



# Immigrant Women, Family Violence, and Pathways Out of Homelessness

## *Investigators*

### **Wilfreda E. Thurston, PhD**

Department of Community Health Sciences, Faculty of Medicine  
Institute for Gender Research  
University of Calgary

### **Barbara Clow, PhD**

Atlantic Centre of Excellence for Women's Health

### **David Este, PhD**

Faculty of Social Work, University of Calgary

### **Tess Gordey, BSW**

Brenda Strafford Centre for the Prevention of Domestic Violence

### **Margaret Haworth-Brockman, BSc**

Prairie Women's Health Centre of Excellence

### **Liza McCoy, PhD**

Department of Sociology, Faculty of Social Sciences, University of Calgary

### **Rachel Rapaport Beck, MHS**

Prairie Women's Health Centre of Excellence

### **Christine Saulnier, PhD**

Atlantic Centre of Excellence for Women's Health

### **Jana Smith, BSc**

Calgary Coalition on Family Violence

## *Research Coordinator*

### **Lesley Carruthers, MA**

University of Calgary

*May 2006*



## Acknowledgements

---

The authors extend their greatest appreciation to the women who participated in this study for their willingness to share their experiences and insights, and for their courage. Also, we thank the service providers who participated in interviews and the participants in the Calgary policy workshop. We thank our community partners for their support and assistance. They provided us with important insights into the communities and issues, as well as recruiting participants for this study. We thank the Halifax Advisory Committee for additional assistance and advice.

We would like to acknowledge the contributions of those who worked as site coordinators and research assistants: Maureen Kalloo, Cortleigh Vowles, Andrea D'Sylva, Kalyani Iyengar, Fatima Chatur, Robyn Mills, Rose Joshua, and Carol Siu. We would also like to thank Laura Lagendyk who helped with data analysis and organization of the report and Amanda Eisener who also assisted with organization. We thank Kathy Dirk for her invaluable editorial assistance.

---

This report was prepared for the Housing and Homelessness Branch of HRSDC and received funding from the National Research Program of the National Homelessness Initiative and the Prairie Centre of Excellence for Research on Immigration and Integration (PCERII).

---

The research and recommendations are that of the authors and do not necessarily reflect the views of the Housing and Homelessness Branch nor the Prairie Centre of Excellence for Research on Immigration and Integration (PCERII).



## Table of Contents

---

Acknowledgements.....	i
Table of Contents.....	iii
Abstract / Sommaire.....	1
EXECUTIVE SUMMARY .....	3
Context and Objectives .....	3
Methodology.....	3
Key Findings.....	4
Conclusions.....	5
SECTION 1 – INTRODUCTION.....	7
THE PROJECT .....	7
THE LITERATURE REVIEW .....	7
SECTION 2 – METHODOLOGY .....	11
DATA COLLECTION .....	11
Description of Data Collection .....	11
Interviews with Immigrant Women .....	11
Interviews with Service Providers.....	11
Meeting Key Policy Makers.....	11
Brenda Strafford Centre Data.....	11
Annotated Inventory of Employment and Education Services .....	11
Description of Sampling Technique .....	12
Sample of Immigrant Women.....	12
Sample of Service Providers.....	12
Sample for Calgary Policy Workshop.....	12
DATA ANALYSIS .....	13
Description of Analysis .....	13
SECTION 3 – RESULTS OF DATA ANALYSIS .....	14
Defining Homelessness.....	14
Describing the Immigrant Women.....	14
Describing the Sites: Calgary, Winnipeg, and Halifax .....	15
Pathways Into and Out of Homelessness – The Framework.....	16
Pathways into Homelessness – Pre-Migration and Migration .....	18
Pathways into Homelessness – Settlement .....	19
Pathways Into/Out of Homelessness – Leaving Family Violence .....	19
The Experiences of Violence.....	19
Leaving .....	21
Multiple Attempts to Leave .....	22
Leaving “For Good” .....	23

Pathways Out of Homelessness – Forced Homelessness .....	23
A Return to Violence .....	24
Pathways Out of Homelessness – Housing (In)Security .....	24
Affordable Housing and Living Conditions.....	25
Socio-Economic Factors and Employment.....	26
The Role of Service Providers and Advocates .....	27
Health Impacts.....	28
Personal Safety Issues .....	29
The Influence of Gender and Culture on Housing .....	29
Pathways Into and Out of Homelessness – Summary .....	30
Effective Existing Services.....	32
How Women Accessed Effective Services .....	33
Critical Conjunctions Where Interventions Are Most Effective.....	33
Quantitative Data from the Brenda Strafford Centre, Calgary .....	34
The Ecological Model of Gender, Migration, and Health .....	34
 SECTION 4 – DISCUSSION .....	 35
Relevance of Research .....	35
Systemic Factors are Key.....	35
Different Issues are Foregrounded in the Pathway to Homelessness .....	37
Increased Risk and Decreased Risk are Complex.....	39
Advocacy is Key .....	40
 SECTION 5 – CONCLUSIONS AND RECOMMENDATIONS .....	 43
 SECTION 6 – BIBLIOGRAPHY.....	 45
 SECTION 7 – APPENDICES .....	 49
Appendix A - Covering Letters to Participants and Organizations.....	49
Appendix B - Consent Forms for Participants .....	55
Appendix C - Interview Guides and Interview Questions .....	63
Appendix D - List of Community Organizations Participating in the Research.....	79
Appendix E - Inventory of Employment and Education Services.....	81
Appendix F - Demographic Data.....	91
Appendix G - Quantitative Analysis of Brenda Strafford Centre Demographic Data.....	97
Appendix H - Specific Recommendations for Services, Policies, Programs, and Processes.....	107

---

## ABSTRACT / SOMMAIRE

There has been little investigation into the connections between family violence, immigration, and homelessness of women. Abused immigrant women and Canadian-born women face similar barriers to independent living; however, the migration process can present additional challenges for immigrant women. Ability to speak English, knowledge of Canadian systems, cultural background, and family structure all profoundly affect immigrant woman's experience of the pathways into and out of homelessness.

This project was a multi-site study with research being conducted in collaboration with academic and community partners in Calgary, Winnipeg, and Halifax. We completed longitudinal qualitative interviews with immigrant women who had experienced family violence, as well as one-time qualitative interviews with service providers in related sectors. We explored a number of themes including housing, health, and service awareness and access. After analyzing the data we identified key systemic and individual causes of persistent and repetitive homelessness of immigrant women experiencing family violence. We established a framework for discussing the pathways the immigrant women in our study followed into and then out of homelessness, including specific conjunctures where critical interventions were most effective. Existing effective services were highlighted at both the individual and community levels.

This study provides data linking individual level and social level explanations in a model that has utility for program planning and policy review in any setting. A one-stop-shop model is proposed as a potential solution.

---

Peu d'enquêtes ont été menées sur le lien entre la violence familiale, l'immigration et le sans-abrisme chez les femmes. Les femmes maltraitées, qu'elles soient immigrantes ou nées canadiennes, font face aux mêmes obstacles de la vie autonome. Le processus de migration peut cependant présenter des défis additionnels pour les femmes immigrantes. L'habileté de parler l'anglais, la connaissance des systèmes canadiens, les antécédents culturels et la structure familiale affectent profondément l'expérience des femmes immigrantes lorsqu'elles deviennent sans-abri ou qu'elles s'en sortent.

Ce projet représente une étude multi sites et une recherche menées en collaboration avec des partenaires académiques et communautaires à Calgary, Winnipeg et Halifax. Nous avons complété des entrevues longitudinales et qualitatives avec des femmes immigrantes qui ont vécu une violence familiale, ainsi que des entrevues qualitatives uniques avec des fournisseurs de services dans les secteurs connexes. Nous avons exploré plusieurs thèmes, dont les logements, la santé ainsi que la prise de conscience et l'accès aux services. Après avoir analysé les données, nous avons identifié des causes clés systémiques et individuelles du sans-abrisme constant et répétitif chez les femmes immigrantes qui vivent en situation de violence familiale. Nous avons établi une démarche pour discuter pour quelles raisons les femmes immigrantes de notre étude se sont retrouvées sans-abri et comment elles s'en sont sorties, y compris des conjonctures précises où des interventions critiques ont été efficaces. Les services existants efficaces ont été notés aux niveaux individuel et communautaire.

Cette étude fournit des données liant des explications au niveau individuel et social dans un modèle utile à la planification de programme et à la révision de politique pour toute situation. Un modèle du genre «service tout en un» est proposé comme solution potentielle.





---

## EXECUTIVE SUMMARY

### Context and Objectives

There has been little investigation into the connections between family violence, immigration, and homelessness of women (Braun & Black, 2003). Abused immigrant women and Canadian-born women face similar barriers to independent living; however, the migration process can present additional challenges for immigrant women. For abused immigrant women, homelessness is often cyclical and compounded by a range of factors; ability to speak English<sup>1</sup>, knowledge of Canadian systems, cultural background, and family structure all profoundly affect the immigrant woman's experience of the pathways into and out of homelessness. In order to prevent homelessness and to plan programs and policies for populations, theoretical models that address key solutions and acknowledge critical temporal factors are required (Thurston & Potvin, 2003).

This study explored the nature and extent of homelessness or housing insecurity among immigrant women experiencing family violence. Research was conducted in Calgary, Winnipeg, and Halifax. Academic and community partners included the following:

#### Calgary:

- Brenda Strafford Centre
- Calgary Coalition on Family Violence
- RESOLVE Alberta.
- The University of Calgary Department of Sociology
- The University of Calgary Faculty of Social Work

#### Winnipeg:

- The Prairie Women's Health Centre of Excellence
- Osborne House
- Immigrant Women's Counselling Services
- Needs Centre for War-Affected Families

#### Halifax:

- The Atlantic Centre of Excellence for Women's Health
- Bryony House
- Adsum House

### Methodology

This study used prospective multidisciplinary combined methods to explore immigrant women's experiences of family violence and housing insecurity. This research design was not dependent on controlled environments and maintenance of standardized data collection strategies over time but combined structured and unstructured data collection to allow for the emergence of new information (Tashakkori & Teddlie, 1998).

---

<sup>1</sup> Even though English and French are official languages in Canada, the participants in this study only cited their ability to speak English.

The following research activities were completed:

- longitudinal qualitative interviews (three interviews over six months) with 37 immigrant women who had experienced family violence and housing insecurity<sup>2</sup>;
- one-time qualitative interviews with 26 service providers working with immigrant women who had experienced family violence and housing insecurity;
- analysis of quantitative data on immigrant and Canadian-born Aboriginal and non-Aboriginal women who used one particular second-stage women's shelter<sup>3</sup>;
- inventory of employment and educational services aimed at immigrant populations in the three study sites; and
- meeting with key informants on policy in Calgary.<sup>4</sup>

Through these research activities we explored a number of themes including housing, health, and service awareness and access. We analyzed the data and addressed the following research questions:

1. What are the key systemic and individual causes of persistent and repetitive homelessness of immigrant women experiencing family violence?
  - i. What are the key indicators of an increased risk of homelessness?
  - ii. What are the key indicators for decreased risk?
2. What are the pathways into and out of homelessness? What are the specific conjunctures where critical interventions are most effective?
3. What existing services are most effective in assisting people exit homelessness, and how can homeless people or those at risk of homelessness access them?

## Key Findings

Based on the results of our study, four key points were highlighted.

1. **Systemic factors are most relevant to prevention of homelessness in women who experience abuse.** Almost all individual causes of homelessness and housing insecurity are embedded in systemic causes. This is an important point in terms of policies and programs; that is, programs aimed at systemic factors (e.g., enforcing labour standards) may have a better chance of wide-spread success than programs aimed at building individual capacity (e.g., knowing your workplace rights). Programs directed at “enabling” individual women to protect themselves and their children are likely to fail at reducing the incidence of housing insecurity in this population if the systematic causes are not also addressed.
2. **Different issues are foregrounded for women along the pathway of housing insecurity.** A particular value of this longitudinal study is that we were able to follow women through transitions between temporary and (in)secure housing. We learned that although women faced a broad range of issues through all of their experiences, certain factors were in the foreground at certain times, while others were less critical. This suggests that programs need to be designed to respond to the foreground issues if women are going to find them useful and if the programs are going to help ensure housing security.

---

<sup>2</sup> We completed 37 first interviews with immigrant women but 7 of those women did not continue through to the third interview.

<sup>3</sup> Due to limited resources, this activity was only planned for Calgary.

<sup>4</sup> Winnipeg and Halifax plan to meet with local policy informants in the near future.

3. **Indicators of increased or decreased risk are complex and not always opposites of each other.** Indicators of increased risk and decreased risk are often different in important ways that affect program planning. One is not necessarily the reverse of the other. A woman with minimal English (or French) ability, for example, is more isolated and unable to obtain information in a context or system where services and information are not made available in languages other than English (or French). In such a case, lack of language capacity may be a barrier to obtaining crisis housing or to obtaining information from outside of a specific ethnocultural community. Thus, the interventions to decrease risk may not be just language training in a second language, but language training that builds a woman's *literacy* about her rights and common social problems, such as family violence, that women face in Canada.
4. **Advocacy is key to the ability of immigrant women to end family violence and to obtain secure housing.** Advocacy is incredibly important to service accessibility among immigrant women experiencing family violence and housing issues. Networking among service providers, both within and between the different sectors, can support advocacy work by increasing awareness of services among service providers. This could also be assisted by a more broad-level coordination between immigrant serving agencies, family violence, and housing sectors.

## Conclusions

This study provides data linking individual level and social level explanations in a model that has utility for program planning and policy review in any setting. A model that would address the need for systemic change, recognition of indicators of risk and indicators of decreased risk separately, the need to address the foregrounded issues, and advocacy is a “one-stop-shop” for family violence intervention. In this model, government and non-government organizations partner and form a new agency where women and men can be referred, or which they can contact themselves, to obtain information and referral relevant to their specific needs. This model moves beyond a justice system focus on intervention, but includes the justice sector (e.g., police, courts) as partners. Experience in Perth, Australia (i.e., Domestic Violence Advocacy Support<sup>5</sup>), has shown that this model can increase interagency collaboration, identify solutions to systemic problems, and intervene sooner in cases. The key for the population discussed here is inclusion of local representatives from immigrant serving agencies and from Citizenship and Immigration Canada in the collaboration. Inclusion of ethnocultural and women-centred communities and services in the governance may ensure long-term success and sustainability. It is necessary that the philosophy and policies are women-centred; that is, that the gendered nature of violence and poverty are understood and the safety of women and children is paramount.

---

5 Family and Domestic Violence Unit. (2004). Western Australian Family and Domestic Violence Action Plan, 2004-2005. Government of Western Australia, Department for Community Development. Available: <http://www.community.wa.gov.au/NR/rdonlyres/C735E1D8-7B3B-47C4-84FE-98DE946E51EB/0/DCDRPTFDVStateActionPlan2004.pdf>



---

## SECTION 1 – INTRODUCTION

### THE PROJECT

There has been little investigation into the connections between family violence, immigration, and homelessness of women. This project was a multi-site study, with research being conducted in Calgary, Winnipeg, and Halifax. Academic and community partners included the Brenda Strafford Centre (Calgary), the Calgary Coalition on Family Violence (Calgary), the University of Calgary, the Prairie Women's Health Centre of Excellence (Winnipeg), Osborne House (Winnipeg), Immigrant Women's Counselling Services (Winnipeg), Needs Centre for War-Affected Families (Winnipeg), the Atlantic Centre of Excellence for Women's Health (Halifax), Bryony House (Halifax), Adsum House (Halifax), and RESOLVE Alberta.

Immigrant women and Canadian born women who experience violence face similar barriers to independent living. The migration process can present additional challenges for immigrant women. Ability to speak English<sup>6</sup>, knowledge of Canadian systems, cultural background, and family structure all profoundly affect the immigrant woman's experience of the pathways into and out of homelessness.

We completed longitudinal qualitative interviews with 37 immigrant women who have experienced family violence, as well as 26 one-time qualitative interviews with service providers in related sectors. We explored a number of themes, including housing, health, and service awareness and access. We analyzed the data and addressed the following research questions:

1. What are the key systemic and individual causes of persistent and repetitive homelessness of immigrant women experiencing family violence?
  - i. What are the key indicators of an increased risk of homelessness?
  - ii. What are the key indicators for decreased risk?
2. What are the pathways into and out of homelessness? What are the specific conjunctures where critical interventions are most effective?
3. What existing services are most effective in assisting people exit homelessness, and how can homeless people or those at risk of homelessness access them?

This study provides data linking individual level and social level explanations in a model that has utility for program planning and policy review in any setting.

### THE LITERATURE REVIEW

Terminology is a challenge in this field of research and choice of terms has philosophical implications (Bacchi, 1999; Eliasson & Lundy, 1999). The models and frameworks informing a study are important as they have implications for practice and policy development for social (Thurston & Potvin, 2003), organizational (Ashcraft & Mumby, 2004), or policy change (Bacchi, 1999).

We have chosen to use the term family violence in this study as it is the term most often used among immigrant serving agencies in Calgary. Family violence may include physical,

---

<sup>6</sup> Even though English and French are official languages in Canada, the participants in this study only cited their ability to speak English.

psychological, emotional, financial, and social abuse that threatens the safety and well-being of the recipient. The majority of those seeking help as victims of family violence are women and children (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002).

Defining “homelessness” remains problematic and influences the ways data are collected on the issue (Braun et al., 2003). Homelessness is often cyclical, and experiences of homelessness vary (Braun et al., 2003). The extent of homelessness in Canada is not well recorded (Braun et al., 2003; DuMont & Miller, 2000), and what we do know is often collected at municipal and provincial levels. For our purposes, homelessness is defined as not having a permanent residence to which one can return whenever one so chooses (City of Calgary, 2002).

The experience of homelessness and risk of homelessness is inherently gendered (DuMont et al., 2000; Novac et al., 1996), the nature of service provision is also gendered, and the unique financial and housing needs of abused women and their children are rarely addressed (DuMont et al., 2000; Baker, 2005).

Abused women may become homeless due to a number of circumstances (Melbin et al., 2003). Unlike other pathways to homelessness, homelessness for family violence victims may result from contextual factors, such as a sudden and urgent need to be safe from an abuser, rather than precipitated by economic adversity (Baker et al., 2003). Without access to alternative housing, abused women may be forced to live in inadequate, unsafe conditions or return to their abusers (Braun et al., 2003; Melbin et al., 2003; Sev'er, 2002). The need for access to alternative housing is even more prevalent for immigrant women as they often do not have established support systems (Sev'er, 2002; Graham & Thurston, 2005; Meadows et al., 2001).

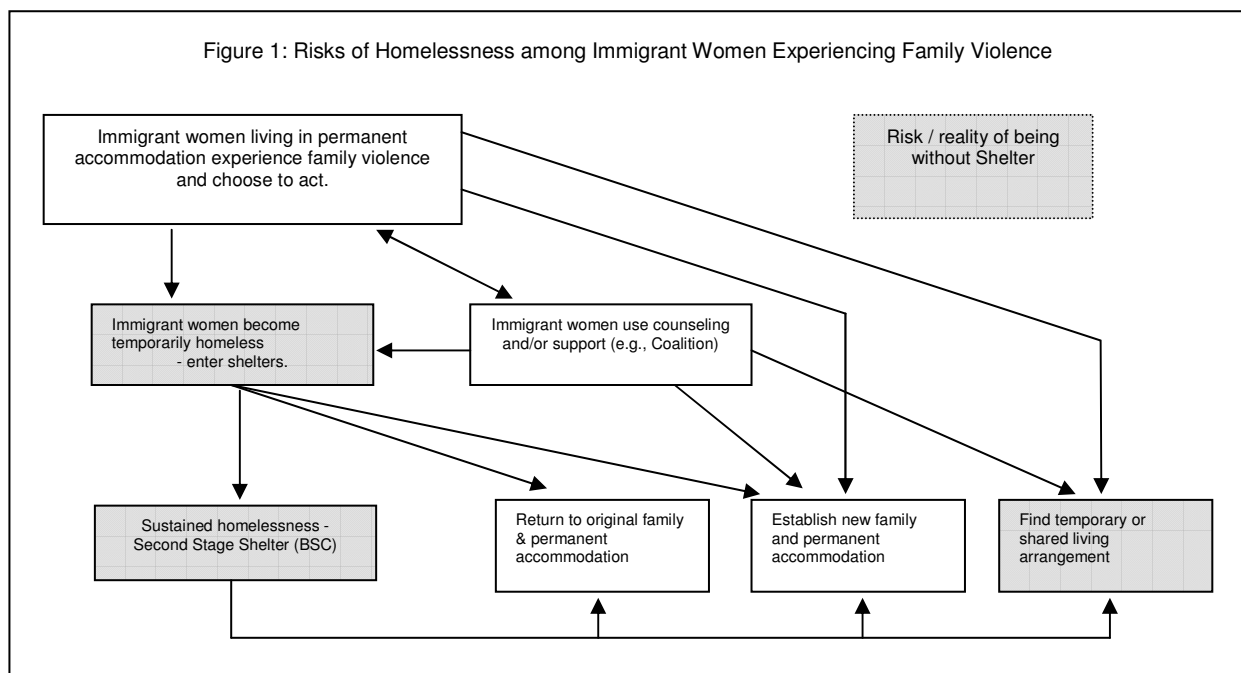
Women who immigrate or are refugees to Canada face multiple issues beyond what abused women experience in the “mainstream” culture. Immigrants and refugees are at increased risk for homelessness due to poverty, unrecognized employment and education credentials, isolation, discriminatory rental and accommodation practices, and mental illness (Supporting Communities Partnership Initiative, 2003; Abraham, 2000; Baker et al., 2003; Thomas, 1995). Many shelters and drop-in centres are not accessible for immigrants and refugees due to language barriers and lack of culturally appropriate services (Shirwadkar, 2004; Tutty et al., 2003; Supporting Communities Partnership Initiative, 2003). Beyond barriers in the mainstream culture, abused immigrant women may also face barriers from their family and/or culture (Crandall et al., 2005; Shirwadkar, 2004; Calgary Coalition on Family Violence & Calgary Immigrant Women's Association, 1998).

Immigrant women may experience severe financial restriction and control in family violence situations (Shirwadkar, 2004; Bhuyan et al., 2005). As well, social isolation can be used by abusers to maintain vulnerability and as a tool of abuse (Bhuyan et al., 2005). In some cultures family togetherness is highly valued and women who speak up about family violence in their relationships risk being isolated from family and the community due to disapproval (Bhuyan et al., 2005).

Immigration policy and law is highly relevant to discussions of family violence faced by immigrant women. Abusive partners or family members may be in control of a women's immigration status, for instance, being her sponsor, and can use this as a way to exert control and keep women from leaving a violent relationship (Bui, 2003). Immigration status may affect a women's ability to seek and obtain social assistance, hindering any attempt to leave the situation and furthering economic dependence on the abuser (Burman & Chantler, 2005). Immigration status may also prevent women from accessing police and criminal justice services due to their fear of deportation or racism (Salcido & Adelman, 2004; Burman et al., 2005).

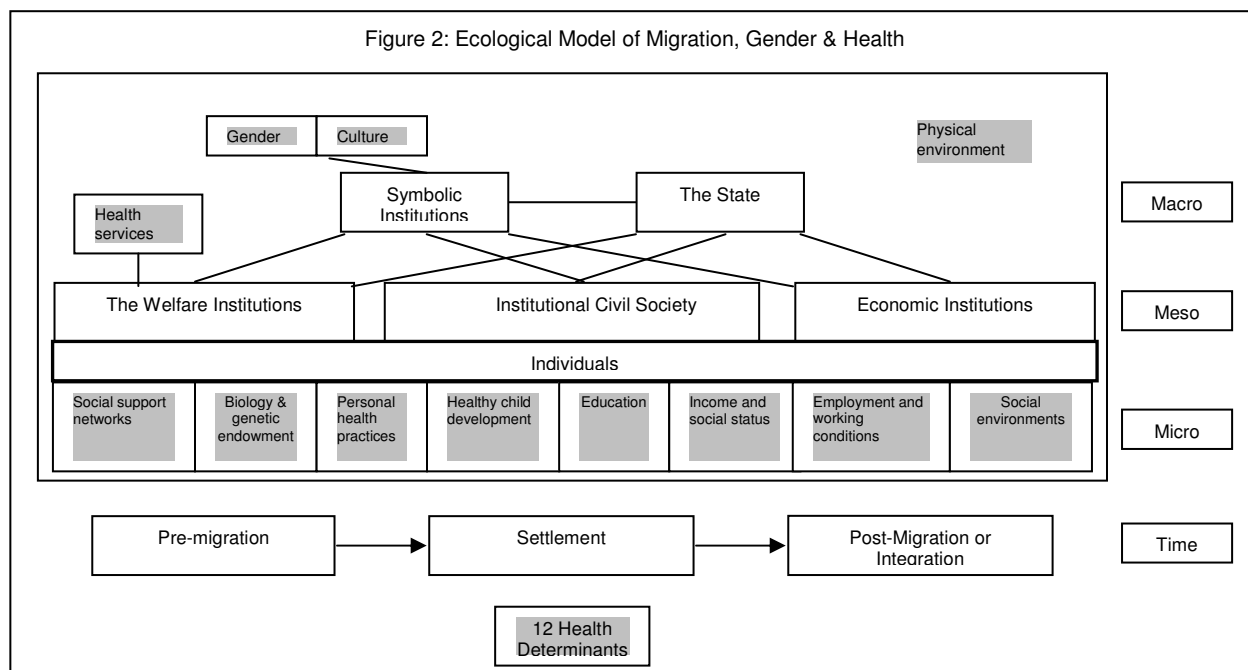
Immigrant women may stay in abusive situations when their abusers control them by exploiting their lack of awareness of personal rights and the law, such as threatening the loss of child custody (Bhuyan et al., 2005). Immigrant women have identified a need for assistance in becoming aware of their rights and with legal matters, such as protective orders and child custody (Crandall et al., 2005; Bui, 2003). In order to facilitate this, there must be increased cultural competency and attention to language barriers among service providers (Bhuyan et al., 2005; Bui, 2003; Shirwadkar, 2004; Latta & Goodman, 2005).

