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ORIGINAL ARTICLE

Immigrant Women's Experiences of Domestic Violence in Canada: A Qualitative File Audit

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Abstract

Purpose Domestic violence (DV) experienced by immigrant women is a global health concern. Precarious immigration status, language barriers, and discrimination can lead to reluctance in seeking support. Is a non-profit charitable organization and support center for immigrant women. Participants in this study were immigrant women who attended Changing Together. The aim of this study is to illustrate immigrant women's experiences of DV and identify the community services they access.

Methods The files of a social worker at Changing Together were audited for this project. There were 1,034 files available to audit. The six steps of thematic analysis were used to create themes from the notes of each file, specifically to answer the question: what are the experiences of immigrant women with domestic violence and what are the services they access through Changing Together?

Results Three themes were developed: Building Independence, Surviving Abuse, and Services to Support Surviving. Building Independence centres on women building solid foundations to start their lives in Canada to support themselves and their families. Surviving Abuse encompasses the hardships women endured for the perceived sake of their children until there was an event leading to the unavoidable need for change. Services to Support Surviving explores the services women accessed through the social worker at Changing Together.

Conclusions This study highlights the complexities of immigrant women enduring DV in a foreign country. The file notes described women's experiences of living with hardships and endurance of challenges. Further research should identify community resources for this population.

Keywords Domestic violence · Immigrant women · File audit · Thematic analysis

Gender-based violence is considered a universal health and societal crisis and a violation of human rights. Domestic violence (DV), as a form of gender-based violence, is "more dangerous than cancer, motor vehicle accidents, war and malaria. It cuts across boundaries of age, race, culture, wealth and geography" (Kaur, 2011). DV is defined as behaviour by a partner or ex-partner resulting in physical or psychological harm, including physical aggression, verbal/emotional abuse, sexual or financial coercion, and controlling behaviours (Godoy-Ruiz et al., 2015; Park et al., 2021; World Health Organization [WHO], 2021). These behaviours are often socially tolerated or ignored within many communities and societies (Kaur, 2011). Such violence can manifest in various forms, including emotional, psychological, sexual, and bodily harm, with the perpetrators often being well-known to their victims (Godoy-Ruiz et al., 2015; Goncalves & Matos, 2016; Hulley et al., 2022). The WHO reports, one in three women endures physical and/or sexual intimate partner violence (IPV) globally (WHO, 2021). Although IPV and DV are often used interchangeably, this report uses the term DV to reflect the impacts of violence on the entire household, including children.

Data on the prevalence of DV is inconsistent across regions, nations, cultures, and populations; however, there is general agreement that DV is underreported (Park., 2021; Goncalves & Matos, 2016; Holtmann & Rickards, 2018). Canadian population data indicates that nearly half (45%) of all female victims of violence were victimized by an intimate partner (Stats Can, 2021). Moreover, women are more likely than men to experience spousal violence resulting in severe harm, including physical injuries and multiple victimizations (Sinha, 2013; Stats Can, 2021).

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Many of these previous large-scale epidemiological studies exclude or under-represent minority subpopulations, such as immigrant women. The lack of attention to the experiences of DV in immigrant populations creates unique problems in a richly multicultural society such as Canada, where immigrants comprise 22% of the Canadian population (Stats Can, 2020). Du Mont and Forte (2012) found that immigrant women who have spent more than 20 years in Canada are more likely to report an experience of abuse than immigrant women who have spent less than 20 years in Canada or Canadian-born women. However, Holtmann and Rickards (2018) suggest there is a lack of empirical evidence that immigrant women are more likely to experience DV than non-immigrant women in Canada. Given these contrasting findings, it is unclear which factors differentiate immigrant women's experiences of DV from those of non-immigrant women in Canada.

Qualitative research has identified some unique vulnerabilities of immigrant women surviving DV (Holtmann & Rickards, 2018). Canadian immigration policies concerning principal applicants and sponsorships can force immigrant women into positions of dependency on their partners (Barrett et al., 2020; Holtmann & Rickards, 2018). While women with precarious status have the right to apply to remain in the country on humanitarian and compassionate grounds, they frequently require legal assistance in gathering evidence for their application, and the process is lengthy and costly (Barrett et al., 2020). Language barriers, mistrust of police (originating in the country of origin), and racism among public service providers can make immigrants reluctant to seek support and access safety when DV occurs (Ahmed et al., 2016; Holtmann & Rickards, 2018; Hulley et al., 2022). Immigrant women who disclose their experiences of DV often seek informal services from family or friends, religious or community leaders, or community-based non-governmental organizations ([NGOs]; Barrett & St Pierre, 2011; Barrett et al., 2020).

