

EXPLORING ACCESS TO DOMESTIC VIOLENCE SERVICES FOR
IMMIGRANT WOMEN SURVIVORS IN HALIFAX AND WAYS TO PROMOTE
RESILIENCE THROUGH SERVICE PROVISION

by

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Dedication

As I learned about recognizing privilege during my social work education, I could not help but consider the oppression of those in Iran who are very near to my heart. My fellow Baha'i brothers and sisters in Iran are victims of religious persecution that prevents them from pursuing their aspirations of learning, accessing education, opening a business, becoming a professional, following their faith, adhering to their values and beliefs, and simply being themselves. In my pursuit of becoming a social worker, gratitude has overcome me in waves, increasing over time, as I complete projects and papers, receive social work experience in the field, or learn something new. With each step closer to completing my degree, I thought of my cohorts in Iran who were actively being taken multiple steps farther away from their dreams.

The development and creation of my thesis is thus, dedicated to those Baha'i children, youth, and adults in Iran who could not have this chance in their life. It is further dedicated to my mother, father, brother, and sister who all left their lives behind in Iran and Sri Lanka to come to Canada and build a new life for our family.

Moreover, my thesis is dedicated to women living on the intersections of gender, race, motherhood, immigration status, ability, sexuality, class, and education that have and continue to experience violence from those they love and care for. Finally, I dedicate this research to my mother, without her grace and resilience in the face of hardship, I would not have pursued a thesis on the topic of domestic violence and immigrant women.

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Abstract

The present study explores the access to domestic violence services for immigrant women survivors in Halifax. The purpose of the research is to learn how service providers can integrate an approach that is strengths based into their work with immigrant women. Six professionals with experience providing domestic violence services to immigrant women in Halifax were interviewed. One-on-one interviews revealed the participants' efforts to build resilience by fostering a strengths-based narrative in the women whom they supported. Results suggested that despite individual attempts to nurture resilience in service users, there was a lack of meaningful and lasting collaboration amongst service providers, indicating the need for resilience to be fostered within the environment in order for more accessible services to be available to immigrant women. It is recommended that research be conducted with stakeholders to understand the challenges and benefits of collaborative efforts in domestic violence work with immigrant women in Halifax.

List of Abbreviations Used

ADAM	African Diaspora Association of the Maritimes
HRM	Halifax Regional Municipality
ISANS	Immigrant Services Association of Nova Scotia
LGBTQ+	Lesbian, gay, bisexual, transgender, queer
PR	Permanent resident
REB	Research Ethics Board
UK	United Kingdom
YWCA	Young Women's Christian Association

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different. Thank you for encouraging me, for bringing me ease, and for giving me space to move forward with more grace than I thought I ever could.

Chapter 1: Introduction

The current research is intended to contribute to the existing literature on domestic violence services, specifically from the perspectives of immigrant women in Halifax, Nova Scotia. This research explores how capacities and strengths of immigrant women can be drawn upon to promote resilience while in crisis and when moving forward and healing from their experience. The introduction chapter presents my framework as the main researcher of this project. Definitions are presented in the current chapter in order to provide the reader with a common understanding of the main terms used in this study. Within the chapter, the sections and subsections illustrate the context of Halifax, Nova Scotia by presenting the main agencies that are involved with domestic violence and/or immigrants in the city as well. Some history of Halifax is also offered in an effort to illustrate the uniqueness of the city and the services it offers for vulnerable populations such as immigrant women survivors of domestic violence.

1.1 Personal and Theoretical Framework

I come to the present research for personal, professional, and academic reasons. It is important for me to socially locate myself before embarking on this research. Due to religious persecution for being Baha'i, my parents left Iran, lived in Sri Lanka for several years and came to Canada along with my siblings in the mid eighties. I consider myself a second generation immigrant who was born in Canada, while my ethnic and cultural background is Iranian. As a result of being born in Canada, I easily acquired Canadian citizenship; however, it was not until I reached school age that I adopted a Canadian identity that fit the community I lived in. The identity I adhered to when I started going to school was a result of bullying and racism. It was what I believed at the time to be the

easiest way to identify and the only way I could avoid negative experiences. With this identity, I adopted the norms, beliefs and behaviours of the children that were around me, who were all white. In my mind, being white was what I viewed as Canadian. Throughout my adolescence and into my adulthood, I slowly became more aware of how I had lost much of my Iranian culture while trying to assimilate with my cohorts who were not from new immigrant families. I was learning that the intricacies of cultural and religious identity in my home did not match the beliefs and behaviours of any of (what I believed to be) my Canadian friends.

As I entered adulthood, the dissonance between my life at home and outside of the home encouraged me to explore the nuances of my identity, such as being a cultural, racial, and religious minority, which I slowly learned to accept while challenging my beliefs of what it means to be Canadian. At this point in my life, I see Canadianness as an identity that is strongly adhered to mostly by white settlers. Having said that, I see that Black folks and newcomers may identify as Black Canadians and new Canadians. For myself, I identify with Iranian-Canadian, but a large aspect of what lies between the two is my religion- Baha'i, given its heavy influence in my life.

Identifying with being Iranian and Canadian grants me the privilege of at times choosing ways of being that are more “acceptable” and “normal” to the wider society. At the same time, I am also seen as a brown woman who belongs to a religion that other brown women in my community may not identify with, which leads me to feel like an outsider within my own ethnic community. My personal worldview stems largely from my upbringing, the values and beliefs that were taught to me as part of my cultural background, as well as my faith. These values and beliefs include being of service to the

community around me, being trustworthy and honest, and respectful to my friends, family, and older adults. I value my family and having unity within family; I see consultation as essential to building unity in any family or relationship. I value and respect people by listening to and hearing their stories. As such, I see my worldview as one that is embracing of others, thus leading me to be intrigued by the narratives of those I am surrounded by. My research is thus informed largely by my intricate identity of being Iranian-Canadian and being a Baha'i (see section 3.1 for more on fundamental assumptions). I believe that my research is further influenced by other aspects of my identity, which includes being temporarily able-bodied, heterosexual, cisgendered, middle-class, and receiving post-secondary education.

The theoretical framework I bring to the current research is that of intersectional feminist in combination with a resilience-rooted socioecological approach. Embedded within my framework is an awareness of intersectionality and how different aspects of one's identity come together to shape a variety of experiences when factors like trauma and immigration are involved. Feminists such as Audre Lorde and Gita Mehrotra inform my feminist framework. These authors recognize how oppressions appear at a crossroads or at intersections, creating social inequalities in women's lives that can be damaging. Intersectionality, in combination with my resilience-rooted socioecological approach, allows for consideration of the contextual factors that play into the experience of each individual and society as a whole.

This research is concerned with stories of immigrant women survivors of domestic violence. I acknowledge that my identity does not directly include that of an immigrant. Rather, my identity grants me the privilege of being born in Canada. My

curiosity and concern with the topic I am pursuing comes from personal experience of domestic violence within my own family as well as in my own intimate relationships. The women I was raised with have been and continue to be oppressed and their voices silenced by the patriarchal dominance carefully masked in cultural norms and behaviours of the men in my immediate and extended family. My interest in this field also comes from genuine care and concern for women who continue to be survivors of abuse. The issue of domestic violence in immigrant families is becoming a growing concern for the agencies that support survivors of domestic violence given the increasing number of newcomers in Halifax. In my work up to this point in a local agency providing services for domestic violence, I have witnessed some of the most complex cases of women and their children attempting to flee extremely dangerous partners and in-laws. The nature of the cases is incomparable to those seen in white populations due to issues, such as forced marriage, that local service providers and agencies are not prepared to deal with. Thus, it is both personal and professional experiences that have drawn me to explore the field of immigration and domestic violence in pursuit of understanding these experiences from a perspective that encourages a narrative of strength, rather than focus solely on what is missing or lacking in the context of domestic violence services in Halifax.

1.2 Definitions

There are several terms that will be used throughout the study that should be clarified for the reader to have a common understanding with the researcher. *Domestic violence* can occur between intimate partners, within families, or perpetrated towards one spouse, often the wife, by her in-laws (Ontario Council of Agencies Serving Immigrants, 2006). The use of the term domestic violence is intentional as opposed to the use of

intimate partner violence, as violence in the home is not only between partners, but can be within families, including children, in-laws, and parents. In this thesis, the terms *victims* and *survivors* will be used because the sole use of one does not encompass the other and will depend upon which term the women identify with. I acknowledge that victims and survivors of domestic violence can be of any gender, however, for the purpose of this study, only experiences of those identifying as women will be explored. Conversations with participants in this study encompass experiences of women from any sexual orientation and sexual identity and research is not limited to a specific sexual orientation. This may also include women who identify as transgender.

The definition of *immigrant/migrant* for the purpose of this study includes any person who has come to Canada as a permanent resident (PR), temporary foreign worker international student, or refugee. When an immigrant is granted *conditional permanent residence* they must live with their sponsor for two years from the day they are granted residence to Canada; their condition will be removed after two years (“Government of Canada”, 2014, para. 2). After two years, these sponsored spouses become *PRs*, which means they have the same rights as a Canadian citizen except that they are not permitted to vote or hold jobs that require high security clearances (Government of Canada, 2015, para. 1).

Finally, this thesis incorporates strengths based and resilience approaches. Ungar (2008) offers a culturally relevant definition of *resilience* that comes from a person-in-environment perspective,

In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate

their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways. (p. 225)

This definition of resilience is relevant to the current research and important to me as the researcher as it situates the idea of resilience within the environment. Ungar (2008) extends the concept of resilience to one which considers the idea as inherent in the environment but that needs to be tapped into in ways that are meaningful for diverse populations. Recognizing the resilience already present in those who access services and those who provide services amplifies the strengths of all involved in accessing and providing services.

1.3 Current Agencies Providing Services for Domestic Violence and Newcomers in Halifax

This section includes descriptions of the main agencies that are involved in work with women who experience domestic violence as well as agencies that work with immigrant women. These agencies that will be explored are representative of sites that immigrant women would be accessing when in a situation of domestic violence occurs, assisting them with leaving and what to do after they leave. Please note that these agencies described below are not necessarily representative of those from which participants were recruited from, but are simply here to provide a context of domestic violence services in Halifax.

In 1978, the Transition House Association of Halifax opened Bryony House as the first transition house for women and children fleeing domestic violence (Bryony

House, 2015a, para. 1). Bryony House is a shelter for up to 24 women and children who can stay for approximately six weeks and receive assistance to find housing while being in a safe and confidential location (Bryony House, 2015b, para. 2). The underlying belief of Bryony House is that “women and children have the right to live free of abuse” (Bryony House, para. 1, 2015b). Each year, the shelter and its staff work with over 150 women and children in times of crisis and answer over 1000 distress calls.

The population of Halifax increased by 2,674 immigrants in 2015 (Immigrant Services Association of Nova Scotia [ISANS], 2015). Organizations such as ISANS are critical in the process of helping settle these immigrant families. ISANS offers programs such as family support, crisis intervention services, settlement services, interpretation, and employment counseling. Crisis and family support services includes working with individuals or families who have experienced family violence, divorce and other issues that may complicate settling in Halifax (ISANS, 2016a, para. 3). These services extend to offer educational sessions on family violence, knowledge about Canadian laws, and also support groups for women, all of which are useful for women who are experiencing abuse from their partners and/or families (ISANS, 2016a, para. 2).

Avalon Sexual Assault Centre is focused on healing, empowerment and social change (Avalon Sexual Assault Centre, 2017a, para. 1). The agency operates from a feminist perspective and implements trauma-informed practice into their everyday work with survivors of adult and childhood sexual assault (Avalon Sexual Assault Centre, 2017b, para. 2). Their vision is to create communities free from sexualized violence and abuse and they seek to do so by offering various programs that welcomes a variety of people (Avalon Sexual Assault Centre, 2017b, para. 1). These programs include

individual counseling, public awareness, legal support and advocacy, professional training, and their sexual assault nurse examiner program Avalon Sexual Assault Centre, 2017b, para. 2).

Halifax Regional Police has a unit called Victim Services as part of the Department of Justice. The aim of the Victim Services unit is to serve “victims of domestic and sexualized violence” to assist in their recovery of a crime of which they were victims (Victim Services, 2016, para. 1). Some of the services they provide include funding for counseling, emotional support, referral information, and safety items such as panic buttons (Victim Services, 2016, para. 2). The underlying belief of Victim Services is that the individual that they identify as the victim is the expert and should identify their own needs (Victim Services, 2016, para. 5). Through providing information, options, and education, the staff at Victim Services seeks to help victims of domestic and sexualized violence to empower themselves (Victim Services, 2016, para. 6).

Alice Housing is a supportive housing program intended to provide safe, affordable housing for women who are transitioning into a new time in their lives after fleeing from domestic violence (Alice Housing, 2011, para. 1). In addition to their housing support, their programs include counseling for women and children and support groups (Alice Housing, 2011, para. 4). The underlying beliefs of Alice Housing is that a time period of two years is sufficient to move past the experience of domestic violence; that the women they serve will be able to heal in a setting where men are not permitted, which also alludes to the inherent assumption that domestic violence occurs between men and women and their services not extend to violence perpetrated by family of a spouse or women.

African Diaspora Association of the Maritimes (ADAM) helps migrant individuals from Africa or individuals of African descent to settle and ensure that they are able to access cultural, social, political, and economic opportunities in Halifax and around the Maritimes (African Diaspora Association of the Maritimes [ADAM], 2015a, para 1). They aim to provide programs that are widespread in nature such as youth programs, health and mental health initiatives, and women's groups (ADAM 2015b, para 1-2). ADAM fosters a sense of community through their initiatives and openness to a variety of people from many countries and of many ages.

Under the Advisory Council on the Status of Women Act, the Nova Scotia Advisory Council was created in 1977 (Nova Scotia Advisory Council on the Status of Women, 2015, para. 1). The council was created in an effort to provide education and information to the public and advise the provincial government of issues relating to women (Nova Scotia Advisory Council on the Status of Women, 2015, para. 1). They provide education and information to organizations and individuals in the province for women's employment and leadership, health issues, violence, and legal knowledge (Nova Scotia Advisory Council on the Status of Women, 2015, para. 5). While following many concerns and issues relating to women in the province, the NS Advisory Council help serve women through government level advocacy and policy-making.

The Young Women's Christian Association (YWCA) serves women, girls, newcomers, and their families directly and indirectly through inclusive services and activities (YWCA, 2016a, para. 1). The YWCA has community task forces and focus groups with involvement in communities across the Halifax Regional Municipality (HRM) (YWCA, 2016a, para. 2). Areas that they consider and provide support for

include employment, mental health, inclusion, homelessness, violence, children, mothers, and family programs (YWCA, 2016a, para. 3). Their aim is to support women and girls in feeling empowered and safe through their services (YWCA, 2016b, para. 1). The YWCA also works with newcomer women, specifically to help them integrate into the community, and learn English and financial literacy (YWCA, 2016c, para. 3).

As a result of lack of legal supports for refugees, the Halifax Refugee Clinic opened up in 2000 as a clinic that is not-for-profit and not tied to the government (Halifax Refugee Clinic, 2009, para. 1). The clinic offers refugees free legal services, psychology and counseling services, language education opportunities, and settlement services, including assistance with housing, food security, and accessing health care (Halifax Refugee Clinic, 2009, para. 5). The underlying assumptions held by the Halifax Refugee Clinic are that refugees are among the most vulnerable people in the world, and that their time in Nova Scotia is intended to be a place of health and safety (Halifax Refugee Clinic, 2009, para. 3).

1.4 Contextualizing Halifax, Nova Scotia

The agencies described above are located within the Halifax Regional Municipality. It is important to be aware of the context within which these agencies were built in order to consider how some communities and cultural groups may utilize these services. Halifax has a long history of colonialism and racism towards Aboriginal people and Black Nova Scotians. The unceded territory of Nova Scotia, illustrates the continued presence of colonialism and disrespect to the Aboriginal people in the province and across the country. An example of the history of discrimination towards Black Nova Scotians includes environmental racism seen in the town of Africville where Black

residents lived in a polluted area in the presence of a dump and infestation of rats, had no bus service or no paved roads, and few opportunities for employment. The government eventually forced the relocation of the residents of Africville and broke up the tight knit community members as they were dispersed across HRM (Este, David & Bernard, 2003). As a result of European settlers, much of Halifax and Nova Scotia is built socially and physically on a white, Eurocentric legacy, including the organizations that work with survivors of domestic violence. In addition, compared to the rest of Canada, there have been fewer numbers of immigrants coming to Halifax and staying permanently. However, between December 2015 and mid- 2016, there were 133 families who migrated to Nova Scotia as refugees from Syria, with many of them settling in Halifax (ISANS, 2016b). As the population grows through immigration, organizations and service providers must adjust to accommodate new and more people in order to contribute to serving the community as a whole, not solely the white folks who readily access and obtain services. Thus, many of the agencies that have been built from a white feminist lens, may find themselves struggling to effectively meet the needs of women from around the world. Audre Lorde eloquently explains the need to embrace and accept difference among women and empower women based on their unique identities,

As women, we have been taught to either ignore our differences, or to view them as causes for separation and suspicion rather than as forces for change. Without community there is no liberation, only the more vulnerable and temporary armistice between individual and her oppression. But community must not mean a shedding of our differences, nor the pathetic pretense that these differences do not exist. (Lorde, 2001, p.90)

It is the skills and resources of women from around the world that will be of service to women of intersecting identities, not simply the skills of white women who adhere to a white feminist lens (see section 2.4 for more on intersectionality).

The social structure of the agencies that work with immigrants, the geographic location, and history of Halifax create a unique system of service delivery for women who have experienced domestic violence. Halifax is surrounded by numerous rural towns and villages, while the city itself is home to the largest population of immigrants in the Atlantic provinces (Beaujot, 2003). Given the colonial legacy of Halifax and Canada as a whole, experiences of immigrant women are impacted by this legacy and a strong white settlers lens. The racism and colonialism that was believed to have ended through various means, such as by rebuilding the Africville church and through the 2009 apology by former Prime Minister Stephen Harper to the Aboriginal people of Canada, continues to pervade the delivery of services to all people of color and those new to Canada.

In her collection of essays, Himani Bannerji (2001) explores the process of immigration into Canada. Bannerji (2001) explains that the ‘multicultural mosaic’, which immigrants and refugees feel they are being welcomed into, later becomes clear that the label of multiculturalism is an attempt to mesh the history of Canada and its “survival anxieties” (p. 93) of living on Aboriginal land. Those who are supposedly part of the multicultural mosaic of Canada are in unseen corners and these include those who remain vulnerable and are continually marginalized, unrepresented in authority and government and in agencies and organizations (Bannerji, 2001). Bannerji (2001) explains that many immigrants who come to Canada feel a sense of fragmentation between white people and everyone else, who are viewed as ‘visible minorities’, ‘non-white’, ‘different’, and those

who make Canada multicultural. Evidence of the argument Bannerji (2001) poses has been published in recent literature regarding immigrant women and access to domestic violence services, which is described in detail in the literature review.

For the purpose of this study, in consideration of the “multiculturalism” of Canada, it is important to consider the terms that surround it, such as cultural competency, cultural sensitivity and cultural relevance. Pon (2009) argues that the term cultural competency is in itself oppressive as it others racialized people in a way that essentializes culture and avoids using “racialist language” (p. 60). Pon (2009) further suggests that desiring to be culturally competent is a form of racism. Defining culture in such a way that does not reflect power dynamics perpetuates othering, and further marginalizes anyone who is racialized or of a culture that is not the majority (Pon, 2009). Similar to Bannerjee (2001), Pon suggests the cultural genocide of Aboriginal peoples and concepts such as cultural competency promote an “ontology of forgetting” (p. 66). Forgetting the colonialism and racism that occurred and continues to occur today allows many people to believe this country is representative of a “fair and tolerant society” (Pon, 2009, p. 66). As such, in the current study, the term cultural competence will not be used in an effort to challenge the discourses that perpetuate oppression and racism. Rather, diversity of identity will be explored in such a way that acknowledges the intersectionality of immigrant women who are survivors of domestic violence. Note that terms such cultural sensitivity and cultural relevance will only be used if that is the term used by the author (or participant) being referenced.

In summary, the topic of the current research study cannot be explored without recognizing the history of colonialism and racism and how that has impacted Halifax’s

development of organizations and agencies and the progress of these agencies politically and socially. The city possesses an ever present colonial legacy and in addition to impacting Indigenous communities, the physical and social structure of agencies serving women who experience domestic violence impacts all women of color, immigrant women, and those who experience multiple forms of oppression.

1.5 Summary to Chapter 1

Chapter one has built the foundation for the thesis research, beginning with the feminist and socioecological lenses that are brought by the researcher. The definitions that were presented will remain constant throughout the remainder of the thesis. The context of Halifax was presented in order to help the reader understand what it may look like for an immigrant woman to access services in Halifax, and what it may be like for someone providing these services to marginalized and vulnerable populations. The following chapter focuses on the literature on domestic violence, immigrant women, and is focused mainly within the Maritime Provinces.

Chapter 2: Literature Review

The literature review chapter focuses on the relevant research of the field of study: access to domestic violence resources for immigrant populations as well as the research on resilience and domestic violence. This chapter extends the exploration of provision and access to domestic violence services to further investigate the existing research on how strengths-based and resilience theories fits into the provision of services and the ways in which immigrant women cope with domestic violence. There has been much research conducted in the area of domestic violence and immigrant women in the past twenty years in North America. Given the context of Halifax as described in the previous section, what follows is an exploration of the research that has been conducted in Atlantic Canada and Halifax that examines experiences of immigrant women survivors of domestic violence in this geographical area. The research that is presented here is narrowed down to findings from Atlantic Canada and Halifax in order to directly relate to the current study. This chapter contains a section on intersectionality in an effort to explore the discourse surrounding the diversity of identity given the uniqueness of potential participants for the research. Finally, the literature review ends with a presentation of the rationale and research questions for the present study.

2.1 Provision of and Access to Domestic Violence Services

In Halifax and Atlantic Canada, the majority of research that has been done in this area was before 2010. Difficulty in accessing services has been substantiated by many researchers, agreeing that there is a lack of appropriate services for immigrant women and that the process to accessing and using many services is hindered by barriers such as language, lack of consideration of race and culture, and lack of follow up (Miedema &

Wachholz, 2000; Cottrell & Moncayo, 2003; Cottrell, Jaya, Tastsoglou, 2006; Tastsoglou, Cottrell & Jaya, 2015; Abraham & Tastsoglou, 2016; Sobhani & Rhodenizer, 2016; Wachholz & Miedema, 2000). These studies will be investigated in detail in the remainder of this section.

