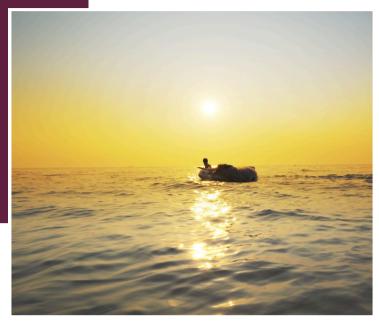


## **IMMIGRANTS AND REFUGEES**



## **PROJECT NEWS**

Season's Greetings from the GBV-MIG Canada Team!

As this newsletter comes out at the end of a busy winter term at the university, it provides a snapshot of our latest project and project team news, reflections and updates for both March and April 2025.

I am delighted to share with you in this newsletter, among other things, three long-promised policy briefs and short reviews of some of our project-related academic publications. Our wonderful graduate students, in collaboration with us, are to be credited for these briefs and summaries. We would appreciate knowing from you (yes, you can use the project email <a href="mailto:gbv-mig@smu.ca">gbv-mig@smu.ca</a>) whether and / or how these publications may be useful or relevant to your work.

## Inside this issue

Project News <u>1</u>

Events and Opportunities 2

From the Researcher's Desk <u>3</u>

International News 12

National News 14

Local News <u>14</u>

Community 15 Resources

Selected and relevant short news updates on developments from an international and national perspective are also included. Last, but not least, the focus of the present newsletter at the provincial level is on British Columbia, including a list of resources from the anti-violence and settlement sectors.

Keeping our optimism and fighting spirit (despite...),

Evie

On behalf of the GBV-MIG Canada Team

#### **GBV-MIG Newsletter Editorial Committee**



Eva Kazakou



Abdul-Bari Abdul-Karim



Sarah Delorme



Johnny Liu



Kezia Wang



Rosty Othman

• • • • • • • •

## **TEAM ACTIVITIES**

### Winter 2025

Tastsoglou, E. Gender-Based Violence in a Migration Context: Health Impacts and Barriers to Healthcare Access and Help Seeking for Migrant and Refugee Women in Canada. Societies 2025, 15, 68. https://doi.org/10.3390/soc15030068

Yalcinoz-Ucan, B.; Tastsoglou, E.; Dawson, M. Tracing Individual Experiences to Systemic Challenges: The (Re)Production of GBV in Migrant Women's Experiences in Canada. Frontiers in Sociology 2025, 10, doi:https://doi.org/10.3389/fsoc.2025.1528525.

## **EVENTS AND OPPORTUNITIES**

## **Book Launching Event**

On April 8th, the Department of Sociology, and the Department of Political Science and Global Development Studies at Saint Mary's University sponsored the launch of Dr. Christina Clark-Kazak's new book Forced Migration in/to Canada: From

Colonization to Refugee Resettlement.

Christina Clark-Kazak is Professor of Public and International Affairs at the University of Ottawa. She has served as president of the Canadian and international associations of forced migration studies and editor- in-chief of Refuge: Canada's Journal on Refugees. Her research focuses on age discrimination, forced migration and interdisciplinary methodologies.

During this event, various speakers shared reflections on the book, including Julie Chamagne, Executive Director of the Halifax Refugee Clinic, and Professors Lyubov Zhyznomirska (Political Science, Saint Mary's University) and Mohita Bhatia (Sociology, Saint Mary's University).

> Access the free online version of the book here!

## **Bridges to Safety Online Course**



July 15th, 2025

Bridges To Safety is offered by the National Gender-Based Violence Strategy for Agencies Serving Immigrants Project for service providers to recognize and respond to GBV in ways that meet the unique needs of newcomer, immigrant, and refugee communities. This free course is recommended for settlement sector staff as it aims to build a common base of knowledge, increase awareness and education, and enhance the capacity of service providers to recognize and respond to Gender-Based Violence in the settlement sector across Canada.

Sign-up for the course on July 15th.

