Examining the Intersection of Immigrant Women’s Acculturation & Mental Health

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I would like to express my deepest gratitude and appreciation for everyone involved. This report reflects the work of the collaborators, the advisory group, the Research Assistants and the participants. It can be both positive and difficult to share about your journey, and I am truly humbled to be trusted with these experiences. I hope that this report shares these stories in such a way that those who participated can see their journey as a part of the way forward.

Dr. Mirna E. Carranza

“We are not the Others”

https://www.youtube.com/watch?v=zutVAULC_T4
Glossary of Terms

This report uses a number of concepts and terms to understand the complexities associated with migration. Each of these terms have a sociological and historical meaning and are not interchangeable.

**Acculturation:** Broadly speaking, acculturation relates to the psychological, attitudinal and behavioral changes that occur due to the interaction between individuals from different cultures and the settlement society (Berry, 2006).

**Integration:** Refers to the ability of people who have migrated to participate socially, economically and culturally to an acceptable degree, comparable to their Canadian born counterparts. Often referred to as “catching up” (Hum & Simpson, 2004).

**Racialized:** The term racialized is defined by the Ontario Human Rights Commission (2013) as: the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life. This encapsulates the fluidness and social construction of race, disentangling it from biology.

**Settlement:** Is generally understood as the: “long-term, dynamic, two-way process through which, ideally, immigrants would achieve full equality and freedom of participation in society, and society would gain access to the full human resource potential in its immigrant communities” (OCASI, 2000).
Examining the Intersection of Immigrant Women’s Acculturation & Mental Health

This two-year project’s purpose was to understand the complexities of Women Immigrants (WI) to Hamilton. This research recognizes the multiple and intersecting identities of participants, as they were women before they migrated. To honour this, and not privilege the narrative of immigration as defining identity- the term Women Immigrant (WI) is used (Carranza, 2017). The collaboration was led by Dr. Mirna Carranza of the School of Social Work at McMaster University, the Immigrants Working Centre, and the Emergency Support Committee for Refugees and the Hamilton Community Legal Clinic.

The stories of migration, as told by women themselves, their families and immigrant serving agencies, brought forth accounts of trauma and loss, resiliency and the struggle to both leave one’s country of origin, and stay in Canada. The centrality of relationships was woven throughout the stories of migration, in terms of both familial bonds, and the desire to develop new connections in Canada- with their neighbors, co-workers, schools and their new country. Women’s emphasis on relationships was coupled with the hope that their family would be successful, safe and happy in Canada. This hope was often met with a sense of exclusion from full participation in their new country, and a strong desire to overcome it. Women Immigrants to Hamilton expressed feeling a demarcation of difference, or being the “other”, due to not being born “here”, language barriers and immigration status. Their race and accents was often a marker of this difference. There was a sense that their existence pre-migration was not relevant to their new lives, and there was often pressure to gain Canadian experience- in employment, education, language and social norms. Women Immigrants identified that throughout their migration journeys, they had hope that Canadians and Canada would in the future, recognize their histories and humanity.
Background

Funded by the Hamilton Community Foundation (HCF), this needs assessment is one of the outcomes of a joint collaboration between the School of Social Work at McMaster University, the Immigrants Working Centre (IWC), the Emergency Support Committee for Refugee (ESCR) and the Hamilton Community Legal Clinic (HCLC).

The overarching goals of this study were:

(a) to contribute to building a healthy, caring and inclusive community that fosters the social and economic integration of women immigrants to Hamilton, and:
(b) to engage in a formal partnership between McMaster University and community organizations.

To achieve these goals, the following objectives were developed to define the area of inquiry:

to learn how the intersection between (i) acculturation and integration, (ii) gender relations and intimate partner violence, (iii) intergenerational tensions, (iv) trauma, loss and ongoing political fear, and (v) economic exclusion impact WI mental health and in particular their socio-economic integration to the Hamilton community.