While NGOs provide a broad range of services and support, they often face unpredictable funding levels and typically target their finite resources to provide programs and services. Although some women view NGOs as safer than government-funded services, data from NGOs and other community-based agencies are typically unavailable to researchers, government, and healthcare policymakers. Thus, service agencies and policymakers are hampered in understanding DV in various immigrant populations, specific strategies to support disclosure, and developing a full range of services. A research partnership developed between a researcher and a community agency provided a unique opportunity to contribute to our knowledge of immigrant women living in a large urban city in Canada with a focus on their experience of DV.

Community Support Center

Is a non-profit charitable organization and support agency for immigrant women. Most staff members are immigrant women and provide multi-level English language education, pre-employment information, assistance in gaining employment, basic computer training, aid with immigration processes, and counselling. A social worker provides counselling sessions including support for food and/or financial insecurity, housing, immigration problems, parenting, legal concerns, and DV issues. The social worker immigrated to Canada from Pakistan, where she worked on women's rights and advocated for female education prior to her immigration. Her fluency in five different languages has allowed her to interact with fellow immigrant women from various places.

The purpose of this research was to illustrate immigrant women's experiences of DV and identify the community services they access. Our research questions were (a) Why did women seek counselling services at this agency? (b) What was the content and context of the interactions between the counsellor and women?

Methods

This project examined the narrative notes of the social worker, Nasim Zahir, at Changing Together. This project received approval from the University of Alberta Research Ethics Board. These notes are similar to clinical notes that included a detailed description of immigrant women's reasons for seeking support from the community agency and their experience of DV.

A file audit was the chosen methodology for this project as it allowed researchers to systematically review and evaluate the files that had been recorded without the researchers' intervention. Similar to other qualitative analytical methodologies, this approach required that the data be examined and interpreted to elicit meaning, gain understanding, and develop empirical knowledge. To do so, we employed the process of thematic analysis to conduct a retrospective review of the transcribed file notes from the social worker.

Data Set

From 2006 to 2014, paper files of client meetings accumulated in boxes and file drawers. This data (the files) are the notes of the counsellor working at the agency. Nasim Zahir recorded the interactions after meeting with women who asked to see a counsellor. There were initially 2,147 files, of which 1,146 files contained sufficient data to be eligible for analysis. The files held

important information about immigrant women's experiences and needed to be examined in a structured, organized fashion, and then shared. The paper files were transcribed by a research assistant and entered into a spreadsheet. The quantitative data have been previously reported (Park et al., 2021). The collective files included women of diverse countries of origin, religions, languages, cultures, ages, and immigration status. Each woman's data consists of an intake form with demographic information (name, address, contact information, age, marital status, employment outside the home, immigrant status, current sources of support, education, and family configuration). It also includes contextual factors, such as country of origin, years in Canada, referring agency (if relevant), and police involvement. Checkboxes on the form included the types of services requested or suggested and a direct question concerning past or current DV.

Inclusion criteria for the transcribed files in this project were 1) women who sought support from the counsellor at Changing Together 2) mentioned DV. The transcribed files excluded from the analysis included 1) men seeking support at Chaining Together and 2) transcripts with no written content. After inclusion/exclusion criteria were applied, there were a total of 1,034 files included in the analysis.

Data Analysis

Braun and Clarke's (2006) six steps to thematic analysis guided analysis of the data set, where broad categories or themes were initially sought, then concept maps were utilized to highlight commonalities among the file notes. Initially, two of the researchers read all transcripts to ensure they were familiar with and had obtained a sense of the breadth and depth of the data. Initial coding was performed manually and independently by two researchers. Using Microsoft Excel tables, data was organized into meaningful groups related to the research questions and labelled accordingly. The research team met to discuss, verify, and sort initial codes into themes based on code similarities. Concept maps were created to explore relationships between codes within respective themes. The themes and sub-themes were further reviewed and revised into a coherent pattern. The data set was then re-examined as a whole, considering the validity of each theme, and ensuring saturation of the data was reached. The themes were named, defined, and refined. A detailed definition of each theme was written to outline the data's story in relation to the research questions. At the end of this process, three clearly defined themes developed.

Rigor and Reflexivity

The entirety of the data collection was done by Nasim Zahir; this single source of data collection ensures consistency. All researchers participated in bracketing and reflexive journaling to minimize the risk of bias. Transcripts were coded independently, followed by investigator triangulation. Frequent meetings were held to discuss findings and interpretations where inconsistencies in analysis and interpretation were resolved through group discussion. Direct quotations are integrated in our findings to authentically showcase the lived experiences of the women. The researchers had no relationships with the participants as they were working with files notes. The quotes in the findings represent the women and the social workers' voice. To differentiate, we have used italics for the women's voices.

Findings

The three themes presented here describe the experience of immigrant women who sought counselling support. Data analysis of their experiences was elicited from the file notes of the social worker and resulted in three main themes. The three themes are, Building Independence, Surviving Abuse and Services to Support Surviving.

