

**Supporting Newcomer Women Who Experience Intimate Partner Violence
and Their Children: Insights from Service Providers**

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Abstract

This qualitative study adds to research on the experiences of professionals who support newcomer women who have experienced intimate partner violence (IPV). Findings from seven focus groups with 32 service providers from newcomer-serving and domestic violence agencies in Saskatchewan, Canada, include newcomer survivors' experiences of isolation, the impact of IPV on newcomer children, and challenges and opportunities for supporting newcomer women who have experienced IPV. Service providers described gaps in existing services and the need for additional services; they also described ways of working effectively with newcomer women survivors of IPV and their children. Professionals indicated the importance of a trauma-and-violence-informed, survivor-centered approach and highlighted the need for compassion, empathy, and patience when working with newcomer women who have experienced IPV. This article includes recommendations for service providers, including IPV shelters and services and newcomer-serving agencies, to improve service to newcomer survivors.

Supporting Newcomer Women Who Experience Intimate Partner Violence and Their Children: Insights from Service Providers

There is a small body of research on newcomer women's experiences of intimate partner violence (IPV); however, there has been relatively little investigation of the perspectives of service providers who support newcomer survivors. Research with service providers is essential as these professionals can provide important insights regarding challenges and recommendations for improved service provision for this demographic. Further, there is considerable diversity among newcomers (Alaggia & Maiter, 2015; Sokoloff, 2008) in terms of religion, education, language, ethnicity, and so on. Speaking to service providers from different professions who work with newcomers from different regions of the world adds to knowledge regarding service provision for newcomer survivors. This study examines service providers' experiences working with these survivors and offers recommendations for improving services for newcomer women from diverse backgrounds who have experienced IPV and their children.

The present study is part of a larger research project that included qualitative interviews with newcomerⁱ women who had experienced IPV and focus groups with service providers who work with these women in the Canadian Prairies (Alberta, Saskatchewan, and Manitoba) in order to consider the unique circumstances and impact of IPV on newcomer women's lives and to determine what services are needed to ensure their safety and wellbeing. This article reports findings from seven focus groups with 32 service providers who work with newcomer women in Saskatchewan. This is the first study, to our knowledge, conducted in the province of Saskatchewan on this topic. This research was particularly necessary, given the comparatively high rates of IPV in Saskatchewan, combined with the increasing rates of immigration to the province.

Saskatchewan Context

The rate of police-reported IPV in Saskatchewan is consistently over double the national average and represents the highest rate among the Canadian provinces (Conroy, 2021).ⁱⁱ The majority of victims of IPV (79%; Conroy, 2021) and intimate partner homicide (79%; Dawson et al., 2021) in Canada are women, while the majority of accused perpetrators of IPV (approximately 81%; Saskatchewan Ministry of Justice, 2017a, 2017b) and intimate partner homicide (86%; Dawson et al., 2021) are men.

Over the past 20 years, Saskatchewan has welcomed 156,107 immigrants, including refugees who were granted permanent resident status (Statistics Canada, 2020). Saskatchewan has also admitted 13,873 individuals on a temporary basis, including refugee claimants (Statistics Canada, 2020). The province's immigration rate increased from under 1% in 2001 to 4% in 2016, with over 10% of the province's current population born outside of Canada (Statistics Canada, 2017). In 2018, 10.3% of women who accessed Saskatchewan's provincially-funded domestic violence shelters identified that they had been born outside of Canada (Saskatchewan Ministry of Justice, personal communication, 2019), an increase from 9.8% in 2017 and 9.3% in 2016.

Literature Review

Help-seeking and Barriers to Services and Support for Newcomer Survivors

Upon arriving in their new country, newcomer families anticipate safety for themselves and their children. This is particularly salient for those leaving their homelands due to violence (Kaslow, 2014). Migration can be challenging and related stressors, such as separation from extended family, poverty, and discrimination, can exacerbate problems that families are experiencing, including IPV (Alaggia & Maiter, 2015; Jayasuriya-Illesinghe 2018; Kikulwe,

2015; Okeke-Ihejirika et al., 2020). Previous Canadian research conducted with newcomer women survivors of IPV illustrates a heterogeneous group, with a wide diversity of pre- and post-migration life experiences. In addition, experiences of and responses to IPV vary (Guruge et al., 2020; Okeke-Ihejirika et al., 2020).

While newcomer women may experience similar forms of IPV as Canadian-born women, many newcomer women also experience abuse and control related to their status as immigrants or refugees (Giesbrecht et al., submitted; Jayasuriya-Illesinghe, 2018; Mahapatra & Rai, 2019; National Centre on Domestic and Sexual Violence [NCDSV], 2009; Rossiter et al., 2018; Tabibi et al., 2018).

In many cases, the perpetrator of violence has unique circumstances to leverage as control, should a newcomer woman seek help. A woman's immigration status may make her more vulnerable to ongoing violence from her partner and increase barriers to accessing services. For example, the perpetrator may threaten to withdraw his immigration sponsorshipⁱⁱⁱ of the survivor or her family members if the violence is reported and outside help is sought (Aujla, 2021; Mosher, 2009; Rossiter et al., 2018). Some perpetrators lie to victims about the consequences to their immigration status and the status of their children should they leave (Mahapatra & Rai, 2019; NCDSV, 2009; Tabibi et al., 2018). Newcomer women may experience a lack of trust in the police and threats from their partners relating to reporting to the police (Alaggia et al., 2009; Aujla, 2021; Mosher, 2009; Rossiter et al., 2018). Some newcomer women and children experience pre-migration trauma that intersects with experiences of oppression and violence that they experience after arrival (Lorenzetti & Este, 2010; MacDonnell et al., 2012; Rossiter et al., 2018). Further, many newcomer women have limited support networks, and their experiences of abuse are compounded by multiple forms of oppression, such as race, class,

gender, language, poverty, unemployment, and histories of exclusion (Aujla, 2021; Bhuyan & Velagapudi, 2013; Sokoloff, 2008).