As Figure 1 illustrates, a woman who decides to address family violence may or may not become homeless. She may choose to access counselling, other support services, or the law and not leave her permanent residence, or she may go to a woman's shelter or to friends or family. However, the possibility of episodic or chronic homelessness may loom for all women, even those who establish what they perceive to be new and permanent accommodation.



For abused immigrant women, homelessness is often cyclical and compounded by social isolation and fear of the state-run services (Donahue et al., 2003). However, as we have shown in our research, experiences of migration are not uniform (Meadows et al., 2001; Thurston & Verhoef, 2003; Ramaliu & Thurston, 2003; Graham et al., 2005), nor are experiences of family violence (Thurston, 1998; Thurston et al., 1998). As illustrated in Figure 1, there may be many points at which homelessness can be prevented. It is also apparent from Figure 1 that interventions for homelessness and risk of homelessness need to be aware of the larger picture in order not to be working at cross-purposes. Furthermore, it is important to understand both the key indicators of an increased risk of homelessness and the key indicators for decreased risk. Research in epidemiology and health promotion has shown that the key indicators for risk may not be modifiable and/or key to prevention. In order to prevent homelessness, to plan programs and policies for populations, theoretical models that address key solutions and acknowledge critical temporal factors are required (Thurston & Potvin, 2003).

Our study is based on an ecological model of gender, migration, and health (Thurston & Vissandjée, 2005; see Figure 2) that incorporates the 12 determinants of health specified by Health Canada: social support networks; biology and genetic endowment; personal health practices and coping skills; healthy child development; education; income and social status; employment and working conditions; social environments; physical environments; health services; gender; and culture (Federal- Provincial- and Territorial- Advisory Committee on Population Health, 1994; Health Canada, 1996). Thurston and Vissandjee (2005) argue that migration should formally be included as a determinant of population health.



Culture and migration are distinguished in this model and a systems approach is incorporated so that the interplay of structural and systemic factors with individual factors is made explicit and the temporal aspect of the migration process is acknowledged. Gender is one of the Symbolic Institutions that both orders and is ordered by other aspects of society. It is much more than a male-female dichotomy. In considering the determinants of health, we propose that available housing be included as part of the Physical Environment; however, safe and secure housing at the individual level is included under Income and Social Status. Macro and organizational level policies created by the State (government, police), Welfare Institutions (health and social services), Civil Society (non-profits, associations), and Economic Institutions (banks, for-profits), all play a role in population health. We believe that “inviting homeless women to share their experiences and perspectives is a crucial step toward addressing the problem of homelessness and for effective program and policy development” (Rollins et al., 2001, p. 278).



---

## SECTION 2 – METHODOLOGY

### DATA COLLECTION

#### Description of Data Collection

##### *Interviews with Immigrant Women*

Qualitative, open-ended interviews of one to two hours in length were conducted at three points in time (upon recruitment and then at approximately three month intervals) with immigrant women in our study. The question guide for the first interview (Appendix C) included questions on life history, health and well being, history of family conflict, housing or home insecurity, service access history, and current situation and survival strategies. For the second and third interviews, the guides (Appendix C) were revised based on themes that emerged from the first interview data. Four female interviewers conducted the interviews and the participants had the same interviewer for all three of their interviews. All of the interviewers had immigrated to Canada themselves, although this was not a specific criterion for hiring interviewers.

##### *Interviews with Service Providers*

Qualitative, open-ended, one-time interviews with service providers explored programs and policies in relation to immigrant women, homelessness, and family violence. The interview guide (Appendix C) included questions on organizational information, homelessness and housing insecurity, and coordination of services. These interviews were completed by three of the interviewers who did the interviews with immigrant women plus a fourth interviewer.

##### *Meeting Key Policy Makers*

In Calgary, key informants on policy were engaged in reviewing and commenting on our report. A workshop was held where results were presented and discussed, and policy informants were asked to provide recommendations for change. The team in Calgary held this workshop prior to this final reporting on findings. All three sites plan to hold additional policy workshops following the release of this report in order to disseminate findings and activate policy communities.

##### *Brenda Strafford Centre Data*

At the Brenda Strafford Centre, a second-stage shelter in Calgary for women fleeing family violence, data is currently collected regarding: abuse history; number and ages of children; employment; education; sources of income; and service needs. We compared the data on immigrant women who used the shelter to a control group of Canadian-born non-Aboriginal and Aboriginal women who used the shelter between January 1996 and December 2005 (Appendix G). Due to limited resources, we only examined this type of data for Calgary.

##### *Annotated Inventory of Employment and Education Services*

We developed an inventory of available employment and education services in each site (Appendix E). Information was gathered on programs providing employment and education services specifically to an immigrant population. We compared the availability of different types of services across the three sites.

## **Description of Sampling Technique**

### *Sample of Immigrant Women*

Recruitment was carried out through our community partners, whose staff had an existing relationship with post-crisis (>21 days) immigrant women. In this way, women had a point of contact for services through the duration of the study. We asked immigrant women, who self-identified as experiencing family violence and had sought assistance to address the violence, to participate in this study. Any woman born outside of Canada who had moved to Canada to establish a permanent residence was eligible to participate. Participants experienced different levels of housing needs and homeless status. Women were approached with information on the study (Appendix A) and assured that their identities would remain confidential and their safety would be our first concern. A detailed safety and retention protocol was in effect to protect both participants and interviewers. Women were asked to participate in three interviews, the first at recruitment and the second and third at three month intervals.

Our aim was to recruit 30 women from Calgary and 10 women from both Winnipeg and Halifax. Recruitment began in February 2005 and continued through to December 2005. We were able to recruit 24 women in Calgary, 10 in Winnipeg, and 3 in Halifax. The interviews with the participants began at the time of their recruitment to the study. Winnipeg had participation in all three interviews from all the women they recruited. In Calgary, seven women did not complete all three interviews. In some cases our interviewer was unable to contact the woman, while in other cases it was the choice of the woman not to continue, usually for reasons related to busy work or school schedules. Halifax had difficulty recruiting participants to the study, predominantly due to the difficulty in contacting women and their desire not to revisit the abuse. It is also possible that the small size of the immigrant and ethnocultural communities in the city contributed to recruiting challenges. Due to the time taken for partnership development in Halifax, this site was not able to complete all the interviews with their participants prior to this report, however, they are continuing to follow up with women to complete the second and third interviews.

### *Sample of Service Providers*

Recruitment of service providers was based on existing relationships with community partners with additional purposive sampling to obtain a range of agencies and sectors. We interviewed 26 service providers, 10 in both Winnipeg and Calgary and 6 in Halifax. We interviewed front line workers and mid-level managers from settlement or immigrant serving agencies, family violence shelters or agencies, housing and homelessness organizations, employment programs, health centres, and legal assistance agencies.

### *Sample for Calgary Policy Workshop*

Invitation to attend the policy workshop in Calgary was sent to 26 key informants on policy from various sectors relating to immigrant women, family violence, and homelessness. A group of 11 individuals comprised of local representatives from the municipal and provincial governments, immigration, family violence, child welfare, community service, employment, and the health system participated in this policy workshop.

## DATA ANALYSIS

### Description of Analysis

For the qualitative analysis of interview data (Meadows & Dodendorf, 1999), we used QSR N6<sup>®</sup> software which facilitated shared analysis among researchers. For the analysis of quantitative data (i.e., demographic data from Brenda Strafford Centre), we used SPSSPC<sup>®</sup> software. In analyzing the data we went through five iterative phases: “(a) describing, (b) organizing, (c) connecting, (d) corroborating or legitimating, and (e) representing the account” (Miller & Crabtree, 1999, p.130). Describing was a reflective process of the research, for example, questioning the data, the process, the underlying assumptions, and what needed to be done next. The organizing phase involved selecting and instituting data management and analysis approaches. Connecting was the implementation of the analytic plan and discovering the common themes in the data. Corroborating included searching for alternative explanations and disconfirming evidence through additional data analysis. Contradictory and complementary views from participants were analyzed as further data became available, and the researchers returned to the describing phase as needed. The representation phase involved finding a way to display and describe the data. Preliminary analysis of interviews was done by the research coordinator and site coordinators with assistance from additional team members. The whole team reviewed concepts and themes from the data to ensure that the key points were addressed.

Once key themes were solidified through team analysis, we provided summaries to a number of the immigrant women we interviewed. Three women were approached in Winnipeg, all of whom emphatically agreed that the findings fit with their experiences. We attempted to contact twelve women in Calgary; unfortunately, none could be reached for feedback. Halifax will be incorporating feedback into their third interview guide. We also provided a summary of findings to the participants in the Calgary policy workshop. There was agreement among this group that these issues are key for immigrant women experiencing family violence and housing insecurity or homelessness. The triangulation of data sources and researchers, validation by participants, and congruence across sites assures us of the trustworthiness of our results (Creswell, 1998; Morse & Richards, 2002).

---

## SECTION 3 – RESULTS OF DATA ANALYSIS

The results presented here are based on the data from interviews with immigrant women and service providers from all three study sites. Major themes were consistently identified in the data among the sites and between immigrant women and service providers. In addition to the interview data, we have included information from the review of quantitative data from 321 women housed over 10 years at the Brenda Strafford Centre (Appendix G) as well as the inventory of education and employment services (Appendix E) Our findings were supported in feedback collected from both immigrant women in Winnipeg and from policy makers in Calgary.

### Defining Homelessness

Few of the immigrant women we interviewed faced visible homelessness. Instead, most encountered **hidden homelessness**: living temporarily with friends or family, in an emergency or second stage shelter for abused women, or in other impermanent housing. Eventually most women moved from shelters to stable housing; stability, however, did not always mean security. We use the term **housing insecurity** to refer to housing which women considered impermanent due to affordability or poor quality. For example, women reported wanting to move from their current housing due to:

- lack of personal safety from the abuser;
- unsafe neighbourhoods;
- inaccessibility of basic services;
- ease of access of transportation;
- proximity to work or schools;
- social or physical isolation; and
- other factors that affected healthy child development.

**Housing security** was defined as housing that the women considered permanent, affordable, and safe.

### Describing the Immigrant Women

Recruitment in the three cities yielded participants with a broad range of characteristics (Appendix F). We recruited 24 immigrant women in Calgary (64.9%), 10 in Winnipeg (27.0%), and 3 in Halifax (8.1%). The majority of women interviewed were between the ages of 30-39 years (52.9% of women). The ages of women in Calgary appear to be younger than the women in Winnipeg. The ages of women from Halifax are unknown.

Across all sites, the vast majority of women (88.8%) reported being separated or divorced from their partner and 80.6% of women reported their children as living with them. Women in Calgary reported having younger children than women in Winnipeg and Halifax, which is consistent with the ages of participants in Calgary and Winnipeg. Most women (59.5%) reported having either 1 or 2 children. This proportion was similar across sites.

The women from our study came from a wide range of countries of origin, 26 countries in all. The most commonly reported length of time in Canada was 5 to less than 10 years (10 women, 27.0%); the next was 3 to less than 5 years (8 women, 21.6%). Most of the women immigrated

with their spouses but some came to Canada on their own or with their family of origin. Some of the latter group married or had relationships with Canadian citizens.

The majority of participants (48.6%) were Canadian citizens, while 43.2% were landed immigrants. This trend was represented in Calgary, but in Winnipeg the majority of women were landed immigrants. Calgary had women who were refugees, while Winnipeg did not. Due to the small number of participants, the immigration status of Halifax women will not be disclosed.

Of the 37 women, 23 (62.2%) reported their working status as not employed, while 14 (37.8%) reported being employed. This trend was observed across all sites. Women reported a wide range of schooling history. Just over half (54.3%) of the women had a college certificate or a university degree. Only 1 woman reported having had no schooling.

For a detailed report of the demographic data, see Appendix F.

### **Describing the Sites: Calgary, Winnipeg, and Halifax**

Although Calgary, Winnipeg, and Halifax vary in size and demographic makeup (see Population Data, Service Inventory, Appendix E), immigrant women and service providers in each city told similar stories and faced similar barriers. Regional differences did have some impact, for example:

- While the quantity and quality of subsidized housing was limited in all sites, Winnipeg had particularly low vacancy rates in the public market adding to housing pressure.
- All sites had long wait times for subsidized housing, however, Calgary faced a particularly expensive private rental market.
- Calgary and Winnipeg had a larger proportion of immigrants than did Halifax. Halifax faced the challenges of a very small immigrant community; limited services were available for immigrant women; and concerns about confidentiality emerged due to the small size of local ethnocultural communities.
- Calgary may have had more capacity for networking around immigrant women and family violence due to the Calgary Coalition on Family Violence. The Calgary Coalition on Family Violence is a coalition of shelters, immigrant serving agencies, and other community groups who work together to promote culturally competent services to address family violence. Other more general coordinating agencies, the Action Committee Against Violence and the Violence Information and Education Centre, also exist in Calgary and add to the potential for networking.

## **Pathways Into and Out of Homelessness – The Framework**

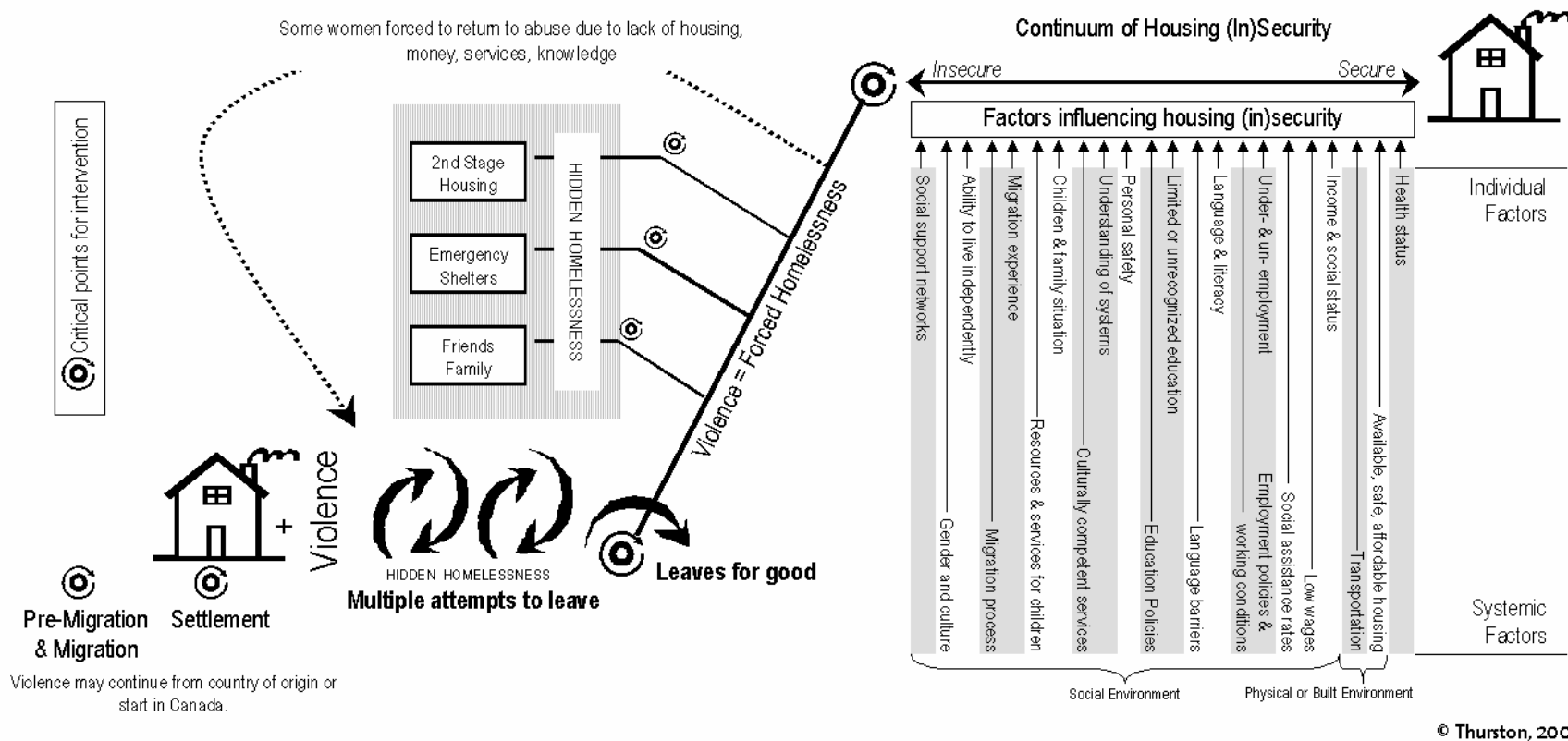
Abused immigrant women and Canadian born women face similar barriers to independent living. The migration process can present additional challenges for immigrant women. Ability to speak English, knowledge of Canadian systems, cultural background, and family structure all profoundly affect the immigrant woman's experience of the pathways into and out of homelessness.

Figure 3 represents a framework for discussing the pathways the immigrant women in our study followed into and then out of homelessness and into housing security. This framework is an outcome of our analysis of the data provided in our interviews of the immigrant women in all three sites and represents a typical pathway consistent with the synthesized data. For clarity, the stages in the framework are presented as chronological and distinct, however, the lived individual experiences of any one woman may vary.

We describe the pathway into and out of homelessness as a series of phases that are marked by where the woman is in terms of her experiences of migration, her experiences of the violence and attempts to leave the violence, and her ability to find secure housing. Factors considered at any one point along the pathway include the stage of migration, the state of housing, and various individual and systemic factors and how these factors were related to family violence interventions. These phases are described in the next sections following the order displayed in Figure 3. The final section of the results of data analysis is a summary of the research.

Figure 3: Pathway Framework

## Pathways Into and Out of Homelessness





## Pathways into Homelessness – Pre-Migration and Migration

Immigrant women described the pre-migration period as a time of excitement and apprehension. Women expressed hope for the future and the future of their children. They also felt a sense of loss during this time, particularly if they moved away from a supportive family and/or community, or if immigration was not their choice (e.g., they were refugees fleeing unrest or persecution or their partner chose immigration against their wishes).

For some women family violence was already a part of their lives prior to immigration, while other women first experienced abuse after arriving in Canada. In either case, immigrant women did not always know that Canadian society has defined family violence to include social, psychological, spiritual, and economic abuse and has established a network of services to aid victims and perpetrators, regardless of immigration status.

He never say it's abuse and I never knew was abuse until I went to the shelter and the shelter give me some education with movies and things like that. I find I live all these kind of things in home. That is abuse. I never knew was abuse.  
Participant<sup>7</sup>

I didn't even know there were shelters. Are they going to take me in? 'Cause I'm not a citizen here. I didn't even know that and [the police] told me 'you have to go to the shelter'.  
Participant

Likewise, abusive spouses or other family members sometimes did not know the legal restrictions in Canada.

He doesn't know about Canada law and these things too and he thought, 'I can do whatever I want to. Like I can do in [home country]'.  
Participant

Service providers observed this lack of knowledge and described the need for new immigrants to be made aware of Canadian laws and systems early in the migration process.

I think the implication in terms of immigration policy, in terms of when they offer somebody a landed immigrant status, I think they need to be aware of what the Canadian laws. What's the protocol on [family] violence and how do the police address it, how the system reacts or responds to things. ... Education should go right at the beginning.  
Service Provider

At this point in the pathways of homelessness, effective services are those that are tangible (e.g., an orientation to Canada), culturally competent, and understand the needs of new immigrants.

[Services for immigrant women are] important because we are immigrant and many, many woman we don't know about our right. They teach you about your right, about the service, about the help for immigrant woman.  
Participant

---

<sup>7</sup> Quotations from interview data are identified as "Participant", to reference the immigrant women, or "Service Providers".





## Pathways into Homelessness – Settlement

The settlement period was the most variable of the migration phases described by women. Depending on the level of contact women had outside their family unit, language group, or ethnocultural community, it lasted anywhere from a few months to decades. The settlement period was also when families established homes, searched for employment, and learned or improved upon their English abilities. Some struggled with meeting daily needs while others were economically secure and stable. Regardless of the length, this was the stage where women learned, to varying degrees, about Canadian systems, rights, laws, norms, and social supports.

The women reported that family violence either continued from pre-migration or began during settlement or post-settlement. Because settlement was a time of frequent contact with services and systems, each new encounter they had with settlement agencies, government, healthcare, education, or the workplace could have been a critical point for intervention.

Participants described immigrant serving agencies as particularly helpful during the settlement period.

Go to that [immigrant serving] agency to get counselling, to get advice ... because when immigrant people come here it take a long time to get help, to know where they have to go, if they have to study here to take a course, they don't know and then go to that agencies to get their advice, help.  
Participant

Staff in these agencies were seen as culturally competent and understood the immigrant experience and were skilled in assisting and advocating for tangible services, such as language training, employment training, educational upgrading, and housing.

During settlement, social support networks were useful in facilitating access to information about relevant systems and services.

I was kind of lost at that time because I was emotionally very stressed. ... I phone to my old friends and they took me to the [health center]. ... I didn't understand why they are taking me there. (Laughter) I just thought that they could provide me the accommodation for the time being (shaky voice – upset) but this, actually it was a good thing that they showed me there is something to go for help because before that I didn't know where to go for emergency.  
Participant



## Pathways Into/Out of Homelessness – Leaving Family Violence

### *The Experiences of Violence*

Levels of reported family violence varied greatly, from those who had experienced relatively low levels of verbal abuse to reports of years of severe physical and psychological violence that led to hospitalization. Most women reported levels of abuse and violence between these extremes. Most women in our study were abused by an intimate partner, usually a spouse. Several women

were abused by other members of their family or their partner's family. Women reported physical abuse (i.e., slapping, kicking, punching, choking, physical abuse while pregnant, use of weapons), sexual abuse (i.e., sexual control, sexual assault), verbal abuse (i.e., insults, name-calling, swearing), emotional or psychological abuse (i.e., harassment, manipulation, stalking, threats of violence or death threats towards the woman and/or the children), social abuse (i.e., social isolation, control of social contact), spiritual abuse (i.e., restricting access to religious services), and financial abuse (i.e., abuser controlling all finances). Women did not generally speculate about why the abuse and/or violence started, although some of the data indicate that shifting family dynamics, particularly regarding employment and social inclusion, played a role in some cases.

- Interviewer: So, you are saying the problem [family violence] started after you moved to Canada or was it back in [home country] also?
- Participant: Moved to Canada. I think everything changed a lot. My husband had job in [home country]. We had a apartment. We feel comfortable. We feel confident about that and I definitely I had a job (chuckle) at that time. I feel in the equal. After we moved to Canada, my husband English is not very good. It's hard to find a job for him. I think he feel so upset about that and he feel wasn't used to work, I don't know. Not confident.

Abusive spouses and family members used many tactics to keep women in the marriage. Even if women wanted to leave, the threat of violence kept them in the home. Many were also unaware of services available (women's emergency shelters, in particular) if they were to flee the abuse or violence.

- Participant: Many times I want to [leave].
- Interviewer: Why did you stay?
- P: Because I was afraid, was scared maybe if I call police or I left the house, maybe my husband going to [harm me]
- ...
- P: That's why I just stay sixteen years.
- I: That's why you stayed sixteen years because you thought he was going to be dangerous?
- P: And I didn't know about shelter.

But it's not because I, I no want to leave. It's because I don't have where I go.  
Participant

Immigrant women, and in particular, women sponsored by their spouses, were frequently misinformed by their spouse about the nature of their rights in Canada. Women were told that they had no right to assistance as immigrants, were misled about the nature of the sponsorship agreement, and/or were threatened with revoked sponsorship if the marriage dissolved.

He took all this attitude with me because I'm immigrant and I didn't know nothing about his culture. I didn't know nothing about my right and he confuse me that I didn't have any rights because I just landed immigrant, I am not citizen.  
Participant

Well, first of all it was only emotional abuse. Just talking because he sponsored me and it's just a pity for all the women that are being sponsored, coming so far, having nobody to support you. Men are taking really advantage of that and as we don't have much information about what is out there to help us.

Participant

Other reasons women stayed in abusive relationships were language barriers, lack of independent income, fear of being separated from children or children being taken by child welfare authorities, concerns about living independently, or shame about disclosing the family violence. Shame about leaving the family unit was a particularly compelling factor, keeping them from seeking emergency services for their injuries or prompting them to attempt suicide.

One night I was really, really depressed and I was up at three o'clock in the morning. There is no other way to survive. If I did live separate or I'll leave my kids. It's a big shame because of our culture, because of our own community and all these things. It's better to commit suicide and I took all the medication.

Participant

These strategies effectively silenced immigrant women and kept them in the abusive relationships.

Almost all women in our study reported some degree of social isolation.

He told me not to go outside. He never took me out. I never call anybody and nobody calls me and I was not even allowed to go out to neighbours and talk to them ... I was not allowed go anywhere even to take my daughter to a park alone. No, I was not allowed so. Yeah, he kept me fully isolated from the world and he called home every half an hour and if it rings for more than two rings and I didn't pick up the phone and then he just make excuse on me, like I am with somebody, I am doing something wrong and I tell him no, I am not. I was in the washroom, changing diapers or something but he never believes me.