Building Independence

Immigrant women who sought the services of Changing Together were frequently propelled by the desire to build solid foundations for their lives in Canada. A majority of the women wanted to make a permanent home in Canada, though this was not without challenges. Multiple factors hindered the women's ability to be fully involved in their new lives. From this main theme of building independence, the sub-themes of finances, employment, housing, and community integration were developed.

Finances

Approximately one-quarter of women experienced financial instability or sought financial assistance, including Employment Insurance (EI), Assured Income for the Severely Handicapped.

(AISH), senior's benefits, student finance, and child tax benefits. Most women voiced a lack of necessities, including food, formula, furniture, and winter clothing.

> [109] Angela is a single mother. Her boyfriend was physically abusive [...] She said if she can get financial support only for 3 or 4 months once she is settled, and her son goes to a daycare, she can look for a job. Income support has started giving her money.

Oftentimes women were unable to afford basic necessities for themselves and/or children and therefore sought financial assistance through Chaining Together. Changing Together assisted those in need of financial support,

arranging governmental financial aid including EI, AISH, and income support, or connecting women to local food banks.

Employment

Acquiring a stable job was challenging for most women. Factors contributing to unemployment included medical ailments, partners not allowing them to work, workplace abuse or exploitation, language barriers, and employers requiring "Canadian experience." The professions with the most interest were caregivers and schoolteachers. Several women were highly educated in their countries of origin but could not join the workforce once in Canada without additional education or assessment of qualifications. Nearly all women who faced challenges obtaining employment sought the services of Changing Together for support.

> [156] [She] is a doctor by profession and her husband is an accountant. Both of them are skilled workers. They are looking for jobs but at present they have no place and no money to support themselves.

This demonstrates just one of many barriers to obtaining employment, as the Canadian workforce often discredits education obtained in other countries. Additional barriers to acquiring employment were often a result of coercive control where male partners did not allow women to work. Changing Together supported women seeking employment by arranging meetings with counsellors at Universities and Colleges, and connected women with recruitment agencies.

Housing

The majority of women experiencing housing instability resulted from financial instability or DV, requiring them and their children to stay in shelters or seek alternate arrangements with friends or family. In many cases, there were disputes over property rights during separation.

> [888] *We have been separated for the last 2 years but live in the same house. Many times he told me to leave the house*. She said *I don't want to leave the house. He should leave the house* [...] *my children want to stay with me*.

More than half of the women who sought housing stated they were forced to leave the house to escape further abuse. Women and families who sought affordable housing in the Edmonton area were frequently connected with the Capital Region Housing program through Changing Together. The social worker at Changing Together connected women in imminent danger with local women and children's shelters.

Community Integration

Immigrant women sought services at Changing Together to integrate themselves into their communities and obtain "Canadian experience." These included volunteering, support groups, churches and mosques, courses, and platforms to support fellow women in abusive relationships. The words "isolated" and "alone" were often mentioned, as many immigrant women did not have social support or family upon arrival in Canada. These words came up most frequently when the women were experiencing both physical and emotional abuse at home.

> [129] She was depressed and feels very lonely. She said her *husband and children were back home*. She is staying with her sister-in-law who treats her badly [...] She has a big language barrier. I have encouraged her to go for ESL class. Make some friends go out with them for shopping [...] I have explained her to be independent and it will be good for her to work a part time job.

Many women experienced isolation upon immigrating to Canada, and oftentimes, as a direct result of abuse. However, most women experiencing isolation expressed a desire to become involved within their community. The social worker at Changing Together assisted women enrolling in English as a second language (ESL) and computer training classes, and connected women with local volunteer opportunities, churches and mosques.

Surviving Abuse

This theme describes how most of the women expressed enduring abuse for the sake of their children. The majority of children living in abusive homes were often described as feeling *scared* or *fearful*. For some women, their children's feelings were a motivating factor to not leave the abusive relationship, while other women left the relationship because of the feelings their children expressed. Ultimately, all of the women, despite making different choices, all believed they were doing what was best for their children. Two subthemes, types of abuse and leaving, developed.

Types of Abuse

The most prevalent types of abuse were physical, with hitting/beating, kicking, and punching the most common actions. The second and third most prevalent forms of abuse

were emotional and financial, respectively. Other forms of abuse included sexual abuse, child abuse, death threats, and spousal infidelity. Often, the consumption of drugs and alcohol was described as precipitating factors that initiated violence. One of the most frequently mentioned words in the transcripts was *controlling*. It was often stated that their partner would not let them leave the house or become involved in their communities.

> [832] Husband sponsored her. She is much younger, he never wanted children, but she got pregnant many times and he forced her into abortions. He has relationships with other women. Physically abusive [...] She was scared that he said many times he would kill her. [161] Husband has taken all her papers away; permanent residency card, health care card, SIN card, and passport; he has bought her a ticket back to Guatemala. He threatens that he will cancel her papers and he will no longer be her husband.

