



An exploratory study on the prevalence, consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women

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Complete List of Authors:	Du Mont, Janice; University of Toronto, Dalla Lana School of Public Health and Women's College Research Institute Forte, Tonia; Women's College Research Institute ,
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15 Janice Du Mont, EdD
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18 Tonia Forte, MSc
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23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
31
32
33

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Abstract

Objective. While the prevalence and physical and psychological effects of intimate partner violence (IPV) among women in the general population are well-documented, little is known about the extent and consequences of IPV for immigrant women. The objective of this study was to compare immigrant and Canadian-born women on the prevalence, severity and physical and psychological consequences of intimate partner violence (IPV), as well as examine the importance of sociodemographic, health and social network factors that may shape their experiences of abuse.

Method. A national, population based, cross-sectional survey conducted in 2009.

Participants. 1480 women, of whom 218 (15%) were immigrants who reported contact with a current or former partner in the previous five years and had reported experiencing emotional, financial physical or sexual IPV.

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical/sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. Immigrant women were less likely than Canadian-born women to report activity limitations, ($p=0.01$) and medication use for sleep problems ($p=0.05$) or depression ($p=0.05$). Abused immigrant women however, reported lower levels of trust toward their neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$) than Canadian-born women.

Conclusion. Preliminary findings show no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Immigrant women's low levels of trust and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the prevalence and severity of intimate partner violence (IPV) and on the physical and psychological consequences of IPV
- To investigate the importance of sociodemographic, health and social network factors that may be important in shaping immigrant women's experiences of abuse

Key messages

- The prevalence of emotional and physical/sexual IPV was lower among immigrant compared to Canadian-born women
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV

Strengths and limitations

- This exploratory study adds to the limited body of work that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research should include a larger sample of immigrant women in order to examine important factors that may influence their experiences of IPV such as length of residence in a new country

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known however, about the extent and consequences of IPV for immigrant women. While immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women experience in seeking help and leaving abusive situations.^{7, 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of any IPV than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, and the conflicting results as to whether immigrant women are at greater or lesser risk of IPV than non-immigrant women, the goal of this study was to examine the prevalence of IPV for immigrant and Canadian-born women and, among those having experienced IPV, to compare them across several important domains: 1) severity of abuse; 2) sociodemographics; 3) health status; 4) social support and networks; 5) physical consequences of abuse; and 6) psychological consequences of abuse. Such information may provide insights into how immigrant women's particular contexts might shape their experiences of abuse and better elucidate the health-related outcomes associated with being abused.

METHODS

The General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or

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older living in private households in the 10 provinces were interviewed. Respondents were selected using a process of Random Digit Dialing. Each province was divided into geographic areas or strata, and all phone numbers within each stratum had the same probability of being chosen. After a household was contacted, an individual 15 years of age or older within the household was selected at random to be interviewed. Interviews were conducted between February and December 2009 and were administered in English or French. Of the 31,510 households that were selected, 19,422 usable responses were obtained, representing a response rate of 61.6%.

Immigration Status

The GSS assessed immigration status by asking respondents to indicate their country of birth. In this study, Canadian-born women included those women who indicated their country of birth to be Canada. Immigrant women included those women in the survey who indicated they were born outside of Canada.

Intimate partner violence

Respondents were asked about their experiences of IPV by a current or former partner with whom they had had contact with in the five years preceding the survey. This included respondents who were legally married, living common-law, divorced or separated, or in a same-sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics Scale (CTS).

- **Physical violence** was assessed by asking respondents whether a current or former partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved them; slapped them; kicked, bit or hit them with a fist; hit them with something that could hurt; beaten them; choked them; or used or threatened to use a knife or gun on them.
- **Sexual violence** was assessed by asking respondents, “Has your partner or former partner forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?”
- **Emotional abuse** was defined as having occurred if a respondent answered affirmatively to at least one of the following statements about her partner/former partner’s behaviour: “tried to limit your contact with family or friends, put you down or called you names to make you feel bad, was jealous and didn’t want you to talk to other men or women, harmed or threatened to harm someone close to you, demanded to know who you were with and where you were at all times, and damaged or destroyed your possessions or property”.
- **Financial abuse** was measured by the question, “Has your partner prevented you from knowing about or having access to the family income, even if you asked?”

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3 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
4 severity of IPV was conceptualized in terms of the number of different types of abuse
5 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
6 types).
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9 **Sociodemographic characteristics**

10 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
11 marital status (married/common-law, widowed/separated/divorced/single), highest level of
12 education achieved (high school graduate or less, more than high school), annual household
13 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
14 children younger than 15 years of age living in the home (yes, no), frequency of religious
15 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
16 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
17 Columbia, the Prairies]).
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22 **Health status**

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24 Physical health status was assessed by the questions: “In general, would you say your health is
25 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
26 activities at home, work, school or any other area limited by a physical condition?”
27 (sometimes/often/always, no).
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30 Mental health status was assessed by the questions: “In general, would you say your mental
31 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
32 your daily activities at home, work, school or any other area limited by a psychological,
33 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
34 respondents about their medication use: “During the past month, have you used any medications
35 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no) “calm down?”
36 (yes, no) or “get out of depression?” (yes, no).
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40 **Social support and networks**

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42 Isolation was assessed with the questions: “How would you describe your sense of belonging to
43 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
44 close friends you feel at ease with, how many live in the same city or local community as you?”
45 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
46 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
47 in any of these organizations?” (yes, no).
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50 Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted
51 at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of
52 people: people in your family? people in your neighbourhood? people you work with or go to
53 school with [asked among those who indicated they were employed or in school]? strangers?”
54 Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.
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3 Finally, experiences of discrimination were assessed with the questions: “In the past five years,
4 have you experienced discrimination or been treated unfairly by others in Canada because of...”
5 “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?”. Each of these items was
6 examined separately then combined into an “any discrimination” variable. Respondents reporting
7 discrimination based on any of these items, as well as sex, physical appearance, sexual
8 orientation, age, disability, or some other reason were asked, “Was the discrimination you
9 experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a
10 person in authority or from a service provider?” (yes, no).
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13 14 **Consequences of physical and/or sexual intimate partner violence**

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16 Respondents who reported physical and/or sexual IPV were asked how these incidents of
17 violence affected them.
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20 Respondents answered yes or no to each of the following questions that examined the physical
21 consequences of IPV: “During this incident/any of these incidents were you ever physically
22 injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did
23 you ever receive any medical attention at a hospital/hospital or health centre as a result of the
24 violence?”; and “During the past 5 years, did you ever have to take time off from your everyday
25 activities because of what happened to you other than the time you spent in the hospital/hospital
26 or health centre and at home in bed?”
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30 The psychological consequences of IPV were assessed by the questions: “At the time of the
31 incident/these incidents, how did this experience affect you?” Respondents answered yes or no to
32 each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks,
33 and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in
34 danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”
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37 **Analyses**

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39 Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings
40 were representative of the Canadian population as a whole. We examined the prevalence of
41 emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women.
42 Among women reporting any IPV, we compared immigrant and Canadian-born women on the
43 severity of IPV experienced, and sociodemographic, health status, and social support and
44 network characteristics. Finally, immigrant and Canadian-born women who reported
45 experiencing physical and/or sexual violence were compared with respect to the physical and
46 psychological consequences suffered as a result. All analyses were conducted with a χ^2 test for
47 categorical variables. A p value of 0.05 was considered statistically significant. For household
48 income, the proportion of missing data was 14%. Therefore, an unknown/not stated category was
49 included in the analysis of this variable in order to retain the sample size.
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54 **RESULTS**

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3 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported having had
4 contact with a current or former partner within the previous five years. Of these women, 1,484
5 reported experiencing any type of violence; 1,262 of whom indicated Canada to be their country
6 of birth and 218 indicated they were born outside of Canada. Country of birth was not known for
7 the remaining women and they were therefore excluded from the analysis.
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10 Among women reporting contact with a current or former partner in the previous five years,
11 marginally less immigrant women reported experiencing any violence (17.5%) compared to
12 Canadian-born women (20.3%, $p=0.06$) (Table 1). With respect to specific types of IPV,
13 immigrant women were less likely than Canadian-born women to report emotional abuse (15.3%
14 vs. 18.2%, $p=0.04$) and physical/sexual violence (5.1% vs. 6.9%, $p=0.04$).
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17 Among women reporting any IPV from a current or former partner, immigrant women were
18 marginally less likely than Canadian-born women to report experiencing two or more types of
19 violence ($p=0.06$) (Table 1).
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22 There were differences in sociodemographic characteristics between immigrant women and
23 Canadian-born women who reported experiencing any IPV (Table 2). Compared to Canadian-
24 born women, immigrant women were more likely to be married or living in a common-law
25 relationship ($p=0.001$), have children aged younger than 15 years living in the home ($p=0.03$),
26 have missing information on annual household income ($p=0.01$), report more frequent religious
27 attendance ($p=0.0001$), and reside in Ontario ($p<0.0001$).
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30 With respect to the health status of women having experienced any IPV, there were also
31 differences between immigrant and Canadian-born women (Table 2). Immigrant women were
32 less likely than Canadian-born women to report that their daily activities were limited by a
33 physical condition sometimes, often, or always ($p=0.01$). In addition, immigrant women were
34 less likely than Canadian-born women experiencing violence to report medication use in the past
35 month for sleep problems ($p=0.05$) and depression ($p=0.05$).
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38 Finally, there were differences between immigrant and Canadian-born women reporting having
39 experienced any IPV on characteristics associated with social supports and networks (Table 3).
40 Among those who indicated they knew of cultural associations or clubs, more immigrant women
41 indicated being a member of these organizations in the past 12 months ($p=0.02$). However,
42 immigrant women reporting any violence were less likely than Canadian-born women to indicate
43 a high level of trust toward their neighbours ($p=0.04$) or people they work or go to school with
44 ($p=0.02$). Immigrant women were more likely than Canadian-born women to report experiencing
45 any discrimination in the previous five years ($p<0.0001$). Specifically, immigrant women
46 reported more discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour
47 ($p=0.003$), and language ($p<0.0001$).
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51 There were no differences between immigrant and Canadian-born women in the physical and
52 psychological consequences experienced as a result of physical/sexual IPV (Table 4).
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56 DISCUSSION

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5 This study highlights that a sizeable proportion of immigrant women in Canada are affected by
6 violence from a current or former intimate partner. Almost 18% of immigrant women reported
7 experiencing any IPV with 15% reporting emotional abuse, 4% reporting financial abuse, and
8 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
9 experiencing IPV reported having experienced two or more types. These estimates are similar to
10 those reported for immigrant women from Canadian population-based surveys in the past.²²⁻²³

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13 Previous researchers have noted that immigrant women may be more vulnerable to abuse for a
14 number of reasons, including economic insecurity, separation from family and friends, social
15 isolation, language barriers, availability of social support, discrimination, and gendered
16 migration policies.⁸⁻¹⁵ Our study shows however, that immigrant women were less likely to
17 report experiencing IPV than non-immigrant women, a finding that is consistent with some
18 previous research.^{19-20, 22} Specifically, immigrant women were less likely than Canadian-born
19 women to report experiencing emotional and physical and/or sexual violence. It may be possible
20 that perceptions of the abuse as 'normal', traditional values that emphasize family harmony, and
21 significant community censure for reporting violence discouraged immigrant women in the
22 survey from reporting IPV.^{8, 14, 16, 27} In addition, the lower rates of IPV among immigrant women
23 may be partially explained by the fact that many of the traditional risk factors linked to IPV were
24 less likely to be present in immigrant women, such as younger age,^{20, 28-30} lower educational
25 attainment,³¹ lack of religious attendance,³² medication use,⁶ and activity limitations.^{28-29, 33-34}

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30 This study confirms the negative impact that IPV has on women's physical and psychological
31 well-being. About 40% of immigrant and Canadian-born women who experienced physical
32 and/or sexual IPV reported being injured as a result of the abuse, and approximately one-quarter
33 indicated they had to take time off from their everyday activities as a result of the violence. A
34 sizeable proportion of women also indicated that they had suffered psychologically as a result of
35 the abuse. Over one-quarter of women who experienced physical and/or sexual violence reported
36 that the incident(s) made them feel angry and fearful that their life was in danger. We found no
37 differences, however, between immigrant and Canadian-born women in the consequences of
38 physical and/or sexual IPV.

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41 We found notable differences between immigrant and Canadian-born women reporting any IPV
42 with respect a number of socio-demographic, health status and social support and network
43 variables that may have important implications in their experiences of abuse and the likelihood
44 that they would seek help. First, compared to Canadian-born women, immigrant women were
45 more likely to be married or living in a common-law relationship. Although it is unclear whether
46 immigrant women's current married or common-law partner was the perpetrator of the abuse,
47 factors such as economic dependence or isolation from family and/or friends may discourage
48 immigrant women from leaving an abusive relationship.^{8, 35}

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52 Immigrant women were also more likely than their Canadian-born counterparts to have young
53 children living in the home, a finding that is of particular concern given the well-documented
54 negative impact of children witnessing violence.³⁶⁻³⁸ Having young children in the home may
55 also discourage some immigrant women from leaving an abusive relationship.²⁷

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Immigrant women were more likely than Canadian-born women to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of US households showed that regular religious attendance was inversely related to perpetration of IPV.³² Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.³⁹⁻⁴⁰ Others however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14, 41} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.²⁷

Generally, immigrant women in this study tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems or depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6, 28-29, 42} and may partially explain the higher rates of IPV among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴³

In this research, immigrant women having experienced IPV appeared to be well-connected to their community. A greater proportion of immigrant women in our sample indicated that they were a member of an ethnic or cultural associations or club near them in the past 12 months. They were also as likely as Canadian-born women to indicate that they had at least one relative or close friend that they felt at ease with in the same city or community. Immigrant women's strong social supports/networks may have contributed in part to their positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴⁰

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report low levels of trust toward their neighbours and the people with whom they work or go to school with. These findings have important implications for seeking help. Experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health, and criminal justice services.^{40, 44} Previous studies of immigrant women who experienced abuse underscore the need for IPV services that are culturally and linguistically appropriate.^{10, 27} In this study, a substantial proportion of women who reported experiencing unfair treatment stated that it occurred when dealing with public hospitals or health care workers and from persons in authority or service providers – people that are integral in women's help-seeking for IPV.

There are some limitations that need to be kept in mind when interpreting the results of this study. First, while the findings from these analyses suggest that the psychological and physical aftermath of IPV were similar for immigrant compared to Canadian-born women, several different types of consequences for immigrant women could not be reported due to small sample

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3 sizes. Lack of a sufficiently large enough sample also meant that immigrant women had to be
4 grouped into a single category regardless of important factors that may have influenced their
5 experiences of IPV such as length of residence in Canada.²²⁻²³ The small sample sizes also
6 inhibited the ability to employ multivariate techniques to determine the relative importance of
7 factors related to experiences of abuse. Despite this, the present exploratory study provides
8 insight into important contextual factors that shape immigrant and non-immigrant women's
9 experiences of abuse. Future research should use representative samples that are large enough for
10 meaningful analyses.
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14 Second, the GSS was administered in English or French only and thus excludes respondents who
15 did not speak either of the official languages. As a result, rates of IPV among immigrant women
16 may have been underestimated, particularly among recent immigrant women who may not have
17 been able to participate in the survey due to limited knowledge of English or French. Third, as
18 IPV is a topic that is sensitive in nature, not all abused women may have acknowledged their
19 experiences of abuse. Fourth, given the cross-sectional nature of this study, it is not possible to
20 determine whether the IPV led to higher rates of activity limitations and medication use among
21 Canadian-born women or whether women with activity limitations or higher medication use
22 were more likely to have experienced abuse. Finally, the use of single questions to assess
23 reactions to violence that use labels (i.e., depression, anxiety) rather than scales or diagnostic
24 instruments to properly diagnose these conditions may have resulted in the under- or over-
25 estimation of psychological problems following IPV.
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30 In conclusion, this study shows that a sizeable proportion of immigrant women in Canada
31 experience IPV and as a result suffered from a wide range of negative psychological and
32 physical effects. While future research should validate these findings using large, representative
33 samples of diverse groups of immigrant women, these preliminary results suggest that the
34 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
35 immigrant women reported lower levels of trust and were more likely to report being
36 discriminated against for reasons such as race and colour, highlighting some of the structural and
37 systemic factors that may have important implications for seeking help and that underscore the
38 need for IPV-related intervention and prevention services that are culturally sensitive and
39 appropriate.
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Table 1. Weighted analysis of any intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	N	%	N	%	
Any IPV	256	17.5	1069	20.3	0.06
Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 2. Weighted analysis of sociodemographic characteristics and health status of immigrant and Canadian-born women reporting any intimate partner violence

	Immigrant		Canadian-born		P value
	N	%	N	%	
Age group					
15-34	47	16.5	299	25.1	0.08
35-54	160	55.9	605	50.7	
55 and older	79	27.6	290	24.3	
Marital status					
Married or common-law	212	74.3	734	61.4	0.001
Widowed, separated, divorced, or single	74	25.7	460	38.6	
Education					
High school or less	58	20.6	329	27.7	0.08
More than high school	225	79.4	858	72.3	
Annual household income					
0-\$19,999	30	10.4	110	9.2	0.01
\$20,000-\$49,999	64	22.3	353	29.6	
\$50,000 or more	131	45.7	584	48.9	
Unknown/not stated	62	21.6	147	12.3	
Children <15 in living in the household	131	45.9	437	36.6	0.03
Religious attendance					
Once per week	81	28.6	171	14.4	0.0001

Less than once per week	109	38.5	510	43.0	
Not at all	93	33.0	506	42.6	
Region of residence					
Eastern Canada	50	17.5	434	36.4	<0.0001
Central Canada	163	57.0	353	29.6	
Western Canada	73	25.5	407	34.1	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 3. Weighted analysis of social support/network characteristics of immigrant and Canadian-born women reporting any intimate partner violence

	Immigrant		Canadian-born		P value
	N	%	N	%	
Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past	38	30.0	94	17.6	0.02

12 months					
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					
Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 4. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	N	%	N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59

Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

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An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women

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8 **An exploratory study on the consequences and contextual factors of intimate partner**
9 **violence among immigrant and Canadian-born women**
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15 Janice Du Mont, EdD

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18 Tonia Forte, MSc

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22
23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
31
32

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Abstract

Objective. To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV), as well as examine important sociodemographic, health, and social support and network factors that may shape their experiences of abuse.

Method. National, population based, cross-sectional survey conducted in 2009.

Participants. **6,859 women reported contact with a current or former partner in the previous five years, of whom 1,480 reported experiencing emotional, financial, physical, and/or sexual IPV. Of these women, 218 (15%) were immigrants and 1,262 (85%) were Canadian-born.**

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical and/or sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. However, compared to Canadian-born women, immigrant women reported lower levels of trust toward their neighbours ($p=0.04$) and people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$). Immigrant women were less likely than Canadian-born women to report activity limitations ($p=0.01$) and medication use for sleep problems ($p=0.05$) and depression ($p=0.05$).

Conclusion. Our exploratory study revealed no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Abused immigrant women's lower levels of trust for certain individuals and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV).
- To investigate important sociodemographic, health, and social support and network factors that may shape immigrant women's experiences of abuse.

Key messages

- The prevalence of emotional abuse and physical/sexual violence was lower among immigrant compared to Canadian-born women.
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV.
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV.

Strengths and limitations

- This exploratory study adds to the very limited body of research that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research **investigating the physical and psychological consequences of IPV** should include larger **diverse** samples of immigrant women.

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial, and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known, however, about the extent and consequences of IPV for immigrant women. Although immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women may experience in seeking help and leaving abusive situations.^{7 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any type of IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of abuse than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, the goal of this study was to compare **immigrant and Canadian-born women in the physical and psychological consequences of abuse. As pre-and post-migration factors may shape immigrant women's experiences of abuse, we also sought to examine differences between immigrant and Canadian-born women across several domains such as their health status and social supports and networks.** This information may provide insights into how immigrant women's particular contexts might affect their experiences of abuse and better elucidate the health-related outcomes associated with being a victim of IPV.

METHODS

Statistics Canada's General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or older living in private households in the 10 provinces were interviewed. Respondents were

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3 selected using a process of Random Digit Dialing. Each province was divided into geographic
4 areas or strata, and all phone numbers within each stratum had the same probability of being
5 chosen. After a household was contacted, an individual 15 years of age or older within the
6 household was selected at random to be interviewed. **Data were collected using computer
7 assisted telephone interviewing (CATI) and took place from centralized telephone facilities
8 in four of Statistics Canada's regional offices. Interviewers were trained in telephone
9 interviewing techniques by Statistics Canada staff. Given the nature of the questions in the
10 survey, they were also provided with crisis, sensitivity, and personal preparedness training
11 by a psychologist, in accordance with ethical and safety recommendations for research on
12 IPV against women.**²⁷ Interviews were conducted between February and December 2009 and
13 were administered in English or French. **Respondents were assured that all information
14 provided is strictly confidential.** Of the 31,510 households that were selected, 19,422 usable
15 responses were obtained, representing a response rate of 61.6%.

19 20 **Definition of intimate partner violence (IPV)**

21
22 Respondents were asked about their experiences of IPV by a current or former partner with
23 whom they had had contact with in the five years preceding the survey. This included
24 respondents who were legally married, living common-law, divorced or separated, or in a same-
25 sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics
26 Scale (CTS).
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30 • **Physical violence** was assessed by asking respondents whether a current or former
31 partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved
32 them; slapped them; kicked, bit or hit them with a fist; hit them with something that
33 could hurt; beaten them; choked them; or used or threatened to use a knife or gun on
34 them.
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37 • **Sexual violence** was assessed by asking respondents, “Has your partner or former partner
38 forced you into any unwanted sexual activity by threatening you, holding you down, or
39 hurting you in some way?”
40
- 41
42 • **Emotional abuse** was defined as having occurred if a respondent answered affirmatively
43 to at least one of the following statements about her partner/former partner’s behaviour:
44 “tried to limit your contact with family or friends, put you down or called you names to
45 make you feel bad, was jealous and didn’t want you to talk to other men or women,
46 harmed or threatened to harm someone close to you, demanded to know who you were
47 with and where you were at all times, and damaged or destroyed your possessions or
48 property”.
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51 • **Financial abuse** was measured by the question, “Has your partner prevented you from
52 knowing about or having access to the family income, even if you asked?”
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55 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
56 severity of IPV was conceptualized in terms of the number of different types of abuse
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3 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
4 types).
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6 7 **Immigration Status**

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9 The GSS assessed immigration status by asking respondents to indicate their country of birth. In
10 this study, Canadian-born women included those women who indicated their country of birth to
11 be Canada. Immigrant women included those women in the survey who indicated they were born
12 outside of Canada.
13

14 15 **Sociodemographic characteristics**

16
17 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
18 marital status (married/common-law, widowed/separated/divorced/single), highest level of
19 education achieved (high school graduate or less, more than high school), annual household
20 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
21 children younger than 15 years of age living in the home (yes, no), frequency of religious
22 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
23 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
24 Columbia, the Prairies]).
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28 29 **Health status**

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31 Physical health status was assessed by the questions: “In general, would you say your health is
32 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
33 activities at home, work, school or any other area limited by a physical condition?”
34 (sometimes/often/always, no).
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37 Mental health status was assessed by the questions: “In general, would you say your mental
38 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
39 your daily activities at home, work, school or any other area limited by a psychological,
40 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
41 respondents about their medication use: “During the past month, have you used any medications
42 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no), “calm down?”
43 (yes, no), or “get out of depression?” (yes, no).
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46 47 **Social support and networks**

48
49 Isolation was assessed with the questions: “How would you describe your sense of belonging to
50 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
51 close friends you feel at ease with, how many live in the same city or local community as you?”
52 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
53 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
54 in any of these organizations?” (yes, no).
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Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of people: people in your family? people in your neighbourhood? people you work with or go to school with [asked among those who indicated they were employed or in school]? or strangers?” Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.