Participant

Abusers will isolate you from your family and it's worse when they do that because if you're not in your own country then you don't have your own friends and family to turn to and I think that's done deliberately. I did not ask to come to this country. I was told we were going you know.

Participant

### *Leaving*

Decisions to leave were most often prompted by an escalation in violence, involvement of children, or increased concern for their safety.

When he was telling that he is going to kill my daughter that is when I really got scared and thought of moving out of his place. And he said 'I will kill you'. I just say this doesn't make any sense when he said it. Whoa I said, he's Father and he thinking he kill me, his daughter, this definitely is not normal.

Participant

I don't want my daughter to grow up and be in this [violent] situation and then and when she grow up she is going to go to a violent guy or maybe she is going to be a violent woman with her partner. So then I say 'Well, I don't have to run away from here, I have to do it for *her*'.

Participant

For others, learning about available resources and supports prompted a decision to leave.

One of the policeman said 'Oh I know where there is a woman's shelter' and he [would] drive. It was kind of hard because I never heard of these before.

Participant

Most women left the family home accompanied by their children; however, in a few cases the abusive spouse left the family home and the woman remained.

When women in the study reached out for help most initially approached trusted friends, family, neighbours, or community members for advice or assistance – who in turn assisted the woman in finding help through a family violence agency or other service providers, such as the police.

I stayed with those friends for a week and then I thought that I probably bother them too much because I have so many things that are wrong and I wasn't sure that they are capable because I was really down. And I went to the other friend and I said the situation that I have to find a place for myself so he gave me the phone book, the *phone book!* (laughter) and I decided to phone the women's emergency shelter. (sob) ... I went to the shelter in the morning. (sob)

Participant

In some cases, however, community members were not supportive or helpful.

[Members of my community] are not good support, as they are blaming me. They are not saying that the man was wrong, they are putting everything on the woman and it's your fault. ... I'm supposed to go back to my husband's place for the sake of myself and my children.

Participant

Women who did not initially disclose to friends or family frequently presented at community agencies, but most often not a family violence focused agency. For instance some women in the study sought and found assistance for family violence through immigrant serving agencies which they had accessed previously for settlement services. Others found assistance through schools providing their ESL courses. Women discussed problems unrelated to family violence; then, when trust was gained, disclosed the family violence.

Some women, or someone close to them, called the police; especially when abuse or violence was extreme. For some women in our study, the police escorted women to emergency shelters. Officers trained specifically in family violence were particularly helpful and provided information about family violence shelters. For some women, this was the first time they learned about these services. In other instances, women called on police to supervise their departure with the children or police were involved due to child custody concerns.

### *Multiple Attempts to Leave*

For many of the women, the period of family violence was often long (sometimes decades) and typically characterized by multiple but unsuccessful attempts to leave permanently. Women would reach out for help and perhaps leave the relationship for a few days or weeks, but spousal threats or promises of his desire to change, fear of community or family shame, lack of independent income, desire for a stable home for her children – in short, all of the reasons that kept her in the marriage in the first place – would send her back to the marriage in hope that things would change.

The data illustrated multiple points where an intervention was, or could have been, critical in assisting the woman in disclosure and/or exiting the family violence. Tangible services, such as

emergency shelter space and income support, continued to be effective through this phase of the pathway, especially if they gave priority to women experiencing family violence. Advocacy efforts from immigrant serving agencies and family violence agencies were helpful in connecting women with appropriate programs and supports.

You don't know anything about laws and I didn't know about Social Services. What is this? How can I find lawyer? And I didn't know anything. ... So, I was lucky. I got social worker. If I didn't have this lady I couldn't do anything.

Participant

In cases where women were leaving the home during violent altercations, police services were often a key point of contact and source of information about services, laws, and rights.

### *Leaving "For Good"*

When the women were successful in exiting the abusive relationship, it was typically after multiple previous but unsuccessful attempts. While a number of factors influenced this success, the availability of culturally competent services (understanding of immigrant experiences, accessible to non-English language groups) and safe, affordable housing were described as the most influential. Understanding of "the system", that is to say, ways of seeking assistance, was described by some women as crucial to success.

I decided that if I learn more about the system, in emergency cases, it would definitely be beneficial to me. That's how I started to learn more about the counselling, because I hadn't any counselling before. So I started to learn different places where I can go and find help in my situation and it did help me a lot.

Participant

In addition to the importance of women's knowledge of services, service providers spoke of the utility of recognizing women's readiness for interventions, in order to more appropriately assist them.

The transtheoretical model of change looks at the five different stages of change that you're more likely to successfully engage in depending on where that woman is at, so that you're not trying to put the square peg in the round hole. We can offer an even more stage appropriate kind of intervention.

Service Provider

For instance, women sometimes knew that emergency shelters existed but only accessed them when they had made the solid decision to leave.



### **Pathways Out of Homelessness – Forced Homelessness**

In our study, family violence forced women to leave secure housing and find alternate living arrangements. Most of the women did not have sufficient income to set up households immediately after leaving abusive situations. Thus, women found temporary housing with friends or family, in emergency shelters, or in second stage shelters. Therefore, these women were living in *hidden homelessness*, as women were housed in temporary locations without a clear idea of where they would go next.

Shelters provided temporary housing and safety from family violence. They also provided counselling, emotional support, and assistance with services.

They helped me a lot. Every time I was feeling low there was always somebody to help me, bring me up, just to lift my spirit. And there was child care facility for children, helping them. They give me information about schooling, about everything that I needed. ... They saw the situation that I was in at that time wasn't safe for me to just move out there on my own. They helped me to get a second stage shelter, so yeah my counsellor helped me.

Participant

Women most appreciated advocacy provided by shelter workers and staff at immigrant serving agencies. Women repeatedly described the assistance, support, and tangible services, such as income support and subsidized housing, they received from their counsellors at shelters and immigrant serving agencies.

[Counsellor's name], she help me to find a place. ... I just went to [the housing agency] by appointment. I just filled application there in [the housing agency] by myself. [Counsellor's name] called them and make them put me on the waiting list. ... I guess she gave all my information and after my counsellor mailed all those things they got a home for me.

Participant

Some women accessed emergency shelters after staying with friends or other temporary situations, while others went directly from the abusive home. Many women accessed second stage shelters after emergency shelters.

### *A Return to Violence*

Unfortunately, not all the women found the services or income required to access housing. At our last point of contact, several of the women we interviewed were considering returning to the relationship and family home, primarily for financial reasons. These women were not able to access sufficient income, employment, or affordable housing. By default, women who fall through these cracks often return to their previous relationships for want of appropriate, accessible services.



### **Pathways Out of Homelessness – Housing (In)Security**

Once women accessed temporary housing through friends, family, emergency shelters, or second stage shelters, they usually faced a period of housing insecurity which could be short but often continued long after they left temporary shelter. Women moved back and forth on the continuum of housing security and insecurity; feeling secure in their housing at one point and then insecure the next, and vice versa. The women's experience of the continuum was affected most strongly by the following factors, which are discussed in further detail below:

1. Affordable housing and living conditions;
2. Socio-economic factors and employment;
3. The role of service providers and advocates;
4. Health impacts;
5. Personal safety issues; and
6. The influence of gender and culture on housing.

Despite all the barriers they faced, most women did find secure housing. Housing status among the women improved over the six month period between the first and last interviews. By the final interview, approximately 70% of the women were defined as securely housed, although in most cases it was still subsidized. The majority found their housing through direct advocacy by service providers from women's shelters or immigrant serving agencies and found particular support in social networks.

### *Affordable Housing and Living Conditions*

The most crucial factor on the pathway to housing security was access to safe, affordable housing. Housing was determined not only by women's ability to pay for it but also by availability of subsidized and affordable housing. Long waiting periods for subsidized housing jeopardized the security of women's housing as alternate, temporary accommodations needed to be found during the wait for affordable housing.

Access to subsidized housing afforded some stability for most women. Affordable housing allowed women to escape the family violence, establish a household, have a relatively permanent address, and stop moving between various temporary shelters. They were able to get a sense of their new location, find basic services like schools and grocery stores, and search for employment or educational opportunities.

Stability, however, did not always mean security. Although women were able to reduce transience and take steps to improve their circumstances, housing was often less than desirable. Factors such as neighbourhood safety, social isolation, and transportation negatively affected women's housing experience, yet women felt they were trapped in these housing situations, predominantly for reasons of income and employment.

That's another pressure. I really would like to move out but I can't because before I don't find a job so it's kind of this circle. So I feel since a while a little bit depressed.  
Participant

In other cases, increasing rent, even in subsidized units, caused women to worry about their housing security.

My rent is to raise from one hundred eighty-five dollars now to two thirty-five and I don't know how to pay. I don't have the money, the extra fifty dollars. I don't know how to come up with it.  
Participant

Neighbourhood safety was a particular concern. Problems with vandalism and general safety were mentioned often.

I don't feel comfortable in the house. They kind of took out the people who caused the most problem but I don't know if the people who they took in now are better than the ones. I don't know if you noticed downstairs the door was broken last time. This time somebody had ripped out the, I don't know what they were, how it holds the, the window in place and stuff like that. That gets damaged out so you don't know what people are living here you know. It's not really, it doesn't make me feel comfortable that's for sure and that's another factor that is hanging over my head. I would love to move but it's lo-as long as I don't get a job, I can't.  
Participant

Women worried about neighbourhood safety for themselves, but more so for their children. The safety and healthy development of children was a primary concern, both at the neighbourhood

level and within the house. Women often mentioned concerns about their children's exposure to drug activity, alcohol use, and criminal activity.

Well, I very worried because my daughter she doesn't want to live here. She always say Mom, I no want to live here and maybe I'm thinking to change another place now because it's not safe for us this place. Before maybe the first time came here, I say maybe it is okay but last night was terrible fighting and the police came and my daughter was all night crying. She was worrying about it if the place safe. Now I think I must to move another place because it's not safe.  
Participant

Not a safe place. We have people in here who are doing drugs or selling drugs. I heard there are prostitutes in the building now so I'm not feeling safe with my children here at all.  
Participant

Some women had enough employment income, income assistance, or savings to afford rent in the private market, although there was still a certain amount of transience in this group. Basement suites were common rental properties, however, many complained that they were small and dark and less than desirable housing, particularly if there were children in the household.

### *Socio-Economic Factors and Employment*

Income was identified as the primary cause of housing insecurity. Other factors, such as employability, education, or language barriers, were important in their own right, but directly tied to income stability. Only one-third of the women were employed; the rest were dependent on some form of income support, usually in the form of government income assistance. Income assistance provided some independence for women who could access it, but remained too low to support housing security.

I have been looking for a place and I have no money. I'm on social assistance but that's, like, what do I get? I don't get enough to get an apartment or a place to live.  
Participant

The women faced multiple barriers to employment. Limited English ability, limited or unrecognized international education, and lack of Canadian work experience were factors which made the search for employment much more difficult.

I work in a restaurant as a dishwasher. (Laughter) I cannot find a better job. ... If you're applying for a position, you have to compete with the native. They have their English as their first language. We don't have such good English. We have to practice but we don't know. It take time. ... Now I can't find a good job. In my country I work in an office and that's good job.  
Participant

When employment was secured it was often for low wages. Some of the women worked several jobs and/or shift work.

My part-time is guaranteed of twenty-two hours. But I have to [freelance] otherwise I wouldn't be feeding my child. That barely covers my rent and bills and how I travel to work. So in order to feed my child and myself, I have to do those freelance jobs.  
Participant

Other factors that influenced finding and retaining employment included transportation and access to affordable and flexible childcare.



I call up work and I say look I'm in a bind. I don't have a babysitter. I have to call my Mom and figure out this so I don't know how late I'm going to be. My Mom came and I started work at quarter after eleven. I was supposed to start work at eleven. Big deal. So, in my review, [it says] you're letting the team down with your lateness.

Participant

Employment training and educational support were helpful to women searching for employment. The inventory of employment and education services (Appendix E) showed that there were a range of services available in all three study sites. Winnipeg had more services per capita geared directly at immigrants' employment and education than did Calgary. Halifax had the fewest services per capita. As this inventory was limited to employment and education services geared towards immigrants, it is difficult to know whether accessible services were available to immigrants through agencies focused on the larger community. Given the concerns about access to services in general, however, this seems unlikely to be a major source of employment and education support.

### *The Role of Service Providers and Advocates*

The majority of the women credited finding their housing through direct advocacy by service providers from women's shelters or immigrant serving agencies.

I live in the [shelter] six months and they protect me and my kids and they counselling my kids. They help my kids a lot through this situation. ... After, they transfer to [subsidized housing]. They transfer me this house.

Participant

Some of the women reported applying to subsidized housing or income support, encountering difficulties, and then returning to their service providers for assistance. The service providers accompanied them to appointments or wrote letters to support the provision of housing or income support due to the history of family violence.

Service provider support was often the reason subsidized housing spaces were provided, in some cases because service providers were able to corroborate the account of family violence, which placed women on the priority list. Long wait times were common, however, as there were limited spaces in subsidized housing and many priority categories for housing agencies to consider. Advocates who were well-networked within and outside of their sectors were particularly helpful in assisting the women achieve secure housing.

The women and service providers alike stated that sponsored women are not eligible for certain services, including income support and subsidized housing.

At that time when my husband started to threaten my life and I had to go into hiding, I wasn't able to get social services because he was sponsor. Even I called immigration. I told them that he threatened to kill me, that he had a contract out to kill me and my children. I could not get support from them, I mean at all. They said we don't have anything to do with this. You need his sponsor[ship]. If you need some support, he has to help you. So that was very difficult for me to understand. I felt neglected, not supported. I thought of it like a victim. Society didn't help me.

Participant

If you are sponsored and you flee a domestic violent situation, forget normal living, just to say a domestic violence situation, you are not eligible to get into Calgary Housing. So Calgary Housing says that if you are sponsored, you cannot get into Calgary Housing period. It doesn't matter

whether there's a domestic violence situation or not. So that's a very insecure place for a woman who is fleeing domestic violence who doesn't have much money, who doesn't speak English, who has no employable skills, you know, I mean where does she go?  
Service Provider

We learned in the Calgary policy workshop that there is often confusion about the eligibility of sponsored women for particular services. For instance, if a woman could prove breakdown of her sponsorship, then she would be eligible for social support and services; however, proving breakdown seemed to be a difficult and confusing process for most.

Along with advocacy regarding housing and income support, service providers generally saw their role as one of advocacy and assistance, regardless of the needs of women who sought their services.

Our role is to support them in whatever choice they want to make. Also our role is to connect them with other services. What they need, whatever they need might be. To make sure that women have all the information when there's a language barrier.  
Service Provider

### *Health Impacts*

Health was a particularly interesting individual factor that affected the women's ability to live independently. The majority of the women described some level of depression, sleep disturbances, and/or chronic pain. The women's poor health status was attributed primarily to being victims of family violence. The women talked about their poor health during and following the abusive relationship and improving health, albeit slowly in some cases, once they left the family violence.

I have improved a lot since I left my husband's house. I am feeling good in the body and the mind. I can think more properly. I am more aware of what is going around me. I was not before. I was, I couldn't think. Now my mind is clearer. I think of something more.  
Participant

So I stopped my tranquilizers. I stopped my anti-depression. I stopped my anti-anxiety 'cause I'm not anxious and I'm not depressed. He's *gone*.  
Participant

Health status was affected negatively by housing insecurity, low income, social isolation, poor working conditions, and stress about personal and family safety.

Participant: Your job, your school. You're feeling sometimes you feel you, you feel not so good, you are losing your confidence here (laughter) and, ah, a lot of things and too much just pressure and make me sick.

Interviewer: So, what happens?

P: I breathe deep slowly. And I went to see my doctor and, ah, he give me some medicine to take. Sometimes feel sad, you feel sad.

My back was killing me before because of the stress. My back and my neck. I was so in pain. I think it's because ... that stress that I had wondering what's going to happen. Am I going to be here? Am I going to find a job? With my kid?  
Participant

Poor health status often became cyclical, affecting the women's ability to function in the job market, in their workplaces, in educational settings, and at home. Health both affected and was affected by various individual causes of homelessness. An example of how this cycle occurred follows: A woman is depressed and feeling chronic pain after years of family violence. She manages to leave the relationship and find some form of housing, however low income, lack of social support, and poor working conditions now negatively affect her health. Poor health status then begins to affect her ability to earn income, seek out support from friends or agencies, or reliably get to work and function well. These factors, income in particular, combine to jeopardize her housing status. Clearly there is an important interaction between family violence, health, and many of the causes of homelessness.

Children's health was also a concern, sometimes related to the house itself. Exposure to indoor hazards, such as mould, flooding, or airborne allergens, sometimes caused health problems or exacerbated existing conditions.

### *Personal Safety Issues*

Personal safety affected housing security when women had unwanted or unsafe contact with the person who abused them and/or if that person knew their location and was a threat. Few of the women had direct contact with their abuser, however some continued to be concerned for their safety due to threats, harassment, custody battles, and difficult divorce proceedings. These threats to personal safety complicated their housing situation as women had to make decisions about when to stay and when to move depending on their perception of safety.

### *The Influence of Gender and Culture on Housing*

The influence of gender and culture on housing security can be seen in the women's ability to live independently or access services. Due to specific gender roles and socio-cultural context, many women had never been alone in their homes before leaving the abusive situation. Women who had often not been involved in the search for housing, employment outside the home, or household finances found themselves the head of their families with all these attendant responsibilities for the first time. Women with children became single-parents, responsible for every aspect of supporting and running the home. The women expressed concerns about their ability to live independently and fears about doing so.

I am thinking how I will survive there by my own? Because I never ever been by myself you know. It concerns me, it concerns me. I feel overwhelmed.  
Participant

We don't use to live alone, women in my country. So, that's why sometimes I always afraid.  
(Laughter)  
Participant

Immigrant women sometimes saw their experience as more challenging than Canadian-born women, due to cultural influences on functioning independently.

The immigrant, when you have problem, you have to talk with my family, but for [Canadian-born women] they grow up independently. They can work by themselves, they could go to school and they could do whatever they want you know. They can do it from their own.  
Participant

The women also observed differences between cultural backgrounds and gender norms of immigrant women and Canadian-born women with regard to accessing services:

In Canadian culture ... they call police and they'll talk ... because it's not a shameful thing and according to your culture.  
Participant

I don't come from a situation where the woman is not allowed to speak so I might be quite forthcoming in saying I need this service and I'll go get it, whereas in [another] situation [immigrant women] might not be so forthcoming in saying they need the services so they don't get it.  
Participant

A sense of confidence and hope helped women on their way to establishing their independence and working towards secure housing. Service providers emphasized the importance of empowering services for women.

Empowerment for the women to find the right opportunity and move forward or to really negotiate a better relationship with their husband where she will have control and equality and the violence will totally stop or she will say (clicking of tongue) no more with you.  
Participant

In fact, some women thrived on living independently and valued the opportunities they were afforded for growth, education, and autonomy:

I proud of myself because first I thought I can't do anything and lack of confidence. I have no education, I have no skills, so I can't do anything. So how could I survive with my son? So then I had to build up the courage and start upgrading myself. So then I realize I have the courage, I can do this so. So my counsellor, she counselling me....and there I got the courage, you know. I got confidence. So then I kept work on this so I got upgrading. I got funding. I was so happy.  
(Laughter)  
Participant

I feel secure here. I made this decision [to leave] I can't make in my country so I was in my country, I never ever can make this decision and this is a big advantage for me to came here.  
(Laughter) ... I say to myself yeah, I was lucky because I feel I can leave this man.  
Participant

### **Pathways Into and Out of Homelessness – Summary**

Table 1 includes the systemic and individual causes of homelessness or housing insecurity that were discussed by the women and service providers, and the indicators of increased and decreased risk of homelessness. Systemic causes include societal barriers to independent living; immigrant women encounter these barriers regardless of their individual situation. Individual causes of homelessness relate to specific aspects of the individual's experience or situation that lead them to face housing insecurity. It should be noted that most of the individual causes were directly linked to a systemic cause; for example, low income at the individual level was tied to the systemic problem of low wages and low social assistance rates. These links between individual and systemic causes are indicated in Figure 3.

Table 1: Key Causes and Indicators of Persistent and Repetitive Homelessness (or Housing Insecurity) for Immigrant Women Experiencing Family Violence			
Systemic Causes	Individual Causes	Indicators of Increased Risk	Indicators for Decreased Risk
Physical environment <ul style="list-style-type: none"> <li>• Available, safe, affordable housing</li> <li>• Neighbourhood safety</li> <li>• Transportation</li> </ul>	Physical environment <ul style="list-style-type: none"> <li>• Personal safety</li> </ul>		Access to affordable housing
Employment policies <ul style="list-style-type: none"> <li>• Poor working conditions</li> <li>• Loss of social status</li> <li>• Low wages</li> </ul>	Under- & unemployment and employability	Under- & unemployment and employability	Secure employment
Social assistance rates	Low or no income	Low or no income	Sufficient, stable income
Language barriers	Limited language & literacy	Minimal English language capacity	High English language proficiency
Education policies	Limited or unrecognized education	Limited of or unrecognized education	Recognized education
Availability of culturally competent services	Understanding of the systems		Access to culturally responsive resources <ul style="list-style-type: none"> <li>• Assistance from an advocate familiar with needs and services</li> </ul>
Resources & services for children	Children		
Immigration process	Immigration experience	Being a sponsored immigrant (limits access to services)	Understanding of how systems work (govt., resources, banking, etc.)
Gender & culture	Gender & culture <ul style="list-style-type: none"> <li>• Family situation</li> <li>• Ability to live independently</li> </ul>		Autonomy & independence
Social environment <ul style="list-style-type: none"> <li>• Racism</li> </ul>	Social environment <ul style="list-style-type: none"> <li>• Social support network</li> <li>• Unsettled existence &amp; loss of social status</li> </ul>	Social isolation	Social support
	Poor health status	Poor health status <ul style="list-style-type: none"> <li>• Particularly depression &amp; pain</li> </ul>	Good health

## **Effective Existing Services**

Various types of services were particularly helpful for immigrant women experiencing family violence and housing insecurity. We have grouped these according to those addressing individuals and those addressing communities.

### Types of Services at the Individual Level

1. Advocacy – Assistance with service access from an advocate familiar with needs and services;
2. Tangible services – Income support, affordable or subsidized housing, emergency shelter space, childcare;
  - a. Culturally competent services – Understand cultural diversity and language barriers;
  - b. Services close to where women live – Allows for better access;
  - c. Flexible services – Varied hours of operation reduce conflict with employment, education, family responsibilities;
  - d. Educated services – Service providers who ask the right questions, know about relevant policies in practice;
  - e. Networked services – Service providers who work together within and outside of their own sector;
  - f. Priority services – Services which give abused women priority;
  - g. Empowering services – Services which provide women with opportunities and confidence to move forward;
3. Language training – Improves access to services, reduces isolation, can improve employability and income; and,
4. Education and employment training – Provides the means for women to improve their income.

### Types of Services at the Community Level

1. Social support networks – Friends, family, or community can provide assistance and information; and,
2. Prevention – Work with mainstream and cultural communities to prevent family violence.

The broad types of agencies identified, in keeping with the focus of the study, were both government and non-governmental agencies. The different types tended to have expertise in one particular aspect of the problems facing immigrant women who flee family violence.

### Types of Agencies

1. Immigrant serving agencies: Understand the needs of immigrant women;
2. Domestic violence agencies: Understand the needs of abused women;
3. Housing agencies: Provide what women urgently need - safe, affordable housing; and
4. Police services: Can be a key point of contact and source of information in times of crisis if well trained in dealing with domestic violence.

### *How Women Accessed Effective Services*

The majority of the women in our study learned about effective services through social networks or referrals from service providers, medical professionals, or police officers. A few of the women found services through other means, such as phone listings, internet, churches, and printed materials. Education and English literacy affected the women's ability to access services which did not have interpretation or translation services on site. Similarly, printed materials (e.g., posters, brochures) were only helpful for women who were literate in whatever language the materials were available. Services were more likely to be accessible if they were geographically close to the women who needed them. Service access was made more difficult when women moved frequently. Transportation barriers (e.g., not owning a car, long transit rides) affected ability to access services, particularly to women juggling work, school, and the needs of their children. Social support networks, however, were tremendously helpful to women trying to learn about or access services. Friends, relatives, or community members referred women to services, and in some cases, accompanied them to appointments to assist in overcoming cultural, language, or transportation barriers.

### *Critical Conjunctions Where Interventions Are Most Effective*

In addition to the critical points for intervention noted on the pathways into and out of homelessness of Figure 3, there were several temporal or cognitive stages where services were of most assistance to immigrant women.

1. Pre-Migration or Migration – Women who knew about laws and social supports before or when they first arrived in Canada were less likely to be convinced by the person abusing them that they would have nowhere to turn if they left the relationship. This information allowed women to seek services to assist them in escaping abuse and accessing housing.
2. Crisis – Women were most vulnerable and most open to accessing services at times of crisis. This included points when women left the relationship, either for a brief period or for good. Crisis services were accessed through police, emergency shelters, health services, or emergency rooms.
3. Safety Concerns – When safety concerns arose, women accessed police or legal systems for emergency assistance or protective orders. This point for intervention was particularly helpful when women did not know about services for domestic violence, as police or legal aid workers could share that information.
4. Agency Intake – Points of contact at social agencies provided opportunities to inform women about family violence, available services, housing options, and other important resources. This was the case particularly with emergency or second-stage women's shelters and immigrant serving agencies, but also with health services, basic necessity resources like food banks or clothing programs, educational programs, and other services. This process occurred during the settlement period and beyond.
5. Structural Intake – Intake into income support programs or subsidized or public housing allowed opportunities to provide stability and services and put women on a path towards building skills and capacities to help with exiting homelessness and living independently.
6. Readiness for Change – If women accessed services over a long period, they received various pieces of information at various points in time. Information gained, but not acted upon because women were not ready to act, came to be useful once they made the decision to seek services.
7. Social Network Access – Friends and family were often an initial point of contact for women struggling with or fleeing violence. Women found invaluable assistance when their social networks were aware of women's rights, laws against abuse, and available services. Social networks represent the broadest level for critical intervention.