Upon disclosing abusive experiences, most women sought advice and/or safety plans through Changing Together. The social worker assisted the women in developing safety plans for themselves and their children, and connected women with counselors or therapists. While many women experienced abuse primarily from their husbands/partners, abusive behavior by in-laws was also mentioned. Several women described their in-laws treating them *like a slave*.

> [915] She got married in 2008 (arranged marriage) [...] Her husband's mother and sister were physically abusive to her, and her husband was abusive. She escaped and went to her sister in Edmonton. Now her husband will not send her [permanent residency] card.

One of the most common services utilized by immigrant women in the study was legal aid. The women used this service to inquire about their legal rights, and reclaim permanent residency cards and/or passports which were withheld by their abuser.

Leaving

Approximately half of the women enduring abusive relationships identified the need to leave their abuser. Many women experiencing abuse created a safety plan with the social worker at Changing Together to use when the abuse worsened and sought safety at women's and children's shelters.

> [804] Husband is physically abusive. She left the house and is in a shelter. Worried what will happen after 21 days. She doesn't want to go back to him. He has been threatening to kill her. Police involved […] Can't take any more. [Her] children are growing and in constant fear.

Although safety plans were frequently enacted, shelters were not a permanent solution. After staying in shelters for several weeks, many women sought further support from Changing Together to develop long-term plans, which often included the social worker connecting women additional services such as emergency social services and financial aid resources.

> [7] Her husband was physically and emotionally abusive. He controls the money. She said *I am working part time and he takes that money also* [...] *for the sake of my children I was taking everything, but it affects the health*. [She] wants to go to legal aid to get a lawyer for divorce.

Divorce or separation between the women and their partner or spouse was prevalent. In these cases, connections through the community agency to legal aid were made. Legal disputes over full or joint child custody were seen in correlation to divorce and separation.

> [991] Husband is very controlling and emotionally abusive. Takes all the money, doesn't give her a bank card [...] She has left the house but has a lot of pressure from her priest to go back to her husband. Family pressure to go back. He tells her to come back or she can't see the children. She is in constant fear and needs a lawyer.

Women reported experiences of police involvement, where neighbours and school teachers often contacted the police. Many women reported they felt pressure not to leave their abuser, as it was deemed *shameful* by their family or religious affiliations. After police involvement, there were increasing requests by women for additional counselling and child psychological support for their children.

Services to Support Surviving

Immigrant women came to Canada with the hope of a better future; unfortunately, this was not the reality in many cases. Most of the women described experiences of grappling to understand how to navigate new systems, like the immigration system. The women expressed unwavering hope, despite challenging experiences with immigration, health, education, and resilience, the four sub-themes.

Immigration

Women and their families faced difficulties navigating the Canadian immigration system while completing immigration documents and visa applications, sponsoring children, spouses, or extended family, and understanding Canadian legal rights.

A few women had student visas, work visas, or gained entry to Canada due to political asylum. Most women who immigrated to Canada were sponsored by spouses or partners; however, they often threatened the women's immigration status by taking their applications, destroying their permanent residency card or passport, or cancelling their sponsorship.

> [706] Due to war in her country, her son was murdered, husband and other son beaten, daughter raped, she is trying to bring family to Canada.
> [755] Husband was sponsor. Husband was abusive, called the police and there were bruises on her body [...] Husband cancelled sponsorship and she is looking for legal aid.

Changing Together supported women navigating the Canadian immigration system by assisting women with immigration documents including visas, sponsorships, citizenship, permanent residency cards, and passport applications. Additionally, immigration lawyers were provided to the majority of women who were new immigrants.

Health

Nearly half of the transcripts relating to health discussed health in the form of physical or mental health ailments (e.g., cancer, post-traumatic stress disorder, motor-vehicle collisions), while the other half were women seeking healthcare services as a direct result of physical abuse. The most prevalent physical injuries resulting from abuse were bruises, internal and/or external hemorrhages, belt marks, and self-harm. A significant portion of women seeking services for mental health had anxiety, depression, insomnia, or suicidal ideation. Some women also required health services for prenatal visits or abortions; however, no transcripts discussed sexual or reproductive health beyond a current pregnancy.

> [535] [She] came to the office. She is from Afghanistan. She has seen much violence during the war, and it has a lot of effect on her health. I have explained how to find a job and keep herself busy. I told her these scars will go with time. She said *when I think about the past it is hard to sleep.*

Many of the women described mental health trauma. The majority of women who disclosed mental health illness had not sought support from the Canadian healthcare system, but rather from the social worker at Changing Together. In these instances, women were provided counsellors, psychologists, and support groups, or were referred to the Centre for Survivors of Torture and Trauma.

