor to leave the house and find a safe place to stay. Further, the inability to obtain protective orders leads to safety risks for Newcomer women.

One woman explained that her peace bond was in place for a year, but now that it has expired her former partner still harasses her. She explained that a barrier to receiving another peace bond is the requirement for proof:

I wanted to get [another peace bond] but the first time, they asked is there any proof, there were so many questions. Now when he is following me, I am driving, and I couldn't get a picture. But maybe I will try again. (Saskatchewan)

Another woman said:

I'm just a little bit frustrated with the police sometimes. They are very helpful, I know. But it's just that [husband] was always bullying me. Keep on texting me, texting sometimes showing up at my door and harassing me verbally, but they won't give me a peace bond. They say that if it's a threat on your life that's the only time that we'll give you a peace bond. And then I would tell them that every day of my life, he would bully me on the phone. (Saskatchewan)

### ***Settlement Agencies***

Settlement agencies often served as a critical service for Newcomer women with experiences of IPV. The staff often built trusting relationships with Newcomer women in ways that were culturally respectful and relevant to the clients they served. Along with providing instrumental settlement services such as employment and career counselling, developing English language skills, cultural brokering, and referrals, settlement agencies played a role in familiarizing Newcomers with Canadian laws and policies, as well as their rights.

In order to access services, Newcomers need information. We have difficulty navigating the system because of the language barrier. [Service agency] worked with me closely for a year. At the end of 1 year, they expect you to know your way around and I think one year is not long enough to know everything. I wish services could work with us longer than a year. (Manitoba)

### ***Social Assistance***

Several women we spoke to were receiving financial assistance from provincial assistance programs. To access these programs, it is necessary for women to be made aware of them—often by other service providers. While the Newcomer women stated that financial assistance is very helpful for them, they expressed challenges understanding the workers due to language limitations and interactions with workers that felt rude or insensitive.

I remember the first time I went to the Social Services, the lady I met there was very nice. And then she explained everything to me, and she said I needed to come back after the two nights in the hotel. When I came back, the next one I met, she was horrible. She was so horrible, I cried. My daughter and I cried. It was so horrible. (Saskatchewan)

Some of the Newcomer women said they felt there was a lack of awareness on issues related to immigrants and refugees among the staff of social assistance programs, leading women to have to continually explain their situation to various people:

I think the Social Services should be educated more on immigrant women. Because that was one thing I noticed. It took a while. They didn't even understand where I was coming from and all that, so I had to keep explaining and explaining. So I think they should be more aware or educated about people like us, because sometimes it's hard. Especially when you don't know what is expected of you and you have to keep trying to explain your situation. It wasn't easy for me to keep talking about it, but I find myself keep talking about it because I needed to explain. So I think they should be more educated on [issues relating to immigrants and refugees]. (Saskatchewan)

### ***Child Protection Services***

Many of the women in our study had experience with child protection services. There were a range of comments about the role of child protection services in their attempts to escape situations of IPV.

Yeah, it was good. They have to come and check out the kids are safe or not, the way that I'm treating the children. Yeah....It was good. (Saskatchewan).

When a woman left the shelter with her child, to return to her partner, she was hoping for more contact with child protection services.

When I went back him, I thought they'd come. I thought if he knew they were watching, that would help. I feel that whatever he did, it was because there is no one to watch him. (Saskatchewan)

One Newcomer woman who had separated from her abusive husband was pregnant and struggling to arrange childcare for her other children while she went into the hospital to deliver the baby. She was concerned about putting the other children in his care, as there was no parenting agreement in place and she was worried that she may not get the children back. She did not think the service providers were helpful when she shared concerns, as she was encouraged to take the children to her husband, who she was separated from, before going to the hospital. Her interpreter explained:

I don't know if she understands a lot of problems, there is no communication in her own language, as much as she understood, they're telling the father...look after the kids, while she is having the baby. They are saying if they don't find anyone, then the husband will have to step in and offer the services. (Saskatchewan)

There is a fear of child protection agencies amongst many Newcomer women:

I don't know where to go for other services, and I am shy or afraid to ask the social workers because I don't know what they will think of me. Someone told me that if you give them too much information that you need too much help, they will not let me see my children again. I am scared. (Manitoba)

One woman, who had extensive involvement with child protection, recalled:

Oh, yes. The first time when he did to me that time [physical abuse], they took my son away. Yes. They took my son away. That was because they said it's too much and all these things. I have

to...he has to go for counseling, and I have to go to the court and everything to get my son back and all these things. (Alberta)

Another woman suggested that education/orientation for Newcomers must involve an explanation of child protective services:

Some of the women, they don't know...the child welfare can come and take your children and if you are involved in child welfare, it is real hard for you to get your kid back. So it's good for the Newcomers too, to get them aware of child welfare. (Saskatchewan)

### **Housing**

One of the Newcomer women shared that assistance accessing housing was the service that was most needed in her situation. One participant said that the most positive thing about her experience fleeing IPV was that the local Housing Authority (an agency that manages publicly funded social housing programs) prioritizes survivors of IPV on their waitlist. It was also a challenge for women to find houses or apartments of the size they were used to in their home country—or with the appropriate number of bedrooms for the size of their family—when accessing social housing.

Overall, challenges can arise when Newcomer women are not clear about which organizations and agencies provide which services. Organizations (and workers) often have a specific mandate, making it necessary to refer clients to multiple agencies to get the assistance that they require. For women who are new to Canada, this can be confusing, and this confusion is compounded for women for whom English is not their first language.

### **Informal Supports**

Informal supports include cultural and faith communities, family, and friends. Informal supports vary for individuals depending on what a community has to offer. The support services are rarely governed by policy and regulations. Informal supports can be helpful but, in some cases, they can also add to a woman's isolation and stress.

The big problem is my ex-husband himself he went to the community leader and told him that I should not be allowed to attend any community event or meeting, any activities I should not be allowed to do that...And the community leader say that that is not possible, there's no way I can let that happen because the community form through children. So she has kid, she can bring her children to the community event and I cannot let that *[preventing her from attending]* happen as a community leader. (Saskatchewan)

One woman found that, after leaving her abusive partner and getting involved in her cultural community, that “I never had friends before, but now I do” (Saskatchewan).

Another Newcomer woman found comfort and support through her mosque:

They helped me and they supported me...They spoke with him, they talk with him how to correct his behavior and how he must treat the wife, it's not good in our religion. They showed him but he didn't listen so...then they said, ‘You have to move on with your life, so don't worry. We are with you and if you need help.’ (Saskatchewan)

For another woman, the most helpful service she received was from a woman at the church that sponsored her as a refugee. This woman called the police and helped her find a new place to live:

[She] helped us and she got the police involved and she got us taken to a place, because we didn't know where we could even go. We didn't know who to contact, we didn't know where we would even go. (Saskatchewan)

In this study, we repeatedly heard about the harmful impact of extended family members in situations of IPV. But one participant found that the influence of extended family members could also be positive: “And my brother talked with him and he explained how to do with a wife. ‘It's not good how you treat your wife. It's not like that. We resolve the problems,’ and then he respected my brother” (Saskatchewan). Men who are positive role models and can spread a message about not perpetrating IPV—and what to do instead—are a significant asset.

### **Newcomer Women’s Perspectives on Support Services Needed**

We also asked the women what support services they found helpful in dealing with violence in their homes and what was needed to ensure their right to security including citizenship participation, health care, access to justice, and safety from IPV. The Newcomer women we talked to often expressed their frustration with what they did not know. This was due to information intentionally not being shared, language limitations, and deception by their partners. Women recognized the importance of knowing their rights.

Newcomer women’s lack of information affected them understanding their rights in relation to their immigration status. This made them vulnerable to manipulation and threats by their abusive partner. A few of the women talked about how important it is for men to learn the rules and laws, as well as the culture, in Canada. Talking about her own relationship, one woman told us:

Yeah, he doesn't know the rule of this country. [It is not like] not back home. It is another country so you have to follow [the law]...You know back home...men really abusing woman...And when we come here, they have...to give men some orientation. Like this country, if you do this [it] is wrong. But they never do it. (Saskatchewan)

The Newcomer women also shared the importance of community services, such as computer training and volunteer opportunities, to improve their résumé and help them to secure job opportunities.

### ***Outreach and Loneliness***

The isolation experienced by Newcomer women experiencing IPV adds to the challenges they face when starting over. Many women did not have friends and lacked family nearby. One woman talked about how hard it had been being separated from her family for ten years—not only was she lonely, but she struggled with practical challenges, such as having no one to help her care for her children when she was sick. She talked about how much she missed her family and how she longed to visit them:

[If] there’s any way I can go visit my family, but I’m not working. I don’t have enough money to visit my family...Plus, when you come to Canada you have to pay back for the ticket, and still I haven’t finished [paying that back] yet. (Saskatchewan)

One woman said: “It’s not easy for any woman, but for immigrant women who don’t have any family here, it’s more difficult for them” (Saskatchewan). She went on to explain how challenging she found it getting used to living alone: “In my country, women aren’t allowed to live alone. Now I’m living alone, but in the beginning it’s so scary” (Saskatchewan).

Another spoke of having to learn basic skills after escaping IPV: “I was kept all the time at home, I didn’t know the bus, I didn’t have the bank card or know how to manage money—it was very difficult for me to figure out how to live alone” (Saskatchewan).

When another woman was asked what she felt was most needed by Newcomer women who were experiencing IPV, she said, “Support. So much support” (Saskatchewan). Another woman said simply, “I need someone to talk with” (Saskatchewan). The sentiment was echoed by others, as well, who said that it is not good for women to stay at home, alone. One woman said it is good for Newcomer women to volunteer or join groups, “so that if there is anything [that] happens, they at least can tell someone, ‘I am in danger’” (Saskatchewan). The same woman stated that counselling and social connections were the most needed services for Newcomer women who are experiencing IPV.

As well as services specific to their experience of IPV, women reported that they need:

They need social assistance. They need to learn English, it's very important. They need a job. They need something to live on, they need a job. They need English as a second language job training and then they need a job to be independent, not to depend on man or anybody. (Saskatchewan)

Yeah, support is good. It's good to have support, because this is Canada, you need to learn the culture. You need to learn the language and you need to know where to go, what to do. (Saskatchewan)

### ***Language and Interpreters***

A lack of understanding was common, both because women were in a new place and because of limited English language skills. One woman stated:

It's hard for me, living all alone. I have a lot of support, but...I still struggle to understand a lot of things that are happening right now. I want to understand. (Saskatchewan)

An interpreter explained that her client was simply missing a lot of information, due to her inability to speak or read English. “She said she used to depend on him [her husband] for translating...but now she is on her own. So she continues with her life if she understands, whatever she understands, what she doesn't understand she ignores” (Saskatchewan). This woman, who does not speak English, had been receiving services from a variety of service providers (staying in a women’s shelter, going to a settlement organization, receiving counselling at a community based organization, dealing with Child Protection, and the Saskatchewan Assistance Program). During the interview, her interpreter said, “She would have understood more if there was somebody to translate.” This was an ongoing pattern. No matter where the woman was seeking services, interpretation was not available or not offered. The woman often understood little of what was said, leading to a great deal of confusion and frustration on her part. She repeatedly expressed that she felt service providers were “pushing” her. While service providers may have been trying to encourage her to take necessary steps, the woman did not understand. She became frustrated and was therefore resistant to services that were offered.