## **Quantitative Data from the Brenda Strafford Centre, Calgary**

The interview data in our study was enriched by the quantitative analysis of demographic data from women who lived at the Brenda Strafford Centre (BSC) in Calgary. For our purposes we categorized this data describing three groups: Canadian-born women (not including Aboriginal), Aboriginal women, and immigrant women. First of all, the forms of abuse women reported in the BSC data were not different from that which the women in our study reported, although immigrant women were more likely than other women to report abuse during pregnancy. Some level of depression, sleeplessness, and/or chronic pain was mentioned by most of the immigrant women interviewed, although data from the BSC indicates that immigrant women were actually less likely than Aboriginal or Canadian-born women to report health concerns or harming themselves. The BSC data shows that immigrant women using the centre were more likely than Aboriginal or Canadian-born women to report being married or separated, as opposed to single, divorced, or common-law. More immigrant women had longer relationships than Aboriginal or Canadian-born women, with a median relationship length of 60 months. After accessing emergency or temporary shelter, many of the women in our study accessed second stage shelters, although the BSC data shows a great many women are turned away from the limited number of second stage shelter beds available. Immigrant women represented in the BSC data were least likely (when compared with Aboriginal and Canadian-born women) to be receiving government income assistance and were the only women to have no income or to be living on their savings. At the same time, immigrant women at the BSC were statistically more likely than Aboriginal or Canadian-born women to have education at the university level (undergraduate) or higher (Master's level or professional degrees). This supports our finding that half of the women we interviewed had completed either college or university.

For a detailed report of the Brenda Strafford Centre data, see Appendix G.

## **The Ecological Model of Gender, Migration, and Health**

Systemic and individual causes of homelessness can also be examined within the framework of the social determinants of health described in the framework used for this study. All but one of the determinants of health was captured by the themes which emerged from the data; the exception, not surprisingly, was biology and genetic endowment. The problems addressed here, family violence and homelessness, are not usually linked to genetic endowment. The physical and built environment affects housing security by means of the availability of safe, affordable housing and adequate, affordable transportation infrastructure, particularly public transit. The social environment consists of how well policies provide for access to equity in income, employment, language resources, recognition of educational credentials, access to culturally competent services, and services for children. The migration process and influences of gender and culture were also social factors shaping immigrant women's experiences regarding family violence and housing.

The systemic causes were found to apply across all three sites, however regional variations did occur in the availability of housing, employment, and services, as well as levels of income and social assistance. Different local government policies (macro factors) affect organizational and local economic factors, and the ability of civil society (meso level) to mediate between individuals and agencies and the state. Furthermore, the needs of women varied across stages of migration due to both macro level factors and changes in their individual circumstances, such as immigration status.



---

## SECTION 4 – DISCUSSION

### Relevance of Research

The relevance of this research study can be summarized in four key points: systemic factors are most relevant to prevention of homelessness in women who experience family violence; different issues are foregrounded for women along the pathway of housing insecurity; indicators of increased or decreased risk are complex and not always opposites of each other; and because of the first three points, advocacy is key to the ability of immigrant women to exit family violence and to obtain secure housing. Each of these is discussed below.

### Systemic Factors are Key

The listing of systemic and individual causes of homelessness or housing insecurity and indicators of increased and decreased risk of homelessness and housing insecurity (Table 1 from the Summary of the Pathways, page 25) shows that almost all individual causes of homelessness and housing insecurity are embedded in systemic causes. This is an important point in terms of policies and programs; that is, programs aimed at systemic factors (e.g., enforcing labour standards) may have a better chance of widespread success than programs aimed at building individual capacity (e.g., knowing your workplace rights). Programs directed at “enabling” individual women to protect themselves and their children are likely to fail at reducing the incidence of housing insecurity in this population if the systematic causes are not also addressed. At the same time, the resiliency and agency of immigrant women escaping abuse needs to be acknowledged, and they do need support and validation of their knowledge that what is happening is *wrong* and that they are not responsible for this.

Critical junctures must be expanded from the individual level to macro level interventions relevant to building civil society and collaboration. Factors that occur at the individual level often point to the need for systemic changes. For the woman who is experiencing family violence: Depression and physical pain might take her to the healthcare system. Friends and family may be a source of information about rights, laws, or available services. Immigrant serving agencies might see her to assist with employment issues and find out that she is abused. Police may even become involved in the situation. Each of these points of contact could provide opportunities for validation that her experiences are taken seriously, that she is not expected to resolve the situation alone, that services exist in the community, and that her rights as a human being will be respected regardless of her immigration status. The response of these various sectors is dependent on policies at the system level: education of professionals; communication and coordination among services; and organizational commitment to responding to family violence. If the latter does not happen, the individual case of depression may be treated, but the cause overlooked. Subsequently, depression is likely to reoccur or worsen.

The immigrant women in our study experienced various levels of homelessness, housing insecurity, and housing security during the six months we were in contact with them. Housing insecurity is more critical than is absolute homelessness among this group of women. While only a few women accessed services for homelessness, almost all of the women experienced housing insecurity. Issues of housing insecurity prompted frequent moving among various temporary and subsidized housing options. This instability affects much more than housing

status, with repercussions for employment, education, healthy child development, access to services, shifting social networks, and expenses.

Systemic barriers to housing security are most clear in the pathway where women face forced homelessness. This homelessness is not only due to violence. If the woman could move directly from her violent situation into stable, subsidized housing, then there would be no period of homelessness. She would still need support in dealing with the various services and government programs, in conjunction with the advocacy that was identified as so important. Yet, the option of going directly to subsidized housing could prevent multiple moves and transitions and allow more time for addressing other important issues, such as education and economic security.

Income was one issue that was critical throughout most of the pathway into and out of homelessness. If we do not address the economic security of this group of women, we are putting them at risk for future poor health status. As we have seen, women may return to the abusive situation due to financial instability and poverty. Health status would again be jeopardized by abuse. On the other hand, divorce and single parenthood may place the woman in a circle of poverty that is also detrimental to health status. Housing security may come at the cost of food security, for instance, and the stress of poverty can contribute to a continuation of the depression that resulted originally from the abuse.

Employment barriers were many among the women we interviewed, however even when the women did find work, income was still unstable or inadequate. Some women worked part time, thus reducing their income potential. At the systems level, this is evident when employers keep employees at just under the minimal requirement for benefits. Employees get limited hours and are forced to work multiple jobs to try to support themselves and their family, and are without medical or dental benefits. Through our policy meeting in Calgary we learned that often, immigrant women are working in jobs that receive little or no attention from government occupational health and safety offices or from labour standards enforcement departments.

Women's experiences of migration and immigration status affect their ability to access services. Sponsored immigrants often do not have access to services such as income support or subsidized housing unless they disclose violence and prove breakdown of the sponsorship. Subsidized services are also difficult to come by for independent immigrants who come to Canada with a certain level of savings as part of their acceptance criteria. With access to these savings, independent immigrants are not eligible for subsidized services such as housing or childcare. Given the income and employment challenges, a woman's savings can soon be exhausted and she may become homeless as a result; thus, women who are not *presently* poor or "in need" (however that is defined) may benefit from services with prevention of future homelessness in mind.

Immigration is under federal jurisdiction, but the results of this study raise the issue of what point immigrants cease to be the responsibility of the federal government. It currently falls to local or provincial governments to provide equity, service access, and justice. For example, an emergency or second stage shelter that takes on a large proportion of immigrant women with language barriers has a higher workload than a shelter with a predominantly English or French speaking client base. In order to have equity in access throughout the country, federal funding could assist shelters that serve immigrant women in every province.

It should be noted that Halifax, Winnipeg, and Calgary are outside of the major immigration centres of Montreal, Toronto, and Vancouver. The major immigration centres have a broad range of available services for immigrants and larger (although not necessarily better

coordinated) networks of people who understand the issues and can do policy analysis. Smaller centres are sometimes more limited in their ability to provide services. Our data showed the struggles that the relatively small city of Halifax experienced regarding resources, confidentiality, and safety compared to Calgary and Winnipeg. In addition, there are many centres that are much smaller than our sites, with fewer supports, services, and access points. This variability in service availability points to the need for dissemination at pre-migration and migration of information on issues related to immigration (e.g., what each immigration status means for service access, rights), family violence (e.g., Canadian laws against assault within the family unit, Canadian definitions of what constitutes family violence), and housing (e.g., the existence of subsidized and public housing), as people who move to smaller centres will have fewer opportunities to gain this information at the post-migration stage.

There was a significant amount of confusion and lack of clarity among service providers, administrative personnel (e.g., points of contact for income support and subsidized housing), and the public (e.g., immigrant women) about what policies are in place and the interpretation of those policies. For example, sponsored immigrant women do not necessarily know that if they can prove breakdown of sponsorship they would be eligible for services that they would not otherwise be able to access. Likewise, some administrative personnel are not informed or misunderstand the extent to which policies are flexible – in this case, they may be overly stringent about how women prove domestic violence and breakdown of sponsorship in order to access income support. In addition, administrative personnel do not always understand issues and barriers specific to immigration, abuse, and homelessness. Another example of confusion involves the sharing of personal information between service providers. Some service providers have found that privacy legislation, like the Freedom of Information and Protection of Privacy Act in Alberta, is a barrier to advocacy as it impedes information sharing aimed at easing the way for clients. Restrictions in communication with other agencies can break down efforts to advocate on behalf of individuals who may not be able to access additional services without direct assistance. This points to the need for a better understanding of policy in practice for service providers and administrative personnel.

For the most part, the women did not speak of racism and discrimination directly, but the data point to these as sources of systemic inequality. For instance, 35% of the population using the Brenda Stafford Centre were immigrant women. This disproportionate representation compared to the general population indicates economic and housing barriers faced by immigrant women, as women with means are more likely to find independent accommodations when fleeing violence. Aboriginal women are also over-represented in BSC data at almost 30%. Together, these figures indicate the potential effects of systemic racism and economic inequalities. Combating racism and developing cultural competence (Cone et al., 2003; Kagawa-Singer & Kassim-Lakha, 2003) and cultural safety (Spence, 2005; Anderson et al., 2003; Williams, 1999; Ganguly, 1999; Richardson, 2004) are ongoing struggles for government and non-government organizations. Intersecting sources of discrimination (racism, sexism, classism) must be considered. The concept of cultural safety goes beyond that of cultural sensitivity and recognizes these intersections.

### **Different Issues are Foregrounded in the Pathway to Homelessness**

A particular value of this longitudinal study is that we were able to follow women through transitions between temporary and (in)secure housing. We learned that although women faced a broad range of issues through all of their experiences, certain factors were in the foreground at certain times, while others were less critical. This suggests that programs need to be

designed to respond to the foreground issues, if women are going to find them useful and if the programs are going to help ensure housing security.

Although Figure 3 outlines many individual and systemic causes of homelessness or housing insecurity, the salience of these causes varied at each stage of migration, family violence, and the search for secure housing. Factors in the foreground at one stage were still present but not as important at another stage. The background factors do not disappear; they simply become less critical at that particular point in time. For example, ability to find employment may be a factor in a woman's decision to leave an abusive situation for good, but understanding of Canadian systems and access to culturally competent services (particularly women's emergency shelters) are far more crucial to assisting her exit.

This brings us to the detailed discussion of the important issues related to each of the stages along the pathway into and out of homelessness as described by immigrant women experiencing family violence and service providers. At the stage of multiple attempts to leave, systemic causes of homelessness included language barriers and availability of culturally competent services, these factors impacting on access to and effectiveness of services, such as family violence agencies and housing services. Lack of cultural competence was demonstrated in not understanding the experience of migration. Access to income, particularly social assistance, was a barrier to independent living at this stage when women were attempting to leave their situation. Immigration status (e.g., being a sponsored immigrant) was sometimes a perceived or actual barrier to accessing services, as the sponsor was theoretically responsible for paying for all services accessed by the sponsored woman over the ten-year sponsorship agreement. Again, there was confusion over the sponsorship policies; in fact a 2002 policy changed the duration from ten years to three years<sup>8</sup>, although this policy only affects women sponsored after the policy changed.

Income was a crucial factor in the stage of forced homelessness. Without income, it was almost impossible to set up and maintain an independent household, leaving women dependent on available temporary or emergency shelter. Language barriers were not foregrounded as shelters and second stage housing have worked to accommodate women with low English literacy. However, these issues are foregrounded when women are trying to establish economic security and secure housing. Half of the women interviewed had completed either college or university, but were unable to find work. Not having their education recognized by local employers is a further issue these women faced in finding employment.

The point at which women decided to leave the relationship was tremendously important for intervention. The results show that women are still waiting until things have gotten quite serious. A key individual cause at this stage was personal safety and safety of children. Attempts to leave the violent situation were often precipitated by safety concerns. Women's understanding of systems and services was of great importance, as this determined what services she accessed or whether she sought services at all. When women did know about services, this information was often obtained through social support networks. Family and friends also seem to need a very serious incidence of abuse or impact on the children before they would urge the woman to take action. Services are most effective when women truly feel that they can use them. Each service access point becomes a critical point. Police services trained in family

---

<sup>8</sup> The new *Immigration and Refugee Protection Act*, which came into force on June 28, 2002, addresses several family violence issues and is expected to have positive impacts for women and children. The reduction of the sponsorship duration for spouses, common law, and conjugal partners from 10 to 3 years addresses concerns that domestic violence is aggravated by the dependency implied by the sponsorship. As well, a sponsorship bar has been placed on individuals who have been convicted of a sexual offence or domestic violence for a period of 5 years after completion of the sentence (National Clearinghouse on Family Violence, 2003, p.4).

violence were often helpful in providing information and support when women were fleeing family violence, although officers could be intimidating and sometimes did not take women's concerns seriously. Family violence shelters were a key point of contact for almost all of the women in our study, particularly at the point where they left the relationship for good. Immigrant serving agencies played a role in finding emergency shelter or income support to enable women to leave, as well as sometimes assisting with language barriers. Finally, family and friends were of enormous help with navigating services and seeking out housing or shelter options.

The challenge is to create services that are accessible to women (and men) earlier so that the multiple attempts to leave are not needed and the abuse does not have the opportunity to escalate. As a policy community, family violence services in all sectors (shelters, justice, housing, income security) have less experience dealing with women and men at this early stage. Understanding the gendered nature of violence, services used, and coping will be essential to new thinking. We have developed fewer examples of upstream interventions and the literature is less well developed in early intervention or primary prevention. Addressing some of the systemic causes of housing insecurity as identified in this study can contribute to an environment that sees family violence as gendered and needing all sectors to coordinate sustained interventions.

Tangible services related to housing, income, employment, and education were definitely at the foreground in women's search for secure housing. These practical, concrete services were supported by other aspects of services: cultural competency, proximity, and flexibility. Culturally competent services were extremely important for immigrant women. As we have discussed, gender, cultural context, language, and family situation all affected women's ability to move along the pathway out of homelessness. Agencies that understood cultural issues and had access to interpretation and translation services eased the way for the women we interviewed, reducing cultural and language barriers. Services close to where women lived and with flexible hours were more able to assist women at times and locations that were convenient. If women were confident and independent, they were more likely to find somewhere to live during this time of change; though most women needed counselling and support during the stage of leaving, these women may need less counselling or follow-up at later stages than women less prepared to live independently.

Women who sought services were more likely to have better outcomes because they improved their access to the resources they needed. Service providers noted that women seeking services from immigrant serving agencies, in particular, could have better outcomes due to the cultural competency, knowledge of services, and experience with immigration-related issues. Accessing housing services also made a difference for women exiting family violence situations. Certainly services assisting with employment and education were key, as indicated by the amount of focus women put on income and employment issues. These services are effective, however, they are not always aware of individual differences among women. On the other hand, there is a tendency to think at the individual level rather than the systems level, leading to assistance on a one-on-one basis, but not at the macro level.

### **Increased Risk and Decreased Risk are Complex**

Indicators of increased risk and decreased risk are often different in important ways that affect program planning. One is not necessarily the reverse of the other. A woman with minimal English (or French) ability, for example, is more isolated and unable to obtain information in a context or system where services and information are not made available in languages other than English or French. In such a case, lack of language capacity may be a barrier to obtaining

crisis housing or to obtaining information from outside of a specific ethnocultural community. Thus, the interventions to decrease risk may not be just language training in a second language, but language training that builds a woman's *literacy* about her rights and common social problems, such as domestic violence, that women face in Canada.

Friends and family were very often the first point of contact. Through friends and family, women were able to find temporary housing, support, advice, and assistance in finding appropriate services. Women were helped tremendously when their supportive family and friends knew where to turn for assistance. This critical point of intervention is an interesting one, as it indicates the need for population level interventions that provide information of rights and services. The goal may be to make it normative to resist family violence as soon as it starts, and to understand it as wrong, not only as a private or personal issue but one that affects our well-being as a community. Ideally, then, everyone is willing to advocate for an end to the abuse.

Children were both reasons for leaving abuse and barriers to independence and housing security. Children were exposed to emotional abuse, such as name-calling or neglect, and in instances where children were not directly targeted, women were concerned that they were growing up in an unsafe environment, witnessing family violence, and potentially learning that family violence was to be tolerated or accepted. Many of the women expressed concerns for the safety or well being of children and this being the reason they left. Women with children, however, had more difficulty accessing employment (due to lack of childcare), and women without children were not as high a priority for crisis accommodation or for long-term subsidized housing.

Women talked about their spouses' threats of violence, including death threats, towards the children. Other research has shown that the fear of these women is not misplaced and that the threats may also indicate a threat for the woman. Murder-suicides occur regularly in Canada. Interventions with and education of children migrating to Canada may be important interventions in family violence, especially enforcing the mothers' rights to make decisions to protect herself and them. Service providers and policy makers must also not lose sight of this real threat of ultimate violence – murder.

### **Advocacy is Key**

Advocacy is incredibly important to service accessibility among immigrant women experiencing family violence and housing issues. Networking among service providers, both within and between the different sectors, can support advocacy work by increasing awareness of services among service providers. This could also be assisted by a more broad-level coordination among immigrant serving agencies, family violence sectors, and housing sectors.

The strength of networks in communities is clear by the amount of advocacy that occurs, however, there is little or no financial support being provided for this important work. This is particularly true in smaller immigration centres, where there are fewer people to connect with (which can make networking easier) but also fewer people to do the work (which can be a barrier to taking time for networking). This indicates the need for financial support for networking, not as an end in itself, but as a means to ensure that women can learn about available services and to increase the cultural competence of all sectors.

One example of where advocacy and networking could be key was discussed at the policy meeting in Calgary. The Provincial Review of Labour Standards could address issues of labour standard abuse that leads to income instability for immigrant women. Alberta was reported to be

lax in enforcing labour standards, particularly in domestic services in which immigrant women are disproportionately employed. Abuse of labour standards (e.g., if you arrive at work and the work is not available, you are still entitled to three hours pay, however some employers do not pay this minimum requirement) can result in employment and income instability. In a networked policy community, where family violence, immigrant service, and employment service advocates had the opportunity to identify and respond jointly to opportunities such as the Review of Labour Standards, the needs of immigrant women experiencing family violence are more likely to be addressed and the significance of the government policies identified.

A second example discussed was the Alberta Human Resources and Employment Department's Escaping Abuse Benefit. This benefit provides \$1000 to set up a household for individuals escaping abuse and can be accessed immediately after fleeing abuse or could follow a stay in an emergency or second stage shelter. This is not a one-time assistance benefit; if someone flees violence multiple times, they are entitled to this benefit each time. It was clear in the interviews that not all women knew about this, and through our discussions with service providers that they did not all know about this benefit either. Further, those that had experience with this program reported difficulty accessing it in many cases, as front-line administrative staff were requiring levels of proof of abuse from women that a knowledgeable advocate could have identified as unnecessary.

Working independently does not work. Systems and services have to work together to address needs, but this does not decrease the importance of advocacy at both the systemic and individual levels. As we have discussed, identifying opportunities for changes in systems may require advocacy; and responding to an individual woman's needs at particular points along the pathway to homelessness may require flexibility in policies that an advocate is more likely to obtain than the woman herself; priority services are very effective in fast-tracking women who disclose (or whose service provider, with permission, discloses) that they are experiencing abuse and their need is urgent. For example, if they call for social assistance without disclosing violence, they will take their place in the line with everyone else. However, if they disclose violence or if they go to a service provider to work on their behalf, then they could get assistance more quickly.

On a broader level, services that advocate for the prevention of violence and for the empowerment of women could be of tremendous assistance to immigrant women experiencing family violence. Prevention services could work on social marketing campaigns to increase awareness of violence and educate the general public about available services. Services that empower women could provide opportunities and confidence to move forward in their lives, and increase their capacity to help other women.





---

## SECTION 5 – CONCLUSIONS AND RECOMMENDATIONS

The four points discussed above point to the fact that each community will have specific priority needs and that these needs and potential policy responses may change over time due to macro level factors, such as changes in housing markets or a crisis in another country that creates an influx of refugees. Appendix H contains a list of general recommendations for services that are needed to address prevention of homelessness among immigrant women who experience family violence. Many of these would prevent homelessness in general. About two-thirds of the women in our study, for instance, were unemployed and 60% reported having pre-teen or younger children. This highlights the need for a national, affordable, safe childcare system that supports healthy child development.

Our data did not contain reference to issues that may be important in other contexts or with another sample of women. No one, for instance, discussed actually obtaining citizenship as a significant factor in decision making. There was also little information about the men, their housing decisions, or their service needs. This would obviously be important in an ecological model of prevention; for instance, labour and employment services could be presenting information on gendered violence and Canadian laws as an intervention with men to prevent or stop violent behaviour.

A model that would address the need for systemic change, recognition of indicators of risk and indicators of decreased risk separately, the need to address the foregrounded issues, and advocacy is a “one-stop shop” for family violence intervention. In this model, government and non-government organizations partner and form a new agency where women and men can be referred or which they can contact themselves to obtain information and referral relevant to their specific needs. This model moves beyond a justice system focus on intervention, but includes the justice sector (e.g., police, courts) as partners. Experience in Perth, Australia – the Domestic Violence Advocacy Support (Family and Domestic Violence Unit, 2004) – has shown that this model can increase interagency collaboration, identify solutions to systemic problems, and intervene sooner in cases. The key for the population discussed here is inclusion of local representatives from immigrant serving agencies and from Citizenship and Immigration Canada in the collaboration. Inclusion of ethnocultural and women-centred communities and services in the governance may ensure long-term success and sustainability. It is necessary that the philosophy and policies are women-centred; that is, that the gendered nature of violence and poverty are understood and the safety of women and children is paramount.



---

## SECTION 6 – BIBLIOGRAPHY

- Abraham, M. (2000). Isolation as a form of marital violence: The South Asian immigrant experience. *Journal of Social Distress and the Homeless*, 9(3), 221-236.
- Anderson, J., Perry, J., Blue, C., Browne, A., Henderson, A., Khan, K.B., Kirkham, S.R., Lynam, J., Semeniuk, P., Smye, V. (2003). Rewriting cultural safety within the postcolonial and postnational feminist project: toward new epistemologies of healing. *Advances in Nursing Science*, 26(3), 196-214.
- Ashcraft, K. & Mumby, D. (2004). *Reworking Gender: A Feminist Communicology of Organization*. Thousand Oaks: Sage Publications.
- Bacchi, C. (1999). *Women, Policy and Politics: The Construction of Policy Problems*. London: Sage Publications.
- Baker, C.K., Cook, S.L. & Norris, F.H. (2003). Domestic violence and housing problems: a contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence Against Women*, 9(7), 754-783.
- Baker, H. (2005). Involving children and young people in research on domestic violence and housing. *Journal of Social Welfare and Family Law*, 27(3-4), 281-297.
- Bhuyan, R., Mell, M., Senturia, K., Sullivan, M. & Shiu-Thornton, S. (2005). "Women must endure according to their karma" Cambodian immigrant women talk about domestic violence. *Journal of Interpersonal Violence*, 20(8), 902-921.
- Braun, T., & Black, J. (2003). *It Shouldn't Take an Inquest: A Review of the Literature Examining Links Between Domestic Violence and Homelessness*. Calgary: Violence Information & Education Centre.
- Bui, H.N. (2003). Help-seeking behavior among abused immigrant women: a case of Vietnamese American women. *Violence Against Women*, 9(2), 207-239.
- Burman, E., & Chantler, K. (2005). Domestic violence and minoritisation: legal and policy barriers facing minoritized women leaving violent relationships. *International Journal of Law and Psychiatry*, 28, 59-74.
- Calgary Coalition on Family Violence & Calgary Immigrant Women's Association. (1998). *Piece of Mind: Integration Needs of Abused Immigrant Women*. Available: <http://www3.telus.net/ccfv/peaceofmind.html>.
- City of Calgary. (2002). *The 2002 Count of Homeless Person*. Available: [http://www.calgary.ca/docgallery/bu/cns/homelessness/2002\\_calgary\\_homeless\\_count.pdf](http://www.calgary.ca/docgallery/bu/cns/homelessness/2002_calgary_homeless_count.pdf)
- Cone, D., Richardson, L.D., Todd, K.H., Betancourt, J.R., Lowe, R.A. (2003). Health care disparities in emergency medicine. *Academic Emergency Medicine*, 10(11), 1176-1183.
- Crandall, M., Senturia, K., Sullivan, M. & Shiu-Thornton, S. (2005). "No way out" Russian-speaking women's experiences with domestic violence. *Journal of Interpersonal Violence*, 20(8), 941-958.