> [658] Abusive husband is [her] sponsor, [she] tried to cut her wrist but her husband called the police. [She has] depression, heart problem, urinary tract infection, went back to her country to visit, but husband has [her] permanent residency card.

In many cases, women reported physical health issues. These women were encouraged to visit local hospitals and Changing Together assisted women and children in finding family doctors within their area of residence.

Education

Although many immigrant women were highly educated in their former countries, this was often not recognized when applying for jobs in Canada. Some women expressed interest in attending school or acquiring certifications. Many women needed assistance enrolling their children into grade school, and post-secondary, and finding daycares as they needed assistance caring for their young children while working or attending school.

> [866] Both her and husband are looking for a job, they are highly educated. Interested to know the Catholic Education system. Would like to do some volunteer work to get the Canadian Experience. Was a teacher back home in high school. Explained to go to Norquest and see a counselor to get the right information, and to do some further courses to get the job in the same career. Encouraged to join the program Make Changes.

One of the most common requests was for assistance enrolling in post-secondary education. Additionally, nearly all women with children requested child support programs. Changing Together connected these women to local daycares for children and helped women obtain governmental child support.

Resilience

Through seeking the support of Changing Together and sharing their stories, the women have shown that they continually strive for a better life for themselves and their families. Moreover, nearly half of the women experiencing some form of abuse found the strength to create a safety plan and/or leave the abusive home with their children.

> [774] *I have gone through hell in my life* […] *I have come with a hope to this country that things will change*. Wants to get herself involved in volunteer work to get new friends and adjust herself in the new country. She has a sister in Edmonton; looking for an apartment close to her house, to get family support. She is stressed out mentally, emotionally, and physically, interested in seeing a counsellor.
> [876] She left her husband [...] and is thankful for the help. She would like information on courses and train-

ing within the agency so she too can help people in need.

Despite all the hardships reported, immigrant women showed immense resilience in their desire to build a new life for themselves and their families.

Discussion

The aim of this study was to authentically illustrate immigrant women's experiences of DV and identify the community services they accessed. The file notes of a social worker at an immigrant women's support center from 2006 to 2014 were analyzed using thematic analysis. The findings of this file audit demonstrate that many women came to Canada with a desire to create a new life, however, financial instability, unemployment, and housing insecurity impacted their ability to establish roots in their new communities. The Canadian immigration system created many difficulties for women and their families. Women experiencing DV often endured abusive relationships for the sake of their children and did not have sufficient support to leave their abuser. The most prevalent forms of abuse were physical, emotional, and financial respectively. Those who did leave abusive relationships often stayed in women's shelters with their children and required legal aid.

Women sought the services of Changing Together not only for support related to DV, but also for several other reasons that intersect under multiple domains of social determinants of health (SDOH). SDOH are economic and social conditions that shape the health of individuals, communities, and jurisdictions (Chang, 2019). These conditions reflect the quantity and quality of available resources, aid in predicting outcomes and anticipating vulnerabilities, and provide a starting point for addressing health as a social concept (Raphael, 2016).

Building Independence

Feelings of isolation and loneliness were commonly expressed by the women and were often associated with mental health issues, including anxiety and depression. Delara (2016) and Sethi (2013) found that immigrant women were more likely to be isolated due to their role within the family, the cultural interpretation, and responsibilities of that role, including child-rearing, the distance and access to family support, and language barriers. Conversely, immigrant men had greater opportunity to integrate through school, work, and social activities.

Restricting freedoms is coercive control, a systematic pattern of behaviour that establishes dominance through intimidation, isolation, and terror-inducing violence or threats of violence (Dichter et al., 2018). There were situations in the files where the partner would not permit the women to attend ESL and other classes, work, or volunteering. Withholding immigration documents and cancelling sponsorships was another form of coercive control (Holtmann & Rickards, 2018). Dichter et al. (2018) concluded that women experiencing coercive control reported increased rates of DV and higher levels of danger when compared to DV survivors not experiencing coercive control. Congruent with our findings, working and acquiring education were ways for immigrant women to build social connections, access resources, experience success, and rediscover a sense of self which may lead to changes in their personal lives (Delara, 2016; Kumar & Casey, 2020).

Role reversal occurs when women enter the workforce in contrast to their previous roles as housewives (Salami et al., 2020). In response, their husbands begrudgingly accepted more domestic responsibilities. In many cases, both partners had to work to support the family and seek alternative childcare arrangements. What could be considered traditional female jobs such as care aides and schoolteachers were common professions of interest amongst immigrant women.

Surviving Abuse

Similar to Godoy-Ruiz et al. (2015), Goncalves and Matos (2016) and Sinha (2013), we found that DV was a relatively common experience for the immigrant women in our study. As determined in the quantitative analysis of our data set, the incidence of DV is 41% and is likely underreported (Park et al., 2021). Access to a dedicated immigrant women's community agency may support disclosure and address the impacts on women and their children.