Finally, experiences of discrimination were assessed with the questions: “In the past five years, have you experienced discrimination or been treated unfairly by others in Canada because of...” “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?” Each of these items was examined separately then combined into an “any discrimination” variable. Respondents reporting discrimination based on any of these items, as well as sex, physical appearance, sexual orientation, age, disability, or some other reason were asked, “Was the discrimination you experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a person in authority or from a service provider?” (yes, no).

Consequences of physical and/or sexual intimate partner violence

Respondents who reported physical and/or sexual IPV were asked how these incidents of violence had affected them.

Respondents answered yes or no to each of the following questions that examined the physical consequences of IPV: “During this incident/any of these incidents were you ever physically injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did you ever receive any medical attention at a hospital/hospital or health centre as a result of the violence?”; and “During the past 5 years, did you ever have to take time off from your everyday activities because of what happened to you other than the time you spent in the hospital/hospital or health centre and at home in bed?”

The psychological consequences of IPV were assessed by the questions: “At the time of the incident/these incidents, how did this experience affect you?” Respondents answered yes or no to each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks, and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”

Analyses

Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings were representative of the Canadian population as a whole. We examined the **sociodemographic characteristics and** prevalence of emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women **reporting contact with a current or former partner in the previous five years**. Among women reporting any IPV, we compared immigrant and Canadian-born women on the severity of IPV experienced, and sociodemographic, health status, and social support and network characteristics. Finally, immigrant and Canadian-born women who reported experiencing physical and/or sexual violence were compared with respect to the physical and psychological consequences suffered as a result. All analyses were conducted with

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2
3 a χ^2 test for categorical variables. A p value of 0.05 was considered statistically significant. For
4 household income, the proportion of missing data was 14%. Therefore, an unknown/not stated
5 category was included in the analysis of this variable in order to retain the sample size.
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7

8 9 RESULTS

10
11 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported contact with
12 a current or former partner within the previous five years. **Information on country of birth was
13 available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their
14 country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of
15 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born
16 and 218 were immigrants.**
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20 **There were significant differences in sociodemographic characteristics between immigrant
21 and Canadian-born women (Table 1). Immigrant women were more likely to be older
22 (p=0.02) and married or in a common-law relationship (p<0.0001) and to have more than a
23 high school education (p=0.001), missing information on household income (p<0.0001), and
24 children aged 0 to 14 years living in the home (p=0.001). Compared with Canadian-born
25 women, immigrant women reported more frequent religious attendance (p<0.0001) and
26 were more likely to reside in Central Canada (p<0.0001).**
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30 With respect to specific types of IPV, immigrant women were less likely than Canadian-born
31 women to report experiencing emotional abuse (15.3% vs. 18.2%, p=0.04) and physical and/or
32 sexual violence (5.1% vs. 6.9%, p=0.04) (**Table 2**). Compared to Canadian-born women,
33 marginally less immigrant women reported experiencing any type of IPV (17.5% vs. 20.3%,
34 p=0.06). Among those reporting any IPV, immigrant women were marginally less likely than
35 Canadian-born women to report experiencing two or more types of violence (p=0.06).
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39 The differences in sociodemographic characteristics between immigrant women and Canadian-
40 born women who reported experiencing any type of IPV **were similar to those found in the
41 entire sample**. Compared to abused Canadian-born women, abused immigrant women were
42 more likely to be married or living in a common-law relationship (p=0.001), have children aged
43 0 to 14 years living in the home (p=0.03), have missing information on annual household income
44 (p=0.01), report more frequent religious attendance (p=0.0001), and reside in Central Canada
45 (p<0.0001).
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48 There were also differences in health status between abused immigrant and Canadian-born
49 women (**Table 3**). Immigrant women were less likely than Canadian-born women to report that
50 their daily activities were limited by a physical condition sometimes, often, or always (p=0.01).
51 In addition, immigrant women were less likely than Canadian-born women to report medication
52 use in the past month for sleep problems (p=0.05) and depression (p=0.05).
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55 Finally, there were differences between abused immigrant and Canadian-born women in
56 characteristics associated with social supports and networks (**Table 4**). Among those who
57 indicated they knew of cultural associations or clubs, more immigrant women indicated being a
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3 member of these organizations in the past 12 months ($p=0.02$). However, immigrant women
4 were less likely than Canadian-born women to indicate a high level of trust toward their
5 neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$). Moreover, they were
6 more likely than Canadian-born women to report experiencing any type of discrimination in the
7 previous five years ($p<0.0001$). Specifically, immigrant women reported more discrimination
8 based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language
9 ($p<0.0001$).
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13 There were no differences between immigrant and Canadian-born women in the physical and
14 psychological consequences experienced as a result of physical and/or sexual IPV (Table 5).
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17 18 DISCUSSION

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20 This study shows that a sizeable proportion of immigrant women in Canada are affected by
21 violence from a current or former intimate partner. Almost 18% of immigrant women reported
22 experiencing any type of IPV with 15% reporting emotional abuse, 4% reporting financial abuse,
23 and 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
24 experiencing IPV reported having experienced two or more types. These estimates are similar to
25 those reported for immigrant women from Canadian population-based surveys in the past.^{22 23}
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28 Our study shows that immigrant women were less likely to report experiencing IPV than non-
29 immigrant women, a finding that is consistent with some previous research.^{19 20 22} Specifically,
30 immigrant women were less likely than Canadian-born women to report experiencing emotional
31 abuse and physical and/or sexual violence. It may be possible that **factors such as**
32 **embarrassment and stigma, financial dependence on the perpetrator, fears of deportation,**
33 **a desire to preserve family harmony and honor** and significant community censure for
34 disclosing violence discouraged immigrant women in the survey from reporting IPV.^{8 10 14 16 28-31}
35 In addition, the lower rates of abuse found for immigrant women may be partially explained by
36 the fact that many of the risk factors previously linked to IPV were less likely to be present
37 among immigrant women in this study, such as younger age,^{20 32-34} lower educational
38 attainment,³⁵ and lack of religious attendance.³⁶
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43 **Although we found no differences between immigrant and Canadian-born women in the**
44 **consequences of physical and/or sexual IPV, our study** confirms the negative impact that such
45 abuse has on women's physical and psychological well-being. About 40% of immigrant and
46 Canadian-born women who experienced physical and/or sexual IPV reported being injured as a
47 result of the abuse and approximately 25% indicated they had to take time off from their
48 everyday activities as a result of the violence. A sizeable proportion of women also indicated that
49 they had suffered psychologically. Over one-quarter of women who experienced physical and/or
50 sexual violence reported that the incident(s) made them feel angry and fearful that their life was
51 in danger.
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55 **We found that a number of socio-demographic, health status, and social support and**
56 **network variables differentiated abused immigrant and Canadian-born women.** Compared
57 to Canadian-born women, immigrant women were more likely to be married or living in a
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common-law relationship. Although it is unclear whether immigrant women's current married or common-law partner was the perpetrator of the abuse, factors such as economic dependence or isolation from family and/or friends may discourage immigrant women from leaving an abusive relationship.^{8 37 38} Immigrant women were also more likely than their Canadian-born counterparts to have young children living in the home, a finding that may be of concern given the well-documented negative impact of children witnessing violence.³⁹⁻⁴¹ Having young children in the home may also discourage some immigrant women from leaving the abuser.³¹

Immigrant women were more likely than Canadian-born women experiencing IPV to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of American households showed that regular religious attendance was inversely related to perpetration of IPV.³⁶ Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.^{42 43} Others, however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14 44} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.³¹ **Given these findings, interventions for abuse involving religious communities may be important as they could bolster support for women experiencing IPV. Interventions, however, should transform messages that condone and/or perpetuate violence against women.**

Generally, abused immigrant women tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems and depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6 32 33 45} and may partially explain the higher rates of abuse among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴⁶

Immigrant women having experienced IPV did not appear to be socially isolated. Similar to Canadian-born women, **almost 90%** reported that they had at least one relative or close friend that they felt at ease with in the same city or community **and over 70%** felt a strong or somewhat strong sense of belonging in their local community. Moreover, compared to Canadian-born women, a greater proportion indicated that they were a member of an ethnic or cultural association or club near them in the past 12 months. These connections may have contributed in part to immigrant women's positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴³

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report lower levels of trust toward their neighbours and the people with whom they work or go to school with. Issues with trust and experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health,

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3 and criminal justice services.^{43 47} Previous studies of immigrant women who experienced abuse
4 underscore the need for IPV services that are culturally and linguistically appropriate.^{10 31} In this
5 study, a substantial proportion of women who reported experiencing unfair treatment stated that
6 it occurred when dealing with public hospitals or health care workers and from persons in
7 authority or service providers – people that may be integral in women’s help-seeking for IPV.
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10 **Our exploratory study sheds new light on the physical and psychological consequences of**
11 **IPV in immigrant and Canadian-born women. Despite this,** there are some limitations that
12 need to be kept in mind when interpreting the results of this study. First, while the findings from
13 these analyses suggest that the psychological and physical aftermath of IPV were similar for
14 immigrant compared to Canadian-born women, several different types of consequences for
15 immigrant women could not be reported due to small sample sizes. **For consequences that were**
16 **examined, sample sizes may have been too small to detect important differences.** Lack of a
17 sufficiently large enough sample also meant that immigrant women had to be grouped into a
18 single category regardless of important factors that may have influenced their experiences of IPV
19 such as length of residence in Canada.^{22 23} The small sample sizes also inhibited our ability to
20 employ multivariate techniques to determine the relative importance of **contextual factors on the**
21 **consequences** of abuse. Future research should use representative samples that are large enough
22 for meaningful analyses and that take into account other important factors that may affect
23 immigrant women’s experiences of IPV such as country of origin and age at immigration.
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28 Second, the GSS was administered in English or French only and thus excludes respondents who
29 did not speak either of the official languages. As a result, rates of IPV **and associated**
30 **consequences** among immigrant women may have been underestimated, particularly among
31 recent immigrant women who may not have been able to participate in the survey due to limited
32 knowledge of English or French. Third, as IPV is a topic that is sensitive in nature, not all
33 women may have acknowledged their experiences of abuse. **This may have been particularly**
34 **true for some immigrant women who, as noted earlier, may have had difficulty disclosing**
35 **IPV due to personal, financial, social, and legal concerns.** Fourth, given the cross-sectional
36 nature of this study, it is not possible, for example, to determine whether the IPV led to higher
37 rates of activity limitations and medication use among Canadian-born women or whether women
38 with activity limitations or higher medication use were more likely to have experienced abuse.
39 Finally, the use of single questions to assess reactions to violence that use labels (i.e., depression,
40 anxiety) rather than scales or diagnostic instruments to properly diagnose these conditions may
41 have resulted in the under- or over-estimation of psychological problems following IPV.
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46 In conclusion, this study revealed that a sizeable proportion of immigrant women in Canada have
47 experienced IPV and as a result suffered from a wide range of negative psychological and
48 physical effects. While future research should validate these findings using large, representative
49 samples of diverse groups of immigrant women, these preliminary results suggest that the
50 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
51 immigrant women reported lower levels of trust and were more likely to report being
52 discriminated against for reasons such as race and colour, highlighting some of the structural and
53 systemic factors that may have important implications for seeking help and that underscore the
54 need for IPV-related intervention and prevention services that are culturally sensitive and
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appropriate.

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Table 1. Weighted analysis of sociodemographic characteristics of immigrant and Canadian-born women reporting contact with a current or former partner in the previous five years in the 2009 General Social Survey (N=6,859)

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Age group					
15-34	277	18.3	1207	22.6	0.02
35-54	728	48.1	2467	46.2	
55 and older	509	33.6	1672	31.3	
Marital status					
Married or common-law	1406	92.9	4692	87.8	<0.0001
Widowed, separated, divorced, or single	107	7.1	653	12.2	
Education					
High school or less	343	22.8	1519	28.5	0.001
More than high school	1160	77.2	3803	71.5	
Annual household income					
0-\$19,999	73	4.8	231	4.3	<0.0001
\$20,000-\$49,999	305	20.1	1064	19.9	
\$50,000 or more	782	51.7	3219	60.2	
Unknown/not stated	354	23.4	832	15.3	
Children <15 in living in the household	613	40.5	1831	34.3	0.001
Religious attendance					
Once per week	487	32.7	921	17.3	<0.0001
Less than once per week	584	39.1	2190	41.2	
Not at all	421	28.2	2207	41.5	
Region of residence					
Eastern Canada	215	14.2	1940	36.3	<0.0001
Central Canada	879	58.1	1728	32.3	
Western Canada	420	27.7	1677	31.4	

Table 2. Weighted analysis of any type of intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Any IPV	256	17.5	1069	20.3	0.06

Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 3. Weighted analysis of health status of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 4. Weighted analysis of social support and network characteristics of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	

Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past 12 months	38	30.0	94	17.6	0.02
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					

Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 5. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59
Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

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8 **An exploratory study on the consequences and contextual factors of intimate partner**
9 **violence among immigrant and Canadian-born women**
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15 Janice Du Mont, EdD

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18 Tonia Forte, MSc

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23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
31
32

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Abstract

Objective. To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV), as well as examine important sociodemographic, health, and social support and network factors that may shape their experiences of abuse.

Method. National, population based, cross-sectional survey conducted in 2009.

Participants. **6,859 women reported contact with a current or former partner in the previous five years, of whom 1,480 reported experiencing emotional, financial, physical, and/or sexual IPV. Of these women, 218 (15%) were immigrants and 1,262 (85%) were Canadian-born.**

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical and/or sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. However, compared to Canadian-born women, immigrant women reported lower levels of trust toward their neighbours ($p=0.04$) and people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$). Immigrant women were less likely than Canadian-born women to report activity limitations ($p=0.01$) and medication use for sleep problems ($p=0.05$) and depression ($p=0.05$).

Conclusion. Our exploratory study revealed no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Abused immigrant women's lower levels of trust for certain individuals and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV).
- To investigate important sociodemographic, health, and social support and network factors that may shape immigrant women's experiences of abuse.

Key messages

- The prevalence of emotional abuse and physical/sexual violence was lower among immigrant compared to Canadian-born women.
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV.
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV.

Strengths and limitations

- This exploratory study adds to the very limited body of research that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research **investigating the physical and psychological consequences of IPV** should include larger **diverse** samples of immigrant women.

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial, and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known, however, about the extent and consequences of IPV for immigrant women. Although immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women may experience in seeking help and leaving abusive situations.^{7 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any type of IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of abuse than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, the goal of this study was to compare **immigrant and Canadian-born women in the physical and psychological consequences of abuse. As pre-and post-migration factors may shape immigrant women's experiences of abuse, we also sought to examine differences between immigrant and Canadian-born women across several domains such as their health status and social supports and networks.** This information may provide insights into how immigrant women's particular contexts might affect their experiences of abuse and better elucidate the health-related outcomes associated with being a victim of IPV.

METHODS

Statistics Canada's General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or older living in private households in the 10 provinces were interviewed. Respondents were

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3 selected using a process of Random Digit Dialing. Each province was divided into geographic
4 areas or strata, and all phone numbers within each stratum had the same probability of being
5 chosen. After a household was contacted, an individual 15 years of age or older within the
6 household was selected at random to be interviewed. **Data were collected using computer
7 assisted telephone interviewing (CATI) and took place from centralized telephone facilities
8 in four of Statistics Canada's regional offices. Interviewers were trained in telephone
9 interviewing techniques by Statistics Canada staff. Given the nature of the questions in the
10 survey, they were also provided with crisis, sensitivity, and personal preparedness training
11 by a psychologist, in accordance with ethical and safety recommendations for research on
12 IPV against women.**²⁷ Interviews were conducted between February and December 2009 and
13 were administered in English or French. **Respondents were assured that all information
14 provided is strictly confidential.** Of the 31,510 households that were selected, 19,422 usable
15 responses were obtained, representing a response rate of 61.6%.

16 17 18 19 20 **Definition of intimate partner violence (IPV)**

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22 Respondents were asked about their experiences of IPV by a current or former partner with
23 whom they had had contact with in the five years preceding the survey. This included
24 respondents who were legally married, living common-law, divorced or separated, or in a same-
25 sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics
26 Scale (CTS).
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30 • **Physical violence** was assessed by asking respondents whether a current or former
31 partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved
32 them; slapped them; kicked, bit or hit them with a fist; hit them with something that
33 could hurt; beaten them; choked them; or used or threatened to use a knife or gun on
34 them.
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37 • **Sexual violence** was assessed by asking respondents, “Has your partner or former partner
38 forced you into any unwanted sexual activity by threatening you, holding you down, or
39 hurting you in some way?”
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42 • **Emotional abuse** was defined as having occurred if a respondent answered affirmatively
43 to at least one of the following statements about her partner/former partner’s behaviour:
44 “tried to limit your contact with family or friends, put you down or called you names to
45 make you feel bad, was jealous and didn’t want you to talk to other men or women,
46 harmed or threatened to harm someone close to you, demanded to know who you were
47 with and where you were at all times, and damaged or destroyed your possessions or
48 property”.
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51 • **Financial abuse** was measured by the question, “Has your partner prevented you from
52 knowing about or having access to the family income, even if you asked?”
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55 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
56 severity of IPV was conceptualized in terms of the number of different types of abuse
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3 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
4 types).
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6 7 **Immigration Status**

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9 The GSS assessed immigration status by asking respondents to indicate their country of birth. In
10 this study, Canadian-born women included those women who indicated their country of birth to
11 be Canada. Immigrant women included those women in the survey who indicated they were born
12 outside of Canada.
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14 15 **Sociodemographic characteristics**

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17 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
18 marital status (married/common-law, widowed/separated/divorced/single), highest level of
19 education achieved (high school graduate or less, more than high school), annual household
20 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
21 children younger than 15 years of age living in the home (yes, no), frequency of religious
22 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
23 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
24 Columbia, the Prairies]).
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28 29 **Health status**

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31 Physical health status was assessed by the questions: “In general, would you say your health is
32 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
33 activities at home, work, school or any other area limited by a physical condition?”
34 (sometimes/often/always, no).
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37 Mental health status was assessed by the questions: “In general, would you say your mental
38 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
39 your daily activities at home, work, school or any other area limited by a psychological,
40 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
41 respondents about their medication use: “During the past month, have you used any medications
42 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no), “calm down?”
43 (yes, no), or “get out of depression?” (yes, no).
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46 47 **Social support and networks**

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49 Isolation was assessed with the questions: “How would you describe your sense of belonging to
50 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
51 close friends you feel at ease with, how many live in the same city or local community as you?”
52 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
53 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
54 in any of these organizations?” (yes, no).
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Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of people: people in your family? people in your neighbourhood? people you work with or go to school with [asked among those who indicated they were employed or in school]? or strangers?” Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.

Finally, experiences of discrimination were assessed with the questions: “In the past five years, have you experienced discrimination or been treated unfairly by others in Canada because of...” “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?” Each of these items was examined separately then combined into an “any discrimination” variable. Respondents reporting discrimination based on any of these items, as well as sex, physical appearance, sexual orientation, age, disability, or some other reason were asked, “Was the discrimination you experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a person in authority or from a service provider?” (yes, no).

Consequences of physical and/or sexual intimate partner violence

Respondents who reported physical and/or sexual IPV were asked how these incidents of violence had affected them.

Respondents answered yes or no to each of the following questions that examined the physical consequences of IPV: “During this incident/any of these incidents were you ever physically injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did you ever receive any medical attention at a hospital/hospital or health centre as a result of the violence?”; and “During the past 5 years, did you ever have to take time off from your everyday activities because of what happened to you other than the time you spent in the hospital/hospital or health centre and at home in bed?”

