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INTERSECTIONS OF VIOLENCE:
THE ROLE OF IMMIGRATION STATUS IN WOMEN'S EXPERIENCES OF AND
RESPONSES TO DOMESTIC VIOLENCE IN CANADA

by

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Master of Arts
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ABSTRACT

Domestic violence is a serious problem affecting women in Canada. Immigrant women in particular may be more vulnerable to abuse and face more barriers in seeking help. This paper will examine the experiences of abused immigrant woman through a critical review of the literature. Domestic abuse does not operate in a vacuum; it is shaped and compounded by other interlinking forms of oppression. In particular, gendered immigration policies and reduced access to social services exacerbate experiences of violence. Responses to violence against immigrant women thus must be holistic and long term, challenging societal inequalities and underlying structures of power.

Key words:

immigrant women; domestic violence; gendered immigration policy; multicultural social services

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Chapter 1: Introduction

This paper will examine, through a review of the literature, what government policies and social services work best to help immigrant women suffering from domestic violence (DV). This question will be addressed in three parts. First, the specific vulnerabilities and barriers common to immigrant women will be examined. Second, relevant government policies will be outlined and assessed based on their impacts and implications. And third, the programs and services currently available to abused immigrant women will be evaluated based on their cultural competency and overall effectiveness. This paper is grounded in the recognition that societal inequalities play an integral role in the continuation of violence against women, and immigrant women may face multiple and interlinking forms of inequality. The thesis of this paper is that responses to DV among immigrant women must be holistic and long term, challenging underlying structures of power.

Definitions

This paper will use two central terms: “domestic violence” and “immigrant women.” DV refers to the exercise of control over a partner or family member through physical, psychological, economic, or sexual abuse or continual threats (Ritchie & Eby, 2007, p. 4). This practice does not occur in a vacuum; it is supported and continually reinforced by social, institutional, familial, and cultural practices (Jaaber, 2001, cited in Ahmad, Ocampo, & Shakir, 2009). Though the term appears gender neutral, it is understood that DV is a highly gendered practice, generally non-mutual, and overwhelmingly perpetrated against women (Justice Institute of British Columbia [JIBC], 2007, p. 13). The term “Intimate Partner Violence” (IPV) will also occasionally be used because of its prevalent use in the literature. Its definition is similar to DV, except that it refers only to “abuse by a current or former spouse or non-marital partner” and not by other family

members (Guruge & Gastaldo, 2008, p. 1). And finally, the term “abuse” will be used interchangeably with violence. Abuse is defined as: “a pattern of behaviour in which physical violence and/or emotional coercion is used to gain or maintain power or control in a relationship” (Community Safety Office, 2006, ¶ 1).

For the purpose of this paper, “immigrant women” will refer to women born outside of Canada. This definition is intentionally flexible, and may include long-term residents, newcomers, refugees, temporary residents, and those without immigration status. Though this group is immensely heterogeneous, it is their position outside of the mainstream, their experiences of migration, and their susceptibility to immigration laws that create similarities. As Menjivar and Salcido (2002) argue: “pinpointing the commonalities in immigrant women’s experiences with domestic violence allows for theorizing about the conditioning factors that shape these experiences and what strategies women use” (p. 3).

Methodology

This paper utilizes a wide variety of literature related to issues of DV against immigrant women. Sources analyzed include scholarly papers, books, conference presentations, newspaper articles, websites, government documents, and reports from non-governmental organizations. The aim of including such a wide range of literature is to ensure that multiple perspectives – including that of service providers, academics, community groups, government, the non-profit sector, and the media- are well represented. Studies from the U.S. have been used alongside Canadian studies because of the two countries’ socio-cultural similarities (for example in the challenges immigrants face, the discourse on immigrants and violence, public attitudes towards DV, and the availability of DV social services). This was also necessary because of the comparative scarcity of literature on immigrant women and DV in Canada. On the few occasions

where non-North American studies have been used, it is because the context was deemed close enough to Canada to be applicable. Though more academic research is needed on immigrant women and DV, the information currently available provides a solid groundwork for understanding this problem and examining what needs to be done.

Domestic Violence in Canada

DV is an important social problem affecting all women in Canada regardless of class, race, culture, or immigration status. In 2006, police received 38,000 reports of spousal violence nationally, with women accounting for 83% of victims (Statistics Canada, 2008, p. 6). Spousal violence accounted for 15% of all police-reported violent incidents, and spousal homicides accounted for 17% of all solved homicides (Ibid., p. 7). In 2001, 75 women were murdered by their current or former spouses or boyfriends (Status of Women Canada, 2004, p. 5). From April 1999- March 2000, 96,359 women and children were admitted to shelters for abused women, and many more were turned away due to lack of space (Ibid., p. 4). Though all women can be affected by DV, as Bograd (1999) argues:

Intersectionalities color the meaning and nature of domestic violence, how it is experienced by self and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained (p. 276).

These intersectionalities may include socio-economic status, race, ethnicity, age, disability, family size, sexual orientation, or immigration status. For immigrants, the stress and isolation of the migration experience as well as the effects of gendered immigration policies create a situation where women may be more susceptible to violence and less able to obtain adequate help. In 2006 there were 6.2 million foreign-born Canadians from over 200 different countries (Statistics Canada, 2006). At almost 20% of the population (and nearly 50% in large urban

centres such as Toronto), this group is substantial, and it is important that their specific social service needs be well-understood and provided for.

Measurement Issues

DV is poorly measured and understood among the general population. For example, Canada currently uses the General Social Survey (GSS) to define and measure domestic violence, but it is highly problematic (see Appendix A). For one, it does not measure the severity or impact of violence (Ahmad et al., 2009). Perhaps as a result, its findings have been misleading; in 2004 it reported almost identical rates of victimization for men and women (Ibid.).¹ It is also limited, as it includes only ten scenarios of violence, and no “other” option; this ignores the myriad types of abuses women may face, especially in different social, cultural, economic, and geographical contexts (Ibid.). For example, Yoshihama (1999) notes that in Japanese culture, throwing liquid on a woman is an abusive gesture that suggests she is impure and polluted (p. 873). Immigrant women may experience diverse and intersecting forms of abuse based on gender, race, and immigrant status that are not included in the GSS.² The GSS also treats physical and emotional abuse as entirely separate, and only includes physical abuse in DV prevalence rates. Because these two forms of abuse are often closely intertwined, separating them and reporting only on one distorts and simplifies women’s experiences with DV (Ahmad et al., 2009). Hyman, Forte, Du Mont, Romans, and Cohen (2006) argue that the GSS should remove value statements, as these may influence whether and how abuse is reported (p. 691). For example some women (particularly those new to the country and unfamiliar with telephone surveys) may not report their experiences if they are framed as criminal abuse, out of fear of

¹ In 2004 the GSS reported that 7% of women and 6% of men had experienced physical or sexual abuse from their current or former partner in the previous five years (Ahmad et al., 2009).

² Immigration-related abuse may include threatening deportation, hiding or destroying legal documents, or refusing to file sponsorship papers (See Immigrant Power and Control Wheel: NCDSV, 2009).

repercussions on the husband (Ibid.). Ahmad, Ali, and Stewart (2005) call for the inclusion of open-ended questions on the GSS so as to increase its cultural relevance and ensure that all types of abuse are recorded (p. 245). The reliability of measurement tools is important, as it is essential for policy-makers and service providers to understand the full scale of DV that exists in order to properly address it.

Despite the limitations, there have been studies that use the GSS to measure the differences in prevalence rates between Canadian-born and immigrant women. Ahmad et al. (2005) utilized these data to measure physical and emotional abuse among the two groups. They found that while both groups reported similar levels of physical violence, immigrant women reported significantly higher levels of emotional abuse (14.7% vs. 8.7% for Canadian-born women) (Ibid., p. 242). However the study notes that the levels of reporting may have been influenced by the GSS preambles, which framed physical abuse as a very serious criminal act, but somewhat normalized emotional abuse (Ibid., 243). Because immigrant women may be new to the country and unfamiliar with Canadian cultural views on what is acceptable behaviour, they may be more influenced by the value statements in these preambles.

A study by Hyman et al. (2006) looked at the differences in DV help-seeking among recently arrived (0-9 years) and long term resident (10+ years) immigrant women. The study found that the recently arrived group was more likely to report DV to the police, but less likely to use social services, than the long-term group (Ibid., p. 689). Cohen and Maclean (2003) found that immigrant women in general report incidences of IPV and sexual assault less than Canadian-born women (p. 8). Further, studies have shown that immigrant women underutilize shelters, hotlines, health care, and legal services for DV (Bui, 2004; Macleod & Shin 1993; Smith 2004). Though the evidence on DV prevalence rates is far from clear, it can be tentatively concluded

that immigrant women have rates of physical abuse similar to Canadian-born women, higher rates of emotional abuse, are less likely to seek help, and are more likely to encounter barriers to seeking help.

Theoretical Background

Before examining issues of violence against immigrant women, it is important to look at some of the societal values, prejudices, and stereotypes that shape perceptions of and reactions to this problem. First of all, “immigrant” is a highly charged word in Western society, and often carries negative connotations. Supriya (2002) argues that: “the institution of immigration functions through a discursive and material logic of differentiation and hierarchization in organizing American society” (p. 127). Essential to this economic and social stratification is the representation of immigrants as ‘Other’ - as different, inferior, and less deserving of the nation’s resources than the native-born population.

Bhuyan (2008) argues that embedded in immigration policies are normative values that construct the “worthy” immigrant based on dominant ideologies of class, race, gender, productivity, and state loyalty (p. 4). She gives the example of the differing understanding of the term “battered immigrant” in U.S. law vs. among community organizers. While the former gives a structured definition of who is eligible for benefits under this category, the latter see it as “a broader range of people for whom legal immigration status plays a role in their options for safety planning and/or leaving an abuser, the potential threat of deportation, and the eligibility for public benefits” (Ibid., p. 1). Bhuyan further explains how the U.S. Violence Against Women Act ideologically constructs “good” and “bad” immigrants through the “good moral character” requirement (Ibid., p. 12). Speaking from the British context, Anitha (2008) argues that the

problem of DV among women with insecure immigration status is too often seen as an immigration problem, and needs to be reconceptualized as an issue of human rights (p. 12).

Negative societal views of immigrant groups often act as barriers to their effectively seeking help. Ferraro (1989) found that police officers were reluctant to make arrests in DV cases among immigrants because they saw it as “a waste of time” and “a way of life for them” (p. 67). Certain ethno-racial groups may face heightened stereotypes which disproportionately impede their ability to seek help. For example, Ammons (1995) found that African-American women suffering from DV were not taken seriously by police officers because of stereotypes of them as aggressive, tough, and unaffected by violence. Though the experiences of people of colour and immigrants are not synonymous, they are interlinked as both categories tend to be stereotyped and excluded from the mainstream society. Also, the two groups overlap significantly; from 1990-2001 79% of immigrants to Canada were identified as ‘visible minorities’ (George & Doyle, 2005, ¶ 6).³ Stereotyping and targeting of minority groups by police may act as a strong disincentive for abused women to seek help from the criminal justice system.

Harmful stereotyping also occurs in the health sector. Jiwani (2001) found that physicians responded less to DV among immigrant women of colour, largely because of stereotypes that their cultural groups were inherently violent (p. 1). In a study of emergency nursing in Vancouver, Varcoe (2001) found that:

...stereotypical ideas tended to obscure abuse. Nurses and other health-care providers associated abuse with direct physical trauma, poor people, or racialized people.... I was constantly directed to go to other hospitals where certain racialized groups and poor people were thought to be more concentrated (p. 103).

³ Statistics Canada uses the term “visible minorities” to define people who are non-Caucasian. However the United Nations Committee on the Elimination of Racial Discrimination has deemed the term racist (Canwest, 2007).

