



Contents lists available at ScienceDirect

International Journal of Law and Psychiatry



Intimate partner violence and immigration laws in Canada: How far have we come?

Ramona Alaggia^{a,*}, Cheryl Regehr^a, Giselle Rishchynski^b^a University of Toronto, Canada^b Boost Child Abuse Prevention & Intervention, Canada

ARTICLE INFO

Available online xxx

Keywords:

Intimate partner violence
Immigrant women
Participatory action research
Qualitative methods
Mental health effects

ABSTRACT

Immigrant women face numerous, and sometimes insurmountable, barriers in reporting and seeking services for intimate partner violence (IPV). A number of these obstacles relate to immigration laws, policies and legal processes they encounter due to their immigration status and sponsorship relationship. The present study was conducted in Canada, in an urban centre that boasts one of the largest immigrant populations in the world. Using a focus group methodology within a participatory action research framework, this investigation sought to identify factors that facilitate or impede women from coming forward and disclosing IPV, and traced their help-seeking actions. Qualitative data from helping professionals and women reveal that in cases of sponsorship breakdown due to IPV, the criteria required for a viable immigration application are unrealistic, and in many cases impossible to meet in situations of domestic abuse. These data indicate that despite claims to the contrary, laws and policies related to immigration have remained stable for over a decade. Systemic and structural barriers that these create for abused women are still clearly present in immigration laws and policies. The result is that many women stay in abusive relationships, often with their children, for prolonged periods of time accruing serious negative mental health effects. Implications are discussed to help inform policy and practice.

© 2009 Published by Elsevier Ltd.

1. Introduction

In 1980 Linda MacLeod made the first attempt to estimate the incidence of wife assault in Canada and suggested that 1 in 10 Canadian women were victims of intimate partner violence (IPV). As public awareness and outrage of the issue grew, commitment to services for women, public education and legislative reform increased. By 1987 MacLeod documented significant gains being made "applauding our progress" in bringing the problem of woman abuse from the private sphere into the public domain. Yet despite almost 40 years of efforts, intimate partner violence continues to persist as a social problem of great concern affecting a significant number of Canadian women. A 2004 Statistics Canada study revealed that seven percent of women are abused by their current or former partners. In most cases of intimate partner violence reported to Statistics Canada, violence ended at separation (63%); however, 39% of women indicated that they were assaulted after the relationship ended. Of these, 24% indicated that the violence became worse and 39% indicated that the violence only began after separation. Further, marital separation is a factor that elevates the rate of spousal homicide. Ex-marital partners are responsible for 26% of all homicides against women and 11% of all homicides against men (Statistics Canada, 2005a,b). The effects of

violence committed against women in intimate relationships go beyond the obvious health implications related to injury and extend to mental health concerns. A two year longitudinal study on the association between mental health status and exposure to interpersonal violence in over 4000 women in the United States revealed that lifetime exposure to interpersonal violence was associated with increased incidence of posttraumatic stress disorder, depression and substance abuse (Hedtke et al., 2008). This is supported by other research which links intimate partner violence to PTSD and depression (Golding, 1999; McPherson, Delva, & Cranford, 2007; Mechanic, Weaver, & Resick, 2008; Sato-Dilorenzo & Sharps, 2007); substance abuse (Jones, Hughes, & Unstaller, 2001; Lipsky & Caetano, 2007) and lower levels of social functioning (McCaw, Golding, Farley, & Minkoff, 2007). Violence against women in their interpersonal relationships is by no means limited to the North American context. A survey of over 24,000 women in 15 countries was conducted by the World Health Organization revealed that women who reported intimate partner violence reported significantly poorer health status, emotional distress, and both suicidal ideation and attempts (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008). Thus, IPV and health and mental health are intricately linked across cultures and result in increased burden on health services. Significantly however, women who are abused are less likely than others to have their health needs met according to the results of the US National Survey on Drug Use and Health (Lipsky & Caetano, 2007).

That intimate partner violence occurs throughout the world in most cultural contexts is significant in the Canadian context. The 2006 Census

* Corresponding author. Factor-Inwentash Faculty of Social Work, Chair in Children's Mental Health, University of Toronto, 246 Bloor Street West, Toronto, Ontario, Canada M5S 1A1. Tel.: +1 416 978 1923; fax: +1 416 978 7072.

