

**“I Felt Like I Was a Puppet— He’s the Master, and He’s Playing with My Life”:****Newcomer Women’s Experiences of Intimate Partner Violence**

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**“I Felt Like I Was a Puppet— He’s the Master, and He’s Playing with My Life”:****Newcomer Women’s Experiences of Intimate Partner Violence****Abstract**

This study adds to a small body of Canadian literature investigating the ways that newcomer women experience, and are impacted by, intimate partner violence (IPV). The study involved qualitative interviews with 15 newcomer women who migrated to Saskatchewan, Canada, from 12 different countries. These findings provide insight into participants’ complex lived experiences and illustrate how women’s status as newcomers intersected with their experiences of IPV. As well as abuse related to language ability and immigration status, participants in our study described their experiences of physical; sexual; emotional; psychological; economic; and legal abuse; as well as coercive control; isolation; surveillance, stalking, and harassment while in the relationship and after separation; challenges with shared parenting; and the imposition of patriarchal values. Perpetrators of IPV maintained control by intentionally isolating survivors, and participants were also isolated due to their status as a newcomer and their limited English-language ability and social connections.

## **Introduction**

This study focused on the ways that newcomer women<sup>1</sup> experience and are impacted by intimate partner violence (IPV). Informed by the theoretical framework of intersectionality, the findings are drawn from interviews with 15 newcomer women who migrated to Saskatchewan, Canada, from 12 different countries. The present study is part of a larger research project that included qualitative interviews with newcomer women who had experienced IPV and focus groups with service providers who work with newcomer victims/survivors in the Canadian Prairies (Alberta, Saskatchewan, and Manitoba).

### **Intimate Partner Violence**

The rate of police-reported IPV in Saskatchewan (724 incidents per 100,000 population in 2019) is over double the national average (344 per 100,000) and represents the highest rate among the Canadian provinces (Conroy, 2021). Most victims of IPV in Saskatchewan are women (80%; Conroy, 2021), while perpetrators are primarily men (approximately 81%; Saskatchewan Ministry of Justice, 2017a, 2017b). Over a ten-year period (2010-2019), there were 815 victims of domestic homicide in Canada, comprising 718 adult victims murdered by current or former intimate partners, as well as 87 children<sup>2</sup>. One hundred and twenty-eight (16%) of these victims were identified as newcomers; 86% of newcomer victims were female, and 92% of the accused were male (Dawson et al., 2021).

The Provincial Association of Transition Houses and Services of Saskatchewan (PATHS, 2018) states that IPV “can include physical, psychological, emotional, verbal, financial, sexual, and spiritual abuse; excessive jealousy and control; harassment after separation; and murder.” Several of these forms of IPV are not criminal offenses and are therefore not captured in police-reported statistics. Further, a Statistics Canada survey found that 70% of victims of IPV stated

that they never reported the violence to the police (Burezycka, 2016), demonstrating that the rate of IPV is undoubtedly much higher than the rate recorded in official data.

Coercive controlling violence is an especially damaging and dangerous form of IPV (Campbell et al., 2003; Stark, 2007); however, it is not a criminal offense in Canada. Coercive control “may include acute jealousy, degradation, micro-regulation of daily life, social isolation, disallowing independent thinking or decision-making, deprivation, surveillance, forced sex, sexual exploitation, shaming, forced adherence to a belief system that condones IPV, intimidation, [and] threats” (Saskatchewan Police Commission, 2018, n. p.). These tactics are displayed in the *Power and Control Wheel*, which conceptualizes the ways in which coercion, threats, intimidation, blaming, economic abuse, isolation, using male privilege, and physical and sexual violence and abuse allow perpetrators of IPV to maintain power and control (Domestic Abuse Intervention Programs, n.d.).

### **Newcomer Women's Experiences of IPV**

Data on the prevalence of IPV among newcomer populations are inconsistent, likely due in part to limited access to newcomer women as research participants (Tabibi et al., 2018). While IPV does not appear to be more prevalent among newcomer populations than in the Canadian-born population (Du Mont et al., 2012; Rossiter et al., 2018), their status as newcomers adds an additional layer of complexity. The National Center on Domestic and Sexual Violence (NCDSV) illustrated this by revising the original *Power and Control Wheel* developed by the Domestic Abuse Intervention Project to create the *Immigrant Power and Control Wheel* (NCDSV, 2009). While newcomer women may experience the same forms of IPV as Canadian-born women, there are additional ways that their partners enact violence in relation to women's positions as newcomers. For example, in situations of IPV where controlling behaviors are present, it is

common for an abusive partner to threaten to take the children away. The *Immigrant Power and Control Wheel* adds threats from partners to take the children out of the country (NCDSV, 2009). It is also common for perpetrators of IPV to prevent their partners from getting or keeping a job (Domestic Abuse Intervention Programs, n.d.; Postmus et al., 2020). Newcomer women may also be prevented from learning English and attending educational or employment training programs (NCDSV, 2009; Rossiter et al., 2018; Tabibi et al., 2018). Another form of control used against newcomer women is their partners' refusal to file papers relating to immigration or "withdrawing or threatening to withdraw papers filed for her residency" (NCDSV, 2009).

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, duration in the new country, English-language abilities, and other factors (NCDSV, 2009; Rossiter et al., 2018; Tabibi et al., 2018). For example, for women sponsored by their partners or refugee claimants, their partners may deliberately lie or withhold information about the process so that women think they cannot remain in Canada if they leave the relationship. Women without immigration status may be threatened with deportation. Newcomer women may also encounter additional barriers to reporting abuse, seeking safety, and accessing services, which can lead to increased vulnerability to ongoing IPV (Ahmad et al., 2009, Alaggia et al., 2009; Aujla, 2013; Aujla, 2021; Guruge et al., 2019; Rossiter et al., 2018; Tabibi & Baker, 2017; Tabibi et al., 2018). Newcomer women also face barriers to living, working, and participating in education and employment in Canada, including childcare, housing, and lack of recognition of their educational/professional credentials (Kikulwe et al., 2017; Tabibi & Baker, 2017). These barriers can increase the difficulty that they experience ending relationships where IPV is taking place and subsequently living independently in Canada. Research also has

documented newcomer women's depression as a result of IPV (Cottrell et al., 2009; Mosher, 2009).