Varcoe recounts one story of an Arabic-speaking family where the wife was admitted to hospital for paralysis and aphasia. The hospital staff immediately assumed DV was the cause, and offered no explanations to the family, who became extremely distraught and angry (which was perceived by the staff as more evidence of DV) (Ibid, p. 104). These stereotypes may cause health professionals to unnecessarily assume DV is present or dismiss it as inevitable in racialized communities.

Racist stereotypes and cultural blaming also appears in the legal system. In cases of women who murder their abusive husbands, the “Battered Women’s Syndrome” has been used as a defence. However, Ahmad et al. (2009) argue that Battered Women’s Syndrome is only seen as legitimate if the victim is white and middle class, as stereotypes of low income women of colour are incongruent with how this condition is understood. Another issue is the use of culture as a defence for men who commit violence against women. On several occasions in the U.S., wife batterers have received reduced sentences due to the “cultural defence” (Dasgupta, 2005, p. 69). Though in Canada the cultural defence is not formally accepted by the courts, the notion of “cultural difference” has nonetheless been used as a defence for certain gendered crimes (Fournier, 2002, p. 7). This occurred in two specific cases of sexual assault by men of colour against women of colour, resulting in reduced sentences for the perpetrators (Ibid.). In *R.v. Ammar Nouasria* (1994), a Muslim man sexually abused his wife’s daughter for three years starting when she was only nine years old. The judge concluded that “in a certain way, the accused spared his victim” because they had not had vaginal sexual relations and he had preserved her virginity- “a very important value in their religion” (Ibid., p. 27). In *R. v. Lucien* (1998), two Haitian-Canadian men raped an 18 year old girl they had met at a bar. In justifying their reduced sentence, the judge stated that: “the absence of remorse of the two accused seems

to me to arise more from a particular cultural context with regard to relations with women than to a real problem of a sexual nature” (Ibid., p. 10-11). Thus violence against women was represented as natural in Black Caribbean and Muslim cultures. Fournier concludes:

...courts, by relying on culture as a mitigating factor in the context of sexual assault cases, have maintained and reinforced a position of superiority towards people of colour. In this process of racial stigmatisation, the male “Other” is painted as a coloured body which is culturally ill and sexually deviant while the woman of colour is rendered dramatically invisible (p. 4).

This demarcation of difference situates Canadian culture as moral and progressive and the cultures of immigrants and people of colour as oppressive and patriarchal. Racialized women’s experiences of gender violence are thus both compounded and belittled by racist stereotypes.

The representation of non-Western cultures as inherently violent and patriarchal appears frequently in the media as well. In her study of media coverage in Sweden, Reimers (2007) argues that “honour killings” are represented as a distinct practice of “traditional” societies, inherently different from DV murders in the West. This kind of patronizing and ethno-centric double standard also occurs in the Canadian media. For example, in December 2008 Toronto Life published a cover story on 16 year old Aqsa Parvez, who was murdered by her father in Mississauga. The article frames the tragedy not as a case of family violence but of religious zealotry, apparently caused by Aqsa refusing to wear the hijab. The author of this newspaper article, Mary Rogen (2008), writes:

Canada prides itself on its multiculturalism and, to varying degrees of success, condemns institutionalized patriarchy. But there is growing concern that recent waves of Muslim immigrants aren’t integrating, or embracing our liberal values... Is it possible that Toronto has become too tolerant of cultural differences? (¶ 6).

Through stereotypes and generalizations, the author represents their story not as an individual tragedy but as a cultural problem caused a Pakistani Muslim family’s failure to integrate. A binary is constructed which situates Canada as progressive, multicultural, and empowering, and

“Muslim immigrants” as backwards, patriarchal, and inassimilable. Though family violence occurs in Canadian-born families, and Islam in no way sanctions murdering one’s daughter, this story is nonetheless portrayed as an issue of clashing cultural values rather than a DV case.

It is against this highly charged backdrop that any discussion of DV in immigrant or minority communities takes place. Addressing the problem thus necessitates challenging dominant discourses which situate non-Western cultures as inherently violent and misogynistic and construct violence as an imported “cultural problem” rather than a relevant societal issue. By pathologizing other cultures, Canadian society frees itself from blame for –and avoids addressing- the substantial structural inequalities that immigrants face. While culture is relevant to women’s experiences of DV, it is too often decontextualized and essentialized to create racist stereotypes and tropes of violent immigrant men. This stereotyping creates a discursive violence which exacerbates the societal and interpersonal violence that abused immigrant women face, and cripples their ability to seek help. Any successful approach to addressing abuse against immigrant women must recognize intersectionalities and the ways in which multiple interlocking forms of oppression may condition a woman’s experience of and responses to DV.

Chapter 2: Barriers and Vulnerabilities

Although immigrant women are an immensely heterogeneous group, it is possible to identify commonalities based on their shared experiences of migration and (for most) their position outside of the mainstream. These experiences are likely to create specific vulnerabilities to violence and barriers to help-seeking that most Canadian-born women do not face. The factors which make Canadian women in general more vulnerable to DV are: young age, disability, being a single parent, low household income, urban residence, low education levels, and alcohol abuse by the partner or victim (Cohen & Maclean, 2003, pp. 5-7; Sorenson, Upchurch, & Shen, 1996; Weinsheimer, Schermer, Malcoe, Balduf, & Bloomfield, 2005). As discussed previously, there is no evidence that immigrant women in general face higher levels of DV than Canadian-born women. However, it is important for policy-makers and service providers to examine the differential challenges facing immigrant women in order to ensure that all women in Canada have an equal opportunity to live free from violence.

Language

According to the 2006 Census, there are 520,380 Canadians that speak neither English nor French, 41% of which live in Toronto (Statistics Canada, 2007a; 2007b). Furthermore, there are 6,147,840 Canadians who speak a non-official language as their mother tongue (Statistics Canada, 2007c). Language barriers can be difficult in all facets of life, but in DV cases they can be particularly stressful and have dire outcomes. A recent study of DV organizations in the U.S. found that language barriers were a critical problem across the board, from police services to non-profit agencies (Runner, Yoshihama, & Novick, 2009, p. 5). In a study of immigrant women who had experienced DV, language was found to be a critical issue; even those who could usually get by in English found that the stress of DV limited their ability to communicate (JIBC,

2007, p. 42). In Canada, the diversity of the immigrant population makes addressing language barriers especially complex. The 2001 Census recorded over 100 different mother tongues spoken, with one in ten Canadians speaking a non-official language at home (Statistics Canada, 2001).

Aside from language barriers, interpretation becomes particularly problematic in situations of DV. For example, husbands may act as their wives' interpreters in health care settings, creating a barrier to disclosure and screening (Jiwani, 2001, p. 3). Children are also often used as interpreters, creating an uncomfortable role reversal and likely dissuading the mother from openly discussing abuse (Ibid.). JIBC (2007) found that even women who had used professional interpreters often found them inadequate, and many felt at a disadvantage because they could not advocate for themselves (p. 44). Different cultural understandings manifested in language may also cause miscommunication. For example, the same term may hold vastly different meanings in different languages, causing misunderstandings between the service provider/ health professional and client/ patient (Ibid.). As Mason et al. write: "...in many cultures and languages, the words IPV (or *domestic violence*) do not exist and are not readily translatable" (2008, p. 2). Therefore immigrant women may experience both an inability to communicate in their own language and across languages.

Isolation and Loss

In the migration process women are often separated from their extended family, friends, and social support network. Macleod and Shin (1993) point out the profound sense of loss and despair that can arise after migration, including:

...loss of their place in the community and respect they may have enjoyed before they came to Canada; loss of their close friends and family members; loss of the work they performed in their home country; loss of recognition of their professional credentials, sometimes the loss of respect of their children because they cannot speak English or

French, and the ongoing loss which comes from feeling like an outsider in their own country (p. 1).

Immigrant women may also feel isolated because of language barriers, culture shock, new surroundings, fear of racism and discrimination, or unfamiliarity with Canadian laws and customs (JIBC, 2007, p. 21). Some women (particularly those coming from refugee camps or underdeveloped/rural areas) may lack urban or technological skills such as banking, taking public transportation, job searching, using a map, or accessing social services (DasGupta, 2005, p. 65).

Isolation may be heightened in cases where a Canadian citizen brings over a bride from abroad, such as with mail-order brides, military marriages, or arranged marriages. Sanchez-Hucles and Dutton (1999) argue that foreign brides of men in the military “often suffer from racism, sexism, isolation, frequent moves, limited resources, and language barriers” (p. 189). Naryan (1995) draws parallels between the practice of immigrant men returning to their home country to find a wife and Western men seeking mail-order brides from abroad. She writes: “What all these men are looking for is not only a wife with the appropriately subservient attitudes toward her husband, but a wife who is materially and socially disempowered in ways that will prevent her from challenging their authority” (¶ 11). In marriages such as these the power and isolation imbalance is often most severe. Women in such situations may be completely dependent on their partners both for immigration status and survival, and therefore particularly vulnerable to abuse.

Isolation may be used as a tactic of DV, and experiences of DV may make women feel more isolated. Abusive husbands may limit their wives’ contact with the outside world, forbid them to work, see friends, or attend English as a Second Language (ESL) classes, and keep money from them (Mason et al., 2008, p. 3). Women may be forced to stay in the home, kept

under surveillance, prevented from learning about their rights, misinformed about the process of sponsorship, or face threats of deportation from their husband (Côté, Kérisit & Côté, 2001, p. 60). Differing norms (such as family structure) between the home and host country may also cause conflict, especially as women try to adjust to shifting gender roles (Pan et al., 2006, p. 2).

As Epsin (1999) writes:

Groups that are transforming their way of life through a vast and deep process of acculturation focus on preserving tradition almost exclusively through the gender roles of women . . . The control of women becomes the means of asserting moral superiority in a racist society. As a consequence, women...face restrictions on their behaviour (p. 7).

Thus the challenges of immigration, particularly emasculation and loss of status through systemic racism, may cause men to assert increased control over women.

Unfortunately, leaving an abusive situation may also increase a woman's isolation. A woman who is new to Canada may be forced to leave her entire community and social network when she leaves her husband. As Smith (2004) reports: "Because many cultural communities are small and closely interconnected, the woman and her children may have to run away from the whole community in order to be safe, if family and friends take the abuser's side" (p. 20). This situation would apply to abused women living in rural communities as well. However, immigrant women may have the additional burden of being unfamiliar with shelters, welfare, and the various social services available, in addition to facing language barriers and discrimination. In a study of immigrant survivors of abuse, many compared leaving their husbands to the shock and isolation of first arriving in Canada (Côté et al., 2001, p. 60). Isolation and loss are thus factors that may make immigrant women more vulnerable to abuse and less able to seek help.

Lack of Information

Lack of information about legal rights, immigration status, what constitutes abuse, what services are available, and how to use them is another barrier. Immigrant women may be

unfamiliar with these issues because they are new to the country, cannot speak the language, are isolated, or do not know how to access information (JIBC, 2007, p. 21). A study of immigrant women who had suffered DV found that: “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” (Ibid., p. 46). Particularly important was information on immigration laws, on the dynamics and nature of violence against women, and on practical issues such as how to use public transportation (Ibid., pp. 47-48, 50).