- Creswell, J.W. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks: Sage Publications.
- Family and Domestic Violence Unit. (2004). Western Australian Family and Domestic Violence Action Plan, 2004-2005. Government of Western Australia, Department for Community Development. <http://www.community.wa.gov.au/NR/rdonlyres/C735E1D8-7B3B-47C4-84FE-98DE946E51EB/0/DCDRPTFDVStateActionPlan2004.pdf>
- Donahue, P., Este, D. & Miller, P. (2003). *Diversity Among the Homeless and Those At Risk: Executive Summary*. Available: <http://www.fsw.ucalgary.ca/docs/Executive%20Summary%20-%20Homeless%20Study.pdf>
- DuMont, J. & Miller, K.L. (2000). Countless abused women: homeless and inadequately housed. *Canadian Women's Studies*, 20(3), 115
- Eliasson, M. & Lundy, C. (1999). Organizing to stop violence against women in Canada and Sweden. In L. Briskin & M. Eliason (Eds.), *Women's Organizing and Public Policy in Canada and Sweden* (pp. 280-309). Montreal: McGill-Queen's University Press.
- Federal- Provincial- and Territorial- Advisory Committee on Population Health. (1994). *Strategies for Population Health: Investing in the Health of Canadians*. Ottawa: Minister of Supply and Services Canada.
- Federal-Provincial-Territorial Ministers Responsible for the Status of Women. (2002). *Assessing Violence Against Women: A Statistical Profile*. Ottawa: Status of Women Canada.
- Ganguly, I. (1999). Cultural safety and work practice. *Australian and New Zealand Journal of Public Health*, 23(5), 552-553.
- Graham, J.M. & Thurston, W.E. (2005). Overcoming adversity: resilience & coping mechanisms developed by recent immigrant women living in the inner city of Calgary, Alberta. *Women's Health and Urban Life*, 4(1): 63-80.
- Health Canada. (1996). *Towards a Common Understanding: Clarifying the Core Concepts of Population Health*. Ottawa: Health Canada.
- Kagawa-Singer, M. & Kassim-Lakha, S. (2003). A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes. *Academic Medicine*, 78(6), 577-587.
- Latta, R.E. & Goodman, L.A. (2005). Considering the interplay of cultural context and service provision in intimate partner violence: the case of Haitian immigrant women. *Violence Against Women*, 11(11), 1441-1464.
- Meadows, L.M., Thurston, W.E. & Melton, C. (2001). Immigrant women's health. *Social Science & Medicine*, 52(9), 1451-1458.
- Meadows, L. & Dodendorf, D. (1999). Data management and interpretation - using computers to assist. In B. Crabtree & W. Miller (Eds.), *Doing Qualitative Research* (pp. 195-218). Thousand Oaks: Sage.
- Melbin, A., Sullivan, C.M. & Cain, D. (2003). Transitional supportive housing programs: battered women's perspectives and recommendations. *Affilia*, 4, 445-460.

- Miller, W. & Crabtree, B. (1999). The dance of interpretation. In B. Crabtree & W. Miller (Eds.), *Doing Qualitative Research* (pp. 127-144). Thousand Oaks: Sage.
- Morse, J.M. & Richards, L. (2002). *Readme First for a User's Guide to Qualitative Methods*. Thousand Oaks: Sage Publications.
- National Clearinghouse on Family Violence (2003). Working with immigrants and refugees. *Sharing Information and Solutions* (Newsletter from the National Clearinghouse on Family Violence), 8(Spring/Summer): 4. Available: [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/newsletter-issue8\\_e.pdf](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/newsletter-issue8_e.pdf)
- Novac, S., Brown, J. & Bourbonnais, C. (1996). *No Room of Her Own: A Literature Review on Women and Homelessness*. Ottawa: Canadian Mortgage and Housing Corporation. Available: <http://www.ginsler.com/documents/noroom.pdf>
- Ramaliu, A. & Thurston, W. (2003). Identifying best practices of community participation in providing services to refugee survivors of torture: a case description. *Journal of Immigrant Health*, 5(4), 165-172.
- Richardson, S. (2004). Aotearoa/New Zealand nursing: from eugenics to cultural safety. *Nursing Inquiry*, 11(1), 35-42.
- Rollins, J.H., Saris, R.N. & Johnston-Robledo, I. (2001). Low-income women speak out about housing: a high-stakes game of musical chairs. *Journal of Social Issues*, 57(2), 277-298.
- Salcido, O. & Adelman, M.. (2004). "He has me tied with the blessed and damned papers": Undocumented-immigrant battered women in Phoenix, Arizona. *Human Organization*, 63(2), 162-172.
- 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.
- Shirwadkar, S. (2004). Canadian domestic violence policy and Indian immigrant women. *Violence Against Women*, 10(8), 860-879.
- Spence, D. (2005). Hermeneutic notions augment cultural safety education. *Journal of Nursing Education*, 44(9), 409-414.
- Supporting Communities Partnership Initiative. (2003). *Best Practices for Working with Homeless Immigrants and Refugees. A Community-Based Action-Research Project. Phase I: Research. Executive Summary*. Toronto: Access Alliance Multicultural Community Health Centre. Available via the Virtual Library of the PCERII Metropolis website: [http://pcerii.metropolis.net/frameset\\_e.html](http://pcerii.metropolis.net/frameset_e.html).
- Tashakkori, A. & Teddlie, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. Thousand Oaks: Sage.
- Thomas, T.N. (1995). Acculturative stress in the adjustment of immigrant families. *Journal of Social Distress and the Homeless*, 4(2), 131-142.

- Thurston, W.E. (1998). Health promotion from a feminist perspective: a framework for an effective health system response to woman abuse. *Resources for Feminist Research*, 26(3/4): 175-202
- Thurston, W.E., Cory, J. & Scott, C.M. (1998). Building a feminist theoretical framework for screening of wife-battering: key issues to be addressed. *Patient Education & Counselling*, 33(3), 299-304.
- Thurston, W.E. & Potvin, L. (2003). Evaluability assessment: a tool for incorporating evaluation in social change programmes. *Evaluation*, 9(4), 453-469.
- Thurston, W.E. & Verhoef, M.J. (2003). Occupational injury among immigrants. *Journal of International Migration and Integration*, 4(1), 105-124.
- Thurston, W.E. & Vissandjée, B. (2005). An ecological model for understanding culture as a determinant of women's health. *Critical Public Health*, 15(3): 229-242.
- Tutty, L.M., Thurston, W.E., Christensen, J. & Eisener, A. (2003). *Evaluation of the CDVC Domestic Violence Training and Protocol Project for Immigrant Serving Agencies*. Report for the Calgary Domestic Violence Committee. Calgary, AB: RESOLVE Alberta.
- Williams, R. (1999). Cultural safety - what does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 23(2), 213-214.

---

## SECTION 7 – APPENDICES

*Note: At the time of this study the Housing and Homelessness Branch of HRSDC was named the National Secretariat on Homelessness. It was this name that was used in correspondence at the time, as detailed in the following appendices.*

### **Appendix A - Covering Letters to Participants and Organizations**

#### **Immigrant Women, Family Violence, and Pathways Out of Homelessness Background Information for Service Providers Recruiting Participants**

Ethical approval from the Conjoint Health Research Ethics Board (University of Calgary) requires that no documentation about the project be provided to potential participants in the form of hand-outs or posters. This is due to concerns from the research team that the information would fall into the wrong hands and could result in negative consequences for the woman involved. Instead, the following information has been provided to service providers (counsellors, social workers, executive directors, and so on) who are assisting us with recruitment. The service providers are conveying this information to potential participants, who can then decide whether they are interested in participating.

Dear Service Provider,

This letter contains information about a new research project entitled Immigrant Women, Family Violence, and Pathways Out of Homelessness.

[Insert information about how this agency was contacted and by whom... for example, “As per our discussion last Tuesday, you have agreed to assist us with recruiting participants” ...or... “As part of the research team you have agreed to assist us with recruiting”.]

The background information and recruitment details below will assist you as you approach women who may be interested in participating in our project.

#### **Background**

There has been little investigation into the connections between domestic violence, immigration, and homelessness of women. This new project headed by Dr. Wilfreda Thurston of the University of Calgary aims to address this issue. This is a multi-site study, with research being conducted in Calgary, Winnipeg, and Halifax. Academic and community partners include the Brenda Strafford Centre (Calgary), the Calgary Coalition on Family Violence (Calgary), the Prairie Women’s Health Centre of Excellence (Winnipeg), Osborne House (Winnipeg), Immigrant Women’s Counselling Services (Winnipeg), Needs Centre for War-Affected Families (Winnipeg), the Atlantic Centre of Excellence for Women’s Health (Halifax), Halifax community partners (yet to be determined) and RESOLVE Alberta.

Homelessness is often cyclical and for immigrant women this can be compounded by social isolation and fear of the state-run services. We plan to interview immigrant women who have experienced family violence, exploring a number of themes including housing, health, and

service awareness and access. Once this data is analyzed we aim to answer the following research questions:

1. What are the key structural or systemic and individual causes of persistent and repetitive homelessness of immigrant women experiencing family violence?
2. What are the pathways into and out of homelessness? What are the specific moments in time where critical interventions are most effective?
3. What existing services are most effective in assisting people to exit homelessness, and how can homeless people or those at risk of homelessness access them?

This study will provide data that will link individual level and social level explanations in a model that will have utility for program planning and policy review in any setting. We will also consult with key policy makers on this issue.

### Recruitment details

The recruitment criteria for women participating in this study are as follows:

1. She must be an immigrant, however it does not matter how long she has lived in Canada.
2. She must have experienced family violence at some time in her life in Canada.
3. She may or may not be homeless. She should have some experience with housing insecurity.
4. She must be comfortable enough with English to participate in the research interview. Unfortunately our budget does not allow for the use of interpreters.
5. She should not currently be experiencing a crisis period. We will interview women three weeks or more following a crisis.
6. She must feel safe enough to participate in the study. If her abuser is unpredictable or particularly dangerous, she may not feel safe enough to participate.

Women who meet these criteria can be approached about participation and provided with information about the study. Once they agree to participate, please contact [name and contact information for site or project coordinator] and provide the potential participant's contact information. The woman can suggest a time and place which would be convenient to her. Then our interviewer will make every effort to accommodate interviewees.

It should be stressed that our ethical guidelines allow for in-home visits only if the woman is not living with the abuser. For this reason, our community agencies have agreed to provide space for interviews whenever possible. If it is difficult for the participant to meet outside of her home, a home interview may be scheduled, provided that she does not live with the perpetrator.

We plan to recruit ten women from Halifax, ten women from Winnipeg, and thirty women from Calgary. I will contact you once we have met our goal for recruitment. Recruitment can stop at that point.

The information outlined below (Information for Potential Participants) should be verbally conveyed to potential participants. This information has been written in plain language to allow for differences in English comprehension. You can read the document verbatim or paraphrase the content. Potential participants should not get a paper copy of this information. The safety protocol for this project and the Conjoint Health Research Ethics Board (the board that provides ethical, scientific, and administrative review of research projects in the Health Sciences at the



University of Calgary) state that publicly distributed documents should not refer to family violence.

The study recruitment, retention, and safety protocols have been attached for your information. For further information or if you have any questions please feel free to contact me at [project or site coordinator's contact information].

I would like to extend our thanks for your assistance in recruiting participants for this important research project. Immigrant women face specific challenges when confronted with family violence and housing insecurity. By hearing the voices of these women, we hope to draw attention to these challenges and change the policy environment for the better.

Sincerely,

[name of project or site coordinator]

### Information for Potential Participants

Researchers at the University of Calgary are working on a project about immigrant women, family violence, and homelessness. Because I work with immigrant women, I am helping the researchers to find women to talk to about these issues. I have some information about this project and you can decide if you would like to be a part of it.

The researchers will do three interviews with each woman over the next six months. They will ask questions about immigration, family conflict, housing, health, and services. The researchers hope to have the same researcher do all three interviews.

By talking to you and other women in the same situation the researchers hope to find out several things:

- what causes homelessness among immigrant women who have experienced family violence;
- what can tell us if someone is at risk of becoming homeless;
- what we can do to reduce that risk;
- when is the best time to act to prevent homelessness;
- what we can do to help women who have problems with housing and homelessness;
- what services are best at helping people who are homeless or at risk of becoming homeless; and
- what services women use for support if they are homeless or at risk of becoming homeless.

By doing this project, the researchers hope to help women with these experiences. They want to improve programs and policies so that immigrant women can find the services they need at the time that they need them and in ways that are most helpful. Not much is known about this problem, so any information you can provide will be helpful. Remember, that your names will be kept secret and only members of the researcher team will know that you were part of the project. When the researchers write reports or papers, you will not be identified.

We also need to tell about the risks of being involved in this project. When you talk to the researchers, you might talk about things that are upsetting to you. They can give you a card listing available services if you need them. We can also reduce risk by doing the interview somewhere where you feel safe, such as a community agency or the University. To reduce concerns about the topic of our study we suggest you call it an “Immigrant Women’s Health Study”.

The researchers will do everything they can to protect your privacy. They will also do everything they can to make this safe for you. For example, they will not contact you at home if you are worried about someone finding out that you are doing this study. You are free to stop the interviews at any time and to refuse to answer any specific questions. You are free to stop being a part of this study at any time. Interviews will be done at a time and place that is best for you.

The researcher will be providing each woman with a twenty dollar payment per interview to help with any costs involved in doing the interview. (For example, you may have to pay a babysitter.)

Would you like to be part of this study?      Yes      No

Is it alright if we give your contact information to the researchers?      Yes      No

Thank you.



FACULTY OF | UNIVERSITY OF  
MEDICINE | CALGARY

Department of Community Health Sciences  
Heritage Medical Research Building, Room G13  
Telephone: (403) 220-6940  
Fax: (403) 270-7307  
Email: [thurston@ucalgary.ca](mailto:thurston@ucalgary.ca)

Dear \_\_\_\_\_,

Our national research team with academic and community partners in Calgary, Winnipeg, and Halifax is headed by Dr. Wilfreda (Billie) Thurston, and is currently in the final stages of a longitudinal multi-site study investigating homelessness and housing insecurity among immigrant women experiencing family violence. As a key informant about policy in this area, you are invited to a workshop to review and comment on our findings. Your perspectives will be included in the final research report to the National Secretariat on Homelessness and may affect how immigrant women experience family violence and housing insecurity or homelessness in the future.

The workshop will be held on DATE: (different at each site) at LOCATION: TBA.

In this workshop we plan to:

1. Present our research findings;
2. Ask you to discuss these findings in small group workshop format;
3. Obtain feedback about how these findings fit with your experience;
4. Ask you to identify recommendations for change; and
5. Discuss current initiatives addressing issues faced by immigrant women experiencing family violence and housing insecurity.

Please note that facilitators will audio-record the session, but no individual will be identified in reports without their permission.

Your input will strengthen our research and may assist us in influencing policies and services used by immigrant women experiencing family violence and housing insecurity. Please do not hesitate to contact me, Lesley Carruthers, at 220-5330 or via email at [carruthl@ucalgary.ca](mailto:carruthl@ucalgary.ca) for further information.

Dr. W.E. (Billie) Thurston  
Professor  
Dept. of Community Health Sciences  
Director  
Institute for Gender Research  
University of Calgary

Lesley Carruthers, MA  
Research Coordinator  
Dept. of Community Health Sciences  
University of Calgary



## Appendix B - Consent Forms for Participants

### Verbal Script to Accompany Consent – Immigrant Women Interviews

My name is [interviewer's name] and I am working on a project about immigrant women, family violence, and homelessness. I'm going to tell you about what we want to do and then you can tell me if you agree to do the interview.

We would like to do one interview today and another two interviews over the next six months. By talking to you and other women like you we hope to find out several things:

- what causes homelessness in this group of women;
- what can tell us if someone is at risk of becoming homeless;
- what we can do to reduce that risk;
- when we can act to best prevent homelessness;
- what we can do to help women out of homelessness;
- what services are best at helping people who are homeless or at risk of becoming homeless; and
- what services women use for support if they are homeless or at risk of becoming homeless.

We hope that by doing this project, we can help other women like yourself. We hope to improve programs and policies so that immigrant women can find the services they need at the time that they need them and in a way that is most helpful. There has not been very much research on this topic, so any information you can provide would be helpful. Remember, that your participation is confidential and no one will know that you talked to us. When we write reports or papers, you will not be identified.

We also need to make sure you know about the risks of being involved in this project. When you talk to us, you might talk about things that are upsetting to you. We can give you a card listing available services if you need it. There might also be a risk if someone finds out you are talking to us about family violence. If you think this might be a problem, you can call this an "Immigrant Women's Health Study". We can also reduce this risk by doing the interview somewhere where you feel safe, such as a community agency or the University.

We also need to let you know that if you tell us about anyone hurting or neglecting a child, we have to report it to Child and Family Services. We also have to tell the authorities if you tell us that you are going to hurt yourself or someone else.

If at any point you want to say something and you don't want it recorded, you can tell me to stop the tape. After you have said what you want to say, I can start the tape and continue with the rest of the interview. The only thing we have to tape record is your agreement to be part of the project.

You are free to stop the interview at any time and to refuse to answer any specific questions. You are free to stop being a part of this study at any time, but because we will be removing your name from the transcripts once the interviews have been recorded, we can't remove your information from the study if you choose not to do more interviews.

Do you agree to be part of this study?      Yes      No

Do you agree to be tape recorded during this interview?      Yes      No

Thank you.



## Consent Form – Service Provider Interviews

Research Project Title:  
Immigrant Women, Family Violence and Pathways Out of Homelessness

Investigators:

Dr. Wilfreda E. Thurston, Principle Investigator, University of Calgary  
Dr. David Este, Co-Investigator, University of Calgary  
Dr. Liza McCoy, Co-Investigator, University of Calgary  
Tess Gordey - Co-Investigator, Brenda Strafford Centre, Calgary  
Jana Smith - Co-Investigator, Calgary Coalition on Family Violence, Calgary  
Dr. Barbara Clow, Co-Investigator, Atlantic Centre of Excellence for Women's Health, Halifax  
Dr. Christine Saulnier, Co-Investigator, Atlantic Centre of Excellence for Women's Health, Halifax  
Margaret Haworth-Brockman, Co-Investigator, Prairie Women's Health Centre of Excellence, Winnipeg

Assistants:

Lesley Carruthers, Research Coordinator, Calgary  
Andrea D'Sylva, Site Coordinator, Halifax  
Maureen Kalloo, Site Coordinator, Winnipeg

Sponsors:

National Secretariat on Homelessness  
Prairie Centre of Excellence for Research on Immigration and Integration

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

### PURPOSE

The purpose of this study is to investigate homelessness and housing insecurity among immigrant women experiencing family violence. This study is taking place in Calgary, Winnipeg, and Halifax. In the future, study results may influence policies and programs that may improve services in these areas.

### YOUR PARTICIPATION

You are being asked to participate because you work in an agency providing services that may be accessed by immigrant women experiencing family violence and housing insecurity or homelessness. You have indicated that you are willing to share information about your organization and issues surrounding women facing these issues.

Your involvement in the study will involve one interview. You will be asked about housing insecurity and homelessness among immigrant women experiencing family violence. You will also be asked about service provision and coordination of services related to these three issues.

The interviewer will record the interview with your permission. Any audio recordings will be transcribed (typewritten) and will be analyzed.

## BENEFITS

There is not likely to be an immediate direct benefit to you. In the future, however, there may be a better understanding of immigrant women's experience of family violence and housing insecurity or homelessness, which may lead to the improvement of services or policies related to these issues.

## RISKS

This research poses no known risks to you. However, you may refuse to answer any questions or discuss any topic. You have the right to stop the interview if you don't want to continue. You may quit the study at any time without penalty.

## CONFIDENTIALITY

To protect your identity, an identification code will be given to recordings and documents. Your name will not be used on stored recordings and documents. The list of names and codes will be kept in a secure area, separate from the interview material and will be accessible only to the research team. There will be no need to use personal identifiers in the study's research report or direct quotations containing identifying information of participants in this study. Information gathered for this study will be stored for 7 years as per University of Calgary regulations.

## COMPENSATION

In the event that you suffer injury as a result of participating in this research, no compensation will be provided to you by the University of Calgary, the National Secretariat on Homelessness, the Prairie Centre of Excellence for Research on Immigration and Integration, or the researchers for any treatment of services your doctors recommend that is not covered by health-care insurance (Alberta Health Care). You will still have all your legal rights. Nothing said here about treatment or compensation in any way alters your rights to recover damages.

## SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors or involved institutions from their legal and professional responsibilities. Your participation is voluntary. You are free to withdraw from the study anytime, without jeopardizing your health care. Your continued participation should be informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have further questions concerning matters related to this research please contact:

Dr. Wilfreda E. Thurston at 220-6940 or e-mail: [thurston@ucalgary.ca](mailto:thurston@ucalgary.ca)

If you have any questions concerning your rights as possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

Participant name (please print): \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Investigator and/or Delegate name (please print): \_\_\_\_\_

Investigator and/or Delegate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness name (please print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this consent form has been given to you for your records and reference.





FACULTY OF | UNIVERSITY OF  
MEDICINE | CALGARY

Department of Community Health Sciences  
Heritage Medical Research Building, Room G13  
Telephone: (403) 220-6940  
Fax: (403) 270-7307  
Email: thurston@ucalgary.ca

## Consent Form – Key Policy Makers

Research Project Title:  
Immigrant Women, Family Violence and Pathways Out of Homelessness

Investigators:

Dr. Wilfreda E. Thurston, Principle Investigator, University of Calgary  
Dr. David Este, Co-Investigator, University of Calgary  
Dr. Liza McCoy, Co-Investigator, University of Calgary  
Tess Gordey - Co-Investigator, Brenda Stafford Centre, Calgary  
Jana Smith - Co-Investigator, Calgary Coalition on Family Violence, Calgary  
Dr. Barbara Clow, Co-Investigator, Atlantic Centre of Excellence for Women's Health, Halifax  
Dr. Christine Saulnier, Co-Investigator, Atlantic Centre of Excellence for Women's Health, Halifax  
Margaret Haworth-Brockman, Co-Investigator, Prairie Women's Health Centre of Excellence, Winnipeg

Assistants:

Lesley Carruthers, Research Coordinator, Calgary  
Andrea D'Sylva, Site Coordinator, Halifax  
Maureen Kalloo, Site Coordinator, Winnipeg

Sponsors:

National Secretariat on Homelessness  
Prairie Centre of Excellence for Research on Immigration and Integration

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

### PURPOSE

The purpose of this study is to investigate homelessness and housing insecurity among immigrant women experiencing family violence. This study is taking place in Calgary, Winnipeg, and Halifax. In the future, study results may influence policies and programs that may improve services in these areas.

### YOUR PARTICIPATION

You are being asked to participate because your work as a key informant about policy in this area may have an effect on how immigrant women experience family violence and housing insecurity or homelessness. You have indicated that you are willing to review and comment on our findings and identify recommendations for change.

Your involvement in the study will include one workshop. You will be asked to discuss the findings as presented at the workshop and provide feedback and recommendations based on these findings. You will also be asked about current initiatives addressing issues faced by immigrant women experiencing family violence and housing insecurity.

The facilitators will record the workshop with your permission. Any audio recordings will be transcribed (typewritten) and analyzed. No individual will be identified in reports without their permission.

## BENEFITS

There is not likely to be an immediate direct benefit to you. In the future, however, there may be a better understanding of policies affecting immigrant women experiencing family violence and housing insecurity or homelessness, which may lead to the improvement of those policies.

## RISKS

This research poses no known risks to you. However, you may refuse to answer any questions or discuss any topic. You have the right to leave the workshop if you don't want to continue. You may quit the study at any time without penalty.

## CONFIDENTIALITY

To protect your identity, your name will not be used on stored recordings and documents. The list of participants will be kept in a secure area, separate from the workshop material and will be accessible only to the research team. There will be no need to use personal identifiers in the study's research report or direct quotations containing identifying information of participants in this study. Information gathered for this study will be stored for 7 years as per University of Calgary regulations.

## COMPENSATION

In the event that you suffer injury as a result of participating in this research, no compensation will be provided to you by the University of Calgary, the National Secretariat on Homelessness, the Prairie Centre of Excellence for Research on Immigration and Integration, or the researchers for any treatment of services your doctors recommend that is not covered by health-care insurance (Alberta Health Care). You will still have all your legal rights. Nothing said here about treatment or compensation in any way alters your rights to recover damages.

## SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors or involved institutions from their legal and professional responsibilities. Your participation is voluntary. You are free to withdraw from the study anytime, without jeopardizing your health care. Your continued participation should be informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have further questions concerning matters related to this research please contact:

Dr. Wilfreda E. Thurston at 220-6940 or e-mail: [thurston@ucalgary.ca](mailto:thurston@ucalgary.ca)

If you have any questions concerning your rights as possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

Participant name (please print): \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Investigator and/or Delegate name (please print): \_\_\_\_\_

Investigator and/or Delegate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness name (please print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this consent form has been given to you for your records and reference.



## **Appendix C - Interview Guides and Interview Questions**

### **Immigrant Women, Family Violence, and Pathways out of Homelessness Interview Guide (First Interviews)**

Note to Interviewer: This interview guide outlines six main themes that will be addressed in the three interviews with each participant. Prompts are provided, to be used where appropriate. In each section, you need to be aware of how the participant's response relates to the following:

- resource awareness and utilization (knowledge of services, which services sought, difficulties in accessing services);
- expectations (of life situation, of services, for the future);
- transition points (changes, decisions made, shifting awareness);
- opportunities available; and
- positives (do not only focus on the negative).