Previous research details newcomer women's experiences with formal and informal sources of support. Formal supports include services such as domestic violence shelters, police, settlement agencies, and social services. Informal, or "natural supports," include family, friends, neighbors, coworkers, and community members, including cultural and spiritual communities (Aujla, 2021; Barrett & St. Pierre, 2011; Guruge & Humphreys, 2009; Okeke-Ihejirika et al., 2020).

Many factors influence whether survivors of IPV seek help. These may include 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. Survivors of IPV may choose to end the relationship when their life or the lives of their children are threatened (Abraham & Tastsoglou, 2016; Barrett & St. Pierre, 2011; Ford-Gilboe et al., 2015). Research shows, however, that the risk for ongoing violence and lethality continues and often escalates after the relationship ends (Dawson, 2017; Office of the Chief Coroner for Ontario, 2019). Newcomer women's experiences of help-seeking and reasons for delaying seeking help after IPV also may be influenced by cultural/religious barriers, socio-economic challenges, socio-demographic factors (e.g., race, class, age), legal factors, a lack of knowledge regarding available resources (Ahmad et al., 2009; Aujla, 2013, 2021; Barrett & St. Pierre, 2011; Chan, 2020; Guruge et al., 2019; Hyman et al., 2006; Okeke-Ihejirika et al., 2020), challenges related to language ability (Alaggia et al., 2017; Aujla, 2010; Guruge et al., 2019; Holtmann & Rickards, 2018), and loss of social support after migration (Ahmad et al., 2009; Guruge & Humphreys, 2009). Recent Canadian research has also indicated that current policies and support services are

not adequately meeting the needs of newcomer women who have experienced IPV (Aujla, 2021; Okeke-Ihejirika et al., 2020). An understanding of the barriers to accessing support is crucial for improving access to resources for survivors of IPV (Barrett & St. Pierre, 2011) and avoiding potential harm and re-victimization during formal interventions. Services also need to consider the impacts of IPV on children living in the home.

Co-occurrence of IPV and Child Abuse

Child abuse frequently co-occurs with IPV (Bott et al., 2021; Wathen & MacMillan, 2013). Children of newcomer women survivors are impacted by being directly victimized by abusive fathers and by being exposed to IPV. Exposure to IPV is considered a form of child maltreatment and an indication that the child is in need of protection, according to Saskatchewan's child protection legislation (Government of Saskatchewan, 2019). When mothers are at risk of ongoing IPV and domestic homicide, their children are also at risk (David, 2019; David et al., 2017; Office of the Chief Coroner for Ontario, 2019). Nearly one-third of child protection investigations in Canada relate to concerns regarding children's exposure to IPV (Trocmé et al., 2008). Previous research (Alaggia et al., 2015) indicates that newcomer women may fear that involvement with child protective services will lead to the removal of their children from their care. Unfortunately, the good intentions of protecting children from violence can also have the impact of revictimizing both women and their children.

Research has shown that experience of and exposure to violence in early childhood can profoundly impact children's development, including their physical and mental health. Many of the negative impacts follow them into adulthood (Herrenkohl et al., 2022; Shonkoff et al., 2012). The Adverse Childhood Experiences (ACEs) questionnaire consists of 10 questions built around seven categories inquiring as to whether, as a child, they had experienced psychological,

physical, or sexual abuse, whether violence occurred in the home against the mother, if their parents divorced or were separated, if they lived with a household member who used substances, was mentally ill, or ever imprisoned. Afifi (2020) promoted the expansion of the definition of ACEs to include community violence such as war, exposure to physical and emotional violence in the home, and poverty. Children's experiences of IPV, child abuse, trauma, and migration are shaped by social location, as well as access to and interactions with different systems (Etherington & Baker, 2018). ACEs may be experienced by both newcomer mothers and their children (Taillieu et al., 2020).

Many abusive, violent, and controlling fathers undermine the victim's (mother's) parenting by preventing her from making decisions, undercutting her in front of the children, encouraging children to behave disrespectfully toward her, and implicating children in the abuse (David et al., 2017; Hellman et al., 2010; Jaffe et al., 2008; Lapierre et al., 2018). Lapierre and colleagues (2018) stated that victimization experienced by women and children are inextricably linked, indicating the importance of understanding and supporting mother-child relationships in the context of IPV.

Previous Research with Service Providers Who Support Newcomer Survivors

To date, a small number of previous studies have been conducted with service providers, including IPV and settlement professionals, who support newcomer survivors in Canada (Alaggia et al., 2017; Aujla, 2010; Bhuyan & Bragg, 2021; Chan, 2020; George & Rashidi, 2014; Holtmann & Rickards, 2018). This research offers insight into challenges experienced by professionals when delivering services. These challenges include awareness of issues relating to immigration and IPV, providing culturally compatible services, meeting immigrant women's

specific needs, coordination of services and collaboration among service providers, and funding challenges (Aujla, 2010; Chan, 2020; Holtmann & Rickards, 2018).