Misinformation was also found to be a problem. Many of the women had incomplete or incorrect information about their immigration status and rights (JIBC, 2007, p. 50). In some cases, women had stayed with their abusive husbands because they thought it would affect their immigration status if they left (Ibid.). Misinformation can thus be used as a tool of control by men, for example by convincing a woman she will be deported if she leaves the relationship. JIBC (2007) reported that: “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” (p. 42). Immigration scams and unscrupulous immigration consultants also likely contribute to the problem of misinformation.⁴

The problem of lack of information is created by government inaction. Women are not given sufficient or appropriate information about their rights when they enter Canada. Côté et al. (2001) argue that the sponsorship process inadvertently denies the sponsored person information by making the sponsor in charge of the application and financially responsible for those sponsored (p. 46). In their study of sponsorship, Côté et al. found that women’s contact with immigration officials focused only on their obligations rather than their legal rights and status

⁴ See Citizenship and Immigration Canada. (2009). Fraud Warning. (Accessed June 12, 2009): <http://www.cic.gc.ca/english/department/media/notices/notice-fraud.asp>

(Ibid., p. 93). Lack of information about DV may also be exacerbated by stigma around discussing such issues. This stigma may be cultural or may be a defensive reaction if a community is consistently represented as inherently violent and misogynistic (West, 2005, p. 158). Lack of information and misinformation is a central barrier that needs to be addressed, for it is the first step or the gateway to women successfully dealing with DV.

Community and Family

Community and family can be very positive supportive elements in confronting DV. However, it is important to understand the ways in which they can also act as barriers to help-seeking. Many immigrant communities are small and tightly knit, and hence their sanctioning or silencing of abuse can have a huge impact on abused women's choices. A woman who has only a few contacts outside her ethno-cultural or linguistic community may be fearful of going against it or outside of it for help (Guruge, 2007). Jiwani (2001) argues that immigrant women, and particularly women of colour, may be more dependent on their family and community because of their exclusion and marginalization from mainstream society (p. 1). As Flynn and Crawford (1998) write: "as oppressed people in a predominantly white society, a sense of 'community' is essential" (p. 96). Minority women may thus have particular difficulty disclosing abuse for fear it will bring shame upon their family and community (Ibid.). Côté et al. (2001) note that in some cultures, marital problems (and particularly abuse) are taboo topics, and speaking about them outside of the family could cause disapproval and ostracism (p. 54).

Family structure can also make women more vulnerable to DV or serve as a barrier to help-seeking. In most cultures, the family rather than the individual is the most important social unit, and divorce or separation may be out of the question, even for abused women (Ayyub, 2000, p. 243). Marriage is viewed by some as a lifelong sacrament. According to one Tamil-

Canadian woman, "We cannot separate, even in an abusive situation. We cannot seek help for problems, but we have to live this forever and only at the time of death, only then, can we be separated" (Mason, n/a, cited in Roberts, 2008, ¶ 6). Many immigrant women also live with their in-laws, a situation which can exacerbate marital power imbalances and reinforce women's subjugation (Côté et al., 2001, p. 53). Several studies of DV in Asian/ Pacific communities have found incidences of woman abuse perpetrated by in-laws and extended family (Mehrotra, 1999, p. 637; Shiu-Thornton, Senturia, & Sullivan, 2005, p. 10).

Patriarchy exists in all cultures, but the upheaval and strains of migration may cause conflicts in families and reinforce gendered power relations. In a study of DV among Vietnamese-American immigrants, Bui (2004) concluded that:

The inversion of elements of the traditional gender order in the family due to men's downward mobility and women's increased economic power often causes family conflicts leading to men's use of violence to restate their authority (p. 29).

Smith (2004) also found that immigration can destabilize traditional family structures, as gender roles are shifted and extended family and community is lost (p. 17). Many of his interviewees said that DV only began after migration; in the home country, extended family (particularly the wife's natal family) provided "checks and balances" that prevented abuse (Ibid.), a finding also noted in Guruge (2007). The loss of a social network such as extended family can mean that men also have less support when dealing with anger/ trauma/ frustration, and that women have less support when dealing with DV (Guruge, 2007). Though culture, family, and community are not factors unique to immigrants, they can become barriers when they are ignored by service providers and not incorporated into DV responses.

Home Country and Migration Experience

An immigrant's experiences before and during migration can influence how they respond to abuse (Guruge & Gastaldo, 2008). Refugees in particular may be deeply affected by experiences of trauma and violence in their home country such as war, displacement, torture, civil unrest, or inhumane living conditions (Ibid.). The migration process itself may have been traumatic, especially for those who have been trafficked, smuggled, detained, or crossed borders illegally (Ibid.). Women have the additional burden of possibly being exposed to sexual violence, harassment, and exploitation based on their gender before and during migration (Guruge, 2007; Yoshihama, 2008, p. 49). These experiences may result in post-traumatic stress, an inability to cope, or desensitization to violence (Ibid.). The psychological effects of trauma can include deep attachment to the abuser and feeling indifferent to or deserving of abuse, diminishing a woman's ability to respond or seek help (Alaggia, Maiter & Vine, 2006, p. 105). Sanchez-Hucles and Dutton (1999) argue that experiences of violence and trauma can be passed down through generations, conditioning how families experience DV. Oppression and violence in the home country or country of migration can lead to "the internalization of anger and hatred and the acting out of these emotions in the form of violence against each other" (Ibid., p. 187).

Immigrants may also use a home country frame of reference when dealing with abuse (Menjívar & Salcido, 2002, p. 13). For example, many come from countries where the authorities are corrupt or ineffective, and where it would be unheard of to call the police in situations of DV (Ibid.). In some countries DV is condoned or silenced and services for abused women are rare or non-existent (Ibid.). Immigrants coming from countries with authoritarian governments may distrust government services and institutions, particularly law enforcement. Many refugees have fled persecution by the authorities in their home country, making it

extremely difficult to turn to such institutions for help (Guruge, 2007; Runner et al., 2009, p. 26). Further, immigrants in Canada are often treated as criminals; they may be arrested and detained at the border or if they are found to lack status, they can be deported at any time before becoming citizens, and they may lose their legal rights if issued a security certificate. Such experiences of criminalization at the hands of immigration authorities may dissuade newcomers from turning to other authorities for help, particularly if their status is precarious (Jiwani, 2001). Experiences of violence and trauma at all levels are thus connected, and immigrant and refugee women may be particularly sensitive to these interlinkages.

Economic Discrimination

Immigrants often face unequal access to the job market and experience disparities in economic outcomes. They are discriminated in employment because of their credentials not being recognized, their lack of Canadian experience, or for having a foreign-sounding name (Cottrell, 2008, p. 1). The points system brings in highly skilled and educated immigrants, but systemic inequalities force them to work in low-paid and precarious jobs.

In 2005, recent immigrant men earned 63 cents to every dollar earned by Canadian-born men, while recent immigrant women earned 56 cents (Statistics Canada, 2009, ¶ 2). A 2007 study found that 31% of recent immigrants with degrees were working in low-skilled jobs, compared to only 13% of Canadian-born graduates (JIBC, 2007, p. 17). Further, educated female immigrants were much less likely to be in high-skilled jobs than male immigrants (Ibid.; Globe & Mail, 2009). Cottrell (2008) found that immigrant women in Atlantic Canada experienced a high degree of racism in employment seeking, and many were forced into precarious part-time jobs, with low pay and poor working conditions (Ibid.). The 2001 census found that across Canada immigrants are more likely to be unemployed or work in low-skilled jobs and less likely

to have high-skilled jobs than the Canadian-born (cited in JIBC, p. 18). In 2006 the unemployment rate among recent immigrants was 11.5%, compared to only 4.9% for the Canadian-born (Globe & Mail, 2009).

These economic disparities occur despite the fact that immigrants tend to be more educated; in 2007 37% of working-age immigrants had a university degree, while only 22% of the Canadian-born did (Ibid.). Unfortunately, economic inequalities have only been increasing over the last 25 years; the earnings gap between Canadian-born and immigrant workers has widened, and a greater proportion of university-educated immigrants are now working in low-skilled jobs (Statistics Canada, 2009, ¶ 2).

Economic discrimination has two important implications for DV outcomes in immigrant communities. For one, low household income makes women more vulnerable to IPV. Cohen and Maclean (2003) found that in Ontario, prevalence rates of extreme physical IPV increased with lower annual household income (9.9% for less than \$30,000, 4.7% for \$30,000-49,999, and 2.8% for 50,000 and above) (p.7). Also, because immigrant women are more likely to be in low-wage jobs than Canadian-born women, they may be more financially dependent on their husbands and less able to leave the abusive relationship and support themselves on their own. Economic discrimination against immigrants thus both increases their vulnerability to DV and limits their choices in responding to it.

Immigration Status

Immigration status can be a barrier to seeking help and can be used by abusers as a tool of control. If a woman's immigration status is dependent on her abuser, or if she believes it is, leaving the relationship or seeking help may not be an option. This dynamic may be caused by immigration policies or lack of information and misinformation. Studies such as Bauer,

Rodriguez, Quiroga, and Flores-Ortiz (2000), Dutton, Orloff and Hass (2000), and Sorenson (1996) have found that undocumented and more newly-arrived immigrant women are less likely to use DV services because of isolation and fear of being deported.

There are currently an estimated 100,000 immigrants living in Canada without legal status (Jiménez, 2004). They may have entered the country illegally or lost status due to sponsorship breakdown, losing a refugee claim, or overstaying a work/ study/ visitor visa. Non-status women may either have no access to social and health services, or risk being apprehended by immigration authorities if they attempt to access them. In their study of non-status access to services in Toronto, Berinstein, McDonald, Nyers, Wright and Zerehi (2006) found that undocumented women dealing with DV face serious barriers to receiving help. Their study reported that many of these women are detained and deported after calling the police or attempting to access social services (Ibid., pp. 8-9). Though Toronto Police Services has formally adopted a Don't Ask Don't Tell policy,⁵ there are reports of police officers continuing to turn in non-status people to immigration (Ibid., p. 10). This study found that fear of being reported acted as a major barrier to women calling the police in situations of violence. Abusers often used this fear of the authorities as a tool of control over women (Ibid., p. 22). One non-status woman who was interviewed explained:

So, now he has control. So, he is controlling because, number one, he knows you can't call the police because they will send you, you don't have a landed. They're going to take your kids. So, that's the only thing you're so scared of, so you will not call for the help. And you will not let anybody know your situation because you are afraid! Very much afraid! (Ibid., p. 23).

There are numerous examples that prove the legitimacy of such fears. Immigration enforcement has been known to target women's shelters, rape/ trauma crisis centres, group counselling

⁵ Don't Ask Don't Tell policies mandate that service providers must not ask clients about their status, and if they find out inadvertently, they must not report it to the immigration authorities. (See nooneisillegal.org)

facilities, and community agencies (No One Is Illegal, 2008). Aside from police turning over women to immigration, there have also been reports of women not receiving help because they could not speak English (Smith, 2004, p. 20). On several occasions when abused women called the police the officers listened to their husbands because only the husbands spoke English (Ibid.). Children are also problematic when translating for the police as they may minimize abuse to keep their family together or so their father does not get into trouble (Ibid., p. 21). Language provisions and Don't Ask Don't Tell policies are thus essential to making DV services accessible to non-status women. Unfortunately, they are currently the group most vulnerable to DV and who face the greatest barriers to seeking help.

Lack of Appropriate Services

Finally, a challenge specific to immigrant women suffering from DV is the lack of culturally and linguistically appropriate social services. This is especially a problem outside of large-immigrant receiving cities and for small, newly-arrived minorities. Appropriate services are those that are culturally sensitive, operate from an anti-oppression framework, and offer competent and professional interpretation. The issues surrounding appropriate services will be discussed further in Chapter 4.

Chapter 3: Relevant Government Policies

Government policies are rarely neutral. For example, though immigration policies are no longer explicitly racist,⁶ they remain gendered (Arat-Koç, 1999; Kelley & Trebilcock, 1998). It is thus important to examine both how immigration policies may contribute to women's vulnerability, and how DV policies may have differential impacts on immigrant women. This chapter will look at spousal sponsorship, humanitarian and compassionate grounds, and criminal justice-focused DV policies in Canada. Immigration policies relating to DV in the United States, the United Kingdom, and Australia will also be examined in relation to Canada's policies.