The psychological consequences of IPV were assessed by the questions: “At the time of the incident/these incidents, how did this experience affect you?” Respondents answered yes or no to each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks, and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”

Analyses

Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings were representative of the Canadian population as a whole. We examined the **sociodemographic characteristics and** prevalence of emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women **reporting contact with a current or former partner in the previous five years**. Among women reporting any IPV, we compared immigrant and Canadian-born women on the severity of IPV experienced, and sociodemographic, health status, and social support and network characteristics. Finally, immigrant and Canadian-born women who reported experiencing physical and/or sexual violence were compared with respect to the physical and psychological consequences suffered as a result. All analyses were conducted with

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3 a χ^2 test for categorical variables. A p value of 0.05 was considered statistically significant. For
4 household income, the proportion of missing data was 14%. Therefore, an unknown/not stated
5 category was included in the analysis of this variable in order to retain the sample size.
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9 RESULTS

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11 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported contact with
12 a current or former partner within the previous five years. **Information on country of birth was
13 available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their
14 country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of
15 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born
16 and 218 were immigrants.**
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20 **There were significant differences in sociodemographic characteristics between immigrant
21 and Canadian-born women (Table 1). Immigrant women were more likely to be older
22 (p=0.02) and married or in a common-law relationship (p<0.0001) and to have more than a
23 high school education (p=0.001), missing information on household income (p<0.0001), and
24 children aged 0 to 14 years living in the home (p=0.001). Compared with Canadian-born
25 women, immigrant women reported more frequent religious attendance (p<0.0001) and
26 were more likely to reside in Central Canada (p<0.0001).**
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30 With respect to specific types of IPV, immigrant women were less likely than Canadian-born
31 women to report experiencing emotional abuse (15.3% vs. 18.2%, p=0.04) and physical and/or
32 sexual violence (5.1% vs. 6.9%, p=0.04) (Table 2). Compared to Canadian-born women,
33 marginally less immigrant women reported experiencing any type of IPV (17.5% vs. 20.3%,
34 p=0.06). Among those reporting any IPV, immigrant women were marginally less likely than
35 Canadian-born women to report experiencing two or more types of violence (p=0.06).
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39 The differences in sociodemographic characteristics between immigrant women and Canadian-
40 born women who reported experiencing any type of IPV **were similar to those found in the
41 entire sample.** Compared to abused Canadian-born women, abused immigrant women were
42 more likely to be married or living in a common-law relationship (p=0.001), have children aged
43 0 to 14 years living in the home (p=0.03), have missing information on annual household income
44 (p=0.01), report more frequent religious attendance (p=0.0001), and reside in Central Canada
45 (p<0.0001).
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48 There were also differences in health status between abused immigrant and Canadian-born
49 women (Table 3). Immigrant women were less likely than Canadian-born women to report that
50 their daily activities were limited by a physical condition sometimes, often, or always (p=0.01).
51 In addition, immigrant women were less likely than Canadian-born women to report medication
52 use in the past month for sleep problems (p=0.05) and depression (p=0.05).
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55 Finally, there were differences between abused immigrant and Canadian-born women in
56 characteristics associated with social supports and networks (Table 4). Among those who
57 indicated they knew of cultural associations or clubs, more immigrant women indicated being a
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3 member of these organizations in the past 12 months ($p=0.02$). However, immigrant women
4 were less likely than Canadian-born women to indicate a high level of trust toward their
5 neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$). Moreover, they were
6 more likely than Canadian-born women to report experiencing any type of discrimination in the
7 previous five years ($p<0.0001$). Specifically, immigrant women reported more discrimination
8 based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language
9 ($p<0.0001$).
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13 There were no differences between immigrant and Canadian-born women in the physical and
14 psychological consequences experienced as a result of physical and/or sexual IPV (Table 5).
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17 DISCUSSION

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20 This study shows that a sizeable proportion of immigrant women in Canada are affected by
21 violence from a current or former intimate partner. Almost 18% of immigrant women reported
22 experiencing any type of IPV with 15% reporting emotional abuse, 4% reporting financial abuse,
23 and 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
24 experiencing IPV reported having experienced two or more types. These estimates are similar to
25 those reported for immigrant women from Canadian population-based surveys in the past.^{22 23}
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29 Our study shows that immigrant women were less likely to report experiencing IPV than non-
30 immigrant women, a finding that is consistent with some previous research.^{19 20 22} Specifically,
31 immigrant women were less likely than Canadian-born women to report experiencing emotional
32 abuse and physical and/or sexual violence. It may be possible that **factors such as**
33 **embarrassment and stigma, financial dependence on the perpetrator, fears of deportation,**
34 **a desire to preserve family harmony and honor** and significant community censure for
35 disclosing violence discouraged immigrant women in the survey from reporting IPV.^{8 10 14 16 28-31}
36 In addition, the lower rates of abuse found for immigrant women may be partially explained by
37 the fact that many of the risk factors previously linked to IPV were less likely to be present
38 among immigrant women in this study, such as younger age,^{20 32-34} lower educational
39 attainment,³⁵ and lack of religious attendance.³⁶
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43 **Although we found no differences between immigrant and Canadian-born women in the**
44 **consequences of physical and/or sexual IPV, our study** confirms the negative impact that such
45 abuse has on women's physical and psychological well-being. About 40% of immigrant and
46 Canadian-born women who experienced physical and/or sexual IPV reported being injured as a
47 result of the abuse and approximately 25% indicated they had to take time off from their
48 everyday activities as a result of the violence. A sizeable proportion of women also indicated that
49 they had suffered psychologically. Over one-quarter of women who experienced physical and/or
50 sexual violence reported that the incident(s) made them feel angry and fearful that their life was
51 in danger.
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55 **We found that a number of socio-demographic, health status, and social support and**
56 **network variables differentiated abused immigrant and Canadian-born women.** Compared
57 to Canadian-born women, immigrant women were more likely to be married or living in a
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common-law relationship. Although it is unclear whether immigrant women's current married or common-law partner was the perpetrator of the abuse, factors such as economic dependence or isolation from family and/or friends may discourage immigrant women from leaving an abusive relationship.^{8 37 38} Immigrant women were also more likely than their Canadian-born counterparts to have young children living in the home, a finding that may be of concern given the well-documented negative impact of children witnessing violence.³⁹⁻⁴¹ Having young children in the home may also discourage some immigrant women from leaving the abuser.³¹

Immigrant women were more likely than Canadian-born women experiencing IPV to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of American households showed that regular religious attendance was inversely related to perpetration of IPV.³⁶ Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.^{42 43} Others, however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14 44} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.³¹ **Given these findings, interventions for abuse involving religious communities may be important as they could bolster support for women experiencing IPV. Interventions, however, should transform messages that condone and/or perpetuate violence against women.**

Generally, abused immigrant women tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems and depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6 32 33 45} and may partially explain the higher rates of abuse among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴⁶

Immigrant women having experienced IPV did not appear to be socially isolated. Similar to Canadian-born women, **almost 90%** reported that they had at least one relative or close friend that they felt at ease with in the same city or community **and over 70%** felt a strong or somewhat strong sense of belonging in their local community. Moreover, compared to Canadian-born women, a greater proportion indicated that they were a member of an ethnic or cultural association or club near them in the past 12 months. These connections may have contributed in part to immigrant women's positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴³

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report lower levels of trust toward their neighbours and the people with whom they work or go to school with. Issues with trust and experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health,

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3 and criminal justice services.^{43 47} Previous studies of immigrant women who experienced abuse
4 underscore the need for IPV services that are culturally and linguistically appropriate.^{10 31} In this
5 study, a substantial proportion of women who reported experiencing unfair treatment stated that
6 it occurred when dealing with public hospitals or health care workers and from persons in
7 authority or service providers – people that may be integral in women’s help-seeking for IPV.
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10 **Our exploratory study sheds new light on the physical and psychological consequences of**
11 **IPV in immigrant and Canadian-born women. Despite this,** there are some limitations that
12 need to be kept in mind when interpreting the results of this study. First, while the findings from
13 these analyses suggest that the psychological and physical aftermath of IPV were similar for
14 immigrant compared to Canadian-born women, several different types of consequences for
15 immigrant women could not be reported due to small sample sizes. **For consequences that were**
16 **examined, sample sizes may have been too small to detect important differences.** Lack of a
17 sufficiently large enough sample also meant that immigrant women had to be grouped into a
18 single category regardless of important factors that may have influenced their experiences of IPV
19 such as length of residence in Canada.^{22 23} The small sample sizes also inhibited our ability to
20 employ multivariate techniques to determine the relative importance of **contextual factors on the**
21 **consequences** of abuse. Future research should use representative samples that are large enough
22 for meaningful analyses and that take into account other important factors that may affect
23 immigrant women’s experiences of IPV such as country of origin and age at immigration.
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28 Second, the GSS was administered in English or French only and thus excludes respondents who
29 did not speak either of the official languages. As a result, rates of IPV **and associated**
30 **consequences** among immigrant women may have been underestimated, particularly among
31 recent immigrant women who may not have been able to participate in the survey due to limited
32 knowledge of English or French. Third, as IPV is a topic that is sensitive in nature, not all
33 women may have acknowledged their experiences of abuse. **This may have been particularly**
34 **true for some immigrant women who, as noted earlier, may have had difficulty disclosing**
35 **IPV due to personal, financial, social, and legal concerns.** Fourth, given the cross-sectional
36 nature of this study, it is not possible, for example, to determine whether the IPV led to higher
37 rates of activity limitations and medication use among Canadian-born women or whether women
38 with activity limitations or higher medication use were more likely to have experienced abuse.
39 Finally, the use of single questions to assess reactions to violence that use labels (i.e., depression,
40 anxiety) rather than scales or diagnostic instruments to properly diagnose these conditions may
41 have resulted in the under- or over-estimation of psychological problems following IPV.
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46 In conclusion, this study revealed that a sizeable proportion of immigrant women in Canada have
47 experienced IPV and as a result suffered from a wide range of negative psychological and
48 physical effects. While future research should validate these findings using large, representative
49 samples of diverse groups of immigrant women, these preliminary results suggest that the
50 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
51 immigrant women reported lower levels of trust and were more likely to report being
52 discriminated against for reasons such as race and colour, highlighting some of the structural and
53 systemic factors that may have important implications for seeking help and that underscore the
54 need for IPV-related intervention and prevention services that are culturally sensitive and
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appropriate.

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Table 1. Weighted analysis of sociodemographic characteristics of immigrant and Canadian-born women reporting contact with a current or former partner in the previous five years in the 2009 General Social Survey (N=6,859)

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Age group					
15-34	277	18.3	1207	22.6	0.02
35-54	728	48.1	2467	46.2	
55 and older	509	33.6	1672	31.3	
Marital status					
Married or common-law	1406	92.9	4692	87.8	<0.0001
Widowed, separated, divorced, or single	107	7.1	653	12.2	
Education					
High school or less	343	22.8	1519	28.5	0.001
More than high school	1160	77.2	3803	71.5	
Annual household income					
0-\$19,999	73	4.8	231	4.3	<0.0001
\$20,000-\$49,999	305	20.1	1064	19.9	
\$50,000 or more	782	51.7	3219	60.2	
Unknown/not stated	354	23.4	832	15.3	
Children <15 in living in the household	613	40.5	1831	34.3	0.001
Religious attendance					
Once per week	487	32.7	921	17.3	<0.0001
Less than once per week	584	39.1	2190	41.2	
Not at all	421	28.2	2207	41.5	
Region of residence					
Eastern Canada	215	14.2	1940	36.3	<0.0001
Central Canada	879	58.1	1728	32.3	
Western Canada	420	27.7	1677	31.4	

Table 2. Weighted analysis of any type of intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Any IPV	256	17.5	1069	20.3	0.06

Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 3. Weighted analysis of health status of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 4. Weighted analysis of social support and network characteristics of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	

Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past 12 months	38	30.0	94	17.6	0.02
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					

Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 5. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59
Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

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For peer review only

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8 An exploratory study on the prevalence, consequences and contextual factors of intimate partner
9 violence among immigrant and Canadian-born women
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15 Janice Du Mont, EdD
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18 Tonia Forte, MSc
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23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
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Abstract

Objective. While the prevalence and physical and psychological effects of intimate partner violence (IPV) among women in the general population are well-documented, little is known about the extent and consequences of IPV for immigrant women. The objective of this study was to compare immigrant and Canadian-born women on the prevalence, severity and physical and psychological consequences of intimate partner violence (IPV), as well as examine the importance of sociodemographic, health and social network factors that may shape their experiences of abuse.

Method. A national, population based, cross-sectional survey conducted in 2009.

Participants. 1480 women, of whom 218 (15%) were immigrants who reported contact with a current or former partner in the previous five years and had reported experiencing emotional, financial physical or sexual IPV.

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical/sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. Immigrant women were less likely than Canadian-born women to report activity limitations, ($p=0.01$) and medication use for sleep problems ($p=0.05$) or depression ($p=0.05$). Abused immigrant women however, reported lower levels of trust toward their neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$) than Canadian-born women.

Conclusion. Preliminary findings show no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Immigrant women's low levels of trust and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the prevalence and severity of intimate partner violence (IPV) and on the physical and psychological consequences of IPV
- To investigate the importance of sociodemographic, health and social network factors that may be important in shaping immigrant women's experiences of abuse

Key messages

- The prevalence of emotional and physical/sexual IPV was lower among immigrant compared to Canadian-born women
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV

Strengths and limitations

- This exploratory study adds to the limited body of work that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research should include a larger sample of immigrant women in order to examine important factors that may influence their experiences of IPV such as length of residence in a new country

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known however, about the extent and consequences of IPV for immigrant women. While immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women experience in seeking help and leaving abusive situations.^{7, 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of any IPV than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, and the conflicting results as to whether immigrant women are at greater or lesser risk of IPV than non-immigrant women, the goal of this study was to examine the prevalence of IPV for immigrant and Canadian-born women and, among those having experienced IPV, to compare them across several important domains: 1) severity of abuse; 2) sociodemographics; 3) health status; 4) social support and networks; 5) physical consequences of abuse; and 6) psychological consequences of abuse. Such information may provide insights into how immigrant women's particular contexts might shape their experiences of abuse and better elucidate the health-related outcomes associated with being abused.

METHODS

The General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or

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older living in private households in the 10 provinces were interviewed. Respondents were selected using a process of Random Digit Dialing. Each province was divided into geographic areas or strata, and all phone numbers within each stratum had the same probability of being chosen. After a household was contacted, an individual 15 years of age or older within the household was selected at random to be interviewed. Interviews were conducted between February and December 2009 and were administered in English or French. Of the 31,510 households that were selected, 19,422 usable responses were obtained, representing a response rate of 61.6%.

Immigration Status

The GSS assessed immigration status by asking respondents to indicate their country of birth. In this study, Canadian-born women included those women who indicated their country of birth to be Canada. Immigrant women included those women in the survey who indicated they were born outside of Canada.

Intimate partner violence

Respondents were asked about their experiences of IPV by a current or former partner with whom they had had contact with in the five years preceding the survey. This included respondents who were legally married, living common-law, divorced or separated, or in a same-sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics Scale (CTS).

- **Physical violence** was assessed by asking respondents whether a current or former partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved them; slapped them; kicked, bit or hit them with a fist; hit them with something that could hurt; beaten them; choked them; or used or threatened to use a knife or gun on them.
- **Sexual violence** was assessed by asking respondents, “Has your partner or former partner forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?”
- **Emotional abuse** was defined as having occurred if a respondent answered affirmatively to at least one of the following statements about her partner/former partner’s behaviour: “tried to limit your contact with family or friends, put you down or called you names to make you feel bad, was jealous and didn’t want you to talk to other men or women, harmed or threatened to harm someone close to you, demanded to know who you were with and where you were at all times, and damaged or destroyed your possessions or property”.
- **Financial abuse** was measured by the question, “Has your partner prevented you from knowing about or having access to the family income, even if you asked?”

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3 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
4 severity of IPV was conceptualized in terms of the number of different types of abuse
5 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
6 types).
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9 **Sociodemographic characteristics**

10 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
11 marital status (married/common-law, widowed/separated/divorced/single), highest level of
12 education achieved (high school graduate or less, more than high school), annual household
13 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
14 children younger than 15 years of age living in the home (yes, no), frequency of religious
15 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
16 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
17 Columbia, the Prairies]).
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22 **Health status**

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24 Physical health status was assessed by the questions: “In general, would you say your health is
25 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
26 activities at home, work, school or any other area limited by a physical condition?”
27 (sometimes/often/always, no).
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30 Mental health status was assessed by the questions: “In general, would you say your mental
31 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
32 your daily activities at home, work, school or any other area limited by a psychological,
33 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
34 respondents about their medication use: “During the past month, have you used any medications
35 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no) “calm down?”
36 (yes, no) or “get out of depression?” (yes, no).
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40 **Social support and networks**

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42 Isolation was assessed with the questions: “How would you describe your sense of belonging to
43 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
44 close friends you feel at ease with, how many live in the same city or local community as you?”
45 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
46 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
47 in any of these organizations?” (yes, no).
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50 Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted
51 at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of
52 people: people in your family? people in your neighbourhood? people you work with or go to
53 school with [asked among those who indicated they were employed or in school]? strangers?”
54 Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.
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3 Finally, experiences of discrimination were assessed with the questions: “In the past five years,
4 have you experienced discrimination or been treated unfairly by others in Canada because of...”
5 “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?”. Each of these items was
6 examined separately then combined into an “any discrimination” variable. Respondents reporting
7 discrimination based on any of these items, as well as sex, physical appearance, sexual
8 orientation, age, disability, or some other reason were asked, “Was the discrimination you
9 experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a
10 person in authority or from a service provider?” (yes, no).
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13 14 **Consequences of physical and/or sexual intimate partner violence**

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16 Respondents who reported physical and/or sexual IPV were asked how these incidents of
17 violence affected them.
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20 Respondents answered yes or no to each of the following questions that examined the physical
21 consequences of IPV: “During this incident/any of these incidents were you ever physically
22 injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did
23 you ever receive any medical attention at a hospital/hospital or health centre as a result of the
24 violence?”; and “During the past 5 years, did you ever have to take time off from your everyday
25 activities because of what happened to you other than the time you spent in the hospital/hospital
26 or health centre and at home in bed?”
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30 The psychological consequences of IPV were assessed by the questions: “At the time of the
31 incident/these incidents, how did this experience affect you?” Respondents answered yes or no to
32 each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks,
33 and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in
34 danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”
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37 **Analyses**

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39 Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings
40 were representative of the Canadian population as a whole. We examined the prevalence of
41 emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women.
42 Among women reporting any IPV, we compared immigrant and Canadian-born women on the
43 severity of IPV experienced, and sociodemographic, health status, and social support and
44 network characteristics. Finally, immigrant and Canadian-born women who reported
45 experiencing physical and/or sexual violence were compared with respect to the physical and
46 psychological consequences suffered as a result. All analyses were conducted with a χ^2 test for
47 categorical variables. A p value of 0.05 was considered statistically significant. For household
48 income, the proportion of missing data was 14%. Therefore, an unknown/not stated category was
49 included in the analysis of this variable in order to retain the sample size.
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54 **RESULTS**

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3 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported having had
4 contact with a current or former partner within the previous five years. Of these women, 1,484
5 reported experiencing any type of violence; 1,262 of whom indicated Canada to be their country
6 of birth and 218 indicated they were born outside of Canada. Country of birth was not known for
7 the remaining women and they were therefore excluded from the analysis.
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10 Among women reporting contact with a current or former partner in the previous five years,
11 marginally less immigrant women reported experiencing any violence (17.5%) compared to
12 Canadian-born women (20.3%, $p=0.06$) (Table 1). With respect to specific types of IPV,
13 immigrant women were less likely than Canadian-born women to report emotional abuse (15.3%
14 vs. 18.2%, $p=0.04$) and physical/sexual violence (5.1% vs. 6.9%, $p=0.04$).
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17 Among women reporting any IPV from a current or former partner, immigrant women were
18 marginally less likely than Canadian-born women to report experiencing two or more types of
19 violence ($p=0.06$) (Table 1).
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22 There were differences in sociodemographic characteristics between immigrant women and
23 Canadian-born women who reported experiencing any IPV (Table 2). Compared to Canadian-
24 born women, immigrant women were more likely to be married or living in a common-law
25 relationship ($p=0.001$), have children aged younger than 15 years living in the home ($p=0.03$),
26 have missing information on annual household income ($p=0.01$), report more frequent religious
27 attendance ($p=0.0001$), and reside in Ontario ($p<0.0001$).
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30 With respect to the health status of women having experienced any IPV, there were also
31 differences between immigrant and Canadian-born women (Table 2). Immigrant women were
32 less likely than Canadian-born women to report that their daily activities were limited by a
33 physical condition sometimes, often, or always ($p=0.01$). In addition, immigrant women were
34 less likely than Canadian-born women experiencing violence to report medication use in the past
35 month for sleep problems ($p=0.05$) and depression ($p=0.05$).
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38 Finally, there were differences between immigrant and Canadian-born women reporting having
39 experienced any IPV on characteristics associated with social supports and networks (Table 3).
40 Among those who indicated they knew of cultural associations or clubs, more immigrant women
41 indicated being a member of these organizations in the past 12 months ($p=0.02$). However,
42 immigrant women reporting any violence were less likely than Canadian-born women to indicate
43 a high level of trust toward their neighbours ($p=0.04$) or people they work or go to school with
44 ($p=0.02$). Immigrant women were more likely than Canadian-born women to report experiencing
45 any discrimination in the previous five years ($p<0.0001$). Specifically, immigrant women
46 reported more discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour
47 ($p=0.003$), and language ($p<0.0001$).
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51 There were no differences between immigrant and Canadian-born women in the physical and
52 psychological consequences experienced as a result of physical/sexual IPV (Table 4).
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56 DISCUSSION

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5 This study highlights that a sizeable proportion of immigrant women in Canada are affected by
6 violence from a current or former intimate partner. Almost 18% of immigrant women reported
7 experiencing any IPV with 15% reporting emotional abuse, 4% reporting financial abuse, and
8 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
9 experiencing IPV reported having experienced two or more types. These estimates are similar to
10 those reported for immigrant women from Canadian population-based surveys in the past.²²⁻²³

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13 Previous researchers have noted that immigrant women may be more vulnerable to abuse for a
14 number of reasons, including economic insecurity, separation from family and friends, social
15 isolation, language barriers, availability of social support, discrimination, and gendered
16 migration policies.⁸⁻¹⁵ Our study shows however, that immigrant women were less likely to
17 report experiencing IPV than non-immigrant women, a finding that is consistent with some
18 previous research.^{19-20, 22} Specifically, immigrant women were less likely than Canadian-born
19 women to report experiencing emotional and physical and/or sexual violence. It may be possible
20 that perceptions of the abuse as 'normal', traditional values that emphasize family harmony, and
21 significant community censure for reporting violence discouraged immigrant women in the
22 survey from reporting IPV.^{8, 14, 16, 27} In addition, the lower rates of IPV among immigrant women
23 may be partially explained by the fact that many of the traditional risk factors linked to IPV were
24 less likely to be present in immigrant women, such as younger age,^{20, 28-30} lower educational
25 attainment,³¹ lack of religious attendance,³² medication use,⁶ and activity limitations.^{28-29, 33-34}

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30 This study confirms the negative impact that IPV has on women's physical and psychological
31 well-being. About 40% of immigrant and Canadian-born women who experienced physical
32 and/or sexual IPV reported being injured as a result of the abuse, and approximately one-quarter
33 indicated they had to take time off from their everyday activities as a result of the violence. A
34 sizeable proportion of women also indicated that they had suffered psychologically as a result of
35 the abuse. Over one-quarter of women who experienced physical and/or sexual violence reported
36 that the incident(s) made them feel angry and fearful that their life was in danger. We found no
37 differences, however, between immigrant and Canadian-born women in the consequences of
38 physical and/or sexual IPV.

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41 We found notable differences between immigrant and Canadian-born women reporting any IPV
42 with respect a number of socio-demographic, health status and social support and network
43 variables that may have important implications in their experiences of abuse and the likelihood
44 that they would seek help. First, compared to Canadian-born women, immigrant women were
45 more likely to be married or living in a common-law relationship. Although it is unclear whether
46 immigrant women's current married or common-law partner was the perpetrator of the abuse,
47 factors such as economic dependence or isolation from family and/or friends may discourage
48 immigrant women from leaving an abusive relationship.^{8, 35}

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52 Immigrant women were also more likely than their Canadian-born counterparts to have young
53 children living in the home, a finding that is of particular concern given the well-documented
54 negative impact of children witnessing violence.³⁶⁻³⁸ Having young children in the home may
55 also discourage some immigrant women from leaving an abusive relationship.²⁷

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Immigrant women were more likely than Canadian-born women to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of US households showed that regular religious attendance was inversely related to perpetration of IPV.³² Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.³⁹⁻⁴⁰ Others however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14, 41} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.²⁷

Generally, immigrant women in this study tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems or depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6, 28-29, 42} and may partially explain the higher rates of IPV among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴³

In this research, immigrant women having experienced IPV appeared to be well-connected to their community. A greater proportion of immigrant women in our sample indicated that they were a member of an ethnic or cultural associations or club near them in the past 12 months. They were also as likely as Canadian-born women to indicate that they had at least one relative or close friend that they felt at ease with in the same city or community. Immigrant women's strong social supports/networks may have contributed in part to their positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴⁰

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report low levels of trust toward their neighbours and the people with whom they work or go to school with. These findings have important implications for seeking help. Experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health, and criminal justice services.^{40, 44} Previous studies of immigrant women who experienced abuse underscore the need for IPV services that are culturally and linguistically appropriate.^{10, 27} In this study, a substantial proportion of women who reported experiencing unfair treatment stated that it occurred when dealing with public hospitals or health care workers and from persons in authority or service providers – people that are integral in women's help-seeking for IPV.