E-mail address: Ramona.alaggia@utoronto.ca (R. Alaggia).

of Canada, estimated that immigrants represented virtually one in five (19.8%) of the total population. The percentage of people living in Canada who were born elsewhere is expected to continue to grow. Between 2001 and 2006, Canada's foreign-born population increased by 13.6%, representing 2/3 of the growth in population (the Canadian-born population, which grew by 3.3% during the same period). This trend is expected to continue at least in the immediate future. The vast majority of newcomers to Canada settle in the one of three large urban areas Toronto (40.4%), Vancouver (13.7%), and Montreal (14.9%) (Chui, Tran, & Maheux, 2007). Extrapolating numbers of immigrant and refugee women affected by domestic violence from these census data is difficult. In general there have been few efforts to determine the prevalence of domestic violence in immigrant communities (McDonald, 1999). Partly, there is reluctance to track social problems in immigrant communities for fear of perpetuating negative stereotyping, however methodological issues also hamper research efforts. Women in these communities may not speak either of the official language of Canada (English or French), resulting in difficulty collecting survey or interview data, or may not be accessible through regular recruitment channels, for instance, they may not have access to a phone and may not access mainstream services used by women with longer histories in Canada. Nevertheless, it is reasonable to assume that large numbers of women who are new to Canada will suffer the effects of IPV.

It has been well established through the research and practice literature that women experiencing domestic violence face numerous, and sometimes insurmountable, barriers in seeking services for their situations (Burman & Chantler, 2005; Bui, 2003; Davis & Erez, 1998; Sevrer, 2002). Among the most complicated situations are those of immigrant and refugee women who suffer intimate partner violence (Dasgupta, 2000; MacLeod & Shin, 1994; Morash, Bui, Zhang, & Holtfreter, 2007; Ralston, 1999; Raj & Silverman, 2002; Sheppard, 2001; Shirwadkar, 2004; Sokoloff & Dupont, 2005). Research on the experiences of immigrant women identifies isolation, lack of economic supports (access to housing, child care and financial aid), language barriers, suspicion of state intervention, fear of discriminatory treatment, fear of racism, loss of social supports and cut-offs from extended family and their cultural community as barriers to leaving violent relationships (Bui, 2003; Lee, 2000; Martin & Mosher, 1995; Mehrotra, 1999; Shirwadkar, 2004; Sokoloff & Dupont, 2005; Yoshihama, 2000). On the one hand, Canadian domestic violence policies and services are acknowledged to be some of the most advanced in the world (Shirwadkar, 2004). Crisis lines for abused women, increased screening practices, shelters for abused women, specialized domestic violence response teams, domestic violence awareness campaigns, and treatment programs for victims and batterers have evolved as our knowledge based in this area has continued to grow. Yet, for immigrant and refugee families, structural obstacles, ethno-cultural prohibitions, language barriers, lack of resources, cultural prohibitions, and fears about being deported or losing their children complicate their ability to make use of such services (Alaggia & Maiter, 2006; Bui, 2003; Mehrotra, 1999; Miedema & Wacholz, 1999; Morash et al., 2007; Shirwadkar, 2004). In many cases they may not even be aware of the services available to them. Women who are sponsored by their spouses to immigrate feel particularly vulnerable when abuse and violence is an unfortunate reality in their relationship. They fear deportation for themselves if they lose their sponsor, deportation of their husbands if criminally charged, and the possibility of losing their children if they come forward to disclose and seek services to deal with their situations (Alaggia, Jenney, Mazzuca, & Redmond, 2007; Sheppard, 2001).

This study investigated the barriers and facilitators for immigrant and refugee women in Canada to disclosing intimate partner violence and the help-seeking actions of women. Specifically, this study sought to understand the impact of Canadian social policies, in particular immigration policies, on the ability of immigrant and refugee women to free themselves from abuse and violence in their own homes. This is especially salient as 62% of those entering Canada under

sponsorship from family members in 2006 were women (Citizenship & Immigration Canada, 2007). It is useful therefore to begin with a description of Canadian immigration policies and procedures.

1.1. Canadian immigration policy and domestic violence

Individuals may apply to the Department of Citizenship and Immigration for admission into Canada as a permanent resident under four categories: Family Class Immigrants (overseas or in Canada), Economic Class Immigrants, Refugees and/or under Humanitarian and Compassionate (H&C) grounds. Family Class applicants are sponsored by a spouse or other family member who is an eligible Canadian citizen or permanent resident. While initially all spousal applications had to be from outside Canada, in 2005, Citizenship & Immigration Canada allowed for 'In Canada' Spousal Applications, whereby an individual living in Canada without status could apply for permanent residency if their spouse is a Canadian citizen or permanent resident. The 'In Canada' Spousal Application presently takes about 9–10 months for the first stage of approval. When approved, this allows the sponsored spouse to apply for a work permit while awaiting the finalization of the permanent residence. 'Overseas' Spousal Applications take approximately 30–60 days (2–3 months) and are approved in the spouse's country of origin. If an individual is recognized as an immigrant under the Family Class then he or she will become a permanent resident of Canada and accordingly will receive the right to live, study, and work in Canada for as long as he or she remains a permanent resident. However, the sponsored individual may not receive any social assistance while under sponsorship and if the sponsored person collects social assistance during this time, the sponsor will be obligated to repay it (Regehr & Kanani, 2006).