In Fredericton, Wachholz and Miedema have been prominent researchers in the field of immigrants and domestic violence. In 2000, Wachholz and Miedema conducted focus groups with 48 immigrant women to learn their perceptions to policing as a solution to gender-based violence. They found that women believed the policing solutions that arrest and charge their husbands was a means of more pain and suffering; they did not believe this addressed their needs effectively. Wachholz and Miedema (2000) concluded that social policies and program initiatives should consider new ways of working with this population. The women who participated in the study agreed that their struggles in working with domestic violence systems is due to a lack of services that are culturally relevant, indicating difficulty in accessing services despite having the knowledge and skills to use them (Wachholz & Miedema, 2000).

Cottrell and Moncayo completed a research study in 2003 looking at the experiences of service providers, immigrant women and men, and their interaction with resources and services for domestic violence in Halifax. It should be noted that this was the most recent and one of the only studies done looking at this topic in Halifax, aside from Cottrell et al. (2006). In this large scale research project, Cottrell and Moncayo (2003) found gaps in services in terms of preventative services and cultural representation amongst service providers. Additionally, from the perception of service providers, it was found that immigrant women are not seen accessing services, indicating that women are

not aware of services or that the services that they are aware of are not appropriate for them. Cottrell and Moncayo (2003) encouraged further research to look more closely at the utilization of services by immigrant women and consider their vulnerability as sponsored PRs.

Cottrell et al. (2006) completed research that explored the navigation of anti-violence work in Atlantic Canada, considering this topic specifically in relation to immigrants. These authors premised their work on the fact that there are many gaps between the services and supports available and those that are needed for service providers as well service users (Cottrell et al., 2006). Furthermore, they also highlighted the issue that many service providers, although committed to providing safe and effective services for immigrant and refugee women, were not able to provide services in this manner because of various factors (Cottrell et al., 2006). These factors included lack of funding, lack of knowledge, and challenges with policy implementation (Cottrell et al., 2006). Cottrell et al. (2006) interviewed 43 immigrant women from five cities in Atlantic Canada, including Halifax, Moncton, St. John's, Sydney, and Charlottetown. Services for immigrant women who have experienced domestic violence were reported to be "fragmented and inconsistent", signifying the challenges faced on both the part of the service provider and the service user (Cottrell et al., 2006, p. 10). Similar to the research completed before this study, a lack of awareness of immigration processes were reported to be some of the main issues faced in the delivery of services to immigrant women.

Other research that considers the perspectives of service providers suggests that they are tasked with additional responsibilities when working with immigrant women (Fong, 2010; Rupra, 2004). Some of these responsibilities included overcoming the

barrier of language by having more diverse staff, or hiring and obtaining an interpreter, and acquiring training that is specific to work with immigrant women (Font, 2010; Rupra, 2004). More specifically, service providers have identified the need for increasing their knowledge about immigration laws (Erez, Adelman, and Gregory, 2008). Finally, through their research with front line shelter staff, Thurston, Clow, and Este (2006) identified the need for a network among service providers who work with immigrant women in the area of domestic violence in order to strengthen the current services that are provided. The research from Thurston et al. (2006) highlights that existing systems in front line work are working independently rather than collaboratively, which will be considered further in section 2.3 when resilience in the environment is considered.

More recently, Tastsoglou et al. (2015) published literature considering women, immigration and violence in Atlantic Canada. The study's participants included immigrant women and service providers from cities across Atlantic Canada and data was collected through participatory research and one-on-one interviews. Results indicated that domestic violence was the most prevalent form of violence experienced by immigrant women in addition to violence in the form of racism and discrimination in the workplace, institutional abuse and targeting from authorities. Tastsoglou et al., (2015) highlighted that there were aspects to their results that suggested that the women found a way to turn their negative experience of violence into one that was positive. They reported that by learning to be an advocate for themselves, responding to violence in such a way that was not violent, and enhancing their understanding of violence through connecting with other women, were all positive effects of the violence that they found for themselves (Tastsoglou et al., 2015). Tastsoglou et al. (2015) made recommendations that importance

should be placed on making policies to implement education on the rights immigrants have as well as on making outreach services available in multiple languages. In other research that Tastsoglou was a part of, a literature review revealed that studies that consider immigrant women and violence should further explore public education and the expansion of services and programs that immigrant women work with in order to tap into the informal support networks that immigrant women access during times of crisis (Abraham & Tastsoglou, 2016).

The research explored in this section presents clear gaps and barriers between access to services and provision of services to immigrant women who have experienced domestic violence in Halifax and Atlantic Canada. These gaps and barriers also allude to the necessary advancement of this research through considering strengths and resilience of female immigrant survivors of domestic violence and those in the community that work with this population. Much of the research came from a deficit-based perspective, looking into what was not available or what made the experiences of immigrant women more challenging. Thus, exploring these challenges through a strengths based model may advance the progression of services with consideration of how individuals can work with their environment using what they have, and vice versa. The next two sections provide an exploration of research that considers the resilience that immigrant women demonstrate in the face of adversity such as domestic violence.

2.2 Strengths-Based Approach, Resilience, and Culture

Prior to delving into the research on resilience and culture, it is important to consider the relevance of strengths-based approach to the present study. The essence of a strengths-based approach is to work with clients by recognizing and highlighting their

abilities and existing knowledge (Saleebey, 1996). Saleebey (1996) was one of the first scholars to explore the advantages and disadvantages of strengths-based theory. Adhering to strengths-based approach was a shift for practitioners working from a pathology model to focusing on individuals' strengths and using their capacities to empower service users. Critiques have been made that although the approach is intended to equal the power imbalance, it assumes that professionals hold expertise of their clients lives and have the power to empower their service users (Saleebey, 1996; Guo & Tsui, 2010). Despite these critiques, strengths-based approach has built the foundation for pursuing treatments and interventions that benefit the service users as well as service providers (Saleebey, 1996). I have chosen to integrate the approach to my research as a basis to adopting a resilience model into the study. Strengths-based approach therefore serves as a tool in my data collection and analysis as participants will be asked what qualities of strength they and their organizations possess as well as what strengths they believe their service users who are immigrant women possess. It is significant to consider these strengths given that literature on resilience and immigrant women (as will be reviewed in the next section) highlights the need to recognize unique capacities of women across cultures.

The literature on resilience is extensive and is explored by many including Michael Ungar. Although Ungar's work is focused mostly on resilience in youth populations, some of his research has considered resilience and culture. The research presented in this section is focused on resilience and the interaction between people, their environment, and the resources in their environment. The following paragraphs presents research that is focused on resilience and trauma and later links to the following section on trauma from domestic violence in immigrant populations.

It is important to note that the reason Ungar is cited heavily in this research is because his theoretical framework is that of socioecological theory and he approaches resilience in this manner. Given that a resilience-based socioecological approach is a major aspect of my theoretical framework, Ungar's work is most related to my research. Furthermore, as explored in the next paragraph, Ungar has done a lot of work internationally on resilience, which is an asset to this research given that resilience is being studied in a context that is not suited to the typical western notions of resilience. In other resilience literature, authors have focused on the individual as the sole person involved in the experience of adverse circumstances (Seery, 2011). Furthermore, much of the research on resilience has been done in North America, an individualistic society, which does not take into account the impact of adverse circumstances on those in the environment other than the individual who is directly experiencing the trauma, pain, or difficult situation. Some recent international research done with children and youth has captured the significance of making the connections between individuals experiencing adversity and their family relationships, yet lack a perspective that considers the environment as a whole (Namy et al., 2017). The literature on resilience with vulnerable populations indicates the need to consider a number of factors in someone's context when the risk of adverse circumstances is present in the environment one lives (McCubbin et al., 1998 as cited in Liebenberg, & Ungar, 2009). As such, and given that Ungar's research on resilience directly makes use of the socioecological model, his research is focused on more heavily in this study than other researchers in the field of resilience.

Ungar's research that has considered resilience from perspectives outside of western views of resilience provides some insight into how resilience may look outside of

North America. Ungar's research does not consider perspectives of women who have survived abuse. However, it is important to consider where the literature lies with cross-cultural definitions of resilience in order to understand gaps in resilience research across the variety of intersecting identities. It is significant to the current research to understand how resilience looks in cultures around the world, how it looks upon moving to a new country, and how it is drawn from in the face of domestic violence. Ungar's theoretical framework of understanding multiple ways of knowing resilience allows resilience to be heavily considered in the progression of service delivery. These perspectives are helpful for the present research as it can inform conversations with service providers and service users. The research presented in this section is focused on resilience and the interaction between people, their environment and the resources in their environment.

Ungar (2008) explored resilience across cultures with 1500 youth around the world. Ungar (2008) premised his work by stating that perspectives of Aboriginal people, Black North Americans, and immigrants are missing from the researched perspectives of resilience. Based on the current resilience literature, it is unclear why perspectives of marginalized populations are not studied as in-depth as white populations. This gap in the resilience literature may be due to the majority of the research being conducted in North America and further by the dominance of white populations in Western countries, leading to skewed representation of resilience. Recent literature has begun to take a closer look at resilience across cultures; however, it continues to be skewed due to the Eurocentric perspectives of the researchers (Brooks, Daschuk, Poudrier, & Almond, 2015).

Leadbeater, Dodgen, and Solarz, (2005) and Obrist, Pfeiffer and Henley (2010) question the notion of what constitutes adversity across cultures, which alludes to an

important consideration of how domestic violence is conceptualized across differing backgrounds. Many conceptualizations of resilience consider the inter-dependency of the individual and their environment, alluding to the idea that resilience not only stems from ones upbringing, personal experiences, and strength, but also from the context, history, and social and political structure in which one lives (Ungar, 2008). Understanding the way that resources are built and delivered impacts the manner in which resilience is nurtured in individuals who access those services (Ungar, 2008). In the context of communities that are new to a city, it is important to recognize that people can only access what is available and easy to use, thus despite the strength and resilience they may hold as individuals, they must be met halfway by those in their environment to foster their resilience and help them settle in a new country (Ungar, 2008). Ungar (2012) explores this notion further and describes the significance of identifying traditionally marginalized coping strategies, which immigrant women who have survived domestic violence may hold, in order to challenge the traditional notions of resilience that are generally Eurocentric and come from a middle class perspective.

Linking the resilience of the environment to that of the individual is key to building a community that works collaboratively; in combination with diverse perspectives of resilience, Ungar (2013) demonstrates how resilience considered in this manner is significant for survivors of trauma. When the perspective shifts from considering solely the individual as the one responsible for success in the face of adversity to seeing success facilitated by both the individual and the environment, blame cannot be placed on the victim or survivor of a trauma for not “making it”. From this perspective, also known as the socioecological perspective, the victim or survivor of

trauma is not blamed for their perceived lack of effort, or their unseen success of surviving a crisis, such as domestic violence (Ungar, 2013). Herein also lies the sensitivity to cultural diversity and the consideration of intersectionality of those who attempt to access services for domestic violence.

As Ungar (2013) states, the environment and its resources are only helpful when they are relevant to those who are service users and service providers. The earlier section in this literature review where I explore the context of Halifax and the organizations that serve migrant women who experience domestic violence, I highlight the white, Eurocentric perspective from which these services are built and how this impacts immigrant women today. The present section has demonstrated that although these domestic violence services and resources may be available, the manner in which they are accessed and delivered is important to understanding resilience held by the service provider and how the resilience of the service user is recognized and fostered. Woven into the next section is literature that addresses the research conducted in the area of resilience and immigrant women, which provides the basis for the current study.

2.3 Resilience and Immigrant Women in North America

As this chapter has explored, the research on access to services for immigrant women survivors of domestic violence has been helpful for informing policies and procedures for responding to domestic violence in Atlantic Canada. While this research has been helpful to the progress of services for immigrant women, gaps remain in the research, which are seen in the use and provision of services. The literature presented in this section relates to the results obtained by authors who have studied resilience and immigrant women's experiences with domestic violence in North America. The research

in this area is limited, hence the significance of the intent to explore this further within the current study.

In literature that directly explores resilience, immigrant women, and domestic violence it has been suggested that the research on resilience needs a shift in its approach to understand the strengths and resources of individuals who face adversity (Sharma, 2001). As highlighted above, struggles that continue to be faced include accessing resources, knowledge of rights, availability of services, isolation after receiving services, and lack of cultural representation or sensitivity to diversity in service delivery (Miedema & Wachholz, 1999; Cottrell & Moncayo, 2003; Tastsoglou, Cottrell & Jaya, 2015; Sobhani & Rhodenizer, 2016). The present thesis is concerned with moving past the barriers already identified in the previous research and promoting the resilience of those who access services when facing a domestic violence crisis as well as the resilience of those who are providing these services.

In Georgia, United States, Singh (2009) suggested culturally relevant services need to be used with South Asian immigrant women survivors of sexual abuse. Singh's (2009) research explored how strengths and resilience could be utilized in an effort to promote healing. Given how gender hierarchies may be defined specifically in South Asian cultures, many factors are at play when a woman has experienced abuse, which lends to her silence on the issue (Singh, 2009). These factors may include maintaining family honor, shame, and potential to perpetuate violence within the family or community (Singh, 2009). It is important to note that these sorts of violence could occur in white populations; however, for the purpose of the present study, considering them in the context of immigrant populations raises issues (e.g., language barriers) that further

complicate them when occurring in environments where agencies are not prepared to deal with multiple complex issues at once. Singh (2009) proposed that for a resilience model to be used with this population, the strengths of both the individual and the context in which they live must be both considered as influencing the experience of abuse for immigrant woman. As mentioned in the previous section, Ungar (2008; 2012; 2013) utilizes the socioecological approach to find ways to foster resilience between an individual and their environment. In addition to Singh (2009), other researchers have recently adopted this perspective, studying how resilience can be an effective model of helping women heal by using what is available to them in their environment (Anderson, Renner, & Danis, 2012; Ahmad & Petrovic, 2013; Olk, 2015).

In a Canadian study by Ahmad and Petrovic (2013), resilience was studied in terms of personal attributes and resources before fleeing from abuse and after successfully leaving an abusive situation. Through qualitative research with South Asian immigrant women who were survivors of partner violence, Ahmad and Petrovic (2013) explored various facets of the participants' narratives to understand how they utilized their resilience and resources in a new country to flee from intimate partner violence. Similar to Singh (2009), Ungar (2008; 2012; 2013), Anderson et al. (2012), and Olk (2015), it was concluded that programs and policies need to focus on the individual and the environment when working with immigrant women to find a safe place and move beyond domestic violence (Ahmad and Petrovic, 2013). In addition, making the link between the individual and the environment was found by Singh (2009) who further suggested the need to explore notions of resilience that are opposed to the typical western conception, which does not consider multiple forms of oppression.

Using mixed methods design, Anderson et al. (2012) looked at resilience in the recovery of domestic violence of women who were in an abusive relationship in the United States. Their research included women from all backgrounds and was not specific to one population. Despite this, there were participants from a non-western background who participated in their study and some main points can be drawn from the study (Anderson et al., 2012). It was highlighted that both individual factors and the social structure in which women are living in is essential for taking a resilience approach to working with women who have experienced domestic violence. Given that abuse may continue after fleeing from their abuser, it was found that many factors were at play that fostered resilience that helped women rebuild their lives after leaving their partners. Some of these factors included spiritual support from religious leaders and communities, informal social support such as family, and formal supports such as legal and health resources (Anderson et al., 2012). Anderson et al., (2012) concluded that the process of establishing systems of support through accessing resources was a central aspect of the resilience to the women they interviewed and that it was key to their recovery from the trauma they had experienced.

One of the most recent research studies that is related to resilience and immigrant women is a literature review by Olk (2015). Olk, (2015) explored how challenges in the context in which immigrant women live hinder their attempts to free themselves from domestic violence and contribute to their vulnerability to more violence. In addition to factors that foster resilience that Anderson et al. (2012) found, Olk (2015) found that spirituality, social support, social advocacy, strength for children, personal attributes, such as self-confidence, professional services, and self-care, are some of the main

methods immigrant women used to cope in the face of abuse. Olk (2015) highlighted that resiliency to immigrant women, or to anyone, may look different than what health professionals and other service providers are familiar with. This finding indicates the importance for an awareness of intersectional identities to be embedded in the organizations that work with immigrant women. Furthermore, resilience in the face of domestic violence may look different in the story of a migrant woman compared to a white settler counterpart, given the challenges that accompany leaving one's country, immigration, and settlement (Olk, 2015).

This section on resilience and immigrant women has presented the various factors that an immigrant woman may encounter. Despite the strengths an immigrant woman may possess, if the resources and those who provide them do not reflect the needs of those who access their services, vulnerable populations such as immigrant women may experience continued marginalization. Furthermore, as the literature alluded to, if these services are working separate from one another and without recognizing their own strengths, it becomes increasingly difficult to utilize the resources in one's environment as it appears fragmented and weak. The final section of the literature review touches on the identities of immigrant women, specifically the intersectionality that plays a large role in their experience in settling in a new country.

2.4 Intersectionality

In considering the experiences of immigrant women survivors of domestic violence, it is important to note the uniqueness of each woman's experiences. The current subsection presents research on intersectionality. The identities of the population being explored in the present research study intersect along various factors, including

migration, gender, race, and survivor of abuse. Accounting for the many realities of the participants of the current study is important to gain a comprehensive understanding of how domestic violence services are accessed and utilized by immigrant women. The present section will explore the concept of intersectionality in more depth.

The work of Kimberle Crenshaw pioneered the research and consideration of intersectionality in 1989. Crenshaw (1989) explored the idea of deepening the narrative of a woman of a color through exploring her experiences not only as a woman, but as a woman *and* her race. It is important to consider experiences of multiple aspects of an individual's identity upon attempting to understand how the world around us is constructed (Crenshaw, 1989). A white woman's experience of domestic violence varies considerably to the experience of a woman of color, or compared to a migrant woman (Crenshaw, 1989). The challenges faced by immigrants are not experienced by those born in Canada, such as the conditional permanent residence status that some spouses, who were sponsored by their partners and are often women— but not always, hold until two years after they arrived in Canada, preventing them from fleeing abusive partners and/ or families due to fear of deportation.

Agnew (1998) studied the experiences of racialized women in their access to resources and services to flee from abuse in Canada. The research revealed that the feminist paradigms many agencies were operating from were not inclusive of racialized populations (Agnew, 1998). Furthermore, Agnew (1998) found that service providers were not adopting a lens that was intersectional, but they rather viewed gender-based violence as solely an issue of gender. Patricia Hill Collins (2015) explores intersectionality and proposes how such a theory informs social justice and provides a

new perspective on social occurrences. Collins (2015) defined intersectionality as a manner in which to see “race, class, gender, sexuality, ethnicity, nation, and age as operating reciprocally rather than as unitary or mutually exclusive” (p. 1).

Abraham and Tastsoglou (2016) further emphasize how gaps and problems in service delivery can be accounted for due to the lack of consideration of how there is a diversity of experience that comes with each woman that seeks services for domestic violence. They state that there is a focus on violence against women, which neglects to factor in the intersecting forms of structural oppression women may face. In addition to domestic violence, an immigrant woman may face challenges with poverty, unemployment, racism, and patriarchal society (Abraham & Tastsoglou, 2016).

Through an effort to understand the complexity of domestic violence and the intersectional identities of women who experience violence, a deeper understanding of its impact on the wide range of migrant women emerges through this research. Furthermore, in combination with a socioecological approach to grasping how resilience can be promoted through service delivery of domestic violence services, an intersectional perspective aids in the process of understanding how the experience of domestic violence for migrant woman survivors intersects with the environment in which they reside.

2.5 Rationale and Research Questions

Given the presented research on accessing services and the gaps reported by immigrant women who need those services and in combination with the research indicating the need for a strengths based and a resilience approach to working with this population, the current research is focused on exploring these gaps in the literature. The final section of the literature review presents my reasons for choosing to adhere to a

resilience approach, the rationale for the thesis, the twofold purpose of the study, and finally, three research questions posed in order to guide the data collection and interpretation of the results.

In addition to the reasons presented in the literature review for adopting strengths based and resilience approaches, I would like to highlight my rationale in embracing these perspectives for this study. As stated in chapter one, my worldview is composed of elements of my racial, religious, and cultural background. In particular, being brought up in the Baha'i faith, core elements of strengths and resilience perspectives were integrated into my upbringing and consequently became a huge aspect of what I value in myself, other people, and most importantly, my family. Given the trauma my family endured moving between countries and eventually to Canada, I was born into a family that was impacted significantly by immigration and a search for refuge. As mentioned, the main reason for seeking refuge was due to religious persecution and ironically, it was their faith that allowed for a strong and loving community to surround them and support them in successfully surviving in Canada. As such, my desire to consider the strengths and the embodiment of resilience in a vulnerable population such as immigrant women survivors of domestic violence comes from witnessing the positive impact that my family's strengths and the encouragement from others had on their ability to build a successful life in Canada. Further, it is their resilience that they cultivated through numerous challenges that I constantly recognize in all my family members and which I admire. In sum, it is these direct and indirect experiences that fuel my desire to continue learning about the concept of resilience. The literature supporting strengths-based and resilience perspectives presented earlier in this chapter in combination with my personal

background shared above contribute to my rationale and recognition of their importance for using these approaches in this research.

Olk (2015) and Ahmad and Petrovic (2013) look specifically at South Asian immigrant women in Central and Western Canada, while Anderson et al. (2012) are based in the United States and are not necessarily representative of the reality of immigrant women in Atlantic Canada. As mentioned, the purpose of this study is twofold. The first intention is to explore the experiences of immigrant women who self-identify as survivors of domestic violence to understand how they coped with crisis. The second component to the purpose of the research is to also consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women.

This study is the first of its kind in Halifax, Nova Scotia. In addition to findings from Olk (2015) and Ahmad and Petrovic (2013) illustrating the need for recognizing certain individual strengths such as spirituality and social support, it is anticipated that unique findings may be obtained that are representative of immigrants living in Halifax, given the Eurocentric legacy and current state of the resources and the services offered in the city. Through qualitative methods, it is anticipated that narratives of both female immigrant survivors of domestic violence and service providers working in the field will offer a deeper understanding of what is experienced in the process of fleeing domestic violence or seeking help for such a situation. Furthermore, the manner in which the women coped with trauma is explored in an effort to consider the strengths and resilience they possess that can be drawn upon when working with immigrant populations.

The broader research question for this study questions how services in Halifax for domestic violence can be adapted to serve immigrant women from a strengths based and resilience perspective. Stemming from this, there are three core research questions that seek to address the main research question. The first considers the perspectives of service providers and questions how their agencies' current policies and practices recognize strengths and seek to enhance the resilience of immigrant women who experience domestic violence. The second question explores the narratives obtained from the immigrant women and looks at how they coped with and survived domestic violence specifically considering their strengths and resilience to cope with violence. Finally, the third research question is tied to the twofold purpose, specifically its second aspect. The third question asks, how can service providers adapt and services adapt to recognize and promote resilience for immigrant women survivors of domestic violence?