Cottrell and colleagues (2009) wrote that "in all cultures, violence against women is sustained by patriarchal values and practices. Although such values are universal, their expressions are culturally specific" (p. 83). It is clear that IPV is all too common in Saskatchewan and Canada (Conroy, 2021), and newcomer families do not experience IPV at a higher rate than the mainstream Canadian population (Du Mont et al., 2012; Rossiter et al., 2018); however, recent migration to Canada adds an additional layer of complexity for newcomer women who are experiencing IPV.

### **Rationale for the Research**

Over the past 20 years, Saskatchewan has welcomed 156,107 immigrants (including refugees who were granted permanent resident status) and 13,873 individuals on a temporary basis (including refugee claimants) (Statistics Canada, 2020). The province's immigration rates increased from under 1% in 2001 to 4% in 2016, with over one-tenth (10.5%) of the province's current population born outside of Canada (Statistics Canada, 2017).

In recent years, domestic violence shelters and counseling centers in Saskatchewan have been serving increasing numbers of newcomer women fleeing IPV. In 2018, 10.3% of women who accessed Saskatchewan's provincially-funded domestic violence shelters identified that they had been born outside of Canada, an increase from 9.8% in 2017 and 9.3% in 2016 (Saskatchewan Ministry of Justice, personal communication, 2019). Prior to beginning the present study, professionals who work at PATHS' member agencies (domestic violence shelters and counseling centers in Saskatchewan) had expressed a desire for information regarding effectively supporting newcomer women who had experienced IPV.

Therefore, given the high rates of IPV, the increasing rates of immigration to the province, and the expressed desire from front-line professionals to gather information to inform service delivery, it was time to conduct research into this topic to assist in the work toward a better understanding of the experiences of newcomer victims/survivors and opportunities for improving services for newcomer survivors and their children.

Few Canadian studies have included survivors from various countries of origin (e.g., Alaggia et al., 2009; Cottrell et al., 2009; Holtmann & Rickards, 2018; Mosher, 2009). Further, most of the Canadian research with newcomer victims/survivors of IPV was conducted in larger centers in Eastern Canada. Little previous research has examined the lived experiences of newcomer women survivors of IPV in the Prairie provinces (a notable exception is the work by Aujla, 2013, 2021), with the current project being the first, to our knowledge, conducted on this topic in the province of Saskatchewan.

### **Theoretical Framework**

Intersectionality (Crenshaw, 1989) is a theoretical lens through which to analyze the ways in which race, gender, and other identities and factors, such as immigration status, intersect to shape the experiences of survivors. In line with other researchers who study newcomer women's experiences of IPV (Aujla, 2021; Chan, 2020; Guruge et al., 2020; Kapur & Zajicek, 2018; Sokoloff, 2008), our research design and analysis were informed by intersectionality. Guruge et al. (2020) explained that to understand newcomer women's experiences of IPV, as well as their complex risks and vulnerabilities related to IPV, it is necessary to take into account the "individual, community, cultural, societal, and structural contexts, both pre-and post-migration" (p. 113).

In our examination of newcomer women survivors' post-migration experiences of IPV, we endeavored to examine how gender, race, ethnicity, immigration status, socioeconomic status, language, and other identities, as well as contexts ranging from community to structural, intersect. Understanding the potential theoretical impasse related to the intersectionality framework in the academic realm, we acknowledge the complexities created by these identities, without deconstructing how each of these social locations impacted the women in our study. We aimed to identify overarching themes that were resonant and reflected the experiences of multiple women of different ages, immigration statuses, ethnicities, nationalities, languages, cultural groups, education levels, and socioeconomic statuses to inform recommendations that would be culturally safe and appropriate for newcomer survivors with different intersecting identities. As there is considerable diversity among newcomers (Sokoloff, 2008), speaking to newcomer survivors from different regions of the world helps to build knowledge regarding the experiences of newcomer women living in Saskatchewan who survived IPV.

### **Method**

Data for this study were generated through fifteen qualitative interviews conducted in Saskatchewan's two largest cities, Saskatoon and Regina. The present study was part of a tri-provincial research project that included interviews with newcomer women survivors of IPV and service providers in the Canadian Prairies (Alberta, Saskatchewan, and Manitoba). The purpose of this project was to consider the unique circumstances of newcomer women who experience IPV and the impact of IPV on the lives of newcomer women and their children in the Prairie Provinces to inform service delivery to enhance the safety of newcomer families who have experienced IPV. Findings from the interviews with newcomer women in the province of Saskatchewan included two broad themes: newcomer women's experiences of IPV and



newcomer survivors' experiences of help-seeking. The present article reports findings related to experiences of IPV; results related to help-seeking are reported separately<sup>3</sup>.

### **Sampling and Recruitment**

The sampling strategies we employed were criterion and snowball sampling. Criterion sampling involves defining inclusion criteria that determine participation eligibility (Palinkas et al., 2015). Our specific criteria for the women in the study were that they: 1) had experienced IPV; 2) were born outside of Canada; 3) had been in Canada for less than ten years; 4) were over the age of 18 years; and 5) resided in Saskatoon or Regina, Saskatchewan at the time of the interview. Snowball sampling, which involves asking participants to refer others to participate in the study (Palinkas et al., 2015), was the second strategy used. To ensure we explored a diverse range of experiences, we sought to interview newcomer women with and without children from various countries of origin, nationalities, ethnicities, and languages.

After receiving approval from the University of Regina Research Ethics Board (2017-220), the recruitment poster was shared with newcomer-serving agencies and organizations that provide services to women who have experienced IPV. Information about the study was also circulated on Facebook and Twitter. Newcomer women who were willing to participate contacted the researcher in either city. Newcomer women who participated were asked to let others know about the study and service providers who participated in focus groups were asked to share information about the study with their clients.

### **Data Collection Process**

The data were collected through in-depth semi-structured interviews conducted between March and August 2018. Individual interviews were conducted with newcomer women to protect their confidentiality and increase their comfort when sharing their experiences regarding IPV.

Interviews took place at a time and location that was convenient for the participants. Many women expressed feeling more comfortable being interviewed in their own homes; therefore, most interviews took place in participants' homes. Depending on participants' needs, childcare was arranged on-site for interviews, or funding was offered to women to assist with covering childcare costs or taxi fares to attend the interview. All interviews were conducted by female members of the research team. An interpreter assisted during four of the interviews.

