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A Policy Brief

Migration can be a double-edged sword for women. While it offers opportunities for a better life, it can also expose them to increased vulnerabilities. Many migrant women arrive in Canada with limited financial independence, social networks, or familiarity with the broader legal and social systems. These factors, combined with language barriers and cultural stigma, often make it challenging for many migrant women to seek help when they experience gender-based violence (GBV). The lack of adequate protections and responses from institutions further complicates their experiences of ensuring their protection from GBV.

Our study explored how migration-related challenges shape migrant women's vulnerability to GBV in Canada and their experiences of disclosing violence and seeking help¹. By analyzing the lived experiences of 17 migrant women survivors of GBV in Canada, we revealed how GBV in migration is uniquely (re)produced by structural, socioeconomic, and legal conditions, reinforcing their vulnerability at the individual level. In this sense, our participants' experiences showed the interconnectedness of interpersonal, community, and structural contexts in contributing to a cycle of violence in migrant women's lives and a continuum from the structural to the interpersonal levels, making it challenging for them to escape harmful situations and access support.

Our findings identified multiple factors shaping women's vulnerability to GBV, including their migration status, economic insecurity, social isolation, and systemic discrimination. The women in our study described how their abusive partners strategically manipulated the migration processes to further control and victimize them. In most cases, we found that migration intensified violence that women had already been experiencing. Some women were deliberately prevented from applying for permanent residency or citizenship, while others had their migration documents withheld as a means of control. Most women also described how the violent partners deliberately cut them off from family, friends, and community networks, deepening their experience of social isolation. These experiences showed that being exposed to such distinctive behaviors of violent control created a vicious cycle in women's lives, which we describe as a 'continuum' of precarity and GBV. These findings also address that laws and policies

¹ This study 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/>). The present article derives from a secondary data set collected for a five-year SSHRC partnership grant project, the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP).

determining legal/migration status fall short of protecting migrant women and contribute to a different continuum of violence from the interpersonal to the institutional/structural level.

Our study also revealed that cultural stigmatization processes resulting from migration mostly rendered migrant women's experiences of violence and suffering invisible. This, first of all, occurs when men's violence is endorsed by families and communities, and women face a refusal of intervention when seeking help. Our participants also described a 'double bind' where the fear and anticipation of encountering the stereotypical Westernized ways of thinking about men's violence in migrant communities became a barrier to disclosing violence and seeking help, as it would lead to further stigmatization of them and their communities. This indicates how the overemphasis on culture in migrant women's experiences of GBV could hinder their efforts to seek help.

Our participants crucially highlighted that finding relevant and reliable sources of information in the context of GBV is highly challenging, and there is an absence of a well-defined 'roadmap' regarding the available resources and processes that can guide their steps to safety. Although non-migrant survivors of GBV may face similar challenges, our study showed that migrant women often experience these obstacles in more complex and multifaceted ways, mainly due to additional factors such as language barriers, social isolation, and a lack of familiarity with available systems and services.

When migrant women did seek help, they often encountered systemic obstacles that left them feeling entrapped, as many described the difficulties they experienced in accessing formal support systems, including shelters, the police, and healthcare. Women who interacted with the police and courts frequently reported feeling dismissed, disbelieved, or even blamed for their situations. Some were told that their experiences did not qualify as severe enough for intervention, while others faced biased attitudes that treated their experiences of violence as a cultural issue.

Our study particularly highlighted the critical role of the healthcare system in negatively shaping women's experiences, as they could not receive the proper and much-needed help from healthcare services. Many reported that healthcare professionals failed to identify warning signs of violence or dismissed their concerns. Some women who sought healthcare support for injuries caused by violence were not asked about their safety at home, missing a crucial opportunity for intervention. Others encountered healthcare providers who minimized their experiences or failed to provide referrals to appropriate services. These gaps in healthcare responses left many migrant women without the support they needed to escape GBV and exacerbated their vulnerabilities.

Women's experiences with the police and family court system further highlight the systemic challenges they face. Some participants recounted instances where police officers were dismissive or reluctant to intervene in cases of psychological abuse or coercive control. Others described how their partners manipulated the family court system to prolong custody battles or

use financial coercion to maintain control over them even after separation. These interactions reinforced the cycle of vulnerability, as women who had already suffered violence were now left to navigate an unaccommodating legal system that often failed to recognize the complexities of their situations. The failure of institutional support systems demonstrates how GBV can be enacted by state institutions via discriminatory or negligent practices, which adds to migrant women's struggle by (re)producing the cycle of violence and vulnerability in their lives.

Our participants also highlighted that various factors related to intersecting aspects of their identities, such as having disabilities, living in rural areas, and/or being older, when combined with the dynamics of migration and GBV, exacerbated the complex vulnerabilities they had already experienced. These experiences illustrated how the systemic responses remain ineffective in designing and providing services that cater to migrant women's diverse and complex needs in the context of their intersecting identities.

This study highlights the need to apply an intersectionality approach in systemic responses to GBV to better address the compounded vulnerabilities of women with intersecting identities. Our research further reveals the long-term harm caused by discriminatory and negligent institutional practices and calls for efforts to challenge stigmatizing and harmful ideologies and attitudes. Our findings also reveal the importance of recognizing the unique forms of precariousness, vulnerability, and GBV experienced by migrant women in developing tailored prevention, intervention, and support programs.