## Infographic from the Canadian Femicide **Observatory for Justice and Accountability**



Canadian Femicide Observatory for Justice and Accountability



Observatoire canadien du fémicide pour la justice et la responsabilisation

#### **Understanding Sex/Gender-Related Motives and Indicators (SGRMIs)** in Femicide

From 2018 to 2024, there were at least 1,014 killings of women & girls in Canada involving male accused - at least 73% of these killings involved reported sex/gender-related motives and Indicators (SGRMIs) of femicide.

#### What does this mean?

Statistical Framework for Measuring the Gender-Related Killing of Women and Girls (also referred to as Femicide) Feminicide)

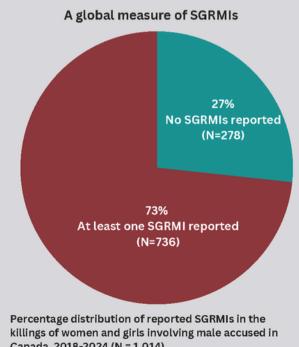
Number	Sex/gender-related motives and indicators (SGRMIs)		
1	Women and girls killed by intimate partners	6	Body disposed of in a public space
2	Women and girls killed by family members	/	Sexual violence was committed before and/or after the femicide
3	Previous record of harassment/violence	8	Victim was working in the sex industry
4	Illegal deprivation of her liberty	9	Hate crime motivated by bias against women or girls
5	Use of force and/or mutilation	10	Victim of forms of illegal exploitation

<sup>&</sup>lt;sup>1</sup> United Nations Office of Drugs and Crime/United Nations Equity for Gender Equality and the Empowerment of Women. 2022. Statistical framework for measuring the gender-related killing of women and girls (also referred to as femicide/feminicide). Vienna: UNODC & UN Women.

#### The number and distribution of SGRMIs in the killings of women and girls by male accused in Canada, 2018-2024 (N = 1,014)

SGRMI	Number	Distribution
#1: Women and girls kille <mark>d by</mark> intimate partners <sup>a</sup>	382	55%
#2: Women and girls killed by family members <sup>a</sup>	194	28%
#3: Previous record of harassment/ violence <sup>a</sup>	152	22%
#4: Legal deprivation of her liberty	31	3%
#5: Use of force and/or mutilation	131	13%
#6: Body disposed of in a public space	152	15%
#7: Sexual violence	29	3%
#8: Victim working in the sex industry	10	1%
#9: Hate crime motivated by bias against women	43	4%
#10: Victim of illegal exploitation	2	0.2%

a The total sample analyzed for these variables was N = 692 because information on prior victim-accused relationship was missing for 322 victims in the sample (32%).