The following research questions were developed to prompt conversation and to guide the inquiry and research process:

● How do migration, acculturation and past traumatic experiences impact the mental health of women immigrant to Hamilton?
● What are their experiences when accessing services?
● What support systems are in place/needed?
Context of Canadian Migration

Immigration legislation, law and policies not only determine pathways to citizenship, but frame the lived experiences of acculturation and integration. This framing is achieved by regulating the philosophical underpinnings, mandate and service provision of organizations working with newcomers. Further, government often determines successful benchmarks of settlement, including language acquisition and labour market integration. Prior to the late 1960’s, and under the assumption that similar racial, ethnic, and religious beliefs would increase ability to successfully integrate and assimilate into Canadian culture, eligibility for immigration to Canada was restricted to Europeans. For example, in 1966, over 75% of those immigrating to Canada were from the United Kingdom, Ireland, Italy, United States, Germany, Portugal, France, and Greece. In 1967, the immigration requirements were changed from restricting applicants based on country of origin, to a points-based system. Points were awarded based on: employment skills, education, age, marital status and language abilities. In 2001, the Immigration and Refugee Protection Act set out requirements for applicants to meet the criteria listed above.

In terms of the changing demographics, increasingly newcomers are arriving from the Global South as opposed to previous migrants from the Global North. The majority of those arriving to Canada in recent times are not only racialized, but have distinctive cultures and languages from previous waves of European immigrant populations. In terms of demographics was that in 2016, 22.3% of the Canadian population were foreign born, representing 1 in 5 people. In Ontario, the proportion was 28.9% (Census Canada, 2016). In 2015, Citizenship and Immigration Canada [CIC] stated that approximately 271,847 people were granted permanent and temporary residency; slightly above half of this population were women. Approximately 6 in 10 were granted under the economic class. The top countries of origin were:
54.4% from Asia and the Pacific, 23.3% from Africa and the Middle East and 11.7% from European countries.

In spite of this demographic shift, there is criticism that the legislative, political and social landscape in Canada continues to be based on white, European migrants; and is not reflective, or welcoming of the increasing diversity of those coming from the Global South. As a result, some gaps continue to exist in meeting the diverse needs of newcomers, including integration programming; e.g. language classes and employment assistance (Shields, Drolet & Valenzuela, 2016).

**Migration to Hamilton, Ontario**

As Satzewich and Shaffir (2007) note that immigration is a part of a larger process of nation building, where the day-to-day realities play out in specific town, cities and neighborhoods (118). Unpacking the complexities of immigration must then involve the impacts of the local specificities. Hamilton, a mid-size, tier two city, holds much attractiveness for newcomers, because of its closeness to Toronto and lower cost of living. A number of local Churches provide much needed support for newcomers during their journey and there are a number of settlement services offered (Satzewich & Shaffir, 2007). There are a range of employment opportunities and two prestigious post-secondary institutions (Hamilton Immigration Partnership Councils [HPIC], 2015 and Mayo & Fraser, 2011). In 2015, 1 in 4 people living in Hamilton was foreign-born, which is higher than the national average (HPIC, 2015). Typically, Hamilton receives slightly fewer than 4,000 new migrants each year; and it is the third most popular destination for newcomers. Additionally, the immigrant and refugee population has been steadily increasing over the past 15 years (Hamilton Urban Core Community Health Centre, 2015). In 2011, permanent residents in Hamilton increased by 20% from 3,297 and in 2012, to 3,947 in
In 2016, 4,190, approximately 3.8%, of the 110,015 admissions of permanent residency, lived in Hamilton (CIC, 2017). Of these groups, 37% identified as a visible minority (CIC, 2015).