There are some limitations that need to be kept in mind when interpreting the results of this study. First, while the findings from these analyses suggest that the psychological and physical aftermath of IPV were similar for immigrant compared to Canadian-born women, several different types of consequences for immigrant women could not be reported due to small sample

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3 sizes. Lack of a sufficiently large enough sample also meant that immigrant women had to be
4 grouped into a single category regardless of important factors that may have influenced their
5 experiences of IPV such as length of residence in Canada.²²⁻²³ The small sample sizes also
6 inhibited the ability to employ multivariate techniques to determine the relative importance of
7 factors related to experiences of abuse. Despite this, the present exploratory study provides
8 insight into important contextual factors that shape immigrant and non-immigrant women's
9 experiences of abuse. Future research should use representative samples that are large enough for
10 meaningful analyses.
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14 Second, the GSS was administered in English or French only and thus excludes respondents who
15 did not speak either of the official languages. As a result, rates of IPV among immigrant women
16 may have been underestimated, particularly among recent immigrant women who may not have
17 been able to participate in the survey due to limited knowledge of English or French. Third, as
18 IPV is a topic that is sensitive in nature, not all abused women may have acknowledged their
19 experiences of abuse. Fourth, given the cross-sectional nature of this study, it is not possible to
20 determine whether the IPV led to higher rates of activity limitations and medication use among
21 Canadian-born women or whether women with activity limitations or higher medication use
22 were more likely to have experienced abuse. Finally, the use of single questions to assess
23 reactions to violence that use labels (i.e., depression, anxiety) rather than scales or diagnostic
24 instruments to properly diagnose these conditions may have resulted in the under- or over-
25 estimation of psychological problems following IPV.
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30 In conclusion, this study shows that a sizeable proportion of immigrant women in Canada
31 experience IPV and as a result suffered from a wide range of negative psychological and
32 physical effects. While future research should validate these findings using large, representative
33 samples of diverse groups of immigrant women, these preliminary results suggest that the
34 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
35 immigrant women reported lower levels of trust and were more likely to report being
36 discriminated against for reasons such as race and colour, highlighting some of the structural and
37 systemic factors that may have important implications for seeking help and that underscore the
38 need for IPV-related intervention and prevention services that are culturally sensitive and
39 appropriate.
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Table 1. Weighted analysis of any intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	N	%	N	%	
Any IPV	256	17.5	1069	20.3	0.06
Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 2. Weighted analysis of sociodemographic characteristics and health status of immigrant and Canadian-born women reporting any intimate partner violence

	Immigrant		Canadian-born		P value
	N	%	N	%	
Age group					
15-34	47	16.5	299	25.1	0.08
35-54	160	55.9	605	50.7	
55 and older	79	27.6	290	24.3	
Marital status					
Married or common-law	212	74.3	734	61.4	0.001
Widowed, separated, divorced, or single	74	25.7	460	38.6	
Education					
High school or less	58	20.6	329	27.7	0.08
More than high school	225	79.4	858	72.3	
Annual household income					
0-\$19,999	30	10.4	110	9.2	0.01
\$20,000-\$49,999	64	22.3	353	29.6	
\$50,000 or more	131	45.7	584	48.9	
Unknown/not stated	62	21.6	147	12.3	
Children <15 in living in the household	131	45.9	437	36.6	0.03
Religious attendance					
Once per week	81	28.6	171	14.4	0.0001

Less than once per week	109	38.5	510	43.0	
Not at all	93	33.0	506	42.6	
Region of residence					
Eastern Canada	50	17.5	434	36.4	<0.0001
Central Canada	163	57.0	353	29.6	
Western Canada	73	25.5	407	34.1	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 3. Weighted analysis of social support/network characteristics of immigrant and Canadian-born women reporting any intimate partner violence

	Immigrant		Canadian-born		P value
	N	%	N	%	
Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past	38	30.0	94	17.6	0.02

12 months					
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					
Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 4. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	N	%	N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59

Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

For peer review only

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RE: MANUSCRIPT ID **BMJOPEN-2012-001728**

Title: An exploratory study on the prevalence, consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women

Please find attached a revised version of the manuscript with changes in **bolded blue** text. We would like to thank the reviewers for their time and their valuable comments. We have addressed each of their concerns as outlined below and feel that the quality of the manuscript has been significantly improved as a result. We have also done a thorough re-read and edit of the entire paper.

Reviewer 1: Vathsala Jayasuriya, MD (Community Medicine), Gangodawila, Nugegoda, Sri Lanka

1. This paper aims to answer a very important and pertinent research question, comparing two diverse groups immigrants and non- immigrants. As the authors agree, the main limitation being the small sample size, which makes generalisation as well as the ability to provide a more detailed contextualised discussion of the results difficult. A precise clarification of the research question, however would aid in the readers understanding; i.e. Are the authors focussing on how contextual factors affect experincing violence in any form (the bulk of the results presented answer this question) or are they concerned about how the factors affect the consequences of violence ?

RESPONSE: The objectives of this research study were twofold. The main objective of the study was to compare immigrant and Canadian-born women in the physical and psychological consequences of IPV. This study also sought to compare immigrant and Canadian-born women in important contextual factors that may shape their experiences of IPV such as social supports and networks and experiences of discrimination. As suggested by the reviewer, these objectives were clarified throughout the manuscript, particularly the abstract, introduction and discussion sections of the manuscript.

The title of the paper was also changed to reflect the main objective of the paper. That is, to examine the physical and psychological consequences of IPV among immigrant compared to Canadian-born women.

2. The reader would have benefited from a presentation of the total sample of immigrant women and not only those reporting IPV as this helps to describe their background ethnicity etc, as immigrants form a vastly heterogenous group .

RESPONSE: A new Table 1 has been added to the paper describing the total sample of women reporting contact with a current or former partner in the previous five years (N=6,859) . The table compares immigrant and Canadian-born women across several sociodemographic factors. A description of the sample was also provided in the results section of the manuscript (page 8). The original Table 1 included in the initial draft of this manuscript (which described the sociodemographic characteristics and health status of *abused* immigrant compared to Canadian-born women, N=1480) is now Table 3. However, the sociodemographic findings have been removed from the table and are instead summarized only in the text (page 8).

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- The readers are therefore unable to decide if they are representative of the immigrant population in the study area

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RESPONSE: As discussed in comment 2 above, a table and description of the entire sample of women reporting contact with a current or former partner in the previous 5 years (and not just those reporting IPV) has been added to the paper.

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- See comment 1 above, the main outcome measure (i.e. prevalence of IPV versus consequences of IPV) is not clear

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RESPONSE: The main objective of the paper was to examine the consequences of IPV and this was clarified throughout the paper including in the title, the introduction and discussion sections of the paper as described in the response to comment 1 above. Also, the following sentence in the limitations section of the discussion (page 11) was clarified to refer more clearly to consequences of abuse as the original sentence may have suggested inadvertently that we were referring to prevalence:

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The small sample sizes also inhibited the ability to employ multivariate techniques to determine the relative importance of contextual factors on the consequences of abuse.

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- Results : An overall summary of the study groups, total number of women immigrants and non-immigrants, total number reporting abuse would help the reader better understand the results.

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RESPONSE: A description of the sample was added to the results section on page 8 of the manuscript and reads as follows:

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A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported having had contact with a current or former partner within the previous five years. Information on country of birth was available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born and 218 were immigrants.

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- there is an error in the total number of women reporting IPV in the immigrant group in table 1, it is given as 256 (where as discussed as 286) and page 8 line 7, states it as 218

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RESPONSE: The figure 218 represents the unweighted number of immigrant women in the sample whereas 256 represents the weighted number of immigrant women. Table headings have been revised to make it clear that numbers in columns represent weighted totals.

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- in the same table a p-value is omitted

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RESPONSE: Severity of abuse by immigration status was examined as a 2X2 table, thereby yielding only one p value.

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8. In comparing the results between a heterogeneous immigrant population, who may have social and cultural norms which affects the way in which they interpret violence, perceive violence and seek recourse to violence it may be a limitation to directly interpret and compare the results . For example the fact that more of the immigrant women reporting IPV being married could be that more of immigrant women (whether they are subjected to IPV or not) may remain in marital relationships as divorce is stigmatized in these communities.

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RESPONSE: In the discussion on page 10, the reviewer's point is already addressed as we hypothesize that immigrant women, who were more likely to be married than Canadian-born women, may be discouraged from leaving an abusive relationship given factors such as economic dependence or isolation from family and/or friends.

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We also note on page 10:

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*It may be possible that factors such as **embarrassment and stigma, financial dependence on the perpetrator, fears of deportation, a desire to preserve family harmony and honor and significant community censure for disclosing violence discouraged immigrant women in the survey from reporting IPV.***

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In addition, the following text was added as an additional limitation of the present study, as suggested by the reviewer: (page 11).

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*Third, as IPV is a topic that is sensitive in nature, not all women may have acknowledged their experiences of abuse. **This may have been particularly true for some immigrant women who as noted earlier may have had difficulty disclosing IPV due to personal, financial, social, and legal concerns.***

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9. Also the low levels of IPV among the immigrant women could be a selection bias as the authors discuss those who could speak either English or French were included in the study, this in turn could have selected in a group of immigrant with better educational level, those who are employed, from better social status; all of which are determinants of IPV. Again a presentation of the overall immigrant population in detail would answer the question; are the immigrant women reporting IPV systematically different from those who do not?

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RESPONSE: The addition of Table 1 to the manuscript, which describes the total sample of women reporting contact with a current or former partner, addresses the reviewers comment. The discussion section on Page 9 provides some discussion addressing the reviewers comment and reads:

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In addition, the lower rates of abuse found for immigrant women may be partially explained by the fact that many of the risk factors previously linked to IPV were less likely to be present among immigrant women in this study, such as younger age, lower educational attainment, and lack of religious attendance.

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We also note on page 12 that:

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While future research should validate these findings using large, representative samples of diverse groups of immigrant women, these preliminary results suggest that the consequences of IPV are similar for immigrant and Canadian-born women.

10. This exploratory study aims at address a pertinent question, comparing the immigrant and non-immigrant Canadian women with a limited sample. A presentation of , even a limited description of the immigrant women would provide valuable context to the paper aiding the discussion and the understanding.

RESPONSE: Please see comments above about the addition of Table 1 to the manuscript.

Reviewer: 2 Carmen Vives-Cases. Public Health Reader. Alicante University. Spain.

11. Description of methods applied should be improved. Specifically, authors should give more information about the place where interviews were done. Did interviews take place at home? if yes, authors have to mention its implications according ethical standards for researching intimate partner violence.

RESPONSE: The following description of the GSS was added to page 5 of the manuscript to address the reviewers concerns:

*Data were collected using computer assisted telephone interviewing (CATI) and took place from centralized telephone facilities in four of Statistics Canada's regional offices. Interviewers were trained in telephone interviewing techniques by Statistics Canada staff. **Given the nature of the questions in the survey, they were also provided with crisis, sensitivity, and personal preparedness training by a psychologist, in accordance with ethical and safety recommendations for research on IPV against women {World Health Organization, 2001}. Interviews were conducted between February and December 2009 and were administered in English or French. Respondents were assured that all information provided is strictly confidential.***

12. There are many variables used in this study. In the methods section, it is needed a better differentiation between outcome and explicatives variables.

RESPONSE: As explained in comment 13 below, we were unable to perform a multivariate analysis, therefore, we do not refer to the study variables as explanatory and outcome variables.

13. In order to answer research question, multivariate regression logistic analyses should have been performed.

RESPONSE: The main objective of the study was to compare immigrant and Canadian-born women in the physical and psychological consequences of sexual/physical IPV as well as examine factors that may shape their experiences and the consequences of abuse, including social supports and networks and experiences of discrimination. As the sample sizes for immigrant women were insufficient when examining the outcomes of interest (i.e., physical

injury, had to take time off everyday activities, depression/anxiety, etc,) multivariate techniques could not be performed. This point had been stated as a limitation of the study (page 11).

14. In relation with results, authors provide crude results that not take into account the effect of women's characteristics. It is mentioned that multivariate procedures were not possible due to the small sample size, but the final sample was 6900 women who reported having had contact with current or former partner within the previous five years.

RESPONSE: The outcomes of interest in the present manuscript were physical impacts (physical injury, had to take time off everyday activities) and psychological impacts (depression/anxiety, anger) of IPV. While the total sample of women reporting contact with a current or former partner in the previous 5 years was 6859, only a subset of these women reported IPV and had information available on the consequences of IPV. As such, cell sizes for further examination of how contextual factors affect consequences of IPV were too small for multivariate analysis to be performed. As noted above in the response to 13, we have added this as a limitation of the study (page 11).

15. In relation with interpretation, I would like to add that to be less likely to report IPV does not evidence the immigrant women are less vulnerable than native ones.

RESPONSE: We have acknowledged this in the manuscript on page 9:

It may be possible that factors such as embarrassment and stigma, financial dependence on the perpetrator, fears of deportation, a desire to preserve family harmony and honor and significant community censure for disclosing violence discouraged immigrant women in the survey from reporting IPV

The following has also been added as a limitation to the study, stressing that the lower rate of IPV among immigrant women may reflect their reluctance to report the abuse (Page 12).

Third, as IPV is a topic that is sensitive in nature, not all abused women may have acknowledged their experiences of abuse. This may have been particularly true for some immigrant women who, as noted earlier, may have had difficulty disclosing IPV due to personal, financial, social, and legal concerns.

16. You should also provide an interpretation of why no differences in the consequences of IPV were found between immigrant and Canadian-born women.

RESPONSE: The following was added to the limitation section, highlighting that the sample sizes may have been too small to detect important differences between immigrant and Canadian-born women. Page 11 reads:

For consequences that were examined, sample sizes may have been too small to detect important differences.

In addition, in the discussion of limitations (page 11), we already acknowledge that:

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3 ...the GSS was administered in English or French only and thus excludes respondents who did
4 not speak either of the official languages. As a result, rates of IPV and associated
5 consequences among immigrant women may have been underestimated, particularly among
6 recent immigrant women who may not have been able to participate in the survey due to
7 limited knowledge of English or French.
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12 17. You should also add implications for future interventions and research related with religious
13 involvement results.

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15 **RESPONSE:** Implications for interventions related to findings on religious involvement was
16 added to the manuscript on page 10:

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18 *Given these findings, interventions for abuse involving religious communities may be*
19 *important as they could bolster support for women experiencing IPV. Interventions, however,*
20 *should transform messages that condone and/or perpetuate violence against women.*
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24 18. In my opinion, authors should discuss limitations due to Ethical and Safety Recommendations for
25 Research on Domestic Violence Against Women (WHO, 2001). Find enclosed this review this
26 document.

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28 **RESPONSE:** Canada has been a world leader in setting standards for and conducting ethical and
29 methodologically sound survey research on violence against women, including the collection of
30 IPV related data in the Violence Against Women Survey (1993) and the General Social Surveys
31 on Victimization (1999, 2004, 2009) (see Statistics Canada. Interviewer Manual: General Social
32 Survey, Cycle 13 (Chapter 7: Sensitivity Training); Paletta, A., & Mihorean, K. Cognitive Testing of
33 Questions to Measure Family Violence. Ottawa: Statistics Canada; United Nations Office on
34 Drugs And Crime/United Nations Economic Commission for Europe. Manual on Victimization
35 Surveys. United Nations, Geneva, 2010; Statistics Canada Quality Guidelines, 5th Ed. October
36 2009).
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39 As noted above, on pages 11 and 12 of the discussion section, we have enhanced our discussion
40 of the limitations of our study.

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42 *We have also added the following to the methods section:*

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44 *Given the nature of the questions in the survey, they were also provided with crisis, sensitivity,*
45 *and personal preparedness training by a psychologist, in accordance with ethical and safety*
46 *recommendations for research on IPV against women {World Health Organization, 2001 #151}.*
47 *... Respondents were assured that all information provided is strictly confidential.*
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51 19. The paper is focused in one of the most important vulnerable group of women in relation with
52 IPV. Although the reduce sample size of immigrant women available in the General Social Survey
53 (GSS, 2009) limits the analyses, authors should tried to give more recommendations for future
54 research in order to study IPV situation among recent and non recent immigrant women, but
55 also among women born in different countries.
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58 **RESPONSE:** The following future recommendations were added to the manuscript on page 11:
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Future research should use representative samples that are large enough for meaningful analyses and that take into account other important factors that may affect immigrant women's experiences of IPV such as country of origin and age at immigration.

For peer review only



An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women

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Primary Subject Heading:	Epidemiology
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Keywords:	EPIDEMIOLOGY, MENTAL HEALTH, PUBLIC HEALTH

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Manuscripts

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8 **An exploratory study on the consequences and contextual factors of intimate partner**
9 **violence among immigrant and Canadian-born women**
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15 Janice Du Mont, EdD

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18 Tonia Forte, MSc

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21
22
23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
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34 **Keywords:** Intimate partner violence (IPV), immigrant women, physical consequences,
35 psychological consequences, discrimination, trust
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38 **Word Count:** 3,979 (Abstract: 268)

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40 **Tables:** 5

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43 The authors declare no conflict of interest
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Abstract

Objective. To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV), as well as examine important sociodemographic, health, and social support and network factors that may shape their experiences of abuse.

Method. National, population based, cross-sectional survey conducted in 2009.

Participants. **6,859 women reported contact with a current or former partner in the previous five years, of whom 1,480 reported experiencing emotional, financial, physical, and/or sexual IPV. Of these women, 218 (15%) were immigrants and 1,262 (85%) were Canadian-born.**

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical and/or sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. However, compared to Canadian-born women, immigrant women reported lower levels of trust toward their neighbours ($p=0.04$) and people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$). Immigrant women were less likely than Canadian-born women to report activity limitations ($p=0.01$) and medication use for sleep problems ($p=0.05$) and depression ($p=0.05$).

Conclusion. Our exploratory study revealed no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Abused immigrant women's lower levels of trust for certain individuals and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV).
- To investigate important sociodemographic, health, and social support and network factors that may shape immigrant women's experiences of abuse.

Key messages

- The prevalence of emotional abuse and physical/sexual violence was lower among immigrant compared to Canadian-born women.
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV.
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV.

Strengths and limitations

- This exploratory study adds to the very limited body of research that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research **investigating the physical and psychological consequences of IPV** should include larger **diverse** samples of immigrant women.

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial, and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known, however, about the extent and consequences of IPV for immigrant women. Although immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women may experience in seeking help and leaving abusive situations.^{7 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any type of IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of abuse than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, the goal of this study was to compare **immigrant and Canadian-born women in the physical and psychological consequences of abuse. As pre-and post-migration factors may shape immigrant women's experiences of abuse, we also sought to examine differences between immigrant and Canadian-born women across several domains such as their health status and social supports and networks.** This information may provide insights into how immigrant women's particular contexts might affect their experiences of abuse and better elucidate the health-related outcomes associated with being a victim of IPV.

METHODS

Statistics Canada's General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or older living in private households in the 10 provinces were interviewed. Respondents were

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3 selected using a process of Random Digit Dialing. Each province was divided into geographic
4 areas or strata, and all phone numbers within each stratum had the same probability of being
5 chosen. After a household was contacted, an individual 15 years of age or older within the
6 household was selected at random to be interviewed. **Data were collected using computer
7 assisted telephone interviewing (CATI) and took place from centralized telephone facilities
8 in four of Statistics Canada's regional offices. Interviewers were trained in telephone
9 interviewing techniques by Statistics Canada staff. Given the nature of the questions in the
10 survey, they were also provided with crisis, sensitivity, and personal preparedness training
11 by a psychologist, in accordance with ethical and safety recommendations for research on
12 IPV against women.**²⁷ Interviews were conducted between February and December 2009 and
13 were administered in English or French. **Respondents were assured that all information
14 provided is strictly confidential.** Of the 31,510 households that were selected, 19,422 usable
15 responses were obtained, representing a response rate of 61.6%.
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20 **Definition of intimate partner violence (IPV)**

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22 Respondents were asked about their experiences of IPV by a current or former partner with
23 whom they had had contact with in the five years preceding the survey. This included
24 respondents who were legally married, living common-law, divorced or separated, or in a same-
25 sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics
26 Scale (CTS).
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30 • **Physical violence** was assessed by asking respondents whether a current or former
31 partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved
32 them; slapped them; kicked, bit or hit them with a fist; hit them with something that
33 could hurt; beaten them; choked them; or used or threatened to use a knife or gun on
34 them.
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37 • **Sexual violence** was assessed by asking respondents, “Has your partner or former partner
38 forced you into any unwanted sexual activity by threatening you, holding you down, or
39 hurting you in some way?”
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42 • **Emotional abuse** was defined as having occurred if a respondent answered affirmatively
43 to at least one of the following statements about her partner/former partner’s behaviour:
44 “tried to limit your contact with family or friends, put you down or called you names to
45 make you feel bad, was jealous and didn’t want you to talk to other men or women,
46 harmed or threatened to harm someone close to you, demanded to know who you were
47 with and where you were at all times, and damaged or destroyed your possessions or
48 property”.
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51 • **Financial abuse** was measured by the question, “Has your partner prevented you from
52 knowing about or having access to the family income, even if you asked?”
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55 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
56 severity of IPV was conceptualized in terms of the number of different types of abuse
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3 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
4 types).
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7 **Immigration Status**

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9 The GSS assessed immigration status by asking respondents to indicate their country of birth. In
10 this study, Canadian-born women included those women who indicated their country of birth to
11 be Canada. Immigrant women included those women in the survey who indicated they were born
12 outside of Canada.
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15 **Sociodemographic characteristics**

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17 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
18 marital status (married/common-law, widowed/separated/divorced/single), highest level of
19 education achieved (high school graduate or less, more than high school), annual household
20 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
21 children younger than 15 years of age living in the home (yes, no), frequency of religious
22 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
23 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
24 Columbia, the Prairies]).
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28 **Health status**

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30 Physical health status was assessed by the questions: “In general, would you say your health is
31 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
32 activities at home, work, school or any other area limited by a physical condition?”
33 (sometimes/often/always, no).
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37 Mental health status was assessed by the questions: “In general, would you say your mental
38 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
39 your daily activities at home, work, school or any other area limited by a psychological,
40 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
41 respondents about their medication use: “During the past month, have you used any medications
42 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no), “calm down?”
43 (yes, no), or “get out of depression?” (yes, no).
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46 **Social support and networks**

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48 Isolation was assessed with the questions: “How would you describe your sense of belonging to
49 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
50 close friends you feel at ease with, how many live in the same city or local community as you?”
51 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
52 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
53 in any of these organizations?” (yes, no).
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Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of people: people in your family? people in your neighbourhood? people you work with or go to school with [asked among those who indicated they were employed or in school]? or strangers?” Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.

Finally, experiences of discrimination were assessed with the questions: “In the past five years, have you experienced discrimination or been treated unfairly by others in Canada because of...” “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?” Each of these items was examined separately then combined into an “any discrimination” variable. Respondents reporting discrimination based on any of these items, as well as sex, physical appearance, sexual orientation, age, disability, or some other reason were asked, “Was the discrimination you experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a person in authority or from a service provider?” (yes, no).

Consequences of physical and/or sexual intimate partner violence

Respondents who reported physical and/or sexual IPV were asked how these incidents of violence had affected them.