It is necessary that interpretation be offered by all service providers. A Newcomer woman who is deaf could not participate in support groups or hear what was being said at appointments:

If there's any groups to join I can't really join them, because they're all talking, right? Everybody talks and they make a lot of decisions and I don't know what is being said about me...I'm not part of it, so talking and people make a lot of decisions for me and I just say, 'Okay, well, I'm just kind of going along.' (Saskatchewan)

Workers may think, without verification, that a client understands what is being said. "So they communicate with her in English, which they think she understood...She says, they [workers] come and go and they say things which she doesn't understand what they're saying." Consistent throughout this woman's story was contact with and instructions from workers who did not employ the use of an interpreter. An interpreter relayed the confusion that a participant experienced when:

Two men came to her home, they were asking her questions like which level of English she is... she says she thinks that they're social services, but sometimes they're there in the house and send people. And then they look at how much she is paying for the things. So this also might be the social people, because she is getting social aid. So I don't know, I am not sure. (Saskatchewan)

As well as not offering interpretation services, some services were not offered in a culturally safe way—such as sending two male workers to enter the home of a Muslim woman who does not understand English.

Women reported missed opportunities to seek help when receiving healthcare services, including when attending prenatal appointments, because their partner attended the appointments and translated for them, preventing them from telling service providers what was going on. One Newcomer woman described her fear while she was in hospital giving birth to her second child.

Can my daughter stay with me? They say, 'No, you need rest.' Three nights I didn't sleep thinking about her. Thinking he's going to beat her when she's crying at night...he doesn't know. He never looked after my kids. Only me. When the nurse came, I talked to him. I cannot sleep. You want to eat? No, I need to, I want my daughter come in here. They never asked me. They never asked me. Maybe I would say, but they never asked me. I want my daughter, I cannot sleep. I want to go home. (Alberta)

### ***Financial Security***

Many of the Newcomer women who were part of this project faced economic instability. Some women had debts related to their status as refugees, and depending on their immigration status, language ability, education, and the age of their children, some women were not able to work or were working at jobs that made it difficult to support themselves and their children. This was exacerbated further by partners who refused to pay child support and had perpetrated financial abuse (such as running up debt in the woman's name) when they were together.

Paying for household expenses became much more difficult on one income, when previously the family had relied on two incomes. "And to pay my rent, I really struggle...I didn't get any help [with] the bill for the electricity, they just come and turn it off. I didn't have the power" (Saskatchewan). The Newcomer women in our study reported that it was not uncommon for abusive partners to refuse to pay child support. Service providers helped women to apply for support through the Ministry of Justice's

Maintenance Enforcement Office, though there was still no guarantee that their former partners would pay.

One of the Newcomer survivors was struggling to repay the government for the plane ticket that brought her to Canada as a refugee. Initially, the bill for both her and her former husband's tickets was being sent to her, but with the help of the local settlement agency, she was able to have this changed. She is slowly working to pay back the cost of her own travel, but as she has young children at home and does not speak English, she is not working, but caring for her children and taking English classes. Her ex-husband refuses to pay child support. Her income comes from Social Assistance and she shared that she is taking a portion of her food budget to repay the plane ticket.

### ***Transportation***

Transportation is another challenge for many Newcomer women. One woman described how difficult it was to search for housing when this involved taking various lengthy city bus routes to different locations. In smaller cities, intercity transit is less convenient than in larger centres and often involves waiting at bus stops in cold Prairie winters, sometimes with their children. Shift work and a lack of English language skills can make navigating transportation challenges that much harder.

Women also talked about the need for driver training, so that they can be independent, but lamented the high cost. One woman said that she inquired about getting the training for free through the local settlement agency, but she was told that she would need to find someone to sponsor the cost. She did not have anyone she could ask to do this, so she waited to take the training until she was working and could save the money on her own.

### ***Legal Assistance***

The court process, including working with lawyers, is stressful and confusing for many Newcomer women. The process is extremely difficult for Newcomer women who are unfamiliar with the Canadian legal system and may have language barriers. One woman stated, "I was confused to be in court or to be dealing with the lawyers and things like that. That's the first time for my entire life" (Saskatchewan). Several women participants received legal assistance from Legal Aid. Often, settlement or counselling agencies helped the women navigate this process and interpreters were also involved.

Some survivors talked about difficult relationships and interactions with the lawyers, and about not feeling supported:

My lawyer, I feel like she is not helping me...because she is blaming me...'Look at this, your husband accuse you about this' and things like that. I say, 'No.' And then when I see her, I let her do whatever she do...And then but the court, the good thing about it the court didn't allow him to take children away from me. My lawyer...she don't know nothing about me and I don't even talk with her. She call me, you need to sign this document. I go there and sign the document, that's it and come home. I don't talk with her. I don't even call her. (Saskatchewan)

Interview participants expressed their confusion over the process and terminology (the difference between child custody and access, for example) and, at times, asked the researchers for information. Through her interpreter, one woman told the researcher that she wanted help with legal matters related to divorce and child custody and access, but she stated that she did not have money to pay a lawyer.

One woman experienced her husband and relatives bringing about false accusations, to have her charged with assault of a family member: “My husband, what he did to me, he tried to mess my life up too. So both of us will be in mess” (Saskatchewan). She was not able to use the Legal Aid lawyer that was helping her in Family Court for Criminal Court. She could not afford other representation and chose to self-represent in Criminal Court. She went on:

[It] will be really helpful if Legal Aid can offer more support for immigrant women. Like my situation, if the same lawyer can be able to defend you through family issues and criminal because we have like two war...Your husband family they gang [up on] you somewhere and they call police on you in order to put you in the criminal [court], to be a criminal and then they have a chance a take the children. This is what happened to me. (Saskatchewan)

Court dates and trials can be time-consuming, expensive, and exhausting. For one woman, this caused her to question if she should report the sexual assault that her ex-husband had perpetrated against her:

But I still have a lot of things to prioritize. I have a job. I only earning right now \$600 to \$700. I have court dates. I have my divorce. So I said, ‘I am not ready for another court battle.’ (Saskatchewan)

The participant who was left in Canada without status after her work permit expired said:

The [shelter] was the one who talked to the immigration about my status. And they told me that there is no other way for you to get, as a permanent resident the only way is through humanitarian and compassionate [grounds]. So, I just did it myself. I applied for permanent resident humanitarian and compassionate but it takes years, like three years. The [community agency for Newcomer women] connected me to this lawyer, but he was asking \$5000. I didn't have any. So when I was reading the package, then I said I can do this by myself. So, I did it for almost three months. (Saskatchewan)

Financial barriers lead women to deal with legal matters, including immigration, themselves. While these stories are a testament to the women’s resourcefulness, finances prevent many women from receiving the level of service and support that they require. The woman who filed her own humanitarian and compassionate application continued:

They say every page should be stamped by a notary or something like that. And I didn't have that, I just explained to them that I didn't have any money, and I was referred to a lawyer but I didn't have any money and then I also put into writing that I would want a face-to-face interview so that they would hear. (Saskatchewan)

Services that provide free legal information are an important resource for Newcomer women fleeing IPV:

Because I could not pay my lawyer anymore...my lawyer charged me \$5000. And then I said I cannot pay anymore. And then finally, through the family law, through the pro bono, through the free legal clinic, I did everything by myself. The first application, it's really hard, especially because English is my second language. And then now, dealing with the [legal] language. (Saskatchewan)

Another woman shared that her lawyer sued her for an unpaid bill. She shared how scared she was to attend court for this matter, especially given her language barrier. The same woman shared that she had been denied Legal Aid (she appealed this decision, but the decision was upheld), even though her income is low enough to receive social assistance.

A Newcomer survivor discovered, through a letter from IRCC, that her lawyer, who she had paid, had made an error on her application for permanent residency and because of that, her application was rejected. A worker from a community agency accompanied her to a meeting to IRCC to attempt to sort it out.

Other challenges related to women's status as a Newcomer became apparent. For example, one woman's partner was withholding their children's birth certificates and she was unable to enroll them in school without that documentation. Because one child had been born in the home country (now embroiled in war) and another in a refugee camp, ordering new copies of the birth certificates was not an option.

### ***Child Custody and Access***

The expectation that parenting time be shared between two parents, even in situations where IPV is present, creates challenges for all survivors of violence. Again, this experience is uniquely challenging for Newcomer women in a number of ways.

International family situations are made even more difficult after a separation has occurred. One woman shared how her parents resided in her home country and custody rules dictated that the woman could not travel out of country with her daughter, explaining:

My parents have never seen her. It's a horrible thing...He leaves all the time, cancels visits and goes back to Pakistan for months, but I can't even go see my parents. The court should look at that. I can't cross the border with her. (Saskatchewan)

She went on to describe how her former partner used her sadness—over not being allowed to visit her parents and introduce them to their grandchild—in an attempt to control her: “He says, ‘Move with me to Calgary and I’ll buy a big house for you and allow you to see your parents with her, too’— only if I go back” (Saskatchewan).

Another woman continued to have shared parenting time with her children's father. This became increasingly difficult after he showed up at the school, yelling and acting aggressively. School administrators called the police and her ex-husband is now subjected to a restraining order prohibiting him from going to school premises. Because parenting time is shared and the children's father can no longer pick them up from school, the onus is on the woman to find another way for exchanges to occur.

A survivor fled with her children, going to stay in a women's shelter in a neighbouring province, to escape the violence. She was subsequently court-ordered to come back to the city where she had been living so that her ex-partner could have access to their children: “I stayed there for three weeks and I found my apartment and then the court ordered me to come back here.” She stated that a shelter worker:

told me that you should file your [paperwork at the] court about the abuse...and I say, ‘No.’ Not going to do that, I just want to leave him and I just want to stay away from him so I can be safe and then after I think two to three weeks the court served me the papers that I should bring the

kid back right immediately. That's why I don't have choice so because I didn't apply anything to him. He's the one in power now, he went to court first and I had to bring the children back to [city], that's the reason why I come back here. (Saskatchewan)

One woman talked about meeting her ex-partner at McDonald's for child access exchanges. They previously used the supervised access/exchange program at the YWCA, but it was only available for a limited time of 18 months, so after the program ended, the woman had to meet her partner on her own in a public place. That program was:

so helpful. Then, he was on time and didn't follow me. Now, he tries to have access to me, once he tried to hold my hand...I don't want him to be around me. I feel scared of him so the time we [were] done with the court so we did the...kids exchange [with the] YWCA, but the time our time is finished. (Saskatchewan)

After their time in the supervised access/exchange program ended, they had to rely on communication through family members to make arrangements for exchanges.

In an attempt to find her own solution to safe access and exchange, one woman told her ex-partner that they should meet in front of the police station. Her partner declined her invitation to meet at the police station, instead opting not to see the children.

'Don't come to my place anymore.' And yeah, I need to stop it that way. I told him that the only safe place for me is the police station. 'Come there, stop, I will go there at 9 am and stop there. Then the kid will go. When you come out try to attack me, so we have cameras there, there will be a witness [to] what happens. So don't come to my place anymore and I don't go to your place.' But now the kids they are with me. They didn't see him not for a while. (Saskatchewan)

For many children who are school-age, exchange can happen during pick-up and drop-off from school, but safety concerns remain for women with younger children and during school holidays. The use of parenting time to contact and control former partners is a common theme. One woman shared how she had been discussing getting back together with her former partner. She had told him that while they could not live together, they could live apart and consider working things if he took steps to change his behaviour. She believed they were having amicable discussions when she received a letter from his lawyer. He had led his lawyer to believe she took the kids out of the city without his consent and she was being ordered to return them.

One woman explained the many ways in which her ex-husband used the court system and parenting time to continue to control and harass her. She refused to give in to pressure to provide her ex with her phone number, so that he cannot harass her. She stated that she knows there is no record of what is said in a voice call, whereas in email she has a documented record. Now, he will email her, telling her that he will not return their daughter at the designated time or trying to switch pick up or drop off times. He then calls his lawyer and says she is disobeying the court order. She has email proof that he, in fact, is the one who is disobeying. "The judge says, 'Why won't you give your phone number? Now you both need to communicate for your child.' But how can I? He's so manipulative." She has called the police to get her daughter back when he won't return her. When police attend, he says to them, 'I don't have her phone number, so that was probably the miscommunication' and the police say, 'You should provide your phone

number.’ She continued, ‘I can see how women feel pressured to provide their number. It’s just that I have suffered a lot and I know him so well and I know what he does’ (Saskatchewan).