The sponsor of a Family Class immigrant must sign an Undertaking with the Minister of Citizenship and Immigration under which he or she promises to be responsible for supporting his or her spouse, common-law or conjugal partner for three years. Support includes housing, care and financial resources. An undertaking of sponsorship remains effective for its duration even if the sponsor and immigrant are not living under the same roof anymore. If abusive sponsors refuse to honour their support obligations and if sponsored immigrants cannot support themselves, the latter may apply for social assistance. However, the reality is that many of these women are isolated and do not have access to the information or support needed to leave the abusive situations. Further, those who do leave may face numerous barriers in accessing housing and services including inaccessibility of shelters and drop-in centres, lack of culturally appropriate services, and discriminatory practices (Regehr & Kanani, 2006).

In Canada application for humanitarian and compassionate grounds can be made as a consequence of family violence. When there is a relationship breakdown due to abuse or violence perpetrated by a sponsor, that person can make an application as an individual. Two assessments need to be completed in a two-step process: 1) a humanitarian and compassionate assessment and; 2) an assessment of application for permanent residence in Canada (Citizenship and Immigration Canada, 2008). Immigration officers evaluate each applicant's situation with an acknowledged degree of subjectivity. It is stated in the instructions for application: "An H&C decision is more complex and more subjective than most other immigration decisions because officers use their discretion to assess the applicant's personal circumstances" (Statistics Canada, 2006a). In addition, once a case has been denied the decision cannot be appealed: "There is no guarantee that your application will be approved and **there is no right of appeal** [bold appears in original text] for a refused application for permanent residence on humanitarian and compassionate grounds." (Statistics Canada, 2006a). Applicants must pay the applicable cost recovery fee. The fee is non-refundable even if the H&C application is refused; fees are charged for the process, not the result. Applications without an official receipt will be returned (E.g. \$550 for the principal applicant;

\$550 per dependent child who is 22 years of age or older; and \$150 dependent child who is under 22 years of age and single). These policies and practices can potentially put sponsored women who are abused in untenable situations.

2. Design and methods

The study was conducted in Toronto, a large urban centre in Canada. Almost half (47.2%) of its total population was born outside of Canada (Statistics Canada, 2006b), making it one of the most diverse cities in the world. From 2001 to 2006 the leading five countries of origin from which immigrants came to Toronto were: India (17.4%), China (14.3%), Pakistan (8.3%), Philippines (7.4%) and Sri Lanka (3.9%). Women in this study were both immigrants, those who have voluntarily come to Canada, and refugees: those who have been forced to leave their own countries (McDonald, 1999; Ng, 1996). While it is important to acknowledge the existence of women who are undocumented immigrants that have arrived in Canada outside of the formal legal channels of the immigration application process, these women were not included in our sampling due to ethical concerns.

The study was guided by action research principles (Maguire, 1997) using focus group methodology (MacDougall & Fudge, 2001). Participatory action research (PAR) has long been recommended for research involving women and violence (Gondolf, Yllo, & Campbell, 1997; Riger, 1999). PAR involves locating the people affected by the problems centrally in the research process, facilitating their voice in what needs to be investigated, with whom and in what ways (Antle & Regehr, 2003). The preparatory steps of the study involved an environmental scan to identify key informants working with abused women who were interviewed about policies and practices that affect disclosure and help-seeking. In the first phase of the study, 32 individual interviews were conducted with service providers and experts in domestic violence services. In the second phase of the study, focus groups involving 24 service providers and 21 women involved with domestic violence services were conducted.

2.1. Sampling

Sampling for key informants was purposive with the intention of capturing the perspectives of several service delivery and advocacy systems from ethno-specific agencies, legal services (including lawyers and police), health care providers, child welfare services, shelters and VAW services. In total, thirty-two key informants were interviewed, and 10 focus groups were conducted of which 4 groups were exclusively with immigrant women. Table 1 outlines the participating individuals and groups.

Sampling for recipients of services (domestic violence survivors) was purposive and occurred through key informants who invited women for participation. Researchers were given names of potential participants from service providers with their consent. Flyers were also posted in agencies for women who wanted to respond directly to the study call.

Four focus groups were conducted specifically with immigrant women from the Punjabi, Bengali, South Asian and Spanish speaking/Latin American communities. These cultural groups were chosen because they were identified by key informants as having high needs for women who experience IPV and, services had been developed to respond to those communities as a result of need assessments. As well, three of these communities were identified as having high rates of immigration to the study area between the years of 2001 and 2006 (Chui et al., 2007).

