



JUSTICE
INSTITUTE
of
BRITISH
COLUMBIA

Empowerment of Immigrant and Refugee Women Who Are Victims of Violence in Their Intimate Relationships

FINAL REPORT



Prepared for the
Justice Institute of British Columbia

with funding from

Vancouver Foundation

Government of Canada,
Department of Canadian Heritage

Province of British Columbia,
Ministry of Public Safety and Solicitor General

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Shelley Rivkin MSW
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Executive Summary

The purpose of this research was to enhance our understanding of the unique experiences of immigrant and refugee women who were victims of violence in their intimate relationships, in order to: (1) determine what service delivery factors they found to be empowering and disempowering; and (2) develop recommendations based on the findings to more effectively facilitate their empowerment. Empowering practices were defined as those responses that helped immigrant and refugee women who are victims of violence keep themselves safe and move forward in their lives.

The research question was: “What service delivery factors in the health care, social service, and justice systems are uniquely empowering and disempowering to immigrant and refugee women who are victims of violence in their relationships?”

All stages of the research, from proposal to final report, were carried out in collaboration with three community partners: Vancouver and Lower Mainland Multicultural Family Support Services Society, the Prince George Elizabeth Fry Society, and MOSAIC.

A key aspect of the research was learning from the women themselves. The results were based on in-depth interviews with 75 women from four broad cultural groups (Asian, Filipina, Latin American, and South Asian) who had been abused by their intimate partners. The interviews were conducted in the language of their choice, including Cantonese, English, Hindi, Mandarin, Spanish, and Punjabi. The findings from the face-to-face interviews were supplemented by focus group discussions with six groups of service providers. Interviews and group discussions focused on women’s experiences using needed services. The interviews were tape-recorded, transcribed, translated, and then analyzed. The results of the focus groups were highly consistent with the results of the interviews. Therefore, the findings reported here focused on the results of the interviews, as it was the in-depth interviews with the women themselves, consisting of a large sample cutting across several cultural groups, that made this research unique.

The women in this study had much in common with abused Canadian-born women, and the services they needed are consistent with effective anti-violence services for all women. However, these women also experienced the violence in unique ways, and had specific needs that stemmed directly from their experiences and status as immigrants.

Two primary themes emerged from their accounts. Together they provide a picture of empowering service responses for immigrant women dealing with violent male partners. Both themes contained a number of components.

The first theme is the importance of addressing the **multiplicity of needs** that the women faced. The situations of the women were complicated by issues relating specifically to their immigration and status as newcomers to Canada. To be empowering, service providers must be able to assist the women to break through language barriers, access information, address sponsorship and immigration barriers, meet material needs, and break their social isolation.

Helping women **break through language barriers** was an important component of empowering services. Language barriers were a serious impediment to accessing services and breaking their social isolation, and therefore put many women at further risk. Language can be viewed as an issue of safety, health, and justice. Services that helped women break through language barriers had a significant impact not only on their ability to leave an abusive relationship but also on their ability to keep themselves safe and healthy and to realize their rights.

Helping women **access information** was another important component of empowerment. Lack of information about Canadian laws and rights, social infrastructure, and available services, and lack of knowledge that domestic violence is a crime, significantly impeded women's access to services. Lack of familiarity with their new country was an important factor in their need for information. This lack of information was exacerbated in those women who did not have good English language skills.

Addressing sponsorship and immigration barriers was another crucial aspect of empowering services. Women who were sponsored by husbands or other family members were disempowered by their difficulties in accessing services such as income assistance or subsidized housing because of repercussions for sponsors. Women who were visitors could not access services such as income assistance or free health care. These women were often forced to stay with abusive spouses. Many women experienced confusion about their rights and the implications of their status, which was not always clarified by service providers.

Meeting material needs was a central component of empowerment. Women's economic vulnerability as immigrants, combined with other factors resulting from their immigration, exacerbated material or practical considerations for these women. Poverty or the threat of poverty and the need for affordable housing, employment, transportation, and childcare were crucial factors in women's struggle for safety and independence.

Breaking women's social isolation, which in many ways stemmed from their immigration experience, was also a key component of women's empowerment. Social isolation refers to separation from family and friends, as well as factors that impeded women's access to assistance, such as a lack of familiarity with services and lack of English language skills. Women's emotional needs at this time related primarily to their social isolation.

The second theme that emerged was the importance of a **comprehensive, caring service** from one key agency or one key individual. Such a comprehensive, caring service included proactive intervention; advocacy and accompaniment; broadening of traditional professional roles and mandates; and sensitivity to women's cultural and immigration realities.

A **proactive approach** included: taking proactive steps to provide women with information; anticipating their needs; coming to them rather than always expecting them to come to the services; linking them to other services; and following up to see how they were doing.

Advocacy and accompaniment were important components of an empowering service. Most of the women needed advocates to help them effectively utilize services because they were unfamiliar with services, had difficulty accessing services because of language barriers, or were unable to insist on their rights. Accompaniment was an important component of advocacy.

Services that adopted a **broad mandate** were most effective for the women in this study. In the face of social isolation, often cut off from family, friends, and cultural community, many of the women described how empowering it was when service providers extended themselves and their mandates beyond what may be viewed as more typical, narrow professional roles and mandates.

Many of the women in this study discussed the importance of service providers being **sensitive to their cultural and immigration realities**. Most expressed satisfaction with services and did not report experiences of racism, although a number acknowledged that they did not know what to expect and that they lacked the confidence to assert their rights and entitlements.

Recommendations reflect these predominant themes, focusing on: addressing sponsorship and immigration barriers through further research; addressing

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material needs through bridging, pre-employment, and retraining programs; addressing social isolation through provision of information, outreach, and follow-up; and addressing the multiplicity of abused immigrant women's needs through a comprehensive, caring service from a key agency that delivers services directly and brokers services from other agencies.

1 *Introduction*

Purpose of the research

The purpose of this research was twofold:

- To enhance our understanding of the unique experiences of immigrant and refugee women who were victims of violence in their intimate relationships,¹ in order to determine what service delivery factors they found to be empowering and disempowering
- To develop recommendations based primarily on the experiences of the women in this study who were victims of violence, and secondarily on the experiences of service providers, to inform and adapt both policy and practice to more effectively contribute to the empowerment of immigrant and refugee women

Empowering practices were defined as those responses that helped immigrant and refugee women who are victims of violence keep themselves safe and move forward in their lives.

¹ Alternative terms for violence against women in their intimate relationships include “domestic violence,” “spousal violence,” “spouse assault,” “wife battering,” and “intimate partner violence,” among others. In this report, violence against women in their intimate relationships is used to reinforce the gendered nature of the violence as well as the fact that the violence is perpetrated by one partner against the other, and is not mutual violence equally perpetrated by both partners. On occasion, however, for brevity’s sake, the term “domestic violence” is used. This term is widely used in BC, describing, for example, specialized initiatives in both police departments and hospitals. The use of this term does not imply a gender-neutral view of the violence.

The research question

The question this research set out to answer was: “What service delivery factors in the health care, social service, and justice systems are uniquely empowering and disempowering to immigrant and refugee women who are victims of violence in their relationships?”

Previous study on empowerment of abused women

A previous study on empowerment factors of women who are victims of violence was completed in 2002. This study, *Measures of Empowerment for Women Who Are Victims of Violence and Who Use the Justice System* (Russell, 2002a), was conducted for the then Victim Services Division of the Ministry of Public Safety and Solicitor General.

Based on the experiences of women who had been victims of violence, criminal justice personnel, and community-based advocates, a framework for empowering practices was developed.² Four overarching themes emerged from this research:

- *Integrated team versus isolated unit* – the extent to which service providers viewed their roles as part of a broad, integrated response or as part of a narrow, isolated unit
- *Deserving versus undeserving view of victims* – the extent to which service providers viewed the women as “deserving” or “undeserving” of optimum services
- *Proactive versus less active intervention* – the extent to which personnel were proactive in offering or providing services, including the extent to which they went “beyond the call of duty” in providing services and attending to women’s safety
- *Voices heard versus voices not heard* – the extent to which women felt that their voices – their safety concerns, feelings of violation, beliefs that the assailant was a danger – were heard by justice personnel, especially police, Crown, and judges

Within each of these primary themes, there were three empowerment components:

- Respectful response – listening to, empathizing with, and believing women, and understanding that reluctance to proceed was based on fear, requiring more, rather than less, support

² This section is adapted from training materials developed by the Justice Institute of BC, Centre for Leadership and Community Learning, entitled *In Her Own Time*, based on the *Measures of Empowerment* report.

- Provision of information – a meaningful and continuous flow of information to women so that they understood the process and the options that were available to them
- Timeliness – a prompt response and speedy process, which were seen to significantly affect women’s safety, their willingness to proceed with charges, and the impact of consequences for the offender

One of the limitations of the 2002 study was that it did not include immigrant and refugee women in great enough numbers to draw any specific conclusions about their needs, and it examined the experiences of only women who sought help solely from the criminal justice system. This research project seeks to fill those gaps, by looking at the experiences of immigrant and refugee women only and by extending the scope of inquiry to women who accessed the health care or social service systems also.

2 *The Context*

Immigration in Canada

According to census data, in 2001 the proportion of the Canadian population born outside Canada was at its highest level in 70 years. More than 18% of all Canadians, or 5.4 million, were born outside Canada. One-third of these immigrants had been in Canada for 10 years or less. Of those who immigrated in the 1990s, 58% were born in Asian countries (which in this Statistics Canada report included the Middle East); 20% in Europe, 11% in the Caribbean or Central or South America, 8% in Africa, and 3% in the United States. The birth country of the highest number of immigrants in the 1990s was China. Almost all 1.8 million immigrants who came to Canada in the 1990s settled in an urban area, nearly three-quarters of these in Toronto, Montreal, or Vancouver (Statistics Canada, 2003). As a result of shifts in the source countries of immigrants, a growing number of recent immigrants spoke a non-official language at home (61% of immigrants who arrived in the 1990s) (Smith, 2004).

While immigrants in all regions had higher levels of education than the Canadian-born population, a much higher proportion of recent immigrants had jobs with lower skill requirements than did those born in Canada. In spite of higher education levels, recent immigrants were less likely to work in occupations typically requiring a degree, and far more likely to be in occupations typically requiring no formal education. In Vancouver, 31% of recent immigrants with degrees had low-skill jobs, compared with 13% of Canadian-born graduates in low-skill jobs. Recent female immigrants with university degrees were more like than males to be in moderate- or low-skill employment. Gender differences in terms of employment were also larger for recent immigrants than for the Canadian-born. Recent immigrants most likely to have low-skill jobs in 2001 were from South or Southeast Asia, spoke a first language other than English or French, were visible minorities, and were women (Statistics Canada, 2004a).

Consistent with previous studies, the 2001 census also found that recent immigrants were far more likely to receive low wages, were less likely to earn high wages, and had higher rates of unemployment. Recent immigrants were at least twice as likely as the Canadian-born to earn less than \$20,000 annually and far less likely to earn more than \$100,000. Furthermore, recent immigrants with degrees who worked in low-skill jobs earned 20% to 30% less than Canadian-born workers in similar circumstances.

While the wage gap is reduced as immigrants gain Canadian work experience, there is growing evidence that the gap is more persistent for those who entered Canada between 1995 and 1999 than it was for those who entered between 1975 and 1999. That is, it is taking longer for recent immigrants to earn wages comparable with those of Canadian-born workers than 20 years ago. There is some speculation as to whether recent immigrants' wages will ever catch up with those of the Canadian-born (Statistics Canada, 2004b).

Abuse of immigrant and refugee women

We know that violence against women crosses all cultures, races, colours, religions, and classes. A World Health Organization (WHO) report in 1996 described the worldwide incidence of violence against women as ranging from 20% to 50% from country to country (UNICEF, 2000; WHO, 1996). We also know that many of the dynamics of violence against women in their intimate relationships are the same, whether the abuse is against immigrant or non-immigrant and refugee women. Violence against women in relationships, in whatever context it occurs, is about power and control.

We know little, however, about the incidence of violence against women in relationships in the Canadian immigrant population compared with the national figures or the Canadian-born population. This is largely because these comparisons are not reported in the *Family Violence in Canada: A Statistical Profile* series, the Statistics Canada research on which much of our knowledge about the incidence of violence against women in Canada is based.¹

¹ The General Social Survey (GSS) on Criminal Victimization in Canada does include, however, statistics on violent victimization of immigrants in general. In the 2004 GSS, overall rates of violent victimization (which includes spousal sexual and physical assault) were considerably lower for immigrants than for non-immigrants (68 compared with 116 per 1,000 population). This difference was even more pronounced for those who had immigrated since 1999. This was true for both women and men. One possible explanation may be that the immigrant population tends to be older, and older age groups are less at risk of violent victimization.

Although research on the nature and dynamics of violence against immigrant and refugee women exists, it is limited. This is confirmed in the recent report *Nowhere to Turn?* (Smith, 2004). Nevertheless, we are gradually building on our knowledge about the nature of violence against women in relationships among immigrants, including some of the factors and dynamics that are unique to this population.

For example, we know that many recent immigrants to Canada come from more traditional patriarchal societies than they find in Canada. The shift in power dynamics that often results from this clash of values may result in an increase in violence against women, as many women come to realize that they have a right to expect more equality and many men resist this change. Immigrant and refugee women also experience isolation associated with loss of their support networks, language limitations, and cultural differences; poverty and labour market marginalization; and lack of access to services because of lack of information, social isolation, and inability to communicate in English (Smith, 2004, and other works). These factors are discussed in Chapter 3, “Review of the Literature,” and, in relation to this research, in Chapter 5, “Results,” and Chapter 6, “Discussion.”

No culture or society officially condones violence against women. Most societies, however, including the dominant Canadian society, rationalize violence against women in a number of different ways, including saying that it is an “illness,” that women “deserved it,” or that it was a mutual “fight” between two partners. In particularly patriarchal or traditional societies, violence against women may be rationalized by cultural and religious values and beliefs.

The service systems

A wide range of services exist for women who are victims of violence in their relationships. Some of these are available to all women who are victims of violence in their relationships; others are targeted specifically towards immigrant and refugee women.

System-based services are generally available to all women who are victims of violence. These include:

- Justice services, such as police, Crown counsel (prosecutors), family justice counsellors, Parenting After Separation Programs, legal aid, and police-based victim services
- Social services, such as income assistance, child protection, and subsidized housing
- Health care services, such as hospital emergency departments, hospital social workers, and public or community health nurses

Community-based services may be available to all women who are victims of violence or they may be targeted towards immigrant and refugee women.

These include:

- Emergency shelter services, such as transition houses, safe homes, and second-stage housing
- Services for victims, such as specialized community-based victim services and Stopping the Violence Counselling programs
- Pre-employment programs, such as bridging programs and retraining programs
- Services for children or for mothers and children, such as Children Who Witness Abuse programs and parenting programs
- Immigrant-serving or refugee programs, including multicultural and culture-specific programs specifically targeting women who are victims of violence; multicultural or culture-specific programs specifically targeting victims of crime; or programs for refugees

Why women stay

In order to understand the processes by which immigrant and refugee women extricate themselves from the violence and the ways in which they use services, it is important to understand the forces that keep them in their violent relationships and prevent them from reaching out for help. An understanding of these factors may also help us to understand that population of immigrant and refugee women who do not reach out for help, and who therefore rarely become part of a research sample.

The dynamics of violence and the barriers that keep immigrant and refugee women in abusive situations are, in many ways, similar to the dynamics of abuse and the barriers encountered by any woman living in an abusive situation. These include: a sense of shame and the need to maintain appearances; fear of violent repercussions if they try to leave; social isolation; normalization of the violence; low self-esteem; lack of information about alternatives; fear of poverty or of having to support their children on their own; a desire to keep the family intact for the sake of the children; love for their partner in spite of the violence; and hope that things will improve.

However, the dynamics of violence for immigrant and refugee women and their reasons for staying in violent relationships may be significantly impacted in the following ways by the fact that they are immigrants and face isolation, lack of information, lack of access to services, cultural pressures, unique financial barriers, and racism or fear of racism:

- Abused immigrant and refugee women’s sense of shame about being a victim of violence, about leaving an abusive husband, and about seeking help outside the family is closely related to cultural factors.
- For many immigrant and refugee women, their fear is heightened by the fact that they are dependent on their abusive husband because of their immigration status, and they are socially isolated in their new country.
- Their isolation may be compounded by language issues, by separation from family and friends, and by lack of familiarity with Canadian laws, social structures, and services.
- Family and community members’ views about marriage, divorce, gender roles, and violence also have a cultural component, such as, for example, the machismo of many Hispanic men or the gender-based expectations of many South Asian families.
- Lack of information about their rights in Canada and about available services is often related to the fact that they are new to this country, are unfamiliar with even basic services, and may not understand English well enough to be able to access information.
- Practical challenges such as the inability to earn a living or to access income assistance or affordable housing may be related to immigrant status or to language issues.
- Experiences or fear of racism may heighten women’s isolation by making them afraid to seek help.