When children do not want to see the other parent, it creates challenges for Newcomer mothers who are ordered by the court to facilitate parenting time with the other parent. It is painful for women to see their children afraid, it is difficult to force uncooperative children to go, and it causes women to fear for the children’s safety while they are away. “He [ex-husband] came early, and then when he was coming my kids was wearing the boots and the jacket and then they saw him. They start crying, shaking, and then they ran to the room” (Saskatchewan). Not facilitating these visits can cause the survivor parent to be seen as “unfriendly” by the courts and it can create further difficulty. One woman, who had tried to keep her former partner from obtaining her new address for reasons of safety, reported that the ex-partner would go to her son’s school and bring him treats. He was able to persuade the boy to tell him where they were now living.

### ***Childcare***

Another common theme among the Newcomer women who participated was that they had been doing the bulk, if not all, of the childcare when they were in the relationship. Challenges—and concerns for children’s wellbeing—arose when fathers who had previously not been involved wanted to begin parenting after the separation. Again, these challenges were magnified by financial struggles when ex-partners did not financially assist with their children’s care or pay child support.

Childcare is also necessary for Newcomer women who have left IPV. Women cannot attend to necessary appointments, take English classes, or work to earn much-needed income without reliable and safe childcare options. For women who do not own a vehicle and take the bus, proximity of childcare to home and work is very important. Some of the women in the present study described spending hours of the day on the bus to drop children off, go to work, and return. Further, many of the women we talked to were working in occupations that involved shift-work (such as in stores or as Continuing Care Assistants). For this reason, childcare outside of the typical 40-hour workweek is essential.

When childcare is offered for language and educational programs, this makes all the difference to women’s ability to access this education. One woman stated, “At [settlement agency], when you have the baby, can you take the baby along to school” (Saskatchewan). She stated that this influenced her decision to return to classes, adding:

They [settlement agency] put five different places in the community, either home daycare or daycare somewhere nearby, where they can put the child and then they come to school and then go back. So, if she doesn’t get a space at [the main building of the settlement agency] then she will find a space somewhere near. (Saskatchewan)

One woman shared that her concern over childcare options impacted her decisions around language and vocational training for herself:

There should be short courses for women. To get financial assistance you need to take the whole day [full-time] course. I was worried about leaving my daughter—we had just left this situation and I didn’t want to leave her alone [in childcare]. There should be some morning or shorter hours courses. (Saskatchewan)

She continued, “I was not comfortable leaving her, I felt guilty...I was going to take English [classes] but I didn’t. I found online resources” (Saskatchewan).

Several women described the challenges of navigating childcare while working without the help of their partner, especially when they do not have other extended family members to assist. One woman, whose partner had previously picked up and dropped off the children from school and daycare, said: “It’s hard, that’s why I changed my schedule at work, because of that. Because I was working days and evenings, now I work nights. Because I have to drop them, I have to pick them at school” (Saskatchewan).

Not surprisingly, childcare was raised as a significant need. Whether it is language or employment training, counselling, or taking care of other necessary tasks related to getting settled in their new life, if women do not have childcare for their children, there is a barrier to their participation. There are few daycares available outside of “business hours” and daycare spaces for infants are very limited. For women with school-age children, it can be next to impossible to work or attend classes in the evenings or in the summer when children are not in school. Childcare is also a challenge for agencies that work with Newcomer women. Most non-profit agencies do not have the resources to provide childcare, making it challenging for women to access services (such as talking to a counsellor without their children hearing them).

### **Summary**

Most of the Newcomer women we met with had left their abusive partners and were trying to start over. Fleeing violence can create many challenges for women. For the participants in this study, leaving the relationship freed them from their partners’ dominance and abuse, but it also led to further isolation, financial insecurity, and a sense of entrapment. The sense of entrapment manifested itself in women’s expressions of financial insecurity, social isolation, lack of supports, childcare, and other additional burdens upon leaving the relationship; in addition, they often have to maintain ongoing relationship with the abuser due to legal requirements of shared parenting time and withholding of official documents by perpetrators.

## Chapter 7: Service Providers' Experiences

We asked service providers how they worked with Newcomer women and how their services might be improved. This chapter provides the service providers' perspectives from their work with Newcomer women who have experienced IPV. We sought to understand how they respond to the challenges of IPV experienced by Newcomer women and their children. Job roles commonly represented among the participants include settlement workers, domestic violence shelter/service workers, social workers, counsellors, support workers, administrators, and managers/directors.

The data collected during focus groups with 62 service providers amplified the unique challenges Newcomer women and their children face when attempting to deal with IPV. The findings include service providers' accounts of the violence and abuse that their Newcomer clients experienced, and the entanglement of issues relating to the migration, isolation, threats, familial/cultural pressures, and the impact of IPV on them and their children. We elaborate on each of these issues below.

### Migration

Service providers commented on the need for more services to help people who are living with the impact of trauma, stating that many Newcomers have experienced trauma related to experiences in their home countries, as well as traumatic experiences of abuse after their arrival in Canada.

Some of the Newcomers have gone through their own traumatic experiences, where they've been raped. And, they've had children as a result of the rape, and they're having to deal with that. Looking at this child every day and knowing how he or she came to be...And, therefore, if her husband is hitting her, *[she might say]* 'So what? I mean, I've gone through worse things.' (Saskatchewan)

For the Spanish [speaking] community, this shame thing is pretty much not the issue. And the pressure from the family or anything like that. But it's the trauma from war, right, because they come from countries with guerrilla...they have been tortured. They have been, you know, taken by them. There's drug dealers or they are guerrilla people. And so it's different dynamics, but still that compounds to the stress or say, anything coming into this new country. And then the family slip apart because there's lots of violence right from the trauma of being displaced in their countries and also from torture and those things. (Alberta)

One worker expressed the challenges in helping women make decisions around their relationships when immigration status is also impacted.

I think status is the biggest issue I find and it's so complicated. I also say immigration is also really complicated and the families having an entire understanding to be able to make an informed decision is also important. We never minimize violence, but it's also important for them to know what they [are] working with. (Alberta)

### Isolation

Newcomer women are often isolated. For Newcomer women who form friendships with other women from their cultural background, these relationships can be an invaluable source of information and support about adapting to life in the Prairies. One service provider commented:

I think that they need that sense that there's others from their country with the same foods and the same dances and all the things they understand. They'll learn about places to get the ingredients they need. They share a lot in terms of basic supports and help each other a lot. It only becomes a detriment, I find, when the woman needs to separate from the husband. And then in some cases I think the community is not good at all, yeah. And that's a terrible thing because then this woman...they become very alone if they haven't got community and supports in place. (Saskatchewan)

One service provider, who is herself an immigrant, said that no matter “how bad your husband is, you're not [only] married to that person, you are married to the community, and they carry these values with them. It is always tricky” (Saskatchewan).

Another service provider stated:

With Newcomer immigrant women of colour, like they're visible minorities. They deal with that extra added barrier of isolation. There's the language barrier, and so much of their socialization is based on community that it's really tough to leave that situation or even leave the abuser. (Alberta)

There are families that live here for years and [are living] in a bubble, in their houses speaking with people from that same culture, they continue living in their own country but they're not. If they drive, they won't even know how to use public transport. Let's say if one person is in charge of buying groceries, they won't learn how to go and get something that is very basic, so many people in this building living their lives [like this]...using WhatsApp and reading the news from their own country. They think they are connected, but not here they're not, they don't have a real connection in this city or this country. (Alberta)

### **Manipulation, Threats, and Misinformation**

Abusive partners use a woman's inability to speak English and her limited knowledge regarding her status to control them with threats of deportation if they leave the abuser. Service providers confirmed Newcomer women's accounts of this situation:

And then we have other cases in the shelter where the women's status—and I think this has happened to most of our clients that we've seen at shelter, with that specific issue—where the abuser has used that to exert control over them and basically falsely inform them and told them they were going to be deported. And so they use that as a tactic of control over the women. And that continues after they leave. (Alberta)

This worker explained that even though IRCC states clearly that a woman cannot be deported if a relationship breaks down, there may be a lack of awareness among Newcomer women about this fact. Workers in the Prairie Provinces stated that they explain this to clients, showing them the IRCC website. Access to affordable legal services is another challenge for Newcomer women in the Prairies.

I have seen that the legal system is so confusing. At one point I'm telling them, ‘Okay, come on. Just file for a divorce.’ And then at some point, someone[else] says, ‘No, no, no. Then she will have to pay all the dues for the divorce. Let the man do it.’ So they send the client to Legal Aid. Then Legal Aid says, ‘You are the victim. We can't help you.’ (Alberta)

Challenges arise in accessing Legal Aid, due to the way in which financial status is calculated.

When they do the assessment of their income, they are considering the husband's income. The woman is not working, she doesn't have her own income, but when she goes to Legal Aid, they say 'Your family income, is your husband's income. You are not eligible for legal service.' That's been a constant issue. (Saskatchewan)

Abusive partners use legal and immigration systems to further abuse and control their partners. One domestic violence shelter worker told a story of a Canadian-born partner who reported his wife to the police. She was pregnant and he called the police to state that she was self-harming, so that she would be arrested and removed from the domestic violence shelter.

And the reason he did that was because he didn't know where she was or he couldn't get to our shelter, because it's very difficult to do that. So he wanted the police to arrest her. Because there was only one hospital where they would take her, he would know where she's located, and they will probably keep her there for three days or longer. Within 24 hours, police had a warrant for her arrest. (Saskatchewan)

Some Newcomer women survivors are accused of having mental health difficulties by abusive partners and, in some cases, their partners use the health care system to further the abuse.

That's what she's had: The actual psychiatrist went into her house, gave everything, wrong medication, wrong diagnosis, so that she can end up in court, it can be proved that she's unfit mother, unfit woman, unfit everything. (Saskatchewan)

The doctor came and [gave] all kind of diagnoses, that she's mad and she's schizophrenic. Of course, you will hear voices when you don't have anything to eat. (Saskatchewan)

While doctors, especially those who speak the Newcomers' own language, are very often an important source of support and information for Newcomer families, the stories relayed by service providers shows how medical staff may be manipulated by partners for nefarious reasons.

It is not uncommon for partners to refuse to file or assist with paperwork for women's immigration—their sponsorship forms to apply for Permanent Residency, for example.

[Her] child was being threatened and she was too. But she didn't have English and the husband kept saying he was going to apply for the PR, but finding reasons not to. And in the end, she decided she had to learn English, so she had people at her church who helped her learn English sort of undercover, secretly. She managed to learn enough English to do her own PR application ... so she's now sort of waiting and hoping that it comes through in time. (Saskatchewan)

We had a recent case where the woman had a temporary work permit, which was somehow associated with her husband's....And he exerted so much control over her, that he made her believe that if he was deported because of the charges laid on him...she would also be deported with him. So that led her to basically not report all of the facts to the police. And so she made a second statement basically to say that she fell down the stairs. So he made her retract her original statement. And we've had that on a few occasions. (Alberta)

A challenge that arose for some Newcomer women was that when their husbands had migrated to Canada first, to be joined by their wives and children later, the men had found a new partner and sometimes started a new family in Canada before their wife's arrival.

They're not [aware of the laws or their rights in Canada]. A lot of them they're not. I've a lot of clients who don't even know their status in Canada. They don't have their [social insurance number] card, they don't know if they're a PR or not. I assume that they're PR, but the husband will control this and all the information that they get about their status in Canada is through their partner. And then some of them don't work or they stay home often, so they are isolated. So that information and the fear of 'oh well, if you call police because you don't have a job, you'll be deported.' Or they, 'I speak English, so they won't even listen to you.' And all these little things are enough for them to stay. (Alberta)

Service providers stated that even after their clients learn English, their adjustment is not complete because they are often unaware of their rights in Canada.