Theoretical Framework

Kimberlé Crenshaw (1989) introduced intersectionality as a theoretical lens to analyze the ways in which sex and race interconnect to shape women's experiences. This framework has been applied by scholars researching ways in which class, race, gender, immigration status, and experiences of violence collectively intersect (Aujla, 2021; Chan, 2020; Mehrotra, 2010; Sokoloff, 2008). Mehrotra (2010) called for epistemologies such as intersectionality to also focus on the experiences of migration, colonization, sexuality, ability, and other multiple identities to provide a broader conceptualization of the forms of oppression encountered by women. As a theoretical analytic tool, intersectionality demands that we critically examine privilege alongside oppression (Windsong, 2018). Guruge and colleagues (2020) wrote that "the experiences of as well as the risks for domestic violence and complexity of victims' vulnerabilities must be understood within individual, community, cultural, societal, and structural contexts, both pre-and postmigration" (p. 113). Understanding and serving newcomer communities requires a framework that captures the heterogeneity of newcomers' lived experiences, reasons for migrating, and socio-cultural and economic backgrounds (Guruge et al., 2020).

In conducting this research, we employed an intersectional approach to assist us in understanding the multiple factors that shape newcomer women's experiences of IPV and seeking services. We aimed to examine how service providers respond to the interplay of multiple, complex needs when supporting newcomer women survivors of IPV. We consider how services can be improved to achieve social justice, which aligns with Chan's (2020) idea of

developing support services that consider the combination of social inequalities and impacts on newcomer women.

Methods

Data Gathering

The study received Research Ethics Board approval from the University of Regina. Criterion sampling was used during recruitment of participants (Patton, 2014). Specifically, the criteria for inclusion were that participants worked in a professional capacity with newcomer women who were survivors of IPV. A flyer that described the study was emailed to community agencies that serve newcomer women (settlement agencies, language classes, and other newcomer-serving organizations), survivors of IPV (shelters, counseling centers, and sexual assault centers), police agencies, and other community organizations and services (libraries and post-secondary institutions).

Seven focus groups with 32 service providers were conducted between May and August 2018 in Regina and Saskatoon, the two largest urban centers in Saskatchewan. Before beginning the focus groups, all participants signed a consent form and an agreement to keep all information shared in the focus group confidential. Focus groups were conducted using a semi-structured format with open-ended questions (Kruger & Casey, 2015; Wibeck et al., 2007). Focus groups allow participants to build off one another's ideas and provide examples relating to comments that others make (Wibeck et al., 2007). Participants were asked about the services offered at their agency and how they work with newcomer women who have experienced IPV. Service providers were also asked for their insights into what kinds of services are most helpful for newcomer women who are experiencing IPV—and which are not helpful. We also inquired what changes

were needed to improve services. In addition, we asked for examples of their clients' experiences of IPV, challenges they encountered, and how their immigration status impacted them.

Data Analysis

After recordings of the focus groups were transcribed, thematic analysis was conducted following the steps described by Braun and Clarke (2006). Clarke and Braun (2017) describe thematic analysis as “a method for identifying, analyzing, and interpreting patterns of meaning (themes) within qualitative data” (p. 297). Initially, the first three authors read each transcript to understand the content of each focus group. Then, the three researchers individually analyzed the transcripts, identifying salient themes and subthemes. The researchers met several times to discuss their results and reached consensus. The major themes were then presented to the remaining three authors, who reviewed the results that were provided. Through a series of discussions, the full team finalized both the major findings and subthemes.

Participants

Thirty-two service providers participated in seven focus groups conducted in Saskatchewan's two largest cities. One-third (34%) of participants worked at IPV shelters, one-third (34%) worked at settlement agencies, and 19% worked at counseling centers. The remaining participants worked in policing, post-secondary education, sexual assault services, and healthcare. All participants identified as women. Many participants (44%) identified that they had migrated to Canada from another country. Over one-third (34%) of participants had less than five years of experience working in their field, the same percentage had 5-10 years of experience, 22% had 10-24 years, 6% had 25-34 years, and one participant (3%) had over 35 years of experience.

Findings

Thematic analysis resulted in three broad themes: *isolation of newcomer women who have experienced IPV, the impact of IPV on newcomer children, and challenges and opportunities for supporting newcomer women who have experienced IPV and their children.*

Within the first two themes, service providers shared their experiences working with newcomer survivors of IPV and provided examples from their clients' experiences. The third theme included systemic barriers when providing services to newcomer survivors, such as policies and availability of resources. Professionals also described interventions that were not helpful and suggested ways of working more effectively to increase newcomer women's comfort and safety when receiving services. Our findings add to the existing literature by including examples of newcomer women's experiences, as relayed to us by professionals, and detailing professionals' own experiences serving newcomer women and children who are impacted by IPV. As previously stated, newcomer women are a heterogeneous group; so were the service providers we interviewed. By analyzing stories shared by professionals from various newcomer-serving and IPV agencies, we aimed to understand their experiences of working with and supporting newcomer women with histories of IPV. We also sought to provide recommendations for practice and research to improve safety and support for this population.