Interpretation was arranged and provided by a local newcomer-serving agency or participants themselves, who had their own interpreter accompany them to the interview. Participants received a \$50 honorarium to thank them for their participation. The majority of interview participants consented to have the interview audio-recorded. These recordings were transcribed verbatim. One participant was not comfortable with her interview being recorded; therefore, the researcher took notes.

After providing informed consent, interview participants completed a demographic form identifying their age, home country, language(s) spoken, length of time in Canada, immigration stream, highest education level, and employment status. During the interview, newcomer women were asked about their experiences of IPV before moving to Canada and how the relationship (and the violence/abuse) might have changed after migration. Newcomer women with children were asked how they thought IPV impacted their children. We also asked women what informal and formal services and supports they sought and used for themselves and their children.

### **Data Analysis**

Data were coded using NVivo qualitative data analysis software. Braun and Clarke's (2006) six-step process was followed to conduct the thematic analysis of interview data. As the project was tri-provincial, data analysis began with authors independently reading transcripts

from their location and generating inductive codes (Braun & Clarke, 2006; Saldaña, 2014). The authors then worked together to develop an over-arching coding framework resulting from the themes that were consistent across the three provinces. Through ongoing dialogue, the team selected the most salient quotes that captured the essence of various themes and subthemes (Saldaña, 2014). Coding was an iterative process, informed by the larger research project's theoretical framework and existing literature on this topic. The present article presents one of the two major themes, including its sub-themes, derived from interviews with newcomer survivors in Saskatoon and Regina, Saskatchewan.

### Demographics

A total of 15 newcomer women living in the province of Saskatchewan participated in interviews.

**Table 1: Demographic Profile of Participants**

Demographic Characteristics		<i>n</i> (%)
City of Residence	Saskatoon	8 (53%)
	Regina	7 (47%)
Age Range	25 to 34 years	5 (33%)
	35 to 50 years	9 (60%)
	50+ years	1 (7%)
Length of Time in Canada	< 5 years	8 (53%)
	5 to 10 years	6 (40%)
	> 10 years	1 (7%)
Highest Level of Education	No formal schooling	2 (13%)
	Elementary school	3 (20%)
	High school	1 (7%)
	Some post-secondary	3 (20%)
	Certificate, trade, or degree program	3 (20%)
	Post-degree or graduate program	3 (20%)
		( <i>n</i> = 15)

The 15 women who participated came from 12 countries: Bangladesh, Democratic Republic of Congo, Ethiopia, Eritrea, Indonesia, Iraq, Morocco, Nigeria, Pakistan, Philippines, South Sudan, and Sudan. The women represented diverse linguistic groups, and several spoke two or more languages.

Nine participants identified as refugee claimants or had initially migrated to Canada as a refugee. Others arrived through family sponsorships, on a work visa, as a skilled worker through the Saskatchewan Immigrant Nominee Program (SINP), or were sponsored by other groups or programs. One-third of the women were employed at the time of the interview.

Nine of the 15 women had migrated to Canada with their partners. Eight of these women were married in their home country, including two women in arranged marriages and one in a forced marriage; another met her partner in a refugee camp after fleeing her home country. Five women traveled to Canada alone: one who was married in her home country and migrated after her husband, one who migrated alone after fleeing her husband's abuse in her home country, another who separated from her partner while in a refugee camp, a woman who came for work and met her Canadian-born husband after arriving, and a woman whose marriage was arranged who met her husband for the first time after her arrival in Canada. One participant, who had traveled to Canada for her first marriage, had been in three arranged marriages, and had experienced abuse in all of them. None of the women were still in the relationship where they had experienced IPV at the time of the interview.

### **Findings**

The thematic analysis resulted in two broad themes: newcomer women's experiences of IPV after arrival in Canada and newcomer survivors' experiences of help-seeking after experiencing IPV. In this article, we present the findings relating to women's experiences of IPV in Canada. Specifically, we detail newcomer survivors' experiences of physical; sexual; emotional; psychological; economic; and legal abuse; as well as coercive control; isolation; surveillance, stalking, and harassment while in the relationship and after separation; abuse related to language ability and immigration status; challenges with shared parenting; and the

imposition of patriarchal values. Isolation was significant as both a form of and a consequence of IPV. Perpetrators of IPV maintained power and control by intentionally isolating survivors. Participants were also isolated due to their status as newcomers with limited English-language ability and social connections.

Forms of IPV are not distinct but interrelated and interconnected—therefore, the qualitative themes in this analysis overlap. Women's experiences of IPV and the challenges and danger they faced were exacerbated by factors related to their position as a newcomer—including immigration status and language ability. IPV does not occur only in a particular stage of the migration process or as a single, exclusive event. This article focuses on women's experiences of IPV in the Canadian context, though for some of the women, IPV began in their country of origin. The trauma experienced by newcomer women is complex—in addition to IPV, some of the women had experienced violence during war and conflict in their home countries. Most women experienced multiple forms of violence that occurred during the relationship and continued after separation. Below, we discuss each form of violence to provide insight into participants' complex lived experiences and examine how women's status as newcomers to Saskatchewan intersected with their experience of IPV.

### **Physical and Sexual Violence**

Participants recounted how their husbands used physical and sexual violence in the relationship, including stories of severe physical violence. For example:

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. I've been beaten up a lot. Yeah, I've been kicked in the back and, yeah, pounded on. It was really, really scary, you know, just passing out or whatever. Lots of physical violence and lots of being punched in the head.

Several participants reported fearing for their lives; for some, this served as the catalyst for escaping the relationship:

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."

For other women, fear for their lives was an initial barrier to trying to end the relationship.

However, all were eventually able to extricate themselves from their abusive partners and were no longer in these relationships at the time of the interviews.

Participants shared examples of being sexually assaulted by their husbands before and during their marriages. One woman described how, before her arranged marriage to her husband:

He came one night to meet me, and he raped me. I didn't know what to do. I came home. My mom looked at me, she was like, "Are you okay?" I was just thinking if I tell my mom, she will freak out. Because she has so many health issues, I don't want to disturb her. I was like, "Maybe I'm gonna get married to this guy," so it's because I was really naïve at that time. I didn't know. I was like, "Maybe he's going to be my husband, so it's nothing to tell. Maybe I can forget that."