### **Familial and Cultural Pressure**

Service providers shared with us that when clients speak to them about violence or abuse in their relationships, they often downplay the seriousness. Some women express that "it's no big deal" and "because the cultural background says that it is normal, they might sweep it under the rug" (Saskatchewan).

A lady said, 'Well, in my culture, it happens all the time. The men are supposed to put their women in check. So, if he feels you didn't cook his food well, he can hit you. He can pull your hair. He can push you. He can do whatever he wants, even in front of the children.' And, that's one thing that can lead to child protection coming in, when children are involved. (Saskatchewan)

As in the interviews with Newcomer women, service providers also talked about the potential for cultural communities to offer a support and safety—or, at times, the opposite. Some service providers shared that one of the greatest fears that victims of IPV have is that their communities will blame them for leaving the partners who, in many cases, sponsored their entry into Canada. This can influence women's decision not to disclose abuse or attempt to leave the relationship. One woman described the stigma, stating, "You're ostracized, you're isolated from your community, and even your friend's husbands tell them not to talk to you, because you're a bad woman. If you can't keep your home, it's your fault" (Saskatchewan). For Newcomer women who are already suffering from isolation because of the shame and stigma related to IPV, the fear of losing the support of their friends and community is significant.

In addition, challenges related to their status as a Newcomer to Canada factor into women's decision-making. If a Newcomer woman and her husband are working to sponsor family members to come, or are financially assisting family members, leaving the relationship could impact her ability to continue to that support.

And for most immigrants, they have family back home they want to bring as well. So it's not just the family who's here. There's also family back home who you're taking care of or who have expectations of you. (Alberta)

Another real threat and barrier for women seeking to leave IPV is the threat of violence against family members back in their home country:

Her husband was...she was on the verge of he was going to kill her if we didn't help get her away... But he threatened to harm her family back home, and that's why she stayed with him...she knew he had the capability of having somebody go and harm her family back home. (Saskatchewan)

### **Impacts of IPV on Newcomer Women and Children**

When a relationship ends, either because the Newcomer woman leaves her abusive spouse or he is removed from the home by police, she can find herself in an overwhelming situation when trying to care for her children and take care of necessary tasks for herself and her children, without help and with limited access to finances and transportation. Many Newcomer women feel at a loss for how to go about household tasks, such as buying food, banking, or paying bills, if these were things that their husband previously took care of. Workers shared that it is hard for Newcomer women who are starting over to secure rental housing if they do not have references from previous landlords.

And mama's left with six kids, she has no grandparents and aunts and uncles, we don't have support workers to come and help take kids to school or do whatever, and she has to get the kids to school....and she almost just gives up and everybody stays home. Nobody goes to school because she has little ones and she has [older] kids to boot and she can't figure out how to manage it all, and eventually everybody blames her, including the kids, for all the trouble. (Saskatchewan)

Service providers shared that when women find themselves in the difficult position of leaving an abusive partner, they are very worried about what it will mean for them and their children:

I know one of the common questions that usually arises is: 'If we separate, that's going to have a negative impact on our children, right? They're going to be like, torn apart. They're going to be scared for life.' (Alberta)

A significant issue for many Newcomer women is that they are overwhelmed, in a new place, with multiple children, while dealing with the impact of IPV. They may not have friends or family nearby, and they may also lack financial resources, language skills, or knowledge of systems and services available.

It's a very common fear that if they leave their partner they'll be deported. And then I've also dealt with a lot of situations where I'm doing a lot of educating about how different systems work. Like, what is CRA? What is the T4? What is a Notice of Assessment...I've had women come to me and then they're saying like, 'Oh, the CCTB.' Canada Child Tax Benefit, they're sending them letters saying that you're owing the government money because they were separated... so, it's just navigating all of that and like teaching these women how to empower themselves because it's very daunting if you have no idea how anything works, really. (Alberta)

I notice that immigrant women, Newcomers, they are scared. They are scared to take buses. Sometimes it's against their religion to be around men without anybody. With them like it has to be a father or a husband or somebody...together, so they can travel, they can take the bus together. So it seems like a big issue. (Saskatchewan)

A lack of English language skills can impact women greatly, causing them to misunderstand—or altogether miss—crucial information. One service provider told of a Newcomer woman who became homeless and had her children apprehended because she could not read her mail.

[The landlord] wanted to walk through her apartment, and she didn't respond in a timely fashion because she didn't know what she was supposed to do. And when I went out to her house she just had a stack of letters and said, 'Can you read through these, what do I need to do?' And at that point it was too late...And it all started from one letter where she didn't understand. So now her kids are in the system and we have to work [to help her get] her kids back. And it's just an ongoing trial of errors and challenges. (Saskatchewan)

Another challenge is that children may have been deliberately taught negative and abusive behaviours from their other parent. Service providers reported that in some cases children were enacting violence against their mothers (Manitoba).

[The children's father] would undermine mom's parenting style. He would use the male children to also assault mom and so, I think, that's when there's really a good need to reinforce parenting, like when women come into shelter, especially in countries where sons eventually take over the role as the dominant person in the household when the father dies. (Saskatchewan)

Another staff member shared how the negative influence on her son was what spurred one woman to leave her abusive partner.

[Her son] was nine and one of the reasons she left is because he was being disrespectful to women. And I think even to her, and that was kinda one of the last straws for her, but now that little boy is the most respectful person. But that was something that was very meaningful to her was to have him respect women. (Saskatchewan)

For some women, the catalyst to leave a violent relationship was when they saw that their children were victimized by the physical and emotional abuse.

What has driven them to that point of wanting to leave and get out of the home is that something has happened to their children. Their children have been either physically or emotionally abused and that's what is the last straw for them. Enough is enough. (Saskatchewan)

One shelter worker reported that children struggled with the adjustment when the family moved from an emergency shelter to a second stage shelter.

[Often we see] Newcomers that have precarious immigration status or immigration status issues. Often we don't have many options, so they end up shelter hopping and the children have to go with them. So they're also receiving that vicarious trauma from mom as well. She's moving around and feeling very unstable. So the children are also feeling that way as well. (Alberta)

Service providers talked in detail about the way children of Newcomer women survivors are impacted. In some cases, children reenact violent or abusive behaviours that they have seen at home. When this behaviour is not corrected, children can get in trouble at school. In addition, children, like their parents, may be dealing with untreated trauma from their experiences before migrating to Canada.

They've come from a place where bombs are raining on them every day. And, they've pushed everything in. And there's the time when they have the power to exert themselves. So, they're doing it in school. Sometimes they don't have the language. So, they think they can hit. (Saskatchewan)

The children learn from their parents. And, for example, if they see dad hit mom, they learn that, and we've seen them go to school and when they get in an argument, end up hitting the other person. And, it's a learned behavior. We've had some cases at the schools. I don't know if it's more because of interpersonal violence or more of what trauma they've experienced back home where they come from. So, we've had to deal with that with our school resource officers in certain cases as well. (Saskatchewan)

Some emphasized the mental health impacts on children who have witnessed IPV at home:

And then of course...post-traumatic stress disorder. That's very common. And depression is very common in children today. (Alberta)

Service providers talked of how frightening and confusing exposure to IPV can be for children. Children were upset and scared when they saw their mothers being abused and crying, but children might also ask for their fathers after they have been removed from the home by police.

Mothers love their kids, and they would want to do everything to think they're making their kids safe, but in the end they may not be making them safe, because they think, 'My child needs her father.' And a child doesn't need a father who's hitting the mother. (Saskatchewan)

Many of them come with a mindset that, as much as they are going through a lot of abuse, they don't want their homes broken. (Saskatchewan)

Additionally, some Newcomer children may have an even harder time adjusting when what is being modelled for them at home conflicts on what they are being taught elsewhere.

Some of the immigrant children are struggling because of what they go through at home and they kind of confuse it all, what norm to follow...I really feel bad for them because they don't know where to turn, and they go to Canada and they don't belong there...they can't be part of the culture, it's hard for them. (Saskatchewan)

Girls don't like what they see, with their mom being beaten and men being bossy. They admire Western culture more than their own culture...because of what they've seen happen to their mom. (Saskatchewan)

And for some of my clients who have teenage sons, the client tells me that the sons tell her that, 'It's your fault you did not listen to the father and you made him angry. You're responsible for speaking out and bringing this on us.' (Alberta)

In one of the focus groups, service providers mentioned a concern for male children wanting to physically protect their mothers from their father's abuse:

And sometimes it gets, especially the trend that I noticed, especially is the sons will be protecting their sisters and their mom and it will become a physical altercation with dad. And that becomes heated. So a lot of times they can get physically violent. (Alberta)

Children are also the recipients of physical violence in the home. This is often confused with the idea of 'disciplining' a child. One service provider noted that their crisis line was contacted several times by a Newcomer father who wanted to confirm "that he had the right to discipline his child the way he wants." As his means of discipline was described, he was informed that "that's not discipline...it was abusive" (Saskatchewan).

Service providers provided some specific suggestions on what they see as being needed for Newcomer women and their children who are accessing their services:

What I noticed that's specific to ethnic communities is also it can be things like food; food is unfamiliar or there might be dietary restrictions due to religion. So if the shelters are not accommodating...for example, I serve a lot of [clients] of the Muslim faith. We have Ramadan, which is fasting. So they'll be eating at a later time. I was working at a shelter and there was complaints about a woman was getting up at three in the morning to make food. Or if there's no meat for her to eat and she stuck eating certain things, then it gets to a point where she's like 'okay, I can't eat, my kids are not used to this food. I would rather go home. At least I know what's going to happen'...And especially when they leave everything they've ever known. Sometimes their faith or their culture or that little thing is the only thing they have. So that's a huge barrier...And I've had a lot of women come back [to relationships where IPV is taking place] and it's simply because like her kids won't eat anything there. (Alberta)

Interpretation services are often not provided when women deal with various services, making women responsible for bringing their own interpreter (sometimes a friend or one of their children), or missing out on receiving crucial information. Other challenges that arise with interpretation include confidentiality. In the Prairie Provinces, some ethnic and language groups are small and close-knit, meaning that interpreters (even those hired in a professional capacity) often have a connection to the women or their partners. This can lead to hesitancy from Newcomer women to share crucial information through these interpreters. We also heard stories of confidentiality being breached by interpreters and of interpreters who changed the information as they shared it between Newcomer women and service providers. Further, finding available in-person interpreters can be challenging.

A couple of them tried to arrange for interpreters, which was a nightmare...[settlement agency] doesn't have every language available. And the one was helping her to prepare for court. And the Crown wanted a court-approved interpreter. So, then we had to wait because they had to find one, right? Like, that's up to them. And even going to report or go to the police station, it had to be a Justice-approved interpreter. And some of the interpreters are not comfortable listening to the things that we talk about. And so, it's traumatizing for them, right? They have their own stuff, or they're just not comfortable. (Saskatchewan)

Service providers expressed a need for more support for Newcomer children who have been exposed to domestic violence. There are gaps in that not all age groups are eligible for programming. Another concern was the requirement to get consent from both parents, even when they are separated, before children

can receive counselling. In some cases, one parent's refusal meant that children who had been exposed to IPV were not able to receive counselling.

Service providers shared concerns with child protection services, stating:

They are threatening mom to take the children, and this is really awful...[the service] does not match the trauma that the children have been through. I think there needs to be more training, more social work training, more compassionate, empathy, anti-oppressive training. (Saskatchewan)

If clients share that they are presently dealing with IPV, service providers are often in the difficult position of needing to report to child protection services. Service providers explained the challenges of explaining what needs to happen to clients after such a disclosure, as well as explaining the limits to confidentiality up front. "So trying to explain that that's some things you say, I can keep confidential, but other things I can't, I think is just challenging and the fact that it's, who do you trust who don't you trust" (Saskatchewan).