Review of the Literature

Introduction

The primary goal of this review is to highlight the major issues discussed in the literature (from 1990 to the present) that have direct relevance to the particular focus of this research, namely, the empowerment of abused immigrant and refugee women through their use of services. In order to provide background and context, brief discussions are also included on the concept of empowerment and the nature of the research on abused immigrant and refugee women. Of particular interest are the methodological approaches to the study of violence against immigrant and refugee women in their intimate relationships,¹ namely, whether the research focused on the views of service providers or on the voices of the women themselves.

Reference can also be made to the first phase of this empowerment research, which resulted in two publications: *Pro-arrest, Vigorous Prosecution and Coordinated Functioning: Three Elements of an Effective Criminal Justice System Response to Domestic Violence: An Annotated Bibliography* (2002), and *Measures of Empowerment for Women Who Are Victims of Violence and Who Use the Justice System* (2002), both by Mary Russell.

¹ Violence against women in their intimate relationships is usually referred to in the literature as “domestic violence” or “wife battering,” and the women are usually referred to as “abused” or “battered” women.

The concept of empowerment

The concept of empowerment is closely linked to the change process that abused immigrant and refugee women, like all abused women, have to go through in order to take steps to keep themselves safe. Keeping themselves safe often means leaving an abusive relationship and finding ways to survive on their own. Several articles made the point that, in order to be effective, empowering services need to be able to support women's empowerment in a comprehensive, long-term sense, enabling them make fundamental changes that will allow them to make an independent life for themselves (Brown, 1997; Busch & Valentine, 2000; Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Harley, 2003; Fischer & Rose, 1995; Lee, 1999; Sharma, 2001; Tam, 2004; Yick, 2001).

Voices of abused immigrant and refugee women in Canada

Most of the reviewed research on abused immigrant and refugee women differed markedly from this study in that it was based on either interviews with small samples of women, sometimes focusing on "hearing their stories," or large survey samples, and primarily based on samples of only one cultural group. The researcher was not able to find any other Canadian research that was based on a large number of in-depth interviews with abused immigrant and refugee women from a range of cultural groups, focusing on their use of services.

Many of the findings reviewed from studies that were conducted were based on the experiences of service providers rather than the experiences of the women themselves (Agnew, 1998a, 1998b; Currie, 1995b; Huisman, 1996; MacLeod & Shin, 1990; Smith, 2004). This limitation was discussed by Bui (2003) and Huisman (1996).

Seventeen of the articles included in this review were based on the experiences of the women themselves (in three cases, two separate articles were written about the same study). Two papers were "consultations" rather than studies (Manhas, 2000; Rai, 2006).

These samples in these studies were small, including, for example, 7 women studied by Papp (1995) and by Tam (2004); 8 included in the study by Shirwadkar (2004); 10 abused women studied by Erez and Bach (2003) and by Bui and Morash (1999); and 11 women studied by Martin and Mosher (1995). Two of the articles focused on the "stories" of these women (Abraham, 2000; Papp, 1995) as opposed to systematic, in-depth interviews. In addition, with the exception of Erez and Bach (2003) and Bui and Morash (1999), studies based on these small groups of women were Canadian. Of the eight studies based on samples of immigrant and refugee women in Canada

(excluding the two articles based on consultations rather than formal research), five involved small numbers.

Most of the articles reviewed were based on studies of one cultural group as opposed to exploring the experiences of a range of cultural groups (Bui, 2003; Bui & Morash, 1999; Dosanj et al., 1994, 1996; Dutton et al., 2000; Hass et al., 2000; Huisman, 1996; Martin & Mosher, 1995; Papp, 1995; Shirwadkar, 2004; and Yick, 2001). Miedema and Wachholz (1998) conducted focus group interviews with 48 immigrant and refugee women from diverse cultural backgrounds in New Brunswick; however, only approximately one-third of these identified themselves as having been abused. Both the Erez and Ammar (2003) and the MacLeod and Shin (1990) studies, on the other hand, included a range of cultural groups.

Of the studies based on samples of a significant size, two, both in the US, were based on surveys rather than in-depth interviews (Dutton et al., 2000; Hass et al., 2000). The studies by Erez and Ammar (2003) and MacLeod and Shin (1990), on the other hand, had large samples based on interviews. However, one of these studies is American: Erez and Ammar (2003) conducted interviews with 137 abused immigrant and refugee women from a range of immigrant groups in seven US states. In the Canadian study, MacLeod and Shin (1990) conducted informal interviews with 64 women from four distinct cultural groups in four Canadian cities. However, the authors of that study pointed out that they were unable to provide any specific recommendations to improve services because the women's use of services had been so limited.

The most recent major piece of research on the needs of abused immigrant and refugee women in Canada, the Canadian Council on Social Development report by Smith (2004), was based on data from service provider focus groups, a two-day National Forum, key informant interviews, and a literature review. Data were not collected from abused immigrant and refugee women themselves.

Therefore, the focus, scope, and methodology of this study – interviewing in depth 75 women from four broad cultural groups specifically on what they found empowering in their use of services – distinguishes this research from most other research conducted on this topic, particularly in Canada.

Incidence of abuse of immigrant and refugee women

There is no statistical evidence that the incidence of abuse is higher among immigrants than non-immigrants (Dutton et al., 2000; Menjivar & Salcido, 2002). In Canada, Statistics Canada surveys of violence against women do not report information about birthplace or immigration status.² In addition, most studies of violence against women in Canada have not looked specifically at the impact of immigration on the incidence or dynamics of violence or on women's help-seeking behaviour. This relative paucity of research is confirmed in a number of articles (Abraham, 2000; Bui, 2003; Menjivar & Salcido, 2002; Raj & Silverman, 2002). However, Dutton et al. (2000), Menjivar & Salcido (2002), and others have pointed out that being an immigrant not only presents additional obstacles to accessing help but often exacerbates women's experiences of domestic violence.

Some authors have argued that immigrant and refugee women *are* more vulnerable to domestic abuse for a number of reasons, including a continuation of the abuse from their country of origin, the stresses of immigration, cultural conflicts between their traditional culture and their new culture, lack of dominant language skills, lack of recognition of their qualifications, dependency on their spouses, racism, and sexism (Erez, 2000; Jiwani, 2000, 2001; Narayan, 1995; Raj & Silverman, 2002).

Addressing women's needs

Most of the literature reviewed discussed experiences of abused immigrant and refugee women that were similar to those of non-immigrant and refugee women. Some specifically pointed out that the experiences of abused immigrant and refugee women closely mirrored those of abused non-immigrant and refugee women. However, these studies acknowledged that immigrant and refugee women's experiences of abuse were usually intensified by the fact that they were immigrants (Erez, 2000; MacLeod & Shin, 1993; Manhas, 2000; Smith, 2004).

Many factors that kept immigrant and refugee women in their abusive relationships and barriers that they faced when they left their relationships were closely linked and were highly consistent among the articles reviewed. The literature was clear that addressing these barriers must be central goals for effective, empowering services. Primary among these were addressing: economic dependency, social isolation, linguistic barriers, need for information, fear about their immigration status, cultural expectations or pressures and lack of support from their family or community, and racism or fear of racism.

² However, see page 1 for a note about lower rates of violence against immigrants reported in the 2004 General Social Survey (GSS) on Criminal Victimization.

Addressing women's economic or material needs was a primary need that emerged from the research reported in the literature. Studies reported that the fear of poverty kept many women in their abusive relationships and that poverty was a continuing factor for women as they strove for financial independence after they left their relationships. Services that aim to empower women to leave an abusive relationship and to survive on their own have to address immigrant and refugee women's economic or material needs (Abraham, 2000; Assanand, 2004; Bui, 2003; Bui & Morash, 1999; Coker, 2000; Currie, 1995a, 1995b; Dosanjh et al., 1994, 1996; Dutton et al., 2000; Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Harley, 2003; Jiwani, 2000, 2001; Lee, 1999; MacLeod & Shin, 1990, 1993; Manhas, 2000; Martin & Mosher, 1995; Menjivar & Salcido, 2002; Miedema & Wachholz, 1998; Narayan, 1995; Preisser, 1999; Raj & Silverman, 2002; Sharma, 2001; Shirwadkar, 2004; Smith, 2004; Tam, 2004; Wachholz & Miedema, 2000). Re-examination of laws, policies, and programs that have a negative effect on immigrant and refugee women's safety and economic security was urged (Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Harley, 2003; Martin & Mosher, 1995).

Breaking women's social isolation emerged in the literature as a central goal for any service seeking to help women break the cycle of violence (Abraham, 2000; Bui, 2003; Bui & Morash, 1999; Currie, 1995a; Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Bach, 2003; Erez & Harley, 2003; Huisman, 1996; Jiwani, 2000, 2001; Lee, 1999; MacLeod & Shin, 1993; Menjivar & Salcido, 2002; Papp, 1995; Raj & Silverman, 2002; Sharma, 2001; Shirwadkar, 2004; Smith, 2004; Tam, 2004; Wachholz & Miedema, 2000). Abraham (2000) points out that research indicates that social isolation is strongly linked to risk of domestic violence.

Addressing women's linguistic barriers was emphasized as a key element of effective service delivery for immigrant and refugee women. Linguistic barriers kept women in violent relationships and were a significant impediment to financial and social independence. Studies pointed to a need for service providers who spoke women's own language, qualified interpreters, and access to language classes (Bui, 2003; Bui & Morash, 1999; Currie, 1995b; Dosanjh et al., 1994, 1996; Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Bach, 2003; Erez & Harley, 2003; Hass et al., 2000; Huisman, 1996; Jiwani, 2000, 2001; Lannon, 2001; Lee, 1999; MacLeod & Shin, 1990, 1993; Manhas, 2000; Menjivar & Salcido, 2002; Miedema & Wachholz, 1998; Papp, 1995; Sharma, 2001; Smith, 2004; Tam, 2004).

Provision of information about services, rights, and options was another factor identified in the literature as central to helping women leave abusive situations and accessing assistance once they had left (Currie, 1995a, 1995b; Dosanjh et al., 1994, 1996; Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Bach, 2003; Erez & Harley, 2003; Lannon, 2001; Lee, 1999; Manhas, 2000;

Rai, 2006; Sharma, 2001; Shirwadkar, 2004; Smith, 2004; Tam, 2004). Some authors particularly highlighted women's need for information about legal rights and options (Assanand, 2004; Currie, 1995a, 1995b; Dosanjh et al., 1994, 1996; Erez, 2002; Lannon, 2001; MacLeod & Shin, 1990; Miedema & Wachholz, 1998; Rai, 2006; Raj & Silverman, 2002; Smith, 2004). Some also pointed out that immigrant and refugee women often need information explaining that domestic violence is a crime before they realize that they can get help (Erez & Ammar, 2003; Erez & Harley, 2003).

Addressing immigration barriers was also highlighted as central to abused immigrant and refugee women's safety and empowerment. Fear of loss of sponsorship and of deportation kept many women in abusive relationships and impacted their use of government services once they were on their own (Abraham, 2000; Assanand, 2004; Bui, 2003; Bui & Morash, 1999; Currie, 1995a, 1995b; Dosanjh et al., 1994, 1996; Dutton et al., 2000; Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Bach, 2003; Erez & Harley, 2003; Lannon, 2001; Manhas, 2000; Miedema & Wachholz, 1998; Narayan, 1995; Raj & Silverman, 2002; Sharma, 2001; Shirwadkar, 2004; Wachholz & Miedema, 2000). Several articles recommended re-examination of laws, policies, and procedures that jeopardize the safety and status of immigrant and refugee women (Erez, 2000, 2002; Erez & Ammar, 2003; Erez & Harley, 2003; Hass et al., 2000).

Addressing cultural expectations and pressures was a complex issue raised in the literature as a significant factor to be addressed by services for immigrant and refugee women (Abraham, 2000; Bui, 2003; Bui & Morash, 1999; Currie, 1995a; Dosanjh et al., 1994, 1996; Erez, 2000, 2002; Erez & Bach, 2003; Erez & Harley, 2003; Huisman, 1996; Manhas, 2000; Papp, 1995; Preisser, 1999; Sharma, 2001; Shirwadkar, 2004; Smith, 2004; Tam, 2004; Yick, 2001). Lack of support from their family and the role of their community in facilitating the abuse were closely linked to these cultural expectations and pressures (Agnew, 1998a; Dosanjh et al., 1994, 1996; Erez, 2000, 2002). The crucial role of the family and the community in the decisions made by immigrant and refugee women about how to deal with abusive situations was pointed out in some studies, and authors urged that these influences not be underestimated in service providers' and policy makers' planning of responses to violence against abused immigrant and refugee women (Sharma, 2001; Tam, 2004; Yick, 2001).

The nature of effective, empowering services

A number of authors pointed out the relationship between the breadth, complexity, and inter-relatedness of abused immigrant and refugee women's needs and the nature of services that were required to meet their needs (Erez & Ammar, 2003; Erez & Harley, 2003; MacLeod & Shin, 1993; Miedema & Wachholz, 1998; Preisser, 1999; Raj & Silverman, 2002; Smith, 2004; Wachholz & Miedema, 2000).

In addition to a comprehensive, integrated approach to service delivery, components of effective service delivery that were suggested in these articles included the importance of advocacy, effective referrals, outreach, and culturally sensitive service delivery.

Comprehensive, integrated, and collaborative services were suggested by several authors to respond to the breadth and complexity of abused immigrant and refugee women's needs (Erez & Ammar, 2003; Erez & Harley, 2003; MacLeod & Shin, 1993; Miedema & Wachholz, 1998; Preisser, 1999; Raj & Silverman, 2002; Smith, 2004; Wachholz & Miedema, 2000). Some of these studies pointed out that abused immigrant and refugee women require services that work beyond traditional boundaries – that compartmentalization and arbitrary limits on services have particularly negative impacts for abused immigrant and refugee women (Erez & Ammar, 2003; Erez & Harley, 2003).

The importance of advocacy was identified in several articles, to ensure that women had help to obtain services they needed. Advocacy was seen as particularly important because of unique barriers that immigrant and refugee women often experienced in trying to access the necessary help (Currie, 1995a; Huisman, 1996; Lee, 1999; Macleod & Shin, 1993; Tam, 2004).

The importance of effective referrals was also emphasized in several studies. Some authors pointed out that, given that lack of access to services was a problem for so many abused immigrant and refugee women, it was particularly important for services that women *did* access to help them link with other services. This was especially true since women's needs were so broad and complex that one service “can't do it all” (Bui, 2003; Currie, 1995b; Dosanjh et al., 1994, 1996; Preisser, 1999; Rai, 2006).

The importance of outreach was pointed out by a number of authors, to address the fact that so many abused immigrant and refugee women did not report to police or have the information or support they needed to come forward for services (Dosanjh et al., 1994, 1996; Erez & Ammar, 2003; Hass et al., 2000; Huisman, 1996; Jiwani, 2000, 2001; Macleod & Shin, 1993; Manhas, 2000; Miedema & Wachholz, 1998; Rai, 2006; Raj & Silverman, 2002). It is worth noting that several articles pointed out the particular reluctance of Asian women to disclose abuse and come forward for services.

They cited shame, fear of ostracism by their community, more firmly entrenched patriarchal social and family structures, cultural values that stress family and community over individuals, an emphasis on suffering in silence rather than communicating openly, and fear of racism by the larger society as factors in this reluctance (Bui, 2003; Bui & Morash, 1999; Huisman, 1996; Yick, 2001).

Culturally sensitive services, referred to in much of the literature, were more than services provided in the language of their clients. They were described as services that could address the complexities and subtleties of abused immigrant and refugee women's needs, including addressing their need for safety at the same time that they respected a woman's focus on her family and her cultural community (Abraham, 2000; Currie, 1995b; Macleod & Shin, 1993; Manhas, 2000; Menjivar & Salcido, 2002; Preisser, 1999; Sharma, 2001; Smith, 2004; Tam, 2004; Wachholz & Miedema, 2000). The clash between traditional cultural patriarchal values and feminist social change values was discussed as a dilemma that has to be faced by service providers aiming to provide culturally sensitive services to abused immigrant and refugee women (Agnew, 1999a; Narayan, 1995). Recognition of the diversity *within* cultures was raised as another important aspect of culturally sensitive services (Abraham, 2000; Bui & Morash, 1999; Currie, 1995b; Dosanjh et al., 1994, 1996).