Another described how religion and culture led her to believe she could not refuse her husband's sexual demands. This had been reinforced by witnessing the experiences of other women in her family:

I used to believe ... and it's in our religion ... that you cannot say no to your husband when it comes to sex ... Like if you are sick or if you are in pain, you cannot say no ... Before that, I just know that in our religion and that's what I saw actually about my mom, my sister, my aunt ... I've witnessed everything. Still, my mom is scared to say no to my dad. That's how I was taught—that if I say no to my husband, the angels will curse me all night or something like that.

The women shared with us the various ways and extent to which men would go to exert dominance and control over their bodies. One of these means of control over women's bodies was through reproduction, wherein some women were forced to get pregnant when they did not want more children. One participant stated, "The man tries to tie the woman down with kids. That's what they try to do, and this is not helpful." Having more children was one way that men

attempted to make their female partners more dependent on their relationship for economic and other forms of support. Some partners also tried to pressure women to terminate wanted pregnancies. Others interfered in women's pre- and post-natal health care and disallowed women from breastfeeding their babies or forced them to continue breastfeeding against their doctors' advice. While participants had the same access to healthcare as Canadian-born women, they did not feel they had the autonomy to seek treatment, follow their doctor's advice, or make their own healthcare decisions due to their partners' control and threats of continued violence.

### **Emotional and Psychological Abuse**

Women reported feeling that they constantly needed to defend themselves from physical, as well as emotional and psychological, attacks from their husbands. Participants described emotional abuse and psychological cruelty from their partners and their responses and resistance to the violence. A participant recalled:

He would criticize everything I do; the way I eat, the way I dress, how long is my hair, my makeup, everything.

She went on:

And every day of my life, he would criticize everything that I do until ... I tried to defend myself and sometimes I became ... I lied, little things ... just so that there was no argument.

Men used psychological abuse to torture and hurt women; this insidious form of abuse also served to damage women's sense of themselves and cut them off from family and community support. For example, one woman recalled being left in the car while her husband joined family members for a holiday celebration:

[At] Chinese new year, the [family] always goes to the restaurant for the family gathering together. He put me to stay in the car, and then he joined with every[one] in the restaurant. I was almost suicidal at the time.

Women in our study shared how their husbands regulated their lives, making all the decisions and disallowing them from making choices. One woman recalled: "I felt like I was a puppet—he's the master, and he's playing with my life." As is common in situations of coercive controlling IPV, this woman's partner attempted to make her think she was "crazy," commonly known as gaslighting:

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 ...

Her confidence was diminished as her partner continually minimized the abuse and presented an alternate version of what had happened during incidents of violence, attempting to reinforce that she was to blame for problems in the relationship. He made it clear how little he valued her happiness or her life: "He would always joke that 'there's a rope, yeah, one of these days you will hang yourself.'"

Another woman explained how her partner had purchased life insurance, hoping she would die in childbirth:

In case I die, he gets everything ... I am just so defeated. Is this the way of living? He just thinks if I die he's just taking everything. I felt hurt ... [When I had the baby], he didn't like the result because he was expecting me to die. So, once I had the baby, and everything was okay, he started to make problems more and more, and then we wouldn't be on speaking terms for two or three months.

At a time when she needed support while caring for her older children as well as a new infant, this woman was faced with hostility and subjected to emotional and psychological abuse from her husband. Further, she explained how experiencing IPV after the arrival of her new baby triggered memories of when she fled war in her country and stayed in a refugee camp when her first child was a baby.



Three of the women experienced their partners' infidelity along with emotional abuse. One woman shared that her mother-in-law encouraged her husband to maintain extramarital affairs, including continuing to call former partners back in their home country. Infidelity also occurred within the family home, with the knowledge of other family members. One participant told us that she had been working hard to provide for herself, her husband, and their children when she discovered he had purchased expensive items for another woman on credit. This had a significant emotional impact on these women, who felt betrayed and even more alone in this new country where they had anticipated starting a new life with their husbands.

### **Patriarchal Values**

Participants shared that their partners viewed women's roles as subordinate, with wives meant to serve their husbands. A woman recalled:

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.

While their husbands considered keeping the home to be women's responsibility, participants still found themselves with limited control over household and family decisions, both large and small. Women recounted that their partners made all the major decisions for the family, including family planning and size, the country they would live in as well as living arrangements, and the ways they would interact with others in their communities and families. An interview participant recalled how choices in the relationship, such as multiple moves to different countries, were dictated by her husband:

We stayed [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 1 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.

While men expected women to be the primary caregivers, women's input on childrearing issues was overridden as their partners asserted control over every aspect of their domestic lives.

Many study participants experienced abuse perpetrated by members of the husband's extended family, particularly their mothers-in-law. Participants explained how, in their respective cultures, it is typical for mothers to have a major role in the decisions involving their son's family. One woman said that IPV began after her husband's mother joined them in Canada. She spoke of her mother-in-law instigating violence and abuse:

I got pregnant with my third child...my mother-in-law, she was giving me a 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.

She continued, "I don't know how everything changed. But, I know if [his] mother's not in my house, [if it is] just me and him and the children, everything's gonna change."

Another woman also spoke of the violence she endured from her mother-in-law and other extended family members:

Problems started 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 he's not her father. He's [her] step-father.

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

There was no abuse 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.

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. Newcomer women also shared examples of partners and extended family providing disinformation regarding immigration and legal matters to create fear and control them.

Patriarchal values were employed by men who attacked their wives' reputations by alleging that they were engaging in prostitution—another behavior included in NCDSV's (2009) *Immigrant Power and Control Wheel*. When perpetrators engage in this particular form of abuse, it is not only an attempt to belittle and humiliate the woman; it serves to isolate her further and limit opportunities for support by damaging her reputation with others who might have sought to help her:

What he tells people he tries to mess up my reputation in the community. You know, "She works in the hotel, and she leaves her job and brings men to the hotel and comes and sleeps with men in the hotel." I said, "How? How did that happen?" [I am doing] hard work. I bring money home. I do eighty hours.

Patriarchal values held by cultural and faith communities were another barrier to support and safety. A woman described her reluctance to engage with people from her cultural community, stating that she would not go to them for support: "I wouldn't go to them, because those people think [IPV] is normal..." This meant that she was also reluctant to attend her place of worship because people from her country of origin attended.