Isolation of Newcomer Women Who Have Experienced IPV

Isolation was a significant theme in service providers' retelling of their clients' experiences, as it is both a form of and a consequence of IPV. Perpetrators of IPV maintain power and control by intentionally isolating survivors. Service providers recounted that newcomer survivors experienced their partners limiting their opportunities for work, education, and social interaction. As a result, survivors of IPV often end up isolated, without opportunities

for support, thus increasing their risk. Intersecting issues including race, language, economic and social circumstances and geographic location exacerbate the isolation that newcomer survivors experience. Newcomer women are isolated when living in a new community without the family, social, and community connections that they had in their home country. Service providers explained how difficult social integration is for women who do not know anyone and do not know how to navigate the city. When women are not comfortable speaking English (and do not have the opportunity to learn, whether because of waiting lists for classes or their partners' control and interference), they may maintain or form new connections with the local community that speaks their language of comfort but miss out on opportunities to fully participate in their new community. An IPV shelter worker shared:

We have often found... that was one thing that their partners would do to isolate them is to stop them from going to learn English. So it creates all kinds of barriers in itself, but it also isolates them from mainstream [Canadians].

The isolation fostered by the abusive partner during the relationship exacerbates the barriers experienced by newcomer women when they start over after IPV. When a relationship ends, either because the newcomer woman leaves her abusive partner or he is removed from the home by police, she can find herself overwhelmed, trying to take care of necessary household tasks for herself and her children without help and with limited access to finances and transportation. Many newcomer women feel at a loss not knowing how to go about buying food, banking, or paying bills if this was something that their husband previously took care of.

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.

Service providers also talked about the potential for cultural communities to offer support and safety—or, at times, the opposite. For newcomer women who form friendships with others from their cultural background, these relationships can be an invaluable source of support and information about adapting to life in their new community. One service provider commented:

I think that they need that sense that there are 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.

The same worker continued, explaining how their clients often do not receive support from women from their own community when they end relationships where they are experiencing violence.

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. And that's a terrible thing because then... they become very alone if they haven't got community and supports in place.

Some service providers shared that one of the greatest fears survivors of IPV have is that their communities will blame them for leaving their partners. This can influence women's decision not to disclose IPV or attempt to end the relationship. One professional described the stigma that newcomer women encounter, stating, “*You're ostracized, you're isolated from your community, and even your friends' 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.*" Many newcomer women are already suffering from isolation related to their partner's controlling behaviors, and some feel further isolated due to shame and stigma related to IPV. For some women, deviation from community and family expectations to hold the household together leads to victim-blaming and stigmatization. Fear of losing the support of friends and cultural and linguistic communities can be a barrier to seeking assistance and ending a relationship after experiencing IPV, as many survivors first go to informal networks, or natural supports, prior to obtaining formal supports. This concern is especially salient when women and their partners are members of the same cultural community.

The isolation experienced by newcomer women creates barriers to connecting with service providers who can provide assistance and support. Survivors who are new to Canada may not be aware of IPV shelters and services. Women's limited language ability, a lack of family and social connections, and partners' deliberate efforts to provide misinformation exacerbate this.

Impact of IPV on Newcomer Children

Service providers talked in detail about how children of newcomer women are impacted by IPV. An IPV shelter worker shared:

[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 need to reinforce parenting, like when women come into shelter, especially [from] countries where sons eventually take over the role as the dominant person in the household when the father dies.

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, but children also asked for their fathers after they had been removed from the home by police. Service providers shared examples of children who reenacted violent or abusive behaviors they had seen at home. They stated that when this behavior is not addressed, children can get in trouble at school. While IPV undoubtedly impacts all children who are exposed, service providers pointed out how the impact of violence and abuse may be exacerbated for newcomer children who have experienced trauma relating to their migration journey.

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 [IPV] or more of what trauma they've experienced back home where they come from.

Children, like their parents, may be dealing with the impact of trauma resulting from their experiences before arriving in Canada in addition to being exposed to IPV and directly experiencing abuse. Service providers recalled difficulty discerning how children may be impacted by both the IPV they are experiencing in the home, as well as trauma that occurred prior to and during migration.

For some women, seeing that their children were victimized by exposure to IPV and, in some cases, also directly victimized by their father was the catalyst to end the relationship.

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 the last straw for them. Enough is enough.

Another professional recalled how the negative influence on her son was what spurred one client 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 . . . that was kind of one of the last straws for her, but now that little boy is the most respectful person. That was something that was very meaningful to her was to have him respect women.

Challenges and Opportunities for Supporting Newcomer Women Who Have Experienced IPV and Their Children

As questions were focused on how service providers support newcomer women who have experienced IPV and their children, a dominant theme involved challenges and opportunities for improving services. Sub-themes include the availability of services, the need for longer-term support for newcomer survivors, and ways of working effectively.

Availability of Services

Participants discussed gaps in the availability of services for newcomer women, identifying the need for professional counseling, orientations for newcomers that include information on violence and the law, access to language interpretation services as well as services provided in languages beyond English, access to legal assistance and information, and programming for newcomer children who have been exposed to violence.

Service providers noted that government-funded settlement programs for newcomers are often specific to refugees. Other immigrant women and women without status or with precarious status (such as when a work permit has expired) are not eligible for these programs and, as such, miss out on crucial opportunities for support. Further, service providers explained that women without status were unable to receive healthcare, Legal Aid, and other necessary services. Access

to affordable legal services is a significant challenge for newcomer women, especially those who are not working or have experienced economic abuse. 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.