Addressing racism or the fear of racism emerged in some studies as an important factor in helping to empower women to leave abusive relationships or access services once they had left (Abraham, 2000; Assanand, 2004; Bui & Morash, 1999; Currie, 1995a; Erez, 2000; Erez & Ammar, 2003; Huisman, 1996; Jiwani, 2000, 2001; Lannon, 2001; Menjivar & Salcido, 2002; Miedema & Wachholz, 1998; Raj & Silverman, 2002; Sharma, 2001; Shirwadkar, 2004; Smith, 2004; Wachholz & Miedema, 2000).

The need for service providers from their own cultural community was pointed to in some studies as key for women in obtaining the assistance they required (Bui, 2003; Bui & Morash, 1999; Currie, 1995a; Lannon, 2001; Menjivar & Salcido, 2002; Miedema & Wachholz, 1998). Others, however, pointed out the complexities in that issue, as they raised issues of confidentiality and shame sometimes associated with women receiving services from members of their own community (Dosanjh et al., 1994, 1996; Manhas, 2000).

4 *Methodology*

This research was conducted using a combination of in-depth interviews with 75 immigrant and refugee women who had experienced violence and focus group discussions with six groups of service providers. While the emphasis was on listening to the voices of the women, the focus groups were held to collect data to supplement that which was obtained from the women themselves.

The ethics review process

The research proposal was approved by the Ethics Review Committee of the Justice Institute of British Columbia, which follows the the guidelines outlined in the Tri-Council Policy statement *Ethical Conduct for Research Involving Humans* (the TCPS).

Community partners

The research proposal was developed, the research was carried out, and the report was written in collaboration with three community partners:

- Vancouver and Lower Mainland Multicultural Family Support Services Society
- Prince George Elizabeth Fry Society
- MOSAIC

These partners collaborated in and approved all stages of the research, from proposal to final report.

Advisory committee

The advisory committee was composed of three community partners, two staff from the Justice Institute of BC, and Dr. Mary Russell, School of Social Work and Family Studies, University of British Columbia.

The research assistants

A team of research assistants was recruited who spoke fluent Cantonese, Hindi, Mandarin, Punjabi, and Spanish. As part of the selection process, their spoken and written skills were assessed by either a member of the research team or a colleague from one of the community partners who spoke and wrote fluently in both English and the language being assessed. These research assistants conducted interviews in both English and one or more of the other languages of the study, assisted in transcriptions, and consulted with the research team on the development of themes emerging from the research.

In preparation for the interviews, the consent forms and interview guides were translated into Spanish, Punjabi, Hindi, Cantonese, and Mandarin.

The respondents

In consultation with the community advisory groups and a review of immigrant patterns in the Lower Mainland of British Columbia, it was determined that the women to be interviewed would be from four cultural communities: South Asian, Latin American, Chinese, and Filipina. The women to be selected would have experienced violence by an intimate partner in the past three years and would have sought help from social services, health, or the criminal justice system.

The names of potential respondents were obtained through letters to over 40 immigrant-serving and ethno-cultural agencies in the Lower Mainland, letters and calls to over 125 women-serving agencies and victim services programs, and direct contact with specialized programs who provide services to immigrant and refugee women who have experienced violence. Agency staff were asked to obtain permission from the women to forward their names and to advise them that they would receive a follow-up phone call by a Justice Institute project staff member to review the scope of the project and to ensure that the assigned research assistant was not known to the women.

These names were forwarded to a staff member at the Justice Institute, who created a database of potential respondents based on country of origin and language spoken. The names were then forwarded to one of the four research assistants, who contacted each woman, determined her willingness to participate, and then scheduled an appointment to conduct the interview.

Midway through the interview process, a discussion group composed of Chinese service providers was convened to help us understand and address some of the factors that might be contributing to our difficulties in recruiting Chinese women to the sample. Following this discussion, some additional names were forwarded to the Justice Institute.

Interviewer training and quality control

Although each of the research assistants had had previous experience in conducting research, interviewer training was conducted by principal researcher Linda Light and Dr. Mary Russell over a one-day period. Training included listening to the tape recording of one of the three interviews already conducted during field testing of the interview guide, and discussing learning points as the interview progressed.

Quality control was conducted by the principal researcher throughout the interview process. The first interviews conducted by each interviewer were conducted in English so that the principal researcher could listen to the tape recordings and provide detailed feedback to the interviewers. The principal researcher continued to work with the interviewers throughout their first few interviews to assist with challenges encountered during the interviews and discuss ways in which these could be addressed. Throughout the research process, as interviews were transcribed, feedback was provided to the interviewers as necessary.

Interviewing, translation, and transcription

The four research assistants conducted interviews in English as well as in the language(s) in which they were proficient. For interviews conducted in English, interviewers were not restricted to interviewing only women who shared their cultural background. For example, because all the Filipina respondents spoke English, no Filipina research assistants were recruited, and these interviews were conducted by various research assistants.

At the start of each interview, the nature and purpose of the study was explained, respondents were asked for permission to tape-record the session for transcription purposes, provisions for confidentiality were described, and any questions were addressed. The women were then asked to sign a consent form in their preferred language (see Appendix 1). At the end of the interview, women were paid \$40 and were asked to sign a form confirming receipt of this money. No women declined to have the interview tape-recorded.

Interviews were conducted using the Interview Guide (see Appendix 2) and lasted approximately 45 minutes to 2.5 hours each.

Professional transcribers were used to transcribe the English and translate the taped interviews. Quality control was conducted on the first few transcriptions, with the principal researcher simultaneously reading the transcriptions and listening to the tapes. The first interviews transcribed were in English, to facilitate this quality control process. Feedback was provided to the transcribers and follow-up discussions took place to address challenges. As the transcripts were analyzed, feedback was provided to the transcribers as required.

Description of the interview sample

The interview sample consisted of 75 women who had experienced violence. Some had also been abused by children or in-laws. The women were from four broad cultural groups: Chinese, South Asian, Latin American, and Filipina (see Table 1). Forty-one interviews were conducted in English, while 34 were conducted in the woman's first language (see Table 2).

- Twenty women were Chinese: 14 from China, 5 from Hong Kong, and 1 from Taiwan. Eleven were interviewed in Cantonese, 6 in Mandarin, and 3 in English.
- Twenty were South Asian: 8 from India, 8 from Fiji, and 1 each from Bangladesh, Uganda, Pakistan, and England. Fifteen were interviewed in English, 3 in Punjabi, and 2 in Hindi.
- Twenty were Latina: 8 from Mexico, 3 from El Salvador, 2 from Chile, 2 from Colombia, and 1 each from Bolivia, Brazil, Guatemala, Honduras, and Venezuela. Of these, 12 were interviewed in Spanish and 8 in English.
- Fifteen were from the Philippines. All were interviewed in English.

Table 1
Country of Origin

Country	Number of interviewees
China	14
Hong Kong	5
Taiwan	1
<i>Total Chinese</i>	20
India	8
Fiji	8
Bangladesh	1
England	1
Pakistan	1
Uganda	1
<i>Total South Asian</i>	20
Mexico	8
El Salvador	3
Chile	2
Colombia	2
Bolivia	1
Brazil	1
Guatemala	1
Honduras	1
Venezuela	1
<i>Total Latina</i>	20
Philippines	15
Total interviewees	75

The fact that an interview was conducted in a woman's first language did not necessarily mean that she could not speak English. The women interviewed in their native language varied in their fluency in English, from very little English to relatively fluent.

Table 2
Language of Interview

Language	Number of interviewees
English	41
Spanish	12
Cantonese	11
Mandarin	6
Punjabi	3
Hindi	2
Total	75

The women had been in Canada from two to 39 years. Most came to Canada directly from their country of origin, but a number had first lived in other countries, including England, Italy, Singapore, and the United States. The majority of women came directly to the Lower Mainland area, but several lived first in other Canadian cities, including Calgary, Chicoutimi, Edmonton, Kitimat, Toronto, and Prince George. The largest number had entered Canada as immigrants, although many had entered in other categories, including visitors, caregivers, refugees, and students (see Table 3).

Table 3
Status on Entry into Canada¹

Status	Number of interviewees
Immigrant	43
Sponsored by husband	18
Sponsored by other family member	8
Skilled worker or business class immigrants	7
Immigrant but no further information	10
Live-in caregiver	10
Visitor	10
Refugee	6
Student	2
No information	4
Total	75

All but three of the women had children, ranging in age from infant to adult. Seventy-one of the women had left their abusive male spouses. Most were living with their children or with children and other family members. A small

¹ See Appendix 5 for an explanation of the terms used in this table.

number were living alone. Four women were still living with their husbands. Occupational backgrounds ranged from unskilled labour to professionals.

The focus groups

The sampling and recruitment process

A similar process was followed for the selection of participants for the focus groups. Letters were sent to immigrant-serving and ethno-cultural agencies as well as women-serving and victim services programs, inviting participants to the focus groups. The invitation was sent to service providers whose mandate was to provide support and assistance to women who were seeking to end the violence in their lives, or service providers involved in the provision of services needed by women leaving abusive relationships. The majority of workers involved in the focus groups were bilingual and bi-cultural frontline workers.

Focus group process and transcription

At the start of each focus group, the nature and purpose of the study was explained, participants were asked for permission to tape-record the session for transcription purposes, provisions for confidentiality were described, and participants' questions were addressed. Participants were then asked to sign a consent form (see Appendix 3), which was collected by the facilitator. No focus group participants declined the tape recording of the discussion.

Six focus groups were facilitated by the principal researcher, and in some cases were co-facilitated by one of the research assistants. Discussions were guided by the *Focus Group Discussion Guide* (see Appendix 4), listing key areas and questions to be covered. Within each of those key areas, discussion was more or less unstructured. Discussions took approximately 1.5 to 2.5 hours.

The main role of the facilitator(s) was to keep the discussion focused on the primary research question – “What service delivery factors in the health care, social service, and justice systems did service providers find to be empowering and disempowering to immigrant and refugee women who were victims of violence in their relationships?” – and to lead the discussion through the key areas.

Description of the focus group sample

Focus groups were conducted with six groups of service providers, including:

- Counselling and victim services staff of the Vancouver and Lower Mainland Multicultural Family Support Services, an agency providing support and assistance to women who are victims of violence in their

relationships and their children, located in Burnaby, BC, but serving the whole of the Lower Mainland

- Staff of MOSAIC, a multicultural, multi-service agency serving the Lower Mainland
- Volunteer leaders from Parent Support Services of BC, including male and female leaders from the Filipino and Latin communities
- Members of the Prince George Violence Against Women in Relationships Coordinating Committee

Data analysis

Interview and focus group transcripts were reviewed as they were received, and predominant themes were identified. Transcripts were then coded in accordance with those predominant themes. Additional themes were added as necessary as transcript reviews progressed.

Midway through the interview process, a discussion was held with the research assistants, who were all members of one of the four cultural groupings included in the sample. All the research assistants interviewed respondents both in English and in one or more of the other languages included in this study. The purpose of this discussion was to aid the analysis by learning from the experiences and insights of the interviewers about some of the themes that were emerging as the interviews progressed. This discussion contributed to the development of the key themes and components.

A comprehensive document was then developed to encompass the content analysis of all transcripts, in which quotes from interviews were listed under the appropriate headings. This comprehensive document was provided to all members of the research team, three of whom were direct service providers who were also immigrant and refugee women and members of the South Asian community. Team members reviewed the document and assisted in identifying the key themes and components.

Once all the transcripts had been analyzed, a focus was maintained on the interviews rather than the focus groups, as it was the voices of the women themselves that made this research unique. Data from the focus groups, while very rich, were highly consistent with data from the interviews. The primary themes were then used to structure Chapter 5, “Results,” and quotes from the interviews were drawn upon to *illustrate the themes*.

The results reported in this chapter are based on the face-to-face interviews conducted with the women. The results that emerged from the focus groups with the service providers consistently confirmed the key findings that emerged from the interviews and are therefore not reported separately.

Overview of predominant themes

Two themes that emerged from the women's accounts together provide a picture of empowering service responses for immigrant women dealing with violent male partners. These are: (1) the multiplicity of their needs, and (2) the importance of a key agency or key service provider in providing a caring, comprehensive service response to meet these needs. Each of these themes contained a number of components, which are described below.

The women have much in common with Canadian-born women who have been abused by their partners, and the services they need are consistent with effective anti-violence services for all women. However, the women in this study also experienced the violence in unique ways, and had specific needs, stemming directly from their experiences and status as immigrants.

Meeting a multiplicity of needs

The first theme that emerged from the interviews is the importance of addressing the multiplicity of needs that the women faced. The situations of the women were complicated by issues relating specifically to their immigration and status as newcomers to Canada. To be empowering, service providers must be able to assist the women to: break through language barriers, access information, address sponsorship and immigration barriers, meet material needs, and break their social isolation. Within this theme, therefore, are five components.

Breaking through language barriers. Language barriers were a serious impediment to the women's accessing of services and breaking through their

social isolation, and therefore put many women at further risk. Language can be viewed as an issue of safety, health, and justice. Services that helped women break through language barriers had a significant impact not only on women's ability to leave an abusive relationship but also on their ability to keep themselves safe and healthy and to realize their rights.

Providing accessible information. Lack of information about Canadian laws and rights, social infrastructure and available services, and the fact that domestic violence is a crime significantly impeded the women's access to services. Lack of familiarity with their new country was an important factor in their need for information. This lack of information was exacerbated in those women who did not have good English language skills.

Addressing sponsorship and immigration barriers. Women who were sponsored by their husband or another family member were disempowered by their inability to access government services such as income assistance because of repercussions for sponsors. Women who had visitor's visas could not access government services such as income assistance or free health care. These women were therefore often forced to stay with abusive spouses. Many women experienced confusion about their rights and the implications of their status, which was not always clarified by service providers.

Meeting material needs. Women's economic vulnerability as immigrants, combined with other factors resulting directly from their immigration, exacerbated material or practical considerations for these women. Poverty or the threat of poverty and the need for affordable housing, employment, transportation, and childcare were crucial factors in women's struggle for safety and independence.

Breaking social isolation. Breaking women's social isolation, which in many ways stemmed from their immigration experience, was also a key component of women's empowerment. Social isolation refers to separation from family and friends, as well as factors that impeded women's access to assistance, such as a lack of familiarity with services and lack of English language skills. The emotional needs expressed by the women related primarily to their social isolation.

Key service, caring connection

The second theme that emerged was the importance of a comprehensive, caring service from one key agency or one key individual. This theme contains four important components: proactive intervention; advocacy and accompaniment; broadening of traditional professional roles and mandates; and sensitivity to women's cultural and immigration realities.

Proactive intervention. A proactive approach to offering services was generally considered the most valuable approach. This included: taking proactive steps to provide them with information; anticipating their needs; coming to the women rather than always expecting them to come to the services; linking them to other services; and following up to see how they were doing.

Advocacy and accompaniment. Most of the women needed advocates to help them effectively utilize services with which they were unfamiliar, which they had difficulty accessing because of language barriers, or with which they were unable to insist on their rights. Accompaniment was an important component of advocacy for the women in this study.

Broadening traditional mandates. In the face of their social isolation, often cut off from family, friends, and cultural community, many of the women in this study described how empowering it was for them when service providers extended themselves and their mandates beyond what may be viewed as more typical, narrow professional roles and mandates.

Sensitivity to women’s cultural and immigration realities. Many of the women in this study discussed the importance of service providers’ being sensitive to their cultural and immigration realities. Most expressed satisfaction with services and did not report experiences of racism, although many acknowledged that their expectations were not high and that they lacked the ability of Canadian-born women to assert their rights and entitlements.

Meeting a multiplicity of needs

In making the decision to leave their abusive relationship,¹ the women in this study faced particularly complex challenges that were directly related to the fact of their immigration. This was true no matter which cultural group women belonged to, how long they had been in Canada, or whether or not they had English language skills. Their lives – and their reasons for staying in an abusive relationship – were complicated by immigration and language issues, lack of financial resources, lack of knowledge of social infrastructure and services, and resulting social isolation.

I have never called these places and I do not feel I have the confidence to call ... it’s hard to start believing in yourself and get out and say that you can make it ... no? Maybe at the beginning that is why I never prepared to leave him, maybe because I felt threatened and because I was in a country that I didn’t speak English and that I did not know how to start with a job and already with two children. It is really hard, no? ... one arrives here and

¹ For all but four of the women in this study, keeping themselves safe and moving forward in their lives meant leaving their abusive husbands.

doesn't know about so many things that could help you ... one may get desperate in the relationship that one is living ... and would like to speak with someone, but ... everything here is in English ... with nobody to talk to, so how does anybody ... know about what is happening[?]