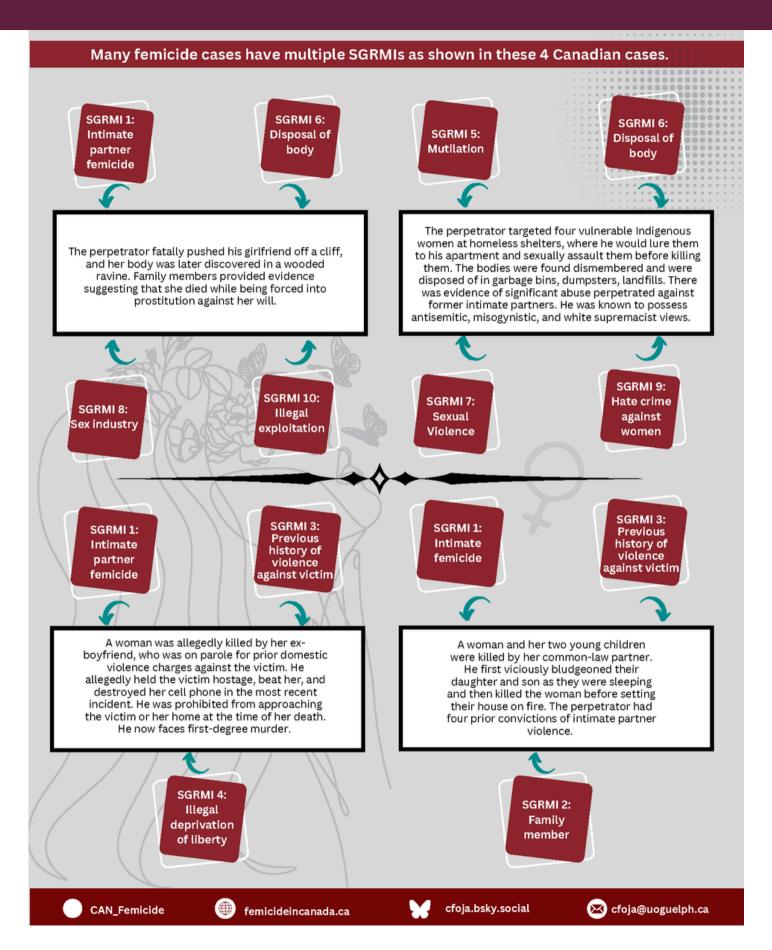


Canada, 2018-2024 (N = 1,014).









### **A Policy Brief:**

Yalcinoz-Ucan, B. & Tastsoglou, E., & Dawson, M. (2025). Tracing Individual Experiences to Systemic Challenges: the (Re)Production of GBV in Migrant Women's Experiences in Canada. Frontiers in Sociology. Vol. 10, 2025. <a href="https://doi.org/10.3389/fsoc.2025.1528525">https://doi.org/10.3389/fsoc.2025.1528525</a>

#### Written by: Busra Yalcinoz Ucan

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 help<sup>[1]</sup>. 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.

[1] This study was conducted as part of the Canadian GBV program (<a href="https://www.smu.ca/gendernet/welcome.html">https://www.smu.ca/gendernet/welcome.html</a>), 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 (<a href="https://gbvmigration.cnrs.fr/">https://gbvmigration.cnrs.fr/</a>). 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 (CDHPIVP).

Our findings identified multiple factors shaping women's vulnerability to GBV, including miaration status, economic insecurity, 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 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 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 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.



**Busra Yalcinoz Ucan** currently works as a Research Associate at Saint Mary's University as part of the Gender-Based Violence & Migration (GBV-MIG) Canada Research Program.

### A Review of "The Gender of Canadian Legal and Policy Gender-Based Violence and Immigration Frameworks"

Written by Chenyu Liu (Johnny) and Yazhi Luo (Isabelle)

Contemporary globalization intensifies poverty and inequality internationally, "pushing" more and more individuals from the Southern Hemisphere to the North for better opportunities or safer living environments. Alongside today's escalated crossborder movement intertwined with forms of tangible and symbolic conflict against (im)migrants and refugees, scholarly discussions of the existence and detrimental impact of gender-based violence (GBV) within this context have been reinvigorated. Beyond the literature on forced migration and GBV, which has extensively studied migrant and refugee women's experiences before and during their transnational journeys, Evangelia Tastsoalou, Chantelle Falconer, Mia Sisic, Myrna Dawson, and Lori Wilkinson's The Gender of Canadian Legal and Policy Gender-Based Violence and *Immigration* Frameworks (2022) makes a contribution to this field by exploring how Canada's legal and policy frameworks that are enacted recently protect this vulnerable demographic from GBV. This book chapter in the edited collection by Freedman, Sahraoui and Tastsoglou, entitled Gender-Based Violence in Migration: Interdisciplinary, Feminist and illustrates Intersectional Approaches, the experiences of key professionals who interact with immigrant and refugee women and highlights major gaps in legal discourse. The authors offer a meaningful opportunity to showcase how policies aiming to combat GBV against immigrant and refugee women before and after they enter Canada are applied in practice and in what ways could the "fault lines" between the existing legal frameworks be improved. Note that this book chapter emerged from their larger research project, the Gender-Based Violence in Migration Canada Research Program (GBV-MIG Canada), which investigates how forms of violence against women migrants and refugees can be effectively addressed in the country.