Respondents answered yes or no to each of the following questions that examined the physical consequences of IPV: “During this incident/any of these incidents were you ever physically injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did you ever receive any medical attention at a hospital/hospital or health centre as a result of the violence?”; and “During the past 5 years, did you ever have to take time off from your everyday activities because of what happened to you other than the time you spent in the hospital/hospital or health centre and at home in bed?”

The psychological consequences of IPV were assessed by the questions: “At the time of the incident/these incidents, how did this experience affect you?” Respondents answered yes or no to each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks, and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”

Analyses

Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings were representative of the Canadian population as a whole. We examined the **sociodemographic characteristics and** prevalence of emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women **reporting contact with a current or former partner in the previous five years**. Among women reporting any IPV, we compared immigrant and Canadian-born women on the severity of IPV experienced, and sociodemographic, health status, and social support and network characteristics. Finally, immigrant and Canadian-born women who reported experiencing physical and/or sexual violence were compared with respect to the physical and psychological consequences suffered as a result. All analyses were conducted with

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3 a χ^2 test for categorical variables. A p value of 0.05 was considered statistically significant. For
4 household income, the proportion of missing data was 14%. Therefore, an unknown/not stated
5 category was included in the analysis of this variable in order to retain the sample size.
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8 9 RESULTS

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11 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported contact with
12 a current or former partner within the previous five years. **Information on country of birth was
13 available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their
14 country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of
15 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born
16 and 218 were immigrants.**
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20 **There were significant differences in sociodemographic characteristics between immigrant
21 and Canadian-born women (Table 1). Immigrant women were more likely to be older
22 (p=0.02) and married or in a common-law relationship (p<0.0001) and to have more than a
23 high school education (p=0.001), missing information on household income (p<0.0001), and
24 children aged 0 to 14 years living in the home (p=0.001). Compared with Canadian-born
25 women, immigrant women reported more frequent religious attendance (p<0.0001) and
26 were more likely to reside in Central Canada (p<0.0001).**
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30 With respect to specific types of IPV, immigrant women were less likely than Canadian-born
31 women to report experiencing emotional abuse (15.3% vs. 18.2%, p=0.04) and physical and/or
32 sexual violence (5.1% vs. 6.9%, p=0.04) (**Table 2**). Compared to Canadian-born women,
33 marginally less immigrant women reported experiencing any type of IPV (17.5% vs. 20.3%,
34 p=0.06). Among those reporting any IPV, immigrant women were marginally less likely than
35 Canadian-born women to report experiencing two or more types of violence (p=0.06).
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39 The differences in sociodemographic characteristics between immigrant women and Canadian-
40 born women who reported experiencing any type of IPV **were similar to those found in the
41 entire sample**. Compared to abused Canadian-born women, abused immigrant women were
42 more likely to be married or living in a common-law relationship (p=0.001), have children aged
43 0 to 14 years living in the home (p=0.03), have missing information on annual household income
44 (p=0.01), report more frequent religious attendance (p=0.0001), and reside in Central Canada
45 (p<0.0001).
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47
48 There were also differences in health status between abused immigrant and Canadian-born
49 women (**Table 3**). Immigrant women were less likely than Canadian-born women to report that
50 their daily activities were limited by a physical condition sometimes, often, or always (p=0.01).
51 In addition, immigrant women were less likely than Canadian-born women to report medication
52 use in the past month for sleep problems (p=0.05) and depression (p=0.05).
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55 Finally, there were differences between abused immigrant and Canadian-born women in
56 characteristics associated with social supports and networks (**Table 4**). Among those who
57 indicated they knew of cultural associations or clubs, more immigrant women indicated being a
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3 member of these organizations in the past 12 months ($p=0.02$). However, immigrant women
4 were less likely than Canadian-born women to indicate a high level of trust toward their
5 neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$). Moreover, they were
6 more likely than Canadian-born women to report experiencing any type of discrimination in the
7 previous five years ($p<0.0001$). Specifically, immigrant women reported more discrimination
8 based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language
9 ($p<0.0001$).
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13 There were no differences between immigrant and Canadian-born women in the physical and
14 psychological consequences experienced as a result of physical and/or sexual IPV (Table 5).
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16 17 18 DISCUSSION

19
20 This study shows that a sizeable proportion of immigrant women in Canada are affected by
21 violence from a current or former intimate partner. Almost 18% of immigrant women reported
22 experiencing any type of IPV with 15% reporting emotional abuse, 4% reporting financial abuse,
23 and 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
24 experiencing IPV reported having experienced two or more types. These estimates are similar to
25 those reported for immigrant women from Canadian population-based surveys in the past.^{22 23}
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27

28 Our study shows that immigrant women were less likely to report experiencing IPV than non-
29 immigrant women, a finding that is consistent with some previous research.^{19 20 22} Specifically,
30 immigrant women were less likely than Canadian-born women to report experiencing emotional
31 abuse and physical and/or sexual violence. It may be possible that **factors such as**
32 **embarrassment and stigma, financial dependence on the perpetrator, fears of deportation,**
33 **a desire to preserve family harmony and honor** and significant community censure for
34 disclosing violence discouraged immigrant women in the survey from reporting IPV.^{8 10 14 16 28-31}
35 In addition, the lower rates of abuse found for immigrant women may be partially explained by
36 the fact that many of the risk factors previously linked to IPV were less likely to be present
37 among immigrant women in this study, such as younger age,^{20 32-34} lower educational
38 attainment,³⁵ and lack of religious attendance.³⁶
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43 **Although we found no differences between immigrant and Canadian-born women in the**
44 **consequences of physical and/or sexual IPV, our study** confirms the negative impact that such
45 abuse has on women's physical and psychological well-being. About 40% of immigrant and
46 Canadian-born women who experienced physical and/or sexual IPV reported being injured as a
47 result of the abuse and approximately 25% indicated they had to take time off from their
48 everyday activities as a result of the violence. A sizeable proportion of women also indicated that
49 they had suffered psychologically. Over one-quarter of women who experienced physical and/or
50 sexual violence reported that the incident(s) made them feel angry and fearful that their life was
51 in danger.
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54 **We found that a number of socio-demographic, health status, and social support and**
55 **network variables differentiated abused immigrant and Canadian-born women.** Compared
56 to Canadian-born women, immigrant women were more likely to be married or living in a
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common-law relationship. Although it is unclear whether immigrant women's current married or common-law partner was the perpetrator of the abuse, factors such as economic dependence or isolation from family and/or friends may discourage immigrant women from leaving an abusive relationship.^{8 37 38} Immigrant women were also more likely than their Canadian-born counterparts to have young children living in the home, a finding that may be of concern given the well-documented negative impact of children witnessing violence.³⁹⁻⁴¹ Having young children in the home may also discourage some immigrant women from leaving the abuser.³¹

Immigrant women were more likely than Canadian-born women experiencing IPV to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of American households showed that regular religious attendance was inversely related to perpetration of IPV.³⁶ Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.^{42 43} Others, however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14 44} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.³¹ **Given these findings, interventions for abuse involving religious communities may be important as they could bolster support for women experiencing IPV. Interventions, however, should transform messages that condone and/or perpetuate violence against women.**

Generally, abused immigrant women tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems and depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6 32 33 45} and may partially explain the higher rates of abuse among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴⁶

Immigrant women having experienced IPV did not appear to be socially isolated. Similar to Canadian-born women, **almost 90%** reported that they had at least one relative or close friend that they felt at ease with in the same city or community **and over 70%** felt a strong or somewhat strong sense of belonging in their local community. Moreover, compared to Canadian-born women, a greater proportion indicated that they were a member of an ethnic or cultural association or club near them in the past 12 months. These connections may have contributed in part to immigrant women's positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴³

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report lower levels of trust toward their neighbours and the people with whom they work or go to school with. Issues with trust and experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health,

and criminal justice services.^{43 47} Previous studies of immigrant women who experienced abuse underscore the need for IPV services that are culturally and linguistically appropriate.^{10 31} In this study, a substantial proportion of women who reported experiencing unfair treatment stated that it occurred when dealing with public hospitals or health care workers and from persons in authority or service providers – people that may be integral in women’s help-seeking for IPV.

Our exploratory study sheds new light on the physical and psychological consequences of IPV in immigrant and Canadian-born women. Despite this, there are some limitations that need to be kept in mind when interpreting the results of this study. First, while the findings from these analyses suggest that the psychological and physical aftermath of IPV were similar for immigrant compared to Canadian-born women, several different types of consequences for immigrant women could not be reported due to small sample sizes. **For consequences that were examined, sample sizes may have been too small to detect important differences.** Lack of a sufficiently large enough sample also meant that immigrant women had to be grouped into a single category regardless of important factors that may have influenced their experiences of IPV such as length of residence in Canada.^{22 23} The small sample sizes also inhibited our ability to employ multivariate techniques to determine the relative importance of **contextual factors on the consequences** of abuse. Future research should use representative samples that are large enough for meaningful analyses and that take into account other important factors that may affect immigrant women’s experiences of IPV such as country of origin and age at immigration.

Second, the GSS was administered in English or French only and thus excludes respondents who did not speak either of the official languages. As a result, rates of **IPV and associated consequences** among immigrant women may have been underestimated, particularly among recent immigrant women who may not have been able to participate in the survey due to limited knowledge of English or French. Third, as IPV is a topic that is sensitive in nature, not all women may have acknowledged their experiences of abuse. **This may have been particularly true for some immigrant women who, as noted earlier, may have had difficulty disclosing IPV due to personal, financial, social, and legal concerns.** Fourth, given the cross-sectional nature of this study, it is not possible, for example, to determine whether the IPV led to higher rates of activity limitations and medication use among Canadian-born women or whether women with activity limitations or higher medication use were more likely to have experienced abuse. Finally, the use of single questions to assess reactions to violence that use labels (i.e., depression, anxiety) rather than scales or diagnostic instruments to properly diagnose these conditions may have resulted in the under- or over-estimation of psychological problems following IPV.

In conclusion, this study revealed that a sizeable proportion of immigrant women in Canada have experienced IPV and as a result suffered from a wide range of negative psychological and physical effects. While future research should validate these findings using large, representative samples of diverse groups of immigrant women, these preliminary results suggest that the consequences of IPV are similar for immigrant and Canadian-born women. However, abused immigrant women reported lower levels of trust and were more likely to report being discriminated against for reasons such as race and colour, highlighting some of the structural and systemic factors that may have important implications for seeking help and that underscore the need for IPV-related intervention and prevention services that are culturally sensitive and

appropriate.

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Table 1. Weighted analysis of sociodemographic characteristics of immigrant and Canadian-born women reporting contact with a current or former partner in the previous five years in the 2009 General Social Survey (N=6,859)

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Age group					
15-34	277	18.3	1207	22.6	0.02
35-54	728	48.1	2467	46.2	
55 and older	509	33.6	1672	31.3	
Marital status					
Married or common-law	1406	92.9	4692	87.8	<0.0001
Widowed, separated, divorced, or single	107	7.1	653	12.2	
Education					
High school or less	343	22.8	1519	28.5	0.001
More than high school	1160	77.2	3803	71.5	
Annual household income					
0-\$19,999	73	4.8	231	4.3	<0.0001
\$20,000-\$49,999	305	20.1	1064	19.9	
\$50,000 or more	782	51.7	3219	60.2	
Unknown/not stated	354	23.4	832	15.3	
Children <15 in living in the household	613	40.5	1831	34.3	0.001
Religious attendance					
Once per week	487	32.7	921	17.3	<0.0001
Less than once per week	584	39.1	2190	41.2	
Not at all	421	28.2	2207	41.5	
Region of residence					
Eastern Canada	215	14.2	1940	36.3	<0.0001
Central Canada	879	58.1	1728	32.3	
Western Canada	420	27.7	1677	31.4	

Table 2. Weighted analysis of any type of intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Any IPV	256	17.5	1069	20.3	0.06

Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 3. Weighted analysis of health status of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 4. Weighted analysis of social support and network characteristics of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	

Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past 12 months	38	30.0	94	17.6	0.02
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					

Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 5. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59
Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

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8 **An exploratory study on the consequences and contextual factors of intimate partner**
9 **violence among immigrant and Canadian-born women**
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15 Janice Du Mont, EdD

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18 Tonia Forte, MSc

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22
23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
31
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Abstract

Objective. To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV), as well as examine important sociodemographic, health, and social support and network factors that may shape their experiences of abuse.

Method. National, population based, cross-sectional survey conducted in 2009.

Participants. **6,859 women reported contact with a current or former partner in the previous five years, of whom 1,480 reported experiencing emotional, financial, physical, and/or sexual IPV. Of these women, 218 (15%) were immigrants and 1,262 (85%) were Canadian-born.**

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical and/or sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. However, compared to Canadian-born women, immigrant women reported lower levels of trust toward their neighbours ($p=0.04$) and people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$). Immigrant women were less likely than Canadian-born women to report activity limitations ($p=0.01$) and medication use for sleep problems ($p=0.05$) and depression ($p=0.05$).

Conclusion. Our exploratory study revealed no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Abused immigrant women's lower levels of trust for certain individuals and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV).
- To investigate important sociodemographic, health, and social support and network factors that may shape immigrant women's experiences of abuse.

Key messages

- The prevalence of emotional abuse and physical/sexual violence was lower among immigrant compared to Canadian-born women.
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV.
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV.

Strengths and limitations

- This exploratory study adds to the very limited body of research that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research **investigating the physical and psychological consequences of IPV** should include larger **diverse** samples of immigrant women.

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial, and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known, however, about the extent and consequences of IPV for immigrant women. Although immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women may experience in seeking help and leaving abusive situations.^{7 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any type of IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of abuse than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, the goal of this study was to compare **immigrant and Canadian-born women in the physical and psychological consequences of abuse. As pre-and post-migration factors may shape immigrant women's experiences of abuse, we also sought to examine differences between immigrant and Canadian-born women across several domains such as their health status and social supports and networks.** This information may provide insights into how immigrant women's particular contexts might affect their experiences of abuse and better elucidate the health-related outcomes associated with being a victim of IPV.

METHODS

Statistics Canada's General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or older living in private households in the 10 provinces were interviewed. Respondents were

selected using a process of Random Digit Dialing. Each province was divided into geographic areas or strata, and all phone numbers within each stratum had the same probability of being chosen. After a household was contacted, an individual 15 years of age or older within the household was selected at random to be interviewed. **Data were collected using computer assisted telephone interviewing (CATI) and took place from centralized telephone facilities in four of Statistics Canada's regional offices. Interviewers were trained in telephone interviewing techniques by Statistics Canada staff. Given the nature of the questions in the survey, they were also provided with crisis, sensitivity, and personal preparedness training by a psychologist, in accordance with ethical and safety recommendations for research on IPV against women.**²⁷ Interviews were conducted between February and December 2009 and were administered in English or French. **Respondents were assured that all information provided is strictly confidential.** Of the 31,510 households that were selected, 19,422 usable responses were obtained, representing a response rate of 61.6%.

Definition of intimate partner violence (IPV)

Respondents were asked about their experiences of IPV by a current or former partner with whom they had had contact with in the five years preceding the survey. This included respondents who were legally married, living common-law, divorced or separated, or in a same-sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics Scale (CTS).

- **Physical violence** was assessed by asking respondents whether a current or former partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved them; slapped them; kicked, bit or hit them with a fist; hit them with something that could hurt; beaten them; choked them; or used or threatened to use a knife or gun on them.
- **Sexual violence** was assessed by asking respondents, “Has your partner or former partner forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?”
- **Emotional abuse** was defined as having occurred if a respondent answered affirmatively to at least one of the following statements about her partner/former partner’s behaviour: “tried to limit your contact with family or friends, put you down or called you names to make you feel bad, was jealous and didn’t want you to talk to other men or women, harmed or threatened to harm someone close to you, demanded to know who you were with and where you were at all times, and damaged or destroyed your possessions or property”.
- **Financial abuse** was measured by the question, “Has your partner prevented you from knowing about or having access to the family income, even if you asked?”

In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The severity of IPV was conceptualized in terms of the number of different types of abuse

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3 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
4 types).
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6 7 **Immigration Status** 8

9 The GSS assessed immigration status by asking respondents to indicate their country of birth. In
10 this study, Canadian-born women included those women who indicated their country of birth to
11 be Canada. Immigrant women included those women in the survey who indicated they were born
12 outside of Canada.
13

14 15 **Sociodemographic characteristics** 16

17 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
18 marital status (married/common-law, widowed/separated/divorced/single), highest level of
19 education achieved (high school graduate or less, more than high school), annual household
20 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
21 children younger than 15 years of age living in the home (yes, no), frequency of religious
22 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
23 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
24 Columbia, the Prairies]).
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28 29 **Health status** 30

31 Physical health status was assessed by the questions: “In general, would you say your health is
32 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
33 activities at home, work, school or any other area limited by a physical condition?”
34 (sometimes/often/always, no).
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36 Mental health status was assessed by the questions: “In general, would you say your mental
37 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
38 your daily activities at home, work, school or any other area limited by a psychological,
39 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
40 respondents about their medication use: “During the past month, have you used any medications
41 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no), “calm down?”
42 (yes, no), or “get out of depression?” (yes, no).
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46 47 **Social support and networks** 48

49 Isolation was assessed with the questions: “How would you describe your sense of belonging to
50 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
51 close friends you feel at ease with, how many live in the same city or local community as you?”
52 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
53 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
54 in any of these organizations?” (yes, no).
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Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of people: people in your family? people in your neighbourhood? people you work with or go to school with [asked among those who indicated they were employed or in school]? or strangers?” Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.

Finally, experiences of discrimination were assessed with the questions: “In the past five years, have you experienced discrimination or been treated unfairly by others in Canada because of...” “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?” Each of these items was examined separately then combined into an “any discrimination” variable. Respondents reporting discrimination based on any of these items, as well as sex, physical appearance, sexual orientation, age, disability, or some other reason were asked, “Was the discrimination you experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a person in authority or from a service provider?” (yes, no).

Consequences of physical and/or sexual intimate partner violence

Respondents who reported physical and/or sexual IPV were asked how these incidents of violence had affected them.

Respondents answered yes or no to each of the following questions that examined the physical consequences of IPV: “During this incident/any of these incidents were you ever physically injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did you ever receive any medical attention at a hospital/hospital or health centre as a result of the violence?”; and “During the past 5 years, did you ever have to take time off from your everyday activities because of what happened to you other than the time you spent in the hospital/hospital or health centre and at home in bed?”

The psychological consequences of IPV were assessed by the questions: “At the time of the incident/these incidents, how did this experience affect you?” Respondents answered yes or no to each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks, and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”

Analyses

Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings were representative of the Canadian population as a whole. We examined the **sociodemographic characteristics and** prevalence of emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women **reporting contact with a current or former partner in the previous five years**. Among women reporting any IPV, we compared immigrant and Canadian-born women on the severity of IPV experienced, and sociodemographic, health status, and social support and network characteristics. Finally, immigrant and Canadian-born women who reported experiencing physical and/or sexual violence were compared with respect to the physical and psychological consequences suffered as a result. All analyses were conducted with

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3 a χ^2 test for categorical variables. A p value of 0.05 was considered statistically significant. For
4 household income, the proportion of missing data was 14%. Therefore, an unknown/not stated
5 category was included in the analysis of this variable in order to retain the sample size.
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9 RESULTS

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11 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported contact with
12 a current or former partner within the previous five years. **Information on country of birth was
13 available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their
14 country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of
15 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born
16 and 218 were immigrants.**
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20 **There were significant differences in sociodemographic characteristics between immigrant
21 and Canadian-born women (Table 1). Immigrant women were more likely to be older
22 (p=0.02) and married or in a common-law relationship (p<0.0001) and to have more than a
23 high school education (p=0.001), missing information on household income (p<0.0001), and
24 children aged 0 to 14 years living in the home (p=0.001). Compared with Canadian-born
25 women, immigrant women reported more frequent religious attendance (p<0.0001) and
26 were more likely to reside in Central Canada (p<0.0001).**
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30 With respect to specific types of IPV, immigrant women were less likely than Canadian-born
31 women to report experiencing emotional abuse (15.3% vs. 18.2%, p=0.04) and physical and/or
32 sexual violence (5.1% vs. 6.9%, p=0.04) (**Table 2**). Compared to Canadian-born women,
33 marginally less immigrant women reported experiencing any type of IPV (17.5% vs. 20.3%,
34 p=0.06). Among those reporting any IPV, immigrant women were marginally less likely than
35 Canadian-born women to report experiencing two or more types of violence (p=0.06).
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39 The differences in sociodemographic characteristics between immigrant women and Canadian-
40 born women who reported experiencing any type of IPV **were similar to those found in the
41 entire sample**. Compared to abused Canadian-born women, abused immigrant women were
42 more likely to be married or living in a common-law relationship (p=0.001), have children aged
43 0 to 14 years living in the home (p=0.03), have missing information on annual household income
44 (p=0.01), report more frequent religious attendance (p=0.0001), and reside in Central Canada
45 (p<0.0001).
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48 There were also differences in health status between abused immigrant and Canadian-born
49 women (**Table 3**). Immigrant women were less likely than Canadian-born women to report that
50 their daily activities were limited by a physical condition sometimes, often, or always (p=0.01).
51 In addition, immigrant women were less likely than Canadian-born women to report medication
52 use in the past month for sleep problems (p=0.05) and depression (p=0.05).
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55 Finally, there were differences between abused immigrant and Canadian-born women in
56 characteristics associated with social supports and networks (**Table 4**). Among those who
57 indicated they knew of cultural associations or clubs, more immigrant women indicated being a
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3 member of these organizations in the past 12 months ($p=0.02$). However, immigrant women
4 were less likely than Canadian-born women to indicate a high level of trust toward their
5 neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$). Moreover, they were
6 more likely than Canadian-born women to report experiencing any type of discrimination in the
7 previous five years ($p<0.0001$). Specifically, immigrant women reported more discrimination
8 based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language
9 ($p<0.0001$).
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12 There were no differences between immigrant and Canadian-born women in the physical and
13 psychological consequences experienced as a result of physical and/or sexual IPV (Table 5).
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16 17 18 DISCUSSION