**Women, Migration and Acculturation**

The legal aspect of the immigration process is highly stressful due to the arduousness, from the paperwork to navigating the court system and lengthy waitlists and is very costly for applicants. Further, migration, acculturation and integration are often saturated with stressors and uncertainty, concerns for safety and economic instability. Once in their new home, newcomers often experience multiple barriers, such as: language, accessing meaningful employment, and recognition of international foreign credentials. Racialized immigrants may face multiple and added oppressions such as racism, discrimination, and unequal access to services (Comas-Díaz & Greene, 2013; Lee & Hadeed, 2009), as well as exclusion from economic integration and advancement (Creese, 2005; Galabuzi, 2004). Klassen (2012) has identified that for racialized immigrants living in Hamilton, marginalization and oppression based on race and poverty remain two of the most prominent barriers. For racialized women, they face an income gap of 47% with non-racialized men, and Women Immigrants earn 59% less than non-immigrant men. It is likely that racialized immigrant women experience the highest income gap (Statistics Canada, 2016). These stresses alone or in conjunction with pre-migration trauma can have negative impacts on physical health, psychosocial well-being, and mental health during settlement (Bankston, 2014). Further, women experience gendered challenges in entering the labour market and maintaining employment. In unpacking the complexities of immigration, Carranza (2008) identifies that the challenges are demarcated by gender, and so men and women experience migration in different ways.
The feminization of migration, that is, the gradual increase of females moving across international borders has brought attention to these gendered aspects of immigration; i.e., how women’s acculturation and integration processes differs from men (Chui & Maheux, 2011). However, knowledge of how the intersection between race and gender shapes the various aspects of migration, settlement, integration and acculturation is in the beginning stages (Abraido-Lanza, Echeverría & Flórez, 2016). While gender and migration related knowledge remains in its infancy, research has suggested that women cite family reunification, economic opportunities, and fleeing gender-based or political violence as the reason for migration (Comas-Díaz & Greene, 2013). Women, more often, face unique relational challenges as they physically leave behind their support networks of close and extended family and friends, which previously sustained their everyday lives (Ahmad et al., 2009; Carranza, 2008). The loss of family and roots in their country of origin may be expressed through anxiety and fear, which can affect their adjustment to the new society. For women who have experienced trauma, the negative mental health consequences of migration are often amplified (Comas-Díaz & Greene, 2013).

**Acculturation**

Acculturation is both complex and multidimensional (Koneru et al. 2007; Pérez-Escamilla, 2011). Broadly speaking, acculturation relates to the psychological, attitudinal and behavioral changes that occur due to the interaction between individuals from various cultures and the receiving country (Berry, 2006). Acculturative stress is associated with moving to a new country, separating from family and friends and learning a new language and culture that often characterize the initial migration journey. Further, stress is often attributed to the day-to-day challenges (to name a few, diet, climate, dress code, language, day-to-day routines) people experience during the integration process.
Key Factors mediating Acculturation

Acculturation is influenced by individual and social factors in both the receiving and country of origin. For example women and men, gender norms are often disrupted through acculturation, which can require a renegotiation of roles. Acculturation is also mediated through the extended family unit (Carranza, forthcoming). Health, close relationships including spouses and children, and economic stability all shape acculturation, contributing to acculturative stress.

Acculturation and Health. These changes tend to impact immigrants’ self-esteem, identity, sense of belonging and meaning-making processes and by in large decrease the mental health of people who have migrated (Miller & Chandler, 2002; Thomas Gee et. al., 2004). A significant amount of research has suggested that acculturation process(es) have negative, long lasting effects on immigrants’ physical and mental well-being. The causes of this decline range from acculturative stress, lack of social supports to experiences of racism in the country of settlement (Abraído-Lanza et Al., 2016 2016; Fox et al., 2015; Kirmayer et., al., 2011; Schwartz, Unger, Zamboanga & Szapocznik, 2010). Women Immigrants, in particular, face multiple intersecting oppressions such as racism, discrimination, and unequal access to services (Cómas-Díaz & Greene, 2013; Guruge & Humphreys, 2009; Lee & Hadeed, 2009), which have been connected to increased depression and anxiety for women (Abraído-Lanza et., al., 2016).