Drawing on a wide range of academic literature on gender-based violence and migration studies, the book chapter begins with a comprehensive review of the concept of GBV, demonstrating its core definition through the perspectives of some influential historians, feminists, and sociologists contemporary scholarship. As is accepted in the field, Tastsoglou and her colleagues regard gender as a non-binary, essential aspect in forming complex social relationships based on individuals' perceived differences between sexes, which is fundamental to "how the social world is hierarchically ordered" (2022:88). Hence, GBV extends beyond interpersonal level, where its harmful impact also occurs in policies and legal frameworks that are rooted in "underlying and intersecting structural inequalities" (Tastsoglou et al. 2022:89). In Canada, the federal government recognizes it as a significant issue that affects many women, including immigrant and refugee women and girls. While the current administration has implemented policies to tackle this problem, challenges remain. To examine them, the authors evaluate the effectiveness of Canada's practices and legal frameworks that protect those vulnerable individuals, supplemented by narrative accounts collected from interviews with informants who have worked with immigrant and refugee women.

The remainder of the chapter is structured into four main parts: 1) articulating Canada's leadership in global refugee protection; 2) synthesizing the legal frameworks in place for protection from GBV and for immigrant and refugee protection, aiming at identifying how the Acts in place at the crosssection of these frameworks may protect migrant and refugee GBV survivors (e.g., the Criminal Code of Canada (CCC), the Immigration and Refugee Protection Act, the Canadian Human Rights Act, and It's Time: Canada's Strategy to Address and Prevent GBV); 3) identifying the critical gaps and weaknesses between and aforementioned legal and policy frameworks, as a result of which certain groups of women and girls are marginalized and vulnerable before and/or after entering Canada, and 4) presenting policy recommendations to enhance those protections at the institutional level.

The Government of Canada has enacted specific laws and policies that address GBV and human rights as well as laws and policies that aim at protecting immigrants and refugees. It is this crosssection of the GBV protection legal and policy framework and immigrant and refugee protection legal and policy framework that this chapter focuses on. This cross-section is defined by such laws and policies as the Criminal Code of Canada (CCC), the Immigration and Refugee Protection Act, the Canadian Human Rights Act, and It's Time: Canada's Strategy to Address and Prevent GBV. The authors' findings suggest that this crosssection of legal and policy protection frameworks is especially vulnerable to GBV immigrant and refugee women and girls. Overall, the absence of a national strategy to tackle GBV especially exacerbates the plight of immigrant and refugee women and girls. More specifically, the "fault lines" of the Criminal Code of Canada (CCC) lie in that it does not capture GBV in any direct manner and that it overlaps with other legal jurisdictions across the country, while relevant legislation falls under the umbrella of family law, child and family Act, victims of crime Act, and/or domestic violence Act.

This results in geographic variations in identifying, documenting, and charging GBV, thus making it challenging for victims to seek justice, understand their rights and access the social and legal support they need. Tastsoglou and her colleagues depict this as a patchwork system that "shows no national GBV strategy" (2022:105) for Canadian-born individuals in general. How this patchwork system of protection plays out in the experiences of migrants and refugees in particular is narrated in the specific omissions and weaknesses of the CCC that the key informants, interviewed for this study identified: 1) the ambiguous definition of GBV-related charges generally conflates them with domestic violence and interpersonal assault, revealing an absence of more specific criminal code categories to prosecute GBV cases when it comes to immigrant and refugee women and girls; 2) an overemphasis on incarcerating/punishing perpetrators rather than looking at the harsh consequences of criminalizing the male partners of immigrant and refugee women (e.g., refugee women who leave abusive relationships tend to face difficulties in finding affordable housing independently); 3) an inadequate consideration of how intersecting factors (e.g., language barriers, fear of the Canadian legal system and deportation) and identities (e.g., race, immigration status, culture) can result in discrimination, stereotypes, and racism, influencing how GBV-related prosecutions are handled. Further "fault lines" of the GBV protection framework consist that the existing laws and policies are not well-coordinated, lack cultural sensitivity, intersectional understanding of problems accessing services, as well as coherent and holistic enforcement to handle GBV or sexual and genderbased violence (SGBV) against this demographic across provinces and territories.