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20 This study shows that a sizeable proportion of immigrant women in Canada are affected by
21 violence from a current or former intimate partner. Almost 18% of immigrant women reported
22 experiencing any type of IPV with 15% reporting emotional abuse, 4% reporting financial abuse,
23 and 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
24 experiencing IPV reported having experienced two or more types. These estimates are similar to
25 those reported for immigrant women from Canadian population-based surveys in the past.^{22 23}
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28 Our study shows that immigrant women were less likely to report experiencing IPV than non-
29 immigrant women, a finding that is consistent with some previous research.^{19 20 22} Specifically,
30 immigrant women were less likely than Canadian-born women to report experiencing emotional
31 abuse and physical and/or sexual violence. It may be possible that **factors such as**
32 **embarrassment and stigma, financial dependence on the perpetrator, fears of deportation,**
33 **a desire to preserve family harmony and honor** and significant community censure for
34 disclosing violence discouraged immigrant women in the survey from reporting IPV.^{8 10 14 16 28-31}
35 In addition, the lower rates of abuse found for immigrant women may be partially explained by
36 the fact that many of the risk factors previously linked to IPV were less likely to be present
37 among immigrant women in this study, such as younger age,^{20 32-34} lower educational
38 attainment,³⁵ and lack of religious attendance.³⁶
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42 **Although we found no differences between immigrant and Canadian-born women in the**
43 **consequences of physical and/or sexual IPV, our study** confirms the negative impact that such
44 abuse has on women's physical and psychological well-being. About 40% of immigrant and
45 Canadian-born women who experienced physical and/or sexual IPV reported being injured as a
46 result of the abuse and approximately 25% indicated they had to take time off from their
47 everyday activities as a result of the violence. A sizeable proportion of women also indicated that
48 they had suffered psychologically. Over one-quarter of women who experienced physical and/or
49 sexual violence reported that the incident(s) made them feel angry and fearful that their life was
50 in danger.
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53 **We found that a number of socio-demographic, health status, and social support and**
54 **network variables differentiated abused immigrant and Canadian-born women.** Compared
55 to Canadian-born women, immigrant women were more likely to be married or living in a
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common-law relationship. Although it is unclear whether immigrant women's current married or common-law partner was the perpetrator of the abuse, factors such as economic dependence or isolation from family and/or friends may discourage immigrant women from leaving an abusive relationship.^{8 37 38} Immigrant women were also more likely than their Canadian-born counterparts to have young children living in the home, a finding that may be of concern given the well-documented negative impact of children witnessing violence.³⁹⁻⁴¹ Having young children in the home may also discourage some immigrant women from leaving the abuser.³¹

Immigrant women were more likely than Canadian-born women experiencing IPV to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of American households showed that regular religious attendance was inversely related to perpetration of IPV.³⁶ Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.^{42 43} Others, however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14 44} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.³¹ **Given these findings, interventions for abuse involving religious communities may be important as they could bolster support for women experiencing IPV. Interventions, however, should transform messages that condone and/or perpetuate violence against women.**

Generally, abused immigrant women tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems and depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6 32 33 45} and may partially explain the higher rates of abuse among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴⁶

Immigrant women having experienced IPV did not appear to be socially isolated. Similar to Canadian-born women, **almost 90%** reported that they had at least one relative or close friend that they felt at ease with in the same city or community **and over 70%** felt a strong or somewhat strong sense of belonging in their local community. Moreover, compared to Canadian-born women, a greater proportion indicated that they were a member of an ethnic or cultural association or club near them in the past 12 months. These connections may have contributed in part to immigrant women's positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴³

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report lower levels of trust toward their neighbours and the people with whom they work or go to school with. Issues with trust and experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health,

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3 and criminal justice services.^{43 47} Previous studies of immigrant women who experienced abuse
4 underscore the need for IPV services that are culturally and linguistically appropriate.^{10 31} In this
5 study, a substantial proportion of women who reported experiencing unfair treatment stated that
6 it occurred when dealing with public hospitals or health care workers and from persons in
7 authority or service providers – people that may be integral in women’s help-seeking for IPV.
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10 **Our exploratory study sheds new light on the physical and psychological consequences of**
11 **IPV in immigrant and Canadian-born women. Despite this,** there are some limitations that
12 need to be kept in mind when interpreting the results of this study. First, while the findings from
13 these analyses suggest that the psychological and physical aftermath of IPV were similar for
14 immigrant compared to Canadian-born women, several different types of consequences for
15 immigrant women could not be reported due to small sample sizes. **For consequences that were**
16 **examined, sample sizes may have been too small to detect important differences.** Lack of a
17 sufficiently large enough sample also meant that immigrant women had to be grouped into a
18 single category regardless of important factors that may have influenced their experiences of IPV
19 such as length of residence in Canada.^{22 23} The small sample sizes also inhibited our ability to
20 employ multivariate techniques to determine the relative importance of **contextual factors on the**
21 **consequences** of abuse. Future research should use representative samples that are large enough
22 for meaningful analyses and that take into account other important factors that may affect
23 immigrant women’s experiences of IPV such as country of origin and age at immigration.
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28 Second, the GSS was administered in English or French only and thus excludes respondents who
29 did not speak either of the official languages. As a result, rates of IPV **and associated**
30 **consequences** among immigrant women may have been underestimated, particularly among
31 recent immigrant women who may not have been able to participate in the survey due to limited
32 knowledge of English or French. Third, as IPV is a topic that is sensitive in nature, not all
33 women may have acknowledged their experiences of abuse. **This may have been particularly**
34 **true for some immigrant women who, as noted earlier, may have had difficulty disclosing**
35 **IPV due to personal, financial, social, and legal concerns.** Fourth, given the cross-sectional
36 nature of this study, it is not possible, for example, to determine whether the IPV led to higher
37 rates of activity limitations and medication use among Canadian-born women or whether women
38 with activity limitations or higher medication use were more likely to have experienced abuse.
39 Finally, the use of single questions to assess reactions to violence that use labels (i.e., depression,
40 anxiety) rather than scales or diagnostic instruments to properly diagnose these conditions may
41 have resulted in the under- or over-estimation of psychological problems following IPV.
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46 In conclusion, this study revealed that a sizeable proportion of immigrant women in Canada have
47 experienced IPV and as a result suffered from a wide range of negative psychological and
48 physical effects. While future research should validate these findings using large, representative
49 samples of diverse groups of immigrant women, these preliminary results suggest that the
50 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
51 immigrant women reported lower levels of trust and were more likely to report being
52 discriminated against for reasons such as race and colour, highlighting some of the structural and
53 systemic factors that may have important implications for seeking help and that underscore the
54 need for IPV-related intervention and prevention services that are culturally sensitive and
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appropriate.

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Table 1. Weighted analysis of sociodemographic characteristics of immigrant and Canadian-born women reporting contact with a current or former partner in the previous five years in the 2009 General Social Survey (N=6,859)

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Age group					
15-34	277	18.3	1207	22.6	0.02
35-54	728	48.1	2467	46.2	
55 and older	509	33.6	1672	31.3	
Marital status					
Married or common-law	1406	92.9	4692	87.8	<0.0001
Widowed, separated, divorced, or single	107	7.1	653	12.2	
Education					
High school or less	343	22.8	1519	28.5	0.001
More than high school	1160	77.2	3803	71.5	
Annual household income					
0-\$19,999	73	4.8	231	4.3	<0.0001
\$20,000-\$49,999	305	20.1	1064	19.9	
\$50,000 or more	782	51.7	3219	60.2	
Unknown/not stated	354	23.4	832	15.3	
Children <15 in living in the household	613	40.5	1831	34.3	0.001
Religious attendance					
Once per week	487	32.7	921	17.3	<0.0001
Less than once per week	584	39.1	2190	41.2	
Not at all	421	28.2	2207	41.5	
Region of residence					
Eastern Canada	215	14.2	1940	36.3	<0.0001
Central Canada	879	58.1	1728	32.3	
Western Canada	420	27.7	1677	31.4	

Table 2. Weighted analysis of any type of intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Any IPV	256	17.5	1069	20.3	0.06

Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 3. Weighted analysis of health status of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 4. Weighted analysis of social support and network characteristics of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	

Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past 12 months	38	30.0	94	17.6	0.02
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					

Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 5. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59
Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

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8 An exploratory study on the prevalence, consequences and contextual factors of intimate partner
9 violence among immigrant and Canadian-born women
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15 Janice Du Mont, EdD
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23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
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Abstract

Objective. While the prevalence and physical and psychological effects of intimate partner violence (IPV) among women in the general population are well-documented, little is known about the extent and consequences of IPV for immigrant women. The objective of this study was to compare immigrant and Canadian-born women on the prevalence, severity and physical and psychological consequences of intimate partner violence (IPV), as well as examine the importance of sociodemographic, health and social network factors that may shape their experiences of abuse.

Method. A national, population based, cross-sectional survey conducted in 2009.

Participants. 1480 women, of whom 218 (15%) were immigrants who reported contact with a current or former partner in the previous five years and had reported experiencing emotional, financial physical or sexual IPV.

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical/sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. Immigrant women were less likely than Canadian-born women to report activity limitations, ($p=0.01$) and medication use for sleep problems ($p=0.05$) or depression ($p=0.05$). Abused immigrant women however, reported lower levels of trust toward their neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$) than Canadian-born women.

Conclusion. Preliminary findings show no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Immigrant women's low levels of trust and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the prevalence and severity of intimate partner violence (IPV) and on the physical and psychological consequences of IPV
- To investigate the importance of sociodemographic, health and social network factors that may be important in shaping immigrant women's experiences of abuse

Key messages

- The prevalence of emotional and physical/sexual IPV was lower among immigrant compared to Canadian-born women
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV

Strengths and limitations

- This exploratory study adds to the limited body of work that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research should include a larger sample of immigrant women in order to examine important factors that may influence their experiences of IPV such as length of residence in a new country

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known however, about the extent and consequences of IPV for immigrant women. While immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women experience in seeking help and leaving abusive situations.^{7, 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of any IPV than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, and the conflicting results as to whether immigrant women are at greater or lesser risk of IPV than non-immigrant women, the goal of this study was to examine the prevalence of IPV for immigrant and Canadian-born women and, among those having experienced IPV, to compare them across several important domains: 1) severity of abuse; 2) sociodemographics; 3) health status; 4) social support and networks; 5) physical consequences of abuse; and 6) psychological consequences of abuse. Such information may provide insights into how immigrant women's particular contexts might shape their experiences of abuse and better elucidate the health-related outcomes associated with being abused.

METHODS

The General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety. Canadians aged 15 years or

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older living in private households in the 10 provinces were interviewed. Respondents were selected using a process of Random Digit Dialing. Each province was divided into geographic areas or strata, and all phone numbers within each stratum had the same probability of being chosen. After a household was contacted, an individual 15 years of age or older within the household was selected at random to be interviewed. Interviews were conducted between February and December 2009 and were administered in English or French. Of the 31,510 households that were selected, 19,422 usable responses were obtained, representing a response rate of 61.6%.

Immigration Status

The GSS assessed immigration status by asking respondents to indicate their country of birth. In this study, Canadian-born women included those women who indicated their country of birth to be Canada. Immigrant women included those women in the survey who indicated they were born outside of Canada.

Intimate partner violence

Respondents were asked about their experiences of IPV by a current or former partner with whom they had had contact with in the five years preceding the survey. This included respondents who were legally married, living common-law, divorced or separated, or in a same-sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics Scale (CTS).

- **Physical violence** was assessed by asking respondents whether a current or former partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved them; slapped them; kicked, bit or hit them with a fist; hit them with something that could hurt; beaten them; choked them; or used or threatened to use a knife or gun on them.
- **Sexual violence** was assessed by asking respondents, “Has your partner or former partner forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way?”
- **Emotional abuse** was defined as having occurred if a respondent answered affirmatively to at least one of the following statements about her partner/former partner’s behaviour: “tried to limit your contact with family or friends, put you down or called you names to make you feel bad, was jealous and didn’t want you to talk to other men or women, harmed or threatened to harm someone close to you, demanded to know who you were with and where you were at all times, and damaged or destroyed your possessions or property”.
- **Financial abuse** was measured by the question, “Has your partner prevented you from knowing about or having access to the family income, even if you asked?”

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3 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
4 severity of IPV was conceptualized in terms of the number of different types of abuse
5 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
6 types).
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9 **Sociodemographic characteristics**

10 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
11 marital status (married/common-law, widowed/separated/divorced/single), highest level of
12 education achieved (high school graduate or less, more than high school), annual household
13 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
14 children younger than 15 years of age living in the home (yes, no), frequency of religious
15 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
16 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
17 Columbia, the Prairies]).
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22 **Health status**

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24 Physical health status was assessed by the questions: “In general, would you say your health is
25 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
26 activities at home, work, school or any other area limited by a physical condition?”
27 (sometimes/often/always, no).
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30 Mental health status was assessed by the questions: “In general, would you say your mental
31 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
32 your daily activities at home, work, school or any other area limited by a psychological,
33 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
34 respondents about their medication use: “During the past month, have you used any medications
35 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no) “calm down?”
36 (yes, no) or “get out of depression?” (yes, no).
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40 **Social support and networks**

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42 Isolation was assessed with the questions: “How would you describe your sense of belonging to
43 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
44 close friends you feel at ease with, how many live in the same city or local community as you?”
45 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
46 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
47 in any of these organizations?” (yes, no).
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50 Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted
51 at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of
52 people: people in your family? people in your neighbourhood? people you work with or go to
53 school with [asked among those who indicated they were employed or in school]? strangers?”
54 Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.
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3 Finally, experiences of discrimination were assessed with the questions: “In the past five years,
4 have you experienced discrimination or been treated unfairly by others in Canada because of...”
5 “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?”. Each of these items was
6 examined separately then combined into an “any discrimination” variable. Respondents reporting
7 discrimination based on any of these items, as well as sex, physical appearance, sexual
8 orientation, age, disability, or some other reason were asked, “Was the discrimination you
9 experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a
10 person in authority or from a service provider?” (yes, no).
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13 14 **Consequences of physical and/or sexual intimate partner violence**

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16 Respondents who reported physical and/or sexual IPV were asked how these incidents of
17 violence affected them.
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20 Respondents answered yes or no to each of the following questions that examined the physical
21 consequences of IPV: “During this incident/any of these incidents were you ever physically
22 injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did
23 you ever receive any medical attention at a hospital/hospital or health centre as a result of the
24 violence?”; and “During the past 5 years, did you ever have to take time off from your everyday
25 activities because of what happened to you other than the time you spent in the hospital/hospital
26 or health centre and at home in bed?”
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30 The psychological consequences of IPV were assessed by the questions: “At the time of the
31 incident/these incidents, how did this experience affect you?” Respondents answered yes or no to
32 each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks,
33 and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in
34 danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”
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37 **Analyses**

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39 Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings
40 were representative of the Canadian population as a whole. We examined the prevalence of
41 emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women.
42 Among women reporting any IPV, we compared immigrant and Canadian-born women on the
43 severity of IPV experienced, and sociodemographic, health status, and social support and
44 network characteristics. Finally, immigrant and Canadian-born women who reported
45 experiencing physical and/or sexual violence were compared with respect to the physical and
46 psychological consequences suffered as a result. All analyses were conducted with a χ^2 test for
47 categorical variables. A p value of 0.05 was considered statistically significant. For household
48 income, the proportion of missing data was 14%. Therefore, an unknown/not stated category was
49 included in the analysis of this variable in order to retain the sample size.
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54 **RESULTS**

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3 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported having had
4 contact with a current or former partner within the previous five years. Of these women, 1,484
5 reported experiencing any type of violence; 1,262 of whom indicated Canada to be their country
6 of birth and 218 indicated they were born outside of Canada. Country of birth was not known for
7 the remaining women and they were therefore excluded from the analysis.
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10 Among women reporting contact with a current or former partner in the previous five years,
11 marginally less immigrant women reported experiencing any violence (17.5%) compared to
12 Canadian-born women (20.3%, $p=0.06$) (Table 1). With respect to specific types of IPV,
13 immigrant women were less likely than Canadian-born women to report emotional abuse (15.3%
14 vs. 18.2%, $p=0.04$) and physical/sexual violence (5.1% vs. 6.9%, $p=0.04$).
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17 Among women reporting any IPV from a current or former partner, immigrant women were
18 marginally less likely than Canadian-born women to report experiencing two or more types of
19 violence ($p=0.06$) (Table 1).
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22 There were differences in sociodemographic characteristics between immigrant women and
23 Canadian-born women who reported experiencing any IPV (Table 2). Compared to Canadian-
24 born women, immigrant women were more likely to be married or living in a common-law
25 relationship ($p=0.001$), have children aged younger than 15 years living in the home ($p=0.03$),
26 have missing information on annual household income ($p=0.01$), report more frequent religious
27 attendance ($p=0.0001$), and reside in Ontario ($p<0.0001$).
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30 With respect to the health status of women having experienced any IPV, there were also
31 differences between immigrant and Canadian-born women (Table 2). Immigrant women were
32 less likely than Canadian-born women to report that their daily activities were limited by a
33 physical condition sometimes, often, or always ($p=0.01$). In addition, immigrant women were
34 less likely than Canadian-born women experiencing violence to report medication use in the past
35 month for sleep problems ($p=0.05$) and depression ($p=0.05$).
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38 Finally, there were differences between immigrant and Canadian-born women reporting having
39 experienced any IPV on characteristics associated with social supports and networks (Table 3).
40 Among those who indicated they knew of cultural associations or clubs, more immigrant women
41 indicated being a member of these organizations in the past 12 months ($p=0.02$). However,
42 immigrant women reporting any violence were less likely than Canadian-born women to indicate
43 a high level of trust toward their neighbours ($p=0.04$) or people they work or go to school with
44 ($p=0.02$). Immigrant women were more likely than Canadian-born women to report experiencing
45 any discrimination in the previous five years ($p<0.0001$). Specifically, immigrant women
46 reported more discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour
47 ($p=0.003$), and language ($p<0.0001$).
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51 There were no differences between immigrant and Canadian-born women in the physical and
52 psychological consequences experienced as a result of physical/sexual IPV (Table 4).
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56 DISCUSSION

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5 This study highlights that a sizeable proportion of immigrant women in Canada are affected by
6 violence from a current or former intimate partner. Almost 18% of immigrant women reported
7 experiencing any IPV with 15% reporting emotional abuse, 4% reporting financial abuse, and
8 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
9 experiencing IPV reported having experienced two or more types. These estimates are similar to
10 those reported for immigrant women from Canadian population-based surveys in the past.²²⁻²³

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13 Previous researchers have noted that immigrant women may be more vulnerable to abuse for a
14 number of reasons, including economic insecurity, separation from family and friends, social
15 isolation, language barriers, availability of social support, discrimination, and gendered
16 migration policies.⁸⁻¹⁵ Our study shows however, that immigrant women were less likely to
17 report experiencing IPV than non-immigrant women, a finding that is consistent with some
18 previous research.^{19-20, 22} Specifically, immigrant women were less likely than Canadian-born
19 women to report experiencing emotional and physical and/or sexual violence. It may be possible
20 that perceptions of the abuse as 'normal', traditional values that emphasize family harmony, and
21 significant community censure for reporting violence discouraged immigrant women in the
22 survey from reporting IPV.^{8, 14, 16, 27} In addition, the lower rates of IPV among immigrant women
23 may be partially explained by the fact that many of the traditional risk factors linked to IPV were
24 less likely to be present in immigrant women, such as younger age,^{20, 28-30} lower educational
25 attainment,³¹ lack of religious attendance,³² medication use,⁶ and activity limitations.^{28-29, 33-34}

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30 This study confirms the negative impact that IPV has on women's physical and psychological
31 well-being. About 40% of immigrant and Canadian-born women who experienced physical
32 and/or sexual IPV reported being injured as a result of the abuse, and approximately one-quarter
33 indicated they had to take time off from their everyday activities as a result of the violence. A
34 sizeable proportion of women also indicated that they had suffered psychologically as a result of
35 the abuse. Over one-quarter of women who experienced physical and/or sexual violence reported
36 that the incident(s) made them feel angry and fearful that their life was in danger. We found no
37 differences, however, between immigrant and Canadian-born women in the consequences of
38 physical and/or sexual IPV.

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41 We found notable differences between immigrant and Canadian-born women reporting any IPV
42 with respect a number of socio-demographic, health status and social support and network
43 variables that may have important implications in their experiences of abuse and the likelihood
44 that they would seek help. First, compared to Canadian-born women, immigrant women were
45 more likely to be married or living in a common-law relationship. Although it is unclear whether
46 immigrant women's current married or common-law partner was the perpetrator of the abuse,
47 factors such as economic dependence or isolation from family and/or friends may discourage
48 immigrant women from leaving an abusive relationship.^{8, 35}

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52 Immigrant women were also more likely than their Canadian-born counterparts to have young
53 children living in the home, a finding that is of particular concern given the well-documented
54 negative impact of children witnessing violence.³⁶⁻³⁸ Having young children in the home may
55 also discourage some immigrant women from leaving an abusive relationship.²⁷

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Immigrant women were more likely than Canadian-born women to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of US households showed that regular religious attendance was inversely related to perpetration of IPV.³² Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.³⁹⁻⁴⁰ Others however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14, 41} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.²⁷

Generally, immigrant women in this study tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems or depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6, 28-29, 42} and may partially explain the higher rates of IPV among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴³

In this research, immigrant women having experienced IPV appeared to be well-connected to their community. A greater proportion of immigrant women in our sample indicated that they were a member of an ethnic or cultural associations or club near them in the past 12 months. They were also as likely as Canadian-born women to indicate that they had at least one relative or close friend that they felt at ease with in the same city or community. Immigrant women's strong social supports/networks may have contributed in part to their positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴⁰

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report low levels of trust toward their neighbours and the people with whom they work or go to school with. These findings have important implications for seeking help. Experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health, and criminal justice services.^{40, 44} Previous studies of immigrant women who experienced abuse underscore the need for IPV services that are culturally and linguistically appropriate.^{10, 27} In this study, a substantial proportion of women who reported experiencing unfair treatment stated that it occurred when dealing with public hospitals or health care workers and from persons in authority or service providers – people that are integral in women's help-seeking for IPV.

There are some limitations that need to be kept in mind when interpreting the results of this study. First, while the findings from these analyses suggest that the psychological and physical aftermath of IPV were similar for immigrant compared to Canadian-born women, several different types of consequences for immigrant women could not be reported due to small sample

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3 sizes. Lack of a sufficiently large enough sample also meant that immigrant women had to be
4 grouped into a single category regardless of important factors that may have influenced their
5 experiences of IPV such as length of residence in Canada.²²⁻²³ The small sample sizes also
6 inhibited the ability to employ multivariate techniques to determine the relative importance of
7 factors related to experiences of abuse. Despite this, the present exploratory study provides
8 insight into important contextual factors that shape immigrant and non-immigrant women's
9 experiences of abuse. Future research should use representative samples that are large enough for
10 meaningful analyses.
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14 Second, the GSS was administered in English or French only and thus excludes respondents who
15 did not speak either of the official languages. As a result, rates of IPV among immigrant women
16 may have been underestimated, particularly among recent immigrant women who may not have
17 been able to participate in the survey due to limited knowledge of English or French. Third, as
18 IPV is a topic that is sensitive in nature, not all abused women may have acknowledged their
19 experiences of abuse. Fourth, given the cross-sectional nature of this study, it is not possible to
20 determine whether the IPV led to higher rates of activity limitations and medication use among
21 Canadian-born women or whether women with activity limitations or higher medication use
22 were more likely to have experienced abuse. Finally, the use of single questions to assess
23 reactions to violence that use labels (i.e., depression, anxiety) rather than scales or diagnostic
24 instruments to properly diagnose these conditions may have resulted in the under- or over-
25 estimation of psychological problems following IPV.
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30 In conclusion, this study shows that a sizeable proportion of immigrant women in Canada
31 experience IPV and as a result suffered from a wide range of negative psychological and
32 physical effects. While future research should validate these findings using large, representative
33 samples of diverse groups of immigrant women, these preliminary results suggest that the
34 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
35 immigrant women reported lower levels of trust and were more likely to report being
36 discriminated against for reasons such as race and colour, highlighting some of the structural and
37 systemic factors that may have important implications for seeking help and that underscore the
38 need for IPV-related intervention and prevention services that are culturally sensitive and
39 appropriate.
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Table 1. Weighted analysis of any intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	N	%	N	%	
Any IPV	256	17.5	1069	20.3	0.06
Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 2. Weighted analysis of sociodemographic characteristics and health status of immigrant and Canadian-born women reporting any intimate partner violence

	Immigrant		Canadian-born		P value
	N	%	N	%	
Age group					
15-34	47	16.5	299	25.1	0.08
35-54	160	55.9	605	50.7	
55 and older	79	27.6	290	24.3	
Marital status					
Married or common-law	212	74.3	734	61.4	0.001
Widowed, separated, divorced, or single	74	25.7	460	38.6	
Education					
High school or less	58	20.6	329	27.7	0.08
More than high school	225	79.4	858	72.3	
Annual household income					
0-\$19,999	30	10.4	110	9.2	0.01
\$20,000-\$49,999	64	22.3	353	29.6	
\$50,000 or more	131	45.7	584	48.9	
Unknown/not stated	62	21.6	147	12.3	
Children <15 in living in the household	131	45.9	437	36.6	0.03
Religious attendance					
Once per week	81	28.6	171	14.4	0.0001

Less than once per week	109	38.5	510	43.0	
Not at all	93	33.0	506	42.6	
Region of residence					
Eastern Canada	50	17.5	434	36.4	<0.0001
Central Canada	163	57.0	353	29.6	
Western Canada	73	25.5	407	34.1	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 3. Weighted analysis of social support/network characteristics of immigrant and Canadian-born women reporting any intimate partner violence

	Immigrant		Canadian-born		P value
	N	%	N	%	
Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past	38	30.0	94	17.6	0.02

12 months					
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					
Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 4. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	N	%	N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59

Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

For peer review only

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RE: MANUSCRIPT ID **BMJOPEN-2012-001728**

Title: An exploratory study on the prevalence, consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women

Please find attached a revised version of the manuscript with changes in **bolded blue** text. We would like to thank the reviewers for their time and their valuable comments. We have addressed each of their concerns as outlined below and feel that the quality of the manuscript has been significantly improved as a result. We have also done a thorough re-read and edit of the entire paper.