– A Spanish-speaking woman from El Salvador²

Once they had extricated themselves from the violent situation, the women experienced a multiplicity of needs as they struggled to make new lives for themselves and their children, a result not only of the multi-layered challenges faced by any abused woman trying to change her life and keep herself and her children safe, but also of the added difficulties imposed by a woman's situation as an immigrant.

You don't realize when you're getting away from a violent relationship how much work it is – you're just in a survival ... mode ... and ... you have to be in that survival mode for a long time in order to make it, and it takes a lot of ... strength. You need to resolve the legal issues ... the health issues that arise from ... all the emotional stress that you have been going through ... I have to pay rent, which is \$800 ... and my childcare is \$560 ... plus I have to pay utilities and food ... and clothing for the children. I'm ... all alone in Vancouver, I don't have any family, any friends.

– An English-speaking woman from Mexico

How can I do, where to live, what to eat ... That's the problem! When I came, I had a problem of English, I didn't have work, I didn't have any friend, my relatives were far off, nobody knew me ... I can't stand on my own feet ... If I would have got any help of any sort ... like, this is the place for you to live, like you have to work here and you can leave your children here – I could live there, I didn't have any problem!

– A Punjabi-speaking woman from India

Breaking through language barriers³

The lack of services in their own language and lack of access to suitable interpreters reinforced women's sense of isolation and limited their access to crucial information and services.

The issue of language was central to many of the women in this sample, whether or not they spoke English well enough to be interviewed in English. Even if women were generally able to cope adequately in English, if they were upset, their ability to comprehend or speak in English was often compromised.

² This line denotes the language a woman used for her interview, not whether or not she also speaks English.

³ Language issues were also a dimension of many of the other issues described in subsequent sections of this report, including access to information, economic well-being, and overcoming isolation.

Because of being so upset, my brain does not work properly, so that's why I say that sometimes there is a problem due to Hindi. Sometimes I couldn't understand properly in English, so there should be some lady [at the transition house] who knows Hindi.

– A Hindi-speaking woman from Fiji

Women's accounts indicated that language was more than a matter of respect for cultural differences, important though this may be. Language was often integral to their ability to access safety, health care, or the justice system. For those who did not speak fluent English, interpreters or service providers who spoke their language (or the lack thereof) were key factors in their ability to access assistance.

When women and the police could not communicate clearly because of language issues, women were sometimes put at greater risk.

The best thing for government to do is ... to have some Chinese like us, so then we could speak the same language, we could have translations. [For] example, I did so many things and I was able to go through all these smoothly, it was all because [I had a worker who spoke my language] ... it's a totally different story when you are talking to the police. Because of the difference in language, they were absolutely unhelpful.

– A Cantonese-speaking woman from China

[Women who cannot speak English cannot] ... tell the police what really happens, and most of the police here ... don't speak Spanish. But I know for a fact that there is a lot of Spanish women or immigrant women out there that are being abused every day and they just keep it to themselves, like I did.

– An English-speaking woman from Chile

Staff who spoke a woman's native language or competent interpreters were also crucial in other services responsible for women's safety, such as transition houses.

The fact that there is a person [at transition house] who speaks Spanish ... makes one feel secure ... of being able to go and communicate ... because if a woman is going through something bad and doesn't speak English, what is she going to say? How are they going to understand her? How can she make sure that she is not going to be in danger and that she does not have to return or something like that[?]

– A Spanish-speaking woman from Mexico

The same was true of health care. One account demonstrated that if health workers and women could not communicate, women's health and their children's health were at risk.

[When I took my daughter to hospital] she was really bad ... she almost die because ... [my husband] did not want me to take her ... but ... I did not know ... how to explain [that] ... in English ... It was me who stayed for ten days in

hospital with her [but] ... when one is starting to speak English you are ... frightened to speak it ... so ... he was the one who talked to the nurse, so ... they didn't ask me more questions ... I was only told things reprehending me, but I was feeling bad, crying, because I didn't know what to say and I was seeing the girl ... so bad ... [I would have liked] ... an interpreter to ... explain them ... what one was worried about, and why ... I didn't ... bring my girl before.

– A Spanish-speaking woman from El Salvador

While interpreters were often appreciated for the important function they performed, many women complained about a lack of competency in the interpreters they were assigned, and the disempowering impact this had on their safety or access to services.

When I called the police, I asked for someone who could speak Chinese ... Later the interpreter spoke very terrible Mandarin, because she was a Cantonese speaker. [My husband] said they wouldn't listen to what I said. I said, "that's true, my English is not good. I have no way out!" So ... after they came, it ended in a way as if nothing had happened. That was it. So I was hit deeply by that incident.

– A Mandarin-speaking woman from China

Some women told of situations where they or others lost or had difficulty claiming rights, benefits, or support services to which they were entitled because of communication difficulties between themselves and police, lawyers, or government personnel.

I saw ... other ladies ... they couldn't speak out [because they] need interpreter to translate and then eventually the police or lawyer lost patience – and then unfortunately [the women] become shy to talk more ... and this become very sad because they couldn't fight for their right – the children lost ... right and benefit, too.

The Ministry ... called ... asked me how is it going with my children and I said "okay". [She said] "Since you said that they're doing okay, I'm going to cut your benefits and we're not going to help you now ... I didn't know English. She asked me if my children are settled, are they doing fine? She speaks English, that's why I said "okay". I didn't know that this "okay" meant that much and would turn into a problem for me.

– An English-speaking woman from China

This woman also commented on her perception of how financial aid workers treated clients who spoke English and clients who did not. She felt that women who could speak English could advocate for themselves, while those who did not speak English could not. This woman had reported on a similarly disempowering experience attempting to obtain affordable housing, where she was unable to advocate for herself because of lack of English skills.

The [Caucasian] woman called [the housing agency] and told them about my situation. She said that it was not fair to me, I can barely survive with my three kids, I looked very pale and seemed about to collapse and things like that ... At last, she help me apply for that. She said, “It’s all done now. When will you have time to take a look?” That is, I could only get [affordable] housing through people who speak the language.

– A Cantonese-speaking woman from China

Another woman spoke of the disempowering impact not having English language skills had on her participation in the justice system.

The consequences [of entering Canada without English skills] were to enter part of the legal system that is horrible ... for a woman without English ... I must depend on ... Legal Aid ... but ... you are the one that must defend oneself in the court ... now imagine one without ... English ... They did not allow [the Spanish-speaking worker] to the case conference ... or sometimes they accepted her but without being able to say anything. She was only telling me what others were saying ... and I had to make decisions [about custody and access] ... and ... don’t have the language.

– A Spanish-speaking woman from Venezuela

Some spoke of empowering experiences with services that did their best to address language barriers, even when they did not have staff who spoke the woman’s language.

I don’t speak English, but ... people [at transition house] ... when you don’t understand, they ... make hand gestures for you, and if there’s something you don’t know, they ... bring that to you, “Do you need these? Do you like these? Do you like that?” ... and talk slowly ... if you still don’t get it, they have a lot of patience and ... try it again and again.

– A Cantonese-speaking woman from Hong Kong

Whenever people in the welfare ... want to talk to me ... they ... write me an address to call, call the interpreter ... Later, I will contact them again and the interpreter will go with me.

– A Mandarin-speaking woman from China

Even for women who were able to function well in English, it was important that they could speak their own language when expressing themselves on an emotional level.

... especially in the beginning, there is a ... need to get help from people who speak the same mother tongue. In this way, I could fully express my feeling ... If I need to speak English, then I could not express clearly ... If speaking the same language, then it could help to ... lessen my stress, soothing my emotion.

– A Mandarin-speaking woman from China

This was true even for those women who were interviewed in English.

I was the only one who speak Punjabi with [the service provider], but then it is easy to explain my emotions and explain everything how I feel.

– An English-speaking woman from India

Providing accessible information

For all of the women in this study, taking the first step away from a violent relationship and accessing help often depended on having information about their rights and about services. Lack of information was particularly disempowering for these women because they were often new to this country and unfamiliar with available services, Canadian laws, and their rights as immigrants or residents.

I did not have information ... I did not know all there was for me ... as a woman here in Canada ... two years I spend quiet, holding it in because I did not know.

– A Spanish-speaking woman from Mexico

At every step, access or lack of access to timely, accurate information in a language they could understand was key to their ability to access safety. Women spoke of the necessity of accurate information about available resources, the nature and dynamics of abuse in relationships, and immigration and refugee rights.

The need to provide information about available services applied first and foremost to practical, material issues, including how to access services such as transition houses, financial assistance, and affordable housing. Many did not know of services to help women like themselves. Many reported that information about basic services such as transition houses and income assistance often provided a key to their safety and survival, and commented on the disempowering impact of *not* having that information.

New immigrants really have no idea on the different organizations that they could go for help ... Those women who have suffered from abuse wouldn't know ... how to find those organizations, and to seek help. They wouldn't know.

– A Cantonese-speaking woman from China

I did not know [what] a transition house [is] like ... what kind of qualification should one possess [to go to a transition house] ... I thought they would not take people like me who is working and have financial source ... Does it mean I have no money? ... I could stay here? I did not fully understand back then.

– A Mandarin-speaking woman from China

One woman provided examples of immigrant women's lack of knowledge about matters that most Canadian-born women would take for granted:

It's so hard [at emergency] because I am a newcomer ... doctor told me if I still not good, go to family doctor. I don't know who is family doctor, where is family doctor. They think the question is an idiot can understand, because they can't understand how I don't know what's a family doctor ... other countries don't have family doctor.

and

As a newcomer ... no matter how smart she was, how capable she was ... [an immigrant woman] knew nothing about [how to access police] ... as an example. I am okay, for I have been abroad for ten years. I know I have to call 911. But when it happened to a Chinese, she might call 119, for in China, it's 119.

– A Mandarin-speaking woman from China

My sister-in-law ... told me to phone the police ... I didn't know about ... police nor about anything else. I didn't know about any law! ... then I phoned the police on her instruction, but I got afraid after phoning – like what will happen now? ... [The police] told me that there is nothing to worry at this place. If, in this town, you have problem, there are people at night also, and there are places for ladies where you can go and live – transition houses – and they told me more about community services.

– A Punjabi-speaking woman from India

Women's need for basic information about services was particularly evident regarding transportation. Provision of information about the public transportation system was a crucial component of their empowerment for many of the women. Lack of knowledge about public transportation became a health and safety issue for some who felt unable to use the transportation system.

I didn't go to the hospital [after my husband gave me a head injury] for I didn't know, for I had newly arrived. I didn't know any place. I didn't know how to take a bus. So I didn't go.

– A Mandarin-speaking woman from China

I called the nurse first and then she told me that there are some shelters out there but I didn't know how to take the bus and I didn't know where that was. I don't have a car and I don't know.

– A Cantonese-speaking woman from China

Another pointed out that knowing about income assistance was crucial to her ability to survive on her own.

[One of the most helpful things was] when I went to that transition house and they told me about what welfare was ... because I was thinking if I get separated ... how will I be able to support myself and my little daughter ... how to buy her milk and things.

– An English-speaking woman from Fiji

Some women did not know enough to know what to ask service providers, pointing to the need for proactive provision of information.

Even for me [speaking English well], I find it difficult ... to talk to people about these things [like second-stage housing] and I don't even know how to ask – or what to ask.

– An English-speaking woman from the Philippines

Even when women did contact services, they did not always receive useful information. For some women, lack of information or inaccurate information provided by service providers had seriously disempowering consequences.

That's one thing I want these transition house people to know ... If there is a lady that cannot qualify for legal aid ... If they have assets but [they are] frozen, so they couldn't use it ... how can they survive their life and even pay for all this ... legal fee? So they can get a loan first from welfare ... In the transition house, even they did not know. They apologize to me. They say they did not know.

– An English speaking woman from China

Confusion and inaccurate information about immigrant and refugee women's rights to specific services was particularly common.

[The income assistance worker] made me go in circles. She treated me badly and ... told me no [that I did not qualify for childcare aid]. So [staff in the bridging program] looked in books ... where it stated that I did have the right to receive help. Because the social worker would simply ignore me. She was very busy, or I don't know.

– A Spanish-speaking woman from Mexico

On the other hand, one woman's experience illustrated the impact of accurate, timely information, with one piece of information leading to another.

In [one immigration program] they gave me the information for the English classes ... information about ... rights and obligations that my daughter and I had, everything about the dental system ... information of what the Canadian system is, that I did not have for not having the language ... and they gave me the number of [somebody to call] about ... how to find a job ... and [someone from the School Board, who gave me] the knowledge if my daughter could enter a Kindergarten ... and [that] person gave me the information that ... if I was on welfare I had the right to request money [for childcare subsidy] ... and [told me about] a series of talks in Spanish about ... how to treat children with respect.

– A Spanish-speaking woman from Mexico

Information about the nature and dynamics of violence is necessary for all women who are victims of violence to take the steps to keep themselves safe. For some women in this study, this was particularly important as violence against women was not a well-publicized issue in their country of origin.

Actually, before I came to Canada, I had practically known nothing ... of the material on woman protection. It was by coincidence that we put on a film nearby ... I took a book [from the film], which said maltreatment of women was a crime. Only after I read this book did I know how to protect myself.

– A Mandarin-speaking woman from China

Accessibility of information depended on where, when, and in what language the information was provided. In order to be accessible, information had to be provided in a language that they could understand.

There was a booklet in every language – so one was in Urdu, too ... It's for the women who are facing violence – it's advice for them: make copies of all your important documents and put it with ... somebody you trust. So I [did that].

– An English-speaking woman from Pakistan

Many women reported that information they needed was not available in their language.

[They should] have more pamphlets on hand or more information written in Spanish as well, because when one arrives and sees everything in English one does not know what to do.

– A Spanish-speaking woman from Guatemala

Women said that information also had to be in places where they were likely to access it (including coffeehouses, community centres, swimming pools, the “ethnic” media), and provided by police. Many indicated that where information on violence and available services was most needed was at their point of entry into Canada. While a few women had positive experiences in that regard, most did not receive information at that point.

It would be good that when a woman immigrates ... she would be given a pamphlet where she is ... welcomed, and these are your rights. This is Canada, this is not your country, nobody can hit you and that someone would tell her ... that hopefully at immigration when her passport is stamped ... Because many times you know about things too late ... there should be more diffusion, maybe in the TV.

– A Spanish-speaking woman from Mexico

Women should be educated about the shelter ... even when we enter, for the immigrant women, they should have given brochures, when they arrive from the airport, where to find help, something like that ... where to find a job, employment agencies, a list of agencies where to find a job ... the agencies where to find help.

– An English-speaking woman from the Philippines

Addressing sponsorship and immigration barriers⁴

Immigration-related barriers were profoundly disempowering for many of the women in this study. The barriers women faced stemming from their legal status in Canada varied depending on the nature of their status. Sponsored women were unable to access services independently of their abusive husbands or of other family members who had sponsored them because of the repercussions for their sponsor. Women with only visitor status were not eligible for services at all and faced the challenges of obtaining permanent residency status from within Canada. In addition, many of the women were confused about the implications for their immigration status if they left their husbands or extended families.

Being sponsored often meant that they could not access income assistance, subsidized housing, or free health care. Consequently, many were forced to stay with abusive husbands or depend on friends or extended family.

Sponsorship is a problem for me in my situation because it can affect my brother if I ... go on welfare ... I apply to [subsidized] housing and they disappoint me because they told me ... are you sponsorship with your brother? Your brother is going to take care of everything. I don't know what's the proper way.

– An English-speaking woman from the Philippines

In addition, some women believed that any evidence of dependence on government assistance, whether in the form of income assistance or subsidized housing, would impact negatively on their immigration application.

I do not qualify ... for [subsidized] housing, although I am very much in need of this ... I do not dare to apply. I worried ... it will negatively affect me when I immigrate here.

– A Mandarin-speaking woman from China

Lack of access to services for women with visitor's visas was particularly disempowering.

As a tourist, I neither have the right to Medicare and as I am neither a refugee, I don't have the right to go to the refugee's services. So, I have never been to the doctor ... I did not want to be a tourist, but it was the status they gave me when I came in. There should be a program ... where one could be covered for any ... emergency, maybe not to go every month to the doctor, but to have some temporary medical just for something ... that would be life or death.

– A Spanish-speaking woman from El Salvador

⁴ See Appendix 5 for an explanation of the various types and conditions of immigration to, and seeking protection within, Canada.

Accurate, accessible information about immigration and refugee issues was crucial for women's empowerment. Lack of information and misinformation about their rights as immigrants was often a factor in keeping women with their abusive husbands. In some cases, service providers contributed to the women's confusion and inaccurate information due to their lack of knowledge or understanding of the complexity of immigration status. Many women were unclear about the details of their status and their legal rights. Some believed, rightly or wrongly, that they had to stay with their husband in order to obtain their permanent residency or citizenship.