Gender relations and intimate partner violence. During the settlement process, women face new vulnerabilities around legal status, fear of deportation and navigating their new country, which can increase the risk for isolation, IPV and negatively impact their mental health (Menjívar & Salcído, 2002). Following migration, conflict may arise due to the multiple changes, including financial and gender shifts in the spousal relationship. The financial implications of migration often require the transition to a
two-income household. For example, in many immigrant couples, the wife becomes the primary breadwinner, which potentially challenges established gender norms (Erez et al., 2009). Research conducted in the US, suggests that women, despite working outside the household, they continue to bear the primary responsibilities for the household tasks to maintain traditional gender roles (Menjívar & Salcídó, 2002).

It has been suggested that the difficulties immigrant men experience in meeting financial responsibilities, along with systemic oppressions, may lead them toward negative behaviours, including acts of self-destruction and abuse (Abraham, 2000; Bui & Morash, 2008; Guruge et al., 2009; Erez et al., 2009; Hyman, Guruge & Mason, 2008; Raj & Silverman, 2002). Zentgraf (2002) added that at the same time, immigrant women may come to expect their husbands to contribute more equally to household chores. This change in gender expectations may contribute to marital tensions and potentially increases the rates of abusive behaviours.

**Intergenerational tensions.** Kwak (2003) noted that during acculturation, families are learning individually and together how to navigate new cultures and norms, while maintaining practices and values from the country of origin. It is common for parents, to maintain and transmit cultural traditions and values as a foundation for their family’s development (Kwak, 2003). Carranza (2012) adds that immigrant mothers are committed to fostering the acculturation and economic incorporation of their children, but at the same time, want their children to maintain a strong sense of their own roots. This often results in conflicts as mothers encourage their children to forge friendships with “Canadian” peers and take part-time jobs, but would not permit them to partake in activities such as sleepovers, which are considered ‘normal’ within mainstream Canadian society. During this process, intergenerational challenges among immigrant families are common (Su, Lee & Vang, 2005; Umaña-Taylor & Bacama,
Conflict is often attributed to children being caught between the norms and expectations of the settlement country and those of their family and culture (Giles-Sims & Lockheart, 2004; Janzen & Ochocka, 2003). Young people are also thought to acculturate faster than their parents. This gap can lead to role reversal and increased stressors when young people are required to help their families navigate daily life, particularly around language (Bacallao & Smokowski, 2007).

**Trauma, loss, and ongoing political fear.** Trauma often has significant effects on acculturation (Carranza, 2008), community organization (Carranza, 2007), and parent-child relationships, even after families have settled for some time in their new country (Wasik, 2006; Weingarten, 2004). The often, negative impact of migration on mental health is well-known (Siriwardhana & Stewart, 2014; Virupaksha, Kumar & Nirmala, 2014), and heightened when trauma was experienced before or during migration (Siriwardhana & Stewart, 2014; Siriwardhana, Ali, Roberts, & Stewart, 2014). Trauma has been shown to significantly influence parent-child relationships even after families have settled for some time in a country of asylum (Wasik, 2006; Weingarten, 2004), and its effects may be transmitted across generations so that family members not present at the time of the trauma are still affected (Carranza, 2011; Weingarten, 2004). Fear becomes significant, particularly for refugees in the process of reconstructing their lives, acquiring rights, and making sense of their past in a social context in which fear for those abroad persists (Carranza, 2008; Riaño-Alcalá, 2008; Robben & Suarez-Orózco, 2000).