Reviewer 1: Vathsala Jayasuriya, MD (Community Medicine), Gangodawila, Nugegoda, Sri Lanka

1. This paper aims to answer a very important and pertinent research question, comparing two diverse groups immigrants and non- immigrants. As the authors agree, the main limitation being the small sample size, which makes generalisation as well as the ability to provide a more detailed contextualised discussion of the results difficult. A precise clarification of the research question, however would aid in the readers understanding; i.e. Are the authors focussing on how contextual factors affect experincing violence in any form (the bulk of the results presented answer this question) or are they concerned about how the factors affect the consequences of violence ?

RESPONSE: The objectives of this research study were twofold. The main objective of the study was to compare immigrant and Canadian-born women in the physical and psychological consequences of IPV. This study also sought to compare immigrant and Canadian-born women in important contextual factors that may shape their experiences of IPV such as social supports and networks and experiences of discrimination. As suggested by the reviewer, these objectives were clarified throughout the manuscript, particularly the abstract, introduction and discussion sections of the manuscript.

The title of the paper was also changed to reflect the main objective of the paper. That is, to examine the physical and psychological consequences of IPV among immigrant compared to Canadian-born women.

2. The reader would have benefited from a presentation of the total sample of immigrant women and not only those reporting IPV as this helps to describe their background ethnicity etc, as immigrants form a vastly heterogenous group .

RESPONSE: A new Table 1 has been added to the paper describing the total sample of women reporting contact with a current or former partner in the previous five years (N=6,859) . The table compares immigrant and Canadian-born women across several sociodemographic factors. A description of the sample was also provided in the results section of the manuscript (page 8). The original Table 1 included in the initial draft of this manuscript (which described the sociodemographic characteristics and health status of *abused* immigrant compared to Canadian-born women, N=1480) is now Table 3. However, the sociodemographic findings have been removed from the table and are instead summarized only in the text (page 8).

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- The readers are therefore unable to decide if they are representative of the immigrant population in the study area

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RESPONSE: As discussed in comment 2 above, a table and description of the entire sample of women reporting contact with a current or former partner in the previous 5 years (and not just those reporting IPV) has been added to the paper.

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- See comment 1 above, the main outcome measure (i.e. prevalence of IPV versus consequences of IPV) is not clear

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RESPONSE: The main objective of the paper was to examine the consequences of IPV and this was clarified throughout the paper including in the title, the introduction and discussion sections of the paper as described in the response to comment 1 above. Also, the following sentence in the limitations section of the discussion (page 11) was clarified to refer more clearly to consequences of abuse as the original sentence may have suggested inadvertently that we were referring to prevalence:

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The small sample sizes also inhibited the ability to employ multivariate techniques to determine the relative importance of contextual factors on the consequences of abuse.

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- Results : An overall summary of the study groups, total number of women immigrants and non-immigrants, total number reporting abuse would help the reader better understand the results.

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RESPONSE: A description of the sample was added to the results section on page 8 of the manuscript and reads as follows:

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A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported having had contact with a current or former partner within the previous five years. Information on country of birth was available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born and 218 were immigrants.

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- there is an error in the total number of women reporting IPV in the immigrant group in table 1, it is given as 256 (where as discussed as 286) and page 8 line 7, states it as 218

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RESPONSE: The figure 218 represents the unweighted number of immigrant women in the sample whereas 256 represents the weighted number of immigrant women. Table headings have been revised to make it clear that numbers in columns represent weighted totals.

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- in the same table a p-value is omitted

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RESPONSE: Severity of abuse by immigration status was examined as a 2X2 table, thereby yielding only one p value.

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8. In comparing the results between a heterogeneous immigrant population, who may have social and cultural norms which affects the way in which they interpret violence, perceive violence and seek recourse to violence it may be a limitation to directly interpret and compare the results . For example the fact that more of the immigrant women reporting IPV being married could be that more of immigrant women (whether they are subjected to IPV or not) may remain in marital relationships as divorce is stigmatized in these communities.

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RESPONSE: In the discussion on page 10, the reviewer's point is already addressed as we hypothesize that immigrant women, who were more likely to be married than Canadian-born women, may be discouraged from leaving an abusive relationship given factors such as economic dependence or isolation from family and/or friends.

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We also note on page 10:

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*It may be possible that factors such as **embarrassment and stigma, financial dependence on the perpetrator, fears of deportation, a desire to preserve family harmony and honor and significant community censure for disclosing violence discouraged immigrant women in the survey from reporting IPV.***

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In addition, the following text was added as an additional limitation of the present study, as suggested by the reviewer: (page 11).

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*Third, as IPV is a topic that is sensitive in nature, not all women may have acknowledged their experiences of abuse. **This may have been particularly true for some immigrant women who as noted earlier may have had difficulty disclosing IPV due to personal, financial, social, and legal concerns.***

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9. Also the low levels of IPV among the immigrant women could be a selection bias as the authors discuss those who could speak either English or French were included in the study, this in turn could have selected in a group of immigrant with better educational level, those who are employed, from better social status; all of which are determinants of IPV. Again a presentation of the overall immigrant population in detail would answer the question; are the immigrant women reporting IPV systematically different from those who do not?

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RESPONSE: The addition of Table 1 to the manuscript, which describes the total sample of women reporting contact with a current or former partner, addresses the reviewers comment. The discussion section on Page 9 provides some discussion addressing the reviewers comment and reads:

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In addition, the lower rates of abuse found for immigrant women may be partially explained by the fact that many of the risk factors previously linked to IPV were less likely to be present among immigrant women in this study, such as younger age, lower educational attainment, and lack of religious attendance.

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We also note on page 12 that:

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While future research should validate these findings using large, representative samples of diverse groups of immigrant women, these preliminary results suggest that the consequences of IPV are similar for immigrant and Canadian-born women.

10. This exploratory study aims at address a pertinent question, comparing the immigrant and non-immigrant Canadian women with a limited sample. A presentation of , even a limited description of the immigrant women would provide valuable context to the paper aiding the discussion and the understanding.

RESPONSE: Please see comments above about the addition of Table 1 to the manuscript.

Reviewer: 2 Carmen Vives-Cases. Public Health Reader. Alicante University. Spain.

11. Description of methods applied should be improved. Specifically, authors should give more information about the place where interviews were done. Did interviews take place at home? if yes, authors have to mention its implications according ethical standards for researching intimate partner violence.

RESPONSE: The following description of the GSS was added to page 5 of the manuscript to address the reviewers concerns:

*Data were collected using computer assisted telephone interviewing (CATI) and took place from centralized telephone facilities in four of Statistics Canada's regional offices. Interviewers were trained in telephone interviewing techniques by Statistics Canada staff. **Given the nature of the questions in the survey, they were also provided with crisis, sensitivity, and personal preparedness training by a psychologist, in accordance with ethical and safety recommendations for research on IPV against women {World Health Organization, 2001}. Interviews were conducted between February and December 2009 and were administered in English or French. Respondents were assured that all information provided is strictly confidential.***

12. There are many variables used in this study. In the methods section, it is needed a better differentiation between outcome and explicatives variables.

RESPONSE: As explained in comment 13 below, we were unable to perform a multivariate analysis, therefore, we do not refer to the study variables as explanatory and outcome variables.

13. In order to answer research question, multivariate regression logistic analyses should have been performed.

RESPONSE: The main objective of the study was to compare immigrant and Canadian-born women in the physical and psychological consequences of sexual/physical IPV as well as examine factors that may shape their experiences and the consequences of abuse, including social supports and networks and experiences of discrimination. As the sample sizes for immigrant women were insufficient when examining the outcomes of interest (i.e., physical

injury, had to take time off everyday activities, depression/anxiety, etc,) multivariate techniques could not be performed. This point had been stated as a limitation of the study (page 11).

14. In relation with results, authors provide crude results that not take into account the effect of women's characteristics. It is mentioned that multivariate procedures were not possible due to the small sample size, but the final sample was 6900 women who reported having had contact with current or former partner within the previous five years.

RESPONSE: The outcomes of interest in the present manuscript were physical impacts (physical injury, had to take time off everyday activities) and psychological impacts (depression/anxiety, anger) of IPV. While the total sample of women reporting contact with a current or former partner in the previous 5 years was 6859, only a subset of these women reported IPV and had information available on the consequences of IPV. As such, cell sizes for further examination of how contextual factors affect consequences of IPV were too small for multivariate analysis to be performed. As noted above in the response to 13, we have added this as a limitation of the study (page 11).

15. In relation with interpretation, I would like to add that to be less likely to report IPV does not evidence the immigrant women are less vulnerable than native ones.

RESPONSE: We have acknowledged this in the manuscript on page 9:

It may be possible that factors such as embarrassment and stigma, financial dependence on the perpetrator, fears of deportation, a desire to preserve family harmony and honor and significant community censure for disclosing violence discouraged immigrant women in the survey from reporting IPV

The following has also been added as a limitation to the study, stressing that the lower rate of IPV among immigrant women may reflect their reluctance to report the abuse (Page 12).

Third, as IPV is a topic that is sensitive in nature, not all abused women may have acknowledged their experiences of abuse. This may have been particularly true for some immigrant women who, as noted earlier, may have had difficulty disclosing IPV due to personal, financial, social, and legal concerns.

16. You should also provide an interpretation of why no differences in the consequences of IPV were found between immigrant and Canadian-born women.

RESPONSE: The following was added to the limitation section, highlighting that the sample sizes may have been too small to detect important differences between immigrant and Canadian-born women. Page 11 reads:

For consequences that were examined, sample sizes may have been too small to detect important differences.

In addition, in the discussion of limitations (page 11), we already acknowledge that:

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3 ...the GSS was administered in English or French only and thus excludes respondents who did
4 not speak either of the official languages. As a result, rates of IPV and associated
5 consequences among immigrant women may have been underestimated, particularly among
6 recent immigrant women who may not have been able to participate in the survey due to
7 limited knowledge of English or French.
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12 17. You should also add implications for future interventions and research related with religious
13 involvement results.

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15 **RESPONSE:** Implications for interventions related to findings on religious involvement was
16 added to the manuscript on page 10:

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18 *Given these findings, interventions for abuse involving religious communities may be*
19 *important as they could bolster support for women experiencing IPV. Interventions, however,*
20 *should transform messages that condone and/or perpetuate violence against women.*
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23 18. In my opinion, authors should discuss limitations due to Ethical and Safety Recommendations for
24 Research on Domestic Violence Against Women (WHO, 2001). Find enclosed this review this
25 document.
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28 **RESPONSE:** Canada has been a world leader in setting standards for and conducting ethical and
29 methodologically sound survey research on violence against women, including the collection of
30 IPV related data in the Violence Against Women Survey (1993) and the General Social Surveys
31 on Victimization (1999, 2004, 2009) (see Statistics Canada. Interviewer Manual: General Social
32 Survey, Cycle 13 (Chapter 7: Sensitivity Training); Paletta, A., & Mihorean, K. Cognitive Testing of
33 Questions to Measure Family Violence. Ottawa: Statistics Canada; United Nations Office on
34 Drugs And Crime/United Nations Economic Commission for Europe. Manual on Victimization
35 Surveys. United Nations, Geneva, 2010; Statistics Canada Quality Guidelines, 5th Ed. October
36 2009).
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39 As noted above, on pages 11 and 12 of the discussion section, we have enhanced our discussion
40 of the limitations of our study.
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43 *We have also added the following to the methods section:*

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45 *Given the nature of the questions in the survey, they were also provided with crisis, sensitivity,*
46 *and personal preparedness training by a psychologist, in accordance with ethical and safety*
47 *recommendations for research on IPV against women {World Health Organization, 2001 #151}.*
48 *... Respondents were assured that all information provided is strictly confidential.*
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51 19. The paper is focused in one of the most important vulnerable group of women in relation with
52 IPV. Although the reduce sample size of immigrant women available in the General Social Survey
53 (GSS, 2009) limits the analyses, authors should tried to give more recommendations for future
54 research in order to study IPV situation among recent and non recent immigrant women, but
55 also among women born in different countries.
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58 **RESPONSE:** The following future recommendations were added to the manuscript on page 11:
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Future research should use representative samples that are large enough for meaningful analyses and that take into account other important factors that may affect immigrant women's experiences of IPV such as country of origin and age at immigration.

For peer review only

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8 **An exploratory study on the consequences and contextual factors of intimate partner**
9 **violence among immigrant and Canadian-born women**
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15 Janice Du Mont, EdD

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18 Tonia Forte, MSc

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23 Corresponding author:
24 Dr. Janice Du Mont
25 Scientist, Women's College Research Institute
26 790 Bay Street, 7th Floor,
27 Toronto, Ontario M5G 1N8
28 Phone: (416) 351-3732 ext. 2705;
29 Fax: (416) 351-3746
30 Email: janice.dumont@wchospital.ca
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34 **Keywords:** Intimate partner violence (IPV), immigrant women, physical consequences,
35 psychological consequences, discrimination, trust
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38 **Word Count:** 4,020 (Abstract: 269)

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40 **Tables:** 5

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43 The authors declare no conflict of interest
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46 **Acknowledgements**

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48 supported by the Atkinson Foundation.
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Abstract

Objective. To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV), as well as examine important sociodemographic, health, and social support and network factors that may shape their experiences of abuse.

Method. National, population based, cross-sectional survey conducted in 2009.

Participants. **6,859 women reported contact with a current or former partner in the previous five years, of whom 1,480 reported experiencing emotional, financial, physical, and/or sexual IPV. Of these women, 218 (15%) were immigrants and 1,262 (85%) were Canadian-born.**

Results. Immigrant women were less likely than Canadian-born women to report experiencing emotional abuse (15.3% vs. 18.2%, $p=0.04$) and physical and/or sexual violence (5.1% vs. 6.9%, $p=0.04$) from a current or former partner. There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV. However, compared to Canadian-born women, immigrant women reported lower levels of trust toward their neighbours ($p=0.04$) and people they work or go to school with ($p=0.02$) and were more likely to report experiencing discrimination based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language ($p<0.0001$). Immigrant women were less likely than Canadian-born women to report activity limitations ($p=0.01$) and medication use for sleep problems ($p=0.05$) and depression ($p=0.05$).

Conclusion. Our exploratory study revealed no differences between immigrant and Canadian-born women in the physical and psychological consequences of IPV. Abused immigrant women's lower levels of trust for certain individuals and experiences of discrimination may have important implications for seeking help for IPV and underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

Article summary

Article focus

- To compare immigrant and Canadian-born women on the physical and psychological consequences of intimate partner violence (IPV).
- To investigate important sociodemographic, health, and social support and network factors that may shape immigrant women's experiences of abuse.

Key messages

- The prevalence of emotional abuse and physical/sexual violence was lower among immigrant compared to Canadian-born women.
- There were no differences between immigrant and Canadian-born women in the physical and psychological consequences of physical and/or sexual IPV.
- Abused immigrant women were more likely than Canadian-born women to report lower levels of trust and experiences of discrimination and this may have implications in seeking help for IPV.

Strengths and limitations

- This exploratory study adds to the very limited body of research that has examined the physical and psychological consequences of IPV among immigrant compared to non-immigrant women.
- Future research **investigating the physical and psychological consequences of IPV** should include larger **diverse** samples of immigrant women.

INTRODUCTION

The prevalence and physical and psychological effects of intimate partner violence (IPV), defined as physical, emotional, financial, and/or sexual abuse perpetrated against the victim by an intimate partner, are well-documented among women in the general population.¹⁻⁷ Little is known, however, about the extent and consequences of IPV for immigrant women. Although immigrant women are a heterogeneous group, factors related to their pre- and post-migration contexts, such as economic insecurity, family separation, social isolation, language barriers, availability of social support, discrimination, and gendered migration policies⁸⁻¹⁵ may increase their vulnerability to abuse. Such factors may also intensify the physical and psychological impacts of abuse, while adding to the challenges immigrant women may experience in seeking help and leaving abusive situations.^{7 15-18}

Findings of the prevalence of IPV among immigrant women have been mixed. A few population-based studies have shown that the prevalence of any type of IPV is lower among immigrant women compared to non-immigrant women,¹⁹⁻²¹ with those recently settled (i.e., <10 years) at significantly lower risk of abuse than longer-term immigrants.²² Another study showed that, while rates of physical abuse were similar, the prevalence of emotional abuse was significantly higher among recent immigrant women (14.7%) compared to Canadian-born women (8.7%).²³ Smaller community-based studies with non-representative samples suggest that the prevalence of IPV among immigrant women is higher than prevalence rates reported from population-based surveys,²⁴⁻²⁶ and reach as high as 60% in some studies.¹⁴

We were able to locate only one study that compared immigrant and non-immigrant women with respect to the physical and mental health consequences of IPV. This California-based study found that, although foreign-born Latinas reported lower rates of physical, sexual, and psychological IPV compared to US-born Latinas, injury rates were markedly higher among Latina women born outside of the US. Two-fifths (39.3%) of US-born women who were victims of lifetime physical violence reported injury, or indicated the need for or use of medical care, compared to almost three-quarters (73.1%) of immigrant women.¹⁹ No differences were noted in mental health outcomes between immigrant and US-born women who had experienced violence.

Given the lack of research examining the physical and psychological effects of IPV among immigrant women, the goal of this study was to compare **immigrant and Canadian-born women in the physical and psychological consequences of abuse. As pre-and post-migration factors may shape immigrant women's experiences of abuse, we also sought to examine differences between immigrant and Canadian-born women across several domains such as their health status and social supports and networks.** This information may provide insights into how immigrant women's particular contexts might affect their experiences of abuse and better elucidate the health-related outcomes associated with being a victim of IPV.

METHODS

Statistics Canada's General Social Survey (GSS) is a national survey that in 2009 focused again on victimization and perceptions and experiences of crime and safety.²⁷ Canadians aged 15 years or older living in private households in the 10 provinces were interviewed. Respondents were

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3 selected using a process of Random Digit Dialing. Each province was divided into geographic
4 areas or strata, and all phone numbers within each stratum had the same probability of being
5 chosen. After a household was contacted, an individual 15 years of age or older within the
6 household was selected at random to be interviewed. **Data were collected using computer
7 assisted telephone interviewing (CATI) and took place from centralized telephone facilities
8 in four of Statistics Canada's regional offices. Interviewers were trained in telephone
9 interviewing techniques by Statistics Canada staff. Given the nature of the questions in the
10 survey, they were also provided with crisis, sensitivity, and personal preparedness training
11 by a psychologist, in accordance with ethical and safety recommendations for research on
12 IPV against women.**²⁸ Interviews were conducted between February and December 2009 and
13 were administered in English or French. **Respondents were assured that all information
14 provided is strictly confidential.** Of the 31,510 households that were selected, 19,422 usable
15 responses were obtained, representing a response rate of 61.6%.

16 17 18 19 20 **Definition of intimate partner violence (IPV)**

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22 Respondents were asked about their experiences of IPV by a current or former partner with
23 whom they had had contact with in the five years preceding the survey. This included
24 respondents who were legally married, living common-law, divorced or separated, or in a same-
25 sex relationship. Physical and sexual IPV were measured using the modified Conflict Tactics
26 Scale (CTS).
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30 • **Physical violence** was assessed by asking respondents whether a current or former
31 partner had threatened to hit them; threw something at them; pushed, grabbed, or shoved
32 them; slapped them; kicked, bit or hit them with a fist; hit them with something that
33 could hurt; beaten them; choked them; or used or threatened to use a knife or gun on
34 them.
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37 • **Sexual violence** was assessed by asking respondents, “Has your partner or former partner
38 forced you into any unwanted sexual activity by threatening you, holding you down, or
39 hurting you in some way?”
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42 • **Emotional abuse** was defined as having occurred if a respondent answered affirmatively
43 to at least one of the following statements about her partner/former partner’s behaviour:
44 “tried to limit your contact with family or friends, put you down or called you names to
45 make you feel bad, was jealous and didn’t want you to talk to other men or women,
46 harmed or threatened to harm someone close to you, demanded to know who you were
47 with and where you were at all times, and damaged or destroyed your possessions or
48 property”.
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51 • **Financial abuse** was measured by the question, “Has your partner prevented you from
52 knowing about or having access to the family income, even if you asked?”
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55 In this study, any IPV was defined as any physical, sexual, emotional, or financial abuse. The
56 severity of IPV was conceptualized in terms of the number of different types of abuse
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3 experienced (i.e., one type of physical, sexual, emotional, or financial abuse versus two or more
4 types).
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6 7 **Immigration Status** 8

9 The GSS assessed immigration status by asking respondents to indicate their country of birth. In
10 this study, Canadian-born women included those women who indicated their country of birth to
11 be Canada. Immigrant women included those women in the survey who indicated they were born
12 outside of Canada.
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14 15 **Sociodemographic characteristics** 16

17 Sociodemographic characteristics examined include age group (15-34, 35-54, 55 and older),
18 marital status (married/common-law, widowed/separated/divorced/single), highest level of
19 education achieved (high school graduate or less, more than high school), annual household
20 income in Canadian dollars (0-\$19,999; \$20,000-\$49,999; \$50,000 or more), presence of
21 children younger than 15 years of age living in the home (yes, no), frequency of religious
22 attendance (once per week, less than once per week, not at all) and region of residence (Eastern
23 Canada [Quebec, Atlantic provinces], central Canada [Ontario], and Western Canada [British
24 Columbia, the Prairies]).
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28 29 **Health status** 30

31 Physical health status was assessed by the questions: “In general, would you say your health is
32 excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor) “Are your daily
33 activities at home, work, school or any other area limited by a physical condition?”
34 (sometimes/often/always, no).
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36 Mental health status was assessed by the questions: “In general, would you say your mental
37 health is excellent, very good, good, fair or poor?” (excellent/very good/good, fair/poor). “Are
38 your daily activities at home, work, school or any other area limited by a psychological,
39 emotional or mental health condition?” (sometimes/often/always, no). Three questions asked
40 respondents about their medication use: “During the past month, have you used any medications
41 that were prescribed or bought over-the-counter to help you “sleep?” (yes, no), “calm down?”
42 (yes, no), or “get out of depression?” (yes, no).
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46 47 **Social support and networks** 48

49 Isolation was assessed with the questions: “How would you describe your sense of belonging to
50 your local community?” (very/somewhat strong, very/somewhat weak). “Of those relatives and
51 close friends you feel at ease with, how many live in the same city or local community as you?”
52 (none, one or more). “Do you know of any ethnic or cultural associations or clubs in or near your
53 city or town/community?” and, if so, “In the past 12 months, were you a member or participant
54 in any of these organizations?” (yes, no).
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Trust was assessed with the questions: “Using a scale of 1 to 5 where 1 means ‘cannot be trusted at all’ and 5 means ‘can be trusted a lot’, how much do you trust each of the following groups of people: people in your family? people in your neighbourhood? people you work with or go to school with [asked among those who indicated they were employed or in school]? or strangers?” Responses were grouped 1 to 3 as low trust and 4 and 5 as high trust.