The study received institutional approval by the University of Toronto, Health Sciences I Ethics Review Committee. Measures to ensure safety and confidentiality were followed to the highest standards. Written informed consent was sought from service providers and women participating in the research. Service providers were assured their identities and those of their agencies would be protected in the event they were reporting negative impacts of policies or service provision. For women who had experienced IPV in the past a list of domestic violence related services was provided for follow-up if they felt distress in recounting their experiences. Exclusion criteria included ensuring that participating women were out of the abusive relationship to minimize risk to their safety, and that they were free from major mental health disorders at the time of the interviews. Women survivors of intimate partner violence represented young to middle-aged women, women from all socio-economic strata; Canadian-born and immigrant women; as well as women from different racial and/or ethnic backgrounds. On the recommendation of key informants, general characteristics rather than detailed demographics of the women were collected, in order to protect their identities. For example, some participants in the initial interviews were reluctant to even divulge details such as occupation or number of children for fear of identification. Given the nature of this population's experiences of control and coercion we did not press for these details.

2.2. Data collection and analysis

An interview guide was developed by the researchers and pre-tested with service providers and women who had received services. Modifications were made based on feedback. The guide included open-ended questions probing service providers and recipients to identify barriers and facilitators of disclosing and seeking help for domestic violence. The guide moved from broad, general questions (e.g., Are you aware of any policies or practices that might prevent women from reporting intimate partner violence? What kinds of things help women report intimate partner violence?) to more focused questions aimed at explicating details about policies and practices such as those related to immigration factors. For example:

“What is your understanding of immigration policies/practices and their impact on the reporting of intimate partner violence?”

“What is your own experience with immigration policies/practices in situations of intimate partner violence?”

“Are these helpful or unhelpful when it comes to women disclosing intimate partner violence?”

Table 1
Study participants.

Key informant interviews	Focus groups
8 violence against women (VAW) service providers (2 from ethno-specific agencies)	1 VAW service providers (total 6 individuals including four from ethno-specific serving agencies)
8 child welfare informants (three administrators and five front-line workers)	3 groups of child welfare workers (total 18 individuals)
2 survivors of woman abuse	6 groups of survivors of woman abuse – 4 of which were ethno-specific: Punjabi, Bengali, South Asian and Spanish speaking/Latin American (total 21 individuals)
6 legal professionals	
4 police officers	
4 health care providers	
Total: 32 individual key informant interviews	Total: 6 focus groups (21 immigrant women; 24 advocates and social service professionals)

Key informant interviews and focus groups were audio-taped with the permission of the participants. Key informant tapes were subjected to intensive content analysis which involved repeated listening of the tapes to develop and identify emerging themes. Focus groups, in all but one case, were run by two co-facilitators. One facilitator asked the guide questions, while the other facilitator took notes and facilitated process issues. Two focus groups were run in the language of the participants – Punjabi and Spanish. The Punjabi group tape was subjected to content analysis since translating and transcribing could not be done reliably. The Spanish group was translated, back translated and transcribed.

Themes were extracted through the content analysis. Four focus group transcriptions of professionals' data, and five focus group transcriptions of womens' data were also imported into N*Vivo, a qualitative data analysis software package used to accommodate line-by-line micro-analysis for further analysis and refinement of theme development. Establishing trustworthiness and authenticity of the data occurred through maintaining detailed researchers notes, audiotapes and transcriptions of the interviews, memo-taking, and member checking with research advisory group members (stakeholders). Analysis of data occurred with multiple coders to maximize consistency and breadth of themes, and to reduce bias. Three research team members conducted independent analyses of the transcripts which resulted in satisfactory agreement on themes and sub-themes.

3. Results

A vast amount of data was yielded between January 2005 and October 2007. This article focuses on reporting immigration related findings because these were recurrent themes throughout the analysis, and hold high relevance to Canadian immigration laws. Interview data are presented thematically. These data are also cross-referenced with H&C requirements to establish just how realistic meeting these criteria is for abused immigrant women new to Canada. Emergent and recurrent themes identified were: cultural practices prohibiting disclosure/reporting; reluctance of police intervention; isolation; staying for the children; economic barriers; and fear of immigration status repercussions.

3.1. Cultural practices prohibiting disclosure/reporting

An over-riding feature of these data were recurring themes of how difficult it is for women to disclose and talk about being abused by their partners because of cultural prohibitions against acknowledging abuse or considering separation or divorce. Of the cultural groups that were interviewed, family unity is of key importance in their cultural values and beliefs:

In our culture we have to stay with our partner, right? But their culture [Canada] you cannot stay because of lots of violence. What can I do? I have to stay (Punjabi Woman).

If your family has family violence, the woman she doesn't want to flash it (Bengali Woman).

This dynamic was also observed by service providers working with immigrant groups:

So these women feel trapped. They feel trapped because they have been told that divorcing is an act against God and if the person who you dealing with, which is the priest or the minister is telling you stay in the relationship and if you are a religious person which a lot of the Spanish community are, then you are going to stay in that relationship thinking that you are doing the right thing (Service Provider).

It is important to recognize that even before considering their immigration status, many women will not acknowledge abuse in their

relationships (publicly or privately) due to their cultural and religious beliefs.