**Economic exclusion.** Racialized immigrants are significantly more likely to experience barriers to employment, education and economic instability (Viruell-Fuentes, Miranda & Abdulrahim, 2012). Poverty, disproportionately impacts immigrant and refugee families. Recent immigrants, particularly those who have resettled in Canada in the past 1-10 years, are three times more likely to be affected by poverty than their Canadian born counterparts. One third of recent immigrant families living in Canada
are living in extreme poverty (Beiser, Puente-Durana & Hou, 2015). The population demographics of those living in low income neighborhoods are comprised of 35.6% immigrants and 40.8% racialized people (CIC, 2011). For racialized immigrants, the experience of financial hardship and economic exclusion is an ongoing process during integration (Creese, 2005; Dyck & McLaren, 2002). Mayo (2010) found that there is an alarming racialization of poverty among women immigrants in Hamilton. She noted, “Recent immigrants are the only group where low income women have a lower median income than low income men” (p. 2).

Research Study and Process

To achieve the study’s primary goal of contributing to healthy communities, principles related to Community-Based Participatory Research (CBPR) were utilized (Israel et al., 2003). The principles that informed the way the research was approached were: addressing power imbalances between the researcher and the participants, and viewing research as a process that is able to further the social agendas, supports resistance and resilience of marginalized groups (Ungar, 2003). This methodology also opens up space for different ways of knowing, to contribute to the knowledge created in the research project. As knowledge often reflects the values and experiences of those who generate it, this methodology and the philosophical underpinnings, centred the participant's voices and moving away from traditional Western ways of knowing (Cochran et. al., 2008).

Therefore, a community-based group was developed with the research partners and employees of social service organizations, which included: the City of Hamilton, Thrive Child and Youth Trauma Services and Good Shephard. The members provided crucial feedback in the development of the research questions and interview guides. Dr. Mirna Carranza from the School of Social Work, McMaster University was the project’s Principal Investigator (PI).
Methodology

For this project, a qualitative research design was utilized, including community consultations, followed by focus groups and individual in-depth interviews. These methods privilege the voices of those most affected, minimizes power relationships, and helps to examine issues from the perspective of the participants (Carter & Little, 2007). It also allows for an in-depth analysis of participants’ lived experiences and their socially constructed realities (Strauss & Corbin, 1994) in order to understand the meaning they make of their experiences. Qualitative research attempts to understand and describe the personal meanings associated with events, including both individual understandings as well as suggestions for social change (Halmi, 1996). For these reasons, qualitative research was ideal to describe how women experience and make sense of their migration journeys.

Recruitment. The recruitment was completed with the partners’ support and through the pre-existing networks of the PI. Presentations were delivered at various community gatherings, circulation of posters and flyers through service provider networks, and hard copies were placed in services and areas typically accessed by potential participants. Interested parties were asked to directly contact the PI, to discuss participation. Other recruitment methods used were: snowball sampling, where respondents were asked to refer other potential participants (Atkinson & Flint, 2001) and purposive sampling to identify other women with specific lived experience (Tongco, 2007).

Data Gathering. Focus groups and individual interviews were conducted with women, adult and adolescent children, settlement services workers, and professionals involved with women immigrant to Hamilton. This allowed for an understanding of the complexities of women’s mental health from a number of vantage points. Interviews and focus groups took place over two years, from June 2015 to February 2017.
**Participants.** In total, 78 people participated, including five adolescent/adult children, 35 professionals involved in service provision to Women Immigrants (e.g. settlement workers, counsellors, case managers, home visitors, public health nurses and community workers) and 38 Women. The countries of origin were self-identified by participants\(^1\), which included: Iraq, Egypt, India, Lebanon, Somalia, Rwanda, Bosnia, El Salvador, Venezuela, Jamaica, Jordan, Romania, China, Philippines, Brazil, Colombia, Mexico, Pakistan, South Korea, Afghanistan, Kenya, Sri Lanka, Kurdistan and Zimbabwe. With participants’ consent focus groups and individual interviews were audio recorded and transcribed. Some interviews and focus groups were conducted in Spanish, however, the majority of data collection was done in English, lasted between 45 and 60 min. The length of residency in Canada was between 2 and 30 years. Their path to Canada and citizenship varied: asylum seeking, marriage, “the lottery”/independent immigrant (commonly known as the ‘point system’), family reunification and international students.