2.6 Summary to Chapter 2

The research explored in the current chapter has served to provide the reader with sufficient background information on the research that has been done in Atlantic Canada in the field of domestic violence, specifically in immigrant populations. Furthermore, the literature that has been presented provides a rationale for the current topic of interest. The next chapter presents the methods used in this research to recruit participants and collect their narratives.

Chapter 3: Methodology

The present chapter focuses on the manner in which the study was conducted. To begin the chapter, a section on my fundamental assumptions are presented and are followed with a section on the theories and methodologies that are employed for this research. As I move forward to explain the sample and procedure of the study, a description of the participants is offered in such a way that does not identify them or their place of work. The materials used in the research and the manner in which they were implemented are described as well. All materials used are referred to throughout and can be seen in the Appendices section at the end of the thesis. A section of the methodology chapter is intended to speak to the techniques used to enhance quality and rigor of the study. One section within the chapter is centered on the challenges that were encountered when recruiting participants. A section on accounting for intersectionality discusses the numerous factors that are important to consider when analyzing the data from a variety of participants. Finally, at the end of the methodology chapter, the methods used to analyze the data are outlined.

3.1 Fundamental Assumptions

In an effort to be transparent with my assumptions and promote a sense of reflexivity in the research, I believe that it is important to clearly state my fundamental assumptions (Doucet & Mauthner, 2002). Given that my experiences and education may influence the data collection and analyses, being open and honest about my assumptions is critical to the methodologies of my research (Osimo, 2010). My assumptions can be described through three categories: ontology, or the nature of the my reality; axiological, or the role of values in the research; and epistemological, the manner in which knowledge

is created (Creswell, 1998). My assumptions are the foundation upon which I carry the feminist and grounded theory methodologies for this research.

3.1.1 Ontological. As a qualitative researcher, I come to this study with previous experience in qualitative research, particularly with interviewing and conducting focus groups with professionals in the field of domestic violence (Sobhani & Rhodenizer, 2016). In addition to my research background in the field, my reality is reflected in my employment in Halifax directly with survivors of domestic violence. Some of this work has included supporting immigrant women and their children through situations where they are fleeing their partners and/or in-laws. Recognizing the realities of those being investigated is also key to ontological assumptions (Creswell, 1998). In my case, I heavily considered the reality of immigrant women survivors of domestic violence in Halifax in order to receive ethics approval to complete the project. I acknowledged my assumptions around what it means to be safe and how I could ensure the safety of potential participants. This challenged my ideas of safety and how it can be perceived differently across cultures and among individuals with diverse identities. In considering the realities of the service providers whom I set out to interview as well, my assumption was that my research would be perceived as important to the field of domestic violence and would be useful to the advancement of services in Halifax. The reality turned out to be different than expected, in that most agencies and service providers, although interested to some extent, were not interested enough to make sacrifices to support the research (see section 3.5 for more on challenges during recruitment).

3.1.2 Axiological. As a whole, the research process was incredibly value-laden. It would not have been possible to conduct the study and complete the data collection and

analyses without considering my values and biases. What I felt was important for this study and what I placed high importance on was the safety and comfort of my participants, which I managed through offering them the option to end the interview at any point (see section 3.4 for more on procedure), and by allowing participants to choose a time and place to conduct the interview. In addition to striving to ensure safety and comfort, I valued reducing power in the relationship between myself as a researcher and the participant, which I executed through sharing some of my narrative at the beginning of the interview (see section 3.4 for more on self-disclosure). Finally, I place importance on reducing power as I value the connections I have with people and I believe that in order to foster genuine connection, respect and trust, power dynamics must be leveled out to do so.

3.1.3 Epistemological. The epistemological assumptions of the present study can be captured through naturalistic paradigm. Naturalistic paradigm allows for the data that emerges to speak for itself whilst being explored in such a way that constructs knowledge (Westhues, Cadell, Karabanow, Maxwell, & Sanchez, 1999). A sense of genuineness, true respect, and sensitivity is felt with a naturalistic approach as opposed to a controlled atmosphere of gathering and analyzing data (Westhues et al., 1999). Additionally, given my socioecological approach to the resilience model for this research, the naturalist paradigm supports the gathering of data while considering the entire context, thus supporting the present research as a whole (Westhues et al., 1999). Finally, illustrating research within a naturalist paradigm maintains that individuals construct knowledge, thus paving the way for the meaning behind their stories and symbols to be explored (Gergen, 1985). Naturalistic paradigm builds the foundation for feminist and grounded

theory methodologies to be carried out in this research. In order to employ methods that truly capture the naturalistic paradigm, these methodologies were adopted for the present study as they place significance and value on the stories of participants and consider the role of the researcher to be equally important.

The ontological, epistemological, and axiological assumptions which I have outlined above are the basis on which I have built my research. As mentioned earlier, the methodologies that I believe will carry out the research with these assumptions in mind are feminist and grounded theory methods.

3.2 Theories and Methodologies

3.2.1 Feminist theory. It is essential to this research to implement feminist theory because it is part of my theoretical framework and given the strengths-based and resilience approaches that are prevalent in this study. Feminism within research allows for women's realities to be truly explored through challenging power and creating new knowledge (Doucet & Mauthner, 2006). Thus, in this research and in feminist theoretical methods, the women's narratives are considered significant and valuable to the contribution of knowledge (Fonow & Cook, 2005). The use of feminist theory is significant to the research methodology as it considers their reality as a whole, thus allowing room for intersectional identities (Lorde, 2001; Mehrotra, 2010) to be explored holistically.

3.2.2 Feminist Methodology. Feminist methodology asserts that women's experiences are often distorted, even when reported by women themselves, due to the dominant patriarchal society that creates their reality (Anderson, Armitage, Jack, & Wittner, 1987). Anderson et al. (1987) explore the need to obtain a holistic view of

women's experiences by studying the reasons behind their behaviour and how these impact their everyday choices,

“In order to understand women in a society that limits their choices, we must begin with the assumption that what they think may not always be reflected in what they do and how they act” (p. 107).

Other scholars who identify as feminist researchers examine the significance of placing women's stories central to the research by ensuring that researchers do not contribute to the distortion of their stories (Collins, 1990). Instead, exploring the narratives women share and the language they use to share their stories is an opportunity in feminist methodologies to learn the story behind the language they are using (Anderson et al., 1987). In turn, awareness of the meaning behind language that is used is raised and further challenged to notice the patriarchal power structures they may be coming from (Anderson et al., 1987).

In both feminist and grounded theory methodology (which will be discussed later in this section), it is also important to consider the role of the researcher in the construction of knowledge (Burgess-Proctor, 2015; Doucet & Mauthner, 2002; Charmaz, 2000). Given how my past experiences have shaped my assumptions and worldview especially in relation to domestic violence and immigrants, the likelihood of my values and beliefs to feel more prominent throughout the research process is high. The term reflexivity means to “interrogate and examine how one's own social characteristics intercede in and inform the research process (Burgess-Proctor, 2015, p. 126). Since I am aware of the possibility of my assumptions impacting the research, I have engaged reflexivity by using tools such as journaling, self-disclosure (see section 3.4 for more on

self disclosure) and the use of memos to help mitigate and lessen the impact my assumptions may have on the research. These tools supported me before and during the data collection as well as throughout the data analysis phase (see Chapter 4, section 4.1 for more on the narrative of data analysis).

Anderson and Jack (1991) provide several facets of feminist interviewing that is employed in this research. Although it is important to be aware of my voice as the researcher, when conducting the interviews, Anderson and Jack (1991) purport that the researcher's main job is to listen carefully and put aside her agenda. Instead of creating a question and answer session, it is important to allow questions to evolve out of what the participants share. Furthermore, instead of seeking answers to questions or obtaining facts from the participants about their experiences, it is also important to check in about how certain situations made them feel in an effort to find meaning behind their narratives and to learn how they make sense of their experiences (Anderson & Jack, 1991; Hesse-Biber & Leavy, 2013).

Feminist theory has built the foundation for feminist methodology to be employed in this research, particularly in an effort to capture the voices of immigrant women survivors of domestic violence and those who provide them with services. Moreover, as a woman engaging with feminist methods in this research, I feel an increased sense of duty to the research and to the results to add my voice and further advocate for newcomer women in Halifax who may be seeking services for fleeing domestic violence. Finally, in addition to feminist methodology, feminist theory has also paved the way for the use of grounded theory methodology to be used within this research.

3.2.3 Grounded theory methodology. The purpose of grounded theory is to “generate or discover a theory that relates to a particular situation” (Creswell, 1998, p. 56). In an effort to complement feminist methodology, I sought another method that would not only allow knowledge to be constructed from the voices of the participants, but that would also lead me to “make explicit interpretations of what is happening in the empirical world and to offer an analysis that depicts how and why it happens” (Charmaz, 2011, p. 361). Moreover, within a naturalistic paradigm, grounded theory recognizes that in order to further deepen understandings of how power, oppression, and inequities impact various groups of people from diverse backgrounds, the context and discourse that surround them must be comprehensively explored (Charmaz, 2011).

Given that this research aims to identify ways to alter service provision in order to promote resilience, grounded theory supports the process to “reveal links between experiences of suffering and social structure, culture, and social practices or policies” (Charmaz, 2011, p. 362). It is important to note that although the name ‘grounded theory’ may imply that a theory would emerge from the data and analyses, most grounded theorists do not create theories (Charmaz, 2011). However, according to Charmaz (2011), moving towards the construction of a theory is more likely over time through grounded theory methods. As such, and given the limited previous research in the area to build on, it is not my aim to construct theory, but rather to analyze the data through thematic analysis in an effort to “synthesize data and identify themes” (Charmaz, 2011, p. 363) and gather concepts that contribute to the grand tour and other research questions identified in chapter 2.

In line with feminist methods, the significance of the researcher's awareness of self and assumptions is also noted in grounded theory methodology. It is further emphasized to practice reflexivity and to locate my generalizations. As a researcher, I recognize my role in shaping the design of the research and the manner in which data is analysed. Recognizing the impact of my role, I have stated my fundamental assumptions in section 3.1 and further developed and engaged with various methods, such as journaling, to notice when my assumptions are most prevalent and potentially impactful. It is important to note that these tools complement my intention to bring my voice to the research in a careful manner while making the participants the centre of the research, which supports the feminist theory and methods I also engage in.

This section has brought forth two methodologies that I have chosen to use for this research. Burgess-Proctor (2015) explores the need to engage with feminist methods when conducting research with vulnerable women, specifically those who have experienced some form of domestic or sexualized violence. Feminist research methods bring empowered voices and seek to reduce power imbalances in the relationship between participants and researchers (Burgess-Proctor, 2015). In combination, feminist and grounded theory methods situated in a naturalistic paradigm brings the voices of women to the centre of the research, raises consciousness of participants and researcher, emphasizes reflexivity, and allows traditionally marginalized voices to be the creators of knowledge.

3.3 Participants

Ten immigrant women who survived domestic violence from their intimate partner and/or their intimate partner's family were anticipated to constitute the majority

of the sample, with approximately five service providers to comprise the remainder of the sample. Recruiting ten immigrant women was thought to be feasible for a master's thesis. It was also believed to be a number that would not saturate the data and not pose a threat to confidentiality due to the smaller number of immigrants in Halifax. Due to the challenges that were experienced throughout recruitment and despite many efforts, no immigrant women survivors of domestic violence were recruited. These challenges are described in further detail in section 3.6. The eligibility criteria for the immigrant women were as follows: they would not have been in a crisis situation for at least one year, identify as being safe in the current, if any, relationship, be over the age of 19 years, identify as a newcomer who had moved to Canada within the last 10 years, obtained services in Halifax for domestic violence, and have moderate to intermediate fluency in English. Finally, the recruitment for this research was not limited to women in heterosexual relationships, but was inclusive to women who identify as part of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community.

A sample of six individuals make up the participants of this study. All participants were service providers who were working or had worked in the field of domestic violence or other related fields. The eligibility criteria for service providers to participate was that they had at least one experience of working with immigrant women who have used their services for the use of fleeing or obtaining information about domestic violence in Halifax. This criterion also extended to include service providers who have worked with women when they had already left the abusive situation and needed support to process the experience. The participants' place of work is not identified to maintain privacy and confidentiality. The participants were all recruited through purposive sampling method

where I contacted each and personally invited them to participate (see sections 3.4 and 3.6 for more on procedure and recruitment details).

All of the participants identified as women and were within the age range of 29-58 years old. Three of the service providers were born in Canada and identified as white or Euro-Western, while the remaining three participants identified their countries of origin in South America, the Middle East, and South Asia. All participants possessed secondary education in various fields such as social work, psychology, and international development studies. The participants experience in the field of domestic violence or related fields ranged from two to 20 years. All participants had worked with immigrant women and offered domestic violence services in Halifax in addition to other provinces and international settings. The service providers all reported to have continuing education in various fields such as trauma, cross-cultural awareness, and parenting.

Given the intersectional feminist lens apparent in this study, it is important to take note of some of the intersections on which the participants in the sample live and how these inform their perspectives. The participants were from a variety of countries of origin, some being first and others being second-generation immigrants in Canada. All participants were women; however, some also experienced living at the intersections of religion, race and/or being newer to Canada. Additionally, their professional backgrounds were diverse indicating various levels of education. Due to their educational and professional backgrounds, the participants offered diverse answers when they discussed what barriers they faced and what barriers their service users faced. While some were working in more front line settings, others were working to inform policies as well as create programming for community wellness. As such, the various aspects of

intersectionality intertwine to add an increased sense of diversity in the sample, despite its small size. Finally, accounting for this intersectionality is significant for the analysis process given the varying perspectives that are laden in the sample (see section 3.7 for more on accounting for intersectionality).

This section has offered a glimpse into the sample that was included in this study. I have alluded to some challenges that were encountered and these will be further outlined later in this chapter in section 3.3. The next section outlines the manner in which the recruitment and data collection was carried out.

3.4 Materials & Procedure

In order to recruit the participants needed for this study, an initial letter (see Appendix A) was emailed to several agencies in the HRM requesting their future support in assisting me to recruit service providers and service users to partake in interviews. Responses were received from four agencies upon initial contact that were able to help. Later in the process, as more participants were needed, support was obtained from more agencies. Once the Dalhousie Research Ethics Board (REB) provided their approval (see Appendix B) to conduct data collection, the executive directors and/ or managers who had previously indicated future support were emailed letters of invitation for the service providers (see Appendix C) and for the immigrant women (see Appendix D). Service providers were emailed invitation letters either through their employers or by me personally to those whom I knew professionally. Those contacted through their employers who were interested in being interviewed were asked to contact me directly. The executive directors were asked to delegate to their employees the task of making phone calls to immigrant women who had used their services more than one year ago.

The directors were also given a poster (see Appendix E) to post in their waiting areas or to hand to participants whom they felt might be eligible.

Employees were asked to ensure that the women were currently in a safe situation, and if so, then to ask if they were interested in participating in an interview. Those who contacted potential participants were instructed that if the immigrant women expressed interest, they would pass the women my contact information to ensure confidentiality of the participants by contacting me directly. I forwarded all participants who were interviewed the invitation letter either through their employer and/or directly from myself. Once I spoke with potential participants directly through email or on the phone, I ensured they met the eligibility criteria and asked if they had any questions (see Appendix F). At this time, they were told that the nature of the interview may be upsetting and that if they decide to participate I would ensure their comfort at all times and highlighted that they have the option to end the interview at any time. Participants who were still open to participating were sent an informed consent form (see Appendix G) via email and asked to read it and let me know if they had any questions about the research. They were given the option to bring the form to the interview signed or to sign a printed copy upon arrival. In the case that individuals who sought to participate but were not eligible, a denial to participate letter (see Appendix H) and a list of resources (see Appendix I) were available to send to them; however, there were no cases of needing to deny participants.

Through the communication with participants described above, a time and place that worked best for the interviewees was set. A location was determined based on safety and the comfort level of participants. All participants chose the meeting place of the

interview. One interview was at a coffee shop, three were done in the workplace of the participants in their private offices, and two were done over the phone. Phone interviews were completed due to physical distance and inclement weather. The phone interview participants read the informed consent form and one signed her form and emailed it to me, while the other participant provided verbal consent that was recorded prior to the interview. All other participants who were met in person signed their informed consent form immediately before the interview.

The interviews began with reiterating the option to withdraw should feelings of discomfort arise. I further introduced myself in an effort to position myself in the research. Introducing myself as a researcher and a child of an immigrant family was important to clarify as it helped the participants realize the distance between my experiences as a witness to immigrant parents and siblings and the direct experience of integrating and settling into a new country, which I did not have. In addition to making this clarification, positioning myself allowed me to recognize my privilege as a Canadian born citizen and further set the stage for the participants to provide some of their demographic information. Furthermore, in disclosing information about myself as a researcher and providing some family background I contributed to the sense of safety between the participants and myself. It was evident by their welcoming responses to my self-disclosure that through sharing my personal experiences, power differentials were somewhat reduced and there was a sense of increased familiarity in the researcher-participant relationship (Burgess-Proctor, 2015).

A set of guiding interview questions (see Appendix J) was used to conduct the interviews. These questions touched on perceptions of barriers, perspectives on gender-

based violence, strategies to accommodate diverse needs, and perceptions of the participants' strengths, their service users' and those of their workplace. The length of time for each interview ranged from 40-75 minutes. All participants received a letter at the end of the interview, thanking them for their participation and providing contact information for any questions or concerns (see Appendix K). Although no immigrant women were interviewed, the set of guiding interview questions that I developed can be seen in Appendix L.

In accordance with feminist methodology, Anderson and Jack (1987) describe the need for researchers interviewing women to support women to share stories in an open, honest, and complete manner. It was important for me to develop interview questions in such a way that allowed for an open, safe environment for participants to be truly heard and understood. Creating space for narratives to be shared in this manner would allow for stories to emerge naturally and to be a true representation to be available for researchers to explore (Anderson et al., 1987).

3.5 Quality and Rigor

The methodologies of feminist and grounded theory involved a high level of quality to be present in the research methods. Further, given the high-risk sample that was anticipated to be recruited, an extensive degree of rigor was involved throughout the study to prepare for the recruitment and analyses. The techniques used to enhance quality and rigor were employed from the framework of the two methodologies chosen for the study: feminist and grounded theory. Both methodologies encouraged self-disclosure, myself as the researcher checking my biases and assumptions, and finally, strongly considering the safety and comfort of the participants. As mentioned before, I ensured

practicing self-disclosure with the participants in the sample in an effort to position myself in the research. This further enhanced the quality of the research as participants were more comfortable and it was evident that there were efforts to reduce power in the relationship between them and myself as a researcher.

Prior to conducting the study, I ensured that I was aware of my biases and assumptions, which aided during the interviews and the analyses (see section 4.1 for more on the narrative of my analysis). Raising my own consciousness of my biases and assumptions supported the research as a whole as it enhanced the efforts I made, such as I using up to date research to back up the study. It also allowed my narrative to be a part of the research in a supportive manner that added to the research, but did not hinder the narratives of the participants in my sample.

The techniques I used to ensure the safety and comfort of the participants enhanced the quality and rigor of the research process. By adhering to the ethical guidelines set out by the Dalhousie University REB, I did not directly attempt to contact the survivors of domestic violence myself. Additionally, I ensured that service providers contacted their past clients only through phone calls versus email to reduce the risk of making unintended contact with ex-partners or current partners who have shared email accounts. Given that no survivors of domestic violence were recruited, I enhanced the quality of the research conducted with the present sample by interviewing a sample of participants from various areas of work in the community and with diverse number of years of experience. Further, their safety was ensured by allowing them to choose to participate by responding to my invitation that was clear about risk and what would be

involved. Finally, they felt comfortable knowing that they were in their own workplace or in a location of their choice.

3.6 Challenges and Barriers Throughout Recruitment

This section will describe the experiences I encountered in recruitment from my initial contact with agencies prior to seeking REB approval. I will also describe the challenges I had that significantly reduced my anticipated sample size and prevented the representation of immigrant women survivors of domestic violence in the sample. Figure 1 offers the details of the outcomes of the efforts made during recruitment. The remainder of this section explains the efforts that were made and how agencies responded to my requests for support.

Figure 1. Details of Recruitment Efforts

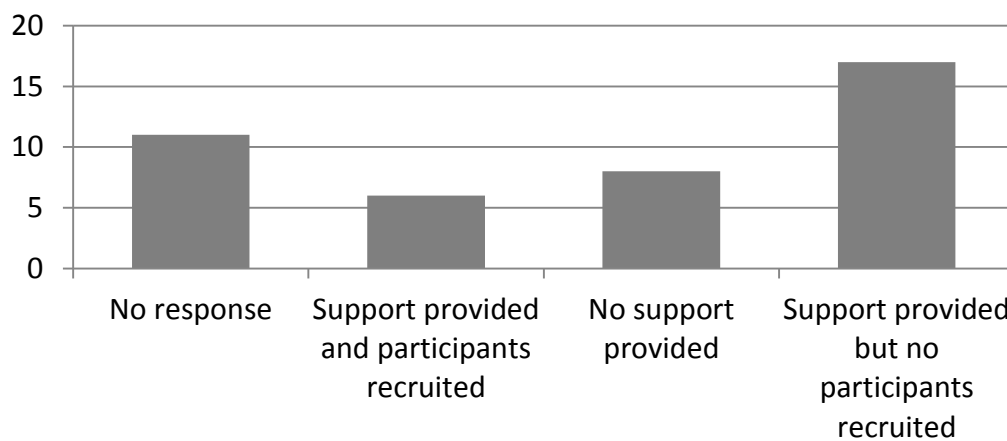


Figure 1. The outcome of requests for support from 42 agencies and organizations in the HRM. Six participants were recruited; eight agencies did not provide their support; 11 did not respond to my request; and 17 provided support, but no participants were recruited from them.

Prior to entering the field and upon submitting my application to the REB, evidence of support was required from agencies that I wanted to recruit through. As mentioned in the materials and procedure section (3.2), an initial request was sent to

seven agencies to ask if they could support me to recruit service providers and immigrant women survivors of domestic violence. Although the initial number of agencies contacted was seven, this number grew to 42 throughout the span of five months. In this first step, several agencies asked further questions about what was expected of them in more detail, which was provided. Some agencies took more time to consider my request while six said no immediately and one said no after discussing it with their staff. Those agencies who said no had numerous reasons: they had been involved with another research project, they had not encountered the population accessing their services, they had a limited number of people from an immigrant population accessing their services, they did not have staff that had worked at the agency for long enough to experience working with the said population, and they were not serving the population for an extended length of time and thus did not feel eligible, were among reasons given.