Unlike the CCC, the Canadian Human Rights Act (CHRA) prohibits discrimination and prevents unfair treatment targeting a specific individual or group. Correspondingly, GBV may "constitute a form of sex or gender-based discrimination with legal consequences" under the Act (Tastsoglou et al. 2022:96).

The authors highlight, however, two primary fault lines of the CHRA: 1) an absence of an explicit definition of GBV resulting in direct protection from specific GBV forms identified in CHRA, and 2) limited access for people with precarious legal status. For the former "fault line," the absence allows authorities to conflate GBV per se, limiting the scope of protection for female immigrant and refugee survivors. Regarding the latter shortcoming, the Act only protects residents with legal status in Canada (i.e., citizens and permanent residents). It excludes temporary foreign workers and asylum seekers from legal protection, leaving them vulnerable to abuse or exploitation. Overall, the protection CHRA affords against GBV is limited at best, and does not include protection from the broader, more structural forms of GBV produced by social and economic barriers and lack of action to lift them for migrant and refugee GBV survivors.

Lastly, the core of the Immigration and Refugee Protection Act (IRPA) is to safeguard "legislation for the governance of immigrants, refugees, and refugee claimants" (Tastsoglou et al. 2022:99). While the IRPA's provisions protect vulnerable migrants and refugees, the authors also point out several fault lines. The key policy gaps can be summarized as follows: 1) Oftentimes, GBV-related persecutions tend to be seen in gendered, stereotypical and racialized ways (e.g., women survivors from certain oppressive cultures may be seen as more "deserving" of legal protection in Canada, while others may get dismissed); 2) The Safe Third Country Agreement between Canada and the U.S. requires asylum seekers to make their claims in the first country they arrive in, but the U.S. does not recognize GBV as a valid ground for asylum, leading to possible deportation and victimization for vulnerable women; 3) Due to legal costs, language barriers, and insufficient pre-arrival services, many newcomers to Canada are unaware of the newly implemented federal framework of protection from GBV; 4) Lastly, the IRPA fails to provide adequate protections for non-citizen victims of GBV within Canada (e.g., women/girl victims of SGBV with precarious immigration status may fear deportation if they report abuse and exploitation, especially if their legal status is tied to their abusive partners).

The authors conclude their analysis by presenting several innovative recommendations for improving Canada's current legal and policy frameworks to combat forms of GBV. Choosing representative suggestions to illustrate, the authors advocate for a holistic national strategy to address geographic variations in GBV-related charges so that GBV against all women, particularly vulnerable immigrant and refugee groups, can be tackled comprehensively. They note that to develop such a strategy, partnerships for policy reconstruction should incorporate intersectional actors like law enforcement and immigration settlement services. Moreover, they call for eliminating the existing narrowed definition of GBV and encourage encompassing broader forms of violence like economic abuse and systemic discrimination into it.

Well-organized and insightful, the book chapter realizes its stated goals by examining Canada's legal and policy frameworks on GBV, especially for immigrant and refugee women. In addition to elucidating the fault lines, the importance of incorporating intersectionality in policy formation and the pressing need for culturally sensitive and anti-racist approaches to GBV have also been (re)highlighted throughout the analysis. Canada is a global leader in refugee protection. Nonetheless, the authors have showcased that there remains work to be done to guarantee safety in the context of migration and immigration. Their practical recommendations offer a roadmap for how Canada can make such improvements.

#### **About the authors**



Chenyu Liu (Johnny) is a second-year Ph.D. student in Sociology at the University of Manitoba and a Fellow at the Social Policy Evaluation Collaborative Team Research at Universities in Manitoba (SPECTRUM).



Yazhi Luo (Isabelle) is an MA graduate and a Research Coordinator at the University of Manitoba.