As you build rapport with the participant, you will get an idea of how the participant will discuss their situation. Try to use the terminology she has used. For example, the participant may be sensitive to using "violence", so she may use a different word.

#### **Life History**

Note to Interviewer: In this section, we are trying to find out about this participant. What are her experiences? How has her life been to this point? Specifically, we are looking at immigration experiences and expectations of Canadian life.

#### **Demographics**

- Age
- Marital status
- Children? How many? Are they with you?
- Who lives in the home? Nuclear or extended family? His or hers?
- Schooling? Education?
- Employment?

#### **Immigration experience and process**

- Country of origin?
- Coming to Canada
- How long in Canada?
- Immigration status?
- Ever sought services to help with immigration or settlement? What services?

#### **Expectations of Canada**

- How is your experience in Canada different from your home country?
- Have your experiences been what you expected?

#### **Health and Well Being**

Note to Interviewer: In this section we are looking for a general state of health and whether the participant's health has been affected by her situation.

Do you feel healthy? What does it mean to be healthy?  
How are your spirits? How is your energy?  
How have these things changed over time?  
How do you feel now? Has health changed?  
Have you sought help for your health or the health of your family?

- Medical services? (doctor, nurse, dentist, etc.)
- Family or friends?
- Community members? (neighbours, ethnocultural community)
- Religious leaders or community?
- Agency? (which ones?)

### History of Family Conflict

Note to Interviewer: In this section we are trying to explore the source and extent of the family conflict. We do not need to have details of the abuse, but we are looking to determine the time-span and severity. Explore very gently if the participant is hesitant but do not persist if she does not wish to discuss specifics.

We are also looking for the support network the participant has accessed. This would include individuals, organizations, or authorities. Probe for names of organizations.

Tell me about the family conflict

- Describe the conflict
- Source of the family conflict?
- Who was the perpetrator?
- Current relationship with perpetrator?
- How long has it been happening?
- Extent of the abuse?
- Safety concerns? (Current? Past? Future?)
- Protective orders? (Restraining Order, Emergency Protection Orders)
- Police charges?
- Lawyer? Court?

Who did you contact when you were looking for help?

- Family or friends?
- Medical services? (doctor, nurse, dentist, etc.)
- Community members? (neighbours, ethnocultural community)
- Religious leaders or community?
- Agency? (which ones?)
- Authorities? (lawyers, police)

### Danger Assessment

Complete Danger Assessment Tool at this point in the interview.

## Housing or Home Insecurity

Note to the Interviewer: This section focuses on the past and present housing situation of the participant. We want to explore expectations of future housing requirements or difficulties.

What makes a good home?

Where do you live now?

- How do you feel about where you live? Safe? Permanent? Why or why not?
- What makes you feel secure or insecure about where you live?

Have you ever left your home? What happened?

- How did you decide to leave?
- Where did you go and how long did you stay there? Multiple places?
- How did you find a place to stay?
- Was money a problem when you left? Where did you get money?
- Did you choose to leave on your own or did someone else decide or recommend you leave?

Did you get help from anyone?

- Family or friends?
- Community members? (neighbours, ethnocultural community)
- Religious leaders or community?
- Agency? (which ones?)

Tell me about that help

Have you ever thought about leaving, but stayed?

What were the reasons you stayed?

Has the perpetrator ever left your home? (leaving you without financial support)

- What happened?
- What would happen if the perpetrator left?

## Other Service Access History

Note to Interviewer: In this section we are probing for any other services the participant may have accessed but did not discuss in other sections.

- Are there any other services you have gone to?
- Why did you seek services? Did you decide on your own or did someone else suggest or require that you seek services? (Police, Child and Family Services)
- How did you find out about those services?
- Was it easy or hard to get service? Why?
- What services worked well for you? What did not work well? How?

Have you accessed services for:

- Family violence or conflict?
- Housing?

- Health?
- Money issues?
- Employment?
- Education? ESL?
- Other?

Who did you contact?

- Friends/family?
- Medical services? (doctor, nurse, dentist, etc.)
- Community members?
- Cultural community?
- Service providers?
- Authorities? (Police? Social services? Child welfare?)
- Religious community?
- Counselling?
- Shelter?
- Immigrant serving agency?
- Services for children?
- Housing services? (Homeless shelters or programs?)
- Other? (Explain)

### Current Situation and Survival Strategies

Note to Interviewer: This section is looking at how the participant is surviving right now. How is she managing day to day responsibilities? What pressures is she facing? How is her situation affecting her and her relationships?

How are you doing now?

Do you have trouble with day to day needs?

How do you solve the problem(s)?

Are there things in your life that are particularly hard?

How has this affected your children/relationship as a mother?

What are you doing to survive now?

What are your expectations/ideas of the near future (Stay? Go? Be asked to leave?)

How does the conflict affect your family?

How does it make you feel as a mother/wife/daughter/daughter-in-law?

Is there anything else you would like to add to this discussion?



## Preparation for Conducting Second Interviews

In preparation for the second interview with each participant, the interviewer will do the following:

1. Read the transcript of the first interview with this participant. This will help to remind the interviewer of the woman's experiences and situation.
2. Write down anything that the woman specifically focused on in the first interview. (For example, if she had a particular problem with custody of her children or with access to services, make a note of that.) Record these issues in the "key issues" section, below. This will help you refer to these issues during the interview.

### Key Issues

Note to Interviewer: Use this space to write down anything that this participant specifically focused on in the first interview. Refer to these issues throughout the discussion, as appropriate. If these issues do not come up during the interview, ask about them at the end of the interview.

Note to Interviewer: This interview guide is intended to follow up on issues discussed in the initial interview. As you talk about what has changed since the first interview, you need to be aware of how the participant's response relates to the following:

- resource awareness and utilization (knowledge of services, which services sought, difficulties in accessing services);
- expectations (of life situation, of services, for the future);
- transition points (changes, decisions made, shifting awareness);
- opportunities available; and
- positives (do not only focus on the negative).

As you continue to build rapport with the participant, you will get an idea of how the participant will discuss their situation. Try to use the terminology she has used. For example, the participant may be sensitive to using the word "violence", so she may use a different word.

## Immigrant Women, Family Violence, and Pathways out of Homelessness Interview Guide (Second Interviews)

### Major Changes Since the First Interview

Note to Interviewer: This section is meant to re-establish rapport and to assess whether any major changes have occurred since the first interview.

How have you been since the first interview?  
Have there been any big changes in your life?

### Health and Well Being

Note to Interviewer: In this section we are looking for a general state of health and whether the participant's health has changed since the first interview.

Do you feel healthy?  
Has your health changed since the first interview?  
Have you had any new health concerns?  
Have you sought help for your health since the first interview? From whom?

Now I would like to ask you a few questions about your health.

Complete SF-12 Survey

### Family Conflict

Note to Interviewer: In this section we want to determine whether there has been any new family conflict since the first interview. We do not need to have details of the abuse – only whether or not new abuse has occurred as well as the severity of that abuse.

We are still looking for the support network the participant has accessed. This would include individuals, organizations, or authorities. Probe for names of organizations.

Has there been any new family conflict since the last interview?  
Can you tell me about the conflict?  
Have you sought help for this conflict? From whom?

### Danger Assessment

Complete Danger Assessment Calendar and Tool.

### Housing or Home Insecurity

Note to the Interviewer: This section focuses on the present housing situation of the participant. We want to explore any changes in housing status or security and how these came about.

Has there been a change in your housing situation since the first interview?  
How do you feel about where you live now?  
Have you sought help for your housing situation? From whom?

### Other Service Access History

Note to Interviewer: In this section we are probing for any new services the participant may have accessed since the first interview but did not discuss in other sections.

Have you used any new services since the first interview?  
What were those services?  
Did the services work well for you? Why or Why not?

### Current Situation and Survival Strategies

Note to Interviewer: This section is looking at how the participant is surviving right now. How is she managing day to day responsibilities? What pressures is she facing? Has her situation changed since the first interview?

How are you doing now?  
Has there been a change in your day to day needs since the first interview?  
Has there been a change in how you cope with these needs?

Are there things that are more difficult or easier for you than they were at the first interview?  
Explain.

### Key Issues

Probe about any key issues that you have not talked about in the course of the interview.

Is there anything else you have thought of since the first interview?

Is there anything you would like people to know about women that are in your situation?

Is there anything you would tell other immigrant women or men?

### Preparation for Conducting Third Interviews

BEFORE you go to the third interview with each participant, the interviewer will do the following:

1. Review the transcript of the second interview you did with this participant. This will help to remind the interviewer of the woman's experiences and situation.
2. Briefly note anything that the woman specifically focused on in the second interview. (For example, if she had a particular problem with custody of her children or with access to services, make a note of that.) Record these issues in the "key issues" section, below. This will help you refer to these issues during the interview.

#### Key Issues

Note to Interviewer: Before you go to the third interview, use this space to write down anything that this participant specifically focused on in the second interview. Refer to these issues throughout the interview, as appropriate. If these issues do not come up during the interview, ask about them at the end of the interview.

Note to Interviewer: This interview guide is intended to follow up on issues discussed in the initial interviews. As you talk about what has changed since the second interview, you need to be aware of how the participant's response relates to the following:

- resource awareness and utilization (knowledge of services, which services sought, difficulties in accessing services);
- expectations (of life situation, of services, for the future);
- transition points (changes, decisions made, shifting awareness);
- opportunities available;
- positives (do not only focus on the negative), and
- decision-making processes (how did she make decisions about housing, jobs, etc).

As you continue to build rapport with the participant, you will get an idea of how the participant will discuss their situation. Try to use the terminology she has used. For example, the participant may be sensitive to using the word "violence", so she may use a different word.

As noted above, we would like to focus on how she has made decisions about aspects of her life. For example, how does she decide what is a priority – upgrading her education or being able to be home for her children at lunch and after school? How does she decide where to live? How does she choose to access or not access certain types of support? Try to prompt her to explain what she was thinking during decisions like this.

Immigrant Women, Family Violence, and Pathways out of Homelessness  
Interview Guide (Third Interviews)

Major Changes Since the Second Interview

Note to Interviewer: This section is meant to re-establish rapport and to assess whether any major changes have occurred since the last interview.

How have you been since the last interview?  
Have there been any big changes in your life?

Health and Well Being

Note to Interviewer: In this section we are looking for a general state of health and whether the participant's health has changed since the last interview.

Do you feel healthy right now?  
Has your health changed since the last interview?  
Have you had any new health concerns?

Have you sought help for your health since the last interview? From whom?

Has your health ever stopped you from doing something you wanted to do? How?

Are there things about your life that affect your health?  
What are they?  
How do they affect your health?

Of all the difficult things you are facing, is your health the most important? Or the least important? Or somewhere in between?

Family Conflict

Note to Interviewer: In this section we want to determine whether there has been any new family conflict since the last interview. We do not need to have details of the abuse – only whether or not new abuse has occurred as well as the severity of that abuse.

We are still looking for the support network the participant has accessed. This would include individuals, organizations, or authorities. Probe for names of organizations.

Has there been any new family conflict since the last interview?  
Can you tell me about the conflict?  
Have you sought help for this conflict? From whom?

Do you feel safe right now? Why or Why not?

What has been the most difficult thing about the family conflict?

What have you learned about since going through this family conflict?

## Prompts

- Services?
- Laws?
- Women's rights?
- Life lessons?
- Support?

Do you think your experience with family conflict is different than the experience of non-immigrant women? How?

What would you like other women who have family conflict to know about?

## Danger Assessment

Complete Danger Assessment Tool.

## Housing or Home Insecurity

Note to the Interviewer: This section focuses on the present housing situation of the participant. We want to explore any changes in housing status or security and how these came about. We also want to examine the decision-making process they went through regarding where they live now.

Has there been a change in your housing situation since the last interview?

How do you feel about where you live now?

Have you sought help for your housing situation? From whom?

What do you look for when you choose a place to live?

## Prompts

- Location?
- Transportation?
- Quality of housing?
- Close to amenities?

How did you come to live where you are now?

What do you like about where you live now?

What do you dislike about where you live now?

## Transportation

Note to Interviewer: In this section we are looking for transportation issues that might affect how the participant accesses services, gets to appointments, buys groceries, gets the kids to school, etc. Probe for how the mode of transportation affects what she can do.

How do you get around town?

## Prompts

- Bus?
- Car?
- Do you drive?
- Do you get rides? From whom?

What do you like about how you get around?  
What do you dislike about how you get around?

Does the way you get around affect what you can or can't do?

### Other Service Access History

Note to Interviewer: In this section we are probing for any new services the participant may have accessed since the last interview but did not discuss in other sections.

Have you used any new services since the last interview?  
What were those services?  
Did the services work well for you? Why? Or if not, why not?

How did you find out about the services you've used?

Prompts

- Counsellors?
- Police?
- Friends?
- Family?
- Community members?
- Medical staff?

What agency or service has been the most helpful to you?  
What agency or service has been the least helpful to you?

Are there any services you would like to use but can't or don't use?  
Why can't you or don't you use them?

Prompts

- Location?
- Family responsibilities? (i.e. having to be home when children come home for lunch)
- Cost?
- Language barrier?
- Cultural or religious reasons?

What would make it easier for immigrant women to use services?

Do you think your experience with services has been different than it would be for women who are born in Canada? How?

### Current Situation and Survival Strategies

Note to Interviewer: This section is looking at how the participant is surviving right now. How is she managing day to day responsibilities? What pressures is she facing? Has her situation changed since the last interview?

How are you doing now?  
Has there been a change in your day to day needs since the first interview?  
Has there been a change in how you cope with these needs?

Are there things that are more difficult or easier for you than they were at the last interview?  
Explain.

Is there anything that you would like to be doing right now that you feel you can't do?

Prompts

- School?
- Job?
- Family?
- Recreation?

What is stopping you from doing what you want to do?

What part of your life do you feel you need the most help with?

What part of your life do you feel the best about?

What strengths have you discovered in yourself?

What do you expect for your future?

Prompts

- For the next six months?
- For the next few years?

### Key Issues

Probe about any key issues that you have not talked about in the course of the interview.

### Final Words

Do you have any advice for immigrant women that are in your situation?

Is there anything you would tell other immigrant women or men?

Is there anything else you want to tell us about?

### About the Project

What has it been like to do these interviews?

Would you like to be contacted to help us if we do other projects like this?

Would you like to have a copy of the final report for this project?

If so, how would you like to receive the report?

- Mail (get current address)
- Email (get current email address)
- Local agency (ask for agencies that they would be comfortable visiting to pick up a copy of the report)

Thank you so much for helping us with this project!



## Immigrant Women, Family Violence, and Pathways out of Homelessness Interview Guide (Service Provider Interviews)

Note to Interviewer: Probe for examples or stories in each area.

Also remember that in all these questions, we are talking about immigrant or refugee women experiencing family violence, not just 'women' or 'immigrant women' in general. This being said, if the individual you are speaking to does not have experience with this specific group, then more general discussions will suffice.

### Organizational Information

Can you give me a brief description of your organization?

Probes:

- What is the name of your agency?
- What sector are you a part of? (Immigrant serving, homelessness, violence, etc)
- What services does your organization provide?
- Which of these services could assist immigrant women experiencing family violence and housing insecurity?
- How is your program/agency funded?

What is your position in the organization?

Probes:

- What tasks/programs/areas are you responsible for?
- How long have you worked at this organization? In the sector?

Approximately how many of the women your organization sees are:

1. Immigrant women?
2. Experiencing homelessness or housing insecurity?
3. Experiencing family violence?

What experience does the staff in your agency have with immigrant women experiencing family violence and housing insecurity?

Probes:

- How do immigrant women access your agency?
- Do immigrant women come to you for a specific issue and then disclose their experience with family violence and/or housing insecurity?

### Homelessness and Housing Insecurity

#### *Definitions*

Note to Interviewer: We are looking to gauge their perspective by learning about their definitions

How would you define homelessness?

How would you define housing insecurity?

#### *Pathways into Homelessness*

Can you tell me a typical story of an immigrant women experiencing family violence and housing insecurity or homelessness?

Probes:

How does she end up homeless?

Where does she go for help?

What can you tell me about persistent and repetitive homelessness among these women?

Are there individual factors that are more likely to lead to homelessness?

How do these factors affect the woman's decision making process?

What are the structural or systemic factors that can lead to homelessness?

How do these factors affect the woman's decision making process?

### Pathways Out of Homelessness

What interventions are most effective in ending homelessness or housing insecurity for these women?

In what way are these interventions most effective?

What interventions are least effective in ending homelessness or housing insecurity for these women?

In what way are they least effective?

What are the critical points in an immigrant woman's experience where certain interventions can be most effective?

In what way are the interventions effective?

Why at these particular points?

What existing services are most effective in assisting immigrant women exit homelessness?

How can abused homeless immigrant women or those at risk of homelessness access those services?

What individual factors protect immigrant women from homelessness or housing insecurity?

What structural or systemic factors protect immigrant women from homelessness or housing insecurity?

In your experience, is there a difference in the pathways into or out of homelessness between women:

1. who have gone through domestic violence shelters versus those who have not?
2. who have gone to immigrant serving agencies versus those who have not?
3. who have sought second stage housing versus those who have not?
4. who have sought assistance from housing or homelessness agencies versus those who have not?

Do women's experiences of housing insecurity or homelessness differ, depending on:

1. the amount of time they have spent in Canada?
2. their immigration or refugee status?
3. whether the abuse occurred before coming to Canada or only once she immigrated?
4. any other factors?

Where do immigrants get information on laws against abuse in Canada?

Where do they learn that it is illegal/not accepted in Canada?

### Barriers to Service

What do you think are the barriers to providing services to immigrant women who are experiencing family violence and homelessness or housing insecurity?

Probes:

- financial barriers?
- political barriers?
- other?

How could these barriers be overcome?

Are there specific programs or services you would like to see in place, but that are not offered?

Are there particular reasons why these programs or services are not being offered?

### Policy

What do you see as the policy implications in this area?

Are there policies that work well? Why?

Are there policies that do not work well? Why?

Are there specific policies that you would like to see in place?

Note to Interviewer: Use 'Pathways Into and Out of Homelessness' diagram here. Introduce the diagram, indicating that it is just another way for us to gather information about the things we've been talking about so far. They can draw or write wherever they like to explain what happens when immigrant women experience family violence and housing insecurity or homelessness. They should indicate common experiences, pitfalls, barriers, resources, and solutions along the road into and out of housing insecurity or homelessness.

### Coordination of Services

Do you communicate or coordinate with other agencies involved in services for:

Domestic violence?

Immigration and settlement?

Homelessness and housing insecurity?

What about other agencies or sectors?

Education (e.g. Bow Valley College)

Social Services

Non-government Organizations

Justice

Health

Human Rights Groups

Other agencies or sectors (Explain)

What form does that communication or coordination take?

How often would you be in touch with these agencies?

Are there any issues or problems that arise in coordinating or communicating with other agencies?

How could these problems be resolved?

Is there anything else you would like to add?

Thank you for your time.

Pathways Into and Out of Homelessness

Is there a common pathway into homelessness?

Is there a common pathway out of homelessness and into secure housing?

On the diagram indicate the common experiences, including barriers and solutions to housing insecurity.



Pre-Migration Period



Migration



Settlement



Housing Security



## **Appendix D - List of Community Organizations Participating in the Research**

### Community Partners

Bryony House – Halifax

Adsum House – Halifax

Osborne House – Winnipeg

Immigrant Women's Counselling Services – Winnipeg

Needs Centre for War-Affected Families – Winnipeg

Brenda Strafford Centre for the Prevention of Domestic Violence – Calgary

Calgary Coalition on Family Violence – Calgary

In Halifax an advisory committee was established to build partnerships in the community and assist with the following:

- recruitment of a site coordinator – assisted co-investigators in the selection process;
- recruitment of research participants – the executive directors of both the community partners are on the committee;
- revisions to the interview guides based on contextual factors;
- preliminary analysis of research findings – interpretation of the Halifax data;
- dissemination of research findings; and
- future research directions.

Members of the Halifax Advisory Committee:

- Lyn Barrett, Executive Director, Bryony House
- Youmei Chen, Host Program Coordinator, YMCA Newcomer Services
- Rebecca Koeller, Housing Research Coordinator, Halifax Regional Municipality
- Sheri Lecker, Executive Director, Adsum House
- Sandra McFadyen, Planning and Development Officer, Nova Scotia Advisory Council on the Status of Women
- Donna Smith, Patient Navigation Community Liaison, Cancer Care Nova Scotia
- Evangelia Tastsoglou, Gender/Immigrant Women Domain Leader, Atlantic Metropolis Centre of Excellence



## Appendix E - Inventory of Employment and Education Services – Analysis for Calgary, Winnipeg, and Halifax

### Population Data

These are population data (in thousands of persons) obtained from Statistics Canada (2006).<sup>9</sup>

Census Metropolitan Area	2001	2002	2003	2004	2005
Calgary (Alta.)	976.8	1,002.0	1,019.6	1,038.7	1,060.3
Winnipeg (Man.)	690.1	693.7	697.1	702.4	706.9
Halifax (N.S.)	369.1	373.8	377.0	379.2	380.8

From the Statistics Canada data on census metropolitan areas, Calgary's 2005 population stands at 1.06m people, representing an 8.9% increase from 2001 data. Winnipeg's 2005 population is 706,900 people, an increase of 2.4% over 2001, while Halifax's population is 380,800, an increase of 3.2% over 2001. Between these cities, the populations of Winnipeg and Halifax are approximately 67% and 36% of Calgary's population, respectively.

In discussing this inventory of employment and education services, it is important to compare available services, as well as comparing the cities in which these services are provided. Particularly, including demographic information like population as well as residential distribution is salient to this analysis, as these demographics will guide policy makers on the amount and location of services. One would expect, for example, that larger cities should have higher numbers of service locations.

### Services

#### Simple Count

Calgary: 8 agencies

Winnipeg: 8 agencies

Halifax: 2.5 agencies (The .5 agency, HILC, is a learning centre attached to MISA.)

A naïve statement from the above would indicate that Winnipeg has relatively the most agencies, since it has 8 agencies for a population of 706,900, representing a 1:88362 ratio. On the other hand, Calgary has a facility ratio of 1:132537, and Halifax has a 1:152320 ratio. Relatively speaking, Winnipeg therefore has the most agencies, and Halifax has the least.

**However**, we would need more information about the facility sizes, number of staff, number of hours of operation, and so on, to make more informed statements.