Finally, experiences of discrimination were assessed with the questions: “In the past five years, have you experienced discrimination or been treated unfairly by others in Canada because of...” “ethnicity or culture?”, “race or colour?”, “religion?”, or “language?” Each of these items was examined separately then combined into an “any discrimination” variable. Respondents reporting discrimination based on any of these items, as well as sex, physical appearance, sexual orientation, age, disability, or some other reason were asked, “Was the discrimination you experienced “in dealing with public hospitals or health care workers?” (yes, no), or “from a person in authority or from a service provider?” (yes, no).

Consequences of physical and/or sexual intimate partner violence

Respondents who reported physical and/or sexual IPV were asked how these incidents of violence had affected them.

Respondents answered yes or no to each of the following questions that examined the physical consequences of IPV: “During this incident/any of these incidents were you ever physically injured in any way, for example bruises, cuts, broken bones, etc.?” “During the past 5 years, did you ever receive any medical attention at a hospital/hospital or health centre as a result of the violence?”; and “During the past 5 years, did you ever have to take time off from your everyday activities because of what happened to you other than the time you spent in the hospital/hospital or health centre and at home in bed?”

The psychological consequences of IPV were assessed by the questions: “At the time of the incident/these incidents, how did this experience affect you?” Respondents answered yes or no to each of the following: angry, upset/confused/frustrated, fearful, depression/anxiety attacks, and/or lowered self-esteem; and “During the past 5 years, did you ever fear that your life was in danger because of your (former)spouse/(former)partner’s violent or threatening behaviour?”

Analyses

Analyses were weighted according to Statistics Canada’s guidelines to ensure that the findings were representative of the Canadian population as a whole. We examined the **sociodemographic characteristics and** prevalence of emotional, financial, physical/sexual, and any IPV among immigrant and Canadian-born women **reporting contact with a current or former partner in the previous five years**. Among women reporting any IPV, we compared immigrant and Canadian-born women on the severity of IPV experienced, and sociodemographic, health status, and social support and network characteristics. Finally, immigrant and Canadian-born women who reported experiencing physical and/or sexual violence were compared with respect to the physical and psychological consequences suffered as a result. All analyses were conducted with

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3 a χ^2 test for categorical variables. A p value of 0.05 was considered statistically significant. For
4 household income, the proportion of missing data was 14%. Therefore, an unknown/not stated
5 category was included in the analysis of this variable in order to retain the sample size.
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8 9 RESULTS

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11 A total of 10,694 women participated in the 2009 GSS and of these, 6,900 reported contact with
12 a current or former partner within the previous five years. **Information on country of birth was
13 available for 6,859 of these women, of whom, 5,695 (83%) indicated Canada to be their
14 country of birth and 1,164 (17%) indicated they were born outside of Canada. A total of
15 1,480 of these women reported experiencing any type of IPV; 1,262 were Canadian-born
16 and 218 were immigrants.**
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19 **There were significant differences in sociodemographic characteristics between immigrant
20 and Canadian-born women (Table 1). Immigrant women were more likely to be older
21 (p=0.02) and married or in a common-law relationship (p<0.0001) and to have more than a
22 high school education (p=0.001), missing information on household income (p<0.0001), and
23 children aged 0 to 14 years living in the home (p=0.001). Compared with Canadian-born
24 women, immigrant women reported more frequent religious attendance (p<0.0001) and
25 were more likely to reside in Central Canada (p<0.0001).**
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29 With respect to specific types of IPV, immigrant women were less likely than Canadian-born
30 women to report experiencing emotional abuse (15.3% vs. 18.2%, p=0.04) and physical and/or
31 sexual violence (5.1% vs. 6.9%, p=0.04) (Table 2). Compared to Canadian-born women,
32 marginally less immigrant women reported experiencing any type of IPV (17.5% vs. 20.3%,
33 p=0.06). Among those reporting any IPV, immigrant women were marginally less likely than
34 Canadian-born women to report experiencing two or more types of violence (p=0.06).
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38 The differences in sociodemographic characteristics between immigrant women and Canadian-
39 born women who reported experiencing any type of IPV **were similar to those found in the
40 entire sample.** Compared to abused Canadian-born women, abused immigrant women were
41 more likely to be married or living in a common-law relationship (p=0.001), have children aged
42 0 to 14 years living in the home (p=0.03), have missing information on annual household income
43 (p=0.01), report more frequent religious attendance (p=0.0001), and reside in Central Canada
44 (p<0.0001).
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48 There were also differences in health status between abused immigrant and Canadian-born
49 women (Table 3). Immigrant women were less likely than Canadian-born women to report that
50 their daily activities were limited by a physical condition sometimes, often, or always (p=0.01).
51 In addition, immigrant women were less likely than Canadian-born women to report medication
52 use in the past month for sleep problems (p=0.05) and depression (p=0.05).
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55 Finally, there were differences between abused immigrant and Canadian-born women in
56 characteristics associated with social supports and networks (Table 4). Among those who
57 indicated they knew of cultural associations or clubs, more immigrant women indicated being a
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3 member of these organizations in the past 12 months ($p=0.02$). However, immigrant women
4 were less likely than Canadian-born women to indicate a high level of trust toward their
5 neighbours ($p=0.04$) or people they work or go to school with ($p=0.02$). Moreover, they were
6 more likely than Canadian-born women to report experiencing any type of discrimination in the
7 previous five years ($p<0.0001$). Specifically, immigrant women reported more discrimination
8 based on ethnicity or culture ($p<0.0001$), race or skin colour ($p=0.003$), and language
9 ($p<0.0001$).
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13 There were no differences between immigrant and Canadian-born women in the physical and
14 psychological consequences experienced as a result of physical and/or sexual IPV (Table 5).
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17 DISCUSSION

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20 This study shows that a sizeable proportion of immigrant women in Canada are affected by
21 violence from a current or former intimate partner. Almost 18% of immigrant women reported
22 experiencing any type of IPV with 15% reporting emotional abuse, 4% reporting financial abuse,
23 and 5% reporting physical and/or sexual violence. Almost one-third (30%) of immigrant women
24 experiencing IPV reported having experienced two or more types. These estimates are similar to
25 those reported for immigrant women from Canadian population-based surveys in the past.^{22 23}
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29 Our study shows that immigrant women were less likely to report experiencing IPV than non-
30 immigrant women, a finding that is consistent with some previous research.^{19 20 22} Specifically,
31 immigrant women were less likely than Canadian-born women to report experiencing emotional
32 abuse and physical and/or sexual violence. It may be possible that **factors such as**
33 **embarrassment, stigma, financial dependence on the perpetrator, fears of deportation, a**
34 **desire to preserve family harmony and honor,** and significant community censure for
35 disclosing violence discouraged immigrant women in the survey from reporting IPV.^{8 10 14 16 29-32}
36 In addition, the lower rates of abuse found for immigrant women may be partially explained by
37 the fact that many of the risk factors previously linked to IPV were less likely to be present
38 among immigrant women in this study, such as younger age,^{20 33-35} lower educational
39 attainment,³⁶ and lack of religious attendance.³⁷
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43 **Although we found no differences between immigrant and Canadian-born women in the**
44 **consequences of physical and/or sexual IPV, our study** confirms the negative impact that such
45 abuse has on women's physical and psychological well-being. About 40% of immigrant and
46 Canadian-born women who experienced physical and/or sexual IPV reported being injured as a
47 result of the abuse and approximately 25% indicated they had to take time off from their
48 everyday activities as a result of the violence. A sizeable proportion of women also indicated that
49 they had suffered psychologically. Over one-quarter of women who experienced physical and/or
50 sexual violence reported that the incident(s) made them feel angry and fearful that their life was
51 in danger.
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55 **We found that a number of socio-demographic, health status, and social support and**
56 **network variables differentiated abused immigrant and Canadian-born women.** Compared
57 to Canadian-born women, immigrant women were more likely to be married or living in a
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common-law relationship. Although it is unclear whether immigrant women's current married or common-law partner was the perpetrator of the abuse, factors such as economic dependence or isolation from family and/or friends may discourage immigrant women from leaving an abusive relationship.^{8 38 39} Immigrant women were also more likely than their Canadian-born counterparts to have young children living in the home, a finding that may be of concern given the well-documented negative impact of children witnessing violence.⁴⁰⁻⁴² Having young children in the home may also discourage some immigrant women from leaving the abuser.³²

Immigrant women were more likely than Canadian-born women experiencing IPV to frequently attend religious services. The research around religious involvement and IPV has been mixed. Data from a national survey of American households showed that regular religious attendance was inversely related to perpetration of IPV.³⁷ Some researchers found that personal networks, consisting of religious leaders, family, and friends were often the first place abused immigrant women turned to for help.^{43 44} Others, however, have shown that religious involvement may increase the risk for IPV. It has been speculated that this is due to the patriarchal ideologies and gender role norms rooted in some religions.^{14 45} In a review of IPV among Korean American immigrant women, Lee and Hadeed noted that religious affiliation and involvement were significant risk factors for physical assault by a male partner.¹⁴ Religion may also prevent some women from leaving an abusive relationship.³² **Given these findings, interventions for abuse involving religious communities may be important for immigrant women as they could provide support for those experiencing IPV. Interventions, however, should transform ideologies inherent in some religions that may condone violence against women.**

Generally, abused immigrant women tended to report better physical and mental health than their Canadian-born counterparts. Immigrant women were less likely to report using medication in the past month for sleep problems and depression and to disclose activity limitations due to a physical condition. Greater medication use and activity limitations have both been linked to IPV^{6 33 34 46} and may partially explain the higher rates of abuse among Canadian-born women in this study. For example, previous literature has suggested that women with disabilities may be more vulnerable to abuse because of factors related to limited physical strength and mobility as well as dependence on the abuser for care.⁴⁷

Immigrant women having experienced IPV did not appear to be socially isolated. Similar to Canadian-born women, **almost 90%** reported that they had at least one relative or close friend that they felt at ease with in the same city or community **and over 70%** felt a strong or somewhat strong sense of belonging in their local community. Moreover, compared to Canadian-born women, a greater proportion indicated that they were a member of an ethnic or cultural association or club near them in the past 12 months. These connections may have contributed in part to immigrant women's positive assessment of their mental health despite having experienced IPV. Latta and Goodman found that family and friends may provide a safe haven for women who experience IPV and a source of counseling which may help them cope with the violence.⁴⁴

Immigrant women were more likely than Canadian-born women having experienced IPV to report discrimination in the past five years based on culture, ethnicity, race, colour, and language. They were also more likely to report lower levels of trust toward their neighbours and the people with whom they work or go to school with. Issues with trust and experiences of discrimination may prevent immigrant women from disclosing the abuse or using social, health,

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3 and criminal justice services.^{44 48} Previous studies of immigrant women who experienced abuse
4 underscore the need for IPV services that are culturally and linguistically appropriate.^{10 32} In this
5 study, a substantial proportion of women who reported experiencing unfair treatment stated that
6 it occurred when dealing with public hospitals or health care workers and from persons in
7 authority or service providers – people that may be integral in women’s help-seeking for IPV.
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10 **Our exploratory study sheds new light on the physical and psychological consequences of**
11 **IPV in immigrant and Canadian-born women. Despite this,** there are some limitations that
12 need to be kept in mind when interpreting the results of this study. First, while the findings from
13 these analyses suggest that the psychological and physical aftermath of IPV were similar for
14 immigrant compared to Canadian-born women, several different types of consequences for
15 immigrant women could not be reported due to small sample sizes. **For consequences that were**
16 **examined, sample sizes may have been too small to detect important differences.** Lack of a
17 sufficiently large enough sample also meant that immigrant women had to be grouped into a
18 single category regardless of important factors that may have influenced their experiences of IPV
19 such as length of residence in Canada.^{22 23} The small sample sizes also inhibited our ability to
20 employ multivariate techniques to determine the relative importance of **contextual factors on the**
21 **consequences** of abuse. Future research should use representative samples that are larger and
22 take into account other important factors that may affect immigrant women’s experiences of IPV
23 such as country of origin and age at immigration.
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28 Second, the GSS was administered in English or French only and thus excludes respondents who
29 did not speak either of the official languages. As a result, rates of IPV **and associated**
30 **consequences** among immigrant women may have been underestimated, particularly among
31 recent immigrant women who may not have been able to participate in the survey due to limited
32 knowledge of English or French. Third, as IPV is a topic that is sensitive in nature, not all
33 women may have acknowledged their experiences of abuse. **This may have been particularly**
34 **true for immigrant women who, as noted earlier, may have had difficulty disclosing IPV**
35 **due to particular personal, financial, social, and legal concerns. Moreover, although**
36 **interviewers were trained to detect whether the respondent was alone, many abused**
37 **women may not have taken the risk of participating in the survey in first place or disclosed**
38 **IPV during the interview out of fear of a nearby perpetrator.** Fourth, given the cross-
39 sectional nature of this study, it is not possible, for example, to determine whether the IPV led to
40 higher rates of activity limitations and medication use among Canadian-born women or whether
41 women with activity limitations or higher medication use were more likely to have experienced
42 abuse. Finally, the use of single questions to assess reactions to violence that use labels (i.e.,
43 depression, anxiety) rather than scales or diagnostic instruments to properly diagnose these
44 conditions may have resulted in the under- or over-estimation of psychological problems
45 following IPV.
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50 In conclusion, this study revealed that a sizeable proportion of immigrant women in Canada have
51 experienced IPV and as a result suffered from a wide range of negative psychological and
52 physical effects. While future research should validate these findings using large, representative
53 samples of diverse groups of immigrant women, these preliminary results suggest that the
54 consequences of IPV are similar for immigrant and Canadian-born women. However, abused
55 immigrant women reported lower levels of trust and were more likely to report being
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discriminated against for reasons such as race and colour, highlighting some of the structural and systemic factors that may have important implications for seeking help and that underscore the need for IPV-related intervention and prevention services that are culturally sensitive and appropriate.

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Table 1. Weighted analysis of sociodemographic characteristics of immigrant and Canadian-born women reporting contact with a current or former partner in the previous five years in the 2009 General Social Survey (N=6,859)

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Age group					
15-34	277	18.3	1207	22.6	0.02
35-54	728	48.1	2467	46.2	
55 and older	509	33.6	1672	31.3	
Marital status					
Married or common-law	1406	92.9	4692	87.8	<0.0001
Widowed, separated, divorced, or single	107	7.1	653	12.2	
Education					
High school or less	343	22.8	1519	28.5	0.001
More than high school	1160	77.2	3803	71.5	
Annual household income					
0-\$19,999	73	4.8	231	4.3	<0.0001
\$20,000-\$49,999	305	20.1	1064	19.9	
\$50,000 or more	782	51.7	3219	60.2	
Unknown/not stated	354	23.4	832	15.3	
Children <15 in living in the household	613	40.5	1831	34.3	0.001
Religious attendance					
Once per week	487	32.7	921	17.3	<0.0001
Less than once per week	584	39.1	2190	41.2	
Not at all	421	28.2	2207	41.5	
Region of residence					
Eastern Canada	215	14.2	1940	36.3	<0.0001
Central Canada	879	58.1	1728	32.3	
Western Canada	420	27.7	1677	31.4	

Table 2. Weighted analysis of any type of intimate partner violence (IPV), types of IPV and severity of IPV reported by immigrant and Canadian-born women who had contact with a current or former partner in the previous five years

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Any IPV	256	17.5	1069	20.3	0.06

Type of IPV					
Emotional	225	15.3	961	18.2	0.04
Financial	53	3.6	240	4.5	0.18
Physical/sexual	75	5.1	362	6.9	0.04
Severity of IPV*					
Experienced 1 type of abuse	200	69.9	741	62.1	0.06
Experienced 2 or more types of abuse	86	30.1	453	38.0	

*Among those reporting any IPV

Table 3. Weighted analysis of health status of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical health status					
Self-rated physical health					
Excellent/very good/good	228	79.6	986	82.7	0.33
Fair/poor	58	20.4	206	17.3	
Daily activities limited by physical condition					
No	247	86.6	929	77.8	0.01
Sometimes, often, or always	38	13.4	265	22.2	
Psychological health status					
Self-rated mental health					
Excellent/very good/good	257	90.0	1059	88.9	0.67
Fair/poor	28	10.0	133	11.1	
Daily activities limited by psychological, emotional, or mental condition health condition					
No	253	89.2	1063	89.1	0.97
Sometimes, often, or always	31	10.8	130	10.9	
Medication use					
Sleep	40	14.1	246	20.6	0.05
Anxiety	36	12.8	194	16.3	0.26
Depression	33	11.5	209	17.6	0.05

Table 4. Weighted analysis of social support and network characteristics of immigrant and Canadian-born women reporting any type of intimate partner violence

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	

Isolation					
Relatives/close friends at ease with live in same city/local community					
None	34	12.4	152	13.1	0.83
One or more	238	87.6	1010	86.9	
Sense of belonging in your local community					
Very/somewhat strong	196	71.2	836	70.9	0.94
Very/somewhat weak	79	28.8	343	29.1	
Know of ethnic or cultural association/club in/near your city/town/community	127	45.6	535	46.5	0.84
Member of cultural association/club in past 12 months	38	30.0	94	17.6	0.02
Trust					
Trust family					
Low	19	6.7	75	6.3	0.86
Hi	262	93.3	1114	93.7	
Trust neighbours					
Low	139	50.7	493	41.5	0.04
Hi	135	49.3	694	58.5	
Trust people at work/school					
Low	85	38.6	262	27.5	0.02
Hi	136	61.4	690	72.5	
Trust strangers					
Low	267	95.4	1113	93.5	0.33
Hi	13	4.6	77	6.5	
Discrimination					
Unfair treatment based on:					
Ethnicity or culture	53	18.8	82	6.8	<0.0001
Race or colour	46	16.2	86	7.2	0.0003
Religion	15	5.2	42	3.5	0.29
Language	29	10.1	38	3.2	<0.0001
Any discrimination	74	26.1	145	12.2	<0.0001
Unfair treatment when dealing with public hospitals or health care workers?*					
Yes	19	21.9	58	19.1	0.66
No	69	78.1	246	80.9	
Unfair treatment from a person in authority or from a service provider?*					

Yes	49	57.3	211	69.6	0.11
No	37	42.7	92	30.4	

*Includes those who indicated they had experienced discrimination based on ethnicity/culture, race/colour, religion, language, sex, physical appearance, sexual orientation, age, disability or some other reason.

Table 5. Weighted analysis of the consequences of physical and/or sexual intimate partner violence for immigrant and Canadian-born women

	Immigrant		Canadian-born		P value
	Weighted N	%	Weighted N	%	
Physical consequences					
Injured	32	37.9	173	42.8	0.51
Took time off from everyday activities	20	24.4	112	27.8	0.59
Psychological consequences					
Angry	21	26.7	148	38.4	0.13
Upset/confused/frustrated	35	43.9	150	38.9	0.52
Fearful	22	27.7	109	28.2	0.94
Depression/anxiety attacks	16	20.5	96	24.9	0.52
Lowered self-esteem	7	9.2	63	16.2	0.23
Feared life in danger	21	25.6	139	34.4	0.19

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4 **RE: MANUSCRIPT ID BMJOPEN-2012-001728**
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7 **Title: An exploratory study on the consequences and contextual factors of intimate partner violence**
8 **among immigrant and Canadian-born women**
9

10 Please find attached the latest revised version of our manuscript with changes in **bolded black** text.
11 Once again, we would like to thank the reviewers for their time and their valuable input. The original
12 comments received enabled us to greatly improve the quality of our manuscript. We are very pleased
13 that the manuscript has been recommended for publication and have addressed the additional
14 comments as outlined below.
15
16

17 **Reviewer: Carmen Vives-Cases. Public Health Reader of Alicante University. Spain.**
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- 19
20 1. An additional concern is related with the type of interview realized. It is important to note that a
21 Telephone Survey does not assure that women were alone (without their partner and possible
22 batterers) in the moment of the interview which is a core recommendation for the safety of
23 participants in a intimate partner violence study.
24

25 **RESPONSE: The following text was added as a limitation of the study (page 11)**
26

27 ***Moreover, although interviewers were trained to detect whether the respondent was alone, many***
28 ***abused women may not have taken the risk of participating in the survey in first place or disclosed***
29 ***IPV during the interview out of fear of a nearby perpetrator.***
30
31

- 32 2. Multivariate logistic regression analyses which would have provided better response to research
33 questions of the paper.
34

35 **RESPONSE: The main objective of the study was to compare immigrant and Canadian-born women**
36 **in the physical and psychological consequences of sexual/physical IPV. A multivariate logistic**
37 **regression was not performed in this study as the sample size for immigrant women was**
38 **insufficient when examining the outcomes of interest. This point has been stated as a limitation of**
39 **the study (page 11). Furthermore, as no differences in the consequences of IPV were observed**
40 **between immigrant and Canadian-born women, multivariate techniques were not warranted. For**
41 **example, no difference was found in the percentage of immigrant and Canadian-born women**
42 **reporting injury (p=0.51) or depression and/or anxiety (p=0.52) as a result of physical/sexual**
43 **abuse.**
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Correction

Du Mont J, Forte T. An exploratory study on the consequences and contextual factors of intimate partner violence among immigrant and Canadian-born women. *BMJ Open* 2012;**2**: e001728. There were errors within the text of this article and affiliation 1 was incorrect. We have since corrected the online version.

BMJ Open 2013;**3**:e001728corr1. doi:10.1136/bmjopen-2012-001728corr1