I didn't want to get back together with him again ... However, my land paper has not been issued yet ... Therefore, I had no choice – he persuaded me and I had to.

– A Cantonese-speaking woman from Hong Kong

I left my husband so many times, trying to separate from him, but because he never ... followed through on my Canadian citizenship during this time – seven and a half years that I was with him, I was totally dependent on him in terms of my citizenship.

– An English-speaking woman from the Philippines

These same pressures applied for women who were refugees, who feared that they and their children would be deported if they left their husbands.

I thought that my children's future will be made here ... because [my husband and mother-in-law] say ... that we are refugee, and they will deport me to Fiji. And I was so afraid ... Me and my children ... have come from so far off to get my final independent residence.

– A Hindi-speaking woman from Fiji

Lack of information about their rights and options as newcomers to Canada added immeasurably to their stress and anxiety. Women's experiences clearly indicated the importance of information about the immigration process and their rights, to empower them to understand and navigate the system.

Because I could not stay here without a visa, I hurried to apply ... I did not know that I should have told Immigration [that] my husband abused me ... I was too worried to know ... I had no place [in the process] to say that [he] abuse me ... I felt as if there was no heaven above and no ground below. I was muddle-headed about everything.

– A Mandarin-speaking woman from China

When I asked [the financial aid worker] that I haven't received the cheque ... then she told me ... "you are a refugee, so you won't get any cheque." I asked her "why are you saying all this?" I told her that I am a convention refugee, I gave them the paper, but it was bit hard way for me and I cried a lot for this.

– A Hindi-speaking woman from Fiji

Sometimes husbands deliberately withheld information or gave women incorrect information in order to maintain control, especially in cases where the husband was a citizen but the wife was not. Some of the women reported that some staff from agencies not dealing specifically with immigrants or refugees did not understand the process and, in some cases, provided wrong information. This lack of information or provision of erroneous information was very disempowering.

[Transition house staff] do not understand the immigration process. They don't understand many things when one arrives as a refugee. They ... only understand the violence, but they need to know, as well, a bit about immigration ... They made my life very difficult until I understood a little bit.
– A Spanish-speaking woman from Mexico

[The service provider in the pre-employment program] ... always referred ... that I am a refugee ... I told her I am ... being sponsored, I am not asking for refuge ... and she says “oh! It's the same!” And ... there was the necessity to take my girl to the doctor and we got to the refugee clinic and ... she realized ... they could not attend me.
– A Spanish-speaking woman from El Salvador

Women indicated the importance of information about their rights as immigrants being provided clearly and repetitively, and of information providers taking steps to ensure that women heard and understood the information. Even when they were able to take initial steps to address their situation, some women were not able to absorb immigration information that was given to them.

When I went to the immigration office ... he said to me, you have all the rights of a Canadian citizen except to vote ... and yet, it doesn't click on me that I can just leave and go to welfare and ask for help.
– An English-speaking woman from the Philippines

On the other hand, the empowering nature of accurate immigration information was clear.

[The service provider] brought me pamphlets about that ... he could not take away the permanent residency for anything in this world ... [that was] very good.
– A Spanish-speaking woman from Mexico

I was in pain because I was thinking what will happen after [I left my husband and went to a transition house]? Will they send me back to Fiji due to immigration? ... [The multicultural agency] ... consoled me that immigration won't send me back like this, because they know that I am in trouble. So it gave me peace of mind.
– A Hindi-speaking woman from Fiji

Meeting material needs

The women often spoke of their material needs first, not only as major barriers to leaving an abusive relationship but also as continuing hurdles in their journey towards safety and independence. The need to address material needs was even more compelling for the empowerment of these women than for abused Canadian-born women for a number of reasons, including the particular economic vulnerability of immigrants, especially female immigrants. This issue is discussed under “Immigration in Canada” in Chapter 2.

This economic disadvantage, combined with other factors related to their immigration, greatly increased women’s need for services to address their material necessities.

I was getting into this tension ... what will happen to my child, how I will live, how I will manage the house ... when I will have to go to work, how to get the [driving] license? I had English problem, I didn’t have work ... I didn’t have ... somebody can help me ... get work ... for the care of my child ... I felt ... defeated, I didn’t have courage that I can live alone. How will I survive? I didn’t have any other way than to go back home.

– A Punjabi-speaking woman from India

Services were required to meet a wide range of inter-related practical and material needs, including livelihood (employment, income assistance, and training), childcare, transportation, and affordable housing. Sometimes women could not access needed services, such as income assistance, subsidized housing, or medical care, because of limitations imposed by the immigration process, significantly impacting their ability to survive independently. This is discussed above, in “Addressing sponsorship and immigration barriers.”

Access to employment and training assistance, as well as access to income assistance, played a central role in women’s struggles to survive independently after they had left abusive relationships. Women also faced very different work situations in Canada than in their country of origin and were often unfamiliar with services that could help them prepare for employment.

[The bridging program] would teach you to look for work because I am new here and ... it is very difficult. You don’t have a clue. You even don’t know how to make a resume. You don’t know how to react in a job interview or things like that. It is totally different from what I have gone through in my country.

– A Spanish-speaking woman from Mexico

Women who were able to take advantage of pre-employment or bridging programs found them enormously empowering. For some women, it was the breadth of these programs that they found so valuable, including a wide range of topics that helped prepare them not only to look for work but also to manage their lives on their own.

[At the training course] there's a mixture of English upgrade, First Aid, computer course, Food Safe, anything that will prepare you for the future ...

– An English-speaking woman from the Philippines

Affordable housing was essential for many of the women in this study because of the multiple barriers faced by immigrants in attaining economic parity with Canadian-born women.

These transition houses should help us more with [subsidized] housing or the co-op [housing] because one arrives very disoriented ... many of us without knowing the language ... bad economically, and all. I think it is very important that they should have priority for these transition houses to help with the ... housing.

– A Spanish-speaking woman from Colombia

Constraints placed on them by their sponsorship status presented an insurmountable obstacle to those women who were unable to access government-subsidized housing because of the repercussions for their sponsors.

Their ability to advocate for themselves for subsidized housing and other services was impaired by lack of English language skills.

Transportation was also an important need for many of the women in this study. Many spoke of how difficult it was for them to get from one place to another, with little knowledge of the public transportation system, few English language skills, and little money. Although some women expressed frustration with unmet needs for transportation assistance, many described how helpful agencies were in this regard.

We came to Canada without knowing how to speak English and can't tell where from where. And that turns out to be very helpless ... If you didn't have organizations ... to help you, you wouldn't know what to do, right? ... You have [to go to] a place that you didn't know, you give them a call and ask them ... They could tell you immediately which bus you need to go and which bus you need to get back.

– A Cantonese-speaking woman from Hong Kong

And I got great help from New Start because I was just so ignorant of everything – even I don't know how to get into the bus.

– An English-speaking woman from Pakistan

Access to affordable childcare was particularly crucial for many of the women because often they could no longer rely on their extended family and had not developed a circle of friends in their new country who could help out with childcare.

At some [transition houses] if you want to go for some appointment, then you can't leave the child behind ... If I have an appointment somewhere [I have no family or friends to take care of my kids] ... I used to take them with me ... They should provide the babysitter.

– A Hindi-speaking woman from Fiji

I could not go to work because who would I leave my little girl with? I could not leave her alone ... Without having a family ... all that lack of support.

– A Spanish-speaking woman from Mexico

Some women pointed out that without childcare they could not access needed programs that would have helped them to integrate more quickly into the life of their new country.

It would have been helpful if they would have ... childcare subsidy ... or a space where childcare is right there ... If you're arriving for ... counselling ... and you're crying ... and your child is looking at all this, it's not healthy for the child, either ... Because I will have ... integrated into the community a lot easier and ... quicker than I did ... That did stop me ... in everything.

– A Spanish-speaking woman from Mexico

That would be the main thing I would need most ... daycare that's cheap ... because everywhere ... around my area is full. I can't get her in ... I had to put on waiting list ... it's wait long periods of time, that I don't get to go in my programs.

– An English-speaking woman from Taiwan

Lack of subsidized childcare was also a problem for women who had to work outside of the normal Monday-to-Friday, nine-to-five schedule.

Sometimes I have to work on Saturday and Sundays. If I were to get someone to babysit for me, I would have to pay from my own pocket ... [The childcare subsidy] only pays for daycare. If you were to work Saturdays and Sundays, you had to look for a babysitter and you have to pay yourself.

– A Cantonese-speaking woman from China

Breaking social isolation

Although all abused women are trapped to varying degrees by social isolation, the isolation of many of this group of women was exacerbated by English language limitations, lack of support from their cultural community, separation from other family members “back home,” and lack of familiarity with their new country. The emotional needs of the women in this study stemmed to a large extent from this social isolation.

Lack of support from their cultural community was very disempowering for the women in this study and a key factor in their social isolation.

In our culture, nobody understands ... what women go through. You're shut from the whole world. You only and alone ... I give up going to see the doctor, even ... I give up everything in my life ... not talking to anybody. I shut my whole world ... even taking a step out the door is hard ... I think if somebody took me to a support group it would help me to listen to somebody else – what they did ... maybe you get support.

– An English-speaking woman from India

This lack of support often translates to feelings of shame, emphasizing the importance of services that let immigrant women know that they are not alone and that responsibility for the abuse is not theirs.

For a long time I didn't approach ... anybody ... because of the culture ... that families should keep it together ... I feel afraid to talk with ... somebody ... We raise the race ... when you're ... having problem in the house, you don't talk ... they're ashamed and ... worry that they will lose face to talk about this because everybody pretend they are perfect family ... It's tough when you take a first step ... I have that problem, with that first step.

– An English-speaking woman from Taiwan

The importance of outreach and proactive contact to break through women's isolation, especially for non-English speakers, was emphasized:

You [should] work more with the mothers ... I speak English. I live [here] many years ... isolated. Now you imagine how many there are, worse than me ...?

– A Spanish-speaking woman from Mexico

Services that provided deep emotional support to help women overcome their isolation were key to some women's empowerment after they had left an abusive relationship.

At that time, I was being really helpless. I didn't know what to do ... how to talk, and who to talk to. And by talking to [the immigrant-serving agency] I told them everything that has happened and ... about thoughts deep inside my heart.

– A Cantonese-speaking woman from China

She devoted her true heart and soul to care about me ... a person needs care from others ... yes ... you have to help a person with your heart, not like helping ... her with money ... money cannot solve the problem. Because even if you were to give me money, probably this would not cure my illness, because my soul is ill.

– A Cantonese-speaking woman from Hong Kong

The gap left by women's separation from family and friends was central to many women's isolation and lack of utilization of services.

[I didn't tell anyone because] I didn't have any friends at that time. I just have to go to work, home, temple ... and the reason is because if you don't

have any sisters here – otherwise I could have tell my sisters. I’m thinking if I have my own ... they’ll listen. I don’t think anybody else is going to listen.
– An English-speaking woman from Fiji

For some women their isolation from family and friends was so complete that they needed services simply to provide someone to talk to.

[The psychologist] was someone to talk to ... to cheer me up, to guide me to think positively ... Then I would not think ... that I did not want to live any more, it’s so hard being alive ... So, it feels so good just to have someone to talk to ... if, at that time, I could have more talk ... [someone with] more time for me ... that would have been so much better.
– A Cantonese-speaking woman from China

For many of the women in this study, service providers who were there just to listen to them helped them significantly in overcoming isolation. The need to be listened to without judgment was particularly acute for women who had experienced, or feared, severe judgment from their family or community.

When I go to the transition house ... when somebody just quietly listen to me, it give me great relief, like just make my heart lighter ... it give me hope ... for me, it’s everything...I was really scared to go to Pakistan ... like, after divorce there is no hope in living this world – like, what would happen? ... in that situation to give somebody at least hope of living.
– An English-speaking woman from Pakistan

Key service, caring connection

It was clear that the service delivery approach that was most empowering for this group of women was one key agency or worker providing comprehensive services, either by providing services directly or by “brokering” services to ensure that the women accessed services that the key agency or worker could not provide directly. Underlying this service delivery approach was the fact that services were provided in a deeply caring fashion, and not shaped primarily by a need to be “strictly professional” in a formal sense.

Very often, it was this fact that a comprehensive range of services and caring support were provided by one key agency or one key worker at a time when women were most vulnerable and needed help the most that provided these women with a lifeline. The pivotal role played by these key agencies or service providers in ensuring that all the women’s needs were met was particularly important to the women in this study because of the complexity of the barriers they faced as a result of their immigration, including their lack of familiarity with social infrastructure and services, their lack of English language skills, and their social isolation.

I could say this [multicultural] program ... save my life because I was desperate, lost, I had no idea about anything. It was very important ... There they have Dress for Success after class ... they have therapy ... they have a place for kids so [we] could stay in class ... they have food banks so people have food every week ... [after this program] almost everybody have a job.

– An English-speaking woman from Brazil

It was the role played by one key service provider in providing those comprehensive services that often had the most profound impact on the women in this study.

One lady [at the multicultural agency] ... is helping me!... How many things can one poor ... staff do alone! ... They ... also give us good advice, help us when we are in pain, take us to places to do this and that, to do work, to send us to school, to tell us ... what can you do in Canada ... I had gone mental, I could not understand anything and [she] gave me a lot of support. If [she] were not there, I don't know what I would have done.

– A Hindi-speaking woman from Fiji

Many women described the comprehensiveness of the services they received from one key agency as part of what made these services so empowering for them.

Living [at the second-stage house] was very good ... They know what kind of help this sort of women need ... they have much information ... if you go to school, or to apply for legal aid, they would often send people to accompany you ... to go to court ... they helped you with the application of the welfare, too. They had a donation room ... Anytime, whenever you had whatever problem, you could go there to have a talk with them ... you have a place to go, to have a talk, to ask questions ... they would introduce you to other places.

– A Mandarin-speaking woman from China

The importance of having one person or one service follow through from start to finish was emphasized by some women. One woman spoke of the particular importance of continuity of service:

Especially for immigrant lady ... for Asian lady is more shy, more hard to speak out these things ... They'll ... speak out to one counsellor then that counsellor not there any more ... new one doesn't know anything [about her]. They feel it's so hard to speak again to tell them ... so eventually they don't continue ... they don't communicate – and ... they don't have a relative, friend here and ... without talking to a counsellor ... life become very miserable ... sometime they don't know how to continue with their life.

– An English-speaking woman from China

Separated from family and friends, some spoke of the support they received in terms of feeling they had come “home” and of key service providers as

“family.” Their recognition of the depth of the emotional support they received from key service providers is indicated in the following comments.

When I first went inside [the transition house], I felt as if I was really home. It really gave me great warmth. They immediately embraced me as soon as I came inside the door. I felt as if I came back to my mother’s arms.

– A Mandarin-speaking woman from China

When I had my cancer surgery ... every day nurse used to come ... she used to close the door and very slowly she used to ask me about everything. Just me alone in the room, in privacy, “are you okay?” Nurses used to love me so much who used to come to our home, and half of my pain used to go away with this, and I used to wait for them like that, as if my sister is coming or my friend is coming!

– A Punjabi-speaking woman from India

Proactive intervention

Proactive intervention by these key workers or key agencies was generally very empowering for these immigrant women.⁵ Given the range and complexity of their needs, their lack of familiarity with what was available, and often their lack of ability to converse in English, the women described the importance of those key agencies or workers that took proactive steps to provide them with information and to meet their needs, that anticipated their needs, that came to them rather than always expecting them to come to the services, that linked them to other services, and that followed up to see how they were doing.

[After they arrested him] ... after few days one girl phone ... I think she was ... [from] the ladies who take care of children ... They ... told me that when there was a fight in the house ... a child should not be kept in this type of environment ... she explained in Punjabi ... “you can go in transition house ... if somebody beats you at night then you shouldn’t think you have no place to live, you can take welfare,” she told a ... bit about the law ... I liked that girl.

– A Punjabi-speaking woman from India

⁵ Similar to non-immigrant women, these women were mixed in their responses to police proactively recommending charges against their abusive spouses. Some were taken aback and frightened by the unexpected turn of events when charges were laid; some were gratified by charges being laid; some were glad when charges were not laid; and others felt betrayed by police when nothing was done. These women’s responses to proactive charging were complicated by their lack of knowledge about the Canadian justice system, their fears of police based on their experiences with police in their country of origin, and extreme dependence on their husbands for economic survival or immigration matters.

[The transition house women helped me find government aid] ... they did the calls, everything, go with me to appointments ... it has been very useful because if I would not have it, what would I do? With my son, and without talking English, and without work and without anything, what would I do?