Spousal Sponsorship

The principle area of policy where women suffering from DV are affected is in spousal sponsorship. Under this provision, a permanent resident or citizen can sponsor a spouse, common law, or conjugal partner to come to Canada through the family class. The sponsor must sign an agreement with the government which makes them financially responsible for their spouse or partner for a period of three years (Ontario Council of Agencies Serving Immigrants [OCASI], 2007, p. 3). This includes providing for food, housing, clothes, utilities, household items, personal needs, dental and eye care. It also includes covering any medical needs during the three month waiting period for provincial health insurance (Ibid., p. 2).

Spouses may apply to be sponsored from abroad, and enter Canada with permanent residency, or apply from inside Canada, and wait until their application is processed to receive status. While waiting for their application to be processed, they will have no access to provincial health insurance, social services, post-secondary education, or employment (unless they apply separately for a work or study permit) (Goldring, Berinstein, & Bernhard, 2007, p. 31). If the

⁶ Immigration restrictions based on race were removed in 1967 with the introduction of the points system.

sponsor withdraws the application before a decision has been made, the sponsored person is left without any status and must leave the country (even in situations of DV) (Ibid.). Spouses being sponsored have a strong incentive to apply within Canada despite the lack of rights and vulnerability it entails. This is because out-of-country applicants are not allowed to enter Canada while their application is being processed, forcing couples to stay separated for prolonged periods of time (Ciarula Taylor, 2009a). For applicants from high-backlog regions such as central Africa, this process can take as long as 20-23 months (Ibid.).

The sponsorship application process puts at a huge disadvantage women whose relationship breaks down while they are in Canada awaiting a decision. They will no longer be able to become permanent residents and will be deported, even if DV was the cause of the sponsorship breakdown. Applications can take up to two years to be processed, during which time the sponsored person will be completely dependent on the sponsor, vulnerable to abuse, and lacking a social safety net (Côté et al., 2001, p. 36). Women who give birth in Canada while awaiting sponsorship are especially vulnerable, as the abuser can threaten to take custody of the child, and if they flee back to their home country they could be charged with abduction (Ibid., p. 58). Abuse of women awaiting sponsorship decisions in Canada has been documented by the Latin American Coalition to End Violence Against Women and Children (2000) and JIBC (2007).

Once an application has been successful, the three year sponsorship undertaking begins. During this period if the sponsored person receives social assistance the sponsor will be held in violation of the agreement. They will be held responsible for paying back the government the social assistance money, and will be unable to sponsor further family members until they do (Côté et al., 2001, p. 32). Sponsored women suffering from DV may be fearful of such

repercussions on their sponsor if they leave the relationship and access social assistance. They also may face the psychological burden of feeling indebted to their sponsor for bringing them to Canada, exacerbating power imbalances in the relationship and discouraging separation (Ibid., p. 54; Bui, 2004, p. 53; Guruge, 2007).

This financial undertaking can also be harmful if the abused woman is the sponsor. If her partner accesses social assistance, she will be responsible for paying the government back (Guruge, 2007). This may be a strong incentive for abused women to stay in the relationship. To sponsor a parent or child one must prove to the government that one has the financial resources to support them (Citizenship & Immigration Canada [CIC], 2009). However this is not required for spousal sponsorship, and hence many sponsors may not have the money to repay the government. If the sponsored person accesses social assistance for the full three year period, the sponsor can become thousands of dollars in debt (Ciarula Taylor, 2009b). Whether the abused woman has the money to pay back or not, the sponsored batterer can use the threat of accessing social assistance as blackmail to gain further power in the relationship.

If there is evidence of abuse by the sponsor or sponsored person, the government will stop actively pursuing repayment. However the debt is not forgiven; it will continue to accumulate with interest until the end of the sponsorship period (OCASI, 2007, p. 5). As of 2004 there was \$70 million in sponsorship debt owed to the government (Ciarula Taylor, 2009b). A sponsor who is in debt to the government cannot sponsor any additional family members, making the threat of sponsorship default serious. Thus in situations of DV the sponsored abuser not only has leverage over his sponsor's finances but over her chances of reuniting with family members.

Another challenge is the financial requirement for sponsoring family members other than intimate partners. If a woman wishes to sponsor her relatives to come to Canada but does not make the minimum income required, she must get someone (generally the spouse) to co-sign the sponsorship application. For dependent children and parents, the sponsorship undertaking lasts for 10 years; during this time the sponsor *and co-signer* will be financially responsible for their sponsored family members (OCASI, 2007, p. 3). Women may stay in an abusive relationship until their family's sponsorship application has been processed, or may be fearful of breaking up the family and putting the husband in default of the financial agreement by leaving (Smith, 2004, p. 24).

The sponsorship process thus fosters dependency and vulnerability among women in abusive relationships. Sponsors may use the threat of sponsorship withdrawal, deportation, feelings of indebtedness, or the financial power to sponsor family members as leverage to increase control over women. This situation exacerbates power imbalances and limits women's choices in dealing with DV.

Humanitarian and Compassionate Grounds

Women who have suffered sponsorship breakdown due to DV can apply to stay in Canada on humanitarian and compassionate grounds (H&C). To receive permanent residency through an H&C application, they must prove that they have successfully established themselves in Canada and would face undue hardship if returned to their home country. H&C applications usually take several years to be processed, and are only granted in exceptional circumstances (CIC, 2006). It is estimated that only 5% of applications are accepted, and there is no right of appeal (Goldring et al., 2007, p. 29). This process is prohibitively expensive (costing \$550 per

adult and \$150 per dependent under 22) and applicants can be deported at any time while their application is being processed (Ibid.).

One of the principle barriers to abused women getting permanent residency through H&C is the requirement of “successful establishment” in Canada, which is usually measured by financial security (Goldring et al., 2007, p. 29). Applicants must prove that they can support themselves and will not become a burden on the public by overusing social services, health care, welfare, etc. (Côté et al., 2001, p. 168). This can be especially hard for women who are fleeing DV, as they may have been financially dependent on their husband and may urgently require health and social services to help them recover from the abuse (Ibid.). Another challenge is that documentation must be provided to support all claims made in the H&C application (Alaggia, 2006, p. 106). This can be difficult for women who have fled an abusive situation, as they may not have all their documents with them or the resources to get them. Also, because of linguistic and cultural barriers, they may not have called the police or went to a doctor when the DV occurred, making abuse difficult to prove. In conclusion, the low acceptance rate, high cost, risk of deportation, financial establishment criteria, and burden of proof are serious barriers to abused immigrant women being successful in H&C.

Criminal Justice-Focused DV Strategies

Another salient issue relating to policy is Canada’s police-focused DV strategy. This has been the government’s primary response to DV since the 1980s; it arose out of the need to emphasise the seriousness and criminality of violence against women (Wachholz & Miedema, 2000, p. 301). Currie and MacLean (1992) argue that this strategy is inadequate in that it does not address the underlying structural inequalities that sustain DV. Mandatory arrest in particular has been identified as problematic. In many cases it has resulted in both dual arrests of the victim

and abuser and retaliatory arrests of the victim (Bui, 2004; Rajah, Frye & Haviland, 2006). In this way police intervention carries the risk of revictimizing rather than helping women experiencing DV.

Police-centred responses can be especially problematic for immigrant and racialized women. This is due to the widespread criminalization, profiling, and police brutality inflicted against these groups (Ritchie, 2006; Saucedo, 2006). For example, African-Canadians make up only 2% of Canada's total population but 6% of the federal prison population (Wortley, 1999). On any given day in Canada approximately 455 immigrants (including 20 minors) are incarcerated in provincial jails or immigration detention centres because they lack status (No One is Illegal, 2009b, ¶ 6). Over 20,000 asylum-seekers have at some point been detained, for periods ranging from 2 days to over 18 months (there is no time limit on immigration-related detention) (Ibid.). In Ontario in recent months the targeting of immigrants by law enforcement has escalated. On April 2 2009, immigration enforcement raided homes and businesses in Leamington, Danforth and Bradford, arresting 90 non-status migrant workers (CTV Toronto, 2009). The workers were detained and deported but the employer (Cericola Farms) faced no consequences, suggesting that the purpose of the raids was not to enforce labour laws but to target and criminalize immigrants.

Ritchie (2006) argues that mandatory arrest policies have led to increased targeting of DV victims, compounding the violence against them through arrests, strip searches, degrading detention conditions, and threats of removing their children (p. 140). One New York City study found that 66% of abused women arrested after a DV call were Black or Hispanic, and 43% lived below the poverty line (Haviland, Frye, Rajah, Thukral & Trinity, 2001; cited in Ibid.). Flynn and Crawford (1998) argue that although mandatory arrest and prosecutorial policies are

essential for women's safety, they are undermined by wider socioeconomic inequalities and discrimination within the criminal justice system. Speaking about the Caribbean community in Toronto, Flynn and Crawford (1998) write: "These policies disregard the problematic relationship between black women and the judicial system specifically, and Canada's legacy of racist criminal justice practices generally" (Ibid., p. 94). They conclude that police-focused DV strategies must be complemented by aggressive anti-racism policies in order to be effective for all women (Ibid., p. 99).

Wachholz and Miedema (2000) examined opinions of police intervention in abuse among immigrant women in New Brunswick, Canada. They found that most felt this strategy would be harmful in the context of the wider socio-economic oppression of immigrant women. Policing had the potential to: "replicate, on some level, the conditions and experiences that surround abuse: isolation, inequality, control, and unequal power dynamics (Ibid., p. 315). Fear of dealing with the police was also related to fear of isolating oneself from one's community, of subjecting oneself to control by the state, of being reported to immigration authorities, and of the consequences for the abuser if arrested. The study concluded that:

Rather than mobilizing the police, social policies to address immigrant women's socio-economic oppression, mediation, and community education partnerships were identified by virtually all of the participants as the most desirable way to deal with immigrant woman abuse (Ibid.).

Clearly, police-centred DV strategies can be problematic for immigrant women. Individual's relationship to law enforcement may be shaped by factors such as gender, race, class, and immigration status, and involving the police may simply make some even more vulnerable. Though it is important for the criminal justice system to take a strong and proactive stance on DV, it should always be one aspect of a wider strategy. Issues such as structural inequality,

socio-economic oppression, racial-profiling, criminalization of immigrants, and police brutality must first be addressed for DV policing to be successful.

International Policies

It is important to look at what initiatives are being taken internationally to deal with the intersections of immigration policy and DV. Several countries have recognized that their sponsorship policies may make immigrant women more vulnerable to DV, and have instituted measures to address this problem. Because of their similarity to Canada as Western, English-speaking, large-immigrant receiving countries, relevant policies from the United States, the United Kingdom, and Australia will be examined. Though it is difficult to ascertain how effective these international policies have been, they can serve as tentative examples of how Canada might begin to better address these issues.

United States

The U.S. has perhaps the most expansive system of provisions for immigrants who have experienced DV. The aim of the Violence against Women Act (VAWA) of 1994 (amended in 2000) is to allow abused immigrant women to apply for status independently through Removal of Conditional Status, Self-Petitioning, Cancellation of Removal, and U visas (Greater Boston Legal Service, 2009). Spouses of U.S. citizens (USC) or Legal Permanent Residents (LPR) who have been married less than two years can only be sponsored as conditional residents in order to prevent marriage fraud. After a two year probationary period they must submit an application (supported by their spouse) to obtain LPR status (Ibid., p. 3). VAWA allows women in situations of DV to apply for a removal of conditional status independently of her spouse. However, she must prove both that the abuse occurred and that the marriage was entered into in good faith (Ibid.).