A lack of English language skills can impact women greatly, causing them to be misunderstood and to misunderstand—or altogether miss—crucial information. This can result in denial or inability to access services. One service provider described a newcomer woman who became homeless and had her children apprehended because she could not read her mail. Life-altering consequences occurred, with the woman and her children evicted from their home and separated due to her inability to read written communications from her landlord.

[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.

Focus group participants shared what their own agencies have in place for interpretation services, such as staff members who speak other languages (in addition to English) and access to over-the-phone interpretation. However, they also noted that interpretation services are often not provided when their clients access other services in the community. This makes women

responsible for bringing their own interpreter (sometimes a friend or one of their children) or missing out on receiving essential information. The service providers who participated in our study were clear that it is never appropriate to have children interpret for their parents during appointments, even though parents may ask children to interpret; they shared that they avoid this by having interpretation services in place in advance.

Confidentiality is another challenge that arises with interpretation. In the two study sites, many ethnic and language groups are small and close-knit, meaning that interpreters 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 information through these interpreters. Service providers also shared stories of confidentiality being breached by interpreters and of interpreters who changed the information as they shared it between newcomer women and service providers.

She was originally from Afghanistan, but she didn't want to work with a translator from Afghanistan... the community here is so small that she didn't want anything related back, possibly to her community back home. Even though you try and say it's supposed to be confidential, is that person keeping it confidential? That's such a hard barrier, [to] trust that they're going to keep it confidential. So she was willing to work with people that could speak Farsi, but from, say, Pakistan or Iran, but she wasn't willing to work with someone from Afghanistan. So just even having a pool of people here to choose from that are available and able to translate is so hard.

IPV shelter workers shared that they use CanTalk^{iv}, a telephone interpretation service, to protect women's confidentiality by giving them access to interpreters who are not located in their local area. Further, one service provider also shared that interpreters are not always comfortable

hearing the content of conversations regarding IPV and that this can be traumatizing for the interpreter.

Service providers stressed the need for more services to help people who are living with the impact of trauma resulting from events that occurred in their home countries, as well as traumatic experiences of abuse after their arrival in Canada.

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 are multiple traumas, and then they have the domestic violence overlying it. So you're not sure what you're dealing with. And so [a client gets] a 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.'

Participants discussed challenges when supporting clients with this sort of traumatic history. 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?"* The same worker talked about a client who had to be hospitalized when she experienced mental health challenges, but because of language barriers, the process was not adequately explained to the woman, no doubt making a frightening situation worse. This lack of adequate communication to explain services and seek to understand victims' lived experiences and perspectives, which can be critical for solution-seeking and problem-solving, has a negative impact on outcomes for newcomer survivors.

Service providers also discussed the limited availability of mental health services in the province for children generally and specifically for newcomer children. This included programming for children who have been exposed to IPV and had other experiences of trauma:

But even for kids, 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.'

Another concern shared by participants was the requirement at some agencies to get consent from both parents, even when they are separated, before providing counseling to children. In some cases, one parent's refusal meant that children who had been exposed to IPV were unable to receive counseling.

The Need for Longer-Term Support

Staff of non-profit organizations, including IPV and settlement agencies, spoke of the difficulty in providing the level of service clients need to the number of clients who need it while operating with limited resources. Services providers expressed the need for funding to meet the needs of the growing newcomer population in Saskatchewan, indicating that increased funding would allow for hiring additional staff to provide longer-term support to newcomers and survivors of IPV. A settlement worker expressed:

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.

IPV shelter workers stated that newcomer women often need more time and more assistance to work through their complex needs, such as finding housing and completing applications and

paperwork related to immigration. An IPV shelter worker 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 explained that extended shelter stays result in fewer free rooms. 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 and had stayed longer, on average, than Canadian-born women. Allowing survivors to stay longer enabled these staff to work more intensively with them. Given the complex nature of what newcomer survivors are dealing with—especially when it comes to immigration challenges—consistent, long-term support is needed. IPV professionals stressed the importance of second-stage shelters, which provide safe and supportive housing for survivors for 1-2 years, as well as the need for more outreach workers to provide support for women not currently staying in a shelter and those who have left a shelter.

Shelter workers reported that newcomer women experience significant challenges finding rental housing, which impacts their need for a longer stay in the shelter. Challenges securing rental housing can include a lack of references from previous landlords, financial resources, and affordable housing. For larger families, a lack of available social housing units with the number of bedrooms deemed appropriate by the housing provider for the number of children is also a challenge.

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

expressed frustration that many agencies include providing referrals as a key piece of their work, but that services to refer to are lacking when it comes to services specific to newcomers (and that serve newcomers of all streams) as well as mental health services, such as counseling specific to survivors of trauma. 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 issues related to IPV and issues related to immigration.

Ways of Working Effectively

Service providers discussed alternatives and ways to promote safety in using services, such as interpretation. 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 or that they do not feel meet their needs. Participants shared that good practice includes making it clear to women that they have the right to refuse the service at the start of any connection. Service providers’ descriptions of ways of working effectively with newcomer survivors of IPV indicated an approach that is trauma-and-violence-informed (TVI)^v and survivor-centered^{vi}, taking into account women’s unique lived experiences as well as the societal context in which those experiences take place.