– A Spanish-speaking woman from Mexico

As their needs were often too broad to be met by one agency, the women benefited when key service providers proactively linked them to other needed services.

Especially I think [the multicultural agency] has helped me a lot. Take Legal Aid ... they have helped me in applying for that too. I am really thankful for their help. If it weren't for them, I wouldn't know about these services. [The Medical Services plan ... the Care Card] ... were taken care of by [them] ... because ... I was like a bird trapped in a cage ... I didn't know anything.

– A Cantonese-speaking woman from China

Afterwards ... the social worker ... actively helped me contacting those things ... to find second stage and so forth ... she was so committed to find me a suitable second stage ... Because they know I speak Chinese, then they linked me up with a [Mandarin-speaking worker at a multicultural agency] and then they found a Mandarin-speaking social worker ... to help ... For everything I could use help, she gave me help.

– A Mandarin-speaking woman from China

In the absence of family and friends who may have otherwise provided this reassurance, follow-up from these key service providers to check on the safety and well-being of the women and their children was an important aspect of proactive services.

There's these [second-stage housing] workers who are visiting me once a week and asking what do you need ... and things like that. You know, that is very helpful, because it's so hard because you have not immediate family here.

– An English-speaking woman from the Philippines

Follow-up from key service providers from the women's own culture, who spoke their language, was particularly valuable.

The lady [from the child-serving agency] came every week and just make sure the children feel safe, and if they need something ... and the multicultural society ... family counsellor who speak Punjabi ... she came to my house every week ... she still come.

– An English-speaking woman from India

Chinese social workers to come and talk to me ... they worried that I might have bad thoughts. They came and visited me from time to time.

– A Cantonese-speaking woman from China

Advocacy and accompaniment

Advocacy involved efforts to ensure that the women received the services they needed. Women's particular vulnerability at this time, based not only on their experience of violence but also on their experience as immigrants, meant that most of the women needed key service providers to be advocates in order to help them effectively utilize services. Lack of familiarity with services made advocacy particularly valuable for the women in this study.

[The church] have great advocates for people who have needs ... to understand ... how the [income assistance] ministry works, because ... they can get challenging ... [I had] wonderful advocates ... they [helped me make sense of the services] because I don't want to ... talk and talk to a social worker who is already tired, and argue that there wasn't a call for that, and I believe it can be worked around, through an advocate.

– An English-speaking woman from the Philippines

Accompaniment to appointments and to court was often an important aspect of advocacy. Advocacy from key service providers from women's own culture, who spoke their language, was particularly empowering.

Sometimes [when I go to the lawyer] I even have my multicultural worker to explain ... to explain to you and to explain to the worker what you want.

– An English-speaking woman from the Philippines

Accompaniment to other services was also important for women who did not understand the service systems they were using, did not know how to use the public transit system, or did not have good English language skills.

Volunteers ... from the Chinese police station ... accompanied me [to court] ... the priest too. Though ... [they] could not help me say a word, they supported me from behind. I felt very ... comforted. They helped me a lot spiritually ... [and] people in the women's shelter ... accompanied me to court, so their company increased ... my confidence and ... though I was tense, they supported me behind ... so I could ... face all this. If none helped me, I could hardly ... go into the door of the court.

– A Mandarin-speaking woman from China

Some of the women indicated that they did not think that they were taken seriously, either because they did not speak fluent English or because of discrimination. In those cases, the advocacy provided by these key service providers was especially important.

[The multicultural worker] ... says “what is your situation, what is the problem?” and she made a plan ... “I will help you with this and we will go and talk ... and ... try so that they will listen, because I understand that you are desperate” ... The truth is that if I had not taken someone [to the financial aid office] ... I would not have fixed anything ... they were not going to listen to me ... they were not putting importance on my case.

– A Spanish-speaking woman from Mexico

The income assistance ... was not a good experience ... that’s why I always take [the counsellor] with me.

– An English-speaking woman from Bangladesh

Broadening traditional mandates

Many of the women described how empowering it was for them when key service providers responded to their needs beyond what may be seen as more traditionally defined roles and mandates. In the face of the social isolation many of the women had experienced, often far from family and friends, and often feeling unsupported by their cultural community, women described such services as a lifeline.

This person has been like an angel for me because I would sometimes call her at times when she was not working and I would say ... I am lost ... I need help ... where do I go, and she would always say, one moment, I will find it for you.

– A Spanish-speaking woman from Guatemala

Sometimes these expanded services were the direct result of the agency’s mandate and sometimes they occurred because a key service provider decided to meet the multiplicity of needs in a more holistic way. Many women described in very positive terms those experiences where key service providers were “there for them,” providing support and assistance above and beyond what would generally be expected in a typical service delivery relationship.

These key service providers sometimes responded to women’s needs outside of regular business hours, often came to their homes, and provided assistance outside of normal mandates.

The [Punjabi worker] ... came for only one hour but she stayed four ... hours because ... me and ... my kids – everybody was crying and I have bruises. She cooked for us ... the people are wonderful ... [and] the first time I met [the domestic violence unit worker] ... she helped with moving ... Even I can’t speak too much English at the time, but every couple days ... she came to my house.

– An English-speaking woman from India

As part of this broad interpretation of service mandates, sometimes key workers provided social contact and an opportunity for conversation rather than a specific service. In some cases, women commented that key service providers acted in the role of friends or substitute family members.

These [second-stage housing] workers ... are visiting me once a week and asking “what do you need?” ... and things like that ... That is very helpful, because it’s so hard because you have not immediate family here ... When I had my second D and C, they took care of me after ... From the hospital, I stayed with them overnight and ... around the clock there is somebody checking on me.

– An English-speaking woman from the Philippines

Sensitivity to women’s cultural and immigration realities

Sensitivity to the women’s cultural and immigration realities was exhibited by some services and service providers and not by others. Women found it empowering when their particular needs were taken into account and special efforts were made to accommodate them, and disempowering when they were not. This sensitivity was another of the particular strengths of the agencies and service providers that the women in this study found most empowering. One example cited below was the ability of a transition house to be flexible in how long a particular woman could stay.

[The transition house let me stay for four months] because they consider the situation ... that without papers, without money ... how were they going to [survive] without family ... without knowing anybody ... I believe that they considered all the case and were conscious, right? I imagine what would have happened if they close the doors on me.

– A Spanish-speaking woman from Venezuela

Responding to dietary restrictions or providing special foods was also identified as empowering.

At the transition house a volunteer sees ... we are just eating bread every day, morning, noon and lunchtime. And the next day they ask me “why do you refuse this?” Then I told them ... we are vegetarian ... and they bring everything ... they give me the one stove ... then I start cooking my own food. They bring everything, all the vegetable I told them, all the flours ... whatever I told them they brought.

– An English-speaking woman from India

Pressures exerted by income assistance staff were often felt to be insensitive to the particular needs of immigrant women and therefore disempowering.

They just keep telling me to go get a job. It’s not like I don’t want to find a job. I just ... cannot find one. I am 50 years old already, my body is weak and thin ... I don’t ... know a single word ... of the language ... they were not understanding at all.

– A Cantonese-speaking woman from Hong Kong

Responsiveness – or lack thereof – to women’s language needs was another way in which services demonstrated, or failed to demonstrate, sensitivity to these immigrant women’s realities. These are discussed above in “Breaking through language barriers.”

Women’s views were mixed regarding whether or not they found it empowering to be served by service providers from their own culture. Some preferred service providers from their own culture, some preferred service providers not from their culture, and some did not have a preference. While many of the key service providers identified by the women in this study were from their own culture, many were not. Concerns regarding this issue included language, cultural understanding, confidentiality, and lack of support from their cultural community.

Most of the women in this study did not feel that the services they received were different because they were immigrants. Many expressed appreciation for the services and for the way they were treated by service providers, particularly by the key agencies and service providers they identified.

Some women remarked, however, that their service expectations were not high.

I don’t ask much, right ... not that I didn’t expect, I didn’t ask much. I’m not greedy with people ... for me it’s good to be safe here and every month ... I’m on income assistance ... and I got some support from my community ... I already think that I’m luckier than others ... I ... feel what more can I ask?

– An English-speaking woman from Taiwan

Some women found the support they received in Canada to be empowering because they said they would not have received the same kind of support in their country of origin.

The other country don’t help women like me ... The government here is really helping ... the women who face abuse ... If that’s happening in my country ... it’s not that good a job ... No ... we don’t have help like that ... That’s why so many women suffer there.

– An English-speaking woman from the Philippines

Some felt that they were treated differently primarily because they were unable to ask for what they needed or insist on their rights. In some cases, women made the link between lack of fluency in English and a lack of assertiveness in advocating for themselves.

Yes, [services were different] because we can’t fight for our rights, because I don’t know much English. If I had known how to speak English, I could tell [the nurse] something more. Whatever she said, I kept myself silent.

– A Punjabi-speaking woman from India

Sometimes I feel, maybe [the different treatment is because] I am immigrant and sometimes I'm thinking ... maybe it's because I cannot express myself ... my English or something. There is a mixed feeling ... Sometimes to police I have to explain more. Maybe I am not firm and ... not assertive.

– An English-speaking woman from the Philippines

Other women emphasized the cultural aspects of their inability to insist on their rights.

Maybe the Caucasians would know how to ask for help ... they know how to look for help ... but for us, we don't.

– A Cantonese-speaking woman from China

They treat even, but the difference – the immigrant and the Canadian – I can see the difference there. It's the Canadian women they know their rights.

– An English-speaking woman from the Philippines

For some women it was a combination of lack of information, fear, shame, and a lack of inclination to insist on their rights that disempowered them in terms of asking for help.

I didn't ask for help ... because I don't know where to ... I haven't any information ... and also ... because of shame and afraid ... Somebody in same situation ... if they get bit more educated ... [they] know what ... is their right ... and ... they know where to get help. I know because I talk with other ... new immigrants, and they're from China, some Taiwanese, and I know that in our culture, we raise the race ... you don't talk.

– An English-speaking woman from Taiwan

However, some women did believe that they had been discriminated against because they were immigrants.

Sometimes they put one aside because ... you cannot express or cannot say what you have or ... you don't have papers ... not in all the places but in some places ... [one feels] rejection, the way of speaking with one is different ... [if one is] Latino, doesn't speak English or doesn't understand ... sometimes they laugh at one.

– A Spanish-speaking woman from Mexico

Income assistance staff were most frequently identified by the women as engaging in discriminatory practices.

The welfare centre seems to have awkward attitude towards Chinese ... They seem to have a suspicion of Chinese deceiving them to get the money. I think that Chinese won't cheat for the money ... As a Chinese, it's not a good thing to say that I'm getting this kind of money ... [that] I'm on welfare.

– A Cantonese-speaking woman from China

Emotionally there is discrimination ... because welfare said “well, why do you have three advocates?” Well, the truth is that no one has listened to me ... and in the end they recognized that they were in an error and ... they apologized to me ... I think ... I have not received the support that I was waiting for ... because for being an immigrant.

– A Spanish-speaking woman from Mexico

Some women also felt that the fact that they were immigrants led to their negative experiences with the police..

When the police came this last time in our house – the lady was white – she was doing everything in a hurry. I was feeling that she has an impression that ... it is a kind of routine thing in these Indian families ... that it is a normal thing for them ... like they have nothing else to do than to fight and stop fighting and then get together again, like that – like she didn’t care much.

– A Punjabi-speaking woman from India

Being an immigrant woman of colour I think [police] look at us in a low opinion, you know, “it is fine ... these women are dependent and it’s okay for them to receive abuse” ... I did not feel that [police felt] ... “okay, here a woman is ... being attacked.”

– An English-speaking woman from Kenya

6

Discussion

Introduction

The purpose of this study was to enhance understanding of the service delivery factors that were empowering or disempowering to immigrant and refugee women seeking help to end the violence in their lives. Through the voices of 75 women from four different cultural groups, we heard in depth about their experiences trying to navigate a service delivery system in a country that was not familiar to them, in a language that was not their own, and often under extreme pressures from family and friends not to come forward.

This chapter focuses, therefore, on issues that apply specifically to abused immigrant and refugee women. At the same time, it is important to recognize the experiences and needs that these women have in common with all abused women.

The dynamics of abuse described by the women, many of their reasons for staying in abusive relationships, and many of the barriers they experienced in trying to survive on their own parallel those of all abused women. These included fear of further violence, fear of being alone, fear of using the criminal justice system, self-esteem issues, and staying for the sake of the children. Noting these common experiences is important because they demonstrate that violence is not unique to any culture and is not explainable by culture.

Some of the issues that emerged from this study are similar to those that emerged from the first phase of this empowerment research, *Measures of Empowerment for Women Who Are Victims of Violence and Who Use the Justice System* (Russell, 2002a). These included the empowering nature of coordinated, proactive responses and of the provision of information at all stages of the women's experience. On the other hand, the experiences of the women in this study drew our attention to several different themes that were

unique – or unique in their intensity – including, most importantly, the multiplicity of their needs and the need for comprehensive, broadly mandated, caring responses by a key agency or service providers.

Although the picture of violence against immigrant women that emerged from this study is not dissimilar, in many ways, to what we know about violence against Canadian-born women, some of the needs of the women in this study were different and many were more extreme than those of Canadian-born women. It is those unique needs that are the particular focus of this study.

We acknowledge that the most difficult group of abused immigrant women to reach consists of those who remain isolated and do not reach out for assistance, or who reach out, meet with an unhelpful or inadequate response, and retreat again into their isolation. Once women have successfully reached out for assistance, however, they can be accessed through the agencies they use for services. At that point, consideration of their reasons for staying in an abusive relationship may help us understand some of the reasons why many abused immigrant women do not reach out for help, and therefore what might be done to empower such women and assist them to make contact with crucial services.

Meeting a multiplicity of needs

The multiplicity of women's needs, combined with the fact that many of these needs overlapped, reflected the complex realities of women's lives. Women's need for information, for example, and the empowering nature of accessible, accurate information, was linked to most other aspects of women's empowerment, including language barriers, sponsorship and immigration barriers, meeting their material needs, and breaking through their social isolation. Similarly, social isolation was integrally related not only to access to information but to language barriers and practical issues such as transportation and childcare. For until they had access to information in a language they could understand to let them know about their rights and about available services, and access to transportation and childcare, many of the women in this study remained isolated within their own homes, trapped in their abusive situations.

Information about their rights – both their broad right to live free of violence and their rights to specific services – and about how to access services was central to the empowerment of all the women in this study. Coming from countries without comparable social service systems, the women were often unaware of the existence of income assistance or safe emergency housing. Some women said that finding out about the availability of services such as income assistance or transition houses was a crucial factor in “opening the door” for them to leave an abusive relationship.

The need to address their social isolation in order to facilitate their passage to safety cannot be overestimated. Until the barriers of women's isolation could be at least partially broken down, they did not have access to information or to the practical and emotional support services that were key to their safety.

Their social isolation was also closely linked to education and awareness raising in their cultural communities. Women's cultural communities are potentially one of their greatest sources of information and support. Many of the women in this study told us, however, that the attitudes of members of their own cultural communities not only were unsupportive but put them at greater risk. While we acknowledge that there are individuals, organizations, and agencies within each of these communities who are actively working on these issues, there is still a need for community leaders and family members to take a more proactive response. It is crucial that leaders and members of these cultural communities understand the nature and dynamics of domestic violence and the need to provide support and assistance to abused women and their children, in order to realize this enormous potential for community support for victims of domestic violence.

Women's sponsorship and immigrant or refugee status was a significant barrier rooted in legislative and policy realities, and was sometimes related to lack of accurate information about their rights as immigrants or refugees or about the processes they needed to follow in order to access those rights. The women's lack of clear, accurate information about their rights as immigrants, refugees, or permanent residents was often exacerbated by confusion on the part of service providers. This points to a need not only for accessible information resources for women but also for training for service providers.

Because of the complexity of these sponsorship and immigration matters and some women's lack of clarity about their circumstances and rights, it was sometimes difficult to assess, on the basis of these interviews, the scope of the problem and all of the strategies required to address them.

Sponsorship status and other immigration issues were often closely linked to material needs. It is well documented that immigration and economic disadvantage are connected. This economic disadvantage is increasing, both in terms of rising levels of poverty among immigrants and in terms of average incomes of immigrants relative to average incomes of Canadian-born people. Poverty levels tend to be higher among less-educated immigrants, female immigrants, those who do not speak English at home, and those who are of non-European ethnicity (Chan et al., 2005; Statistics Canada, 2004a). The economic disadvantage faced by the women in this study, combined with lack of knowledge about services and basic social infrastructure, lack of job skills, inability to work legally, lack of English language skills, lack of information about support services, lack of knowledge of available housing services and how to access them, and economic dependence on their husbands for

immigration or sponsorship reasons, greatly increased the need for services to respond to women’s material needs.