3.2. Reluctance of police intervention

When abuse escalates to battering, risk of serious physical injury or threat of death, calling 911 for police intervention becomes a consideration. However, immigrant women in this sample, views supported by service providers, resoundingly voiced their concerns regarding police involvement. Women cited several reasons why they would not seek police intervention.

People don't want to go to the police because everyone will know. You don't want that. That everybody knows. Then you don't go out or talk about (Bengali Woman).

The community wants the police to be able to speak to the man and by doing so help preserve the household. In India there is great fear of the police, because the first thing they will do there is pick up their baton...(Punjabi Woman).

Call the police and then they take the children from the home. This happened to a friend (Bengali Woman).

Of note, one of the factors immigration officers consider in family violence cases is whether there is documentation of the abuse such as police incident reports, charges or convictions, reports from shelters for abused women, medical reports, etc. Given the attitudes voiced by women about involving police, it is likely that such documentation would not be available.

3.3. Isolation

Immigration officers also need to determine if there is a significant degree of establishment in Canada. Yet, women and key informants provided many examples of how women are isolated and therefore are not able to establish themselves.

For the recently arrived women, everything is new. If you don't know the language, it is difficult to adjust to everything. Many of the women, like me, are in closed apartments. Isolated, trapped, locked...I couldn't speak in the language, so I kept quiet (South Asian Woman).

For me, I didn't know what to do – afraid, but I was afraid. Still am. Sometimes they say you have to leave him. Leave him! Where would I go? I don't know anyone else in Canada (Spanish Woman). And so it's easier to isolate women who do not speak English...I think usually abusers know that, you know that all they have to do is keep them at home and if they don't speak English they're safe. They can do what they want (Service Provider).

I think just in general the humanitarian and compassionate grounds application process is extremely frustrating. They have to be these "super women", so despite being abused, they have to have worked throughout the abuse, they have to established an extensive social network and community ties, I think it's a little unrealistic (Immigration Lawyer).

3.4. Staying for the children

Another frequently cited reason for not disclosing or reporting domestic violence centered on preserving family unity for the children. Women also feared the surveillance of social service involvement, such as child welfare intervention.

The women always keep quiet because of children, because of his family; it's always like that. That's why is man is very powerful (Bengali Woman).

They were treating me so badly that you are not thinking of getting a divorce, they think you are asleep, no you are not, you

think of what your purpose is and your own self respect is being lost, because you have come to them for help (Punjabi Woman). If you tell that your child has seen some abuse they will blame you and ask why didn't you report? This is the fear (Punjabi Woman). Very frightening for women with little kids, involved with CAS, no status here. Trend coming up is that men are bringing their wives to Canada on a visitor visa, so they have no status, and the men have no plan on sponsoring them, dump them, no rights here, terrified, don't know about legal aid, men withdraw sponsorship at last second (Service Provider).

3.5. Economic barriers

Women repeatedly provided examples of the economic barriers they faced while with their husbands and after leaving. Since most of them had been sponsored by their husbands, they often arrived in Canada without employment prospects and were dependent on their partner. Financial abuse is well known as one form of power and control. Examples were provided by focus group participants:

My thought is that when we have experienced the violence we have nothing. No money (Punjabi Woman). And my husband take all the money and give my money [to husband's family]. You have no power... So one problem for her. The husband is something (inaudible) and the child tax it is my money and husband take it. The wife cannot take it (Bengali Woman).

As well, the fees for processing an H&C claim are prohibitive for most women who are financially dependent on their spouses. Immigration lawyers who were interviewed as key informants pointed this out numerous times:

With the processing fee... That is a huge barrier for the clients a lot of times that they have a very strong application, but there is a huge barrier, and we try and brainstorm ways to get around it... And the cost. The cost is a barrier for almost every claimant (Immigration lawyer).

3.6. Fear of immigration repercussions

Fear about jeopardizing their immigration application was an over-riding feature of the data. The women's statements indicated a high degree of misinformation or a serious lack of information regarding their immigration process. Language barriers further hampered their understanding of immigration policies and procedures.

You cannot discuss because if you do that immigration will be involved. They do not let them know about the simple rules, system, the rules. The woman is silent. The woman thinks that he is right (Punjabi Woman).

She is waiting for papers. That man knows she cannot go. That is why he always tortures her. She is afraid of everything (Bengali Woman). The immigration policies that are in place, there is no education on them and having them in our own language is a far away reality and there is a big gap (Spanish Woman).

They don't have any workers who can speak Punjabi. It's not only the government, but there are no services that are done in Punjabi (Service Provider).

As well, authorities that they might otherwise access, such as the police, admitted that they were obligated to report if they were unsure of immigration status of the women or their husbands.