#### References:

Tastsoglou, Evangelia, Chantelle Falconer, Mia Sisic, Myrna Dawson, and Lori Wilkinson. 2022. "The Gender of Canadian Legal and Policy Gender-Based Violence and Immigration Frameworks." Pp. 85-111, in Gender-Based Violence in Migration: Interdisciplinary, Feminist and Intersectional Approaches, edited by Jane Freeman, Nina Sahraoui, and Evangelia Tastsoglou. London, UK: Palgrave-Macmillan.

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 Written by: Eva Kazakou

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 systems. MRW's limited healthcare support 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 migration status, economic insecurity, inadequate familiarity with the legal system and social services, cultural and linguistic challenges, as well as systemic limitations affecting Canadianborn survivors as well, interact to shape MRW's healthcare access experiences. lt demonstrates how intersectional discriminations result in particular against MRW 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, economic psychological, and well-being 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.

[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: <a href="https://doi.org/10.3390/soc15030068">https://doi.org/10.3390/soc15030068</a>

[ii] The broader study from which this paper derives was conducted as part of the Canadian GBV program <a href="https://www.smu.ca/gendernet/welcome.html">https://www.smu.ca/gendernet/welcome.html</a>), 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 (<a href="https://gbvmigration.cnrs.fr/">https://gbvmigration.cnrs.fr/</a>).

study identifies multiple, Furthermore, the 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 additional pandemic introduced 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.



#### About the author

Eva Kazakou is a PhD student student in Political Science and Global Development Studies at Saint Mary's University.

## INTERNATIONAL NEWS

The Aegean Observatory

## Refugee Support Aegean's New Report Highlights the Impact of 2024 Shipwrecks



Refugee Support Aegean (RSA) has published a new report documenting shipwrecks in the Aegean Sea in 2024. Their findings show that at least 61 refugees have been confirmed dead, while 59 others are missing and presumed dead, following 27 shipwreck incidents in Greece. The report is based on data collected from various sources, including the Greek and Turkish coast guards, UNHCR, Alarm Phone, Aegean Boat Report, and the IOM's Missing Migrants Project.

According to the report, the deadliest shipwrecks occurred in the Northern Aegean, particularly near Samos, Rhodes, and Lesvos. November and December were the most deadly months, with 9 incidents resulting in 36 deaths and 41 missing persons.

RSA also addresses allegations of violence by the Greek Coast Guard during pursuit operations, including incidents of ramming refugee boats. The organization continues to provide legal assistance for several shipwreck cases and advocates for European and Greek migration policy reforms to establish safe and legal pathways for asylum seekers.

You can read the full report here.

# Shipwreck Reported Off Farmakonisi

On the night of March 22, a boat carrying migrants capsized near Farmakonisi, a small island in the southeastern Aegean Sea, close to the Turkish coast. This led to a search and rescue operation by the Greek Coast Guard.

By the next day, March 23, authorities confirmed that one person had tragically lost their life. Nineteen others, including three children, were rescued and are now being treated at Leros Hospital, with all of them reported to be in stable condition.

The Coast Guard shared that when rescuers arrived, a man was found unresponsive, and two children were in critical condition. The exact number of people who were on board remains unclear, which continues to complicate the search efforts.

Rescue operations, coordinated by the Unified Search and Rescue Operations Center, have been ongoing, involving three Coast Guard vessels, a lifeboat, and an Air Force helicopter scanning the surrounding waters.

The cause of the incident is still under investigation, and authorities have not yet released details about the identities or nationalities of those involved. Efforts to uncover more information are continuing.

Reported by: Eva Kazakou

## INTERNATIONAL NEWS

## ECHR Rules Against Greece in Deadly Refugee Shooting

The European Court of Human Rights (ECHR) has ruled against Greece in a case involving the fatal shooting of a 17-year-old Iraqi refugee by the Hellenic Coast Guard near the island of Symi in August 2015. The decision in Almukhlas and AlMaliki v. Greece found that Greek authorities violated Article 2 of the European Convention on Human Rights, which protects the right to life.