The traditional family dynamic of two married parents was highly valued by immigrant women. In many cases, women seemed reluctant to remove the children from their father regardless of the expense of the mother's wellbeing (Vatnar & Bjørkly, 2009). Upon exploring why women stay in abusive relationships versus why they leave, maternal instincts to prioritize children's perceived well-being were prevalent in our findings and those of Holtmann and Rickards (2018) and Rasool (2016). Policies and practices that advocate for the child's best interests must address the safety of both mothers and children in such situations of DV (Rasool, 2016). Other reasons immigrant women may endure abusive situations include immigration status dependent on their partner, laws, and policies that disadvantage women, fears of leaving, language barriers, cultural norms, financial dependence and societal influences that perpetuate being silenced and feeling unheard (Park et al., 2021).

A police report or file, even one regarding the victim, can negatively impact the applicant and their family's ability to obtain permanent residency (Park et al., 2021). The current law in Canada indicates that when a DV-related incident is reported to the police, the police will take the responsibility of laying charges; this is intended to alleviate the burden from the victim (Alberta Justice and Solicitor General, 2014). This law is significant, as a criminal charge may impact immigration status or immigration applications for the entire family. Several women requested the charges against their partner be dropped, possibly for this reason or due to pre-existing mistrust of the police due to negative experiences in their countries of origin (Holtmann & Rickards, 2018; Wu et al., 2017). However, it is unclear to what extent women were aware of the implications these charges may have on their immigration status.

Services to Support Surviving

Our findings indicated that DV directly increased the risk for housing instability similar to Yu et al. (2020). In most cases, women were forced to leave the house rather than the men. In some cases, there was a catalyst to leaving the abuser, such as police involvement, threats to life, or child abuse; in other cases, the women had reached the limit of what they could endure or finally had the support they needed to leave. Approximately half of the women in our study identified the need to leave their abuser. These women frequently sought advice on safety plans and shelters, procuring a separation or divorce, obtaining child custody, and establishing independence. This finding emphasizes the mental and physical preparation required during the process of leaving the abuser including cultivating the intention and psychological preparedness to end the relationship, hiding important documents needed for safe relocation, creating an emergency escape plan, seeking help from family and friends (Barrios et al., 2020; Bermea et al., 2020).

Patriarchal structures and male dominance were commonly voiced as a barrier to leaving abusive relationships. Immigrant women and their children had limited autonomy within the household, similar to the findings of Holtmann and Rickards (2018). Newcomers to Canada are subject to the influences of feminist movements and equality within relationships, especially in the media, where women are granted equal rights to their male counterparts. Salami et al. (2020) reported traditional gender roles were evolving in response to the pressures of immigration and resettlement.

Immigrant Women's Health and Nurses

Depression, anxiety, isolation, and suicidal ideation are common side effects of abusive relationships and the stresses of immigration (Delara, 2016; Godoy-Ruiz et al., 2015). Montesanti and Thurston (2015) suggest that the public health sector is uniquely positioned to support women surviving DV, mainly through reproductive health services, which many women will access at some point in their lives. Nurses could use this contact with immigrant women to support their health literacy, to address sexual health and contraception, and screen for signs of DV.

The largest barriers described by nurses in identifying and addressing DV were lack of time, lack of training, behaviours attributed to women living with abuse, partner presence, and language/cultural practices (Beynon et al., 2012). Nurses have voiced the need for additional education to avoid offending women, knowing how and when to initiate the topic of DV, and what actions to take following disclosure. When abuse has been disclosed, nurses often adopt a "rescue mentality" where the instinct is to immediately remove the woman from the abusive situation. This is not always the first choice for the woman. Many abused women are not ready or willing to leave their abusers and have concerns regarding the custody of their children which influences their decision to leave (Beynon et al., 2012).

Oftentimes women who experience DV do not recognize healthcare services as supportive. Several studies share this idea, as they reported lower rates of immigrant women accessing healthcare services, specifically mental health services (Durbin et al., 2015; Playfair et al., 2017; Weerasinghe, 2012). For immigrant women, there are several barriers when accessing health services including health literacy, communication barriers, stigma, fear, and a lack of trust making them reluctant to disclose their suffering (Park et al., Authors, 2021; Delara, 2016; Du Mont & Forte, 2012; Holtmann & Rickards, 2018). Moreover, confidential and culturally sensitive interpreters are resources that are often absent when immigrant women disclose DV in healthcare settings (Beynon et al., 2012).