**Data analysis.** After the interviews and focus groups were transcribed, at times translated to English, all data was uploaded to Nvivo 11—a computer software to manage qualitative data. Parallel to the Nvivo analysis, ‘old paper and pencil coding’ (Saldaña, 2015) was used. The process of coding was used to interrogate the data and to discover the meanings participants made about their experiences. By the way of example, particular attention was given to the language and/or expressions participants utilized to describe their experience. All together the analysis process involved the following steps: (1) the transcripts were read and re-read, to ensure familiarization with the data, (2) generate initial codes and note patterns, (3) begin analysis of the codes and organize them into categories and sub-categories,

\(^1\) It is important to note that WI self-identified their countries of origin. This is important as, in some cases countries have become the subject of another nation, or WI’s went through a transit country or, consider a country other than their birthplace their home.
these were organized into overarching themes and sub-themes, (5), themes were reviewed, to ensure they were meaningful and distinct (6) the themes and potential sub-themes were named, defined and clarified if necessary (Braun & Clarke, 2006), and (7) finally, the process of triangulation, or cross-checking, was used to compare data, increase understanding and ensure trustworthiness. A key component of rigour and trustworthiness was member-checking. In this project, the interpretations of the preliminary analysis data was presented and discussed with some of the participants, to ensure the accuracy of the interpretations made. Member checking de-centres the research team’s voice to ensure that interpretation of participant’s stories are accurate (Creswell & Miller, 2000).

**Findings**

This needs assessment is presented through the voices and the participants’ stories. This standpoint centres the experiences of participants in the building of knowledge in this study. By using participants’ ‘voice’, it attempts to connect personal accounts to the structural context, to prompt social action (Ponterotto, Mathew & Raughley, 2013). To protect the anonymity of the participants, identifying information was removed and specific countries of origin are not named in quotes. The quotes in this report remain unedited for grammar or speech patterns, to preserve the integrity of participant’s contributions. Further, by not editing the quotes, it preserves a social justice orientation by maintaining authenticity and accuracy when representing the lived realities of participants (Ponterotto, et. al., 2013).

The following section highlights the stories and experiences of women who have migrated, their children and the people that work with them in facilitating their acculturation and integration. The information is presented in themes, hoping to present a holistic picture that honours the complexities of their journeys. The findings highlight their knowledge and strengths, and the recommendations capture a
range of ideas participants expressed would be helpful for their own futures and for the women and their families that come after. As one participant commented, “I hope my children will see a better world”

**Decision Making: Family Focus**

The findings strongly indicated that for women, their relationships were central in their lives and therefore shaped their decision making pre, during and post migration. For example, many women identified first as, “a mother”. Examples of motherhood as an organizing principle in their lives, by putting their families and relationships first, were woven throughout their stories, their children’s and those who worked with them. One woman highlighted the importance of relationships, “I need to take care of myself and my family. But it’s important for people because people who don’t have a connection, it’s impossible”. In speaking to the decision to come to Canada, another woman explained:

> It was hard. Uhm, I wanted to stay in my country because I have my family, my father, my roots, everything. But he [my husband] wanted to come here, work here, and well like a good wife that follows her husband, he told me that well, for him it would be easier for me to adapt to Canada, uhm and I decided to go with him…

Another woman commented, “…I think it did for my family. I think it did it for my husband and also for my kids”. Further, “I thought it was my turn after my husband graduated from school, so I thought I could go to school and study full time when my youngest entered school”.

In speaking about the process of settling in Canada, the women themselves spoke of their families back home, friends, children and their partners. For many of the women, maintaining connections in their country of origin was associated with their own happiness and as being integral to their family’s well-being and positive development. Many women spoke about the remaining family in their country of origin was a key support for their daily lives. In speaking about family, “back home” their presence remained prominent and they spoke of regular communication and visits as a way for
themselves and their children to maintain connection. Some of the women from countries with on-going political and social violence expressed extreme difficulties focusing on their lives in Canada knowing that their family was facing danger every day. Some WI noted this was an area of constant anxiety and worry and guilt for the, “new life in Canada”.