### **Isolation**

Isolation is both a form of and a consequence of IPV. Perpetrators of IPV maintain power and control by intentionally isolating survivors and limiting their opportunities for work, education, and social interaction. Participants experienced their partners intentionally isolating them in numerous ways, including physical, emotional, and social isolation. Women experiencing IPV become more isolated as they avoid routine activities out of fear of their partner's retaliation and avoid sharing what is happening with family members or coworkers. When survivors end up isolated, without social connections and opportunities for support, this further increases their risk. Women in our study were also isolated due to their status as newcomers, without the established family, social, and community connections they previously

had in their home country. In addition, some women had limited ability to communicate in English, which further restricted opportunities for social interaction and help-seeking and increased dependency on their partner.

Partners limited women's opportunities for independence and restricted their freedom to leave the house and connect with others. Partners also exercised control by preventing women from connecting with their cultural communities and family members in Canada and their home country. A woman, who came to Canada for the marriage, explained that her partner physically confined her and prevented her from speaking to her mother back home:

He used to lock me inside the home...every time he used to leave for work, he used to lock the house. 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 work, and he will lock me inside the home.

Another participant explained that back home, she had been able to go outside and visit with neighbors, whereas in Canada, she was expected not to leave the house. Another explained how she had to stay home alone, forced to look to her partner as a conduit to the outside world and a way to have her basic needs met:

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 had no freedom.

Sometimes partners intentionally created barriers to women being able to access services: "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." This was a way that the perpetrator worked to ensure that it would be extremely difficult for his wife to gain independence from him. Isolation also heightened women's vulnerability because they lacked opportunities to develop knowledge of the available resources. One participant said that all she

did work at her cleaning job and return home—she did not talk to anyone. She explained that she now knows that there are many supports available, including women's shelters, but she did not know about them at the time she was experiencing IPV.

The newcomer women also spoke of isolation related to living in a new country, where they were separated from the rest of their family and did not know anyone. This exacerbated women's loneliness and feelings of dependence on their partners. A woman shared: "the only family that I have was him and my daughter. So I couldn't leave."

Further, physical isolation and separation from family members allowed partners to perpetrate IPV without fear of repercussions from the family or broader community. For example, one woman explained that her husband was abusive in Canada, where they had no family living nearby, but "once, we went back to [home country] 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."

For many newcomers, connections to cultural and religious institutions are an important source of social support. Some of the participants in our study experienced their partners preventing them from forming these connections. Other women had tried to connect with local cultural communities and had not received a supportive response. The emotional and psychological toll of feeling ostracized from one's cultural and spiritual community was devastating for some women, and they became further isolated as a result. A woman explained that she "tried getting in [to the cultural community], but they didn't give me a chance. They isolated me. So now I don't have that support."

The breaking down of women's confidence and autonomy, in conjunction with other forms of IPV perpetrated by their partners, and the uncertainty of being in a new country without

social support and knowledge of systems and services exacerbated isolation and feelings of entrapment for many of the women. It also limited opportunities for intervention. As a result, women felt isolated both within their relationships and in the broader context of their new communities in Canada.

### **Surveillance, Stalking, and Harassment**

Newcomer women in our study reported experiencing surveillance, stalking, and harassment while in relationships and after leaving. When women were in the relationships where they were experiencing IPV, their husbands controlled their movements and social interactions—and any opportunities to reach out for help. This came in the form of surveillance of in-person and online activities. For example, one woman shared how she discovered that her partner was monitoring her email account, deleting important messages. Another woman's partner used surveillance cameras as a tactic to monitor her movements. When he was not at home, he would watch her remotely. If she went outside, he would let her know he was watching:

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 the Post Office. If I would go to the right, he would text me, "Why are you going in that direction? Are you going to the Post Office?" I just don't like being watched.

Despite having left their relationships, several women still lived in constant fear of their ex-partners. Stalking was used by former partners to maintain control over the women's lives and to instill fear. As a result, survivors feared not only for their own safety but the safety of others around them:

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 is dealt with in court.

Another woman explained how, when she was in the relationship, her husband followed her and monitored her movements while she was at work. This persistent stalking continued after their separation:

He still follows me wherever I go. "Oh, I saw you in this mall. What are you doing there?" Keeps 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 [for] me. . . he will even know when I went to the store, "What are you doing in the store?"

This participant explained how she tried to evade him, not just out of concern for her own safety but out of concern for him: "So he follows me wherever I go, tries to find me, jump at me, and I try to avoid him in different ways because I don't want him to ending up in jail, he's the father of my kids."

For another woman, this impacted her ability to participate in events with her cultural community:

We can go to the community event, you know, but when I see him, I feel like ... I am not safe, and then I [leave] right away and come home. I don't want him to be around me. I feel scared of him.

Surveillance, stalking, and harassment are not unique to newcomer women, but being new to the country can impact how they experience these forms of abuse. For example, when women do not have family or friends living in the local area, it is difficult to make a safety plan and have someone check in on them. Reporting stalking behavior is also challenging when women have limited knowledge of Canadian laws and legal processes.

### **Economic Abuse**

Economic abuse was a common experience among the newcomer survivors in our sample. This form of IPV manifested in partners' control of all household income, including women's earnings and money received from the Canada Child Benefit (CCB); women's lack of

access to bank accounts; preventing women from purchasing items of their choice and basic necessities; coerced debt; and partners' exploitation of women's difficulty understanding Canadian banking practices. In the interviews, we heard how economic abuse intersected with women's language ability and position as newcomers to Canada. For example, women were coerced by their male partners to take out loans or lines of credit, which led to women being responsible for the accumulated debt. Newcomer settlement agencies often help newcomers to open a joint bank account for the family, which men typically end up controlling. This practice created additional barriers for women when they were in relationships where IPV was taking place and when they wished to separate. One woman stated that she felt settlement agencies should set up individual accounts for spouses, saying that although she believed the man would still fight to control the money, this might allow women to save money for their children's needs:

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.

Another participant also explained that despite both she and her husband being employed, only he had access to the family's bank account. He controlled the finances to the extent that she could not purchase clothing that their children needed.