In one case, an executive director took more time to think about my request than other agencies and subsequently felt that my method of recruiting participants was not appropriate due to of lack of communication and approval from them prior to submitting the REB. The executive director believed that I had informed the REB that this and other organizations were supporting my research; however, I had provided the REB with a list of organizations that I would seek support from. Unfortunately, this appeared to be a miscommunication with the director and once it was clarified, she had already denied supporting the project. This lack of support has led to a huge gap in the sample represented in the current research as that organization provides support for those experiencing domestic violence and its interactions with immigrants has increased as a result of higher numbers of newcomers arriving in Halifax.

I encountered low levels of communication from managers and individuals in charge of communications. Many follow up emails and phone calls were made in an effort to maintain open lines of communication. In one instance, I was referred to speak with the employee in the position of working with newcomer women. Upon initial contact, support was provided immediately; however, once REB approval was in place, I learned that the employee had left their job and the position was left unfilled for several weeks. Once the position was filled again, the new employee was willing to help; however, no participants were recruited through that agency, perhaps due to unfamiliarity with the employee in the position and thus, unwillingness to participate.

In another organization, there was hesitancy to proceed with recruiting women survivors of domestic violence by calling them and telling them about the research. The employer stated that there was reluctance to contact past clients among her colleagues. They believed that it may take several attempts to reach them, and they assumed that once reaching them that they might not be comfortable sharing their experience. Such reluctance appeared to consist of two assumptions being made about immigrant women, one, that they are difficult to reach and, two, that they would not be interested or comfortable in sharing their stories. Alternatively, they proposed posting a short written advertisement to participate on their FaceBook page, however no participants were recruited in this manner. This agency's inadequate effort to reach past service users has prevented a large representation of immigrant women from having the opportunity to learn about the current research.

In past research, scholars have brainstormed various ways to recruit vulnerable populations and have concluded that a great deal of methodological rigor is required

(UyBico, Pavel, & Gross, 2007). UyBico et al. (2007) suggest recruiting through organizations, churches, and community leaders to increase the numbers of vulnerable populations to participate in health research. Wijk (2014) studied female rape victims for six months after their experience of sexual assault and included a great deal of detail about recruitment in her research paper. Wijk (2014) found that making sure participants were aware of how confidentiality would be protected was critical to the recruitment and retention of their participants. Additionally, ongoing communication, transparency about the research, and demonstration of respect and flexibility for the participants' time were also noted as being conducive to recruitment (Wijk, 2014). Other means to advertise and recruit more vulnerable individuals would be through social media (UyBico et al., 2007). Throughout the recruitment phase, I made efforts to be transparent, informative, trustworthy, and respectful of time with agencies and potential participants. Despite my effort, there appeared to be further underlying barriers that I was not able to push through. These could include lack of resources within organizations as well as biases of organizations as a whole not placing value on research, or further, not placing value on research related to immigrant women survivors of domestic violence.

There were 17 associations and agencies that provided support, but there was no outcome that came from their support and my ongoing communication. Some executive directors stated that although they could not contact their past clients, they could forward the research information to their colleagues. Some managers and executive directors told me that they could not think of past clients that they believe would be interested. Four individuals relayed to me that they asked some past clients, but none expressed interest.

Despite visible efforts from these agencies to support my recruitment process by forwarding my letters and poster, this method was not effective to gain any participants.

After communication with three agencies and associations who were eager to help, but could not, I was given direction that there are several churches and other faith-based organizations that immigrant families access, and that I may find it easier to recruit through. Five churches and faith-based organizations in HRM were contacted with no response from any of them.

Recruiting through the employers who were sending out my invitation letter was not getting the attention of their employees at the agencies. This strategy was not meeting the needs of my targeted sample. Thus, I began contacting service providers whom I previously knew in a professional capacity. This altered method of recruitment offered opportunity for direct contact with potential participants; I found that they were responsive and agreed to participate. Six participants were recruited through the agencies that had provided their support and one of the seven was a previous employee of an organization working with women fleeing domestic violence. Instead of these individuals responding to an email from their employer, they responded to an email sent directly from me. It is important to note that making direct contact with service providers and inviting them to participate was significantly more effective than recruiting them through their employer via a “call for interviewees” memo or through an association to which they belong.

Overall, my recruitment experience in Halifax was laden with challenges and barriers. Eleven agencies did not respond at all to my request for support, despite follow-up emails and phone calls. I believe that lack of response from several organizations

demonstrates a representation of the experiences immigrant women may encounter in trying to access services for fleeing domestic violence in HRM. In addition to a low response rate from those who work directly with immigrants or directly in the field of domestic violence, the fact that a position meant to serve newcomer women was unfilled for several weeks in one agency alludes to a continual marginalization of immigrant women and services for them within this city. Although several organizations expressed their feelings that this project was important and interesting, at the same time, many did not recognize or acknowledge how a lack of support and response to this research points to the serious gaps in resources for immigrant women survivors of domestic violence in Halifax.

This section has described, in detail, the experiences I encountered as I embarked upon recruitment and data collection. I believe this process is testament to how an immigrant woman may feel when bearing the weight of abuse in their families while also settling as an immigrant in a new city. Some of the feelings that arose for me included feeling rejected, unmotivated, and a feeling of being left in the dark due to minimal communication from many individuals, organizations, associations, and agencies designed to help this vulnerable population. The barriers and gaps that I experienced as a researcher can provide a glimpse into the realm of service delivery to immigrant women who are experiencing domestic violence, although it should be noted that they may face greater marginalization due to race, language, accents, cultural values and beliefs, religious values and beliefs, sexuality, number of children (if any), income, (dis)Ability, employment and education level. These levels of intersection will be considered and discussed in the next section.

3.7 Acknowledging and Accounting for Intersectionality

The current study encountered a diverse sample of participants and given the broad inclusion criteria, it is important to note that the data obtained encompass a broad range of experiences. The purpose of this study is not necessarily to identify what coping strategies or what qualities of resilience the participants hold, but rather to seek ways to foster the resilience of service providers and service users and to make advancements in the delivery of services and the access to services for domestic violence. As such, accounting for the intersectionality of each service provider interviewed is significant to the present research. Intersectionality in the context of domestic violence may consider how the experience of a survivor of domestic violence connects with the experience of an immigrant woman. Among these experiences, a crossroads may be found between the identity of immigrant, woman, education, vocation/profession, ability, age, class, and race. Within the experience of an immigrant, an individual may be further marginalized if they do not know the language of the city in which they live, if they have an accent, if they are a single parent, as well as the reason they emigrated (refugee, school, work, etc). This section will explore the notion of intersectionality– how it permeates into the current research and into the collected data, and how it may be analyzed and interpreted.

Within the current sample of participants, there lies significant variability of the grounds of identity amongst the service providers who have worked with this population. In the context of the current research, analyzing narratives containing the experiences of migrant women and service providers requires careful consideration of each story. Through an effort to understand the complexity of domestic violence and the identities of those that provide services to an array of intersectional identities, it is anticipated that a

deeper understanding of its impact on the wide range of migrant women will emerge through this research. Furthermore, in combination with a socioecological approach to grasping how resilience can be promoted through service delivery of domestic violence services, an intersectional perspective will aid in the process of understanding how the experience of domestic violence for a migrant woman survivor intersects with the environment in which they reside. Given that no migrant women were interviewed, the narratives told by service providers will be relied on to draw on their perception of the resilience they saw in immigrant populations that they had worked with.

Prior to the conducting the research, the researcher created eligibility criteria that was vast enough to include anyone who identified as a woman, an immigrant, and who had experience domestic violence and accessed services in Halifax. This meant that women who do not fall under the narrow definition of immigrant, or women who are LGBTQ could participate and offer a narrative that is not represented often in literature concerning domestic violence and immigrants.

As seen in section 3.1, a description of the sample of the current study is provided. Each participant was asked to provide several pieces of demographic information such as race, ethnicity, country of origin, age and gender. This allowed me to obtain the participants' perspective on their identity and prevented assumptions from being made about them. Among the six participants, there are four countries of origin, an age range of 29 years and four different racial groups. Service providers were not asked about their marital status, sexuality, religion, or ability, however one participant strongly identified with being Muslim. Although no immigrant women survivors of domestic violence were interviewed and I cannot account for their identities, all participants

alluded to the variety of backgrounds that newcomers come from, indicating that the service providers were aware of the impact that various aspects of ones identity can have while also experiencing domestic violence as a newcomer woman.

As I conducted the interviews and approached the data once it was obtained, I recognized differences in how the service providers worked with immigrant women who had experienced domestic violence. Differences in their approach could be attributed to having an indirect or direct experience of immigration, the number of years they had worked in the field and the level of self-awareness that they presented with. The idiosyncrasies within the sample lead to different perceptions of what was seen as qualities of strength and resilience in immigrant women who had used their services for support during an experience of domestic violence.

As the current section has alluded to, it is significant to the present research that although no migrant women were interviewed, accounting for the intersectionality of the service providers is important nevertheless. Furthermore, it is important to the findings and analyses to understand from the perspective of the participants how they account for variety of intersectional identities when supporting an immigrant woman who has experienced domestic violence. The topic of intersectionality will continue to be explored as the data is presented and interpreted in Chapters 4 and 5.

3.8 Analyses

The interviews were all audio-recorded and were transcribed verbatim. As the lead researcher, I transcribed the audio-recorded interviews. These were later analyzed using thematic network analysis, which is in line with feminist methods and grounded theory methods of analyzing data as it is systematic and consist of step by step procedures

(Burgess-Proctor, 2015; Charmaz, 2000). This method creates theoretical constructs through a coding and categorizing process that leads to a theory or a description about a particular phenomenon (Attride-Stirling, 2001). This type of analysis involves six steps, the first being to code the material, which involves creating a framework within which the coding will be done, and then coding the text so that it fits into the framework. The second step includes identifying broad themes and sub-themes. The following phase involves the construction of thematic networks, which includes several steps starting with arranging the themes selecting the most basic ones; next, rearranging them so they surround the larger theme; then, identifying the core theme of the transcript around which all other themes stand; next, making figures of networks containing these themes; and finally, refining the network by making sure that all themes identified fit the data. The fourth phase of the analysis involves describing each network and then exploring the patterns that emerge. The last two steps include summarizing each thematic network as it is solidified and lastly, interpreting the patterns in an effort to answer the original research questions.

3.9 Summary to Chapter 3

Chapter three has served to illustrate my three fundamental assumptions and two methodologies to conduct the research. As indicated, purposive sampling method was used to recruit participants for the current study. The manner in which recruitment was conducted was described in an effort to illustrate the challenges that were faced upon attempting to collect narratives of the service users and service providers in the field of domestic violence. A section on accounting for intersectionality demonstrates the manner in which the variety within the sample of participants was accounted for during the

collection and analysis of the data. Finally, the manner in which the data was be analyzed is presented as a means of understanding how the data will be analyzed and interpreted in the following chapter. The next chapter presents the results of the analyses of the data that was collected.

Chapter 4: Results

The current chapter presents the findings of the one-on-one interviews from the theoretical orientations outlined in chapter one. Feminist and grounded theory methodologies informed by data analysis and subsequent creation of a thematic network. Furthermore, with a resilience-based model as my focus, I found that numerous strengths permeated through the data. While thematic network analysis allowed for several themes and subthemes to emerge, I felt an overwhelming presence of resilience in the sample while transcribing the interviews as well as upon coding and analyzing the data. In the present chapter, I explore the network of themes and subthemes through a narrative of my process of analysis.

4.1 Narrative of Analysis Process

Although it was not my intention, my analyses informally began during and after each interview, which is common in grounded theory research (Charmaz, 2000). I was considering themes while I listened to the participants and even more so as I listened to them afterwards and transcribed verbatim; however, I formally began analyzing the data once all interviews and transcripts were complete. Creswell (1998) purports that it is important to proceed with data analysis within grounded theory research in a step by step process in order to be systematic. As part of the thematic network analysis described in Chapter Three, the first step started with coding the data. Coding at a basic level—line by line—allowed me to gain increased familiarity with the narratives of the six participants. I was overwhelmed with the amount of data I obtained and with the depth of the interviews. Once I had finished coding at the first stage, the ideas of helpfulness, safe space, and resilience were clear to me as being common themes throughout the data. I

considered these in a more in-depth manner as I continued exploring the data in stage two of the thematic network analysis, placing the codes within frameworks. Between each stage, I used memos to consider new thoughts and ideas from various perspectives to add malleability to my analyses (Charmaz, 2000).

The second and third stages of the analyses were challenging as they brought to light a variety of themes, concepts, and ideas. These themes and ideas initially felt like a mountain of information. In order to adequately understand the ideas, I sifted through to identify the significant and most common themes. As I searched through the transcripts I was conscious of my understanding of resilience and how it may impact my perception of the participants' views on the concept. In addition to maintaining distance as a researcher in regards to resilience, I also was aware of my experiences of witnessing and being a victim of verbal and emotional abuse in my family as a child and adult. Given the nature of the topic and the close proximity of the topic to my life, I employed two methods of coping with any emotions that may have arisen. I engaged in journaling throughout the stages of data analysis as a manner in which I could actively name emotions and write my own narrative. I found myself distracted and lost in thoughts of childhood and adulthood memories as I sorted through the data, thus, in addition to journaling, I used "thought boxes" to write down my thoughts and memories and afterwards return to the analyses. Despite my efforts, it is possible that my experiences may appear in subtle ways throughout the thematic network analyses that I created as a representation of the results of the collected data.

In the fourth, fifth and sixth stages of analyses, I finally felt that the data was coming together as a coherent whole. The loosely constructed frameworks that began as a

skeleton of the thematic networks eventually started to appear more full and solidified. The patterns that emerged were intriguing and encouraged me to allow time to thoughtfully define each theme and subtheme. It was important to me to accurately and honestly represent all participants as I defined the themes, thus the last three stages required me to engage with the transcripts even closer than earlier in the process. As I actively brought myself closer to the data, I sensed myself wanting to fully steer away from the deficit based models of access to domestic violence research and not add to those models. However, my desire to present a solely strengths based model as emerging from the research would exclude factors that appear to have built and increased resilience in the service providers, the organizations that offer domestic violence services, and those who access their services.

As the thematic networks are explored in the current chapter, several quotations are embedded throughout the findings. These quotations are directly from the transcripts, which all participants consented to having in the final project. The participants' words were chosen to illustrate part of the theme as I felt that they accurately represented the perspective of the sample as a whole. To support feminist methods, these are portrayed in such a way that does not distort their narratives and aims to place the quote within the context of the interview (Collins, 1990). Some participants had worked with few immigrant women, while others had engaged in work with several immigrant women; however, at their core, the themes which emerged are true and honest portrayals of how these individuals used their resilience, drew from their clients' resilience, and coped with barriers to offer services in the most effective manner they felt they could using their

internal and external resources. In the next section and subsections, the thematic network is explored and elaborated on in detail.

4.2 Introducing Main Themes

Four main themes emerged from the data and qualitative analysis: Barriers and Gaps, Combined Efforts and Outcomes, Perceptions of Resilience, and Recognizing Intersectionality. These themes are depicted below in Figure 2. Together, the themes illustrate how strengths based and resilience based approaches can lead to positive outcomes for immigrant women who experience domestic violence, despite dealing with barriers and challenges along the way. Below, each of the primary themes are discussed and supported by direct quotations in italics. Given that all participants either chose a pseudonym or I chose one for them, these fictitious names will be used throughout the results chapter when there is a direct quotation.

Figure 2 Model of the Four Main Themes

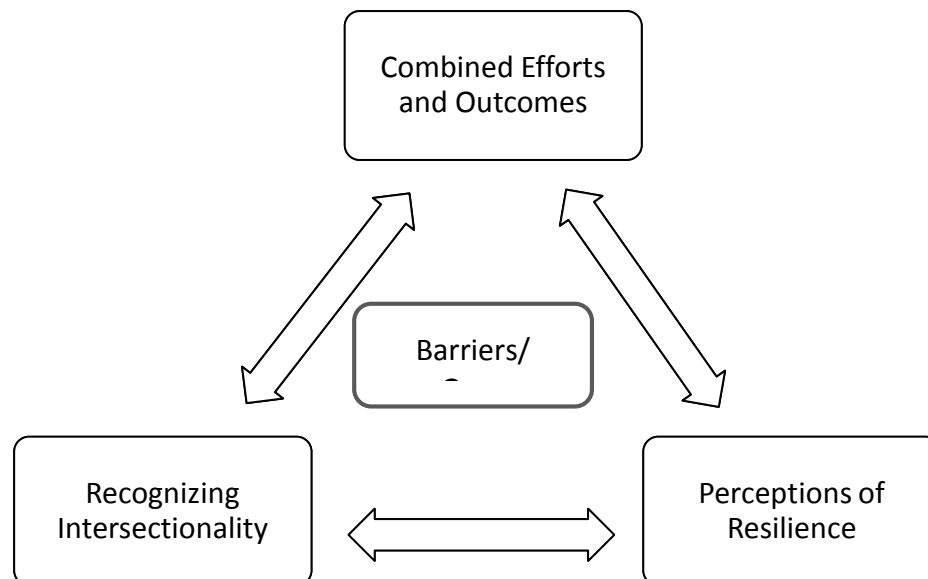


Figure 2. A strengths-based approach is depicted as revolving around the barriers and gaps in service provision. Participants alluded to tapping into their resilience when working against barriers.

4.3 Combined Efforts and Outcomes

The theme of combined efforts and outcomes refers to the impact of the endeavors made by service users, service providers and organizations on the outcome for each of the three parties involved. As such, there are three subthemes within this theme: 1. What facilitates a positive and helpful interaction? 2. The outcome that is seen as a result of implementing efforts from the previous subtheme, and 3. Safe space. Results from the first two subthemes are presented together while the final subtheme is presented afterwards. As can be seen in Figures 3 and 4, three sections (service user, service provider and organization) are filtered through to semi-circles that fuse the subthemes together. These semi-circles are intended to form the safe space subtheme presented later in this section. Figures 3-5 are informed by my fundamental assumptions, particularly, my axiological assumptions of what I value. My values of safety and connection are evident in these models, given the safe space in which they lead, where trust and connection are most easily obtained.

Figure 3 Beneficial Strategies and Tools

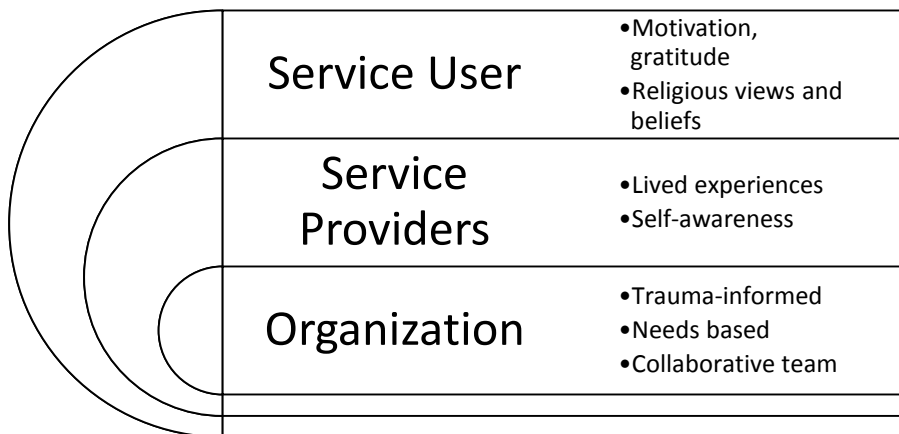


Figure 3. Exploring what facilitates a positive and helpful interaction for service users, service providers and the organizations as a whole.

Figure 4 Outcomes of Implementing Strategies and Tools

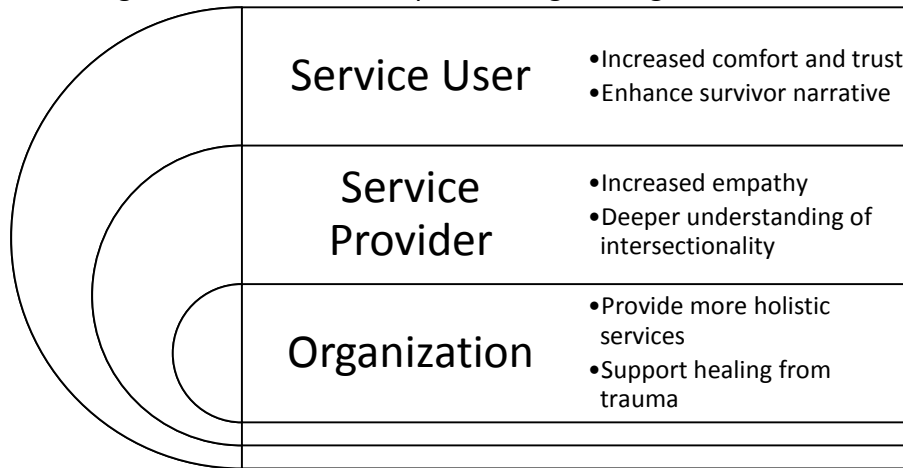


Figure 4. Outcomes resulting from the facilitation of positive and helpful interactions between service users, service providers and organizations.

4.3.1 Service user. From the perspective of service providers, participants felt that when their clients were more motivated to move forward and gracious for the services they were obtaining, there was increased sense of comfort and trust in the relationship. Furthermore, when immigrant women survivors of domestic violence held religious beliefs and views that were seen as empowering and respectful towards women, the service users were able to draw on that and use these beliefs to the benefit of the immigrant woman. In-turn, the participants felt that these aspects of their service users and their recognition of these qualities contributed to enhancing the service users' survivor narrative. The concept of survivor narrative has been raised in domestic violence research in the past and serves to challenge the victim-blaming and victim narrative that many professionals and women survivors of domestic violence adhere to. Authors such as Brosi and Rolling (2010) focused on capturing positive moments in women's lives before and after they experience intimate partner violence and thereby reducing the dominant

discourse of victimhood, and emphasizing the survivor narrative. In the present study, enhancing the survivor narrative and reducing the victim narrative further added to the safe space. Service providers did this by highlighting the woman's strengths and internal resources, recognizing that the women had the capacity to empower themselves and move forward while using the resources within themselves and around them. For example, as two participants shared:

In the end, the objective is that the person reflects on their own experiences and can draw from their own resources. (Isabella)

When a client talks about something that is clearly a resource that they have, it could have been a happy moment, it could have been a demonstration of mastery, of their own mastery, it could have been a relationship that could have been a strength, a resource for them. And we actually enhance that by talking about it, by developing it, by creating almost, like, by spending time imaginally recreating that or you know get the client to imaginally recreate that. (Joanne)

4.3.2 Service providers. Participants further alluded to the efforts that they made that were helpful to the process when supporting an immigrant woman fleeing domestic violence. As service providers, some recognized their lived experiences of being an immigrant and a mother as one way to increase empathy for the service user. Participants demonstrated their self-awareness through acknowledging their privilege. I felt a sense of humility from the participants as they spoke about being non-assuming, non-judgmental, open, and curious, rather than taking the position of the expert and assuming they understand what the service users had experienced. Priya's account is illustrative.