### **Summary**

Service providers discussed the nature of IPV and its intersecting complexities with migration, isolation, family/cultural pressure, and the impacts on children. The entanglement of issues relating to migration, isolation, threats, and familial and cultural pressures have a significant impact on the IPV experienced by women and their children. Service providers noted that women need safety and support, not only in the short-term when experiencing IPV and after separation, but that they also require long-term supports to assist their healing from IPV as well as from past trauma. Service providers identified that informal networks can support women living with IPV. Formal services also have to be responsive and supportive in order to be beneficial to victims when they disclose IPV (Saxton et al., 2018).

## **Chapter 8: Service Providers' Perspectives on Supports for Newcomer Women Living with IPV**

In this chapter we report on the service providers' perspectives on what service improvements are needed to support Newcomer women living with or escaping from IPV. A challenge for some workers was that they were motivated to learn more and to gather more information to better serve Newcomer women in the future but did not know where to go to find information that could help them.

### **Insufficient Training and Limited Resources**

Domestic violence professionals spoke of a need for more information on issues related to immigration. They noted they had found themselves struggling to locate specific information when they had Newcomer clients needing assistance. They spoke of their efforts to gather information as it was needed and of their attempts to build partnerships with local Newcomer-serving agencies.

Another service provider stated:

I think more training should be provided to people who work with these difficult situations. Like social services, I feel like, they don't have enough...the workers who are coming and talking with mom or the children, they don't have enough empathy to understand, what's going on in their heart. Like how much they are broken. They're using some time harsh language. (Saskatchewan)

Another challenge that service providers deal with in supporting Newcomer women with experiences of IPV, is working with ethnic or cultural communities to identify and recognize when abuse is occurring:

So I would say the first helpful thing is to create awareness in them that okay, this is intimate partner violence. Because...for some people, a slap is fine. That is very common. Even when we talk about sexual abuse, normally we to ask, 'Do you think that there could rape happen between the partners?' And most people say, 'No, how come that is rape? No, it's right. It is his right to have sex anytime whether the woman wants or not.' I recently I was talking to seniors and then they said that the wife should not say, 'No', otherwise then the man will go to somebody else...They are talking about their daughters and their daughters-in-law. So you see what kind of parenting and what kind of culture is being inculcated? So that's the first thing I would ask, do they feel they are into the abusive relationship, and listen. Until they realize, they will not be able to take any further step. (Alberta)

Some participants also expressed concerns that agencies provide "fragmented services" and that staff working with Newcomer survivors do not have the necessary expertise in both working with Newcomers and with issues related to IPV. Workers also expressed frustration that many agencies include providing referrals as a key piece of their work, but that services to refer to are lacking.

Working with Newcomer women who may not speak English and who may be dealing with a plethora of complex issues is challenging for professionals. Often, there are no easy solutions. Workers spoke of the importance of patience and compassion when supporting these women.

I can think of this client that we had at the shelter who had a mental health case where, I mean she wasn't even talked to. She was just bypassed and they just helped her kids. And it was one of the most demeaning ways of dealing with someone, and you're trying to say you're helping

someone to get back on their feet. And I think immigrant women get that more so than anyone else and...the lack of patience around it. And just going that extra mile to just get them that extra thing that they need so that they will be okay. (Saskatchewan)

Workers also reiterated the importance of cultural safety and of being aware of their own biases and preconceptions. They spoke of trying not to make assumptions about their clients' culture or their wishes, but to be sure to let the client direct what they needed. Service providers also expressed the need for more education about violence among medical professionals.

A settlement worker expressed that

the unfortunate part is that because of funding... we can only be with a Newcomer family for up to two years or so and then that's it, you're supposed to be automatically good now and you're supposed to be on your own. But that position is supposed to help someone from the moment they land in Canada and follow them through. (Saskatchewan)

More outreach, more funding, more resources...Outreach is really important to have the time to go out there. (Alberta)

We need more interpretation and translation services and that aren't at enormous cost. That is a huge, huge barrier to a lot of people to be able to gain access to things like justice and that kind of thing and really understanding what's going on. (Alberta)

Along with the issue of having interpreters available, service providers stressed the importance of building the agency's capacity to recruit and retain interpreters to be more inclusive of Newcomer clients:

The language barrier is another big struggle we find and something we continue to work on, we're trying to build up the capacity to get more volunteers who are able to be more inclusive...like let's have five or six different possibilities for translation. That's the biggest barrier I've seen. (Alberta)

Therefore, participants emphasized that multilingual services are not only necessary, but that it also ideal to have multiple interpreters to provide choices for women, especially in situations where there is a lot of stigma or shame in tight-knit communities where the interpreters may be affiliated. As stated by one service provider:

I find that the children speak alright English, especially the older children, so for many of the daily activities, they're translating to their parent or caregiver and that's great until the hard conversations start and then you don't want the child in the room. The 12-year-old, talking about these bad things, but at the same time, we need to find out, are you applicable for [shelter], or not, and so we need to know these questions, but it's the 12-year-old that's telling us the answers. That's a huge struggle that we have of what's appropriate and what's not appropriate and when do we need them to do it and when do we not, that kind of thing. That's all the time, probably for every single Newcomer we have, that's the case. (Saskatchewan)

Service providers were clear that it is never appropriate to have children interpret for their parents during appointments, even though the parents may ask children to interpret. Service providers shared that they avoid this by having interpretation services in place in advance. Some domestic violence shelters shared

that they use CanTalk, telephone interpretation service, to protect women's confidentiality by giving them access to interpreters who are not located in their local area.

Service providers also shared situations of problems that had occurred, such as interpreters providing incorrect information or breaching clients' confidentiality. Service providers discussed alternatives and ways to promote safety in using these services. Importantly, professionals who work with Newcomer survivors can strive to ensure women feel empowered and are given opportunities to say "no" to services that make them uncomfortable. It is good practice to make it clear to women that they have the right to refuse the service at the start of any connection.

Although interpretation services were provided, agencies acknowledged some of the inherent challenges they experienced with Newcomer women experiencing IPV. These challenges included the clients' comfort level with interpreters and the need for interpreters who have some knowledge of family violence/abuse, and court processes:

One of the areas we're really trying to support better is our clients [for whom] English is not their primary language...an interpreter and finding that interpreter that they're comfortable with. And what does that kind of look like for them but also somebody who is well versed in family violence and abuse for an example for the poor program, we really want to make sure for that interpreter that they also understand the court process. So we're really looking at how we can support further in those areas and making sure it's a comfortable fit for the client as well. Sometimes they prefer family members, sometimes they don't. And so we really want to walk with them accordingly. (Alberta)

Others noted concerns about whether the interpreters were translating appropriately to the clients, especially if they were from the same ethnic or cultural community. The service providers also noted that the availability of interpreters is an issue. The mainstream agencies acknowledged some of the language barriers and how this was problematic in terms of signing agency consent forms. Clients struggled with understanding the forms, and they also were often vulnerable, given their situations of fleeing IPV. Service providers worried that Newcomer women are likely to be distressed or overwhelmed:

So really kind of take them through that. The only other thing that I feel, I wish we were a little bit stronger and better at just a class in general. And I'm okay with saying this is our consent forms can be very complex. And I think for everybody, no matter what, and I wish that we could support in a different way and want to make sure that they have a voice, and they're aware of exactly what they're kind of signing up for. But I sometimes feel our consent forms, or just when someone's experiencing family violence and abuse, they're already overwhelmed. I want to simplify as best as I can those consent forms and sometimes that's an area I would love to see across the board to be looked at, that's just my little next step. (Alberta)

Language teachers often become Newcomers' first relationships, the first people that they talk to—as such, it is important for them to have information on referral sources so they can assist in situations of IPV. Others stressed the importance of English classes, not only for language training but for social interaction and for offering ways to deliver important information to immigrants. One worker suggested that language training could include terminology immigrants need when dealing with legal matters or interacting with Social Services.

The professionals we spoke to felt that social opportunities were needed by the women they worked with, both in group settings and for one-on-one support and friendship. One service agency noted that their agency provides programming just for women:

There's a space for women just for women who come in as much as they can Tuesday, Wednesday, Thursday, Friday. Some of our consistent schedules are Tuesdays, Thursday, and Friday. We have exercise programs for them, we have learning workshops, we have a drop-in networking forum and then cooking class, because we realized that, a lot of the times if you want to get into topics like this [IPV], they're very uncomfortable. You have to find very creative ways to get them to come together, trust you enough to be able to open up. (Saskatchewan)

Another service provider mentioned:

I think language is probably one of the most important things. The other thing is to provide a safe place where people could share and talk and just be with others. So, it doesn't even have to be to talk about their situation, just to relax and be social...have some social connections and they are not all alone in Canada with no one but this partner. (Saskatchewan)

One service provider shared:

I think building social supports. The women that I've seen thrive have members in the community that visit them regularly, that help them practice English at home especially if they're not in classes. I know again with the refugee program, there was a mentor match program, but it's one person matched per family. And I know that a lot, for example, the Syrians were saying, 'My wife is home, she's lonely, can she have a match?' And they said, 'We do one per family. We're not getting a man for you and a woman for you.' (Saskatchewan)

Service providers also spoke about Newcomer women's limited access to transportation, which creates challenges when women are trying to access supports and integrate into the community. Smaller Prairie cities tend not to have efficient public transit systems and public transit can be challenging to navigate for people who are new to the city and who do not understand English fluently. Further, cold Prairie winters make navigating transit and waiting at bus stops extremely difficult for women, especially those with small children. For some of these women, navigating transit to access services at an agency may seem too difficult, overwhelming, or time-consuming and they may miss appointments. "Sometimes we get a phone call and the client says, 'Oh I live in this side of the city. I'm not familiar with transportation. I cannot come to your agency.' It's another barrier...Until last year, we were providing outreach services...But now we are doing it in an office. And that's been a very big barrier for women" (Alberta).

Given the context of limited resources, issues of compassion fatigue and secondary traumatic stress for professionals who work with survivors of violence were also raised. Workers discussed feeling challenged not to bring work home with them. One worker stated, "But you can't forget it. There should be more self-care for people [who work with] this kind of clients" (Alberta). The same worker continued that they felt there should be less emphasis on "numbers" (as in targets of a certain number of clients being served). Many workers would prefer to have the flexibility—and the resources—to provide additional or ongoing support to clients who need it.

One service provider noted:

It seems like the services exist, that just the capacity is the problem. Like for example, like before, it just wouldn't make sense for someone like me who's Canadian to necessarily meet with someone who's a Newcomer in these situations...But just being able to provide more capacity for people to have the option to maybe meet with someone who has a similar cultural background. Maybe that can make a huge difference. But like all of our agencies are always fighting, and we're restricted by the funding and all different funders say, 'You can only do this, this, this, this,' then so many clients get missed. (Saskatchewan)

### **Connecting with Newcomer Women**

Professionals working in Newcomer-serving agencies stated that clients were often reluctant to disclose IPV, but that disclosure sometimes happened when discussing difficulties that they are experiencing with their settlement. Settlement agencies stated that the topic of IPV may come up with Newcomers discuss challenges in their lives when they come in for appointments to work on applications for permanent residency. Another way that service providers are alerted to the presence of IPV—and have the opportunity to assist is when children disclose violence that is occurring in the home and child protective services become involved.