Study Limitations

The demands on Nasim Zahir often limited her ability to be comprehensive in her notes or to add in-depth background about each client. In some ways, Nasim Zahir acted within a crisis management model, where she limited her interactions to what was each woman's highest priority. Despite these limitations, there were many case files which allowed thematic analysis to uncover dominant themes. The individual case files within the data set had limited notes; thus, researchers could not truly appreciate the depth of the women's experiences. Additionally, the loss of an unknown number of files limited the data set due to

office relocation. Due to the current adversities faced by the COVID-19 pandemic, most of our research and communications took place virtually. Researchers disclose no known conflicts of interests or biases. Many women experiencing abusive relationships do not seek DV services. Thus, the findings in this article may not be broadly generalizable as they represent a subpopulation of immigrant women who sought services at a local organization.

Concluding Remarks

DV is an international crisis and a violation of human rights. There still remains a research gap about immigrant women's experiences of DV and the support services they need. Our findings highlight the complexities of immigrant women's realities in surviving DV, the services they access, and the need for on-going research to best support immigrant Canadian women enduring DV. The results of this project underscore the value of research relationships with community partners. Community agencies can be a valuable resource for immigrant women and understanding this experience would enable researchers to correctly report this underreported issue. Understanding the needs of immigrant women is essential for change to occur and for the burden of the experience of DV to be somewhat alleviated.

Clinical Resource Section

World Health Organization. Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence. https://www.who.int/publications/i/item/9789241513005

World Health Organization. RESPECT women: Preventing violence against women. https://www.who.int/publications/i/item/WHO-RHR-18.19

World Health Organization. The global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against.

women and girls, and against children. https://www.who.int/publications/i/item/WHO-RHR-16.13

United Nations. Global Knowledge Platform to End Violence against Women. https://evaw.unwomen.org/en

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Data Availability The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Declarations

Conflicts of Interest None to declare.

References

Ahmed, S., Shommu, N. S., Rumana, N., Barron, G. R. S., Wicklum, S., & Turin, T. C. (2016). Barriers to access of primary healthcare by immigrant populations in Canada: A literature review. *Journal of Immigrant and Minority Health, 18*, 1522–1540. https://doi.org/10.1007/s10903-015-0276-z

Alberta Justice and Solicitor General. (2014). *A domestic violence handbook for police services and crown prosecutors in Alberta*. Alberta Justice and Solicitor General, Alberta Crown Prosecution Service. Retrieved August 20, 2021, from https://cnpea.ca/images/domesticviolencehandbook.pdf

Barrett, B. J., & St Pierre, M. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence against Women, 17*(1), 47–70. https://doi.org/10.1177/1077801210394273

Barrett, B. K., Peirone, A., & Cheung, C. H. (2020). Help seeking experiences of survivors of intimate partner violence in Canada: The role of gender, violence severity, and social belonging. *Journal of Family Violence, 35*, 15–28. https://doi.org/10.1007/s10896-019-00086-8

Barrios, V. R., Khaw, L. B. L., Bermea, A., & Hardesty, J. L. (2020). Future directions in intimate partner violence research: An intersectionality framework for analyzing women's processes of leaving abusive relationships. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260519900939

Bermea, A. M., Khaw, L., Hardesty, J. L., Rosenbloom, L., & Salerno, C. (2020). Mental and active preparation: Examining variations in women's processes of preparing to leave abusive relationships. *Journal of Interpersonal Violence, 35*(3–4), 988–1011. https://doi.org/10.1177/0886260517692332

Beynon, C. E., Gutmanis, I. A., Tutty, L. M., Wathen, C. N., & MacMillan, H. L. (2012). Why physicians and nurses ask (or don't) about partner violence: A qualitative analysis. *BMC Public Health, 12*(1), 1–12. https://doi.org/10.1186/1471-2458-12-473

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Chang, C. D. (2019). Social determinants of health and health disparities among immigrants and their children. *Current Problems in Pediatric and Adolescent Health Care, 49*(1), 23–30. https://doi.org/10.1016/j.cppeds.2018.11.009

Delara, M. (2016). Social determinants of immigrant women's mental health. *Advances in Public Health, 26*, 1–11. https://doi.org/10.1155/2016/9730162

Dichter, M. E., Thomas, K. A., Crits-Christoph, P., Ogden, S. N., & Rhodes, K. V. (2018). Coercive control in intimate partner violence: Relationship with women's experience of violence, use of violence, and danger. *Psychology of Violence, 8*(5), 596–604. https://doi.org/10.1037/vio0000158

Du Mont, J., & Forte, T. (2012). An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women. *British Medical Journal Open, 2*(6), e001728. https://doi.org/10.1136/bmjopen-2012-001728corr1

Durbin, A., Moineddin, R., Lin, E., Steele, L. S., & Glazier, R. H. (2015). Mental health service use by recent immigrants from different world regions and by non-immigrants in Ontario, Canada:

A cross-sectional study. *BMC Health Services Research, 15*(1), 1–15. https://doi.org/10.1186/s12913-015-0995-9