Women were often made to pay for the family's expenses, while their husbands kept their own money to spend as they pleased. Some women were the only ones working to support the family; however, even when women's husbands were unemployed, they did not care for children or assist with housework.

Participants' partners deliberately interfered with women's workforce participation in two ways: preventing them from participating in paid employment or coercing them into working and then proceeding to take all their earnings. Some women were pressured by their



partners to work multiple jobs to earn more money, sometimes at the expense of their health.

One woman reported that when health challenges resulted in her inability to work, the IPV escalated. Participants were aware of the connection between economic abuse, control, and isolation: “He felt insecure. If I start earning, he won’t be able to control me.”

Another participant shared:

We have five kids, and 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.

When women were physically and socially isolated by their partners and not allowed to participate in the workforce, this limited their economic opportunities as well as opportunities for social connections.

Partners and extended family took advantage of women’s lack of fluency in English by providing disinformation. This form of IPV intersected with economic abuse—in one case, a woman and her husband had saved enough money to purchase a vehicle outright, but he insisted on taking out a line of credit in her name. After sitting through an appointment with the bank manager, “I signed the letter, while I don’t even know exactly what I am doing.” It turned out that her husband had other plans for this money:

I learned . . . him and his brother, they have a plan and they don’t want me to know their plan. When we buy the car, we will use some of the money [for the car]; some of the money they will take back to go and give their mom [at] home.

She continued:

At that time, it was real hard on me. I don’t understand English well. They made appointment, while I’m in the hospital. When I come home, the next day we have appointment, we went to the bank. So the bank manager talk, bank advisor talk, and blah, blah, blah the bank loan is \$15,000, but the car we are about to buy is about \$10,000. And we have \$13,000 in our savings.

Speaking about stories she had heard from others, a participant shared:

This is a big problem going on now in our people. The men, they go to the bank, the woman [is] working, and the bank can give them a loan, line of credit up to . . . \$25,000. And then . . . the man will go with the money back to Africa . . . he don't care to come back. He'll go and . . . marry another woman, and then you will be stuck here paying a loan, interest, raising children.

### **Legal Abuse and Shared Parenting**

The expectation that parenting time must be shared between two parents, even in situations where IPV is present, creates challenges for all survivors of violence. However, this experience is uniquely challenging for newcomer women. One participant, who had shared parenting time with her children's father, explained how after he showed up at the school, yelling and acting aggressively, school administrators called the police and her ex-husband was subjected to a restraining order prohibiting him from entering school premises. Because parenting time was shared and the children's father could no longer pick them up from school, the onus was on the woman to pick the children up and drop them off with their father. Such arrangements put survivors in danger, and the risk is exacerbated for newcomer women without extended family and friends to assist them.

Another participant fled with her children and stayed in a women's shelter in a neighboring province to escape the violence. She was subsequently court-ordered to return 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, initially, a shelter worker advised her:

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 . . . the court served me the papers that I should bring the kids back right immediately. That's why I don't have choice, 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 came back here.

A woman shared that her parents resided in her home country, and the custody agreement dictated that she could not travel out of Canada with her daughter without her husband's permission:

My parents have never seen her. It's a horrible thing... I can't even go see my parents. The court should look at that. I can't cross the border with her.

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."

One woman experienced her husband and his relatives making false reports to police, resulting in her being 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 a mess." As she was not eligible for Legal Aid and could not afford other representation, she was unrepresented in criminal court.

### **Abuse Related to Language Ability and Immigration Status**

Newcomer women are especially at risk when they do not speak English. In situations of IPV, perpetrators use women's limited English-language ability to foster isolation and ensure that women are not effectively connected to the surrounding community. Some partners prevented women from attending classes and learning English. Women who did not speak English experienced their partners intentionally mistranslate their words. 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 (e.g., life insurance policies or loans in her name).

Several women were unaware of immigration laws and policies; their partners took advantage of their limited knowledge and deliberately provided disinformation. Resettling into a

new country brought challenges regarding citizenship and, in some cases, women were without immigration status in Canada. A form of psychological abuse that newcomer women's partners perpetrated involved threatening their immigration status. Two women experienced their partner deliberately trying to jeopardize their ability to stay in Canada. A third woman's partner took away her Permanent Resident card and withheld information related to immigration. One woman shared: "He applied for sponsorship. When we got into our fights, and when the police [were] involved, I found out that he withdrew his application." She was subsequently left without legal status in Canada.<sup>4</sup> A participant in an arranged marriage shared that her husband sought to marry her after an unsuccessful attempt to immigrate to Canada on his own. She explained that he was the primary applicant on the immigration application, whereas she was listed as his dependent. All communications from Immigration, Refugees and Citizenship Canada (IRCC) went to him, and she was left without knowledge of the process.

A woman who came to Canada on her own on a work permit quit her job due to continual pressure from her Canadian-born husband after they were married: "I just put my residency in jeopardy." After they were married, she recalled that "he would always tell me that I'm a Canadian citizen," which was untrue. When she realized the truth, she repeatedly asked him to assist with paperwork to sponsor her, but he put it off and told her that she was selfish for asking. The unequal power dynamics in this violent relationship were heightened by his status as a Canadian-born citizen and her precarity as a newcomer. Any attempt she made to gain independence through employment or obtaining permanent residency was sabotaged by her husband, which essentially rendered her in a state of dependence. He also took advantage of her lack of knowledge of the Canadian laws and lied about the law to prevent her from leaving, "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.” This abuse did not cease after the relationship ended. He continued to make efforts to jeopardize her bid to stay in Canada, including threats to falsely report to IRCC that she was working illegally and to send nude photos of her to IRCC officials. This Canadian-born partner continually threatened to have her deported, saying she would be forced to leave the country and he would keep their child, who had been born in Canada.

IPV also impacts newcomer women differently in that many came here with their partners, hoping to start a new life. Whether they were forced to flee war in their home country or chose to migrate for economic opportunities, women had dreams of safety and a new start with their partners. Many newcomer women have already lost nearly everything and are starting over in Canada without material possessions and family and community support; after experiencing IPV and escaping the relationship, they must start over once again:

I thought that once we came here, we're going to settle down and run a family, but he had other plans. I was thinking of the future, and he's just thinking of making use of the whole situation. It started to bother me to the degree that I started to go for mental help. Because it kept on going on and on and on. I just thought that problems are over, and now he's settling down. But it kept going on and on and on. I cry a lot. I don't sleep. He doesn't respond.