<sup>9</sup> Statistics Canada. (2006). *Population of census metropolitan areas (2001 Census boundaries)*. Available: <http://www40.statcan.ca/l01/cst01/demo05a.htm>

### Service Availability Summary for the 3 Cities

Service	Calgary	Winnipeg	Halifax
Academic Upgrading	✓	✓	
Accessibility (wheel chair)	✓	✓	✓
Accommodation: Temporary / Permanent Search Support	✓	✓	
Adult Education Classes	✓	✓	
Assertiveness & Self-Esteem Workshop & Training		✓	
Career / Vocational Planning	✓	✓	✓
Childcare for Participants	✓	✓	✓
Child Therapy		✓	
Citizenship Classes	✓	✓	
Community & Cultural Network	✓	✓	✓
Computer Access	✓	✓	✓
Computer Skills	✓	✓	✓
Counselling (non-employment)	✓	✓	
Education & Training Advisory	✓	✓	
EI / WCB Intervention		✓	
Employer Advocacy		✓	✓
Employment Counselling	✓	✓	✓
Employment Placement / Employer Matching	✓	✓	✓
English Language Skills / ESL	✓	✓	✓
Group Sessions for Skills Development & Practice	✓	✓	
Internet Skills	✓	✓	✓
Interview Skills Coaching	✓	✓	✓
Job Loss Support Group		✓	
Job Market Research / Job Search	✓	✓	✓
Lifeskills	✓	✓	
Loans, Finance Programs	✓		✓
Mentors	✓	✓	✓
Nutrition Services	✓	✓	
Orientation for New Immigrants	✓	✓	
Other Training (clerical, accounting, receptionist, electrician, baking decorator, building trades, plumbing, welding, pipefitting, etc.)	✓		✓
Outreach & Crisis Counselling	✓	✓	
Pre-Immigration Counselling		✓	
Referral Services (accreditation boards, real estate, employers, etc.)	✓	✓	✓
Refugee Support	✓	✓	✓
Resume Writing / Portfolio Development	✓	✓	✓
Settlement & Adaptation Support	✓	✓	
Stress Workshop		✓	
Translation / Interpreter Services	✓	✓	✓
Transportation	✓	✓	✓
Tutoring (one-on-one)		✓	
Work / Job / Study Strategies Workshop	✓	✓	✓
Youth Program	✓		



## Services Provided by Calgary Agencies

<b>Service</b>	<b>Calgary</b>	<b>Agencies</b>	<b>Comments</b>
<b>Academic Upgrading</b>	Y	CCIS, MCC	CCIS provides upgrading for engineering, AutoCAD immigrants.
<b>Accessibility (wheel chair)</b>	Y	All except bathroom restrictions in JFCS	
<b>Accommodation: Temporary / Permanent Search Support</b>	Y	CCIS, YWCA	YWCA offers housing support through Sheriff King Home, Dover Home, Transitional Housing.
<b>Adult Education Classes</b>	Y	CIWA, CIES	CIWA provides beginning literacy classes for adults with less than 7yrs of education.
<b>Assertiveness &amp; Self-Esteem Workshop &amp; Training</b>			
<b>Career / Vocational Planning</b>	Y	CIWA, CMCN, CCIS	
<b>Childcare for Participants</b>	Y	CIWA, CMCN	CMCN provides restricted Daytime Childcare.
<b>Child Therapy</b>			
<b>Citizenship Classes</b>	Y	CIAS	
<b>Community &amp; Cultural Network</b>	Y	CIWA, CMCN, CCIS, YWCA, JFSC	CIWA organizes network breakfasts for employers and immigrants. CMCN organizes "neighbourhood get-togethers", cooking classes and shopping assistance.
<b>Computer Access</b>	Y	CMCN, JFSC	JFSC offers free computer and internet access.
<b>Computer Skills</b>	Y	CIES, CMCN, CCIS, YWCA, MCC	CIES and CCIS provide MSOffice and Basic Computer and Keyboard classes.
<b>Counselling (non-employment)</b>	Y	CIAS	CIAS provides education counselling.
<b>Education &amp; Training Advisory</b>	Y	CMCN, CIAS	
<b>EI / WCB Intervention</b>			
<b>Employer Advocacy</b>			
<b>Employment Counselling</b>	Y	CIWA, CIAS, CCIS, YWCA, JFSC, MCC	
<b>Employment Placement / Employer Matching</b>	Y	JFSC	
<b>English Language Skills / ESL</b>	Y	CIWA, CIES, CIAS, CCIS, YWCA	CIWA provides Canadian Speech and Pronunciation classes. CIES provides CBL Level 7/8 language skills practice. CCIS provides Seniors Literacy classes.
<b>Group Sessions for Skills Development &amp; Practice</b>	Y	CIES	
<b>Internet Skills</b>	Y	CIES, CMCN	
<b>Interview Skills Coaching</b>	Y	CIWA, CIES, CIAS, CCIS, JFSC	

<b>Job Loss Support Group</b>			
<b>Job Market Research / Job Search</b>	Y	CIWA, CIES, CMCN, CIAS, CCIS, JFSC	
<b>Lifeskills</b>	Y	CCIS, YWCA	
<b>Loans, Finance Programs</b>	Y	MCC	MCC offers small loans up to \$5000 for business development and training. MCC also offers a matching game for participants' savings, towards asset purchase and mortgages.
<b>Mentors</b>	Y	CIES	
<b>Nutrition Services</b>	Y	CCIS	CCIS provides a "collective kitchen" for new refugees.
<b>Orientation for New Immigrants</b>	Y	CCIS	
<b>Other Training (clerical, accounting, receptionist, electrician, baking decorator, building trades, plumbing, welding, pipefitting, etc.)</b>	Y	CIWA, CIES, CMCN, CCIS, YWCA, MCC	CIWA provides receptionist training. CIES provides clerical and accounting classes. CMCN provides free cooking classes. CCIS offers baking decorator, electrician, and pulp/paper millwright classes. YWCA offers the building trades and trades exploration programs for women. MCC focuses extensively on business ventures and exploration.
<b>Outreach &amp; Crisis Counselling</b>	Y	CIWA, CIES, CIAS	CIAS provides a family resource centre.
<b>Pre-Immigration Counselling</b>			
<b>Referral Services (accreditation boards, real estate, employers, etc.)</b>	Y	CIAS	
<b>Refugee Support</b>	Y	CCIS	CCIS meets new refugees at the airport.
<b>Resume Writing / Portfolio Development</b>	Y	CIWA, CIES, CMCN, CIAS	
<b>Settlement &amp; Adaptation Support</b>	Y	CMCN, JFSC	CMCN helps with shopping, location of community resources, banking, initial clothes, furniture, etc.
<b>Stress Workshop</b>			
<b>Translation / Interpreter Services</b>	Y	All	JFSC has MEDICAL translation for seniors who speak Yiddish, Russian, and Hebrew. All Calgary agencies have access to translation services. Onsite languages range from 6 to 45 'unspecified' languages.
<b>Transportation</b>	Y	CMCN	Restricted.
<b>Tutoring (one-on-one)</b>			
<b>Work/Job / Study Strategies Workshop</b>	Y	CIWA, CIES, CIAS, YWCA	YWCA runs the Canadian Employment Skills program for new Canadian professional immigrants.

<b>Youth Program</b>	Y	CCIS, MCC	CCIS links immigrant youths to job and education mentors. MCC offers a youth program for \$ matching towards mortgages and asset purchase.
<b>Other Support</b>	Y	CIWA, CMCN, CCIS, MCC	CIWA provides free "gently used" business clothes and accessories. CMCN provides a resource centre for access to fax machines and notices. CCIS offers a 4-month wage-subsidy program. MCC has peer support group for business planning and networking.
<b>Locations / Distribution</b>		Downtown, Richmond (CIES), Marlborough (CMCN), Macleod Trail & 39th Ave (JFSC), Radcliffe (Marlborough, MCC)	
<b>Parking</b>		Paid if downtown	

## Services Provided by Winnipeg Agencies

<b>Service</b>	<b>Winnipeg</b>	<b>Agencies</b>	<b>Comments</b>
<b>Academic Upgrading</b>	Y	VMP	
<b>Accessibility (wheel chair)</b>	Y	All	
<b>Accommodation: Temporary / Permanent Search Support</b>	Y	ICCCM, WP	
<b>Adult Education Classes</b>	Y	ICCCM, VMP	
<b>Assertiveness &amp; Self-Esteem Workshop &amp; Training</b>	Y	EPW, NEEDS	
<b>Career / Vocational Planning</b>	Y	EPW, RRC, ICCCM, JCFS, VMP	
<b>Childcare for Participants</b>	Y	NEEDS	
<b>Child Therapy</b>	Y	JCFS	JCFS offers play therapy for children.
<b>Citizenship Classes</b>	Y	ICCCM	
<b>Community &amp; Cultural Network</b>	Y	JCFS, WP	JCFS links new Jewish immigrants to the Jewish community.
<b>Computer Access</b>	Y	EPW	EPW provides free job bank computers.
<b>Computer Skills</b>	Y	EPW, ICCCM, NEEDS, VMP	
<b>Counselling (non-employment)</b>	Y	WP	
<b>Education &amp; Training Advisory</b>	Y	EPW, ICCCM, JCFS, SSC	
<b>EI / WCB Intervention</b>	Y	ICCCM	
<b>Employer Advocacy</b>	Y	EPW, ICCCM, SSC	
<b>Employment Counselling</b>	Y	EPW, RRC, ICCCM, SSC, VMP	VMP targets social assistance recipients, low income families, and new immigrants. RRC programs available to students only. SSC targets educated/skilled professional immigrants only.
<b>Employment Placement / Employer Matching</b>	Y	SSC, VMP	Employment/internship placement for new skilled immigrants, + skills/employer matching.
<b>English Language Skills / ESL</b>	Y	EPW, RRC, ICCCM, JCFS, NEEDS, VMP, WP	ICCCM has a "Conversation Group" that helps newcomers practice everyday English. NEEDS provides ESL classes for women with children under 5 only. WP offers conversational ESL.
<b>Group Sessions for Skills Development &amp; Practice</b>	Y	NEEDS	
<b>Internet Skills</b>	Y	EPW	
<b>Interview Skills Coaching</b>	Y	EPW, ICCCM, JCFS, SSC	

<b>Job Loss Support Group</b>	Y	EPW	
<b>Job Market Research / Job Search</b>	Y	EPW, ICCCM, JCFS, SSC, VMP	
<b>Lifeskills</b>	Y	JCFS, VMP	
<b>Loans, Finance Programs</b>			
<b>Mentors</b>	Y	NEEDS	
<b>Nutrition Services</b>	Y	ICCCM	
<b>Orientation for New Immigrants</b>	Y	ICCCM, JCFS, NEEDS, WP	WP focuses on refugees, accompanies them to appointments, helps with claims, and helps with shopping.
<b>Other Training (clerical, accounting, receptionist, electrician, baking decorator, building trades, plumbing, welding, pipefitting, etc.)</b>			
<b>Outreach &amp; Crisis Counselling</b>	Y	WP, ICCCM, EPW, JCFS, NEEDS	
<b>Pre-Immigration Counselling</b>	Y	RRC	
<b>Referral Services (accreditation boards, real estate, employers, etc.)</b>	Y	EPW, ICCCM, JCFS	
<b>Refugee Support</b>	Y	ICCCM, NEEDS, WP	
<b>Resume Writing / Portfolio Development</b>	Y	EPW, ICCCM, JCFS, SSC, VMP	
<b>Settlement &amp; Adaptation Support</b>	Y	RRC, ICCCM, JCFS	JCFS helps with obtaining health cards, SIN, schools, day care centres, and child-centred settlement.
<b>Stress Workshop</b>	Y	EPW, JCFS	
<b>Translation / Interpreter Services</b>	Y	ICCCM	ICCCM offers 24-hour translation and interpreter service. Also offers document translation service for the public.
<b>Transportation</b>	Y		Restricted.
<b>Tutoring (one-on-one)</b>	Y	WP	
<b>Work/Job / Study Strategies Workshop</b>	Y	EPW, RRC, VMP	RRC offers individual educational counselling.
<b>Youth Program</b>			
<b>Locations / Distribution</b>		Downtown, Assiniboia (St. James, St. Vital)	
<b>Parking</b>		Mostly free	

## Services Provided by Halifax Agencies

<b>Service</b>	<b>Halifax</b>	<b>Agencies</b>	<b>Comments</b>
<b>Academic Upgrading</b>			
<b>Accessibility (wheel chair)</b>	Y	All	
<b>Accommodation: Temporary / Permanent Search Support</b>			
<b>Adult Education Classes</b>			
<b>Assertiveness &amp; Self-Esteem Workshop &amp; Training</b>			
<b>Career / Vocational Planning</b>	Y	MISA	
<b>Childcare for Participants</b>	Y	MRILS only	
<b>Child Therapy</b>			
<b>Citizenship Classes</b>			
<b>Community &amp; Cultural Network</b>	Y	MISA	
<b>Computer Access</b>			
<b>Computer Skills</b>	Y	MISA, HILC, MRILS	MISA's computer skills program is self-study. HILC is sister agency to MISA and can access all other services through MISA, and MISA shares ESL and computer classes through HILC.
<b>Counselling (non-employment)</b>			
<b>Education &amp; Training Advisory</b>			
<b>EI / WCB Intervention</b>			
<b>Employer Advocacy</b>	Y	MISA	
<b>Employment Counselling</b>	Y	MISA	
<b>Employment Placement / Employer Matching</b>	Y	MISA	
<b>English Language Skills / ESL</b>	Y	HILC, MRILS	MISA does not offer ESL or basic computer classes. They offer mostly job settlement programs.
<b>Group Sessions for Skills Development &amp; practice</b>			
<b>Internet Skills</b>	Y	HILC	
<b>Interview Skills Coaching</b>	Y	MISA	
<b>Job Loss Support Group</b>			
<b>Job Market Research / Job Search</b>	Y	MISA	
<b>Lifeskills</b>			
<b>Loans, Finance Programs</b>	Y	MRILS	Limited funds for training.
<b>Mentors</b>	Y	MISA	
<b>Nutrition Services</b>			
<b>Orientation for New Immigrants</b>			
<b>Other Training (clerical, accounting, receptionist, electrician, baking decorator, building trades, plumbing, welding, pipefitting, etc.)</b>	Y	MISA, HILC	MISA offers self-study AutoCAD, MSOffice training. HILC offers specific training for healthcare and engineering.

<b>Outreach &amp; Crisis Counselling</b>			
<b>Pre-Immigration counselling</b>			
<b>Referral Services (accreditation boards, real estate, employers, etc.)</b>	Y	MRILS	
<b>Refugee Support</b>			
<b>Resume Writing / Portfolio Development</b>			
<b>Settlement &amp; Adaptation Support</b>			
<b>Stress Workshop</b>			
<b>Translation / Interpreter Services</b>	Y	MISA	
<b>Transportation</b>	Y	MISA	There is bus to MISA from the Mumford Terminal.
<b>Tutoring (one-on-one)</b>			
<b>Work/Job / Study Strategies Workshop</b>	Y	MISA	
<b>Youth Program</b>			
<b>Locations / Distribution</b>	Dartmouth, Chebucto Rd.		
<b>Parking</b>	Free Parking		

### **Agency Names**

<b>Calgary</b>	<b>Winnipeg</b>	<b>Halifax</b>
CCIS: Calgary Catholic Immigrant Society	EPW: Employment Projects of Winnipeg	HILC: Halifax Immigrant Learning Centre
CIAS: Calgary Immigrant Aid Society	ICCCM: International Centre Citizen Council of Manitoba	MISA: Metropolitan Immigrant Settlement Agency
CIES: Calgary Immigrant Educational Society	JCFS: Jewish Child and Family Services	MRILS: Metro Regional Immigrant Language Services
CIWA: Canadian Immigrant Women's Association	NEEDS: Newcomer Employment and Educational Development Centre for War-Affected Families Inc.	
CMCN: Calgary Mennonite Centre for Newcomers	RRC: Red River College	
JFSC: Jewish Family Service Calgary	SSC: Success Skills Centre	
MCC Educational Development	VMP: Victor Mager Adult Education Job Training Program	
YWCA: Young Women's Christian Association	WP: Welcome Place	

### **Indicated Links to Other Funding Agencies**

<b>Calgary</b>	<b>Winnipeg</b>	<b>Halifax</b>
LINC	Canadian Council for Refugees	CIC and Nova Scotia Immigration Office
	Citizenship Council of Manitoba	
	Govt of Canada	
	Immigration and Refugee Board of Canada	
	Integration Net	
	Manitoba Labour and Immigration	
	National Anti-Racism Council of Canada	
	United Nations High Commissioner for Refugees	



## Appendix F - Demographic Data

Calgary had 24 participants (64.9%), Halifax had 3 participants (8.1%), and Winnipeg had 10 participants (27.0%).

The majority of women interviewed were between the ages of 30-39 (52.9% of women). The single age category with the greatest frequency was 30-34. The ages of women from Halifax are unknown. The ages of women in Calgary appear to be a bit younger than the women in Winnipeg. Winnipeg had no participants from 18-29, while Calgary had 5. Winnipeg had the oldest participant, with one woman in the 75-79 age category.

Table 1		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24	2	5.4	5.9	5.9
	25-29	3	8.1	8.8	14.7
	30-34	12	32.4	35.3	50.0
	35-39	6	16.2	17.6	67.6
	40-44	5	13.5	14.7	82.4
	45-49	4	10.8	11.8	94.1
	65-69	1	2.7	2.9	97.1
	75-79	1	2.7	2.9	100.0
	Total	34	91.9	100.0	
Missing		3	8.1		
Total		37	100.0		

Table 2		Site			Total
		Calgary	Halifax	Winnipeg	
Age Range	Missing	0	3	0	3
	18-24	2	0	0	2
	25-29	3	0	0	3
	30-34	8	0	4	12
	35-39	4	0	2	6
	40-44	3	0	2	5
	45-49	3	0	1	4
	65-69	1	0	0	1
	75-79	0	0	1	1
Total		24	3	10	37

Among the women, 14 (46.7%) reported having young children and 25 out of 31 women (80.6%) reported their children as living with them. The age of children for 7 women (18.9%) was unknown. Calgary women had younger children than Halifax and Winnipeg women.

Table 3		Frequency	Percent	Valid Percent	Cumulative Percent
Age of Children	Very young children	3	8.1	10.0	10.0
	Young children	14	37.8	46.7	56.7
	Young children and Teenaged children	1	2.7	3.3	60.0
	Young children and Adult children	1	2.7	3.3	63.3
	Pre-teen children	3	8.1	10.0	73.3
	Pre-teen children and Teenaged children	2	5.4	6.7	80.0
	Teenaged children	3	8.1	10.0	90.0
	Adult children	3	8.1	10.0	100.0
	Total	30	81.1	100.0	
Missing	7	18.9			
Total	37	100.0			

Table 4		Site			Total
		Calgary	Halifax	Winnipeg	
Age of Children	Very young children	0	1	2	3
	Young children	12	0	2	14
	Young children and Teenaged children	1	0	0	1
	Young children and Adult children	0	0	1	1
	Pre-teen children	1	0	2	3
	Pre-teen children and Teenaged children	0	1	1	2
	Teenaged children	2	0	1	3
	Adult children	1	1	1	3
Total	17	3	10	30	

Table 5		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Children living with mother	25	67.6	80.6	80.6
	Children living with father	1	2.7	3.2	83.9
	Children split between mother and father	2	5.4	6.5	90.3
	Shared custody of children	1	2.7	3.2	93.5
	Children living with other relatives	1	2.7	3.2	96.8
	Children living on their own	1	2.7	3.2	100.0
	Total	31	83.8	100.0	
Missing	6	16.2			
Total	37	100.0			

The majority of participants (48.6%) were Canadian citizens, while 43.2% were landed immigrants. The majority of Calgary women were Canadian citizens, while the majority of Winnipeg women were landed immigrants. Calgary and Halifax had women who were refugees; Winnipeg did not.

Table 6		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Citizen	18	48.6	48.6	48.6
	Landed immigrant	16	43.2	43.2	91.9
	Refugee	3	8.1	8.1	100.0
	Total	37	100.0	100.0	

Most women reported having either 1 or 2 children. These 2 categories make up 59.5% of the sample. This finding was similar across sites.

Table 7		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 child	11	29.7	29.7	29.7
	2 children	11	29.7	29.7	59.5
	3 children	5	13.5	13.5	73.0
	4 children	3	8.1	8.1	81.1
	5 children	1	2.7	2.7	83.8
	No children	6	16.2	16.2	100.0
	Total	37	100.0	100.0	

The vast majority of women (69.4%) interviewed reported being separated from their partner. The number of women reporting as divorced (19.4%) or single (11.1%) was relatively similar across all three sites. Twenty seven out of 37 women (73.0%) reported living with children alone, while 10 out of 37 (27.0%) reported living alone.

Table 8		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	4	10.8	11.1	11.1
	Separated	25	67.6	69.4	80.6
	Divorced	7	18.9	19.4	100.0
	Total	36	97.3	100.0	
Missing		1	2.7		
Total		37	100.0		

Table 9		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Living alone	10	27.0	27.0	27.0
	Living with children only	27	73.0	73.0	100.0
	Total	37	100.0	100.0	

Women reported a wide range of country of origin, 26 countries in all. This wide variation was seen in all sites. The greatest frequency of reported length of time in Canada was 5 to less than 10 years (10 women, 27.0%). The next most commonly reported length of time was 3 to less than 5 years (8 women, 21.6%).

Table 10		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Afghanistan	1	2.7	2.7	2.7
	Australia	1	2.7	2.7	5.4
	Chile	2	5.4	5.4	10.8
	China	3	8.1	8.1	18.9
	Columbia	1	2.7	2.7	21.6
	Cuba	1	2.7	2.7	24.3
	El Salvador	2	5.4	5.4	29.7
	Ethiopia	1	2.7	2.7	32.4
	Germany	1	2.7	2.7	35.1
	India	4	10.8	10.8	45.9
	Mexico	2	5.4	5.4	51.4
	Middle East	1	2.7	2.7	54.1
	Namibia	1	2.7	2.7	56.8
	Netherlands	1	2.7	2.7	59.5
	Pakistan	3	8.1	8.1	67.6
	Philippines; Kuwait	1	2.7	2.7	70.3
	Republic of Congo	1	2.7	2.7	73.0
	Russia	1	2.7	2.7	75.7
	Saudi Arabia	1	2.7	2.7	78.4
	Scotland	1	2.7	2.7	81.1
	Somalia	1	2.7	2.7	83.8
	Sudan	2	5.4	5.4	89.2
	Switzerland	1	2.7	2.7	91.9
	Tanzania	1	2.7	2.7	94.6
	West Africa (Ghana)	1	2.7	2.7	97.3
	Yemen	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

Table 11		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	In Canada less than 1 year	2	5.4	5.4	5.4
	In Canada 1 to less than 3 years	5	13.5	13.5	18.9
	In Canada 3 to less than 5 years	8	21.6	21.6	40.5
	In Canada 5 to less than 10 years	10	27.0	27.0	67.6
	In Canada 10 to less than 15 years	5	13.5	13.5	81.1
	In Canada 15 to less than 20 years	3	8.1	8.1	89.2
	In Canada 20 to less than 25 years	2	5.4	5.4	94.6
	In Canada 30 to less than 35 years	1	2.7	2.7	97.3
	In Canada 45 to less than 50 years	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

Among the women, 23 (62.2%) out of 37 reported their working status as not employed, while 14 women (37.8%) reported being employed. This trend was observed across all sites.

Table 12		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	14	37.8	37.8	37.8
	Not employed	23	62.2	62.2	100.0
	Total	37	100.0	100.0	

Women reported a wide range of schooling history. The most frequent schooling reported was having completed post secondary education (19 out of 35 women, 54.3%). The next most reported level was high school (10 out of 35 women, 28.6%). Only 1 woman reported having had no schooling.

Table 13		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than high school	3	8.1	8.6	8.6
	High school	10	27.0	28.6	37.1
	Some post secondary	3	8.1	8.6	45.7
	Post secondary	19	51.4	54.3	100.0
	Total	35	94.6	100.0	
Missing		2	5.4		
Total		37	100.0		



## Appendix G - Quantitative Analysis of Brenda Strafford Centre Demographic Data

### Methods

#### Data Collection

Brenda Strafford Center (BSC) is a non-profit second-stage shelter for women who have children and flee from intimate partner violence (IPV). Every woman who is admitted into BSC is eligible to access its residential counselling program. The services of BSC provide women with access to knowledge, skills, and social support necessary to establish independent living and to develop or increase protection from abuse.

The data discussed here were collected for administrative purposes by the Brenda Strafford Center over a 10 year period, January 1996 to December 2005. All women must go through screening and intake procedures before being admitted to the shelter. First, most women are referred from a first-stage shelter. First-stage shelters provide accommodation for a period of about 6 weeks to women in a crisis. Self-referrals are also sometimes accepted by BSC. Prior to 2000 the following procedures were in place. Four different forms were used: Screening, Intake, Face Sheet, and Feedback. The Screening form was completed when someone from an agency phoned requesting admission for a woman. The BSC counsellors examined the woman's security needs as described by the referral agency. The woman's name and referral was entered into a Screening Registry and the Screening form was kept in a separate binder pending an admission decision. If the woman did not move in the form was shredded. If the woman met admission criteria, she was asked to come in or was called for an intake interview and the Intake form was completed. If the woman was approved to move in, the counsellor completed a more detailed form (Face Sheet), and the woman was asked to sign a confidentiality agreement allowing the BSC to use data for research purposes.

After the 6-month stay, the women are asked to complete a Feedback form regarding their stay and the program. The six-month stay is the goal of the counselling program but not a firm rule. Women can stay less or more than six months depending on her circumstances. The Feedback forms are anonymous although some women sign their names and these can be attached to their files.

In 2001 the decision was made not to shred Screening Forms and staff were to keep track of the number of contacts with applicants as well as with current residents, and the number of contact hours with individual women. In 2003, the same forms were used but the decision was made that after Screening the other forms (Intake, Face Sheet, Confidentiality Agreement) are completed at the initial interview and the woman is given a file number whether she actually becomes a resident or not. Staff follow-up with each file and determine if the woman actually moved in or not. Four groups of women result: those approved to move in; those not approved to move in; those approved who do not move in for other reasons; and those women screened who never made it for an interview at all.

The Screening Registry was used to assess the number of referrals per year. Completion rates vary for the actual forms and there are missing values within forms so numbers vary across tables.

#### Sample

There were 432 women who resided at BSC between January 1996 and December 2005.

## Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS - 10). In order to clean the data, descriptive statistics and missing value analysis were done. The Pearson Chi-square test was conducted for the significance of the relationships between categorical variables and years. Women were coded into groups: Canadian born; Aboriginal; or Immigrant using self-reported data from the Face Sheet reporting 1) Citizenship (Sponsored; Landed Immigrant; Canadian; Other), 2) Band Number (for Aboriginal women), or 3) Cultural Group (included Metis, North American Indian, Inuit). Analysis of Variance was used to test for differences in means across the three groups of residents.

## Results

### Proportion of Residents Who Had Immigrated

Of the 432 women admitted, we could identify a group for 321: 36.4% were born in Canada; 28.0% self-identified as Aboriginal; and 35.5% immigrated to Canada (Table 1). The Chi-square test showed significant differences in the proportion of the groups in the shelter over time (Chi Square 38.12, df=18, p=.004).