Service providers highlighted the need for patience and empathy when working with newcomer survivors:

I can think of this client that we had at the shelter who had a mental health case where... 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.

Working with newcomer women who may not speak English and who may be dealing with a plethora of complex issues is challenging for professionals who have not had training regarding immigration processes and concerns related to migration. Workers also reiterated the importance of cultural safety^{vii} and of being aware of how their own biases and preconceptions affect their ability to offer adequate support to clients of different backgrounds. They spoke of avoiding making assumptions about their clients' culture or their wishes. One of the study participants indicated that the “*lack of patience and compassion*” can result in newcomer women's needs being ignored, compounding the often invisible intersectional struggles of race, class, gender, language, and immigration.

IPV professionals spoke of their need for more education and information on issues related to immigration. They noted they had found themselves struggling to locate specific information regarding immigration policy when they had newcomer clients needing assistance. An IPV shelter worker expressed her frustration when clients had been given incorrect information by a local organization that serves newcomers:

Immigrant women probably won't get to our door. They'll get to [newcomer-serving agency] first, and [they] don't have information around how to leave an abusive relationship or what your rights are. How dangerous is that? So I feel like, aside from service providers not being compassionate or doing their jobs, they really don't even know their jobs! How could you not know the laws around it? And I felt like even for us [IPV] staff. . . we're not trained [in immigration laws and processes].

She went on to explain how staff at her agency had gathered information to help clients as it was needed (such as when clients sought to apply for permanent residence); however, she still did not feel that they had an adequate understanding of various immigration policies. This challenge is exacerbated by the fact that policies change frequently.

Other participants from the IPV sector noted how they were building partnerships with immigrant-serving agencies to ensure a more supportive environment for newcomer women and their children. Service providers recognized the importance of intersectoral partnerships to address the intersections of IPV and immigration. Newcomer women who experience IPV come into contact with various service providers, including workers from settlement agencies, child protection, mental health, and IPV services. Participants spoke of the importance of building partnerships between newcomer-serving agencies, IPV agencies, and other services to ensure that no matter where they receive services first, newcomer survivors will receive correct information regarding IPV and immigration laws, will have their options explained, and will be supported in planning for safety.

During the focus group discussions, service providers' commitment to effectively serving newcomer survivors of IPV was apparent. While it was clear from examples that these professionals used creativity and compassion to meet their clients' unique needs, the workers were also aware of the ways that services were not adequately serving the complex needs of newcomer women and they felt limited in how to fill these service gaps. Increasing the availability of services such as counseling for survivors of trauma, programming for newcomer children who have been exposed to and experienced violence, and access to legal assistance and information requires investing in program development and ongoing operational funding for IPV and newcomer-serving agencies. Nonetheless, service providers' concerns offer important

directions for increasing collaboration and improving service delivery. It is necessary for newcomer-serving and IPV agencies to collaborate so that survivors receive information regarding IPV, immigration, and their rights that is accurate and accessible and supports them to effectively make decisions regarding safety for themselves and their children.

Discussion

Our study communicates the experiences of service providers, including professionals who work at IPV shelters, settlement agencies, and counseling centers that serve newcomer women survivors of IPV and their children in Saskatchewan. While much of the previous literature focuses on experiences of particular groups of newcomer women (such as a specific cultural community or country of origin), a strength of this study is that service providers detailed their experiences working with many diverse newcomer women survivors of IPV. Our findings highlight some commonalities in experiences, impacts, barriers, and supports observed by service providers. In addition, most of the existing literature regarding newcomer women's experiences of IPV, and the experiences of service providers who work with them, is based on research conducted in large immigrant-receiving cities such as Toronto. Given the comparatively high rates of IPV in Saskatchewan and increasing rates of immigration to the Canadian Prairies, this research was a step toward better understanding the experiences of newcomer women survivors of IPV and their children in this current context. Findings from this study include three broad themes: isolation of newcomer women who have experienced IPV, the impact of IPV on newcomer children, and challenges and opportunities for supporting newcomer women who have experienced IPV.

Isolation is multi-layered and is both a form of and a consequence of IPV. Newcomer victims are isolated in their relationships, where isolation is used by partners to maintain power

and control; they are also isolated living in new communities without the social and family connections that they had in their home countries. The isolation that was fostered by the abusive partner during the relationship exacerbates the challenges and barriers experienced by newcomer women when they are starting over after IPV. These findings are consistent with Abraham (2000), who also found that South Asian survivors experienced isolation at multiple levels.

Challenges experienced by newcomer women in the Prairies are different than those in other parts of Canada. For example, public transportation is not as accessible and efficient as in larger urban centers. Wait times and walking to bus stops are much more difficult during extreme weather conditions. Further, there are fewer established formal and informal cultural supports as communities are smaller than in larger urban centers. Similarly, there may not be as many services for newcomers and having tight-knit communities means challenges, including issues surrounding confidentiality, can arise in relation to accessing these formal supports.

In line with other Canadian research (David et al., 2017; Jaffe et al., 2008; Lapierre et al., 2018), service providers in the present study reported that IPV impacts children of newcomer women in multiple ways including direct victimization by abusive fathers, exposure to IPV, being implicated in the abuse, and when abusive fathers undermine mothers' parenting. While the impact of IPV on their children was a catalyst for some newcomer women to end the relationship, it is important to note that ending the relationship does not guarantee an end to the violence, nor will it ensure that children are protected. A parent who has perpetrated IPV and/or child abuse and may not have had an active role in parenting may end up with unsupervised parenting time where the victim parent is no longer present to intervene for children's safety.