It is not uncommon where a victim is being investigated for being in the country or the husband as well. We have no choice in the matter; we have to notify immigration and whatever happens

after that we have no control over (Police Officer).

Even in cases where refuge was being sought under H&C grounds their situations were fraught with complications. Immigration lawyers interviewed verified the complex maze that confronts H&C bids.

And the success rate for the H&C application? I've heard anywhere from between 3% to Immigration [authorities] saying they have a 48% success approval rate (Immigration Lawyer).

For a lot of women, that is so daunting. It's horrible, but I think our [immigration] policy as it stands encourages people to not to leave their abusers, even when the abuse is really bad and their life is at risk because, you know, most of the women, you know are smart, they get it (Immigration Lawyer).

Service providers and advocates also acknowledged the difficult process of disclosing and reporting domestic violence in the context of immigrations policies.

The husband when he pays his dues, he has sponsored you. When he wants to control you and use his power over you, he uses this as an ultimatum. When you don't know otherwise then you believe that it is true and this will happen. A lot of women for these reasons do not report their abuse (Service Provider).

4. Discussion

Immigrant women who are sponsored by their partners and who experience the breakdown of their marriage due to IPV have few options to leave the marriage for interpersonal, socio-cultural, legal and structural reasons. Our data indicate that despite professional practice attempts to reverse negative outcomes by offering services to women, immigration laws have remained stable for well over the last decade without sufficient advancement to eradicate systemic and structural barriers for abused women to leave. The result is that many immigrant women are forced to stay in abusive relationships, often with children, for prolonged periods of time, accruing serious negative mental health effects. As outlined earlier in this article, this is concerning since the research literature shows that abused women suffer more from negative mental health effects than non-abused women. It is well documented that women abused by their intimate partners face significant mental health risks especially depression, posttraumatic stress disorder (PTSD), and substance abuse depression (Golding, 1999; Jones et al., 2001; Lipsky & Caetano, 2007; McPherson et al., 2007; Mechanic et al., 2008; Sato-Dilorenzo & Sharps, 2007).

Despite the existence of legal provisions such as application on H&C grounds our data show that leaving can be an arduous if not impossible venture. In 2000, Sheppard concluded that Canadian immigration laws constituted human rights violations based on an in-depth analysis and critique these laws. The themes she identified nearly ten years ago as increasing abused immigrant women's vulnerabilities reflect the same unchanged conditions that exist today. Sheppard's analysis and our data show remarkably similar examples of systemic and structural barriers. Based on key informant interviews and women's interview data from focus groups, and focus group data from advocates and helping professionals, themes relating to cultural practices prohibiting disclosure/reporting; reluctance of involving police; isolation; considerations for their children; economic barriers and; fear of negatively impacting their immigration application clearly emerged as impediments to leaving and seeking help. Immigrant women continue to cite the fear of jeopardizing their immigration claim by separating from their sponsor; deportation of her partner/her sponsor, and subsequently herself and children if he is criminally charged; lack of resources to establish herself as financially

independent of her husband/her sponsor and; the burden of leaving their communities or losing their children as over-riding reasons for not disclosing or reporting IPV.

Findings of the study provide strong support for recent theoretical propositions explaining immigrant women's reluctance to disclose or report intimate partner violence, and their limited options for seeking help. One such proposition asserts a social entrapment perspective (Moe, 2007; Ptacek, 1999) wherein the obstacles that abused women face when they try to seek help are reinforced by inadequate institutional response that ignores or minimizes violence concerns, and are contributors to barriers for seeking help. As a result of these inadequate responses, abused women retreat within themselves and internalize blame leading them to stay with their abusive partners (Ptacek, 1999). This theoretical framework is particularly relevant to the plight of abused immigrant women in Canada since the social entrapment perspective identifies socio-structural impediments as residing within laws and policies, the justice system, social service provision and health care response (Moe, 2007). Examples of social entrapment are evident in other countries as well. In her study of the impact of American public policy on South Asian immigrants experiencing domestic violence, Bhuyan (2008) found that the potential threat of deportation and lack of opportunities for economic viability acted as barriers for women's safety planning and options to leave the abuser. The Violence Against Women Act of 1994 (VAWA) was instated in the United States to open avenues for battered women to help extricate themselves from abusive relationships, but also requires that the victim provide evidence of good moral standing. Specifically, the construct of the 'good enough' victim is introduced as another expectation 'put' on women to prove the validity of their claims. By analyzing textual data from victim statements (p. 12), her study illuminates the onus exerted on women to meet criteria to demonstrate that abuse has occurred and that they have acted without ambivalence. This type of burden of proof potentially acts as a deterrent for women disclosing and seeking help. Grauwiler (2008) further concluded in her study of women in New York City that women found services to be unresponsive and placing expectations on women to give up everything and leave their communities (p.320).