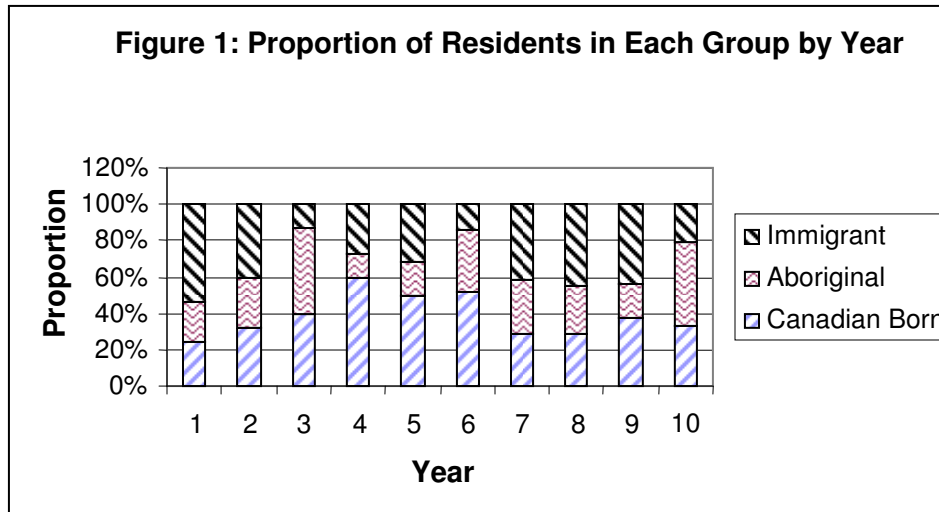
Table 1: Group by Year of Admission<sup>1</sup>

Move in Year	Group			Total
	Canadian Born	Aboriginal	Immigrant	
1996	12 (24.0%)	11 (22%)	27 (54%)	50 (100%)
1997	7 (31.8%)	6 (27.3%)	9 (40.9%)	22 (100%)
1998	6 (40.0%)	7 (46.7%)	2 (13.3%)	15 (100%)
1999	13 (59.1%)	3 (13.6%)	6 (27.3%)	22 (100%)
2000	16 (50.0%)	6 (18.8%)	10 (31.3%)	32 (100%)
2001	15 (51.7%)	10 (34.5%)	4 (13.8%)	29 (100%)
2002	11 (28.9%)	11 (28.9%)	16 (42.1%)	38 (100%)
2003	11 (28.9%)	10 (26.3%)	17 (44.7%)	38 (100%)
2004	12 (37.5%)	6 (18.8%)	14 (43.8%)	32 (100%)
2005	14 (32.6%)	20 (46.5%)	9 (20.9%)	43 (100%)
<b>Total</b>	<b>117 (36.4%)</b>	<b>90 (28.0%)</b>	<b>114 (35.5%)</b>	<b>321 (100%)</b>

<sup>1</sup>Percentages are in parentheses

Figure 1 shows that the variation in proportion of immigrant women admitted was explained mostly by the variation in the proportion of Canadian born women admitted. The proportion of Aboriginal women stayed relatively stable over the ten years.





There was a statistically significant difference in referral sources to the BSC across groups (Table 2). This was accounted for by the fact that Aboriginal women were most likely to be referred by the Awo Taan Native Women’s Shelter (NWS), and that the largest shelters (Calgary Women’s Emergency –CWES and Sheriff King – SK) referred the majority of women to BSC. Canadian born and Immigrant women had about the same likelihood of being referred from all sources.

Table 2: Referral Source to the BSC by Group

Referral Source (recode)	Group			Total
	Canadian born	Aboriginal	Immigrant	
Data Not Available	2 (2.0%)	1 (1.6%)	6 (2.7%)	9 (2.3%)
CWES	44 (43.1%)	14 (21.9%)	93 (41.3%)	151 (38.6%)
DH	2 (2.0%)	2 (3.1%)	12 (5.3%)	16 (4.1%)
NWS	16 (15.7%)	21 (32.8%)	31 (13.8%)	68 (17.4%)
OR	2 (2.0%)	1 (1.6%)	4 (1.8%)	7 (1.8%)
Others	1 (1.0%)	6 (9.4%)	2 (.9%)	9 (2.3%)
Self	3 (2.9%)	0 (.0%)	4 (1.8%)	7 (1.8%)
SK	29 (28.4%)	16 (25.0%)	66 (29.3%)	111 (28.4%)
WHEATLAND	3 (2.9%)	3 (4.7%)	7 (3.1%)	13 (3.3%)
<b>Total</b>	<b>102 (100%)</b>	<b>64 (100%)</b>	<b>225 (100%)</b>	<b>391 (100%)</b>

Pearson Chi Square 38.020, df=16, p=.002

### Demographics

The average age of the residents was 31 years and this did not differ across the groups (Table 3). The number of children that residents had also did not differ by group (Table 4). The majority of women had one or two children.

Table 3: Mean Age by Group

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Canadian Born	117	31.2	7.9	.73	29.8	32.7	18	52
Aboriginal	90	30.1	8.2	.86	28.4	31.8	18	49
Immigrant	114	32.3	6.4	.60	31.1	33.5	18	49
<b>Total</b>	<b>321</b>	<b>31.3</b>	<b>7.5</b>	<b>.42</b>	<b>30.5</b>	<b>32.1</b>	<b>18</b>	<b>52</b>

Table 4: Number of Children by Group<sup>1</sup>

Number of Children	Canadian Born	Aboriginal	Immigrant	Total
0	2 (1.7)	1 (1.1)	1 (0.9)	4 (1.3)
1	63 (54.3)	45 (51.1)	60 (53.1)	168 (53.0)
2	30 (25.9)	30 (34.1)	36 (31.9)	96 (30.3)
3	17 (14.7)	8 (9.1)	11 (9.7)	36 (11.4)
4	4 (3.4)	3 (3.4)	4 (3.5)	11 (3.5)
5	0 (0.0)	1 (1.1)	1 (0.9)	2 (0.6)
<b>Total</b>	<b>116 (100)</b>	<b>88 (100)</b>	<b>113 (100)</b>	<b>317 (100)</b>

Percentages are in parentheses

Pearson Chi Square 4.67, df=10, p=.912

Less than half of the women overall reported being separated and very few were divorced. Immigrant women were significantly more likely than other women to report that they were Married and less likely to report being single (Table 5), while Aboriginal women were more likely to report being Common Law or Single.

Table 5: Reported Marital Status by Group

Marital Status	Group			Total
	Canadian born	Aboriginal	Immigrant	
Data Not Available	9 (7.7)	3 (3.3)	8 (7.0)	20 (6.2)
Common law	11 (9.4)	15 (16.7)	11 (9.6)	37 (11.5)
Divorced	5 (4.3)	4 (4.4)	6 (5.3)	15 (4.7)
Married	6 (5.1)	6 (6.7)	19 (16.7)	31 (9.7)
Separated	51 (43.6)	26 (28.9)	56 (49.1)	133 (41.4)
Single	35 (29.9)	36 (40.0)	14 (12.3)	85 (26.5)
<b>Total</b>	<b>117 (100)</b>	<b>90 (100)</b>	<b>114 (100)</b>	<b>321 (100)</b>

Pearson Chi Square 34.4, df=10, p=.000

Immigrant women were significantly more likely to have a university education than Canadian born or Aboriginal women (Table 6). At admission to the BSC, Canadian born and Immigrant women were equally likely to be employed (6%) or to be receiving Employment Insurance (3.4-3.5%), but Immigrant women were less likely to be receiving Social Assistance or Assistance for the Severely Handicapped (AISH), two Alberta government sources of financial support (Table 7).

Table 6: Education by Group

Highest Level of Education	Group			Total
	Canadian born	Aboriginal	Immigrant	
Started but did not complete elementary school	0 (0%)	0 (0%)	1 (1.2%)	1 (.4%)
Completed elementary	0 (0%)	0 (0%)	2 (2.5%)	2 (9%)
Started but did not complete junior high	1 (1.2%)	2 (3.3%)	0 (0%)	3 (1.3%)
Completed junior high	5 (6.0%)	10 (16.4%)	7 (8.6%)	22 (9.7%)
Started but did not complete high school	25 (29.8%)	25 (41.0%)	9 (11.1%)	59 (26.1%)
Completed high school	26 (31.0%)	10 (16.4%)	22 (27.2%)	58 (25.7%)
Technical training	7 (8.3%)	4 (6.6%)	6 (7.4%)	17 (7.5%)
Some college or university	17 (20.2%)	4 (6.6%)	9 (11.1%)	30 (13.3%)
Community college graduate	1 (1.2%)	5 (8.2%)	5 (6.2%)	11 (4.9%)
Bachelor's degree	1 (1.2%)	1 (1.6%)	13 (16.0%)	15 (6.6%)
Master's degree	0 (0%)	0 (0%)	1 (1.2%)	1 (.4%)
Professional degree (MD, PhD, LLB, etc.)	0 (0%)	0 (0%)	1 (1.2%)	1 (.4%)
Others	1 (1.2%)	0 (0%)	5 (6.2%)	6 (2.7%)
<b>Total</b>	<b>84 (100%)</b>	<b>61 (100%)</b>	<b>81 (100%)</b>	<b>226 (100%)</b>

Pearson Chi Square 64.03, df=24, p=.000

Table 7: Source of Income by Group

Source of Income	Group			Total
	Canadian born	Aboriginal	Immigrant	
AISH	3 (2.6%)	3 (3.3%)	0 (0%)	6 (1.9%)
Alberta Works	0 (0%)	1 (1.1%)	0 (0%)	1 (.3%)
Child Benefits	3 (2.6%)	2 (2.2%)	5 (4.4%)	10 (3.1%)
Employment	7 (6.0%)	1 (1.1%)	7 (6.1%)	15 (4.7%)
Employment Insurance	4 (3.4%)	2 (2.2%)	4 (3.5%)	10 (3.1%)
Missing	1 (.9%)	2 (2.2%)	1 (.9%)	4 (1.2%)
Mixed sources	26 (22.2%)	30 (33.3%)	33 (28.9%)	89 (27.7%)
No Income	0 (0%)	0 (0%)	4 (3.5%)	4 (1.2%)
Others	3 (2.6%)	1 (1.1%)	0 (0%)	4 (1.2%)
Savings	0 (0%)	0 (0%)	3 (2.6%)	3 (.9%)
Social Assistance	67 (57.3%)	46 (51.1%)	52 (45.6%)	165 (51.4%)
Student loan / grant	3 (2.6%)	2 (2.2%)	5 (4.4%)	10 (3.1%)
<b>Total</b>	<b>117 (100%)</b>	<b>90 (100%)</b>	<b>114 (100%)</b>	<b>321 (100%)</b>

### Women's Stay at the Shelter

The length of time that women waited for admission to the BSC was calculated from Screening dates and Admission dates. The average waiting time was 32 days; however the maximum wait was over one year. There was more consistency for Aboriginal women as evidenced by the lower Standard Deviation of the mean and smaller confidence interval for the mean (Table 8); however, differences between groups were not statistically significant. The average number of days waiting for admission to BSC increased from about 20 in 1996 to over double that (45.8) in 2005. As Table 9 shows, this trend is also reflected in the median length of wait and the variability in the standard deviation of means suggests that some years (1999, 2001, 2005) were unusual.

Table 8: Average Number of Days Waiting for Admission

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Canadian born	106	31.6	39.5	3.8	24.0	39.2	3.0	381.0
Aboriginal	78	33.3	22.2	2.5	28.3	38.4	7.0	126.0
Immigrants	104	30.2	40.3	3.9	22.3	38.0	1.0	394.0
Total	288	31.5	35.9	2.1	27.4	35.7	1.0	394.0
<b>ANOVA</b>								
		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>		
Between Groups		455.4	2	227.7	.175	.839		
Within Groups		370085.8	285	1298.5				
Total		370541.2	287					

Table 9: Mean Wait Days by Year

Year	Mean	N	Std. Deviation	Median
1996	19.5	51	15.3	17.0
1997	27.3	39	35.4	21.0
1998	23.3	42	13.3	20.0
1999	27.4	46	55.7	15.0
2000	20.5	45	12.4	18.0
2001	35.8	35	61.5	24.0
2002	41.1	32	24.4	36.5
2003	35.6	32	18.7	29.0
2004	42.0	29	27.5	36.0
2005	45.7	37	61.3	34.0
<b>Total</b>	<b>30.5</b>	<b>388</b>	<b>38.0</b>	<b>22.0</b>

Women stayed at BSC on average 5.6 months; however the range was from less than a month to slightly over a year. There was no difference in the length of stay by group of resident. The mean stays were 5.6 months for Canadian Born, 5.7 months for Aboriginal, and 5.8 months for Immigrant women.

### Nature of Abuse

The residents of BSC reported more than one type of abuse: about 85% reported physical abuse; 93% emotional and psychological abuse; 16% verbal abuse; 70% financial abuse; 43% sexual abuse; and destruction of pets or property, 64%. The rates did not vary significantly by group, although Aboriginal and Immigrant women tended to report more sexual abuse (Table 10). Immigrant women were significantly more likely to report abuse during pregnancy than other women. The high rates among all groups 70.6%, 62.3%, 81.0% for Canadian Born, Aboriginal and Immigrant women respectively are alarming in terms of the health of the woman and fetus.

Table 10: Proportions Reporting Yes to Types of Abuse by Group

Type of Abuse	Canadian Born	Aboriginal	Immigrant	Total	Statistics
Physical Abuse	86 (84.3)	63 (86.3)	81 (85.3)	230 (85.2) N=270	Chi-Square .134, df=2, p=.935
Emotional and Psychological Abuse	96 (94.1)	69 (94.5)	86 (91.5)	251 (93.3) N=269	Chi-Square .777, df=2, p=.678
Verbal Abuse	13 (15.7)	9 (14.8)	13 (16.5)	35 (15.7) N=223	Chi-Square .075, df=2, p=.963
Financial Abuse	69 (67.6)	52 (71.2)	67 (70.5)	188 (69.6) N=270	Chi-Square .314, df=2, p=.855
Sexual Abuse	38 (37.3)	36 (49.3)	43 (45.3)	117 (43.3) N=270	Chi-Square 2.74, df=2, p=.254
Destruction of Pets or Property	71 (62.3)	50 (60.2)	76 (67.3)	197 (63.5) N=310	Chi-Square 1.14, df=2, p=.565
Abused During Pregnancy	72 (70.6)	43 (62.3)	81 (81.0)	196 (72.3) N=271	Chi-Square 7.365, df=2, p=.025

Over half of the residents reported having witnessed abuse or having experienced abuse in their families of origin. When reporting on experiences in their families of origin, immigrant women were significantly less likely to report having witnessed abuse or having been abused than other women (Table 11). However, there was no difference in reporting on their partner having witnessed or been abused in his family of origin.

Table 11: Proportion Reporting Yes to Questions on Families of Origin by Group

Type of Abuse	Canadian Born	Aboriginal	Immigrant	Total	Statistics
Witnessed Abuse in Family of Origin	71 (62.3)	57 (69.5)	44 (38.9)	172 (55.7) N=309	Chi-Square 21.20, df=2, p=.000
Abused in Family of Origin	73 (64.0)	55 (67.1)	43 (38.1)	171 (55.3) N=309	21.72, df=2, p=.000
Partner Witnessed Abuse in Family of Origin	56 (49.1)	45 (54.9)	57 (50.4)	158 (51.1)	Chi-Square .666, df=2, p=.717
Partner Abused in Family of Origin	60 (52.6)	43 (52.4)	52 (46.0)	155 (50.2)	Chi-Square 1.22, df=2, p=.542

At screening, women were asked (Yes/No) if they needed security. The proportion that said yes were 75.3% of Canadian born, 76.3% of Aboriginal, and 82.6% of Immigrant women. The differences in proportions are not statistically significant.

On average the residents had been in the relationship they left for about seven years and had been abused for about five and a half years. Canadian born, Aboriginal and Immigrant women reported 16, 19, and 18 months respectively that they were free of abuse in their relationships (Table 12). Immigrant women tended to have longer abusive relationships than other women as evidenced by the medians but these differences are not statistically significant.

Table 12: Group by Length of Relationship and Length of Abuse

Group		Length of relationship in Month	Length of abuse in Month
Canadian born	Mean	79.6	64.5
	N	114	111
	Std. Deviation	90.4	82.1
	Median	54.0	36.0
Aboriginal	Mean	77.7	58.9
	N	81	83
	Std. Deviation	72.8	63.7
	Median	48.0	36.0
Immigrant	Mean	89.6	71.7
	N	113	112
	Std. Deviation	73.9	65.0
	Median	60.0	48
Total	Mean	82.8	65.6
	N	308	306
	Std. Deviation	80.0	71.3
	Median	60.0	36.0

Immigrant women (34.5%) were less likely than Canadian Born (48.2%) or Aboriginal women (43.4%) to be involved with Alberta Child and Family Services, but the results were not statistically significant (Chi-Square 4.49, df=2, p=.106). They were also more likely to report abduction concerns and this neared statistical significance (Chi-square 8.56, df=4, p=.073).

At admission women were asked several questions about potential threats from the abuser. Less than 15% of women thought that the abuser would show up at the Centre and about 20% of abusers were believed to own a weapon. Immigrant women were the least likely to report that the abuser had access to weapons (Table 13).

Table 13: Questions at Admission Concerning Risk from the Abuser

Risk from Abuser	Canadian Born	Aboriginal	Immigrant	Total
Likely to Come to Shelter	5 (14.3)	3 (11.5)	6 (14.0)	14 (13.5) N=104
Has Access to Weapons	42 (42.4)	24 (30.4)	26 (25.0)	92 (32.6) N=286*
Owens a Weapon	5 (14.3)	6 (23.1)	9 (20.9)	20 (19.2) N=104
May Abduct Children	39 (36.4)	23 (28.0)	42 (41.6)	104 (35.9) N=290

\*Chi-Square 7.257, df=2, p=.03

### Consequence of Abuse for the Women

At screening, women were asked (Yes/No) if they use alcohol or drugs, were able to live independently, wanted counselling from the BSC, had mental health or suicide concerns, or had health concerns. There were no statistically significant differences between the groups in the proportions who responded positively to these questions except for health concerns (Table 14). Immigrant women were significantly less likely than other women to report having health concerns (Chi Square 7.38, df=2, p=.025).

Table 14: Proportion of Residents Responding Yes to Screening Questions

Issue	Canadian Born	Aboriginal	Immigrant
Use Alcohol	7.1	6.3	3.6
Use Drugs	7.1	4.7	2.2
Able to Live Independently	81.6	90.6	83.4
Want Counselling	90.8	92.2	90.1
Mental Health	17.3	9.4	13.0
Health Concerns	46.3	53.7	40.6

Little data is collected on the consequences for the women of having endured on average over 5 years of abuse. At Intake women were asked questions about self-harm and these revealed that almost half of the women had sought medical attention as the result of the abuse; almost half had thought of harming themselves; about a third had harmed themselves before; and less than 15% had done so within the last six months (Table 15). The groups did not vary significantly on these consequences; however, immigrant women were significantly less likely to be in treatment for alcohol or drug use.

Table 15: Proportion Reporting Yes to Questions on Consequences by Group at Intake (N=310)

Consequence	Canadian Born	Aboriginal	Immigrant	Total	Statistics
Medical Attention Required	56 (48.1)	39 (47.0)	43 (38.1)	138 (44.5)	Chi-Square 3.10, df=2, p=.213
In Treatment for Alcohol/drug use	33 (28.9)	29 (34.9)	11 (9.7)	73 (23.5)	Chi-Square 19.81, df=2, p=.000
Thought of Harming Self	47 (41.2)	41 (49.4)	41 (36.3)	129 (41.6)	Chi-Square 3.40, df=2, p=.183
Ever Harmed Self	33 (28.9)	28 (33.7)	25 (22.1)	86 (27.7)	Chi-Square 3.40, df=2, p=.187
Harmed Self in Last 6 Months	14 (12.3)	12 (14.5)	15 (13.3)	41 (13.2)	Chi-Square .20, df=2, p=.905

## Conclusions

- How does the proportion of Immigrant women in the BSC (as well as the proportion of Aboriginal women) reflect the proportion of the population of Calgary?

The study shows that immigrant women are accessing all of the first stage shelters serving the Calgary area. There were 2097 women referred to the BSC in the 10 years covered by this study but only 432 became residents – that is, 79% of women referred because they needed accommodation and additional social support were forced to find other places to live. For those women accepted there was an average waiting period of from 3 weeks to over a month. In addition, some of the women lucky enough to be accepted to BSC had to wait up to over a year before they were admitted. We do not have data on where they stayed during this time. Some may have been permitted to stay longer in the first stage shelters; however, the demands on those shelters are such that thousands of women and children are turned away there. The Alberta Council of Women's Shelters (2006)<sup>10</sup> reports that in 2004/2005 Alberta Shelters were unable to accommodate 5,150 women and their 3,710 children. Some may have stayed with friends or family. The variation in waiting times across years indicates that it will be difficult for shelter workers and friends and other professionals to advise women what to expect in terms of assistance. This can only add to their uncertainty in the face of decisions about housing.

Immigrant women were like other women in terms of age, number of children, and length of the relationship. They were more likely than others to report themselves married, even though they were in second stage housing. It may be that immigrant women are less likely for cultural reasons to seek divorce or that they do not believe (because of being sponsored) that this is an option. It is possible that the variation in experiences in the families of origins are a reflection of reporting bias – immigrant women being less disposed to say something negative about their own family; however, they were not less likely to report abuse in their partners' families of origin.

The finding that more immigrant women report having been abused during pregnancy is disturbing. This may be explained by their greater social isolation having left extended family to migrate, different cultural norms about pregnancy, less access to medical care or a combination of factors. The data are not available in this project to explain this finding. However, the women were just as likely to report threats of attempts at self-harm, an indicator of depression and desperation that many women encounter. That few had attempted this in the last six months may indicate that their decision to leave was protective or predicated on their ability and willingness to protect themselves.

---

10 Alberta Council of Women's Shelters. (2006). *Statistics 2004/2005*. Available: <http://www.acws.ca/questions/stats.php>



## **Appendix H - Specific Recommendations for Services, Policies, Programs, and Processes**

Each community will have specific priority needs and these needs and potential policy responses may change over time due to macro level factors, such as, changes in housing markets or a crisis in another country that creates an influx of refugees. Below is a list of general recommendations for services that are needed to address prevention of homelessness among immigrant women who experience family violence. These recommendations come directly from the immigrant women, service providers, and policy workshop participants in our study. Many of these would also prevent homelessness in general.

### Housing

- Provide safe, affordable, quality housing.

### Income

- Focus on living wages. Service providers can advocate for clients, but if wages are too low and housing is too expensive or not available, then housing issues remain a problem.
- Provide increased social assistance rates.

### Family Violence

- More and longer term shelter beds are needed for better access to services and more security and time to deal with emotional and practical issues. Women have limited time in shelters, during which they are trying to deal with the abuse and their new situation.
- More assistance is needed from governments in breaking the cycle of violence.

### Immigration Systems

- The immigration system should be accountable when a sponsor is abusing the person they sponsored. Immigration authorities should have the ability to force the sponsor to pay for alternate housing and living costs.
- Potential immigrants should be made aware of Canadian laws against family violence as well as the fundamental rights of women in Canada. They could also be provided with basic information about social support systems available.
- Information about actual job availability in Canada would be useful, as many who immigrate are under the impression that they will quickly find jobs in their field once they arrive.

### General Services

- More funding and more staff for agencies.
- Create a guidebook of available services immigration, abuse, and housing.
- Follow up with women and families along the pathway through migration and settlement, specifically for abuse and housing issues.

### Language

- Improve language capacities for agencies and government bodies, including interpretation at agencies, translation, services and resources in first languages, more advanced ESL classes, and more flexibility in length of time it takes to learn English or French.
- Provide funds for on-call, professional interpretation.

### Cultural Competency

- Provide culturally appropriate emergency shelter services using a cross-cultural model.
- Provide services by people 'who have experience' in issues faced by clients (i.e., services from people who have experienced immigration issues, abuse, or housing barriers).
- ALL social service agencies need to be reactive and proactive to the changing demographics – not only immigrant serving agencies that are serving immigrant and ethnically diverse populations.

### Flexibility and Accessibility

- Provide services close to where women live to improve access.
- Provide flexible childcare to allow for education upgrading and employment in non-standard hours.
- Provide activities and services at a variety of times, to work around job or school schedules.
- Provide assistance with transportation issues to address barriers such as limited income to pay for transit, limited time to spend on transit between commitments, and lack of access to car for groceries, food bank, or other out-of-the-way services.
- Allow sponsored immigrants to access subsidized housing, social assistance, and other services – especially in cases of family violence.

### Coordination of Services

- There is a need for more comprehensive coordination of agencies and sectors for better understanding of issues facing abused immigrant women with housing insecurity.
- Agencies advocate for clients and systems should be flexible with regard to each situation, particularly in the case of family violence.

### Knowledge Transfer

- Allow for more education and understanding of family violence and improved cultural competency in service agencies.
- Women should be given information about programs, services, rights, equality, and laws at the point of immigration so that as soon as they come to Canada, they have some familiarity with the systems and services.
- Men should be given information labelling forms of abuse and the fact that assault within the family unit is illegal in Canada.
- Increase public education about the issues related to abuse as well as the immigrant experience (specifically, program availability for different immigration status).
- Train service providers to 'ask the right questions'.
- Educate service providers and public about policies to reduce confusion about policy in practice. This includes access to funds such as the Alberta Escaping Abuse Benefit and the National Child Tax Benefit.

### Funding for Services

- Funds for immigrant services should account for secondary migration, so the money does not all go to immigrant's initial point of entry.
- Provide increased funding for programs serving immigrant women, family violence, and housing.

## Policy

- Accept international education credentials and experience.
- Enforce and educate about labour standards to reduce abuses which can lead to unstable employment income.
- Provide living wages.
- Increase social assistance rates.
- Employers who have policies to attract immigrants to fill gaps in the labour market, should be required to provide settlement assistance and other services related to migration.

## Empowerment and Prevention

- Put the tools for prevention and empowerment in the hands of community through community development initiatives on family violence, immigration issues, and housing. Engage both 'mainstream' and cultural communities.
- Improve public awareness of family violence issues – particularly because friends or family are often a woman's first point of contact for support.

## Recommendations at the Individual Level from Immigrant Women to Immigrant Women

- Learn English.
- Educate yourself through ESL, upgrading, job skills, and communication skills, in order to be self-sufficient.
- Recognize you may have to take a survival job for a while, but hope for upward movement in the future.
- Be prepared for misunderstandings as a new immigrant. Try to make connections with people who can help (e.g., friends, services, or community).
- Don't be completely dependent on your husband. Learn how to do banking, pay bills, and other necessities. Be independent.
- Ask for help.