I think I had the privilege of being the voice of some of the immigrant clients that came to the shelter and kind of recognizing that I was a voice and making sure I used it to be beneficial to the client. (Priya)

Acknowledging their privilege resulted in the outcome of a deeper understanding of intersectionality. The participants were able to recognize various facets of the service users' identity that contributed to the abuse they experience and the compounding factors that made the experience more complex and difficult to bear. In section 4.4, the theme of recognizing intersectionality explores these factors further while considering more broadly the impact on service provision when intersectionality is accounted for.

4.3.3 Organization. The final section in the first two subthemes demonstrates the organizational efforts that facilitated positive and helpful interactions. Service providers reported that the organizations that they work within made efforts to train all staff in trauma-informed care. This was reported to be effective in that all service providers within one organization, regardless of their professional background, were able to support the healing process and prevent re-traumatizing immigrant women who had experienced domestic violence and or other trauma. Participants described their organizations' mandate being such that they could provide whatever services were needed. Given that some organizations were staffed with a small number of staff, having to provide any service required their staff team to work collaboratively with each other and also with other community members and organizations. Anna described how this looked for the agency that she works for in the quote below.

So that is important for us to recognize here at this organization because the paid staff are all white women. We only have [a small number of] staff. Among our

staff, we don't have racial diversity so what we try to really promote and foster is a lot of diversity among the board for example, among the volunteers, the volunteer lawyers, the volunteer settlement workers, tutors. (Anna)

Being a needs-based organization and working collaboratively was based on the assumption that trauma from and fleeing domestic violence requires multiple interventions from many services. The results indicated that these efforts allowed for a positive and helpful interaction; however, also led to a holistic provision of services, allowing the service user to identify what they need by providing them with options and resources that are available to them.

4.3.4 Safe space. The safe space is illustrated in Figure 5 and presents a layered circle representing the service user in the center, while the service provider and the organization in the outer layers. This is intended to demonstrate that service users, service providers, as well as the organization have the potential to create a safe space. Viewing the safe space as a responsibility of all involved is important as it demonstrates that such a burden is not placed on a sole individual or organization. Not only do all contribute to the sense of safety but also contribute to the positive outcomes such as those that are mentioned in the previous subthemes. For example, with the motivation of an immigrant woman (service user), a service provider may see greater capacity in their clients to help themselves (enhance survivor narrative). Recognizing this capacity further builds rapport, increases feelings of empowerment and continues to build a trusting and comfortable environment, which participants described as a safe space between them and their client, as well as for their organization as a whole. Two participants shared accounts of their experiences of engaging in empowerment practices:

It is very important to create a safe space and it's all the little things that add up to create that. And it's a different recipe for different people and part of that is not making assumptions, but rather asking. (Anna)

We do very frequent workshops among all the staff around domestic violence so that people can hear when somebody says that [sic], sees signs and is able to refer [to different resources in the organization)]. (Isabella)

Figure 5 Safe Space

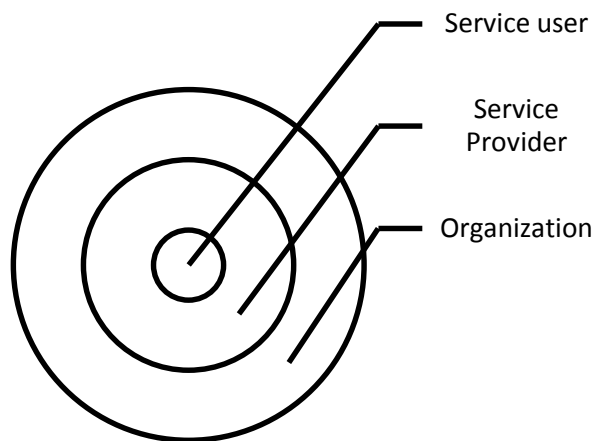


Figure 5. Safe space is illustrated as occurring as a result of the efforts and outcomes of all those who interact to provide domestic violence services.

4.4 Recognizing Intersectionality

The theme of recognizing intersectionality is depicted in Figure 6 and contains two aspects that make up the theme as a whole. As can be seen in the figure, the upper part is representative of intersections, or identity crossroads. Service providers indicated these crossroads as the various factors of immigrant womens' identities that contributed to their experience of domestic violence—being a survivor of it and also the aftermath of leaving and healing from the experience. The lower portion presents how service providers reported their awareness of intersectionality as contributing positively to the

manner they worked with their clients and also how it improved communication within the workplace and with other organizations.

Figure 6 Crossroads of Identity

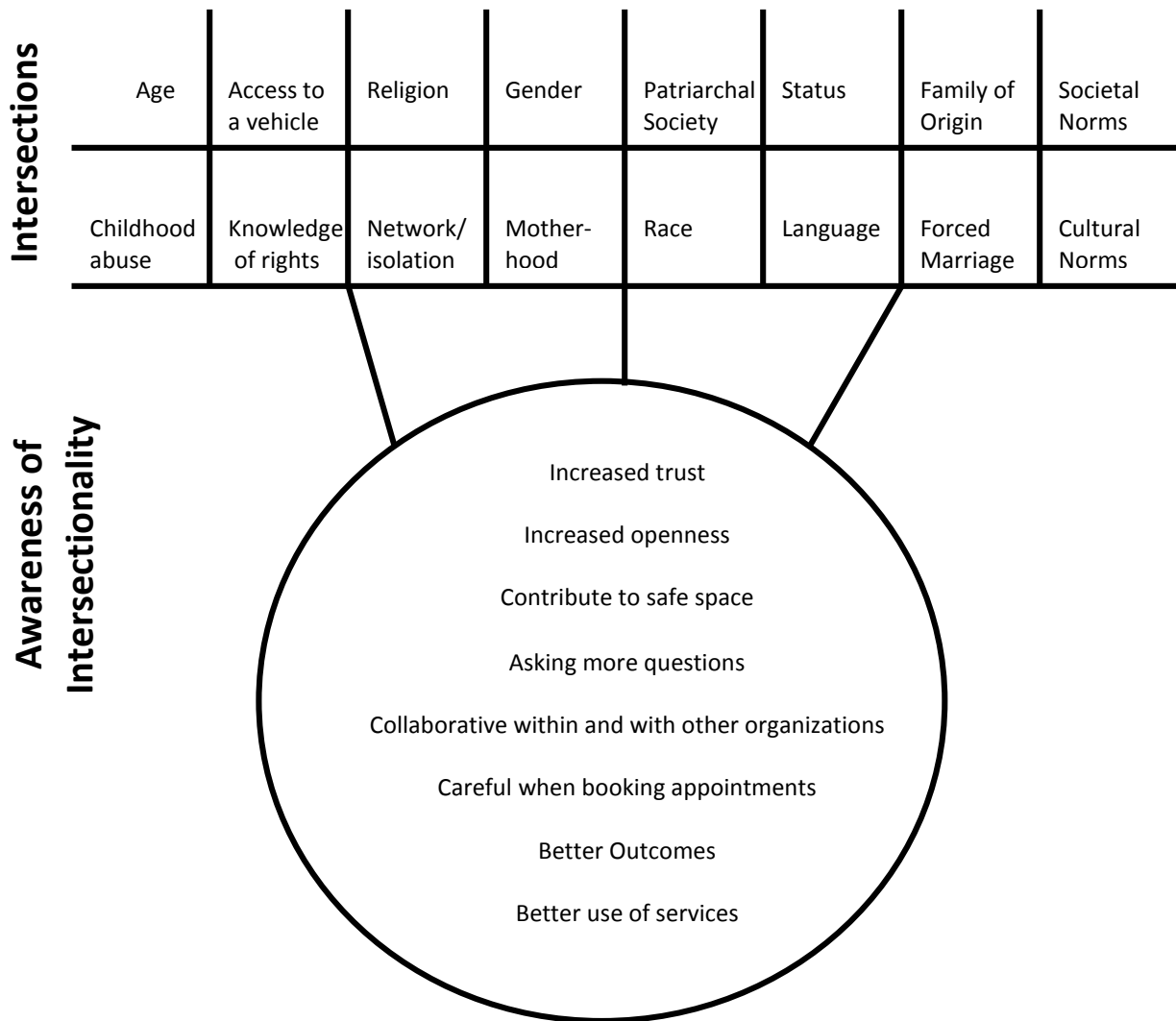


Figure 6. Model of the theme which depicts how participants recognized intersectionality and the influence that it has on practice, impacting the service user, service provider and the organization as a whole.

4.4.1 Where are the crossroads? As a result of being asked what factors other than gender compound the experience of domestic violence, participants highlighted various factors that they saw had been influential for immigrant women experiencing

domestic violence in Halifax. Some of the participants were aware of race and religion, highlighting the fact their service users may be experiencing racism and or religious discrimination. Below, Anna demonstrates her awareness of issues of discrimination.

You're new, you don't have a regularized status, you don't speak English, you could be racialized, experiencing racism, Islamophobia, all of those factors on top of leaving and starting fresh in terms of being away from the abusive partner, is unimaginable to me. (Anna)

Other participants highlighted the impact that not knowing the primary language of Halifax (English), as well as not knowing about many services available, put immigrant women at further risk and negatively impacted their ability to access what they needed when in crisis. Priya illustrates one example of how recognizing multiple threats to safety can help the client disclose more of her concerns.

I think I am comparing this to mainstream clients who have been at the [organization] more than once who had maybe been able to advocate for themselves because they speak the language and they know what to ask for, it was kind of like if they (immigrant women) don't ask, [the service providers] don't offer. They are not asking because they can't but they just don't know. (Priya)

Service providers were aware of how not knowing English and not having access to a vehicle impacted the service users' support network and increased their risk of being isolated. In addition to race, religion, language, and access to a vehicle, one participant saw the significance of being a mother in the experience of domestic violence and accessing services in Halifax. This participant explained that the mothers she had worked

with wanted to come to Canada to protect their children but had fears of losing their children, a fear that was compounded by the fact many immigrant women do not know their rights and laws while living in Canada. In addition to fears of losing their children, service providers explained that in their experience, many immigrant women fear deportation because of their precarious status and thus making the decision to leave an abusive situation more complex. The quote below is descriptive of one participant's thoughts on the issue of status.

Status intersects with the actions of the women fleeing domestic violence and her status intersects with all the other issues...If someone doesn't have PR status, it means they don't have the rights and therefore [don't have] the access to services a permanent resident has. (Anna)

Cultural and societal norms refer to the beliefs held within a culture and how some of these beliefs carry a great deal of weight when family affairs, such as domestic violence, are an issue. Participants explained that they recognized that domestic violence was seen as a private matter in many cultures and as such, increased the hesitancy of many women to leave an abuser. Participants also described age, childhood abuse, families of origin and reasons such as forced marriage as complicating the experiences of immigrant women who wanted to leave domestic violence situations. One participant (quoted below) explained how the age of the woman determined how she worked with her, but also alluded to the extent to which the service user adhered to her cultural norms depending on if she was younger or older.

Age is a factor, it's quite different to work with a very young woman than to work with a woman in their 60s. (Isabella)

Another participant described how the emotional toll of childhood abuse and the societal norms in her clients' country of origin made the trauma from domestic violence more difficult to bear,

For people who have lived under the narrative of inferiority it is important [to recognize strength], that's why childhood trauma, childhood abuse is often the time when those are so important because that is when the message is instilled in our brain about who we are, how good we are... she had childhood abuse which instilled those messages, and then later on in adulthood, some, I guess I would say, societal rules, or policies, or laws, that would have reinforced an inferior status for her. (Joanne)

The subtheme of noting where the crossroads are located is illustrative of the various factors that play a role in the experience of domestic violence and the experience of attempting to leave a situation of abuse. As a whole, the sample of participants provides a wide range of services to immigrant women and for domestic violence. Therefore, their perspectives represent a wide variety of issues that may arise when offering resources to the population of immigrant women who seek support when experiencing domestic violence. The next aspect of the theme of crossroads of identity considers the impact of awareness of intersectionality on service provision and accessing services.

4.4.2 Impact of the awareness of intersectionality. An awareness of intersecting factors of service users' identity allowed further aspects of a safe space to transpire from the data. Upon analysis, it was clear that service providers' increased awareness of the sphere of domestic violence in immigrant communities allowed for better service

provision. Specifically, participants offered various positive aspects of seeing these factors occurring at a crossroads. The lower portion of Figure 6 lists several ways that service providers felt that their work was more effective as a result of accounting for intersectionality. Participants felt that their clients were more comfortable with them and trusted them more because they were more aware of risks to their safety, which allowed for more disclosure on the part of the service user

I know like [sic] just understanding the basics, understanding the other factors can change your way of working because you can understand the sphere... She hadn't disclosed to another worker, but she disclosed to me that she had taken the taxi with this other worker to one of her appointments. And she said, "my husband is a taxi driver and I think he knows that driver, he knows the driver- or he looked familiar". She was really nervous. (Priya)

Knowing that increased risks could result from a number of factors, participants stated that they practiced asking more questions in an effort to clarify and reduce miscommunication between them and their clients. The results also indicated that participants were aware of their scope of practice and were able to recognize that some of the issues that their clients may be confronted with are not within their realm of service, thus were readily able to refer to other professionals in their organization or in outside organizations, increasing collaboration among their colleagues and amongst professionals in the city. Being careful when booking appointments refers to the potential conflicts between service users, such as opposing political views that could result in confrontations in the service setting,

There is a lot of anxiety around the majority of them feel that their community members know they are making refugee claims, so we can't have them cross paths so we have to make sure that with multiple people making appointments, we have to have a shared calendar. And if we need to do that with other clients and other cultures, because we may have two clients from opposing sides of government, for example, and one client might be perceived as an agent of persecution by the other. (Anna)

Given that services were provided based on a variety of influences, rather than just domestic violence, accounting for intersectionality allowed for clients and service providers to use resources more effectively. In turn, positive outcomes were reported by participants. These outcomes were described as seeing their clients moving forward from abuse in a supportive and safe manner. Participants recognized that moving forward did not always mean leaving their abuser but could also mean staying with their partners after receiving resources from their environment to make their life safer for them and their children. Participants alluded that many of the intersecting factors were sources of barriers to their service provision; however, many were able to find ways to be flexible, accommodating and creative when dealing with more complex cases. These barriers and further gaps in resources are outlined in the following theme.

4.5 Barriers: What Gets in the Way?

As the previous theme of recognizing intersectionality suggests, participants raised several barriers they felt were a hindrance to their work with immigrant women who accessed their services for domestic violence. Figure 7 illustrates four main areas where these barriers existed: acquiring and using interpreters, dealing with risk factors for

domestic violence, managing workplace dynamics, and in the community. Further elaboration follows as each subtheme is explored.

Figure 7 What Gets in the Way of Service Provision?

Interpreters	Risk Factors for Domestic Violence	Workplace Dynamics	Community
<ul style="list-style-type: none"> •Confidentiality •Safety •Heatfelt expression •Inconsistent communication •Access 	<ul style="list-style-type: none"> •Isolation •Precarious status <ul style="list-style-type: none"> •Fear of deportation •Knowledge of rights and laws •Language •Traditional culture and/or religious views 	<ul style="list-style-type: none"> •Short contracts •Funding •Colleagues lack of effort and initiative 	<ul style="list-style-type: none"> •Mainstream organizations feeling foreign to immigrant women •Lack of collaboration

Figure 7. Lists of main factors that cause challenges and create barriers for service providers when working with immigrant women survivors of domestic violence.

4.5.1 Interpreters. Although some service providers reported having interpreters at their disposal, others highlighted the lack of access to interpreting services due to funding and subsequent issues that arise once an interpreter is acquired, as barriers. Below, Joanne shared some of her troubles in trying to provide an interpreter.

There would be approval for services, but no approval for an interpreter, which made it useless. So when they did approve the interpreter, they approved the interpreter well-below the standard rate for interpreters, so we couldn't find interpreters to provide the service. (Joanne)

Participants felt that due to the small size of Halifax, acquiring interpreters who were able to manage complex cases and make the service user feel that the interpreter would adhere to a confidentiality agreement was difficult. When interpreters were not skilled in managing domestic violence cases and interpreting in an effective manner, service

providers perceived a decline in the sense of safety of their clients and felt that disclosure was significantly less than when their client was comfortable with their interpreter. Participants also alluded to the idea that immigrant women whom they have worked with and who cannot express their story in their own language have a more challenging time expressing themselves, even if it is through an interpreter. Nasreen's account was particularly illustrative of these issues.

So for women to express this in their language about what is going on because it is such a private issue and then you have an interpreter involved and its such a small community that the interpreter could be part of the community. So it's really breaking confidentiality, although we work with trained interpreters, still the sensitivity issue is really hard. I think that is really hard for them to say what is in their heart. (Nasreen)

Furthermore, given that some service users have limited knowledge of English but not enough to communicate without an interpreter, service providers perceived the barrier of inconsistency in what was being relayed. These miscommunications were captured from Drew's perspective.

I remember disagreements, she would relay something and the woman could understand a little bit of English to say, 'no no no, that's not what I was saying!' (Drew)

4.5.2 Risk factors for domestic violence. Participants who had more experience in the field of domestic violence or those who had more resources at their disposal were more apt to discuss barriers such as risk factors for domestic violence or challenges they saw their clients managing which was out of their control. As mentioned in the previous

theme, recognizing that factors of immigrant women's identities occur at a crossroads is a significant asset to service provision; however, results also indicated that many service providers perceive some of these factors of identity as being a barrier to providing service. Having precarious status and not knowing the language, Canadian laws and ones rights, while also being isolated further compounded the efforts taken to flee abuse. Immigrant women's beliefs and some cultural and religious values were reported to be challenging to navigate as some beliefs allowed abuse to be considered normal and prevented women from separating from their partner. It was highlighted how a woman's hesitancy to leave her partner and/or family may complicate or limit her options when experiencing domestic violence. Participants alluded to how these risk factors took an emotional toll on them as professionals as it was difficult to witness women continue to be abused and be unable to find safety in a country where they came to seek refuge. These challenges were captured well from Anna's perspective.

Sometimes a barrier is how much a woman hesitates to leave and move forward. So there might be a lot of sitting down with the person and listening and I don't want to say convincing, but there is a piece of that certainly. But sitting down and presenting what a person's life would look like without the abuse. And helping them supporting them to leave... It can be quite challenging and really emotional for the woman. And so a challenge there also would be to stay present but not get overwhelmed by it and not get emotional yourself. (Anna)

4.5.3 Workplace dynamics. Some barriers were reported to be as a result of constraints within the workplace. Some of these included lack of funding for interpreters, for contracts to be renewed and for more staff. Other constraints included employees

being contracted rather than permanent, often causing a feeling of precariousness and less motivation for employees to do more than is asked of them. Nasreen vocalized these challenges in her account.

People who are working have short contracts, it makes it hard to do the work in an impactful way because you're not sure if you are going to be doing things in a certain way. (Nasreen)

Another participant alluded to the reliance of their coworkers on other organizations or other colleagues instead of taking initiative, or, in this case below, to hire a formal interpreter.

I was not in a permanent position there, I didn't feel comfortable expressing certain things, but again you're putting me in a tricky situation where I am trying to bond between being an interpreter and a worker and some of the terms-[my Hindi] its pretty good, but I am not a native Hindi speaker, so my ability to express myself or get full information wouldn't have been as comprehensive if we had gotten an interpreter. (Priya)

Being relied on was considered to be an overwhelming aspect for some participants in their workday as they felt they had to be responsible for educating their colleagues or people from other organizations, as described by Anna below.

I find a big part of the work that I do when I am making referrals and connecting with other organizations is educating other community workers about these status issues because they may take [them] for granted. (Anna)

4.5.4 Community. Participants indicated barriers in their environment that the immigrant women whom they worked with had identified as challenging to navigate.

Specifically, service providers reported being told by immigrant women that mainstream organizations such as shelters were found to be uncomfortable, unsafe, and foreign to immigrant women who sought their services. As such, mainstream organizations were perceived to be a barrier for service providers as some of these mainstream organizations became a place where they could not refer their clients to unless it was absolutely necessary or unsafe for them or their children (e.g., clients who were mandated to shelters or child protective services). Furthermore, participants raised the issue of working with other organizations as being a challenge due to lack of communication and their organization working as a silo. Not collaborating with organizations outside of their own caused service providers to feel burdened with responsibility while some reported their colleagues to take the expert position and consciously choose not to work with other organizations. Priya conveyed her feelings regarding the benefits of working collaboratively in the quote below.

I think there needs to be more of a collaboration rather than this is what this organization does, and this is what we do and we don't interact, instead of that, have a more collaborative approach. In the past year we have Syrian refugees that have come and if that approach is continually taken, then you're not benefitting the clients. At all. There needs to be more of an effort and a recognition from agencies that it's okay to say that you don't know something and have to take the initiative to learn about it, or take a learning course on it I think um [sic], I think one of the issues is that a lot of people have been in the field for a long time and there is a sense of pride so it's harder to

admit that you don't know, so more of a collaborative approach needs to be taken.

(Priya)

The four subthemes elaborated on above (interpreters, risk factors for domestic violence, workplace dynamics, and community) are illustrative of the larger theme ‘what gets in the way?’ This section has presented some major barriers to service provision as well as gaps in services for immigrant women who have experienced domestic violence. Although the current study strives to bring forth strengths based narratives, it is important to highlight these barriers, as these are the basis from which many service providers find strength and develop flexibility and creativity when solving problems. The following theme explores the narratives of resilience and strengths that was obtained from the sample.

4.6 Perceptions of Resilience

A strengths based narrative arises from the current theme of perceptions of resilience. The present theme refers to the service providers’ perceptions of resilience in their service users (specifically immigrant women), in themselves, and in their organization. Table 1 demonstrates how each of these were reported to have both internal factors of resilience and external resilience built from their environment. Internal and external is defined for each category as these varied depending on the individual or organization. Perceptions of internal and external resilience for service users, service providers, and the service providers’ organization are further elaborated below.