Service providers were aware of the complexity of children's experiences when IPV is taking place, as well as the complexity of service provision to adequately meet these children's

needs when they have experienced past trauma in their home countries and during migration as well as IPV and family violence. Children, like their parents, may be dealing with the impact of trauma from their experiences before arriving in Canada, as well as the trauma of IPV and family violence. Children's post-migration experiences are influenced by the family's reasons for migrating as well as language, social location, and other factors; migration journeys for refugees are marked by trauma for parents and their children (Nsonwu et al., 2013; Javanbakht et al., 2021). When working with newcomer children who have experienced violence and abuse, it is necessary that approaches are TVI and intersectional. It is necessary for counseling and support to be available in a timely fashion to children of all ages to mitigate the impact of exposure to and experience of violence as well as migration-related trauma and issues related to settling in Canada.

The insights shared by the service providers highlight the ways that agencies may fail to address the intersecting needs of newcomer survivors of IPV and their children, thus contributing to their precarity and vulnerability in Canada. Service providers identified services that should be expanded to increase accessibility and availability to newcomer survivors and children, including counseling, orientations for newcomers that include information on violence and the law, access to interpretation services as well as services provided in languages beyond English, access to legal assistance and information, and programming for newcomer children who have been exposed to violence. The lack of access and availability of the aforementioned services also heightens the isolation for survivors of IPV.

Given the complexity of many newcomer survivors' experiences, including not only IPV but other traumatic experiences, parenting challenges that arise as a consequence of IPV victimization, challenges with immigration policies and processes, and that these experiences are

heightened by intersections of language barriers, poverty, and gender, service providers from both newcomer-serving and IPV agencies stressed the need to provide longer-term support to newcomer survivors of IPV. A key finding in our study was the need for more IPV services, specifically longer-term (second stage) shelters and outreach services. Governments should invest in additional IPV shelters, including second-stage shelters and IPV outreach programs, and should increase the level of funding provided to existing services. Governments can help to fill service gaps by funding children's mental health services—specifically services for newcomer children with histories of trauma.

Service providers' descriptions of ways of working effectively with newcomer survivors of IPV indicated an approach that is TVI and survivor-centered, taking into account women's unique lived experiences as well as the societal context in which those experiences take place. Patience and empathy are incredibly important; to build understanding, trust, and safety, service providers need to take extra time to listen and to explain. This finding concurs with Lorenzetti and Este (2010), who showed that refugees with experiences of trauma perceived empathy, trust, and caring to be of higher value than the role of the "expert" professional. The importance of a TVI approach across all sectors that serve newcomers and survivors of IPV, including children, was clear.

Recommendations for Practice

Training & Education

Service providers stated the importance of relaying accurate information regarding both IPV (including forms of IPV, risk factors, strategies for safety planning, and available supports) and immigration laws and policies to newcomer survivors of IPV. To achieve this, professionals who work in settlement agencies must receive training on recognizing and responding to IPV,

and IPV professionals require training on issues related to immigration. Training should be offered to service providers (including police officers, medical professionals, and staff of IPV shelters and services, social services, and newcomer-serving agencies) in TVI practice as well as areas such as provincial legislation relating to IPV, the dynamics of IPV, warning signs and risk factors for IPV, and services that can assist people who experience IPV. Staff of shelters and other IPV agencies stated their need for training on immigration policy and assisting clients to navigate various processes, such as applying for residency.

Partnerships

Given that policies are prone to change, accessible sources of accurate and up-to-date information are essential. Participants spoke of the importance of building partnerships between newcomer-serving agencies, IPV agencies, and other services to ensure that no matter where they receive services first, newcomer survivors will receive correct information, will have their options explained, and will be supported in planning for safety.

Community partnerships remain a “work in progress” as they need to be more substantive. Partnerships should also be expanded to include collaborations with agencies in areas such as housing, legal assistance, mental health, health care, government (including income assistance and child protection), and post-secondary education. Further, opportunities for cross-training must also extend to professionals in these sectors, and others who work with newcomer survivors, such as interpreters, to ensure that opportunities for providing information and support to newcomer survivors are not missed, no matter where they seek services.

It is important to find ways to disrupt isolation, such as through women’s groups and ongoing outreach services. Partnerships between IPV and newcomer-serving agencies, as well as

legal, healthcare, and other social service organizations, are key for increasing awareness relating to IPV, rights, and supports among newcomer women.

Access

Agencies must have access to interpretation services and offer this to their clients. Even if clients can communicate in English, they may be more comfortable in another language, especially for difficult conversations or those that incorporate new terminology. Clients should be given a choice of interpretation options (in-person or over-the-phone). Before appointments, it should also be explained to clients what sort of questions will be asked, or topics will be covered so that they know if they will be comfortable using a local interpreter or if they would prefer telephone interpretation. It may be necessary to share these preliminary details through electronic translation (e.g., Google Translate) or using over-the-phone interpretation (e.g., CanTalk) before arranging interpretation of the client's choice.

It is challenging for service providers to determine the most effective ways of working with newcomers and for researchers to give recommendations for improving practice because of the diversity of newcomer women's and children's experiences. Therefore, it is necessary for service providers to practice within a framework that is TVI and survivor-centered, where clients are aware of their options and feel comfortable making choices regarding the services that they receive. Agencies must consider cultural safety in their policies and service delivery, and professionals should work toward cultural humility.