Women’s practical and material needs were further complicated by the women’s being separated from their support systems in their country of origin or from the support of their cultural community in this country. For example, lack of extended family members or friends to help out with childcare, combined with lack of access to subsidized childcare or childcare outside of regular working hours, often meant that women could not work or could not attend pre-employment programs. Immigrant women, because of a lack of English language skills and marketable job skills, were often forced to work evenings and weekends when subsidized childcare services were not available.

Such a multiplicity of factors combined to make it particularly difficult for abused immigrant women to keep themselves and their children safe by establishing their independence from abusive spouses.

Comprehensive, caring service from a key agency

As a result of the complexity of challenges faced by the women, it was often the services they received when they finally made the decision to take action that made the difference in terms of whether they felt empowered to make it on their own.¹

The fact that these women’s needs were so broad and complex, and their resources for meeting their own needs so limited because of the challenges they faced as immigrants, meant that they were particularly empowered by services that were comprehensive and provided by a key, caring agency. The agencies that provided continuity, proactively responded to their needs, provided advocacy and accompaniment, and redefined traditional professional roles and mandates were found to be the most helpful. The fact that these services could anticipate their needs rather than simply react to them, and could extend beyond the traditional mandates of discreet services, was particularly valuable to women who were feeling overwhelmed, who often could not clearly articulate what they needed, and who were suffering acute social isolation.

The women reported their most positive experiences with a comprehensive approach to service delivery that addressed the multiplicity of their needs, either directly, or indirectly by “brokering” services with other agencies or systems. Such services require a broad mandate and sufficient staff to enable service providers to go beyond the typical limitations imposed by more traditional services. Characteristics of such services included: spending time

¹ In the case of the four women who remained with their husbands, the services they received empowered them to address the violence in other ways.

with the women in their homes, providing both practical and emotional support to them and their children; accompanying them to doctors or hospitals and to legal aid, income assistance, or housing offices; and following up with them on a regular basis to check on their well-being.

As not all services could be provided by one agency, it was particularly empowering for the women in this study when service providers took proactive steps not only to tell them about the services that might be able to help them but also to ensure that they successfully accessed the service. Often the service providers did this by taking the women there themselves, by advocating for them while they were there, and by following up to make sure that the women got the services they needed. While such proactive accompaniment and advocacy are labour-intensive, these services formed part of the essential core of the broadly mandated service delivery approach that the women in this study found most helpful.

The role played by a “key” agency, in either providing broadly mandated services or “brokering” other services, was particularly important to women’s sense of empowerment. Women were able to develop a sense of trust with these key agencies or key service providers, and a sense that they could rely on them not only for practical support but also for going beyond the call of duty to meet their needs. The women often established a deep emotional connection with these key service providers, whom they described as being like family. Some of the women described these relationships as not only providing a broad range of essential services but also as filling a void left when they were cut off from extended family and close friends. Both functions were seen by the women as equally important to their sense of empowerment.

This strong element of caring in the services that so many of the women in this study identified was nowhere more evident than in the follow-up services provided. In the absence of extended family to provide support, some women clearly felt cared for by their key service providers in a way that their mothers or sisters may have cared for them. For some of these women, this emotional connection was so deep that they described it in spiritual terms. Such a strong emotional bond between service providers and the women was clearly a central element in women’s empowerment, sustaining them in their struggle to keep themselves safe and live independent lives.

The women’s isolation from possible sources of support and assistance indicated a strong need for outreach services, to reach out to women in innovative ways to break through their often extreme social isolation. These outreach services must be able to find ways to make contact with women who do not utilize services specifically related to domestic violence. However, staff from multicultural domestic violence or victim service programs are likely in the best position to help develop strategies to reach these particularly

isolated women, as they are aware not only of the nature and dynamics of violence against immigrant women but also of the challenges and strengths within their immigrant communities.

Abused immigrant women’s attitudes towards services

Most of the women interviewed for this study had had some negative experiences with service providers – some significant, some relatively minor. The majority, however, reported their experiences with service providers as fairly positive ones, and many reported extremely positive experiences. While some women considered their negative experiences with service providers as racist or possibly racist, most of these negative experiences were not described in that way. Most of the women in this study considered these negative experiences to be a result of inflexible policies, ineffective practices, unhelpful staff, or a lack of assertiveness or high expectations on their part.

Possible explanations for low levels of racism reported by the women in this study (as well as the generally positive reactions the women had towards services) may be found in their answers to direct questions, in the sampling strategy, or in the fact that relative newcomers are simply reluctant to criticize their host country.

When asked whether they felt they had been treated differently because they were immigrants, most women indicated that they did not think that they had been treated differently, and some believed that they had received preferential treatment because they were immigrants. Some said that their expectations were not high – either because their basis of comparison was their own country or because they were disinclined to expect a lot for themselves. This lack of a sense of entitlement may have led some women to cast a positive light on incidents that others might have interpreted as discriminatory.

A few women speculated that the difficulties they encountered were a result of their lack of English language skills, impacting their ability to understand what was going on or to advocate for themselves. Several women suggested that their inability to advocate for themselves was also a result of cultural conditioning, distinguishing them from Canadian-born women, who knew how to demand their rights.

While the vast majority of the system-based services used by the women were not experienced as racist, it is interesting to note that most of the incidents that women did report as racist or possibly racist were with system-based services such as income assistance or police. Community-based immigrant-serving and women-serving agencies were not subject to such criticism.

It is likely that these women's experiences with service providers may, in fact, have been largely positive because of the way in which this sample was selected. The women interviewed for this study were recruited through community agencies specializing in serving women or immigrants or both. While the women had also had experiences with system-based services such as police, health care services, legal aid, and income assistance, these experiences were often "brokered" by community-based agencies. If women had concerns about dealing with these services, they were often assisted by women-serving or immigrant-serving agencies. Thus, these agencies were often able to help the women avoid or mitigate negative experiences with system-based services.

On the basis of these interviews, it was difficult to judge how much impact these factors had on women's low reported levels of racism, or how much this positive view of the services they received simply reflected reality for most of the women in this study.

Conclusion

The review of the literature, the in-depth interviews and the focus groups with service providers give us a clearer picture of the service delivery factors that abused immigrant women found to be empowering and disempowering. In order to fulfill our obligations to immigrant women who are victims of abuse by their male partners – to empower them to lead safe, independent lives – we must listen to what they are telling us. The unique opportunity provided by this study – to hear the voices of the women themselves, telling us in rich detail what is helpful to them and what is unhelpful – must now lead to concrete action.

The tenacity of the women in this study in seeking the support they needed and in reaching out to take hold of what was offered to them, despite enormous challenges and barriers, speaks to their strength and their courage. It is up to us – governments and community alike – to do all that we can to provide them, and other women like them, with the tools that they need.

You know, [service providers] can only give you the tools – and that's what the police did, that's what victims services did, and what the crisis centre did ... They gave me the book. It was my choice to read it.

– An English-speaking South Asian woman from England

Now I feel that I alone can do everything. I don't need anything. I am free.

– A Spanish-speaking woman from Mexico

7

Limitations and Future Research

Limitations

As with all research, this research is limited by its sampling strategy. Because we sought women for our sample through immigrant-serving and victim-serving agencies, only women who accessed services were included in this study. We were therefore unable to explore the reasons why some women did not disclose the abuse or come forward for service. While some insight into this issue can be gleaned from some of the reasons women gave us for staying in their abusive relationship, this information is incomplete. The collection of this information was not systematic and not reported fully because it did not directly respond to the research question. This issue, however, is clearly relevant to the broader research interest, namely, the empowerment of immigrant women who are victims of violence.

The sample is almost certainly biased in favour of these referring agencies, as it is unlikely that agencies would have referred women to the study who had had particularly negative experiences with their agency. (Although women did have some criticisms of the services they had received from community-based agencies, and many of the women had received services from community-based agencies other than the referring agency, the majority of comments about these agencies were, in fact, favourable.)

This research is also limited by the choice of immigrant groups and languages in which the interviews were conducted. Clearly, the choice of these five languages was a limiting factor. There are other immigrant groups in the Lower Mainland that we would have liked to include for a variety of reasons. Cost was the limiting factor in this respect, as interviewing, translating, and transcribing interviews in a number of languages is a labour-intensive and therefore costly process.

The fact that this sample was primarily urban is another limiting factor. Although the urban nature of the sample reflects the dominant reality of most immigrants in BC and in Canada (see “Immigration in Canada” in Chapter 2), it nevertheless does not address the realities of a minority of immigrant women in BC and Canada who live in rural areas or small towns. These rural or small-town immigrant women experience a whole set of challenges not experienced, or not experienced to the same degree, by urban immigrant women. In addition to facing a stark lack of services for abused immigrant women, it is likely that immigrant women living outside the main urban centres face even more extreme social isolation, in the absence of a sizeable community who share their cultural and linguistic background.

This sample was also entirely from the Lower Mainland of BC. Our efforts to recruit women from Prince George, an urban centre outside the Lower Mainland, were unsuccessful. This constitutes another limitation of the study.

There were no women in the sample with visible disabilities, and a small number with mental health issues. While disability was raised incidentally in some of the interviews and focus groups, it was not an issue on which discussion focused. Therefore, the findings do not advance our understanding specifically in relation to empowerment of abused women with disabilities.

Future research

In Canada, there is a paucity of research on abused immigrant women based on the experiences of the women themselves, using significant-sized samples, and particularly based on a range of immigrant groups rather than only one cultural group. Future research on the experiences and needs of abused immigrant women, therefore, should attempt to remedy this lack, and aim to expand upon the approach used in this study, namely, conducting in-depth interviews with abused immigrant women from as broad a range of cultural groups as possible.

Given the particular financial and material barriers faced by abused immigrant women, there is a need for further research to determine the impact that current legislation, policy, procedures, practices, and programs relating to immigration and sponsorship have on the material needs and well-being of such women.

Recommendations

The findings from this study point to a number of key areas that require policy development and funding support. Some of the issues that the women described as disempowering have been discussed in previous studies. These range from the need for all relevant materials to be translated into a variety of languages to changes to current immigrant policy and practice, and include training on both immigration issues and violence against women issues.

The following recommendations are being proposed with the understanding that any new services or strategies be developed in collaboration with organizations and agencies that currently work with abused immigrant and refugee women and that have expertise in designing and delivering programs to respond to their multiple and varied needs. These recommendations are also being proposed with the understanding that, wherever possible, new services will be developed within or attached to existing immigrant-serving and women-serving organizations and agencies with proven track records.

Meeting a multiplicity of needs

Breaking through language barriers

1. Provide and enhance funding for both system-based and community-based services to enable them to access trained and appropriate interpreters for as long as a particular client is utilizing these services. Interpreters serving women who are victims of domestic violence should be trained not only in interpretation skills but also in the dynamics of violence.

Providing accessible information

2. Develop a public information/education strategy in collaboration with the various cultural communities and involving community and religious leadership, “ethnic media,” schools, and so on, to increase understanding

of violence against women, emphasizing that it is a crime and describing the supports and services available to women, children, and men.

3. Develop standardized training and provide regular updates on issues related to sponsorship and immigration status to all service providers who provide information, support, or services to immigrants and refugees.

Addressing sponsorship and immigration barriers

4. In view of the particular financial and material barriers faced by abused immigrant women, conduct further research to determine the actual impact that current legislation, policy, procedures, practices, and programs relating to immigration and sponsorship have on the material needs and well-being of abused immigrant women.

Meeting material needs

5. Increase funding for bridging and pre-employment programs and for retraining assistance for abused immigrant women trying to become financially independent.

Addressing isolation

See also Recommendation 2.

6. Fund outreach and follow-up services in appropriate languages as part of mandates for all existing and future mainstream, multicultural, and ethno-specific victim support services, including victim services and transition houses, in order to reach abused immigrant women who are isolated from possible sources of assistance because they do not know about services or because they are reluctant to access them.
7. In areas with high immigrant populations, attach outreach workers/satellite programs to existing police departments and/or victim support programs specifically to work in those immigrant communities, with a view to encouraging abused immigrant women to come forward for assistance.

Key service, caring connection

8. For all services funded to support abused immigrant women, take into account abused immigrant women's particular needs for a comprehensive, caring service from one key agency to respond to the multiplicity of their requirements, either by direct services or by brokering services from other organizations. These services should have broad mandates and sufficient

staff to assign one key worker to provide or broker services for each woman. Staffing levels, mandates, and training should also facilitate proactive intervention, advocacy, and accompaniment as key services to meet the needs of abused immigrant women. Strategies for achieving such a service delivery approach for abused immigrant women might include:

- Training staff in existing agencies (for example, community-based victim services, transition houses, multi-service agencies) in the particular needs of abused immigrant women for such comprehensive, caring key services, based on the findings in this report. Develop and deliver such training in collaboration with service providers already providing such comprehensive, broadly mandated services
 - Reviewing agency policies and procedures to ensure that they are responsive to the needs of abused immigrant women, including being flexible, broadly mandated, and linguistically and culturally appropriate.
 - Increasing the hiring of bi-cultural, bilingual workers at existing agencies to enable the provision of such responsive services to abused immigrant women or to increase the number of staff already providing such services.
 - Funding satellite programs attached to existing agencies specifically to provide services to abused immigrant women using this comprehensive approach to service delivery
 - Funding new services where needed to provide such a comprehensive approach to service delivery to abused immigrant women
9. Where the need exists, in areas with high immigrant populations, fund new services (either as satellite services attached to existing programs or as stand-alone services where required) based on proven models of service delivery, such as broadly mandated multicultural service agencies, with staff speaking an appropriate range of languages, specifically serving abused immigrant women.

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Appendix 1: Consent Form for Interviewees

The following page shows the consent form signed by the immigrant and refugee women interviewed for this study.

The form was also translated into Mandarin/Cantonese, Punjabi, Urdu, and Hindi.



JUSTICE INSTITUTE
of BRITISH COLUMBIA

Centre for Leadership and Community Learning

CONSENT FORM

Empowerment of Immigrant Women who are Victims of Violence

Project sponsor: Shelley Rivkin, Director
Centre for Leadership and Community Learning,
Justice Institute of BC.
604-528-5628

Principal investigator: Linda Light
Research Consultant
604-733-1091

Co-investigator: Dr. Mary Russell, Professor
School of Social Work and Family Studies
University of BC
604-822-2795

I agree to participate in a study of empowerment of immigrant and refugee women who are victims of violence. I understand that this study is being carried out by the Justice Institute of BC, in partnership with MOSAIC and Vancouver and Lower Mainland Multi-Cultural Family Support Services. I understand that the information collected in this study will be used to help improve the responses of the justice, health and social services systems to immigrant and refugee women who are victims of violence.

I understand that I will be participating in an interview of approximately one to one and a half hours about my experiences in seeking help when I was a victim of violence and that I will be paid an honorarium of \$40 for my completed interview. I understand that my participation is voluntary, that I can refuse to answer any questions that I can withdraw from the study at any time, and that if I choose not to participate the services I receive from this agency will not be affected in any way. I also understand that if I require support or de-briefing after the interview, this will be made available to me through the agency.

I also understand that any information I give will be confidential and that results will be reported anonymously. Tapes will be destroyed as soon as the data have been analyzed and interview transcripts will be destroyed after three years. Data will be stored securely and no one except the researchers, translators and transcribers will have access to them. The only exception to this assurance of confidentiality will be if the researchers receive any information that is required by law to be disclosed, for example, if they receive information that may indicate that a child is at risk of harm.

I understand that if I have any questions or concerns, that I can contact Shelley Rivkin at the Justice Institute of BC at 604-528-5628 or srivkin@jibc.ca.

Signature of participant _____

Date: _____

715 McBride Boulevard, New Westminster, BC V3L 5T4 TEL (604) 525-5422 FAX (604) 528-5640

Appendix 2: Interview Guide

A. Meeting and greeting

1. *Thank respondent.*
2. *Explain purpose of research, i.e., to improve services, so we want to hear in detail about what services she used, what was helpful and what was not helpful.*
3. *Obtain consent for taping (or go to note-taking).*
4. *Explain confidentiality provisions, i.e., names/identifying information will not be used in the report.*
5. *Get consent form signed.*

B. Background information

This information should be obtained during interview as appropriate. Check at end of interview to ensure completeness.

1. **Length of time in Canada**_____
2. **Length of time in current community**_____
3. **Circumstances of coming to Canada**

Probe for: accompanied by whom?
as immigrant or refugee?
sponsored by whom?
level of English then? now?