In the study, women were reluctant to disclose their abuse because they felt that their previous actions would be held up to scrutiny, as to whether they had taken appropriate courses of action, and whether they would be criticized for their inaction. Indeed the H&C criteria include providing proof of abuses such as police reports or medical records, when in fact immigrant women may be reluctant to involve police because of mandatory arrest policies or do not have access to health care because of their tenuous status when first arriving in Canada. Women reflected a general reluctance to set off a chain reaction of events over which they may not have control by involving authorities. Further, there were cases where mothers reported being concerned that any reports of IPV would result in child welfare intervention. They were clearly in a 'no win' situation whether they reported abuse and risked losing their families, or they did not report abuse and later would be questioned as to whether the abuse actually occurred if they applied for consideration under H&C.

5. Conclusion

Intimate partner violence is an issue that affects large numbers of Canadian women. Despite considerable efforts in the past 30 years to improve services and increase options for women living in violent relationships, women continue to be trapped in intolerable situations. While intimate partner violence affects women from all cultural backgrounds, women who are newcomers and immigrants in Canada face additional barriers due to immigration policies. Especially women who are sponsored by their abuser are among the most vulnerable. While Immigration Canada allows for sponsorship breakdown on humanitarian and compassionate grounds, the bureaucratic processes

feel insurmountable for many women, and inaccessible in most cases. Of further concern, women who are victims of intimate violence suffer from an array of health and mental health issues. It is incumbent on health and mental health professionals to provide a safe place for women to disclose their abuse and work with community service providers to assist women to navigate the foreign bureaucratic systems they encounter in Canada.

Acknowledgment

This research was generously supported by the Social Sciences and Humanities Research Council of Canada.

References

- Alaggia, R., & Maiter, S. (2006). Domestic violence and child abuse: Issues for immigrant and refugee families. In R. Alaggia, C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian families* (pp. 99–126). Waterloo: Wilfrid Laurier University Press.
- Alaggia, R., Jenney, A., Mazucca, J., & Redmond, M. (2007). In whose best interest? A Canadian case study of the impact of child welfare policies in cases of domestic violence. *Journal of Brief Therapy and Crisis Intervention*, 1–16.
- Antle, B., & Regehr, C. (2003). Meta-Ethics in Social Work Research: Beyond Individual Rights and Freedoms. *Social Work*, 48(1), 135–144.
- Bhuyan, R. (2008). The production of the "battered immigrant" in public policy and domestic violence advocacy. *Journal of Interpersonal Violence*, 23(2), 153–170.
- Bui, H. (2003). Help seeking behavior among abused immigrant women: A case of Vietnamese American women. *Violence Against Women*, 9, 207–239.
- Burman, E., & Chantler, K. (2005). Domestic violence and minoritisation: Legal and policy barriers facing minoritized women leaving relationships. *International Journal of Law and Psychiatry*, 28, 59–74.
- Chui, T., Tran, K., & Meheux, H. (2007). Immigration in Canada: A Portrait of the Foreign-born Population, 2006 Census: Findings. Statistics Canada. <http://www12.statcan.ca/english/census06/analysis/immcit/index.cfm>
- Citizenship and Immigration Canada. (2007). Sponsoring your Family. Immigration Canada. <http://www.cic.gc.ca/english/immigrate/sponsor/index.asp>
- Citizenship and Immigration Canada. (2008). Immigration Applications in Canada made on Humanitarian or Compassionate Grounds. Immigration Canada. <http://www.cic.gc.ca/English/resources/manuals/ip/ip05e.pdf>
- Dasgupta, S. D. (2000). Charting the course: An overview of domestic violence in the South Asian community in the US. *Journal of Social Distress and the Homeless*, 9(3), 173–185.
- Davis, R. C., & Erez, E. (1998). *Immigrant populations as victims: Toward a multi-cultural criminal justice system*. Washington DC: National Institute of Justice.
- Ellsberg, M., Jansen, H., Heise, L., Watts, C., & García-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *Lancet*, 371(9619), 1165–1172.
- Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence*, 14(2), 99–132.
- Gondolf, E., Yllo, K., & Campbell, J. (1997). Collaboration between researchers and advocates. In G. K. Kantor, & J. Jasinski (Eds.), *Out of darkness: Contemporary research perspectives on family violence* (pp. 255–267). Thousand Oaks, CA: Sage.
- Grauwiler, P. (2008). Voices of women: Perspectives on decision-making and the management of partner violence. *Children and Youth Services Review*, 30, 311–322.
- Hedtko, K., Ruggiero, K., Fitzgerald, M., Zinzow, H., Saunders, B., Resnick, H., et al. (2008). A longitudinal investigation of interpersonal violence in relation to mental health and substance use. *Journal of Consulting and Clinical Psychology*, 76(4), 633–647.
- Jones, L., Hughes, M., & Ulrike, U. (2001). Post-traumatic stress disorder in victims of domestic violence. *Trauma, Violence & Abuse*, 2(2), 99–119.
- Lee, M. (2000). Understanding Chinese battered women in North America: A review of literature and practice implications. *Violence: Diverse populations and communities* (pp. 215–241). New York: Haworth Press.
- Lipsky, S., & Caetano, R. (2007). Impact of intimate partner violence on unmet need for mental health care: Results from the NSDUH. *Psychiatric Services*, 58(6), 822–829.
- MacDougall, C., & Fudge, E. (2001). Planning and recruiting the sample for focus groups and in-depth interviews. *Qualitative Health Research*, 11(1), 117–126.
- MacLeod, L., & Shin, M. (1994). *Like a wingless bird: A tribute to the survival and courage of women who are abused and who speak neither English nor French*. Ottawa: National Clearinghouse on Family Violence.
- Maguire, P. (1997). *Doing participatory action research: A feminist approach*. Amherst: University of Massachusetts Press.
- Martin, D., & Mosher, J. (1995). Unkept promises: Experiences of immigrant women with the neo-criminalization of wife abuse. *Canadian Journal of Women and the Law*, 8, 3–44.
- McCaw, B., Golding, J., Farley, M., & Minkoff, J. (2007). Domestic violence and abuse, health status, and social functioning. *Women & Health*, 45(2), 1–23.
- McDonald, S. (1999). Not in the numbers: Immigrant women and domestic abuse. *Canadian Woman Studies*, 19(3), 163–167.
- McPherson, M., Delva, J., & Cranford, J. (2007). A longitudinal investigation of intimate partner violence among mothers with mental illness. *Psychiatric Services*, 58(5), 675–680.