Recommendations for Future Research

Service providers offered important insights regarding challenges supporting newcomer women who experience IPV and their children and recommendations for improved service provision. Professionals from IPV shelters, counseling centers, settlement agencies, and other

agencies that serve newcomer survivors provided examples of challenges experienced by newcomer women from different countries and with varying migration experiences to add to knowledge regarding service provision for newcomer survivors generally. Additional studies with service providers would add to our knowledge in this area. Future studies could focus on or include greater participation from law enforcement, legal, and health care professionals to find out more about how newcomer survivors access these services and specific challenges faced by professionals in these sectors. Additionally, more research on how newcomer children are impacted by IPV is needed to inform recommendations for practice.

Newcomer women who have experienced IPV have valuable insights and recommendations and are important research participants. The present study was part of a larger study that also included newcomer survivors (Giesbrecht et al., *submitted*). Including both survivors and service providers was a valuable strategy that provided the opportunity to examine common themes, and differences in the themes, discussed by the two groups.

While studies have been conducted with newcomer survivors and service providers in Canada, the body of literature remains relatively small, with few studies conducted in the Prairie provinces (Aujla, 2010, 2013, 2021; Bhuyan & Bragg, 2021; Giesbrecht et al., *submitted*). Studies that include newcomer women who came to Canada from various countries through various immigration streams, as well as studies that focus on subsets of this population, including women from particular regions in the world or with particular migration experiences would be important for building the knowledge base on this topic.

As research continues to be conducted in Canada, as well as in the US and other countries, findings can be compared to determine what is applicable across jurisdictions, adding to knowledge on this topic and informing future service delivery, policy development, and

research. As services continue to expand and improve to meet the needs of newcomers to the Canadian Prairies, revisiting these questions will be essential to examine how service providers can best meet the needs of newcomer women who experience IPV and their children.

Conclusion

Given the high rates of IPV in Saskatchewan, as well as increasing rates of immigration to the province, it was timely and necessary to conduct research into this topic to work toward a better understanding of the experiences of service providers and opportunities for improving services for newcomer survivors of IPV. This qualitative study adds to a small body of research on the experiences of professionals who support newcomer women who have experienced IPV and their children. Findings include service providers' descriptions of the isolation of newcomer women who have experienced IPV, the impact of IPV on newcomer children, and challenges and opportunities for supporting newcomer women who have experienced IPV and their children.

Research with service providers is vital as these professionals can offer important insights regarding challenges supporting newcomer women and children from diverse backgrounds who experience IPV. Further, service providers can provide recommendations for improved service provision based on their own experiences and can explain how practice aligns with (or deviates from) policy.

Our goal is that the findings from this study will lead to conversations and collaboration between agencies that serve newcomers and survivors and will inform training and education for professionals. Increasing awareness of issues relating to IPV, trauma, and immigration, including policy, legislation, and available services, will increase opportunities for newcomer survivors to receive a supportive response, no matter which type of service they encounter first.

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Notes

ⁱ In the present study, we defined “newcomer women” as all women who are new to Canada, including immigrants, refugees, and those without status. Immigrants are people who move and settle in a new country. This category includes those of different legal categories and reasons for migrating. Refugees are defined as “immigrants who migrate involuntarily or by force, for reasons that may include war, political or religious persecution, or natural disasters” (Guruge et al., 2020, p. 112).

ⁱⁱ The rate of police-reported IPV in Saskatchewan in 2019 was 724 incidents per 100,000 population, over double the national average of 344 per 100,000 (Conroy, 2021).

ⁱⁱⁱ Immigration, Refugees and Citizenship Canada’s (IRCC) family class requires that the sponsored family member is financially supported by the sponsor (IRCC, 2019a). 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 remaining in situations of IPV for fear of risking their future in Canada (IRCC, 2019b).

^{iv} CanTalk (cantalk.com) is a telephone service located in Winnipeg, Manitoba that provides immediate over-the-phone interpretation in 200+ languages and dialects. CanTalk states that “The role of the over-the-phone language Interpreter is that of an impartial participant who interprets the original speech – passing that information in the appropriate language between two parties – ensuring that both parties are provided with the specific information offered by the other party in the appropriate language. Interpreters are not to volunteer information (offering opinions or providing suggestions) to anyone during the interpretation process. They are also not to summarize, paraphrase or condense in a way that changes the meaning of the original text.”

^v A trauma-and-violence-informed (TVI) framework takes into account “the intersection of systemic and interpersonal violence and structural inequities on a person’s life. [TVI] 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” (Nonomura et al., 2020, p. 3).

^{vi} Approaches that are survivor-centered are “informed by the perspectives of survivors as experts in their own experiences and needs” (Rossiter et al., 2020, p. 22) and “[aim] to maximize choice and address each survivor’s unique needs, contexts, and coping strategies in the framework of a collaborative partnership” (Cattaneo et al., 2021, p. 1252- 1253).

^{vii} According to Rossiter et al. (2018), “*Cultural safety* is defined by clients themselves, and requires service providers to recognize that structures and systems themselves may threaten client safety, and make an effort to transfer power to clients. *Cultural humility* extends this concept further, and asks service providers to recognize that their own cultural values impact the services they provide” (p. 10).