Abused women who have no status because their spouse never filed a sponsorship application can also self-petition to become an LPR. However, in addition to the above requirements they also must prove they have been living in the U.S., they have previously resided with a USC or LPR, and that they are of “good moral character” (Greater Boston Legal Service, 2009, p. 5). The last requirement is highly subjective, requiring from applicants “the performance of being a good enough victim” (Bhuyan, 2008, p. 163). Though there are exceptions made for applicants who have a criminal record related to their history of abuse, this condition remains problematic (Ibid.). It recreates the discursive dichotomy of deserving vs. undeserving victim, along with the patriarchal undertones of female morality. This construction has historically been highly racialized, with white middle class women represented as the “ideal victim,” and thus may be particularly problematic for immigrant women (Wood, 2005).⁷

The third measure under VAWA is called a Cancellation of Removal, and may be used by women who have been abused by a USC/ LPR and are being deported (Bhuyan, 2008, p. 7). Applicants must prove they had a genuine marriage with a USC/LPR, that DV has occurred, “good moral character,” three years continuous residency in the U.S., and extreme hardship if deported (Greater Boston Legal Service, 2009, p. 6.).

If none of the above three options are possible, abused women may apply for a U Visa. This provides temporary status for victims of serious crimes, with an opportunity to apply to be an LPR after three years of U.S. residence (Shetty & Kaguyutan, 2002, p. 5). Serious crimes are those that involve “substantial physical or mental abuse” and include: “rape, sexual assault, torture, trafficking, kidnapping, false imprisonment, involuntary servitude, witness tampering, abduction, domestic violence, incest, female genital mutilation, and being held hostage” (Greater

⁷ This has been observed in the media coverage of and political reaction to crimes against white vs. black victims in the United States. In Canada it has been particularly evident in police inaction and indifference towards the murders of Aboriginal women (see Amnesty International’s 2004 report “Stolen Sisters”).

Boston Legal Service, 2009, p. 7). This allows women who were abused by someone they were not married to or who is not a USC/ LPR to apply for residency. One problematic aspect of this provision is the condition that victims must assist law enforcement in investigating or prosecuting their case (Ibid.). For women who are traumatized or fear for their lives, the requirement that they become involved in a criminal investigation or testify against their abuser could be a serious obstacle.

The above measures were first introduced in the Immigration Act of 1990 and VAWA 1994. The 2000 and 2005 VAWA updates expanded who could apply, increased access to public benefits, and relaxed the evidentiary requirements (Yoshihama, 2008, p. 51). As of 2006, 80.8% (or 42,000) of self-petitions had been successful (Ibid). Also, up to 10,000 immigrant victims of violence can receive status through U Visas every year (Shetty & Kaguyutan, 2002, p. 5). These provisions can be used by a wide variety of individuals including those abused by their boyfriends, husbands, same-sex partners, fathers, employers, or coworkers, regardless of their immigration status or the status of the abuser (Ibid). The threshold of “battery or extreme cruelty” used in VAWA includes both mental and physical abuse, making it potentially inclusive of diverse experiences of DV, however it is unclear what qualifies as “extreme” (Ibid.). The administrative fees may be waived for all immigration applications made under VAWA if victims are unable to pay, making it more accessible than Canada’s H&C policy (National Network to End Violence against Immigrant Women, 2008).

Raj and Silverman (2002) identified two other challenges to women achieving protection under VAWA. First of all, the Immigration and Naturalization Service does not require judges or officers to be trained in DV issues (Ibid., p. 21). Second, applicants are required to report their abuser to the criminal justice system. Unless the abuser is a USC, he could be deported (Ibid.).

Women may be unable or unwilling to report DV if the consequences for the abuser are as serious as deportation (Ibid.). Though these policies have problematic aspects, their potential (and what Canada could learn from) is in their expansive and comprehensive scope.

United Kingdom

In the UK, spouses and fiancés can be sponsored to immigrate, but they face a two year probationary period before they can attain permanent residency (Anitha, 2008, p. 1). This measure is designed to prevent fraudulent marriages, and if the relationship dissolves within the two years, the sponsored person will be deported (Ibid.). However, if DV has led to the separation and the woman can prove it occurred, then she can apply for an Indefinite Leave to Remain (ILR) and become a permanent resident (Ibid.). A serious drawback to this policy is that victims are ineligible for public benefits while waiting for their ILR application to be processed (Ibid.). This “No Recourse to Public Funds Rule” means that abused women who are not permanent residents cannot access shelters or social services (Amnesty International & Southall Black Sisters, 2008, p. 4). If a victim has no social contacts or access to money (as is the case with many abused non-status women) her choices may be limited to staying in the abusive relationship or becoming homeless (Ibid.).

The “No Recourse” requirement not only leaves women with insecure immigration status vulnerable to abuse, but discourages them from leaving the abusive situation and applying for ILR. From 2002- 2007, only 3144 ILR applications were submitted and only 1043 of these were accepted (Domestic Violence Entry Clearances, 2007: cited in Anitha, p. 5). Anitha (2008) argues that the number of applications have been low because of the difficulty of leaving an abusive relationship when one will have no access to social services (p. 5). In addition, she blames the low acceptance rate (33%) on the unreasonably strict evidentiary requirements (Ibid.).

A letter from a DV agency attesting to the abuse is required as proof; however the victim must have visited this agency *while still in* the abusive situation (Ibid., p. 10). If a woman is being monitored or forced to stay in her home (both tactics of DV) then she will not be able to contact a DV agency and provide this proof. This requirement is thus a serious weakness of the ILR policy.

These measures are similar to Canada's in the lack of public benefits available to non-status women escaping violence, including during their application process. Both have strict evidentiary requirements for proving DV and low acceptance rates. Though Canada does not have a probationary period for sponsorship, spouses/ partners are nonetheless permitted to apply from within the country, creating a similar situation. The main advantage of the UK's policy over Canada's is that the problem of non-status women experiencing DV is clearly articulated. By subsuming DV victims under the limited concession of H&C, Canada is ignoring the significant interlinkages between dependent/ insecure immigration status and vulnerability to abuse. However aside from having a clearly articulated policy, the UK's measures are not a positive model to follow. Their "No Recourse to Public Funds" rule represents a serious human rights violation for abused non-status women. As Amnesty International and the Southhall Black Sisters (2008) write: "Fundamental to tackling the human rights violations implicated in violence against women is the need to ensure women have a safe place to which to escape" (p. 8). Denying women protection from DV because of their immigration status is a harmful practice which completely delegitimizes the ILR policy's intent of helping abused women.

Australia

Australia also provides a pathway to permanent residency for immigrants who have experienced DV. Like the U.S. and UK, there is a two year probationary period for spousal/

partner sponsorship (Kamand, 2009, p. 4). However if the relationship breaks down before then due to DV or death, *or* if there are children involved, the sponsored person may apply for permanent residency. This DV provision applies to immigrants who have entered on a spouse, same-sex partner, or dependent child sponsorship visa (onshore or offshore), as well as on various work visas (Ibid., p. 5). A spouse/ partner can apply if the abuse was perpetrated against any member of the family, and even if the abuser is the principle applicant on their visa (Ibid., p. 8). Also, using the DV provision to obtain permanent residency does not require prosecution of the abuser (Ibid., p. 4).

The evidence required is flexible; it may be judicial (such as a police report) or non-judicial (such as the professional opinion of a service provider) (Kamand, 2009, p. 11). Also, when the victim is unable to give evidence in court (i.e. due to age, health, or cultural beliefs) a third party may do so on her behalf (Odhiambo-Abuya, 2003, p. 687). However, it is required that at least two experts give testimony to corroborate that abuse occurred (Ibid., p. 685). This may present a serious barrier for abused women who only sought help from one agency, from friends and family, or not at all. Odhiambo-Abuya (2003) argues that this requirement may be especially problematic for women from cultures where DV is a taboo subject never to be mentioned let alone disclosed to strangers (p. 693).

Under these provisions DV is defined as: “conduct, whether actual or threatened, towards... (the victim or a family member or their property)... that causes the alleged victim to reasonable fear for... his or her own wellbeing or safety” (regulation 1.23(2)(b) of the *Migration Regulations*; cited in Kamand, 2009, p. 12). Though this definition is somewhat ambiguous, it has been interpreted by the courts to include both mental and physical abuse (Odhiambo-Abuya, 2003, p. 683). However, not all judges have interpreted DV to include non-physical abuse, and

hence there is a need for a more concrete and inclusive legal definition to remove this subjectivity (Ibid., p. 685). Another weakness of these measures is that they do not apply to fiancés who are experiencing DV (Ibid., p. 703). Also, they do not address the needs of non-status women who are being abused by their non-status partner.

There are thus several challenges to the Australian provisions for sponsored immigrants experiencing DV. However, there are also many potentially positive aspects that Canada could learn from. Australia's DV policies are expansive, inclusive, and acknowledge the multiple ways in which abused women can lose status. They also have a relatively high degree of evidentiary flexibility, and every year about 65% of applicants are successful in achieving permanent residency (Kamand, 2009, Ibid., p. 4). The subjectivity in defining DV, the two expert testimony requirements, and the exclusion of fiancés and women abused by non-status men are all problematic issues that need to be addressed. Nonetheless, these policies are better than Canada's in their clear articulation of the problem and wide-ranging scope.

Chapter 4: Available Services

Numerous services are available to women dealing with DV in Canada. The first shelters for abused women opened in 1973 in Toronto and Vancouver, and since then services have expanded to include counselling, employment and housing support, programs for children, outreach, public education, and more (Agnew, 1998, p. 216). In the 1970s and 1980s various ethno-cultural community organizations began to emerge, and eventually formed specific programs for abused immigrant and minority women (Ibid., p. 3). This section will examine the services available in Canada and issues of access for immigrant women.

Mainstream Services

Mainstream DV services are those that are aimed at helping all abused women rather than one group in particular. In the past they have been criticized for being ethno-centric and dismissive of other cultures (Williams & Becker, 1994; Agnew, 1998). Engstrom and Okamura (2007) argue that mainstream services tend to assume that clients know how to access information and utilize services, and that they understand English and share a Western understanding of social service delivery (i.e. rights and responsibilities, appointments, waiting lists, referrals, etc.) (p. 3).

Macleod and Shin (1993) identify several areas where the values of mainstream service providers and many immigrant women may clash. First, they point out that the service emphasis on short-term dependency (through shelter stays, welfare, etc.) may be difficult for women from cultures where self-sufficiency is highly valued and dependence on the state is shameful (p. 41). For these women, programs that address long-term concerns (such as employment training) may be preferable. Another issue surrounds differing understandings of empowerment. Mainstream services tend to emphasise individual empowerment, but for many women community and

family may be much more important (Ibid.). Likewise, the emphasis on individual rights and happiness in counselling may not make sense to women who see the family and community as the most important social unit (Ibid).

In recent years mainstream services have made efforts to become more culturally competent. Also, mainstream services have been steadily becoming more accessible. However many challenges persist. A 2006 study of the Somali, Vietnamese, and Latino communities in San Diego, California concluded that huge gaps exist between the conceptions and manifestations of DV in these groups and the understandings and responses of mainstream DV services (Pan et al., 2006, p. 8). Arora (2004) and Guruge (2007) found that mainstream social service workers sometimes make assumptions about immigrant women based on their ethno-cultural background rather than responding to their individual needs (p. 42). Linguistic and cultural barriers and lack of training in cross-cultural communication, immigration laws, and health issues were also identified as challenges (Arora, 2004, pp. 4, 43; Guruge, 2007). Jiwani's (2001) study of the health sector response found that immigrant women (particularly those lacking English skills) are often prescribed antidepressants or even put in psychiatric facilities when they show symptoms of abuse. Both Jiwani (2001) and Guruge (2007) also found that multilingual information on health services are not reaching immigrant women. Clearly, there are still issues to be resolved for mainstream services to be truly effective and accessible for all women.

According to Bhuyan and Senturia (2005):

Culturally competent services must include examination of agency policies and practice that discriminate against non-White, non-English-speaking, or non-Christian communities, in addition to hiring bilingual and bicultural staff with the goal of developing staff who are trained to respond to the structural, social, and cultural issues confronting immigrant and refugee women (p. 899).