According to the Court, the coast guard operation failed to prioritize the safety of those on board the yacht, which was overcrowded with people in distress. The ruling emphasized that officers opened fire without adequate risk assessment, despite the dangers of shooting at a vessel carrying vulnerable individuals. The Court noted that Greek authorities did not exercise sufficient caution to minimize the risk to life.

The investigation into the incident was also criticized for significant flaws. The ECHR found that the authorities' handling of the case led to <u>lost evidence</u>, making it difficult to determine the exact circumstances of the shooting or to hold anyone accountable.



Marianna Tzeferakou, a lawyer representing the case, pointed out that this is not an isolated incident. She referenced previous ECHR rulings, such as <u>Safi and Others</u> <u>Alkhatib and Others</u>, where similar failures by Greek authorities resulted in the loss of lives, including children. She also noted that ongoing investigations into pushbacks and the deadly <u>Pylos shipwreck</u> indicate broader systemic issues in Greece's handling of migration at sea.

The case, represented by Refugee Support Aegean (RSA) and PROASYL, adds to growing concerns about human rights violations in Greece's maritime operations. The ruling highlights the need for better planning, oversight, and accountability to prevent further tragedies

Reported by: Eva Kazakou

## South African Protests Against Gender-Based Violence

On April 11<sup>th</sup>, hundreds of protestors gathered at the Union Buildings in Pretoria, the seat of government next to the presidential residence, to demand immediate action from the government and <u>declare gender-based violence (GBV) a national disaster.</u> One recent case that sparked national outrage involved the rape of a seven-year-old girl at her school last year, in which no arrests have been made to this day.

The United Nations has described South Africa as having one of the highest rates of violence against women and children globally. According to police records, 129 rape cases are reported on average each day in the country.

Siphiwe George, founder of Women Waging War, explained that classifying GBV would unlock more resources and support, particularly for survivors of abuse in shelters. President Cyril Ramaphosa recently said that urgent reforms were necessary to "close legal loopholes that hinder justice for victims".

Reported by: Sarah Delorme

## **NATIONAL NEWS**



## International Women's Day Event: Understanding and Responding to Gender-Based Violence

On March 8th, to mark International Women's Day 2025, the Transition House Association of Nova Scotia (THANS) hosted a powerful and informative event in Dartmouth, NS. Guest speakers from THANS, Nova Scotia 211, the Association of Black Social Workers, and the Nova Scotia Government and General Employees Union (NSGEU) came together to share insights on the urgent issue of gender-based violence.

The session focused on building awareness and strengthening responses through education, collaboration, and community-based support. It underscored the ongoing efforts of these organizations to create safer environments, challenge harmful systems, and uplift the voices of those impacted by violence.

Events like this continue to inspire meaningful conversations and collective action toward a safer, more just world for all women and femininities.

## **LOCAL NEWS: British Columbia**

## Rent Support for Survivors of Gender-Based Violence

The federal and provincial governments recently announced an increase in the <u>Canada-BC Housing Benefit (CBCHB)</u> which will provide additional support for victims and survivors of gender-based violence (GBV). The federal government will invest nearly \$37 million over four years and the province of B.C. will fund a similar amount. This enhancement will be particularly beneficial to women, children and 2SLGBTQI+ individuals suffering from GBV, who will be able to transition to safer places. This aid is expected to support around 1,700 individuals and households during this vulnerable period for those escaping violence, experiencing homelessness or with severe core housing need.

Qualifying households will receive funding by BC Housing and will be identified through referrals from non-profit housing providers, agencies and organizations that work with those escaping GBV. The benefit amount averages around \$600 per month per household and will vary according to income, family size and rent. It should be noted that B.C. will have the flexibility to use this federal CBCHB funding to support ending GBV or "other priorities and programs to assist the vulnerable population with direct-to-household affordability assistance".



#### About the author

Sarah Delorme is an undergraduate student majoring in Sociology at Saint Mary's University.