One service provider said:

Often times we know that those relationships, for most families, they're not just between the man and a woman. So we often look at the community and say, 'Who else can support her, to reduce that feeling of isolation and shame and guilt?' Most brokers try to mitigate that a lot, because in most cultures it's huge. So we try to also work with them to say, who else could support in this decision? (Alberta)

Another service provider stated:

From the community, we get a lot of references. So one person was helped and then they referred their friends [saying], 'Okay, there is this person who speaks the language. You can go and you will be heard.' So then they created awareness in the community and that's how they come directly. (Alberta)

Sometimes family members or friends from another country will call in to ask about services or resources:

Recently I have got a few clients from the website. So they just checked the website and they got it. And then we get phone calls from outside or different countries. Somebody is living here and this person cannot call, so somebody else is calling from other countries, this is the person and how can she get that [information]. (Alberta)

### **Employment Training and Employment Opportunities**

Service providers also stated that many Newcomer women need assistance with employment and, for these women, employment is a pathway to financial security, confidence, self-efficacy, and connections to the community. While many Newcomers need to learn English, they do not just desire language classes, but are looking to find a way to work as soon as they are able. One service provider stated that there are more employability and career training programs for people under 30, but women who are older may be

more likely to be dependent on their husband for economic support. The idea of an employment program specifically for survivors of IPV was suggested by focus group participants.

### **Counselling**

The professionals who participated in focus groups also shared with us gaps in the availability of services and supports for Newcomer women. Needs that came up again and again were professional counselling; orientations for Newcomer women (and Newcomer people, generally) that include information on violence and the law; violence treatment programs for Newcomer men; access to interpretation services and services provided in languages beyond English; access to Legal Aid and other legal assistance and information; and programming for Newcomer children who have been exposed to violence. Services providers also expressed the need for funding to meet the needs of the growing Newcomer population in the Prairie Provinces.

A suggestion was made for a “hub” model that could connect Newcomers to various services and act as a broker or connector. A challenge, however, is that while some agencies may be already working to perform a similar role, this is presently not provided to all Newcomers, and it varies by their immigration status or the length of time they have been in Canada.

Workers also discussed the need to disseminate information to women in a women-only forum, “because if it’s a mixed audience or it’s in the language class, then some of these conversations [aren’t] had” (Saskatchewan). Another added that if presentations are labelled as being about violence or abuse, it is unlikely anyone will attend, but if there is a “women’s circle” or “women’s coffee break,” information on IPV could be shared in that venue. Other participants added that childcare is a must and, ideally, there would be something happening concurrently for men.

Professionals talked about the need for services for survivors who are living with trauma, as well as issues raised when survivors of violence and abuse (sometimes with limited language skills) are diagnosed with—and given medication for—mental health disorders without receiving treatment for trauma. Service providers stated:

Mental health services...I don't think as a community we're prepared for that. So it's not even just mental health, it's trauma. So the kind of trauma that folks have experienced in their own countries, and then in the refugee camps, and then when they come here. So there's multiple traumas and then they have the domestic violence overlying it. So you're not sure what you're dealing with. And so you get diagnosis of bipolar and all this stuff, and then some of us, we sit back and go, 'No I really don't think that is it.' (Saskatchewan)

Further, shelter workers reported that women were coming to the shelter with prescriptions and instructions to attend follow-up meetings with mental health professionals but, due to the language barrier, the women did not understand what the medication or appointments were for.

...and sometimes [it's] not explained, she's just put on medication and hope everything goes well.” (Saskatchewan)

There's no specific counseling. There are no counselors in this city that can help immigrants, really. There's no specialized counselors around, like mental health but also the intersection of being a

Newcomer, if you experience trauma around being a refugee. We don't have that, because I've looked for one. (Saskatchewan)

One service provider lamented, “How do we know what traumas this woman has endured from her own country and moving from one place to the next?” (Saskatchewan) and then discussed challenges for supporting someone with this sort of traumatic history. The same worker talked about a client who had to be hospitalized when she experienced mental health challenges, but because of language barriers (and likely a lack of access to interpretation services) the process could not be adequately explained to the woman, no doubt making a frightening situation worse.

As participants discussed the services they provided to Newcomer women with experiences of IPV, this created opportunities to share ideas. For example, settlement agency staff participants who worked with male perpetrators noted that they check in on these clients’ partners.

Service providers also recognized there is a huge gap when it comes to providing services for men, especially in dealing with the root causes of IPV, in terms of understanding why they turn to violence and also in terms of their own struggles and challenges as Newcomer men:

Even when we are talking about the women, I think that there should be something for men as well. Because I know that there are a lot of history why they became abusive...So maybe a good men’s shelter...the men they also feel, they also go through this abusive relationship, right? And then they have a lot of shame...Who am I going to share these things, right?...They don’t have anything. (Alberta)

Well because we often tell the woman like, ‘Leave, and this is what you do.’ There's nothing really for—aside from anger management—there's nothing really like okay, ‘So why do you feel the need to get so violent or why?’ Like the underlying cause. I've had a lot of men say the only thing I can access is anger management and I'm not angry. So if there were other things for them. (Alberta)

Depending on their status, some Newcomer survivors are not eligible for medical care, including mental health care and counselling. “Yeah, I can see the impacts that it has had on her, health-wise as well. And again, because she is a temporary resident, she doesn't have full access to healthcare or prescriptions or anything that she may need” (Alberta).

One Newcomer to Saskatchewan, who did not have healthcare coverage, paid out of pocket for follow-up appointments after complications with her pregnancy. She required specialist appointments and medication, some of which her parents, who also live in Saskatchewan, paid for. She had skipped follow-up appointments after her pregnancy because she did not have the money to pay outstanding bills for previous medical visits.

Another worker reported:

And that's why when I was working in mental health, short-term counseling, we were told that the woman comes in with depression, find out whether she is domestically abused, so that it's not that she's in depression, she's a victim of violence. So you're a victim of a violence, you can't cure it with medication. So but now, psychiatry as a whole doesn't look at that. There's ‘Oh, the

woman has a problem? She is depressed. Give her more pills.’ So they have to change that attitude, too. The woman needs counseling, needs a little bit of guidance, little bit of support. Not pills. (Saskatchewan)

Agreeing that depressive symptoms can be the result of IPV, another shelter shared that for some women who come into the shelter, “Their depression is gone in a week. And you know how many changes you have seen in the women in the shelter. They are there for a week or so, they get all that support from other women, the workers, they are happy, they are healthy, you can see from their faces, they have two nights of good sleep” (Saskatchewan).

The lack of mental health services in the Prairie Provinces for children, generally, as well as specifically for Newcomer children, was discussed by service providers.

But even for kids, more so, there is none. And I know cases where children are experiencing post-traumatic stress because of hearing planes, bombing, or they've seen extreme violence when they were fleeing their homes from wherever they came from, and we don't have that. And sometimes, when kids are acting up, we think, ‘Oh, they're being difficult.’ (Saskatchewan)

I think it's that all-around support where, often we think if mom's okay, then all these kids will be fine, but you have to treat children as their own separate clients almost, and recognize what are their unique needs. I think the saying that we need a village to raise a family is still true, and as much as we like to act like everybody should be on their own and should just manage on their...even Canadians, I think we all could use a little bit of help every now and again. (Saskatchewan)

### **Timelines for Accessing Services**

Service providers also shared the challenges that their agencies face in trying to meet the needs of Newcomer survivors. One domestic violence shelter in Saskatchewan shared that while clients typically do not stay beyond six weeks (with the average length of stay being even shorter), they have had Newcomer women stay up to four months. They expressed that longer stays result in fewer free beds—meaning that the total number of people who can receive shelter services will be fewer.

Shelter workers in another focus group echoed the same, saying that all the Newcomer women who had stayed with them in the recent past had stayed beyond six weeks. Allowing women to stay much longer enabled staff to work more intensively with women. Given the complex nature of what Newcomers survivors are dealing with—especially when it comes to immigration challenges—consistent, long-term support is needed.

Shelter workers reported that Newcomer women have greater challenges (than the Canadian population at large) finding housing, which also impacts their need for extended time in domestic violence shelters. There can be many issues which exacerbate challenges securing rental housing, including a lack of references from previous landlords, a lack of financial resources, and the overall lack of affordable housing. For larger families, a lack of apartments in social housing units available with the “appropriate” (by Canadian standards) number of bedrooms for the number of children is also a challenge.

Settlement and counselling agencies also shared that Newcomer women need more time and more assistance to work through their complex needs. A lack of agencies that can help with these complex

issues, as well as a lack of clarity about the mandates of different agencies, creates a barrier for service providers as described in the excerpt below:

So one thing that is stopping us from really helping women is that we ourselves don't know the different agencies so well and how they work. And where they can find help. We are just told sometimes, even by supervisors, 'If you are just going to spend so much of time on this case, how are we going to complete our numbers for the funders? This is taking too much of your attention. That lady is calling you four times and she's coming every second day. Refer her to the family violence [agency]. Refer her to this society.' And when I follow up, the women say, 'No, I didn't know, I'm so afraid to go.' Even going from one agency to another, it's a big barrier. They have to unpack their story [again]. (Alberta)

It should also be noted that a focus by funders on numbers of clients served, as opposed to numbers of successful resolutions or things achieved by clients, impacts effective service delivery. Service providers feel pressure to help as many people as possible, even when “help” may be referring them on to another agency, perpetuating a cycle of “circular referring” where the woman may not find the help that she requires.

## **Summary**

When discussing the service providers' perspectives on supports for Newcomer women, themes of insufficient training and limited resources; counselling; health care; and flexible timelines are evident. These findings highlight the challenges and struggles that service providers encounter while supporting Newcomer women that endured (and continue to endure) experiences of IPV.

One area for improvement includes training for service providers. Settlement and other Newcomer-serving agencies must have information about IPV, including different types of violence and abuse and warning signs. Service providers who participated from Newcomer-serving agencies in Manitoba were not aware of the dynamics of IPV and did not view financial abuse as IPV. Further, we heard about significant challenges experienced by domestic violence professionals when attempting to help Newcomer women navigate immigration and legal systems. A domestic violence shelter worker in Saskatchewan also expressed frustration with a situation where a Newcomer-serving agency provided a client with incorrect information, thereby providing advice that could have harmed her immigration status. These findings help us to better understand the experiences of service needs for Newcomer women survivors of IPV in the Prairie provinces and provide direction on training and information that is needed for professionals that work with Newcomer survivors.

## Chapter 9: Discussion

The purpose of our research was to determine the unique situations facing Newcomer women who have experienced IPV, and to determine what is needed to ensure their rights, dignity, and freedom in their new country of Canada. Manjoo (2016) described how violence against women limits the rights of women to citizenship participation in cultural, social, economic, and political life. Specifically, violence against women limits their right to life and security, which includes such rights as health and reproductive health care; access to justice; access to rights such as equal participation in public and community life, protection from harm, and non-discrimination in community and family life; and the right to be free from all forms of torture (Advocates for Human Rights, 2019; Holtmann & Rickards, 2018; Manjoo, 2016). In this chapter, we analyze three key ideas: 1) unique compounding issues for Newcomer women and their children; 2) resilience; and 3) future directions.

As noted earlier, IPV experienced by Newcomer women in our study spans the scope of emotional, psychological, financial, spiritual, sexual, and physical violence. But as we discuss below, Newcomer victims/survivors are further ensnared due to additional exacerbating factors. These factors or themes are unique to their situation as Newcomers and, in many cases, are based on their immigration status. The four themes are: experiences of migration chaos; isolation and dependence; deception and threats; and patriarchal pressures carried out by partners, families, and cultural communities.

Upon arrival in Canada, most of the Newcomer women found themselves isolated and dependent on their abusive partner. The dependence was reinforced by language and financial limitations, as well as a lack of knowledge of their status and rights. Their dependency and isolation complicated their attempts to deal with the IPV. Adding to the sense of entrapment amongst the Newcomer women was the manipulation and threats they encountered from their abusive partners. Some of the abusive partners lied to their wives regarding the women's immigration status which, for many of the women, caused them to fear being deported and, in some cases, fear of being deported without their children. The women recounted stories of manipulation and threats from their partners, and, in some cases, other family members, related to their precarious immigration status, their children's safety, and their families back home. Pressure to stay in, or return to, relationships where IPV was present came from their partners, family members, and, for some, their faith and community members. The women's descriptions of their lives as Newcomers to Canada and living with IPV was often bleak. For some research participants, their situation was made even worse by partners who used technology to stalk and surveil them. Women had experiences of partners tracking their whereabouts; using cameras to record and monitor their movements; and having their communications monitored and important emails deleted, which had implications for employment and legal matters.