Williams and Becker (1994) emphasise that culturally competent services should provide ongoing training to staff on working with minority clients and conduct networking and outreach in diverse communities (p. 287). Alaggia, Maiter, and Vine (2006) add that cultural competency should involve continual analysis of one's own prejudices and an examination of the structural inequalities and systemic barriers that exist in society (p. 121). Many mainstream agencies now hire diverse staff and offer services in multiple languages (211Toronto.ca). They have expanded their services to include (for example) employment counselling, support groups, ESL classes, multicultural events, and programs for children and men (Ibid.). Many shelters now have anti-racism policies and accommodate different ethnicities through measures such as allocating money to buy culturally-specific foods (Agnew, 1998, pp. 230-231). While mainstream agencies still face challenges in successfully serving abused immigrant women, there have been major improvements over the years.

Ethno-specific Services

Ethno-specific services are run for and by a particular ethno-cultural community in their own language, focusing on their specific needs. Many argue that these are preferable to mainstream services because they create a comfortable environment where service providers understand and share the clients' language and cultural context, and can thus form more appropriate responses (MacLeod & Shin, 1993; Agnew, 1998). Collins, Shakya, Guruge and Santos (2008) write: "Through their formal and informal links to linguistic and kinship communities, these agencies provide a holistic approach to services, taking into account the physical, social, and spiritual dimensions of newcomer women's lives" (p. 125). Ethno-specific agencies are also more likely to acknowledge the multiple levels of oppression abused women face (i.e. through race, ethnicity, religion, or immigration status, as well as gender). Many ethno-

specific DV services are one program within a larger ethno-specific community centre or settlement agency; this allows women to access a variety of services at one place, all in their own language. Ethno-specific agencies can also be a valuable place for women to expand their social network and decrease isolation (Alaggia et al., 2006, p. 119).

There are several potential drawbacks to ethno-specific services. First of all, some women may not want members of their own community to know abuse is occurring; they may be ashamed or fearful of a breach of confidentiality (Alaggia et al., pp. 119-120; Collins et al., 2008, p. 126). They may fear being “re-victimized by their own communities through isolation and ostracism engendered when they do not fit stereotypical notions of ‘deserving’ abused women” (Flynn & Crawford, 1998, p. 97). Supriya (2002) argues that certain religious and cultural discourses, such as codes of shame and honour, may serve to silence abused women and inhibit their help-seeking. However she also notes that ethno-specific services have the potential to re-imagine these discourses in ways that are empowering to women (Ibid.).⁸

Another challenge is the homogenization of extremely diverse communities which glosses over differences such as class, caste, skin colour, place of origin, etc. (Agnew, 1998, p. 120). The idea of a cohesive ethnic “community” has been criticized by Bannerji (1999), who argues that it is an artificial construction based on exclusion from the mainstream society and silencing of internal power relations (p. 263). Saphir (2008) points out that what Canadians typically view as “the Latin American community” is actually a group of “different and disconnected cultures,” deeply divided by country of origin, political ideology, and wave of immigration (p. 261). It is also unclear whether a better understanding of a woman’s cultural context will necessarily result in better outcomes for her (Agnew, 1998, p. 10). For example,

⁸ One example she uses is transforming South Asian ideals of womanhood by emphasizing the presence of strong, independent women in Hindu and Islamic religious texts and mythology (Supriya, 2002, p.252)

ethno-specific DV counsellors may ignore the ways in which patriarchal values and norms embedded in cultural practices can negatively affect women suffering from DV (Ibid.). Though ethno-specific agencies have the potential to be very helpful to immigrant women, the idea of ethno-cultural communities as homogenous and cohesive entities should always be looked at critically. It is likely that both mainstream and ethno-specific agencies can be highly beneficial to women depending on the agency's leadership, vision, programs, and the context.

Language

There are currently a wide variety of languages of service available to abused women through mainstream and ethno-specific agencies in the Greater Toronto Area (GTA) (211Toronto, 2009). There are also three interpretation/ translation agencies that specialize in serving victims of DV. Multilingual Community Interpreter Services offers free services specifically to non-English speaking women experiencing DV through referrals (Ibid.). The Barbra Schlifer Commemorative Clinic also provides free interpretation services for abused women in community programs or the legal system (Ibid.). Access Alliance Multicultural Health and Community Services is another agency that specializes in community and health interpretation. They offer over 60 languages but charge a fee for service (Ibid.).

Though these provisions are promising, there is evidence that there remains a shortage of trained interpreters in courts, health care, and community services. In a cross-Canada study of IPV against immigrant women, Smith (2004) found that the majority of interpretation work is informal and done by volunteers or family. As discussed earlier, this could be problematic for abused women who may be uncomfortable talking about DV through a family member. Also, untrained interpreters may not understand the importance of confidentiality, exact translation, or explaining cultural subtleties (Goggins, 2008). It is thus important both to promote the use of

trained interpreters in DV services and to ensure that information on these resources reaches immigrant women.

Innovative Programs

Most shelters and agencies dealing with DV in the GTA provide a wide range of programs (211Toronto, 2009). For example, many emergency shelters also provide food, clothing, counselling, children's programs, appointment accompaniment, long-term housing support, and referrals (Ibid.). Dr. Roz's Healing Place is a shelter that offers the above services as well as ESL classes, Building Opportunities for Women (BOW) and Violence Intervention Breakthrough Empowerment (VIBE). BOW provides computer training, skills development, and help with resume writing, job searching, interviews, and academic programs (Ibid.). VIBE is a violence prevention program that operates in schools, communities, and the shelter itself, and includes recreational activities, music therapy, group meetings, leadership and mentoring, and academic help (Ibid.). The Family Service of Toronto is an organization which provides programs and counselling for individuals or families of women in abusive relationships, abusive men, gay and lesbians, people with HIV, those suffering family separation, abused seniors or those with disabilities (Ibid.). These are just two examples of the many DV-related services and shelters in the GTA (see Appendix C).

In addition to services aimed at abused women, there are 10 rehabilitation programs for men in the GTA, eight of which are court-mandated Partner Assault Response programs. These programs are offered in English, Cantonese, Farsi, Italian, Polish, Punjabi, Mandarin, Russian, Tamil and Urdu, and interpreters are available for other languages (National Clearinghouse on Family Violence, 2008, pp. 27-29). Community organizations such as the Family Services of Peel and Catholic Family Services of Peel-Dufferin also offer voluntary counselling services and

prevention programs for abusive men (Ibid.). Simbadumwe (2005) conducted interviews with immigrant men in Winnipeg on their understandings of DV and culturally-appropriate responses. One major recommendation was more inclusion of immigrant men in DV information campaigns and prevention programs (Ibid., p. 1). Responding to community-based research such as Simbadume's (2005) study is an important way that organizations can continually adapt their programs to better meet the needs of their clients. Collins et al. (2008) observed that: "A growing number of community and ethno-racial agencies...have begun to do community-based research as a way to engage in evidence-based service design" (p. 127). The utilization of community research in program planning is a promising step in improving responses to DV.

There have also been some interesting immigrant outreach initiatives across Canada. The Vancouver Sath Cultural and Literary Society is a South Asian theatre company that uses drama and culture to address social issues (MacLeod & Shin, 1990, p. 18). In the 1980s they produced two plays (in English and Punjabi) dealing with DV and violence against women (Ibid.). They covered topics such as wife assault, the oppression of women, and the treatment of immigrants in Canadian society (Ibid.). In 2003 in Toronto the Tamil community started their own DV prevention campaign (Mason et al., 2008, p. 13). It began with a message played at Tamil movie theatres during intermission, which ran for over 18 months (Ibid.). They later ran a short Tamil video on a multicultural TV station; the message in both was "family violence hurts your family" (Ibid.). In 2005 a presentation on IPV was included in a Tamil community health fair, and in 2006 there was a training workshop held for social workers serving the Tamil community (Ibid.). The Rexdale Women's Centre also is involved in a wide range of outreach work. The Centre include issues of DV in their ESL classes, has an outreach worker in the neighbourhood library, and sets up information booths at community fairs and on parent-teacher nights (Roberts, 2008).

As these initiatives demonstrate, successful outreach should be creative, extensive, and carefully targeted.

Shirwadkar (2004) proposes that community cultural activities are an ideal venue for DV prevention and information dissemination (p. 875). He cites the tradition of Indian nationalists using folk theatre during the Ganesh festival to challenge British colonialism as a positive example of this (Ibid.). He insists that for many Indian immigrant women, community is integral to identity and well-being, and hence community must also be integral to DV prevention and treatment. Immigrant cultures are often constructed as outside the mainstream, as “Other,” or as disempowering for women. It is thus particularly important that outreach efforts work against these stereotypes by using culture as an empowering force for change. Multilingual and multimedia messages are also likely to have a strong impact. In conclusion, creative and innovative approaches to information, outreach, and treatment have the potential to improve DV outcomes in immigrant communities.

Funding Challenges

One major challenge in service provision is the funding structure for DV and immigrant-related services in Canada. Non-profit agencies usually receive short-term project-based funding from the government (Smith, 2004, p. 35). Generally funding applications must be made annually (for accountability), creating instability and time/ resource-consuming administrative requirements (Agnew, 1999, p. 108). Agencies generally do not receive continual core funding, and thus they must rely on private donations and money from all three levels of government to survive. Funding for service contracts is given on a competitive basis to agencies that can serve the most clients at the lowest cost (Ibid.). This policy was cited in Guruge (2007) as a barrier to women receiving adequate time and comprehensive services at some DV agencies.

This funding structure also leaves ethno-specific agencies at a disadvantage as they generally are smaller and have fewer clients and resources than mainstream organizations (Collins et al., 2008). Also, Citizenship and Immigration Canada does not give funding for DV programs, and hence it is very difficult for settlement agencies to provide these services (CIC, 2005). The point in identifying challenges in funding requirements is not to suggest that agencies should not be held accountable for how they spend government money. However it is the quality of services, rather than low cost, that should be the measure of an organization's effectiveness. The government's current non-profit funding structure is inadequate as it puts ethno-specific organizations at a disadvantage and leaves DV agencies unstable, with limited program flexibility, and at constant risk of closure.

Gaps and Unmet Needs

Despite the many improvements to DV services over the years, there are still gaps, particularly for immigrant women. Outside of the large immigrant-receiving cities there are fewer ethno-specific organizations and multilingual resources. In a study of immigrant women in Atlantic Canada, Cottrell (2008) found that they experienced stereotyping and insensitivity in DV services, and were not adequately helped or protected from violence (p. 2). Service providers blamed this problem on the fragmentation of services and their lack of training in cultural competency (Ibid., pp. 3-4). In their study of immigrant women in New Brunswick, Miedema and Wacholz (1998) also found that a lack of ethno-cultural agencies and perceived racism within mainstream services acted as strong barriers to DV help-seeking (p. 29).

Differential access to services also exists in large urban areas. In a study of settlement agencies in the GTA, Lim, Lo, Siemiatycki and Doucet (2005) found that a spatial mismatch exists between where immigrants live and where services are located. For example, 82.8% of

settlement agencies are located in the city of Toronto, compared to only 57.8% of the total immigrant population of the GTA (Ibid., pp. 15-16). Collins et al. (2008) note that many of the neighbourhoods with the highest population of immigrants remain the most underserved (p. 126). Travelling long distances to access settlement or health services can be difficult, expensive, and stressful, especially for newcomers who face language barriers or are unfamiliar with public transportation (Ibid.; Guruge, 2007). Spatial mismatch can be especially problematic for abused women, as they may be unable to travel long distances to access DV services (for example if they are being monitored by their husband).