Godoy-Ruiz, P., Toner, B., Mason, R., Vidal, C., & McKenzie, K. (2015). Intimate partner violence and depression among Latin American women in Toronto. *Journal of Immigrant & Minority Health, 17*(6), 1771–1780. https://doi.org/10.1007/s10903-014-0145-1

Goncalves, M., & Matos, M. (2016). Prevalence of violence against immigrant women: A systematic review of the literature. *Journal of Family Violence, 31*, 697–710. https://doi.org/10.1007/s10896-016-9820-4

Holtmann, C., & Rickards, T. (2018). Domestic/intimate partner violence in the lives of immigrant women: A New Brunswick response. *Canadian Journal of Public Health, 109*(3), 294–302. https://doi.org/10.17269/s41997-018-0056-3

Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2022). Intimate partner violence and barriers to help-seeking among black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis of global research. *Trauma, Violence, & Abuse, 0*(0), 1–15. https://doi.org/10.1177/15248380211050590

Kaur, P. (2011). Crime, gender and society in India. *Higher Education of Social Science, 1*(1), 24–32. https://doi.org/10.3968/j.hess.1927024020110101.088

Kumar, S., & Casey, A. (2020). Work and intimate partner violence: Powerful role of work in the empowerment process for middle-class women in abusive relationships. *Community, Work & Family, 23*(1), 1–18. https://doi.org/10.1080/13668803.2017.1365693

Montesanti, S. R., & Thurston, W. E. (2015). Mapping the role of structural and interpersonal violence in the lives of women: Implications for public health interventions and policy. *BMC Women's Health, 15*, 100. https://doi.org/10.1186/s12905-015-0256-4

Park T, Mullins A, Zahir N, Salami B, Lasuik G, Hegadoren K (2021) Domestic violence and immigrant women: A glimpse behind a veiled door. Violence Against Women, 1–17. https://doi.org/10.1177/1077801220984174

Playfair, R. L., Salami, B., & Hegadoren, K. (2017). Detecting antepartum and postpartum depression and anxiety symptoms and disorders in immigrant women: A scoping review of the literature. *International Journal of Mental Health Nursing, 26*(4), 314–325. https://doi.org/10.1111/inm.12347

Raphael, D. (Ed.). (2016). *Social determinants of health: Canadian perspectives*. Canadian Scholars' Press.

Rasool, S. (2016). Help-seeking after domestic violence: The critical role of children. *Journal of Interpersonal Violence, 31*(9), 1661–1686. https://doi.org/10.1177/0886260515569057

Salami, B., Alaazi, D. A., Okeke-Ihejirika, P., Yohani, S., Vallianatos, H., Tetreault, B., & Nsaliwa, C. (2020). Parenting challenges of African immigrants in Alberta, Canada. *Child & Family Social Work, 25*, 126–134. https://doi.org/10.1111/cfs.12725

Sethi, B. (2013). Newcomer resettlement in a globalized world: The role of social workers in building inclusive societies. *Critical Social Work, 14*(1), 81–100. https://doi.org/10.22329/csw.v14i1.5874

Sinha, M. (Ed.). (2013). *Measuring violence against women: Statistical trends.* Retrieved June 6, 2021, from https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2013001/article/11766-eng.pdf?st=wumnR7rN

Statistics Canada. (2020, February 25). *2016 Census topic: Immigration and ethnocultural diversity.* Retrieved May 14, 2021, from https://www12.statcan.gc.ca/census-recensement/2016/rt-td/imm-eng.cfm

Statistics Canada. (2021). *Section 3: Police-reported intimate partner violence in Canada, 2019.* Retrieved May 14, 2021, from https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/03-eng.htm

Vatnar, S. K., & Bjørkly, S. (2009). Does it make any difference if she is a mother? An interactional perspective on intimate partner violence with a focus on motherhood and pregnancy. *Journal of Interpersonal Violence, 25*(1), 94–110. https://doi.org/10.1177/0886260508329129

Weerasinghe, S. (2012). Inequities in visible minority immigrant women's healthcare accessibility. *Ethnicity and Inequalities in Health and Social Care, 5*(1), 18–28. https://doi.org/10.1108/17570981211286750

Violence Against Women. (2021, March 9). World Health Organization [WHO].Retrieved August 19, 2021, from https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Wu, Y., Sun, I. Y., & Cao, L. (2017). Immigrant perceptions of the police: Theoretical explanations. *International Journal of Police Science & Management, 19*(3), 171–186. https://doi.org/10.1177/1461355717714000

Yu, B., Montgomery, A. E., True, G., Cusack, M., Sorrentino, A., Chhabra, M., & Dichter, M. E. (2020). The intersection of interpersonal violence and housing instability: Perspectives from women veterans. *American Journal of Orthopsychiatry, 90*(1), 63–69. https://doi.org/10.1037/ort0000379