Table 1

Service Providers' Perceptions of Resilience

	Internal	External
Service User	Individual strength qualities that allowed resilience to be built in the environment	Resilience built from individual strengths as seen in their environment
Service Provider	Strength shown in the efforts to build rapport	Strength built from client strength, use of tools, organization, and prior education and experience.
Organization	Strengths already in existence within the work environment	Resilience of organization drawn from the external resources in the city

4.6.1 Service user.

Internal. Participants shared several qualities of their service users' strengths and indicated a great deal of resilience in the immigrant women whom they had supported when providing services for domestic violence. It became evident that participants believed that there were qualities that the women they had worked with possessed that they felt were part of their inherent strengths. It is important to note that it can be easy to generalize the idea that because it was found in the present research that immigrant women appear in a certain manner (i.e., grateful, hopeful, etc), that all immigrant women behave this way. I remind the reader that what is reported in this section is simply a representation of the service providers beliefs about some of the immigrant women they have worked with and may not be true for all immigrant women survivors of domestic violence. Nevertheless, some of these qualities referred to by participants included being hopeful, forgiving, motivated, and able and capable to move forward as illustrated by two participants in the quotes below.

She was able to overcome so much pain and violence and abuse and trauma of war and the loss [sic] and on the other side of it, still managed to be so trusting and open hearted and forgiving and generous, loving. (Joanne)

I think one of the strengths that I have seen is that they don't pity themselves. It is very interesting because immigrant women, it is more of a matter of fact kind of thing, "this happened to me, it's sad, but I need to get my life in order to move forward. (Priya)

External. While the internal qualities of strength and indicators of resilience were apparent in the immigrant women, participants also reported several factors of resilience, which were built from the internal factors. It was found that the service users' resilience was strengthened as they reached out to services, considered new avenues of resources, and found support networks. Drew's experience is telling of the resilience of some of the women she worked with.

She kept going forward, kept fighting, she would say, can we call this police officer, well this police officer gave us that little bit, you know he was more helpful than that woman. She was engaged in her own cause, she did not take a backseat. She was on the phone all the time. (Drew)

The participants highlighted the challenges that they witnessed immigrant women facing due to their abuser and being a victim of domestic violence, yet continuing to integrate and settle in a new country. One participant was aware of the multiple challenges some women faced aside from fleeing abuse.

Meanwhile, getting the kids to school, putting food on the table, doing everything to take care of a household. When maybe there was a division

of labour before, so...there is just so much bravery. And even just the simple fact that the person came for help and asked for help. Knowing that as soon as you take that step that you're launching yourself into starting fresh. (Anna)

4.6.2 Service providers.

Internal. When asked to share aspects of resilience and qualities of strengths in themselves and in their work, participants revealed several factors of their work that they felt were beneficial to providing services to immigrant women. Among some of these qualities were openness, being approachable, warm, dedicated, creative, and trustworthy. Nasreen's account depicts some of the internal resilience she and other participants discussed.

I think going back to being very honest with people, being with them during those moments and not going in with any kind of judgment [sic] and you don't want people think you're blaming them for any type of situation. (Nasreen)

External. Similar to service users, external factors of resilience in service providers were as a result of building upon existing strengths in themselves as well as their clients. Some participants used their own dedication and creativity in order to draw upon the tools and skills they had acquired through training, education and past experiences, as illustrated by Joanne below.

My training was in feminist therapy and that is hugely important to me, being attentive to power, the power imbalance of the therapeutic relationship and minimizing that...So when working with people who are traumatized, I believe it is important to know what the empirical research says about tools that

work and use tools that work, in conjunction with more considerations around relationship building. (Joanne)

Some individuals also spoke about optimizing their resources around them by implementing preventative measures, such as women's support groups to reduce isolation or discussing the empowering roles of women in Islam to increase knowledge of their rights. Isabella and Nasreen shared how they weaved these preventative measures into their work.

We have had women's support groups, and they have been great for women because it's a good environment...we create all sorts of opportunities for people to create social networks, because isolation is one of the factors that makes more difficult, puts more at risk women [sic] and makes [it] more difficult to leave if that is what is needed. (Isabella)

When I would do my family orientations and I was lucky enough because I was talking to many Muslim families, I would bring an aspect of faith to it and infuse concepts of faith, which gave freedom to women and rights to women and respect and to children. (Nasreen)

External factors of resilience were built from client strengths as well. Other participants, such as Drew, recognized the strengths of their clients and implemented tools based on those.

When she was particularly upset, we would encourage her to go for a walk. And then sometimes we would encourage her to watch the children if it wasn't going to be traumatizing but healing, she always seemed to find it very settling. (Drew)

Recognizing the clients' strengths allowed the service providers to tap into their empowerment tools and put aside their "expert hats" by letting the woman identify what works for her and empower her to do more of what she feels is best for her.

4.6.3 Organization.

Internal. Participants shared several aspects about their workplace they felt were qualities of resilience and displayed their organization's strengths. Some of these included the employees' care and compassion, their initiative in learning more and taking new steps to move forward as well as the employees' ability to foster an encouraging atmosphere in the workplace. Participants shared that these strengths were drawn upon especially when cases were more difficult to manage or when the staff team felt that they could not help a service user. A vivid account was told by Drew, quoted below.

I can't even tell you the amount of times that the women in the staff room would say, 'I don't know how this is going to work, I don't know what is going to happen here, I don't know if she's going to going get her kids back, I think that she's going to end up dead.' (Drew)

External. As mentioned in the previous theme of barriers and gaps, results indicated that participants were faced with several challenges to providing service. Despite facing barriers, participants used their strengths, their clients' strengths and the strengths of their organization and colleagues to push past barriers. A challenge such as lack of funding for interpreters was met with an attitude of inclusion of other community members, creativity, and determination, as illustrated through Anna's perspective.

That is our philosophy here, to do what we can to provide it and collaborate in the ways we need to ... provide the service, and sometimes it is unorthodox or ad-

hoc initiatives but we do what we can to meet the needs at that time. We are creative with how we respond to needs. And we are open to the ideas of volunteers and anyone who is coming, and clients too. "Oh lets do it this way, lets see!" We are not dogmatic and I think that is really important when working with people who come from all sorts of different backgrounds, socioeconomically, race, religions, cultures, different status. (Anna)

Furthermore, having effective communication between organizations was a strength identified as service providers including Isabella and Nasreen recognized the importance of multiple interventions and good partnerships with other professionals.

We partner with family resource centers so I think that working in collaboration with other organizations is very helpful because we understand that complex issues such as domestic violence require multiple interventions (Isabella)
And there have been some really great folks in the mainstream organizations.
Some of the newer people coming in, they are very aware. They are very helpful with that and when they know [this organization] is helping with them, it helps. So a collaborative approach is very beneficial. (Nasreen)

4.7 Summary to Chapter 4

The present chapter is illustrative of several aspects of the findings. The initial section that is presented as a narrative is the process that I engaged in to identify the main themes and subsequently create a network that was representative of the data. As these themes were defined and fit into a framework that was accurate for the sample, a solid and true representation of the findings was embodied within the thematic network. The network contained four themes, which were explored throughout the present chapter. The

main themes were illustrated in such a way that demonstrated that the resilience-based model circled around the barriers and gaps. The themes were all related and each led to the development or strengthening of another. As the current chapter concludes, the following chapter addresses the three main research questions and also engages in critical analysis of the findings.

Chapter 5: Discussion

The purpose of the final chapter is to draw conclusions from the main findings of the current study. In the discussion, a summary of the findings and my thoughts on the results is presented. Next, I consider the three research questions posed in chapter two and connect the results obtained in the study to existing literature. Furthermore, throughout the discussion I highlight the significance of the study's findings, how the results add to existing research, and bring distinctive findings to the literature. I further aim to explore implications for immigrant women who access domestic violence services as well as for other stakeholders. Additionally, given that perspectives of service providers' are the sole perspectives in the findings, I also seek to investigate what the data says about the way that services are provided in Halifax for domestic violence in immigrant populations.

In the final sections of the discussion chapter, I describe implications for the field of social work in domestic violence and with immigrant women. Three recommendations are provided alongside proposals for future research that may assist in carrying out these suggested recommendations for change. Finally, the limitations and general directions for future research are offered in the last section of the thesis.

5.1 Summary of Main Findings and Thoughts on Results

I completed the thematic analysis with a network depicting the manner in which resilience and strengths were centered around barriers when providing domestic violence services. It was clear from the service providers' narratives that they were working within a strengths based model due to how they described dealing with challenges. The thematic analysis as a whole demonstrated that resilience was embedded within the everyday work

of the professionals. Although I did not ask their definitions of resilience, participants had the freedom to define resilience through their stories and experiences. It was evident that this opportunity to share their narratives without being constrained to my definition or a formal definition of resilience allowed for the participants' stories to be shared in such a way that was true to their experiences. Authors who have studied resilience across diverse settings and populations have purported the challenges associated with definitions of resilience as they are laden with bias and suggest North American values and beliefs (Leadbeater et al., 2005; Obtrist et al., 2010; Tummala-Narra, 2007). Thus, as the data collection and analyses came to an end I was gradually more appreciative that I left the definition of resilience open and allowed participants to speak from their own definitions.

Through my analyses of the facets that were identified as helpful and how influential it was to recognize intersectionality for service provision, I became increasingly aware of the closeness of each of these themes to resilience. Resilience appeared to be both a quality that had been deeply fostered in the characters of the individuals in the sample as well as a quality that was actively and consciously built upon, not only from their own toolkit, but also through tapping into the strengths of their clients and their environment. Recognizing intersectionality extended to being aware of social positioning of the service providers. The participants who were aware of their social locations and further expressed that they felt increased empathy for their service users explained that their awareness increased trust and comfort in the working relationships with immigrant women. The demonstrated self-awareness of the participants pointed to their continued efforts in recognizing their power and attempting to reduce the power in their relationships with service users.

Given the limited research that explores facets of resilience in the population of immigrant women who experience domestic violence (Sharma, 2001; Singh, 2009; Anderson, Renner, & Danis, 2012; Ahmad & Petrovic, 2013; Olk, 2015), I tried to go into the research with an open mind but I also held a hopeful attitude. As I completed each interview and once the data was analyzed as a whole, a sense of relief combined with continued questioning emerged within me. Feelings of relief were likely due to the hope that I held onto—that individuals working in the field of domestic violence with immigrant women were adhering to a resilience based model and further that, they are doing their best to meet the needs of this vulnerable population. I thought, “if this is how many service providers work, then what is it that is missing, lacking, or ineffective?” I recognized that these perspectives are not representative of all service providers and further, that these service providers represent individuals who embody an approach that is forward thinking and overall, anti-oppressive and feminist, given their training and experience in social work and or psychology.

Overall, the overarching network of themes alludes to the intertwining responsibility of service providers, their clients, and the organizations in a city that offers domestic violence services to make these services as impactful and effective as possible. Embedded in the data was a sense of cohesion that was evident when service providers spoke about positive outcomes. This cohesiveness entailed not only the pursuits made to support a newcomer woman, but also strengths they drew from their clients and the agency where they worked. Recognizing the strengths of their clients and their workplace was illustrative of their awareness of privilege and an open-minded and curious perspective. Finally, I felt an overwhelming desire from the participants to truly support

and help immigrant women who had experienced domestic violence. Given the awareness of identity crossroads, I believe that there was a deep sense of empathy embodied in the sample due to recognizing the complex issues that they witnessed their clients facing. The next section investigates the research questions posed earlier in the thesis and considers them in the context of the obtained results and existing literature.

5.2 Addressing the Purpose and Research Questions

Throughout the current section, the purpose and research questions of the present study will be addressed. Given the discrepancies between the anticipated and actual sample and subsequent lack of narratives from survivors of domestic violence, I discuss the purpose and research questions in such a way that highlights the major gap in the sample. I further attempt to address the research questions through the data analyses. I emphasize to the reader that the results are not stories and experiences of service users, but of those who provide the services, thus it is noted that the perspectives are skewed.

5.2.1 Twofold purpose. One of the initial intentions of the current study was to explore first hand experiences of immigrant women who identify as survivors of domestic violence in an effort to understand how they coped with crisis. Further to this, the next aspect of the twofold purpose was to also learn how domestic violence service providers could integrate an approach that is strengths based into their work with immigrant women. Given that no first hand narratives of immigrant women were obtained, I apprehensively rely on the narratives of the service providers to learn more about how their clients had coped with crisis.

I learned from the sample of professionals that they saw their clients who were immigrant women as coping overall extremely well with crisis. In this context, crisis

refers to one that is related to domestic violence, which could also be compounded by a variety of other issues, such as lack of permanent residence status. Almost all service providers alluded to the perception that they believed that their clients viewed domestic violence as significantly less of an issue compared to witnessing war and violence in their home country. Service providers discussed that many of their clients who were immigrant women were mandated to seek services for domestic violence, often due to the presence of children. Otherwise, service providers perceived that dealing with violence in their family was seen as normal and not something that required support in the manner that it is provided in North America.

As the stories were shared, it was apparent the service providers saw service users performing a balancing act as they attempted to keep themselves and their children safe (if they had any). This act of juggling multiple issues extended to maintaining a public image of a happy family life due to stigma from their faith and or cultural community for leaving or by the service providers for *not* leaving an abusive relationship. Coping with crisis also included managing integration and settlement into a new city (depending on how new they were to Halifax). Settlement and integration could mean learning about resources, managing finances, buying groceries, learning English, enrolling children (if any) in school, and acquiring employment, if possible. These aspects of settlement would have shifted from being done by both partners to learning to manage these aspects of daily life on their own while also coping with the trauma and stress of abuse.

It is important to note that these perspectives are not representative of those women who do not reach out for help and who are unable to due to a variety of reasons, or women who are not able to escape the violence before they may be injured or killed. It

is difficult to obtain statistics about female homicides in Nova Scotia; however, Statistics Canada reports that many female homicide victims are reported as missing persons across Canada (2016, para. 19). In 2016, there were 12 homicides in Halifax, one of which included a female victim of intimate partner violence (Jones & MacMillan, 2016, para. 13). I believe that some of the knowledge that was shared from the participants, specifically that which is highlighted above alludes to reasons why some women do not come forward at all. These could include, community stigma, cultural norms and beliefs, precarious status, and fear of deportation, among many other reasons that prevents women from seeking assistance when experiencing domestic violence. The reasons women may not seek assistance are indeed supported by research (Singh, 2009); however, as Ungar (2013) suggests, focusing solely on these barriers lead to a victim blaming narrative, which is why I am attempting to steer away from them. Specifically, a victim blaming narrative focuses on what a woman has challenges with that puts her at higher risk of experiencing domestic violence or of not being able to leave, if that is her wish. These challenges or barriers may include, but are not limited to, not speaking the main language of the city she lives in, having children, having a (dis)Ability, being of low socioeconomic status, having little or no education, and having a low income. Considering these intersecting factors of identity as the reason why immigrant women do not seek out services allows the community and those who provide services within it to not take accountability for trying to respond to these complex needs.

For next element of the purpose of the thesis, I was concerned with learning about how service providers could integrate a strengths-based model as a part of their approach to working with immigrant women. As I mentioned earlier, strengths based and resilience

approaches seemed already apparent in the work of the service providers whom I interviewed. However, what I felt was significant was the underlying tone of frustration and disappointment in their narratives. The individuals in the sample were evidently concerned with the work of their colleagues and the other professionals in the city who work with the same population. I sensed that due to their levels of self awareness of privilege and power, these professionals were encountering challenges with their clients who had worked with other service providers that were taking an expert position and not creating a safe space. Prior experiences that reduced the service users sense of safety set up other professionals to work harder to create the safe space for them and their client, as well as the organization that they worked for.

The sample I interviewed alluded to an important issue regarding their counterparts in their workplaces and in the city. Thus, the question that I continue to ask is what can be done to encourage approaches such as resilience and strengths based models to be integrated into service provision? How can an overall sense of holistic care and resilience be exuded from the domestic violence field in Halifax? The main research question I posed at the beginning of the thesis asks how can the services and service providers shift from a deficit-based model to a strengths based model when working with immigrant women survivors of domestic violence. Therefore, in the next subsection, I offer a discussion of the research questions through a resilience and socioecological approach.

5.2.2 Research questions. As an umbrella question, I set out to learn how services in Halifax can be adapted and how can service providers adapt to a model of working that comes from considering the strengths of all those involved in the cycle of

service provision. As the chapter progresses, the umbrella question is addressed closer to the end of the discussion. From this, three specific research questions were posed and each is addressed in the following paragraphs.

Research question one. To further pursue addressing the umbrella question mentioned above, the first question asks what current policies and practices are in place that recognize strengths and seek to enhance the resilience of immigrant women in situations of domestic violence. I was surprised to learn that many of the service providers reported that their organization did not have formal policies or practices that sought to place qualities of resilience at the forefront of their work. Despite the lack of formal strengths based practices, many of the service providers were confident that their work with immigrant women always highlighted their strengths. Thus, my question becomes one of, whether or not a formal policy or practice would be beneficial as a standard of practice.

Implementing a strengths-based and resilience approach to developing policies and practices for working with immigrant women supports this vulnerable population in such a way that encourages empowerment and promotes resilience. Service providers must consider what capacities their service users possess and must also be able to recognize these in order to continue to build on them. When considering a resilience approach as a standard of practice, it is important to consider what is involved in practices that enhance resilience of service users, service providers and agencies. The socioecological approach of resilience offered by Ungar (2008) highlights the manner in which the arena of service provision expands to including not only professionals in the field, also all individuals who access services, the organization and the community as a

whole. Furthermore, as I alluded to earlier in this section, a strong consideration of culture is required as resilience appears and manifests differently across various cultures (Leadbeater et al., 2005; Obtrist et al., 2010). As one participant comically highlighted, in an instance where she told her client that she was “strong”, the client responded with, “no I am not, I can barely lift my suitcase!” Such a response brings much needed light to the varying perceptions of resilience around the world. Ungar (2012) speaks to how critical it is to consider the varying perspectives of resilience, specifically for women who have experienced domestic violence as their experiences are not only compounded by trauma, but also by cultures that are not as predominant in a new country, alluding to the Euro-centric perspectives of resilience that are evident the dominant discourse and that is adhered to by North Americans. Furthermore, Ungar (2012) alludes to the impact of holding potentially narrow perceptions of resilience when working with immigrant women. It is possible that holding on to Western ideas of resilience can push aside or neglect coping strategies that are not as common to western cultures when working with women who are newcomers to North America (Ungar 2012). Furthermore, a resilience model adds the dimension of fostering the strengths in the resources of the environment as well as the strengths of the individual, thus encourages collaboration (Anderson, Renner, & Danis, 2012; Ahmad & Petrovic, 2013; Singh, 2009; Olk, 2015).

Given past research suggesting the multiple factors involved in implementing a resilience approach (Leadbeater et al., 2005; Obtrist et al., 2010; Ungar 2008; Ungar 2012) combined with the findings from the current study implying inconsistencies in service provision within the city, I believe a resilience approach as a standard of practice in the current field to be an integral aspect in the provision of domestic violence services.

As I move into speaking to the second research question, I carry forward the research on resilience and culture and specifically investigate how resilience was tapped into when coping with domestic violence.

Research question two. The next research question asks how immigrant women cope with domestic violence. More specifically, the intent of the question is to learn how strengths and resilience are used to cope during a crisis such as domestic violence.

Results indicated that from the perspective of service providers, immigrant women used their resilience in both conscious and unconscious ways. Many of the coping strategies such as prayer, exercise, practicing gratitude, and possessing an attitude of moving forward, appeared to be qualities that were inherently present in the characters of the some of immigrant women that were spoken about. These coping tools were similar to those that Olk (2015) discovered in her study of South Asian women in Canada.

However, I sensed that there was increased reliance on these tools during an experience of crisis or after fleeing abuse, both from the individuals in crisis to cope as well as for the service providers who work with them. I am led to question whether or not such reliance would be placed on these individual coping strategies if the environment was perceived to be a supportive and safe space for immigrant women to obtain and use services when experiencing domestic violence.

The findings revealed that the immigrant women were active in their pursuits to move forward and engage in supportive networks through finding good friends, accessing the resources they knew about, and considering new options. Abraham and Tastsoglou (2016) and Anderson et al. (2012) speak to the process of establishing support systems and have highlighted that accessing resources through information from informal and

formal support networks is a central aspect of their resilience narratives and a critical factor in their recovery from trauma. As mentioned in Chapter Four, making connections and moving forward are ways in which immigrant women continued to build their resilience. The previously mentioned tools including prayer and gratitude appear to be strong factors in coping with domestic violence, but also a foundation from which resilience is built and fostered. It appears that building resilience is the piece that is critical as it insinuates a sense of continued empowerment and growth of internal resources. Although the pursuits listed above were reported to be steered by clients, these would not arise unless the environment allowed for them to come about (Ungar, 2013). Environmental resources such as those geared to domestic violence or immigrant women and the preventative measures that some participants reported are examples of how service providers and organizations have contributed to creating a supportive arena for vulnerable women. Thus, when answering the second research question— how do immigrant women use their strengths and resilience to cope with domestic violence?— it can be said that the participants in the sample referred to women in such a way that indicated that resilience and strengths had been fostered in the women’s lives before their experience of domestic violence; however, that they are built upon and strengthened when the environment, including the service provision and the resources available are built in such a way that promotes resilience.

Research question three. At this point in the thesis, I have chosen to employ the use of ‘we’ as I consider myself as part of the domestic violence service community as both a researcher and a worker in the city at a local agency. The third question for the present study unites the purpose and first two research questions and focuses directly on

shifting from ‘what’s missing’ to how can we (service providers and agencies) change to promote resilience? In support of the research that suggests resilience is a quality that is fostered by the individual as well as by the environment, I believe it is important to concentrate on how service providers can adapt and the environment of resources in the city can be adapted in a manner that recognizes and promotes the growth of resilience for immigrant women survivors of domestic violence.

Based on how the first two research questions were addressed, it is clear that investigating a study on resilience is impossible to do without also considering collaboration. Collaboration was a finding through exploratory analysis of the data and not necessarily focused on in the data collection; however, the need to approach domestic violence services, particularly for immigrant women, from a collective versus individual approach was a main finding of the present study. When considering the third research question within the context of the collected data, some of the results highlighted the ways in which some organizations already partnered with other community organizations in Halifax, while others were clear in that they did not work collaboratively with other organizations.

Making intentional partnerships seemed to be a result of not having certain resources, such as legal information, but having the resources to build upon the external services, for example by translating legal information into multiple languages. Furthermore, agencies used their strengths to fill in the gaps in their services by reaching out to the community, for example to build a pool of volunteer interpreters. These are simply two examples of collaboration I gathered from the data. It was interesting to learn how making these partnerships impacted the service providers’ work and the outcome for

their clients. These collaborative efforts contributed to implementing preventative measures that service providers believed reduced the risk of domestic violence and also allowed immigrant women to see the service providers in multiple settings, which increased trust and comfort in the relationship between service provider and service user.