Others gaps in services identified in the literature are in outreach and intervention. For example, Runner et al. (2009) found that DV organizations often have difficulty getting community leaders involved in their work (p. 6). Agencies also find it challenging to get survivors of DV to return to their communities and raise awareness about the issue (Ibid., p. 7). One reason may be that women who have been abused have enough things to deal with. It is also perhaps related to the stigma around talking about DV present in many immigrant communities (Jiwani, 2001, p. 2). In groups which are continually constructed as inherently violent and misogynistic, silence on DV may be used as a defence mechanism against entrenching or validating racist stereotypes. As Bannerji (1999) writes:

We are worried, understandably, to speak of “our” brutalities and shortcomings, because of not being even minimally in control of the public and political domains of speech or ideological construction. The pre-existence of a colonial/racist/ Orientalist perception and stereotypes of us, embedded in official and everyday structural and cultural practices and meanings, have been powerful sources of distortion and misrepresentation... (p. 264).

Thus, working against racist stereotypes and misrepresentation is essential to increasing the involvement of immigrant groups in DV awareness-raising and prevention efforts.

Another gap identified in the literature is the involvement of faith-based organizations in DV issues. In many communities religious institutions and clergy are extremely influential, however their presence has been largely absent from DV prevention and treatment efforts (Yoshihama, 2008, p. 51). Studies have found very low rates of DV help-seeking in faith-based organizations and a prevailing fear among victims that religious leaders will condone abuse rather than provide support (Dutton, Orloff & Hass, 2000; Ingram, 2007; Latta & Goodman, 2005). However there is evidence that religious institutions may be particularly important resources in some immigrant communities. A 2004 study by Statistics Canada reported that two-thirds of immigrants attend religious services.⁹ Further, 41% of immigrants have a high degree of religiosity (a measure of the importance of religion, religious affiliation, attendance and personal practices) compared to only 26% of the Canadian-born (Statistics Canada, 2004). Thus for certain groups, religious institutions may be an important and even crucial site for spreading information about DV and supporting abused women.

One example of a faith-based outreach strategy is the Safe Havens Family Violence Prevention Project in Boston (Latta & Goodman, 2005, p. 20). This is an interfaith group that trains religious organizations (including clergy and lay leaders) in DV issues, including strategies for prevention and intervention (Ibid.). There are also institutions which, though not faith-based, encourage the role of religion in abused women's recovery. In Supriya's (2002) study of *Apna Ghar*, an Asian women's shelter in Chicago, she found that faith often played a vital role in the healing process. She observed that religion can act as: "a space imbued with the possibilities for resistance and transformation of self," and a creative force from which abused women can draw strength and rebuild their identities (Ibid., pp. 18, 232). However, the use of faith as a tool of empowerment necessitates challenging representations of 'authentic' cultural traditions which

⁹ The age range of the study is 15-59, and "immigrant" refers to those who arrived in the previous 20 years.

are harmful to women (Ibid., p. 252). The role of religion and faith-based institutions in anti-DV efforts remains a complex issue, and more research is needed to better understand how this significant resource might best be utilized.

Another important issue is DV screening in health care. In a study of DV responses in two Vancouver hospital emergency rooms, Varcoe (2001) found a complete lack of protocol, programs, or policies regarding abuse (p. 98). Further, she found that the hospital staff's responses to signs of DV were conditioned by racist and classist stereotypes. This study suggests that standardized procedures for DV screening are essential to ensure that all women receive equal protection from violence in the health care system. As Jiwani (2001) found:

Service providers were overwhelmingly in support of protocols for screening domestic violence. They mentioned that when doing accompaniments with immigrant women who had been abused, hospitals with protocols in place provided better service and health professionals were more empathetic with women (p. 2).

It is therefore important that health care sites implement DV screening protocols, and that nurses and other health care professionals receive adequate training on DV issues and cultural competency. Such training should take place in both college/ university and practice settings.

Another challenge in service provision is the inadequacy of the criminal justice system. Runner et al. (2009) found that law enforcement tended to lack training in socio-cultural issues, did not have adequate language provisions, and were unprepared to deal with immigrant and refugee victims (p. 7). Smith (2004) reported that DV charges take far too long to move through the system, and courts are too overburdened to give attention to individual cases (p. 26). His study found that abused women often felt confused and mistreated by the criminal justice system (Ibid.). They were concerned about their safety after the abuser was released, as probation officers tended to be too busy to effectively monitor their clients (Ibid., p. 27). They were also concerned about the limited number of rehabilitation programs available for abusive men (Ibid.).

However, it was also noted that some police services have implemented DV protocols and partnerships with community organizations (Ibid., p. 26). Certain jurisdictions have established specialized DV courts with staff trained in issues of DV, as well as special services for victims. One such initiative is Ontario's Domestic Violence Court (DVC) Program (Ontario, 2007). Measures include a DVC Advisory committee, the Victim/ Witness Assistance program, the Assaulted Women's Helpline,¹⁰ specially trained judges, interpreters, and staff, specialized investigation, evidence collection, and case management procedures, and increased DV training for court, probation and parole staff, and police officers (Ibid.). Though these developments are promising, further research is needed to ascertain whether they have been effective.

The final gap in service provision identified across the literature is a lack of coordination between services. Whitaker et al. (2007) and Guruge (2007) argue that collaboration across agencies is essential to providing comprehensive services for minority populations. Agencies could share culturally competent practices and linguistic resources and increase the variety of programs available to clients (Whitaker et al., p. 3). For example, collaboration between an ethno-specific and mainstream organization would allow minority clients to access a wider range of programs, while still maintaining their cultural comfort zone and linguistic needs. Also, collaboration between legal, health, and social services would make the help-seeking process easier on victims and encourage full utilization of resources (Collins et al., 2008). This could be as simple as having multiple services available at one location. DV counselling services have been criticized for their lack of knowledge of legal processes, immigration issues, and culturally-specific needs, and cooperation across agencies could help address these gaps (Sharma, 2001, p. 12).

¹⁰ This is a toll-free crisis line (1-866-863-0511) open 24/ 7 with interpreters available in 154 languages.

Coordination across services can be challenging. A three year pilot project is currently underway in the GTA entitled Service Coalition in the South Asian Community. According to their website:

The mission of the Service Coalition is to develop a culturally and linguistically integrated, coordinated, responsive service delivery model that will address pre-crisis intervention, crisis intervention, and post-crisis support (rehabilitation and follow-up) for the South Asian community in the Greater Toronto Area affected by issues of family violence (SCSAC, 2007, ¶ 1).

This is a promising initiative that may improve service delivery through coordination and resource-sharing. Unfortunately its development has been slow and marked by disagreements by the stakeholders on what constitutes DV, what the causes are, and how services should be provided (Ahmad et al., 2009). Reaching a consensus between multiple individuals and groups is a difficult process. However a coordinated response network such as SCSAC has the potential to address the gaps in service provision and create a more effective model for immigrant women suffering from DV to receive comprehensive help.

As demonstrated by the above discussion, several key challenges as well as a few promising developments currently exist in DV services for immigrants in Canada. Gaps remain in the criminal justice system, in the funding structure for service delivery, in the absence of religious institutions in DV responses, in the lack of DV screening protocols, and in the limited culturally appropriate services available outside major immigrant-receiving cities. Training in DV and cultural competency, innovative outreach programs, inclusion of community leaders, and coordination between agencies are all positive initiatives that should be promoted.

Chapter 5: Recommendations

This paper has examined the various challenges that immigrant women face when dealing with DV. They may be more vulnerable to abuse and face more barriers to help-seeking than Canadian-born women. Various measures could be taken to decrease these disparities and improve responses to DV in immigrant communities. This section will first discuss policy recommendations in the areas of sponsorship, humanitarian and compassionate grounds applications, mandatory arrest, economic inequalities, and the treatment of non-status immigrants. Recommendations will then be made for services, focusing on language, information dissemination, decreasing isolation, coordination of services, and approaches to service delivery.

Sponsorship

The Canadian government's sponsorship policies exacerbate power inequalities in intimate relationships and increase dependency. Making the sponsor financially responsible for their spouse creates a situation where abused women may feel indebted and unable to leave the relationship for fear of the repercussions (Côté et al., 2001). If the abused woman is the sponsor, her spouse may use the threat of accessing social assistance as blackmail to keep her in the relationship. To prevent this unequal power dynamic the government should remove the financial undertaking from spousal sponsorship. Family class migrants should be given the same treatment as economic immigrants or refugees, including the right to access to social services from the state (Arat-Koç, 1999). Sponsored persons who are in Canada awaiting a decision on their application should be given temporary status akin to that of refugee claimants. This would allow them to work, use health care, and access social services, diminishing their vulnerability to abuse. Further, the government should include gender analysis in all their future policy-making

so that policies such as sponsorship do not end up having a disproportionate negative impact on women. Though Citizenship and Immigration Canada does currently have a gender-based analysis unit, it is made up of only two employees, and as its work is research-focused, its actual impact on policy has not yet been clear (Harder, 2002).¹¹

Humanitarian and Compassionate Grounds

Canada's current H&C provisions are far too restrictive and limited. H&C does not meet the needs of women who experience DV while their sponsorship application is being processed. Nor does it serve non-status abused women whose partner has not yet sponsored them or is also non-status. Because of the low acceptance rate, high cost, and strict requirements for proving establishment in Canada and hardship upon removal, H&C is rarely a viable option for abused immigrant women. The government should either expand H&C to provide exceptions for abused women (such as a fee waiver or reduced evidentiary requirements) or create a new venue through which to regularize their status. For addressing the needs of abused women who have suffered sponsorship breakdown or who are in Canada on temporary visas, the Australian DV immigration provisions could be a positive model to follow. To better protect non-status women who have experienced DV or other forms of abuse such as trafficking, Canada should adopt measures similar to the U.S. VAWA provisions, particularly the U-Visa. Under such a provision, women who have experienced DV while in Canada would get temporary immigration status with the eventual option of applying for permanent residency. This would give victims a greater degree of safety and stability and allow them uninhibited access to social services.

¹¹ For more information on GBA see Citizenship and Immigration Canada. (2008). Gender-Based Analysis of the Impact of the Immigration and Refugee Protection Act. (Accessed August 24, 2009): <http://www.cic.gc.ca/english/resources/publications/annual-report2008/section7.asp>

Criminal Justice System Strategies

Criminal justice focused DV strategies such as mandatory arrest can be problematic for immigrant women. Many may be averse to dealing with the authorities due to experiences of oppression in their home country or because of targeting of their communities by Canadian law enforcement (Miedema & Wachholz, 1998). In a climate of police racism, immigrant women may fear further victimization if they involve the authorities (Ritchie, 2006; Smith, 2004; Wachholz & Miedema, 2000). Further, there is evidence that mandatory arrest policies have resulted in increased arrests of victims, particularly low-income and racialized women (Rajah, Frye & Haviland, 2006; Smith, 2004, p. 25). While criminal justice responses are important, they need to focus on improving cultural competency and eradicating racial profiling to be truly effective. Police forces should train specialized DV units (proactively including female officers) that liaison with community services, and professional interpreters should always be used if there are language issues (Smith, 2004, p. 41). The establishment of DV-focused courts seems to be a promising step. However criminal justice focused strategies cannot stand alone; they must be part of a holistic approach that includes preventative and curative measures and addresses the root causes of DV (Flynn & Crawford, 1998, p. 93).

Furthering Economic Equality

Immigrants, and particularly those without status, are discriminated against in the labour market through institutional bias and racism. Immigrants tend to work in lower-skilled jobs and make lower wages than the Canadian-born population, regardless of education level (JIBC, 2007). Further, the wage gap between immigrants and Canadian-born workers has been steadily increasing (Statistics Canada, 2009). Low income not only makes women more vulnerable to IPV but also limits their ability to leave an abusive relationship. Economic discrimination

reduces abused women's options, leaving them dependent on the abuser and compounding their experience of DV. The government should address these inequalities through expanding credential recognition, increasing the availability of high level profession-focused language classes, and implementing anti-racism education initiatives. Further, employment, language, and training programs should be integrated into services for abused immigrant women.