The women also had their lives threatened, experienced life-threatening forms of violence, were assaulted during pregnancy, and witnessed violence toward their children. Often these forms of violence overlap and intersect with each other. However, the study's findings highlight unique issues/themes related to Newcomers' status as immigrant and refugee women that compounded the impact on them and their children.

As previously noted, abusive partners often controlled women's paycheques and benefits such as the CCB. Children suffer when their mothers are prevented from accessing the financial resources needed to care for them. Women in this study spoke of being prevented from purchasing food and clothes needed by

their children. The sense of entrapment amongst those who live with IPV was overwhelmingly evident in the voices of the Newcomer women who participated in this project.

A consistent finding in this study was that Newcomers (both refugees and immigrants) do not receive adequate pre-arrival information. The type of information varies, of course, depending on the stream through which Newcomers migrate. There is a consensus that Newcomers do not learn enough about what to expect about life in Canada overall; and of particular relevance to the present study, Newcomers learn very little about the law in Canada and their rights, notably with regards to sexual, domestic, and family violence. In line with international human rights standards, countries that are signatories to United Nations' treaties should provide information on violence against women to women who are travelling to and/or arriving in Canada. Given that violence against women is a worldwide problem, there is no reason not to acknowledge this in pre-arrival information. This lack of information on available resources also has been noted in previous studies, as in the example of Portuguese immigrant women in Canada (Guruge et al., 2010); older immigrant women's experiences of abuse during post-migration (Souto et al., 2016); working with immigrant women and families (King & Cheung, 2017); and lack of knowledge about women's rights (Ahmad et al., 2009). Other barriers for women in seeking help include embarrassment, financial dependence on their partners, cultural/religious obligations to keep the family intact, and fear of losing immigration status and deportation (Hyman et al., 2006). Further, our service provider research participants strongly recommended that all Newcomers to the Prairie provinces receive orientation programming that includes information about IPV—including Canadian laws and where to get help—no matter what stream they arrive through.

Abuse relating to the immigration and legal systems was a salient theme shared both by Newcomer survivors and the service providers who support them. Misinformation from their partners is a significant barrier to women's help-seeking, with women reporting fears of deportation, legal repercussions, separation from their children, and other negative outcomes threatened by their partners, despite policy and law to the contrary. Many of the women participants in this study experienced their partners' active attempts to damage their status in Canada, such as refusing to file necessary paperwork. Service providers recounted their work to convey accurate information to the Newcomer women they serve, but many more Newcomers are not connected to these services. It is necessary to ensure that factual information about laws and policies around IPV and immigration is shared with all who arrive in Canada. Further, affordable legal assistance is a significant need for many survivors of IPV. For women who are new to Canada and have limited financial resources, this need is even greater. Further, for many Newcomer survivors, English is not their first language and they are unfamiliar with the Canadian legal system, making it daunting—if not impossible—to navigate the system alone or to self-represent in court.

It also became clear in our research that it is necessary not only to increase access to services and supports for Newcomer women who have experienced IPV, but also to extend support to Newcomer men who have perpetrated IPV, as well. Men who have used violence against their partners require access to treatment and interventions to manage the risk of future violence, and they need access to support in their own language or through an interpreter.

The women's experiences of IPV differed depending on their classification as Newcomers, their place of origin, cultural norms, age, language ability, whether they had children, and their education level. Most of the women interviewed had left their abuser but some had not. For many Newcomer survivors, leaving their partner is often the first time they have lived alone. In addition, they are learning to live alone in a new country. Many women do not have family in Canada, are isolated from other potential support

systems, do not speak the language, and do not have an understanding of the systems (such as government programs, transportation, and banking) that influence their daily lives. It is easy to understand how these challenges could leave Newcomer women who have experienced violence feeling defeated. One woman who had attempted to escape the abuse returned to the relationship because of a lack of other options:

I had to go back to him because it was so scary. Because newborn baby, no family, nobody. So, where can I start? Where can I start? And I don't work. I haven't started working. And just have a baby, C-section, and I have a health problem, too. So, all these things. I decide to go back to him. And then it starts over again after like a year. It starts over again, the same thing. (Alberta)

When women are experiencing IPV, the onus is most often placed on them to leave the home (as opposed to authorities removing their violent partner from the home). Thus, women who are new to Canada and their children are effectively uprooted twice. After fleeing violence, women may struggle to navigate the complex systems involved in starting over. In addition, trauma caused by abuse can make this process harder. One woman, who was a victim of sexual and psychological violence, said, "I just feel ashamed about everything that happened to me, and I'm not that strong to fight back" (Saskatchewan). King and Cheung (2017) wrote that the expectation to leave their homes in order to access services is unacceptable to some immigrant women, resulting in some women opting to stay in a relationship where IPV is occurring rather than seeking what Fay (2011) identified as "White, middle-class" strategies.

Similarly, many families who are experiencing IPV become involved with child protective services because of the mandatory reporting requirements when a child has been harmed or exposed to IPV (Nixon et al., 2007). Despite the potential benefits of defining children's exposure to IPV as a form of child maltreatment, some scholars and women's advocates caution about possible negative impacts on abused women, such as mothers being held accountable for violent home environments (Nixon et al., 2007). In fact, women who are experiencing IPV may initially stay in the relationship in an attempt to do what is best for their children. The results of the present study show that for many Newcomer survivors in the Prairie Provinces, having children in the home is a barrier to leaving, requiring more resources and planning to successfully separate. However, for some women, concern for the children's safety and well-being prompted them to attempt to end the relationship.

Although their work falls short of specific recommendations for interventions with Newcomer women with experiences of IPV, King and Cheung (2017) suggested reconsidering approaches that further the oppression of this population in both informal and formal spaces. Their suggestion aptly fits with all four broad questions addressed in this research. At the formal level, some recommendations have emerged from the study findings regarding how these ideal services should look, which will be discussed in *Chapter 9: Recommendations*. However, existing literature also has noted the importance and limitations of informal networks. As discussed above, one of the functions of the community can be the provision of peer support to women who have experienced IPV (Barrett & St. Pierre, 2011; Hyman et al., 2006).

Some women who are also connected with other services (such as provincial financial assistance programs) report requirements of things they must do as a condition of receiving services. In some provinces, looking for employment is a condition of receiving government benefits. For example, women in Alberta reported feeling harassed by Alberta Works (the provincial social assistance program). Newcomer women in Alberta reported that rather than receive repeated calls asking if they were looking for work, they chose to give up receiving the benefit. Women reported that they were expected to start

working in low-skill, low-wage work immediately, which is consistent with Baker Collins' (2005) study on living with poverty and the impacts of the pervasive scrutiny of social assistance. However well-meaning these requirements may be, women are left feeling overwhelmed. Programs and services offered do not account for—or do not have the capacity to mitigate—the impact of intersecting barriers that Newcomer single mothers face, such as a lack of affordable childcare, a lack of transportation, and language barriers.

In spite of all these hardships, the Newcomer women in this study asserted their agency to survive and thrive. Notably, the participants were incredibly creative and resourceful in finding ways that enabled them to escape IPV. We heard throughout the course of the project of the many ways that Newcomer women were resilient. They found a way to live on their own in a new place, they found work, they learned English, and they went back to school. Throughout the project, the resilience of Newcomer women was clear. As one woman said, “He said, ‘You can go, but I will make your life living through hell.’ I said, ‘I have to take that chance.’ And I left” (Saskatchewan). Another woman reported:

It's really hard living with someone that's perpetrating family violence. Is there hope? I've heard that there is, that people can change, but I would want to say to women or men in this type of situation, you don't have to wait around for them. You need to take care of yourself and your kids. That's your number one priority. That was something really helpful, advice I received both in the States and Canada. When I was coming back up here particularly, I needed...the first priorities were myself and my son. I needed to not worry about anything else. (Alberta)

The woman who faced deportation because of her husband's efforts, stated, “I would never ever leave [Canada]. I would never. I will fight for my daughter until the end” (Saskatchewan). This highlights the woman's resilience in fighting for herself and her daughter. She escaped the relationship and was building a safe and stable life for her and her daughter, though her former partner was still allowed access to their daughter.

That was the other reason why I came back up here was I needed to figure it out for the system up here. I think it's in everyone's best interest. Definitely that, to focus. Also, I think also throughout all this to learn to self-care because you've been made to believe that you need to do this and this and this for your partner when, no, you need to also take care of yourself. It is, it's a very trying experience especially with a child. (Alberta)

I also think that we need to meet and talk to other people who have had similar problems. Hearing other people's stories and how they coped will strengthen us. (Manitoba)

Cardoso and Thompson (2010) conceptualized resilience as a process of how individuals overcome adversity. Other scholars (Blaustein & Kinniburgh, 2010; Pulvirenti & Mason, 2011; Ungar, 2013) have defined resilience as a process that can only occur when individuals who have faced adversity are positively supported by communities and service providers. While we, the researchers, heard many examples of Newcomer women's resilience throughout the course of this research, we are cautious in our use of this term—some authors have warned against using the term “resiliency” in a casual way because such language can represent a slippery slope to societal perceptions that some individuals simply do not “have what it takes” to overcome adversity. These perceptions can undermine the complex processes underlying individuals' attempts to build resilience and can hinder the provision of appropriate interventions to individuals facing adversity (Sleijpen et al., 2013).

Challenges with the immigration system create additional barriers for women's self-sufficiency through employment. While those who immigrate through Canada's economic immigration programs (Federal Skilled Worker Program, Federal Skilled Trades Program, and Canadian Experience Class) receive points for education on their application, although the same education may not help them to find work in Canada. Many Newcomers find that their credentials are not recognized in Canada—even though many mistakenly believe that they will be before migrating—leaving them with the choice of low-paid work outside their profession or upgrading their education to eventually get back into their profession (Kikulwe et al., 2017). The option to attend post-secondary school without working is not an option for many Newcomer women, who still work in lower-paid work while upgrading their credentials. This limits women's economic opportunities and can also exacerbate tension in the home. Thus, a finding in our research was that Newcomer women often work in jobs that were not commensurate with their level of skills and training. Sometimes, financial, language, or childcare barriers prevent women from upgrading their education or taking other necessary steps to become employed in their field in Canada. In some cases, women are stuck in a cycle of low-paid work to meet their family's financial needs, leaving them without time to devote to their own educational achievement. Racism and discrimination were not raised as a barrier to employment for Newcomer women in our study, which was inconsistent with previous studies (George & Chaze, 2014; Schellenberg & Maheux, 2007).

However, in Manitoba in particular, a large proportion of our research participants had entered post-secondary education after escaping IPV. Assisting Newcomer women to access educational opportunities helps to bolster their success after IPV. Education helps Newcomer women to connect to the community, improve their language skills (for women who do not speak English as their primary language), and access employment opportunities that can help them to build financial stability. However, Newcomer women survivors' ability to engage in educational opportunities depends on a number of intersecting factors, including language ability, culture, if they have children and the children's ages, previous education obtained before migrating to Canada, and financial ability.

Newcomer women explained the difficulties that they had when attempting to access education when they were still in relationships where IPV was occurring. A Newcomer woman told us that when she applied to attend university, her husband stopped buying groceries and household necessities. It was an effort to pressure her to work to pay for these needs, as opposed to studying. He called her an irresponsible mother and wife for wanting to pursue her education, but she persisted. In fact, Newcomer women's attempts to access education while still living with an abusive partner can be a risk factor for further violence. Many male partners became angry when women expressed their desire to study or began attending educational programs. When women attempt to assert their independence, research finds that controlling perpetrators may increase their use of violence/abuse to maintain power and control (NCDSV, n.d.). Conversely, access to education can lead Newcomer women to increased safety by offering social connections, providing other information about the community (beyond the field of study taught in coursework), and lead to employment that can help women to establish financial independence. After going back to school, some Newcomer women started careers as service providers helping other Newcomer women who were experiencing IPV.