4. **Present living situation** _____

Probe for: living with – husband?
children?
extended family?

C. Disclosure and first contact

Introduction

First of all, I'd like to find out a bit about when the violence first started in your relationship, who you told, and who you first went to for help.

1. Can you tell me something about when the violence first started?

This may be a time when the woman wants to tell you her story. Although the focus of the interview is her experiences of services rather than her experiences of violence, it is important that she be able to tell you about what has happened to her. Do not probe for further details of her experiences of violence, but allow her to tell you what she wants to tell you. This will establish rapport for the rest of the interview.

2. Who did you first tell about the violence?

If the first person was a family member, probe for who was the first person outside her family that she told.

3. How did you first get connected with a service that would help you with this problem?

*Probe with: who told you about this service?
did you call them or did someone else call them?*

D. Use of services

Introduction

Now, I would like to ask you some questions about your experiences with the people or agencies or service providers that you went to when you needed help.

Women have told us that sometimes the responses of police, the courts, hospitals, shelters or social service agencies are helpful to them and sometimes they are not. Sometimes their responses help them to feel good

about themselves, to keep themselves safe and to get on with their lives – and sometimes they don't.

I would like to ask you about what responses were most helpful to you and what responses were not helpful. By this I mean, what responses helped you to feel good about yourself, helped you to keep yourself safe, and helped you to get on with your life after the violence? And what responses did not?

I will go through each place in turn that you went to for help, and ask you about your experiences.

Questions on use of services

For each agency/service named, ask:

1. Please tell me about what happened when you contacted that service/agency.
 - a. What did they do that was particularly helpful?
 - b. What was not helpful?
 - c. What else could they have done?

Encourage respondent to expand on these at length.

Probe with: Tell me more about.....

- Did you go specifically for help with the violence or did you tell about the violence only because someone asked?
- Did they send you elsewhere?
- Did they follow up?

If it is not already clear, ask: Was that a good thing or a bad thing?

2. Who else helped you?

Probe for:

<u>Health Services</u>	<i>tick when covered</i>
family doctor	_____
medical specialist	_____
hospital emergency department	_____
hospital ward	_____
hospital social worker	_____
health clinic	_____
post-partum service	_____
public health nurse	_____
other health service (specify) _____	

Justice System

- police _____
- victim services (police-based? community-based?) _____
- Crown counsel _____
- judge _____
- probation officer _____
- family law lawyer _____
- family justice counsellor _____
- legal aid _____
- other justice service (specify) _____

Social Services

- transition house/safe home/second-stage housing _____
- multicultural agency _____
- settlement service _____
- child protection _____
- welfare/social assistance/disability benefits _____
- women-serving agency _____
- advocacy group _____
- other social service (specify) _____

Repeat the following questions for other services named:

Please tell me about what happened when you contacted that service/agency.

- a. What did they do that was particularly helpful?
- b. What was not helpful?
- c. What else could they have done?

Who else helped you?

- 3. *If she did not use services that might have been appropriate to her circumstances, ask:*

Did you think about using ...?

- 4. *If police were involved, ask:*

What happened after the police were called?

Were charges laid?

How did you feel about that?

If charges were not laid, ask:

Did you want charges to be laid?

Do you know why charges were not laid?

How did you feel ...?

If the case did go forward to court, ask:

Did you testify? How did you feel ...?

Did you complete a Victim Impact Statement? How did you feel ...?

5. *Sum up by asking the respondent:*

What was the *most* helpful thing that people did for you through this time?

Allow respondent to give more than one answer if she wishes.

What was the *least* helpful or *worst* thing that happened during this time?

Allow respondent to give more than one answer if she wishes.

Do you think being an immigrant woman affected the services you received? How?

6. *Conclude the interview by asking the respondent if there is anything else she would like to tell us.*

Thank respondent, pay her and tell her that:

- *her responses will help us improve services for immigrant women*
- *her responses will be kept confidential*
- *if she would like to see a copy of the final report, she can contact the agency.*

Appendix 3: Consent Form for Focus Group Members

The following page shows the consent form signed by the focus group members who participated in this study.



JUSTICE INSTITUTE
of BRITISH COLUMBIA

Centre for Leadership and Community Learning

CONSENT FORM

Empowerment of Immigrant Women who are Victims of Violence

Project sponsor: Shelley Rivkin, Director
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604-528-5628

Principal investigator: Linda Light
Research Consultant
604-733-1091

Co-investigator: Dr. Mary Russell, Professor
School of Social Work and Family Studies
University of BC
604-822-2795

I agree to participate in a study of empowerment of immigrant and refugee women who are victims of violence. I understand that this study is being carried out by the Justice Institute of BC, in partnership with MOSAIC and Vancouver and Lower Mainland Multi-Cultural Family Support Services. I understand that the information collected in this study will be used to help improve the responses of the justice, health and social services systems to immigrant and refugee women who are victims of violence.

I understand that I will be participating in a focus group of approximately two hours about my experiences in assisting immigrant and refugee women who are victims of violence. I understand that my participation is voluntary, that I can refuse to answer any questions, that I can withdraw from the study at any time, and that if I choose not to participate my employment with this agency will not be affected in any way.

I also understand that any information I give will be confidential and that results will be reported anonymously. Tapes will be destroyed as soon as the data have been analyzed and interview transcripts will be destroyed after three years. Data from this study will be stored securely, and no one except the researchers, translators and transcribers will have access to them. The only exception to this assurance of confidentiality will be if the researchers receive any information that is required by law to be disclosed, for example, if they receive information that may indicate that a child is at risk of harm.

I am aware that if I have any questions or concerns about this process that I can contact Shelley Rivkin at the Justice Institute of BC at 604-528-5628 or srivkin@jibc.bc.ca

Signature of staff participant _____

Date: _____

I have received a copy of this consent form: _____ (initials of staff participant)

I have received a copy of this consent form: _____ (initials of participant)

715 McBride Boulevard, New Westminster, BC V3L 5T4 TEL (604) 525-5422 FAX (604) 528-5640

Appendix 4: Focus Group Discussion Guide

*The following is a guide only.
If some of these questions are addressed spontaneously in the course of the discussion, then they do not have to be formally put to the group.*

Thank you very much for agreeing to take part in this focus group. Your participation in this study will assist us to improve the ways in which we can help women who are victims of violence.

Explain to the group what the research is about and why we are doing it, referring to the attached sheet describing the study and its purpose. Ask participants if they have any questions. If there are any questions that you cannot answer, refer them to the contact name and number on the attached sheet.

Tell participants that if they agree, we will tape-record the discussion so that we don't need to take such detailed notes. Assure them that the tapes will be destroyed after the data has been transcribed and analyzed, and that both the tapes and the transcriptions will be kept in a secure locked filing cabinet. Assure them that none of their responses will be identified as coming from them or from this location or agency. Ask if anyone has any questions about this, or any objections to being taped. If anyone objects, then do not use the tape-recorder and just take detailed notes.

Pass out the consent forms, ask them to sign them, and collect them.

For the purposes of this research, we are defining “empowerment” as that which helps women improve their lives and keep themselves safe.

In this study we are exploring the empowering and disempowering responses of the justice system, the health care system, and the social services system –

all those systems that might respond to immigrant women who have been victims of violence. While many of these responses will be similar for all women who have been victims of violence, we would like you to think particularly about the experiences of immigrant and refugee women.

Women have told us that sometimes the responses of police, the courts, hospitals, shelters, or social service agencies are helpful to them – that they help them keep themselves safe, help them feel good about themselves, and help them move on with their lives – and sometimes they are not so helpful.

Health Care System

1. First we would like to talk about the health care system. We would like you to think about your clients' experiences with doctors, nurses, and social workers in hospitals and clinics as well as private physicians. Can you tell us, based on your experiences with clients, what kinds of health care responses you have found to be most helpful or most empowering to your clients who are immigrant or refugee women? *Probe for:* what *specific* actions and responses from specific types of service providers were most helpful or most empowering.
2. What kinds of health care responses have you found to be least helpful or most disempowering for immigrant or refugee women? *Probe for:* what *specific* actions and responses from specific types of service providers were least helpful or most disempowering.
3. In your experience, is it more or less empowering for immigrant or refugee women who come to a hospital or clinic or private doctor's office to be asked directly about whether they are a victim of violence in their relationship? Why do you say that? What kinds of things do you think should happen if a woman does disclose that she is a victim of abuse?
4. What do you think could be done to make the responses of health care workers more empowering for immigrant or refugee women who are victims of violence in their relationships?

Justice System

5. Now we would like to talk about the justice system – both the criminal justice system and the family justice system. Can you tell me, based on your experiences with clients, what kinds of justice system responses you have found to be most helpful or most empowering to your clients who are immigrant or refugee women? Please think about the responses of police, Crown counsel, victim services, court staff, and corrections staff, such as probation officers or family justice workers. *Probe for:* what *specific*

actions and responses from specific types of service providers were most helpful or most empowering.

6. What kinds of justice system responses have you found to be least helpful or most disempowering for immigrant or refugee women? Again, please think about the responses of police, Crown counsel, victim services, court staff, and corrections staff, such as probation officers or family justice workers. *Probe for:* what *specific* actions and responses from specific types of service providers were least helpful or most disempowering.
7. As you know, the justice system in Canada has taken a proactive position on arresting and charging those who assault their wives or partners, regardless of the wishes of the woman who is the victim. Can you comment on the empowering or disempowering aspects of the proactive justice system policy on arrest and charging in these cases? How do you think proactive arrest and charging can be made as empowering as possible for women who are the victims of these assaults?
8. What do you think could be done to make the responses of justice system workers more empowering for immigrant or refugee women who are victims of violence in their relationships?

Social Service System

9. Now we would like to talk about the social service system. By social service system, we mean community agencies such as transition houses or immigrant-serving agencies, and system-based services such as alcohol and drug counsellors or child protection workers.

Let's first talk about community-based services. Can you tell me, based on your experiences with clients, what kinds of community-based social service responses you have found to be most helpful or most empowering to your clients who are immigrant or refugee women? *Probe for:* what *specific* actions and responses from specific types of service providers were most helpful or most empowering.

10. What kinds of community-based social service system responses have you found to be least helpful or most disempowering for immigrant or refugee women? *Probe for:* what *specific* actions and responses from specific types of service providers were least helpful or most disempowering.
11. What do you think could be done to make the responses of community-based workers more empowering for immigrant or refugee women who are victims of violence in their relationships?

12. Now let's talk about system-based services. Can you tell me what kinds of system-based social service responses you have found to be most helpful or empowering to your clients who are immigrant or refugee women? *Probe for:* what *specific* actions and responses from specific types of services were most helpful or most empowering.
13. What kinds of system-based social service system responses have you found to be least helpful or most disempowering for immigrant or refugee women? *Probe for:* what *specific* actions and responses from specific types of service providers were least helpful or most disempowering.
14. What do you think could be done to make the responses of system-based social service workers more empowering for immigrant or refugee women who are victims of violence in their relationships?
15. Now we would like you to think about the referral process. There are a number of different ways in which a referral can be made. Do you think it is more empowering for a woman just to be given the name and number of another agency or service provider to follow up on her own, or do you think it is more empowering for a service provider to offer to make the first contact for her, or to accompany her to her first appointment, or to follow up to see if she made the contact or if she requires some assistance in making the contact?
16. Are there specific actions that you think need to be taken to empower immigrant and refugee women with special needs, such as women with disabilities? Older women? Very young women? Women who live in isolated or rural areas? Women who live in poverty? Women who are lesbian?
17. Is there anything else you would like to tell us about what you consider to be important in terms of empowering women who are immigrants or refugees who have been victims of violence in their relationships?

Appendix 5: Definition of Citizenship and Immigration Terms Used in This Report

These terms are listed in the same order in which they are listed in Table 3, “Status on Entry into Canada,” on page 28. There are additional terms included at the end of this list that do not describe the entry status of women in this study, but either describe processes that women used to gain their status once they were in Canada or are useful to understand in the context of violence against immigrant women.

For the purposes of this study, “**immigrant**” is defined in the same way as it is by Statistics Canada, as “those who have, or have ever had, landed-immigrant status, whether or not they are currently Canadian citizens” (Statistics Canada, 2001).

Family Class immigrants are those immigrants sponsored by a family member included in the list of acceptable sponsors. Sponsors guarantee to support the sponsored immigrant for a period of three to 10 years, depending on the immigrant’s age and their relationship. If a sponsored woman receives social assistance before the time of the sponsorship has elapsed, her sponsor will be held liable by the province for the amount of social assistance paid. Sponsored women have permanent residence status and access to health care services, and can work.

Family Class immigrants sponsored by spouses are those who entered Canada as Family Class immigrants sponsored by spouses (legally married or common-law spouses of at least 12 consecutive months). Their sponsor has guaranteed to support them for a period of three years from the date they became permanent residents so that they will not have to apply for social assistance. Dependent children must be supported for 10 years from the date they became permanent residents or until they become 25.

Family Class immigrants sponsored by other family members are those who entered Canada as Family Class immigrants sponsored by family members included in the list of eligible family members, other than spouses. In these cases, their sponsors have guaranteed to support them for a period of 10 years from the date they became permanent residents, so that they will not have to apply for social assistance (or sometimes less than 10 years, if they are the children of the sponsor; see above).

Skilled Worker Class immigrants or **Business Class immigrants** are immigrants who enter Canada on their own “points,” independent of any sponsorship relationship. These immigrants include women who entered Canada on the “point system,” based on their own or their husband’s or parent’s eligibility as a Skilled Worker Class immigrant or as a Business Class immigrant.

Live-in caregivers include women who entered Canada as part of the Live-in Caregiver Program, whereby someone who immigrates to provide care to children, people who are elderly, or people who are disabled may apply to become a permanent resident after two years as a live-in caregiver. Those who enter Canada as live-in caregivers are entitled to health care and other benefits such as Employment Insurance. If they lose their job, they are expected to find another employer as soon as possible.

Visitors include women who entered Canada as visitors for a time-limited stay. Visitors from many countries, including almost all of the countries from which the women in this study entered Canada, require a Temporary Resident Visa. Visitors are not eligible for health care benefits. In special cases, visitors to Canada may be able to extend their visit, change conditions of their stay, or correct problems with their status, once they are already in Canada.

Refugees are defined as those entering Canada claiming or already having obtained refugee status under the United Nations Convention Relating to the Status of Refugees, in any of the refugee classes. Those claiming refugee status receive interim federal health coverage until they become insurable by the province. Refugee claimants who are not able to support themselves may also receive a living allowance from the province. Claimants granted refugee status outside Canada will enter Canada with their permanent resident status. Those who claim refugee status from within Canada must submit their claim within 28 days of being determined eligible to apply. Once claimants have officially applied for refugee status, they may apply for a work permit.

Students are defined as non-permanent residents entering Canada on a Study Permit. While there are some exceptions to the requirement for students to have a Study Permit (for example, those entering a program that lasts not more than six months), this is a requirement for most people from foreign countries who are studying in Canada. Students from many countries,

including almost all of the countries from which the women in this study entered Canada, require a Temporary Resident Visa. Students with a Study Permit can work part-time on the campus of the institution where they are registered as a full-time student.

Permanent residency status gives non-Canadians the right to live in Canada and can be obtained in a number of ways by both immigrants and refugees. Once an immigrant or refugee has obtained permanent residency status, it cannot be taken away from them unless they do not fulfill their residency obligations or they gave false information in order to obtain it. A permanent resident has most of the same rights as citizens, but they cannot vote or run for political office. The **Permanent Resident (Maple Leaf) Card** is issued by Citizenship and Immigration Canada as proof of a permanent resident's status.

A **person in need of protection** is a person in Canada who does not meet the requirements for refugee status but whose removal to their country of nationality or place of former residence would make them subject to the possibility of torture, risk to life, or risk of cruel and unusual treatment or punishment. This could include a woman whose abusive husband is a failed refugee claimant, for example, who will be sent back to his country of origin. She could apply to remain in Canada as a person in need of protection, on the basis of the risk she would face from her husband should she return to their home country. Claimants have certain rights and access to Canadian services while their cases are being considered.

The term "**protected person**" includes both Convention refugees and persons in need of protection. Both of these determinations are made by the Immigration and Refugee Board.

Humanitarian and Compassionate Review may be applied for by anyone who would suffer "excessive hardship" if they were forced to return to their home country to apply for permanent residence in Canada. This includes refugee claimants who the Immigration and Refugee Board has determined not to be a protected person. It could also include women who would be at risk of further abuse from their husband in their home country, or women who would be forced to leave their children with an abusive husband in Canada if they were forced to return to their home country. These persons can apply to stay in Canada on humanitarian or compassionate grounds.

