Evangelia Tastsoglou (2025) "Gender-Based Violence in a Migration Context: Health Impacts and Barriers to Healthcare Access and Help Seeking for Migrant and Refugee Women in Canada" in *Societies*, 15(3), 68. DOI: https://doi.org/10.3390/soc15030068[i]

A Policy Brief

Migrant and refugee women (MRW) survivors of gender-based violence (GBV) in Canada face significant and often overlapping and mutually reinforcing challenges in their settlement and integration process. These challenges are shaped by a range of factors including legal and immigration status, language proficiency, cultural differences, socio-economic conditions, and other systemic barriers. Despite Canada's commitment to equality and human rights, many MRW survivors of GBV encounter particular barriers that limit their access to essential healthcare and seeking support.

The present article analyzes and discusses findings of the GBV-MIG Canada project from qualitative interviews with MRW between 2020-2022, focusing on the health impacts of gender-based violence on MRW and the barriers they face in accessing healthcare and support services in Canada.[ii] Beyond traditional biomedical perspectives, the author conceptualizes health as a social condition shaped by multiple structural determinants such as legal migration status, financial (in)security, language barriers, and healthcare accessibility. These social determinants of health are mediated by gender intersecting with women's diverse social positions and identities. Zeroing in on help seeking and healthcare access, MRW's intersectional positions shape not only their vulnerability to, and experience of, violence but also their ability to access, navigate, and benefit from healthcare and support systems. MRW's limited healthcare accessibility impacts, in turn, on their health status and ultimately on their settlement and integration journeys. The article claims that, while GBV unambiguously impacts on the health and well-being of all survivors - with the extent varying depending on intersections of positions and identities - the migration context entails unique barriers to MRW help seeking and healthcare access while aggravating the GBV impacts. It highlights how legal migration status, economic insecurity, inadequate familiarity with the legal system and social services, cultural and linguistic challenges, as well as systemic limitations affecting Canadian-born survivors as well, interact to shape MRW's healthcare access experiences. It also demonstrates how intersectional discriminations against MRW result in particular health consequences. The analysis provides a basis for understanding how current policies and services fall short in meeting the specific needs of MRW survivors of GBV.

The participants in this study faced diverse health impacts as Canadian women GBV survivors, but also health impacts uniquely related to their specific legal migration status as MRW which resulted in limitations in accessing healthcare; in greater susceptibility to threats by abusive partners; and in non-receiving timely care, especially for PTSD. The health consequences were diverse, significant, and often long-lasting. The specific impacts extended beyond immediate physical harm, affecting reproductive, psychological, and economic well-being in complex ways. These impacts were also shaped by women's intersecting identities and migration trajectories including access to co-ethnic support networks, and time since arrival in Canada.

Furthermore, the study identifies multiple, overlapping barriers that prevent MRW from accessing the care they need. These are not just individual or situational challenges—they are structural, often linked to policy gaps or systemic failures. **Legal Immigration Status**: Many women with temporary or precarious legal status have limited access to public healthcare. Some healthcare programs are only available to certain immigration categories, excluding others who may still be in vulnerable situations. **Financial Barriers**: Services such as dental care, therapy, or specialist appointments are often not fully covered by public insurance and are financially inaccessible for many MRW. Even with partial coverage, high co-payments can prevent consistent use of essential services. **Lack of (or inadequate) Information**: A significant number of women were unaware of their rights or the availability of healthcare and social support services. This lack of information was especially acute among recent arrivals and those without established community networks. **Cultural and Linguistic Barriers**: Communication challenges significantly impacted women's ability to engage with services. Some avoided counseling or delayed treatment due to the absence of interpretation services or fear of being misunderstood. In some cases, cultural stigma around GBV or mental health also discouraged help-seeking. **Canadian System-Level Limitations**: Long wait times, lack of family doctors, and insufficient mental health resources were widely reported. These challenges affect many people in Canada but have a greater impact on MRW in the context of their social vulnerability and the urgency of their health needs. **COVID-19**: The pandemic introduced additional constraints, including service disruptions, mobility restrictions, and heightened social isolation. These issues particularly affected MRW single mothers, who faced increased caregiving burdens and fewer options for external support.

This study contributes to a clearer understanding of how gender-based violence and healthcare inaccessibility affect the health and well-being of MRW in Canada. It emphasizes that the impacts of MRW GBV survivors are shaped by overlapping social, legal, and economic factors. More specifically, this article makes the following key contributions: (i) It identifies the health impacts of limited healthcare access for MRW survivors of GBV in Canada, emphasizing that these impacts are mediated by MRW intersectional identities; (ii) It documents specific barriers to healthcare access, showing that these are not just personal challenges but structural impediments tied to policy gaps and institutional practices; (iii) it highlights the need to develop policies that respond to these structural barriers by improving legal protections, adapting services to the needs of MRW, and integrating an intersectional approach into policy design and implementation.

At the same time, the study acknowledges several limitations. While it emphasizes healthcare access as a key social determinant of health, it does not delve deeply into other important socio-structural factors—such as housing, income support, and employment—that also influence the health outcomes of migrant and refugee women (MRW). Although broader systemic forces like racism, sexism, capitalism, and xenophobia are recognized as underlying many of the specific healthcare barriers identified in this analysis, they are not explicitly analyzed in the article. There is no claim on generalizability of these findings, as they are based on a qualitative study design. Finally, a more detailed analysis of how other specific power hierarchies and positions shape the health and well-being of MRW is needed.

Overall, this research points to the importance of recognizing GBV in a migration context as a structural issue. Addressing the needs of MRW in Canada requires more than service provision; it calls for systemic change in how healthcare, immigration, and social protection policies are designed and implemented.

[i] Evangelia Tastsoglou (2025) "Gender-Based Violence in a Migration Context: Health Impacts and Barriers to Healthcare Access and Help Seeking for Migrant and Refugee Women in Canada" in *Societies*, 15(3), 68. **DOI**: https://doi.org/10.3390/soc15030068

[ii] The broader study from which this paper derives was conducted as part of the Canadian GBV program https://www.smu.ca/gendernet/welcome.html), which is funded by Canadian Institutes of Health Research as part of the international project on Violence Against Women Migrants and Refugees: Analyzing Causes and Effective Policy Response (GBV-MIG), a winning project of the Gender-Net Plus Consortium (https://gbvmigration.cnrs.fr/).