- Mechanic, M., Weaver, T., & Resick, P. (2008). Mental health consequences of intimate partner abuse: A multidimensional assessment of four different forms of abuse. *Violence Against Women, 14*(6), 634–654.
- Mehrotra, T. (1999). The social construction of wife abuse: Experiences of Asian Indian women in the United States. *Violence Against Women, 5*(6), 619–640.
- Miedema, B., & Wacholz, S. (1999). A complex web: Access to justice for abused immigrant women in New Brunswick. *Canadian Woman Studies, 19*(1/2), 175.
- Moe, A. (2007). Silenced voices and structured survival: Battered women's help seeking. *Violence Against Women, 13*(7), 676–699.
- Morash, M., Bui, H., Zhang, Y., & Holtfreter, K. (2007). Risk factors for abusive relationships: A study of Vietnamese American immigrant women. *Violence Against Women, 13*(7), 653–675.
- Ng, R. (1996). *The politics of community services*. Halifax: Fernwood Publishing Co.
- Ptacek, J. (1999). *Battered women in the courtroom: The power of judicial responses*. Boston: Northeastern University Press.
- Raj, A., & Silverman, J. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women, 8*(3), 367–398.
- Ralston, H. (1999). Canadian immigration policy in the twentieth century: Its impact on South Asian women. *Canadian Woman Studies, 19*(3), 33–37.
- Regehr, C., & Kanani, K. (2006). *Essential law for social work practice in Canada*. Toronto: Oxford University Press.
- Riger, S. (1999). Working together: Challenges in collaborative research on violence against women. *Violence Against Women, 5*(10), 1099–1117.
- Sato-DiLorenzo, A., & Sharps, P. (2007). Dangerous intimate partner relationships and women's mental health and health behaviors. *Issues in Mental Health Nursing, 28*(8), 837–848.
- Sev'er, A. (2002). A feminist analysis of flight of abused women, plight of Canadian shelters: Another road to homelessness. *Journal of Social Distress and the Homeless, 11*(4), 307–324.
- Sheppard, C. (2001). Women as wives: Immigration law and domestic violence. *Queen's Law Journal, 26*(1), 1–42 (Kingston: Queen's University Press).
- Shirwadkar, S. (2004). Canadian domestic violence policy and Indian immigrant women. *Violence Against Women, 10*(8), 860–879.
- Sokoloff, N., & Dupont, I. (2005). Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women, 11*(1), 38–64.
- Statistics Canada. (2005). General social survey: Crime victimization. Statistics Canada. <http://dsp-psd.tpsgc.gc.ca/Collection/Statcan/85-565-X/85-565-XIE.html>
- Statistics Canada. (2005). Family violence in Canada: A statistical profile. Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2004000.pdf>
- Statistics Canada. (2006a). *Immigration in Canada: A Portrait of the Foreign-born Population, 2006 Census*. Catalogue no. 97-557-XIE.
- Statistics Canada. (2006b). *Family violence in Canada: A statistical profile*. Catalogue no. 11-011-XIE.
- Yoshihama, M. (2000). Reinterpreting strength and safety in a socio-cultural context: Dynamics of domestic violence and experiences of women of Japanese descent. *Children and Youth Services Review, 22*(3/4), 207–229.