Individual efforts made on the part of the service provider were touched on in Chapter Four. One that I would like to highlight here is how one participant made the effort to integrate specific aspects of Islam into orientations that she made to Muslim immigrant families. She emphasized that weaving relatable knowledge to the new families that drew out aspects of Islam that highlight women's rights in the context of Canadian laws was another preventative measure to implement given that both spouses were present in these orientations.

Making intentional individual and collective effort to improve the outcome for their clients who experience domestic violence appeared to be the main two ways that was found within the data to promote resilience in immigrant women. Promoting resilience is significant to the present research as it is an important way in which women who are more vulnerable than their white counterparts can move forward from a crisis such as domestic violence, as is also purported by Anderson et al. (2012).

The current section has integrated several pieces from previous research into the findings in the context of the main intentions and research questions of the present study. Several connections were evident including the similar coping strategies and inherent qualities of resilience (Olk, 2015), the need for a broader understanding and knowledge of resilience within immigrant populations (Leadbeater et al., 2005; Obtrist et al., 2010), and finally, viewing the necessity to build resilience from existing qualities of character

through service provision (Anderson et al., 2012). A significant finding from the current study that is unique to the context of Halifax and has not been found in similar areas is the need for collaboration, particularly from within a resilience model, among agencies in the city. It was evident from the data that although some efforts were being made, they were found only in two organizations, implying fewer endeavors to partner and collaborate among other agencies, associations, and organizations in the city that provide domestic violence services and that work with immigrants. The following section further links the general results obtained from the thesis research to existing research in the field and sheds light on the need for collaboration through the literature.

5.3 Making Connections and Considerations for Stakeholders

Thus far in the present chapter, I have connected my findings in the context of my purpose and research questions to highlight how the collected data reflected the overall intentions of the thesis. As I move forward with considering resilience in a contextual manner, my discourse highlights the challenges I faced with recruitment to shed light on the need for collaboration while drawing in points from existing literature. In addition, a discussion is offered surrounding the reasons why the findings are important for those involved in providing and receiving domestic violence services in Halifax. Finally, I bring this section to a close with discourse about how the findings are indicative of an overall weak system of serving women and children in need in HRM.

5.3.1 Unpacking the need for collaboration in the research community. As emphasized throughout the present chapter and chapter three, there is a major gap in the collected data in that the voices of immigrant women who have survived domestic violence are not represented. I begin unpacking the need for collaboration with shedding

light on my own struggle to recruit participants for my interviews. The challenges I faced while connecting with potential agencies, organizations, and associations that interact with immigrants, women, and cases of domestic violence allowed a fragmented system to organically surface during the recruitment process. In the third chapter, I alluded to the lack of communication or responses from many managers and executive directors. Further to the lack of communication, I could not help but feel an absence of interest and sense that the research was not seen as important, despite the increasing numbers of immigrants in the HRM and the growing number of immigrant women seeking and accessing services for domestic violence. It is important to note that several agencies did see the significance of the research topic and recognized that it would be meaningful to their work, which also came to life in the interviewees' narratives of their experiences.

A factor involved in collaborative effort of domestic violence services for immigrant women is that of broadening the circle of collaboration. As was evident in my search for participants and the process of my data collection, many agencies placed less or no value on research in the field of domestic violence compared to the value they saw in their frontline work with the population. Baird, Gregory, and Johnson (2011) described their experiences in setting out as researchers to understand domestic violence in the United Kingdom (UK). Their method of data collection was to implement a domestic violence initiative by collaborating with several stakeholders. These included academics, researchers, service users, domestic violence agencies, and health care professionals including psychologists, doctors, and midwives. Baird et al. (2011) suggested an extremely holistic model of intervention and referral. Based on research from Baird et al. (2011) in combination with the socioecological approach to resilience and the findings of

the current research, that creating partnerships and making collaborative effort in the field of domestic violence is not limited to agencies and service users, but also applies to researchers and a broad array of health professionals. Viewing several levels of involvement in such a manner that illustrates the impact each may have on another further supports a strengths based and resilience approach within a socioecological model.

Moreover, in the same realm as above, I believe that a point must be made about the reporting of research and its impact on future research endeavors. Recognizing that systems of service provision and processes of research are connected to what has been done in the past and impact what will be done in the future, it is important that grounded theory and social work research capture the ‘messiness’ of the research process (Charmaz, 2000). In my research process the messiness emerged when I attempted to contact agencies. Although I was prepared with what I believed to be a safe and non-invasive manner of recruitment, my procedure appeared to go above and beyond what service providers felt they could do (i.e., contacting their previous service users to inquire about their interest in participating in research). Another messy aspect occurred when potential participants expressed interest and despite my ongoing communication with them, they lost touch and thus we were not able to meet. On the other hand, despite the detailed materials I provided potential participants, many did not read them thoroughly and after interview dates were scheduled, they informed me that they realize they were not eligible to participate. For more on the messiness and challenges I experienced during this research process, see chapter 3, section 3.5. These aspects that I have mentioned here

highlight the extent to which difficulties occurred even though many tools were in place to mitigate them in the first place.

Several pieces of literature completed in the Maritime provinces that I reviewed to inform my research and recruitment process were void of or had little information regarding any description of recruitment and the process of data collection. I believe it is important for two reasons that research is presented in an encapsulating manner. Firstly, to assist and support the methods chosen by researchers who study in a similar field; secondly, to capture the process in such a manner that demonstrates an authentic portrayal of the field being investigated. If more details had been published in the research regarding the ways in which survivors of domestic violence were recruited, specifically immigrant women in Halifax, it possible that I may have been able to replicate a similar recruitment style and potentially have acquired the voice of service users in my thesis. Overall, I believe that even the manner in which research is presented and the content of the research that is published can contribute to a sense of collaboration within the domestic violence research community.

Charmaz (2000) speaks to the significance of stories and processes of social systems in grounded theory research. Since the current research embodies a grounded theory methodology to inform the research process and analysis, I have attempted to not only focus on the narratives of the participants, but also I have integrated my first hand process as a narrative that has been included in the research as a whole (Charmaz, 2000). I believe that my approach to the research has supported the overall strengths based and resilience approaches to data as well as to the research process. Bringing a true narrative to the writing in the current thesis strengthens the evidence for the overall finding of the

need for collaboration amongst the systems designed to support immigrant women survivors of domestic violence in HRM.

5.3.2 What is involved in collaboration amongst agencies and organizations?

As the HRM service providers interviewed in the present study expressed their desire for enhanced partnerships, more collaboration, and less of a individual agency approach to addressing complex issues relating to domestic violence, I began to notice that these needs vary depending on the organization and its resources. The organizations that are smaller and have few resources to meet the needs of their service users had no choice but to rely on other organizations, while organizations that were bigger and had many resources, developed partnerships in order to complement their existing services. I believe there is a difference in the manner in which a partnership is created, depending on the reason why it was developed (due to a need or due to genuine desire to learn more from the organization). Further to this, the length of time that the partnership lasts or the strength of the collaboration appeared to be determined by the benefits gained by both parties.

Previously reviewed research suggests that not only do organizations in the realm of domestic violence need to work together in partnership, but also provide culturally appropriate or relevant services (Cottrell & Moncayo, 2003; Rana, 2012; Wachholz & Miedema, 2000). Some examples of culturally appropriate services that were reported include offering material in various languages, offering interpreters, demonstrating an awareness of immigration and status issues, and understanding issues of race, religion, and culture and how these impact the access and use of services (Rana, 2012). Wachholz and Miedema (2000) concluded from the narratives of over 40 immigrant women that the

main reason they struggled to access and use resources to their benefit was a result of a lack of culturally relevant services. It is evident from past and current research that services that possess individuals working from a standpoint of awareness, knowledge, and understanding is an important aspect of collaborative service provision because without partnered efforts, such services cannot be provided by one agency or organization by itself, and requires interventions and referrals from multiple service providers. As I continue to critically analyze the main themes and results of the study in the next subsection I focus on the significance of these findings for immigrant women and service providers.

5.3.3 Why are these themes important for those involved? Much like the theme of Crossroads of Identity presented in chapter four, considering the significance of the need for enhanced and strengthened collaboration for immigrant women and service providers is imperative, specifically in the context of Halifax. Similar to the analyses in Figure 6 illustrating crossroads of identity, Mehrotra (2010) speaks to the value of considering intersectional identities of women survivors of domestic violence. Mehrotra (2010) highlights the increased marginalization of women of color and women identifying as LGBTQ+ in domestic violence services due to white women's perspectives, which many front line organizations have been built from. Further, white perspectives are laden among many individual service providers' approaches, thus insinuating how the impact of a change in approach may extend to those who support immigrant women survivors of domestic violence (Mehrotra, 2010).

One implication is that there appears to be a need for flexibility in the manner that services are provided and used. Such flexibility is important to create spaces that are open

to new ideas and new perspectives on domestic violence, specifically in communities that are marginalized, such as immigrant women (Mehrotra, Kimball, & Wahnab. 2016).

Mehrotra et al. (2016) suggest that centering the most marginalized individuals (immigrant women) is critical to addressing and preventing domestic violence, as portrayed in the figure of Safe Space (see Figure 3). When combined, flexibility and centering allows resilience to be naturally promoted, brings strengths of the service providers to de-center themselves to the forefront, and supports agencies to become more aware in regards to handling barriers when working with immigrant women.

Another implication from the findings for these stakeholder groups is that according to the results, the partnerships that were discussed were lacking in reciprocity and true meaning for all involved, implying that collaborative efforts were only made when needed, not for lasting impact or genuine care or concern for future collaboration. This does not mean that meaningful and reciprocal collaborations do not exist in HRM; however, as it is common in grounded theory research (Charmaz, 2000), what is obtained from the participants is perceived as meaningful in their context. Thus, it is significant to consider how the existing partnerships were significant to the service providers and positively impacted immigrant women, especially given the strengths based model that was apparent in the work of those interviewed. Therefore, the discrepancies in collaboration means that growing support networks, creating multiple interventions to be available for immigrant women survivors of domestic violence, and developing more preventative measures to be implemented for immigrant groups arriving in HRM are extremely important for fostering healthier and safer communities that are free of violence. Expanding the circle of care and safe space in which services are offered

contributes to the well being of the community as a whole. Overall, making the system of services inclusive to a growing number of stakeholders supports the importance of a holistic and comprehensive system for a population that is already vulnerable and at an increased risk of domestic violence.

5.3.4 What do the findings mean for Halifax? The introductory chapter of the present thesis touches on the context of Halifax and the perspectives from which domestic violence services were built for the city and how they impact service users now. Previous literature points to the widely apparent influences of colonialism and racism on present day service provision in Halifax (Bannerji, 2001; Pon, 2009). The results obtained from the study point to an individualistic rather than partnered, dependent rather than collaborative, and overall fragmented and deficit-based structure of services for supporting marginalized women who are experiencing domestic violence. There was no discussion of the history of the services in Halifax in the interviews, which suggests a lack of awareness or ignorance of such influences. Having said that, some participants alluded to immigrant womens' reports of feeling foreign and uncomfortable when they had accessed certain services in the city, implying that the structural history of resources offered in the city are apparent through an indirect, yet extremely influential manner. Feeling foreign, unsafe, and uncomfortable were reported to be reasons why some services were avoided and not even considered a resource to which to refer immigrant women clients unless it was absolutely necessary (i.e., mandate due to children).

When exploring the implications of the results and what they mean for service provision of domestic violence resources in Halifax, resilience emerges as a prevalent concept that is related to the fragmented system outlined above. The deficit based

approaches burdening the resources in Halifax enforces the victim-blaming narrative, as mentioned earlier in section 5.2. Hearing that “they don’t go to those services because they feel unsafe there”, or, “those places are foreign to the immigrant women”, allow victim-blaming to prevail. As these beliefs persist throughout our city, immigrant women survivors of domestic violence carry forward with little and inadequate support during crises and the organizations that are designed to support them are enabled to avoid change and advancement in their provision of services.

The current section has provided a comprehensive overview of the implications that were made for immigrant women, service providers, researchers, and the city of Halifax as a whole. It is clear that given the deficits apparent in the field of domestic violence services in the HRM, that a model of promoting resilience is needed to encourage empowerment and reduce risk of future violence. The next section highlights the implications for social work in the field of domestic violence.

5.4 Implications for Social Work in Domestic Violence and with Immigrant Women

Connecting to the previous section discussing the importance of the themes obtained in the study for the stakeholder groups, the present section addresses social work specifically. Three implications are provided for the field of social work, particularly for those who work with immigrant women survivors of domestic violence.

Given that many social workers are concerned with striving for social justice and establishing equity for traditionally marginalized individuals and groups (Canadian Association of Social Workers, 2017, para. 1), the present thesis gives way to several implications for the field of social work. Specifically, social workers that work with immigrants, women, and or survivors of domestic violence may recognize that there are

indeed a number of facets involved when working with these groups of individuals who are typically marginalized. These might involve first recognizing that managing precarious status and escaping from an abusive relationship may appear as conflicting priorities to solve given that both determine safety, while one may appear more harmful than the other to either party (service user or service provider). Immigrant women may feel that the threat of being deported may be worse than the thought of being hurt by their partners (Cottrell & Moncayo, 2003; Singh, 2009). Just as it is a juggling act for immigrant women, in some cases it becomes challenging for social workers to determine what course of action to support. Situations involving balancing one's values and ethical responsibilities with actions taken speak to various contexts that social workers work in, especially those involving newcomers and women.

Orlie (1997) defines the concept of an ethical trespass as a situation where the "harmful effects that inevitably follow, not from one's intentions and malevolence, but from our participation in social processes and identities" (p. 5). In a scenario such as the juggling act I described above, social workers and other health professionals face an ethical trespass due to the responsibilities they are expected to follow as professionals to keep their service users safe. On the other hand, respect for the service user's choices and consideration of their reality is also expected, which causes many social workers to go against what may be ethical or to work at the boundaries of ethics with some service users in order to accommodate their needs. It is those who are part of the "responsible and well behaved subjects of social order" (Weinberg, 2005, p. 331) that most frequently face ethical trespasses. Furthermore, these ethical trespasses are compounded by society as a whole and those who believe that professionals should make accurate and appropriate

judgments in their lines of work. Finally, given that some of the more complex situations that some immigrant women may experience due to multiple levels of intersectionality, it is possible that situations of ethical trespass could be more frequent.

The present research is aimed to contribute to building safer communities by promoting resilience in three levels, individuals, service providers, and the organizations, associations and agencies that offer resources for domestic violence. This research considers the reality of the issues laden in the provision of services to immigrant women who experience domestic violence in Halifax and seeks to shift the attitude of service providers from “what is missing?” to “what do we have and what can we do with it?” Thus, the role of social workers that work in front line positions, in research positions, and health care and therapy settings are critical to the discourse of access to services and the promotion of resilience. This research does not assume that resilience can be built by ignoring the gaps and barriers in services, but actually heavily considers them as a step to engage in collaborative work, establishing partnerships in the city, and the promotion of resilience in immigrant women, in service providers and in the larger organizations.

A final implication that I would like to touch on is that of the emotional labour that is invested in domestic violence work. In consideration that social workers are often in the front line, becoming burnt out and experiencing compassion fatigue may be a reality for many individuals. Compassion fatigue is defined by Mathieu (2014) as “profound emotional and physical exhaustion that health-care workers can develop over the course of their career when they are unable to refuel and regenerate” (p. 12). In the present study, only one participant mentioned that managing her emotions was challenging given the difficulties accompanied with many immigrant women being

unable to leave an unsafe situation due to potential deportation (i.e., ethical trespass). It was surprising for me that this did not arise from other participants directly; however, upon consideration, it was clear that their emotions emerged between the lines—through the discussions about how they felt their organizations were lacking in collaboration, feeling like they were doing extra work because others were not taking responsibility, and feeling that they needed to be educators to colleagues on top of their regular roles, as described by Anna and Priya.

I find a big part of the work that I do when I' am making referrals and connecting with other organizations is educating other community workers about these status issues because they may take for granted. (Anna)

They should have gone through the motions to come up with a plan to serve the client rather than solely relying on me. Here is [was] an opportunity to learn about immigration, to learn about immigrant organizations and work with them to see how they may be helpful to the immigrant clients who walk through the door and I don't think that effort was made. It was like, " K she is just going to do the work" or, there was another worker there that wanted to be involved as well and I think it was just relied on the two of us and it was interesting because we were the only two people who were of a different background. (Priya)

I do not want to name the emotions for the service providers as they did not name them themselves, nor do I want to put words in their mouth; however, it can be said that there was genuine care apparent in their approach to working with immigrant women that was apparently distinct from their work with white Canadian women. Moreover, it was

evident that there was a lot expected of these services providers—both from themselves, their colleagues, and from service users.

Having highlighted the implications for social work practice in the field of domestic violence and with immigrant women, I believe that the challenges of juggling multiple issues and bearing the pain of emotional work lends itself to consider ways to mitigate these challenges. Thus, the current section has paved the way for the thesis to begin to close as the next section contains three recommendations and directions for future research in the both the field of social work as well the field of resilience and culture.

5.5 Considerations for Future Domestic Violence Work and Research

The present section is intended to provide three recommendations to the city of Halifax and those involved in service provision in the field of domestic violence with immigrant women. Additionally, considerations for future research are discussed as they emerge from the recommendations.

5.5.1 Recommendation one. Earlier I questioned what was missing and or lacking from the system of services in Halifax and I believe that it is the authentic and true partnerships that create lasting benefits for all involved. Thus, the first recommendation that I propose that came out of the research is that of creating meaningful and reciprocal partnerships as a means of collaboration. It was inherent in the narratives of the participants that any kind of collaboration was conducive to supporting immigrant women, particularly due to the fact that multiple interventions were necessary. What is integral to creating such partnerships is the recognition that the needs of immigrant women must be centered and prioritized over the needs of frontline workers,

researchers and other health care professionals, and organizations. Then, organically, the genuine desire to form collaborative efforts in hopes of truly supporting and assisting immigrant women in crisis will emerge.

In line with the first recommendation, it is necessary to continue having conversations about collaboration, partnership and what it means to contribute to a healthy and safe community among stakeholders. These discussions could be held in the form of focus groups as part of a research project, or as professional development within the community. It is critical that service users and those with first hand experience are included in these conversations in order to bring an authentic voice of a recipient of care and support to the discourse.

5.5.2 Recommendation two. The theme of safe space draws attention to the significance of promoting resilience among service providers, service users, and organizations as a whole. Additionally, given the definition of “culturally relevant resilience” provided by Michael Ungar (2008) in chapter one, is it obvious that we must see resilience as part of the environment, not just of an individual or a group, insinuating that it is the responsibility of all involved to nurture qualities of resilience. Thus, my second recommendation is twofold. The first aspect of it is to place less value on the deficits of services, service users, and organizations ingrained in services (deficit-based model); the second is to enhance the strengths-based model. It is impossible to entirely eliminate the barriers, but shifting the perspective to view barriers as the reality of many professionals and service users and considering how the qualities of resilience of all groups involved can support individuals through a crisis and additionally, help promote resilience and foster empowerment in those who provide and use services.

In consideration that the present research study did not obtain narratives and first hand accounts from immigrant women survivors of domestic violence, I recommend that future research explores the concept of resilience with immigrant women. The discourse of resilience should be investigated both within the context of domestic violence and in general, given that the process of immigration in itself is a huge endeavor with several challenges laden in the process. Research in the area of resilience could significantly advance with the addition of immigrants and immigrant womens' perspectives to the existing literature, specifically in HRM. Finally, having a deeper understanding of resilience across cultures would support the promotion of a strengths-based approach as a standard of practice.

5.5.3 Recommendation three. As an aspect of collaborative and strengths based approaches, the third recommendation is to adopt a stance of “non-expert” in place of the notion of cultural competence/sensitivity/awareness. Decentering, acknowledging privilege, and saying “I don’t know” was considered to be ways in which service providers felt they reduced power between them and their service users who were immigrant women. In order to effectively implement recommendations one and two—promote resilience and work collaboratively—service providers must be trained further in understanding challenges of immigration and precarious status as well as in providing services in such a way that less power imbalance exists between them and their clients. The present recommendation could be carried out through trainings, which may be an opportunity to partner with organizations in the city that have professionals that work with immigrants and refugees. Additionally, to further support a collaborative process in this endeavor, researchers studying in the field of domestic violence should be included

to provide new and updated research to those who are receiving training on immigration and power and privilege.

As a research direction tied with the third recommendation, I believe that future research should be aimed at considering evaluations of training programs. Specifically, the process and outcome of trainings that provide knowledge and information about immigration should be evaluated for quality as well as the impact it has on service provisions. Evaluative methods would involve consideration of the trainings, the trainers, those who take training as well as service users. Overall, considering future research in the form of evaluations would improve and continue to advance the manner in which services are provided and used in HRM by immigrant women survivors of domestic violence.

As has been discussed throughout chapter five, the theme of resilience was extremely prominent in the findings and relevant to the context of Halifax, while the idea of the need for collaboration was unique to the findings for Halifax. As a whole the present section has been instrumental in providing methods to employ these themes in practical ways. Furthermore, the final recommendation was proposed as a means of tying the themes together as it is evident that without the implementation of trainings for service providers to engage in discourse about privilege and learn to lessen power, the ability to engage in collaborative effort and promote resilience would not be possible. The section that follows illustrates the limitations of the study and further directions for future research that arose from the study as a whole.

5.5 Limitations and Directions for Future Research

Due to challenges described in section 3.5 and throughout chapter five, the sample size of the study was small and thus not representative of a variety of service providers or of first hand accounts of domestic violence at all. As a result, the study may not be generalizable to other groups of service providers, however could indicate similarities to cities with a similar size and historical background as Halifax. A second and final limitation that is apparent is that since I was the only researcher who reviewed the transcripts, coded and analyzed the data, there is no inter-rater reliability present.

In future research that carries the current study forward, I suggest that at least two researchers complete the interviews and process of analysis to ensure consistency in the interpretation of results. Having multiple researchers present would allow for more in-depth analysis as well as for deeper understanding of the obtained data. Another direction for future research that I believe could contribute to the fields of domestic violence and immigrant populations is to explore the experiences of immigrant couples (of any sexual orientation) who have successfully received support for domestic violence. Including couples may bring a different lens to the research, one which is not captured in studies of domestic violence, although some have interviewed men and women on the topic of family violence but done so separately (Cottrell & Moncayo 2003). A limitation of including both partners is that there may be potential for disruption to the unity in the relationship after reunion since the domestic violence. It would be important to ensure that both individuals have gone through counseling and are on the same page about what happened in the past. A final direction for future research that I believe may be important to consider given the common issues of the access and use of interpreters is to invite

interpreters to participate in focus groups with other stakeholders in the field of domestic violence. This continues to broaden the circle of stakeholders and also would allow for their perspectives to be explored in the context of a variety of other professionals.