### **Discussion**

These findings provide insight into participants' complex lived experiences and illustrate how women's status as newcomers to Saskatchewan, Canada, intersected with their experiences of IPV. As well as abuse related to language ability and immigration status, participants in our study described their experiences of physical; sexual; emotional; psychological; economic; and legal abuse; as well as coercive control; isolation; surveillance, stalking, and harassment while in the relationship and after separation; challenges with shared parenting; and the imposition of patriarchal values. Examples provided by research participants of each form of IPV illustrated

how their partners chose to use violence specific to their position as a newcomer. Earlier Canadian research also described newcomer women's experiences of IPV, including controlling behaviors, isolation, and psychological abuse (Cottrell et al., 2009; Mason et al., 2008; Mosher, 2009); surveillance (Mosher, 2009); and economic abuse (Holtmann & Rickards, 2018; Mason et al., 2008). Participants' risk and the emotional and psychological impact of IPV were also exacerbated by factors related to their position as a newcomer—including immigration status and language ability. The impact of IPV on newcomer survivors also intersected with experiences of violence before and during migration—one woman described how her husband's violence after the arrival of her new baby triggered memories of fleeing war in her country with her first baby.

For the newcomer survivors who participated in this study, isolation was significant as both a form of and a consequence of IPV. Perpetrators of IPV maintained power and control by intentionally isolating survivors, and participants were also isolated due to their status as a newcomer and their limited English-language ability and social connections. This is consistent with findings from our study with service providers, who also reported that isolation was multi-layered and described newcomer victims that were isolated in their relationships, where isolation was used by partners to maintain power and control, and isolated living in new communities without the social and family connections that they had in their home countries (Giesbrecht et al., 2023). The present study also adds to the knowledge from previous studies with newcomer women in Eastern Canada who described their experiences of IPV, and of feeling alone in Canada without extended family or other supports, which was compounded by their husbands who intentionally isolated them and prevented them from forming new connections (Ahmad et al., 2009; Cottrell et al., 2009; Guruge & Humphreys, 2009; Mosher, 2009).

Control was prevalent in the different women's examples of the IPV they endured. Men who perpetrate IPV often use physical and sexual violence in conjunction with other violent and coercive behaviors to instill fear and maintain control. When newcomer women in our study experienced physical and sexual violence, faith and cultural norms, as well as social support and knowledge of laws and services in Canada informed their responses. In the present study, we found that perpetrators intentionally manipulated women's vulnerability as newcomers and their loneliness, being in a new country separated from their parents and other family members, to torment them. In some cases, partners' chosen forms of harm included denying women participation in meaningful cultural events. When women and their partners were members of the same cultural community, women lost access to cultural and community events after the relationship ended as they could not safely attend.

Previous research with newcomer survivors has illustrated how patriarchal values influence the way IPV is enacted, including the ways that violence is normalized and perpetrated by extended family members (Ahmad et al., 2009; Aujla, 2013; Aujla, 2021; Bajwa & Merali, 2021; Cottrell et al., 2009). Some participants explained that, in their home countries, women are typically not allowed to make decisions. Most, though not all, of the women's partners were also newcomers to Canada. Patriarchal social values, of course, exist in Canada (Jeffrey et al., 2019) as well as in international contexts. Newcomer women in the present study reported that their partners viewed women's roles as subordinate, with wives meant to serve their husbands, messaging that was reinforced by husbands' mothers, brothers, and other family members. The imposition of patriarchal norms severely limited women's agency and choices, including access to pre-natal and other healthcare. Research participants described hierarchies within extended families in their culture, generally, and in their husbands' families specifically. Women shared

that their husbands felt obligated to report everything happening within the relationship to other family members who directed their decision-making. Research participants explained that, in their respective cultures, it is typical for mothers to have a significant role in decisions involving their son's family. When women's subordination was reinforced not only by their husbands but by their own families and their in-laws, this increased their husbands' control and the harm the women experienced while in the relationship; it also intensified barriers to ending the relationship.

In some cases, women's partners' extramarital affairs took place within the family home, with knowledge of other family members, deepening their sense of isolation and betrayal. Extended family members were sometimes aware of IPV and declined to intervene. For several newcomer women in the present study, not only were family members aware of the abuse, they encouraged men's violence against women. For some newcomer women in our study, as in the extant research, abuse was perpetrated not just by their intimate partner but by mothers-in-law or other extended family members; this included physical and psychological violence and other forms of abuse. When extended family members, as well as cultural and faith institutions, upheld patriarchal values, this served to justify and normalize IPV and reinforced barriers to support.

Unemployment or underemployment can create financial challenges that heighten risks for newcomer women experiencing IPV. Economic abuse was a common experience among the newcomer survivors in our sample. Men controlled the family's financial resources, including women's earnings, as well as women's access to bank accounts and financial information. Women were left without access to any money, limiting their day-to-day choices and their plans for the future. Some participants' partners prevented them from participating in paid employment; as well as having significant financial consequences, this also served to further



women's isolation, preventing them from forming new social connections. Other women explained that their partners insisted that they work and then proceeded to take all of their earnings. Newcomer survivors were differentially impacted when they worked in jobs outside of their chosen profession due to language ability or a lack of Canadian work experience or credentials. Some women supported the family with low-paid work, while their husbands did not work; some men worked but did not contribute to the family's finances. Economic abuse was also exacerbated by unhelpful practices by settlement agencies (namely, setting up one bank account for the family, which the husband usually takes immediate control of).

It is clear that the perpetrator's behavior toward the survivor not only impacts her; it impacts the children as well. Children are harmed not only by experiencing abuse and being exposed to IPV; the choices made by our participants' partners disrupted the family's stability and safety in numerous ways (Mandel, 2013). Research participants shared how their partners' decisions, including multiple moves, financial decisions that made it hard for the family to make ends meet, denying victims the ability to purchase needed items for children, and controlling decisions around childcare and breastfeeding, disrupted stability for the family and threatened children's ability to comfortably settle in their new community.