### **COMMUNITY RESOURCES: BRITISH COLUMBIA**

# List of Women's and Family Violence Shelters in BC

#### Provided by: Kezia Wong

- Victim Link BC: VictimLinkBC@bc211.ca
- SARA's Abbotsford Transition House
- SARA's Mission Transition House
- Ishtar House
- Libra House
- Nuxalk Transition House: Chilcotin-Bella Coola
   Hwy, Bella Coola, BC V0T 1C0
- Dixon Transition House
- Eagle's Nest Transition House
- Ann Elmore Transition House
- <u>Castlegar Safe Home</u>
- Chetwynd Safe Home
- Tumbler Ridge Safe Home
- Linda Krystina Safe House
- Ann Davis Transition House
- Ann Davis Women's Centre
- Wilma's Transition House
- Clearwater Safe Home
- <u>Joy's Place Emergency Women's Shelter</u>
- Lilli House
- Kootenay Haven Transition House
- <u>Irvine House Safe Home Program</u>
- <u>Mizpah Transition House</u>
- Azure Place
- Monarch Place
- Somenos Transition House
- Lelum 'u tu S'tsa'-elh teyt-en (House of Honorable Mothers): <u>lstadmin@hofduncan.org</u>
- Elk Valley Safe Home

- FNAFS Women's Transition House
- <u>Fireweed Safe Haven:</u> 250 Douglas Ave #161,
   Fort St James. BC V0J 1P0
- Meaope Transition house
- Golden Safe Home
- Boundary Women's Transition House
- Cedar Rose Transition House Hazelton
- Passage Transition House
- Jean Scott Transition House
- Women's Information and Safe Home (WISH)
- Y Women's Emergency Shelter
- Kaslo Safe Home
- Kelowna Women's Shelter
- Dunmore Place Transition House
- Sa-Koh Housing (Phone: (250)-779-3078)
- Lil'wat Nation Transition House (Phone: (604)-384-7247)
- Lillooet Safe Home
- Helping Hands Transition House
- Jonduh Wuts'uh "From Here On" (Safe Home)
- Cythera Transition House
- <u>Tlaa Juuhldaa Naay Transition House</u>
- Nakusp Safe Home
- Haven House
- Cedar Woman House
- Aimee Beaulieu Transition House
- Sage Transition House
- Cindy Taylor Safe Home
- Parksville Safe Home

### **COMMUNITY RESOURCES: BRITISH COLUMBIA**

## List of Women's and Family Violence Shelters in BC (cont.)

- Pearl's Place Pemberton Safe Home
- Hughes House
- Okanagan Nation Emergency Transition House
- Port Alberni Transition House
- Port Hardy Safe Home
- Grace House
- Dzee Ba'yugh Safe House (Heart House)
- Harmony House Prince George
- Phoenix Transition House
- Amber House Transition House
- Ravens Keep Transition House
- Cindy Parolin Safe Home
- Amata Transition House
- Forsythe House A Safe Place
- Nova Transition House
- Salmo Safe Home
- Shuswap & Area Women's Shelter
- Salt Spring Island Transition House
- Yew Transition House
- Passage Transition House
- Annie's Place
- Ama House for Older Women
- Pearl's Place Transition House
- Shimai Transition House
- Maxxine Wright Shelter
- Virginia Sam Transition House
- Evergreen Transition House

- Westcoast Transition House
- McBride Safe Home
- Katherine's House
- Pierce House
- Kate Booth House
- Spirit Lodge Transition House
- Nisa Home
- Peggy's Place
- Vancouver Rape Relief & Women's Shelter
- Joy Aitkens Safe Home
- Vernon Women's Transition House
- Cridge Transition House for Women
- Victoria Older Women's Safe Home
- Victoria Women's Transition House
- Help and Hope Transition House (Phone: (867) - 536 - 7233
- Whistler Safe Home
- Durrant House
- Chiwid Transition House
- 'Ksan House
- WINS Transition House
- Tumbler Ridge Safe Home



Kezia Wong is a Master of Arts psychology student at the University of Manitoba.

16