Women expressed the hurt and anger that they felt when their partners would not support their efforts to move forward. Concerning patriarchal control, King and Cheung (2017) argued that the home sphere has created negative impacts on women's career advancement through the lack of emotional and physical support with household chores and caregiving responsibilities. Commenting on South Asian women in Toronto, Ahmad and colleagues (2009) noted that this population is stressed out by the "triple workloads

of paid work, unshared household work and caregiving” (p. 614). In our study, some women were not only faced with these triple workloads, but they were also attending school.

The need for wrap-around services came out strongly in the research. Newcomer women who are leaving situations of IPV require support in many areas, including shelter (both short-term domestic violence shelters and access to affordable long-term housing), language and education, support around parenting, counselling related to IPV and other pre-existing trauma, and assistance navigating their new community. Coordinating these services could alleviate some of the frustration and confusion that Newcomer women experience when receiving services from a plethora of service providers and programs. These supports can help Newcomer women to utilize their strengths and successfully adjust to their new reality. A similar view has been shared by Souto, et al. (2016), who concluded that taking action against IPV involves micro, meso, and macro levels of support, and that these systems should “support the hopes and dreams of victims” (p. 5). Relevant to the present study, Ungar (2013) perceives of a supportive environment as one that “makes education accessible” (p. 255), particularly to those that are vulnerable including Newcomer women with experiences of IPV. Pulvirenti and Mason (2011) added that the State has a major role to play in providing resources that can help individuals to build up resilience. The role of the State is seen by Pulvirenti and Mason (2011) as important because Newcomer women cannot bounce back or move on from histories of harm and violence by themselves or solely with the help of poorly resourced communities they belong to. The inability of some Newcomer women to exhibit resilience should not be seen as an individual failure but as a collective, societal failure.

Social connections are important when healing from violence and abuse. We heard that women sometimes met when staying in shelters and continued to support each other in various ways. The women would visit as well as work together in practical ways, such as buying foods from their culture in bulk and sharing. However, while many Newcomer survivors find the greatest support among women from their home country (or language or cultural group), isolation and disconnection remain the greatest barriers for Newcomer women when they are experiencing IPV and after they have left the relationship. Many of the Newcomer survivors that we spoke to do not have any family living in the Prairie Provinces. Their partner regulated their access to social connections and friendships. For some women, isolation and disconnection from cultural communities are exacerbated by a clash between the traditional values of their home country, which often stress the duty to maintain marriage, and their desire for safety and a new way of life in Canada. When they leave relationships after experiencing IPV, many women no longer feel welcome in their cultural community and are cut off from family members.

### **Future Research Directions**

These findings are important as, to our knowledge, this is the first study to examine the experiences of Newcomer women experiencing IPV in the Canadian Prairies. We acknowledge, however, that the experience of every survivor is different, and the findings will not apply to all Newcomer women survivors. As services continue to expand and improve to meet the needs of Newcomers to the Prairie Provinces, revisiting these questions will be important to examine whether, and how, the needs of Newcomer women who experience IPV are served. Additional research priorities may be to examine Newcomer men’s experiences of IPV perpetration, access to treatment, and desistance from use of violence and to examine the experiences of children (including adult children) of Newcomer parents who experienced IPV. Another research priority includes further examination of the IPV experiences of Newcomer women living in rural areas.

## Chapter 10: Recommendations

At the core of feminist research is the goal to affect real change in women's lives (Beckman, 2014). The results of this project have been shared with domestic violence shelters and services, Newcomer-serving agencies, and other agencies who work with Newcomer women and survivors of IPV—such as police, government services, language instructors, healthcare providers, domestic violence services, and others. We undertook this work not only to learn more about the reality for Newcomer women who experience IPV and the challenges faced by service providers, but to find out what works and what has the potential to work in the Prairie Provinces. Much of the information shared points to the good work that these service providers are doing to keep Newcomer women safe—other information points to recommendations for improving service delivery. We hope that the recommendations contained within this report can allow agencies that serve Newcomer victims/survivors of IPV to improve their practices.

### Recommendations for the Federal Government

In line with international human rights standards, women who are migrating must be provided with information about their rights in Canada. Therefore, the federal government should:

- Provide Newcomer families with information on the rights of women and children to be free from violence, including intimate partner and family violence.
- Ensure that all services, formal and informal, are aware of the rights of women and children.
- Consistently work with informal services such as religious and community centres to provide information on the rights of Newcomer women and their families.
- Evaluate the mandatory pre-arrival information that is provided to refugees, in consultation with service providers and people who have recent experience migrating to Canada from other countries.
- Provide mandatory information about life in Canada, including international, national and local laws regarding intimate partner and family violence, to all new arrivals (both men and women, whether immigrants, refugees, or refugee claimants) pre-arrival whenever possible, as well as upon arrival in Canada.

Other actions that can be undertaken by the federal government to improve the situation of Newcomer women who have experienced IPV include:

- Consider flexible arrangements for refugee families to repay transportation loans. Some Newcomers who are underemployed or who cannot find work struggle to begin repaying the loan, sometimes relying on their Canada Child Benefit to repay the federal government for this cost.
- Consider flexibility for women who are travelling with their children so that the former spouse cannot limit their freedom by refusing to grant permission to travel out of the country.
- Provide affordable access to healthcare, including pre- and post-natal care, for Newcomer women, regardless of their immigration status.

### Recommendations for Provincial Governments

- Increase funding for provincially-run support services to ensure the provision of adequate programming and information services to Newcomer families.
- Fund domestic violence shelters and outreach services to provide longer-term, ongoing support to survivors of IPV, including Newcomer women.
- Increase funding for Supervised Access and Exchange Programs, and ensure that this option is available to survivors of IPV, for as long as required.
- Ensure that all Newcomer families receive information regarding provincial child protection laws.

## **Recommendations for Provincial Governments and Service Providers**

### ***Program Evaluation***

- Conduct an evaluation of treatment programs for men who perpetrate IPV to determine what is effective for Newcomer men who have used violence and determine what additional supports may help Newcomer men to end their use of intimate partner and/or family violence.
- Establish partnerships between academics and service providers to evaluate promising best practices.

### ***Education and Information for Newcomer Women***

- Undertake a public awareness campaign, aimed at women who are new to Canada, to spread awareness on what is considered IPV and that such violence and abuse are unlawful and unacceptable. Include information on the availability and accessibility of services and supports, such as shelters and counselling services, including what to expect in a shelter. (See, for example, the *You Are Not Alone* public awareness campaign from British Columbia (BC Society of Transition Houses)).
- Ensure that Newcomer women are aware of existing opportunities for legal information (such as the Family Law walk-in information sessions offered by Family Law Saskatchewan and Pro Bono Law Saskatchewan). Find ways to make this information accessible to women across the Prairie Provinces, including those who live in rural areas.
- Offer/fund English-language training to all Newcomer women in the Prairie Provinces to ensure their ability to take part in their citizenship rights.
- Offer/fund financial literacy training to all Newcomer women in the Prairie Provinces to prevent financial abuse. (This includes information about the Canada Child Benefit and other government programs, as well as banking and loans.)
- Host women-only orientation sessions for Newcomer women (both immigrants and refugees) covering a variety of topics (including violence/abuse, the law, and available services) at Newcomer-serving agencies.
- Offer education for Newcomer women on various types of immigration status, so that women understand if their immigration status is secure (protecting against threats related to immigration status from a partner) and can thus be empowered to take necessary steps, such as filing applications.
- Provide education and information around parenting, including Canadian norms and laws and information on how to talk to children about violence and abuse, including abuse prevention.

### ***Education and Information for Service Providers***

- Ensure that service providers (police, domestic violence service providers, social services staff, and others) have training in provincial legislation to assist victims [for example, Emergency Intervention Orders (Saskatchewan),<sup>4</sup> Emergency Protection Orders (Alberta),<sup>5</sup> or Protection Orders (Manitoba)<sup>6</sup>] and ensure that these options are being presented to Newcomer women.
- Ensure that service providers (including Newcomer-serving agencies) have training on the dynamics of IPV and information on how to explain the available options, including shelter, to Newcomer women who are experiencing IPV.

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<sup>4</sup> *The Victims of Interpersonal Violence Act*, S.S., 1994, c. V-6.02; Government of Saskatchewan (n.d.)

<sup>5</sup> *Protection Against Family Violence Act*, R.S.A. 2000, c. P-27; Government of Alberta (n.d.)

<sup>6</sup> *The Domestic Violence and Stalking Act*, C.C.S.M., c. D93; Government of Manitoba (n.d.)

- Educate medical professionals (especially those who frequently serve Newcomer communities) about IPV, including how to recognize warning signs and risk factors, how to have an effective conversation, and how to connect survivors to appropriate resources.
- Educate all front-line staff on working with Newcomers, including background information on situations in different countries/regions.
- Work collaboratively with religious/cultural organizations to assist them in recognizing and responding to IPV and to educate their members on the legal, social, and economic impacts of IPV.

### **Improving Accessibility of Services**

All agencies who work with Newcomer clients should endeavour to incorporate the following recommendations to improve the accessibility of their services:

- Provide English interpretation services and American Sign Language (ASL) interpretation to service recipients.
- Whenever possible, offer women a choice of interpretation services. This may include in-person interpretation by an interpreter from a different country than the woman's own who speaks the same language or telephone interpreters. Female interpreters should be used when working with women survivors, whenever possible.
- Bring an interpreter (or arrange for telephone interpretation services) for home visits, if the client's level of English warrants it.
- Offer workers the ability to call a telephone interpretation service (such as CanTalk) during appointments with clients in the agency or from their cell phone while conducting home visits.
- Establish ways for workers conducting home visits to identify themselves, such as their department/job role and purpose for the visit on a card, translated into the language of the client.
- Review all agency policies to ensure that practices are culturally relevant and safe for serving Newcomer women from a variety of backgrounds. Seek input from experts, including people with lived experience.
- Review all agency policies to ensure that practices are trauma-and-violence-informed.
- Offer driver training for Newcomer women at a low cost (without women needing to find and secure their own sponsorship).
- Assist Newcomer women in accessing educational opportunities. This must start with access to language classes and also include connections to post-secondary education, including access to educational funding.
- Provide education and training in a format that works for women with young children (such as part-time, as opposed to full-day programs).
- Provide affordable childcare services in an accessible location so that Newcomer women can attend language classes and educational programming.
- Provide language classes that women with small children can attend.
- Provide childcare services that are accessible in terms of cost, location, and operating hours (outside of the typical "business day").
- Provide affordable legal assistance for Newcomer women, including access to legal information and support for clients who self-represent, as well as access to legal counsel.
- Enhance social connections for Newcomer women, including women's social groups and volunteer opportunities.

***Recommendations for Settlement Agencies***

- Help couples to set up individual bank accounts, as well as a joint bank account (not only joint accounts, which tends to be the common practice).
- Keep a file for Newcomer women with copies of their documents, as well as their children's documents. If women are left without a copy of necessary documents, they will be able to access a copy stored by the Settlement Agency.

***Intimate Partner Violence Services***

- Expand outreach services to allow domestic violence outreach workers to spend more time following up with and supporting Newcomer women who have left shelter, or Newcomer women who have experienced IPV and have not accessed shelter.
- Increase accessibility of programming for children who have been exposed to violence, including offering programming for younger children.
- Ensure that risk management (including treatment) is available for Newcomer men who have perpetrated IPV.

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