5.6 Conclusion

When I first set out to complete this study I did not anticipate the challenges that I would encounter that would alter the course of my research. With much detachment from the outcome as well as dedication to the field of immigration and domestic violence, I persevered to bring a voice to my research that would help me understand in more depth the current status of services, and further to understand how resilience played a role in these realms. As mentioned earlier, my own narrative of domestic violence within my family and intimate relationships played a larger role in the journey of completing my thesis than I thought it would. I believe that due to the struggles I encountered during recruitment in combination with my own memories and experiences arising during the entirety of the process, I regained aspects of my resilience that I had not drawn from in some time. Moreover, consciously drawing from my strengths further nourished my compassion for the women in my family and for myself. Finally, I felt an enhanced sense of empathy for the professionals who I interviewed and even more so for immigrant women survivors of domestic violence, especially for those in my own family. Thus, it is ironic that completing my study required me to tap into my own resilience and strengths.

This study adds several pieces of knowledge to the existing literature, one of which is the ability to build resilience within the circle of safe space as it is inclusive to all groups involved in the provision and use of services. The concept of resilience was one which has not been explored in Halifax before with the particular population of

immigrant women or with survivors of domestic violence. Thus, this study has developed a foundation for future research to build upon through more conversations and practice of promoting resilience. Given the unique context of Halifax, the finding that has not been obtained elsewhere and that is most relatable to the city is that of the need for meaningful collaboration. Laden in that need is the desire for support amongst service providers and strong partnership as well as an inherent understanding of the need to perform multiple interventions for immigrant women survivors of domestic violence.

In summary, the present study has demonstrated barriers and gaps in service provision, while enhancing the idea that it is within these barriers that strength evolves and new ideas are formed. Emphasis must be placed on the power of resilience to encourage empowerment, acknowledge privilege, and finally, to grow and develop safe and healthy communities for not only newcomers, but also the society as a whole.

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Appendix A

REB Approval Letter

Social Sciences & Humanities Research Ethics Board

Letter of Approval: November 10, 2016

Shabnam Sobhani
Health Professions\Social Work

Dear Shabnam,

REB #: 2016-3982 **Project Title:** Exploring Access to Domestic Violence Services for Female Immigrant Survivors in Halifax and Ways to Promote Resilience Through Service Protection

Effective Date: November 10, 2016 **Expiry Date:** November 10, 2017

The Social Sciences & Humanities Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans*. This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

Sincerely,

Dr. Karen Beazley, Chair

Appendix B

Request to extend invitation to staff and women

Dear (insert name or name of agency),

I am a Master of Social Work student at Dalhousie University. I am writing to ask you to extend a letter of invitation to your staff and to the women you serve to participate in a research project.

The purpose of this study is to explore the experiences of any immigrant population, who identify as a woman and self-identify as survivors of domestic violence to understand how they coped with crisis; and to also consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women.

Due to potential safety concerns, I ask that upon extending invitations to the survivors, phone calls be made and if the participant sounds interested, the researcher's phone number be given to the potential participant over the phone. A letter of invitation would be provided to send through email to your staff.

The criteria to participate for the service providers is that they work in the field with women who have experienced domestic violence and that they have had some experiences of working with immigrant women who have utilized their services for use of fleeing or obtaining information about domestic violence in Halifax.

The criteria for the woman's participation is that she not currently in crisis; has been safe for at least one year; that she is either a permanent resident, refugee, international student, temporary foreign worker, or a Canadian citizen not born in Canada and moved to Canada within the last 10 years; and finally, that she speaks and understands English.

This research is for my thesis for my Masters degree and has been approved by the Dalhousie University Research Ethics Board.

If you have any questions for me, please do not hesitate to contact me through the contact information below. If you have any concerns about my research, you may contact my thesis supervisor Wanda Thomas Bernard, by email Wanda.Bernard@dal.ca or by phone at 902-494-1190.

Thank you very much for your time.
With warm regards,

Shabnam Sobhani, B.A, BSW
Master of Social Work Student
Dalhousie University
Tel: (902) 448-5016
ssobhani@dal.ca

Appendix C

Invitation to Service Providers

Dear Participant,

I am a Master of Social Work student at Dalhousie University. I would like to invite you to participate in my research project by partaking in an interview. The purpose of my research is to understand your experience as a domestic violence service provider who has worked with immigrant women in Halifax. The interview would take approximately 90-120 minutes of your time.

This research is for my thesis for my Masters degree and has been approved by the Dalhousie School of Research Ethics Board.

The purpose of my research has two main aspects: To explore the experiences of any immigrant population, who identify as a woman and who self-identify as survivors of domestic violence to understand how they coped with crisis; and 2. To consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women.

If you are interested, please contact me by telephone (listed below) for further information about the study and what you will be asked to do. When we set up a time, the meeting location and time will be at your preference to ensure your safety, privacy, and comfort.

If you have any questions for me, please do not hesitate to contact me through the contact information below. If you have any concerns about my research, you may contact my thesis supervisor Wanda Thomas Bernard, by email Wanda.Bernard@dal.ca or by phone at 902-494-1190.

I look forward to hearing from you and participating in my study.

With warm regards,

Shabnam Sobhani, B.A, BSW
Master of Social Work Student
Dalhousie University
Tel: (902) 448-5016

Appendix D

Invitation to immigrant women

Dear Participant,

I am a Master of Social Work student at Dalhousie University. I would like to invite you to participate in my research project by partaking in an interview. The purpose of my research is to understand your experience as an immigrant woman who has accessed services for domestic violence in Halifax. The interview would take approximately 90-120 minutes of your time.

This research is for my thesis for my Masters degree and has been approved by the Dalhousie University Research Ethics Board.

The purpose of my research has two main aspects: To explore the experiences of any immigrant population, who identify as a woman and who self-identify as survivors of domestic violence to understand how they coped with crisis; and 2. To consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women.

If you are interested, please contact me by telephone (listed below) for further information about the study and what you will be asked to do. When we set up a time, the meeting location and time will be at your preference to ensure your safety, privacy, and comfort.

If you have any questions for me, please do not hesitate to contact me through the contact information below. If you have any concerns about my research, you may contact my thesis supervisor Wanda Thomas Bernard, by email Wanda.Bernard@dal.ca or by phone at 902-494-1190.

I look forward to hearing from you and participating in my study.

With warm regards,

Shabnam Sobhani

Shabnam Sobhani, B.A, BSW
Master of Social Work Student
Dalhousie University
Tel: (902) 448-5016

Appendix E
Poster

Interested in participating in a one-on-one interview?

I am a social work student at Dalhousie University. Through my research I hope to explore the access to services for immigrant women who have experienced domestic violence in Halifax.

If you are an immigrant, foreign temporary worker, international student, or refugee and have accessed services for domestic violence in Halifax you are invited to participate in an interview.



Domestic violence occurs within families (including in-laws) and between intimate partners. Domestic violence can be verbal, physical, emotional and psychological, financial, and sexual abuse.

Interviews will be approximately one to 1 ½ hours long.

Please contact me by phone if you are interested
Shabnam Sobhani
(902) 448-5016

Appendix F

Script for initial contact with service providers

Thank you for expressing interest in participating in my research project. The purpose of my research has two main aspects: To explore the experiences of any immigrant population, who identify as a woman and who self-identify as survivors of domestic violence to understand how they coped with crisis; and 2. To consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women.

Before we book a time to meet, I need to make sure that you are eligible to participate. To participant you must speak and understand English well; identify as a service provider working directly with women who experience domestic violence and; have experienced working with immigrant women at least once.

What I would be asking you in the interview are mostly open-ended questions to better understand your experiences of providing services in Halifax to immigrant women who have experienced domestic violence. I would also be asking questions to understand your and your agency's strengths in providing services to this specific population.

Our interview will be kept strictly confidential and it will not be shared with anyone other than myself and my supervisor, Dr. Wanda Thomas Bernard. The interview would be taking place outside of your workplace, such as a public library, to ensure your privacy and confidentiality and also to offer you a comfortable place to talk freely.

If you are interested or have any further questions, please let me know. Should you agree to participate, I will send you an electronic copy of the informed consent form for you to read to understand more about the project and be aware of any associated risks and benefits of your participation.

Should you not be able to meet in person, I am happy to accommodate you by doing the interview over the phone.

Thank you for your time and I look forward to hearing from you,

Shabnam Sobhani, BA, BSW
School of Social Work- Dalhousie University
Tel: (902) 448-5016

Appendix G

CONSENT FORM (for service providers)

Exploring Access to Domestic Violence Services for Female Immigrant Survivors in
Halifax and Ways to Promote Resilience Through Service Provision

Shabnam Sobhani, BA, BSW
School of Social Work- Dalhousie University
Tel: (902) 448-5016

Dr. Wanda Thomas Bernard, PhD
School of Social Work - Dalhousie University
Tel: (902) 494-1190

I invite you to take part in my research study at Dalhousie University as part of my Master of Social Worker Program. Choosing whether or not to take part in this research is entirely your choice. There will be no impact on your employment if you decide not to participate in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

You should discuss any questions you have about this study with Shabnam Sobhani. If you encounter any problems during your participation in the study you may contact Dr. Wanda Thomas Bernard, thesis supervisor and Professor at Dalhousie University by telephone at (902) 494-1190. If you have any concerns regarding the ethics of this study, please contact the Dalhousie Research Ethics Office by telephone at 902-494-3423.

Purpose and Outline of the Research Study

The proposed research project explores the perceptions of female immigrant survivors of domestic violence and service providers who work directly with this population. The purpose of the research project is to explore the experiences of any immigrant population, who identify as a woman and who self-identify as survivors of domestic violence to understand how they coped with crisis; and to consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women. The benefit to this research is that it will expand on the literature already available and could possibly inform service provision. As a participant in this study you will be asked to take part in an interview that is expected to last between 90-120 minutes. Topics that will be discussed relate to your experience of service provision to immigrant women who have experienced domestic violence. This study is taking place in Halifax, Nova Scotia with an anticipated total of 15 participants

Who Can Take Part in the Research Study

To participate in this study you must be able to speak and understand English; have worked with at least one immigrant woman who experienced domestic violence. Finally, you must be providing service to immigrant women in Halifax.

What You Will Be Asked to Do

I would like to interview you in regards to your experience working with immigrant women experiencing domestic violence. The interview should take approximately 90-120 minutes and will be conducted by Shabnam. With your consent, the interview will be audio recorded. The research is qualitative in nature using in-depth interviews. The research will be conducted at a location that is of your preference to ensure that the space it is conducted in is safe, private, quiet, and comfortable for you.

Possible Benefits, Risks and Discomforts

The risks associated with this study are anticipated to be low. Due to the nature of the topic, there is a possibility that you may find it difficult to discuss your experiences working with this population. In such a case, I will be prepared to refer you to counseling and support as needed and/or desired. You will be encouraged to take breaks, state that you do not want to answer a particular question or to end the interview at anytime if you feel uncomfortable.

The possible benefits to this study is that it will help build further knowledge in respect to the ways in which domestic violence services are offered and utilized by immigrant women.

Compensation / Reimbursement

There will be no monetary compensation for the participants. A summary of the research project will be available to the participants after the study is finished. I do not anticipate that the participants will incur an expenses and we will attempt to schedule the interviews during hours that work best for you.

How your information will be protected:

To maintain confidentiality of data, all audio recordings will be destroyed after they are transcribed and all transcriptions will be kept secure with the researcher's supervisor, Dr. Wanda Thomas Bernard after the project is complete. Until they are transcribed, the audio recordings will be saved in password protected files on the Dalhousie secure driver. The transcriptions will be stored on the Dalhousie secure driver, as well, in encrypted and password protected files Each transcript and audio recording will be given a fake name so that the participant identification is removed. Your name and other identifying

information will not be shared with or revealed to anyone. All names of people and agencies will be removed from the transcriptions to maintain confidentiality.

Limits to confidentiality: Participants should be aware that any disclosure during the interviews of suspected harm to self and/ or child abuse or neglect, or the abuse or neglect of an adult in need of protection will be reported to the Department of Community Services, under the duty to report legislation.

If You Decide to Stop Participating

During the course of the interview you can choose not to answer a specific question and are free to leave the interview at any time. If you decide to stop participating you can also decide whether you want any of the information that you have contributed up to that point to be removed or if you will allow us to use that information. You can choose to not have your interview included in the analysis until January 15, 2017, by letting the researcher know by telephone. You will not be penalized if you decide to stop the interview.

Questions

I am happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact me at (902) 448-5016.

Concerns: If you want to voice any concerns you may have regarding your participation in the study you may contact Dr. Wanda Thomas Bernard, research supervisor and professor at Dalhousie University at (902) 494-1190.

Signature Page

Project Title: Exploring Access to Domestic Violence Services for Female Immigrant Survivors in Halifax and Ways to Promote Resilience Through Service Provision

Researcher: Shabnam Sobhani

"I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in the study. However, I realize that my participation is voluntary and that I am free to withdraw from the study at any time."

I agree to allow the interview to be audio-taped _____ Yes _____ No

I agree that direct quotations from my interview may be used and am aware that I will not be identified by my real name. _____ Yes _____ No

I am aware that the interview may be transcribed by a transcriber hired externally and understand that they will be bound to confidentiality _____ Yes _____ No

Name

Signature

Date

Appendix H

Denial to participate

Thank you for your interest in participating in the research project, “Exploring Access to Domestic Violence Services for Female Immigrant Survivors in Halifax and Ways to Promote Resilience Through Service Provision”.

Unfortunately I cannot accommodate you to participate in the study at this time. This may be for various reasons including that you do not meet the criteria to participate; that I have met the need for the number of participants required for this study; or that I know you personally which may cause a conflict of interest.

Please feel free to contact me at 902-448-5016 or ssobhani@dal.ca if you have any questions or concerns. My supervisor, Dr. Wanda Thomas Bernard is also available if you have any concerns and she can be reached at 902-490-1190 or Wanda.Bernard@dal.ca.

Should you need an outlet to share your experiences, I have attached a list of resources that you may find helpful.

Once again, thank you very much. I hope you are able to share your experiences in another safe space.

Take care,

Shabnam Sobhani

Appendix I

List of resources for denied participants

Family Services Association: Provides individual, couples and family counseling services in the Halifax area.

- Contact Information: (902) 706-7283

Community Mental Health Services: Community Mental Health (CMH) provides services for adults who are experiencing significant mental health problems or mental illness. We support people to manage mental health illness and improve their mental health and well-being.

- Contact Information:
Bayers Road (902) 454-1400
Bedford/Sackville (902) 865-3663
Cole Harbour/Eastern HRM (902) 434-3263
Dartmouth (902) 466-1830

Nova Scotia Council on the Status of Women

Making Changes 8th Edition link:

http://nsdomesticviolence.ca/sites/default/files/documents/MakingChanges_8th-ed_2012_WEB.pdf

Appendix J

Semi-Structured Interview Guide for Service Providers

Thank you for having this conversation with me. I want to reiterate that if you do not feel comfortable answering a question, please do not hesitate to let me know. As well, please feel free to ask me to end the interview at anytime if you are feeling overwhelmed or uncomfortable.

Please try to avoid from using the names of your colleagues during the interview. If you do by accident, I will be scanning the transcriptions afterwards to remove any names to maintain confidentiality.

I would like to tell you about myself before we begin so that you know a little bit more about me. My family is from Iran and after they immigrated to Canada I was born and raised in Halifax. Although I know about their experience of immigration, I did not live it first hand like they did. My parents and siblings were refugees living in Sri Lanka until they came to Canada. I have never been to Iran. I have been working in the field of domestic violence for two years now and I am currently finishing my master of social work degree and I hope to continue to work with immigrants and or women who have experienced violence when I graduate. If you have any questions I would be happy to answer them.

1. The first part of the interview is intended to obtain demographic information before delving into our conversation.
 - a. Age
 - b. Country of origin
 - c. Race
 - d. Educational background
 - e. Cultural sensitive, trauma informed, or any other training related to current role?
 - f. Previous professional experience
 - g. Length of time working in Halifax in this field
2. Do you see immigrant women experiencing domestic violence accessing services?
How often?
3. What is their main purpose in coming to you?
4. How are they referred?
5. What factors of your work do you see as the biggest barriers in your work with immigrant women who are victims and survivors of domestic violence?

Probing points:

- a. Language?
- b. Conditional permanent residence?
- c. Pro-charge policy?

- d. Location of your organization?
6. How do you think your race, culture and ethnicity impact your work with victims and survivors of domestic violence?
 7. Do you feel women are less inclined to share their experience and ask for help if their race, culture and ethnicity are significantly different than yours?
 8. What are some strategies you use to help yourself and the woman to feel more comfortable when there is a noticeable difference in race, ethnicity, and culture?
 9. Do you see domestic violence as solely an issue of gender-based violence? If not what other factors do you see playing a role?

Probing questions:

- a. If not, what other factors play a role in relation to domestic violence? How does this change your service provision?
 - b. If so, do you think your service provision may change if you considered it from an intersectional lens- given racial, cultural, and ability differences?
10. How do you accommodate for racial and cultural differences when working with immigrant women?
 - a. Can you share an example?
 11. How do you find it helps you and the women when you make accommodations or changes to your service provision?
 12. Overall, how do you feel the agency for which you work meets the needs of immigrant women in situations of crisis due to domestic violence?

Probing points:

- a. Policies
 - b. Practices
13. What are some strengths you have seen that you feel are unique to immigrant women when they are accessing and utilizing your services?

Probing points:

- a. Spirituality? Faith?
 - b. Social support?
 - c. Resourcefulness?
14. Are any of the previously mentioned strength qualities considered when you are providing services to immigrant women?

Probing questions:

- a. If so, how has this been helpful for you and the women you are serving?
- b. If not, do you think it might or might not be beneficial for you and/or the woman you are serving?

15. What do you feel are the strengths of your agency and your style of work?

16. Is there anything else you would like to add?

17. Can you please provide a fake name to be used when referring to your direct quotes in the final research project? If not, one can be chosen for you.

These are all the questions I have for you today, I are so grateful that you were able to participate in my research project. I have a letter to give you that entails my contact information, should you have any questions or concerns.

Appendix K

Thank you letter for service providers

Dear Participant,

I would like to thank you for your participation in this study entitled "Exploring Access to Domestic Violence Services for Female Immigrant Survivors in Halifax and Ways to Promote Resilience Through Service Provision". Your participation has contributed immensely to this study.

As you may recall, the purpose of the research project is to explore the experiences of any immigrant population, who identify as a woman and self-identify as survivors of domestic violence to understand how they coped with crisis; and also to consider the experiences of service providers who work with this population to learn ways to incorporate a strengths-based and resilience approach when working with immigrant women.

You will receive a summary of the research project through email by the end of May 2017. In the meantime, we are happy to talk with you about any questions you may have about study, so please do not hesitate to contact us by e-mail or telephone as noted below. If you want to voice any concerns you may have regarding your participation in the study you may contact Dr. Wanda Thomas Bernard, research supervisor and professor at Dalhousie University at (902) 494-1190.

Once again, I have greatly valued your participation in this research study and your willingness to share your personal experience working with this population. Thank you for taking the time to make this research possible.

With warm regards,

Shabnam Sobhani

Shabnam Sobhani, B.A, BSW
Master of Social Work Student
Dalhousie University
Tel: (902) 448-5016
ssobhani@dal.ca

Appendix L

Semi-Structured Interview Guide for Women

Thank you for taking the time to have this conversation with me. I understand that it may be difficult for you to answer some questions and that you may feel uncomfortable. I encourage you to please let me know when you do not feel comfortable answering a question, if you need a break, and/or if you wish to end the interview. I would like to tell you about myself before we begin so that you know a little bit more about me. My family is from Iran and after they immigrated to Canada I was born and raised in Halifax. Although I know about their experience of immigration, I did not live it first hand like they did. My parents and siblings were refugees living in Sri Lanka until they came to Canada. I have never been to Iran. I have been working in the field of domestic violence for two years now and I am currently finishing my master of social work degree and I hope to continue to work with immigrants and or women who have experienced violence when I graduate. If you have any questions I would be happy to answer them.

1. Before we talk about your experiences, the first part of the interview will focus on getting some demographic information about you.
 - a. Age
 - b. Country of origin
 - c. Race
 - d. Length of time in Canada/Halifax
 - e. Reason to leave country of origin
 - f. Status of residence
 - g. Educational background
 - h. Married/single/divorced/widowed
 - i. Professional/vocational experience
 - j. Number of children
2. Can you please share with me your story of experiencing domestic violence?
3. Did the violence start before you came to Canada?

Probing question:

- a. If so, how did it change (if at all) after you came to Canada?

4. What led up to the abuse?
5. Who was the abuser?

Probing points:

- a. Partner?
- b. Partner's family?
- c. Your family?

- d. Other?
6. During this time, how did you use your social supports and services around you? What was challenging about these formal and informal supports?
 7. Can you share what helped you get through the crisis?

Probing points:

- a. Friends/ family
 - b. Faith?
 - c. Resources- money, information to help you gain more knowledge?
 - d. Services that were easily accessed and utilized?
 - e. Education about abuse/immigration/ fleeing abuse/ laws in Canada?
8. Can you elaborate more on your experience accessing and using services in Halifax that you used and/ or needed during your time(s) of crisis?
 9. Did you feel your ethnicity, race, and culture were taken into account when you were working with service providers? How so? Can you give an example?
 10. In relation to the previous question, if these were not taken into account, what impact, if any, did this have on your receipt of services and the outcome of your situation?
 11. What was helpful from service providers? What was not helpful? Without naming names, which ones?
 12. What did you need but did not know how to access/was not available?
 13. What are some of your personal strengths that you feel you possess?
 14. How do you think your strengths impacted your experience of domestic violence?

Probing questions:

- a. Up to the point that you left your partner?
 - b. After you left your partner?
15. What would you say helped you the most to successfully be safe and free from abuse in the current moment?
 16. Is there anything else you would like to add?
 17. Can you please provide a fake name to be used when referring to your direct quotes in the final research project? If not, one can be chosen for you.

Your participation in this study is invaluable. I know that it was not easy to discuss these topics with me. I recognize your strength and bravery in sharing your story with me. Thank you so much. I can understand that it may have brought up some difficult emotions and healed wounds to talk with me today. I have a book to share with you that you may find helpful to read. The resource section may be helpful to help you access counseling services should you feel you need them.