Another form of IPV that is specific to newcomer women, and was experienced by women in our study, was threats involving immigration status. Several of the women lacked awareness of immigration laws and policies and their partners took advantage of their limited knowledge of Canada's immigration system to ensure their compliance and coerce them to stay in the relationship. Partners provided disinformation about immigration processes, systems, and services in Canada, threatened women's status in Canada, such as threatening to have them deported, and in some cases actively interfered with women's status by refusing to file necessary

paperwork. Partners also intentionally created barriers to accessing services, by ensuring that women did not have access to paperwork and documents. Previous Canadian research showed how immigration policies (Alaggia et al., 2009; Aujla, 2013; Cottrell et al., 2009) and newcomer women's limited knowledge about immigration and legal processes (Aujla, 2013; Cottrell et al., 2009; Guruge et al., 2019; Holtmann & Rickards, 2018) increased some women's vulnerability. Okeke-Ihejirika et al. (2017) also described the gendered nature of resettlement in Canada, stating that men are centered in the immigration process and are often presented with more opportunities for employment (including language and social connections), while women are expected to take care of the family and remain isolated in the home.

Loss of social support after migration is well documented in Canadian research (Ahmad et al., 2009; Guruge & Humphreys, 2009; Okeke-Ihejirika et al., 2020). Similarly, it was common for newcomer women in our study to lack knowledge about local resources and to be without the support of friends and their own families that they might have had in their home country; this increased their vulnerability. Whether they were forced to flee war in their home country or chose to migrate for economic opportunities, women in our study looked forward to safety and a new start in Canada. Many pictured this new life with their partner and did not anticipate navigating their new life on their own. In addition, many newcomer women had begun their lives in Canada with little in terms of material possessions and financial resources—after experiencing IPV and escaping the relationship, they had to start over once again.

For several of the newcomer survivors, leaving their partner was the first time they had lived alone. In addition, they were learning to live alone in a new country. Many newcomer women do not have family in Canada, are isolated from other potential support systems, do not speak English, and do not understand the systems (such as government programs, transportation,

and banking) that influence their daily lives. This lack of understanding and limited knowledge about available resources by newcomer women has also been reported in previous studies (Ahmad et al., 2009; Aujla, 2013).

It is easy to understand how these challenges could leave newcomer women who have experienced IPV feeling defeated. Despite these hardships, the newcomer women in this study asserted their agency. They were able to end relationships where they experienced IPV and begin their new lives free from violence. Their experiences, as described in their own words, can help service providers and researchers gain an enhanced understanding of how newcomer women are uniquely impacted by IPV and can inform efforts to share information, connect with, and support newcomer survivors of IPV.

### **Study Limitations and Directions for Future Research**

This research study contributes to the understanding of IPV as experienced by a diverse group of 15 newcomer survivors. Importantly, to our knowledge, this study was the first conducted on this issue in the province of Saskatchewan. As Tabibi and Baker (2017) wrote, however, “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).

While participants in our study spoke of the impact of IPV on their children, in the present article, we report only on forms of violence directed at the women. The impact on newcomer children who are exposed to IPV is also understudied, and more work is needed to gain a more fulsome understanding and improve support for newcomer survivors and their children.

While we did not specifically seek participants in heterosexual relationships, all of the newcomer women in our study had experienced IPV perpetrated by male partners. The experiences of newcomers in same-sex/sexually diverse relationships and the experiences of gender-diverse newcomer victims/survivors remains an area for future study.

Isolation is one of the most serious barriers for newcomer women in Saskatchewan. Even in larger urban centers where we conducted this research, survivors of IPV may not be aware of available services. For newcomer women in rural and remote areas, geographic isolation increases risk. Further research to inform enhancement of services and support for victims/survivors in rural and remote areas is needed.

The responsibility for IPV rests with those who perpetrate it. The present article is part of a relatively small body of research exploring newcomer women's experiences of IPV victimization; less is known about newcomer men's experiences of IPV perpetration. In order to effectively reduce IPV, interventions must be in place for those who enact violence. An additional research priority is to examine newcomer men's experiences of IPV perpetration and engagement in treatment/interventions to learn what can assist newcomer men in desisting from IPV.

### **Recommendations**

Given how significant isolation was in the lives of the newcomer survivors who participated in this study, it is necessary to find ways to interrupt this isolation and increase women's knowledge of available services and access to support and safety. Information on IPV, including Canadian laws and available services, should be communicated through various locations and mediums, including by governments in pre-arrival information, post-arrival information provided by governments and settlement agencies, and other community services.

As immigration processes and methods of communication differ depending on if newcomers come to Canada as refugees or through other immigration streams, it is essential that information is provided at multiple points during the migration and settlement phases, and afterward.

When victims/survivors do not recognize that what they are experiencing is IPV, they may not be aware that legal and policy provisions, such as temporary resident permits<sup>4</sup> and protective orders, could be available to them. Newcomer women must receive information about the dynamics of IPV and available resources through their interactions with different service providers, including newcomer-serving agencies. For women who are employed, the workplace can be an essential source of information and support; the same is true for women engaged in post-secondary education or language classes. Further, public education and awareness materials (such as poster campaigns and messages on radio and television) provided in various languages are essential for communicating to newcomer women that IPV is unacceptable and that there are service providers that can assist.

Agencies (including government and community organizations) can work to improve services to newcomer women who have experienced IPV by making them aware of available opportunities for legal information (such as family law walk-in information sessions and pro bono legal services); offering financial literacy training (including information about the CCB and other government programs, as well as banking and loans); hosting women-only orientation sessions (covering violence/abuse, the law, and available services) at newcomer-serving agencies; and offering education on various types of immigration status, so that women can feel empowered to take necessary steps, such as filing applications. Professionals who work in the IPV sector (such as domestic violence shelter and service workers) and professionals who work at newcomer-serving agencies can deliver training to educate professionals in other sectors (such

as healthcare and banking) about the intersection of immigration and IPV, ways newcomer victims/survivors are impacted, and engage with them to find ways to improve practice to more effectively support newcomer women who have experienced IPV.

### Notes

- 1 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 immigrants of different legal categories and reasons for migrating. Refugees are “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).
- 2 The age of 10 victims was unknown (Dawson et al., 2021).
- 3 Results from the focus groups with service providers in Saskatchewan are reported in Giesbrecht et al. (2023). An article reporting results relating to help-seeking from the interviews with newcomer survivors in Saskatchewan is forthcoming.
- 4 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, after data for the present study were collected, 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).

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