Treatment of Non-Status Immigrants

The lack of rights accorded to people living in Canada without status exacerbates DV and prevents abused women from seeking help. Non-status women are often put in the position of either having no access to services, or risking arrest and deportation if they try to access them (Berinstein et al., 2006). The oppressive treatment of immigrants in detention, monitoring, and deportation processes also may discourage women from turning to the authorities for help (No One Is Illegal, 2009b). To improve access to DV services for non-status women, city services should implement Don't Ask Don't Tell policies wherever possible. Instituting such policies does not necessitate contravening the national government, but simply means that: "municipal funds, resources and workers will not be used to enforce federal immigration laws" (No One Is Illegal, 2009a, ¶ 6). Further, the criminalization of non-status people and disregard for their human rights must be addressed. To facilitate this, support for migrant-rights advocacy groups such as No One Is Illegal is essential. Also, Canadians should pressure the government to honour their human rights obligations as set out in the *Canadian Charter of Rights and Freedoms* (which the Supreme Court declared applicable to non-citizens in *Singh v. Minister of Employment and Immigration*, 1985) (United Nations High Commissioner for Refugees, 2009).

Language

Language is a key issue in any kind of service provision for immigrants. With sensitive issues such as DV it is essential that victims are able to communicate in their own language. In community services, health care, and legal settings, trained interpreters should be used whenever possible. In DV services and screening it is particularly important that family members are not used as interpreters. Interpretation agencies that train staff in DV issues should be promoted. Community agencies should make a special effort to hire multilingual staff. Partnerships between ethno-specific and mainstream organizations should be established to increase language capacity. And finally, Language Instruction for Newcomers to Canada (LINC) classes should be actively promoted to immigrant women and made as accessible as possible.¹²

Information Dissemination

Lack of information is another significant barrier to help-seeking (Guruge, 2007). If abused women do not know services exist or understand how they operate then they will not be used (Ibid.). It is important that immigrants become familiar with Canada's legal system and understand that DV is against the law. Though multilingual information exists, the problem is in dissemination (Jiwani, 2001, p. 1). When immigrants arrive in Canada they should be given a package outlining their legal rights and responsibilities, including laws related to DV, as well as what social services are available (Ibid., p. 3). Information on DV should be presented in diverse settings through a wide variety of mediums. This could include on TV and radio, in ethnic newspapers, grocery stores, ESL classes, daycare centres, health facilities, religious institutions, libraries, women's centres, schools, factories, or fitness facilities (Ibid.). It is important that information also be targeted to places that men frequent, so that they are included in outreach along with women. Information on DV prevention and services could also be disseminated

¹² LINC classes provide free English and French courses to adult permanent residents across Canada.

through cultural mediums such as folk theatre (Shirwadkar, 2004). Community health centres and settlement agencies are also important venues through which many new immigrants receive information. Because of issues such as language barriers, isolation, and unfamiliarity with Canadian culture, it is particularly important for newcomers that outreach and information-sharing occurs in far-reaching, creative, and innovative ways.

Decreasing Isolation

Isolation is another factor that can prevent help-seeking. Immigrants often lose their social network and support system upon migrating (Macleod & Shin, 1993). Lack of official language ability, unfamiliarity with Canadian culture, and not being able to work or go to school can increase isolation (JIBC, 2007). When women have few social contacts, they have less people to turn to for help and fewer sources of information. Community groups and ethno-specific agencies should thus create social and support groups or drop-in centers for immigrant women (Macleod & Shin, 1990, p. 45). Community health workers should conduct outreach with immigrant women, particularly during vulnerable times such as after giving birth or during prenatal consultations (Jiwani, 2001, p. 3). Social services outside of large immigrant-receiving cities should actively work to decrease immigrant women's isolation and build community.

Approaches to Service Delivery

It is important that immigrant women have access to both mainstream and ethno-specific organizations. When services are accessible and well-coordinated then clients can choose the agency that makes them most comfortable, and resources can be expanded through cross-agency partnerships. Immigrant communities should be involved in DV prevention and program planning to ensure initiatives are culturally appropriate. Services should be focused on female empowerment, articulated through each individual's particular beliefs and needs rather than

Western-focused feminist paradigms. Innovative outreach such as spreading information on DV through community theatre, at cultural festivals, or at non-violence related women's groups may be useful. In addition, the potential role of religious institutions and clergy in DV responses needs to be further researched. As Supriya's (2002) examination of *Apna Ghar* demonstrates, faith and spirituality are important resources which can be used to promote abused women's healing. To allow organizations to implement innovative programs and adapt to changing needs, government funding should be made more flexible. Agencies should be given stable core funding, small as well as large organizations should be supported, and services should be evaluated based on quality rather than cost.

DV services need to be holistic and long term. They must not only address a woman's safety but her socio-economic needs, immigration status, physical and emotional healing, and personal wishes for the future. There should also be services available for couples, children and families, as well as prevention and rehabilitation programs for men. Given the resource limitations of most organizations, the establishment of service coalitions is likely the best way to further this. Cohesive and well-organized service coalitions have the potential to improve coordination between agencies, maximize resources, and ensure abused women receive the services they need in a timely and effective manner. Ideally such a network should include the settlement sector, health agencies, shelters, community centres, police services, legal clinics, and faith-based organizations. In this way abused women could easily access a wide variety of services depending on their specific needs. This model might better reflect the realities of abused immigrant women, who often face multiple intersecting inequalities that need to be addressed (Bograd, 1999; Jiwani, 2001). Further, the ability to access a large network of services would

allow abused women to choose their own path of recovery based on their particular cultural context and individual needs.

Conclusion

Immigrant women are not a homogenous group; they are immensely diverse with differing experiences and needs. However, they may face common barriers in their access to and utilization of DV services. They are also subject to gendered immigration policies, and are often placed in disadvantaged social positions, increasing their vulnerability to abuse. Immigrant women may face multiple forms of oppression (based on gender, race, religion, class, immigration status, etc.) that interact with their experiences of DV. As such, responses must be multifaceted, and challenge both the underlying power structures within society as well as in intimate relationships. DV services must promote individual, family, and community empowerment. They must be holistic and long term, and address the diverse needs –whether practical, legal, economic, medical, or spiritual- of women who have experienced abuse. Violence against women must be fought alongside the many other intersecting forms of societal violence that exist in order to truly make a difference in the lives of abused immigrant women.

APPENDIX A

General Social Survey (2004)

“Spousal Violence” Definition: Experiences of physical or sexual assault that are consistent with the Canadian *Criminal Code* definitions of these offences and could be acted upon by a police officer.

Physical/ Sexual Violence

During the past five years, has your partner:

1. Threatened to hit you with his/her fist or anything that could have hurt you.
2. Thrown anything at you that could have hurt you.
3. Pushed, grabbed, or shoved you in a way that could have hurt you.
4. Slapped you.
5. Kicked, bit, or hit you with his/her fist.
6. Hit you with something that could have hurt you.
7. Beaten you.
8. Choked you.
9. Used or threatened to use a gun or knife on you.
10. Forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way.

Emotional/ Financial Abuse

I am going to read a list of statements that some people have used to describe their spouse/ partner. I'd like you to tell me whether or not each statement describes your spouse/ partner.

1. He/she tries to limit contact with family and friends.
2. He/she puts you down or calls you names to make you feel bad.
3. He/she is jealous and does not want you to talk to other men/ women.
4. He/she harms, or threatens to harm, someone close to you.
5. He/she demands to know who you are with and where you are at all times.
6. He/she damages or destroys your possessions or property.
7. He/she prevents you from knowing about our having access to the family income, even if you ask.

Source:

Statistics Canada. (2005, Fall). *General Social Survey Cycle 18: Victimization (2004): Users Guide to Public Use*. Government of Canada. pp.117-121. (Accessed August 26, 2009): <http://www.statcan.gc.ca/dli-ild/meta/gss-esg/cycle18-2004/gssc-esgc18gid-v2-eng.pdf>

APPENDIX B

Domestic Violence Services in the GTA (211Toronto.ca)

SHELTERS:

Anduhyaun Emergency Women's Shelter
Bethesda House
Denise House
Dr Roz's Healing Place
Ernestine's Women's Shelter
Family Service Toronto
Halton Women's Place
Herizon House
Interim Place
Interim Place. North Shelter
Interim Place. South Shelter
Interval House
Jewish Family and Child
Jewish Family and Child. Gordon S Wolfe Branch
Julliette's Place
Muslim Welfare Centre of Toronto
Nellie's
North York Women's Shelter
Ontario Association of Interval and Transition Houses
Red Door Family Shelter
Red Door Family Shelter. Red Door VAW Shelter
Redwood Shelter
Salvation Army. Evangeline Residence
Salvation Army. Florence Booth House
Salvation Army. Honeychurch Family Life Resource Centre
Sandgate Women's Shelter of York Region
Shelternet for Abused Women
Women's Habitat of Etobicoke
Yellow Brick House
Yorktown Shelter for Women
YWCA Durham. Y's WISH Shelter
YWCA Toronto
YWCA Toronto. Housing and Support. 1st Stop Woodlawn. Shelter
YWCA Toronto. Housing and Support. YWCA Arise
YWCA Toronto. Housing and Support. YWCA Women's Shelter

COUNSELLING:

Abrigo Centre
Arising Women Place
Barbra Schlifer Commemorative Clinic
Barbra Schlifer Commemorative Clinic. Counselling Services
Bloor Information and Life Skills Centre
Canadian Centre for Women's Education and Development
Catholic Family Services of Toronto. North Branch

Centre for Spanish-Speaking Peoples. Women's Program
 COSTI. North York Centre. Family and Mental Health Services
 Counterpoint Counselling and Educational Cooperative
 Court Support and Counselling Services
 Elspeth Heyworth Centre for Women
 Ethiopian Association in the Greater Toronto Area
 Family Service Toronto
 Flemingdon Neighbourhood Services
 Greek Orthodox Family Services and Counselling. Wife Assault Program
 Greek Orthodox Family Services and Counselling. Wife Assault Program. Donlands Branch
 Halton Women's Place
 Heritage Skills Development Centre
 Interval House. Building Economic Self Sufficiency
 Iraqi Canadian Society of Ontario
 Jamaican Canadian Association
 Jewish Family and Child
 Jewish Family and Child. Gordon S Wolfe Branch
 Kababayan Community Centre
 KCWA Family and Social Services
 Lighthouse
 Manantial Neighbourhood Services
 North York Women's Centre
 Oasis Centre des femmes
 Opportunity for Advancement
 Rexdale Women's Centre
 Riverdale Immigrant Women's Centre
 Riverdale Immigrant Women's Centre. Bloor Street Location
 Riverdale Immigrant Women's Centre. Midland Avenue Location
 Riverdale Immigrant Women's Centre. Shorting Road Location
 Salvation Army. Honeychurch Family Life Resource Centre
 San Romanoway Revitalization Association
 Scarborough Women's Centre
 SEAS Centre
 South Asian Family Support Services
 South Asian Women's Centre
 St Christopher House. Children, Youth and Family Support Program
 St Joseph's Health Centre
 Thorncliffe Neighbourhood Office. Overlea Office
 Tropicana Community Services Organization
 University Health Network. Toronto General Hospital
 Vietnamese Women's Association of Toronto
 Women's College Hospital
 Women's Habitat of Etobicoke. Outreach and Family Support Service
 Women's Multicultural Resource and Counselling Centre of Durham
 Working Women Community Centre
 Working Women Community Centre. North York East Centre
 Working Women Community Centre. North York West Centre
 Yorktown Shelter for Women. Women and Communities Against Violence (WACAV)
 YWCA Durham. Y's WISH Shelter
 YWCA Toronto. Housing and Support. Breakthrough

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