When discussing acculturation and integration, one woman spoke about how they moved through the first few months, “When I first immigrated to Canada, I was just focused on my family, my kids and me, on how we’re going to make it”. In assessing and making decisions on how to organize their new lives in Canada, for example, one woman noted, “I planned to get a job, but my son was a little boy, and I needed to take care of him”. This indicated that children’s needs are foundational to acculturation as a family. One service provider said that women, “place the needs of family before their own”. Another woman stated, “However, that [attending school] wasn’t my choice, because at that point and I say to her [worker], “Who goes to university? My kids, not me. Because financials”. Children and their future were, as one woman identified “Yes, they are priority, since I live in my country, kids. Kids get educated, get their life and be happy”. Often the decision to migration and the process of acculturation and integration was organized around caring and providing for their family. The relational aspects flowed through all the themes that emerged. The desire to keep their family safe and stable often prompted their migration journey. The hope was, for a better life.

“A better life”. The desire for a better life, centred on two needs: a safe place without fear for their family and securing opportunities such as employment and education, not available in their country of origin, primarily for their children and at times, their husbands. There was a strong sentiment that migration would result in their children “doing better”. One participant explained, “People, they are
coming here because they have a little problem at home. They have some problem or sometimes …because they want something better for their children”.

**Living without fear: Safety.** Many women spoke about war and violence in their country of origin, which pushed them to leave their country and immigrate to Canada. “Better” was then connected to safety, as one woman explained, her journey was in search of, “Safety because my country is not safe”. Another woman explained:

Because of my country is one of the most dangerous with most violence on the street. Now it is not that bad, but before it was very bad and still we have a lot of problems. So when you came here, you still look around you just get that front, because when you left behind in my home you are just lost, right? And here you feel a little comfortable

One woman described her life prior to migration, “We had a very good life, but we came for better life, for the safer life, I want to tell you, the most important, safe”. Another woman spoke about the danger her family experienced:

[The Government] put chemical open gas in my city, they killed 27 in my family. One of my uncles, melted and my 2 neighbours more than important, like, if you compare to my uncle, I think my neighbor more than important, because we grow up together, I was 18 years old when I lost my 2 neighbours and my 2 close families and after 2 months [Government leader] killed my brother, was 23 years old, tortured in jail.

One woman spoke about the danger she experienced and relayed, “For that reason I went to the [Transit Country] out of fear that they would kill my family”. One woman spoke about the violence and poverty in her country of origin, and that as a result, “Everyday someone in my family back home commits suicide”. Physical safety was seen as the foundation to the family’s well-being and the ability to secure a good life. Many participants noted that Canada did provide a reprieve from feelings of fear
related to violence and political turmoil in their country of origin, but for some, concern for their families left behind remained at the forefront of their mind.

**Better opportunities:** The second desire, referred to as, “the American or Canadian dream”, related to economic and educational opportunities. Speaking about migrating in search of employment, one woman explained, “We came here because we need the more opportunities than home, right? We are not coming here because our country is wonderful and just here is equivalent”. Other women identified that, “I came to Canada because my husband has a good opportunity to get a job here” and, “I followed my husband. My husband is studying PhD at McMaster University”. In terms of investing in their children, one woman explained, “Every family has a goal. Get some money or go back home, or get education. For me it was my kids. Kids are first”. Further, another woman was motivated by, “education for my two girls”. Despite the search for a better life, one participant explained the process of immigration to another country in the following manner, “You have to have everything from bottom up, right?”

**From the bottom up: Loss.** The theme of loss was multi-layered, and not only a consequence of the search for “something better” but shaped women’s acculturation and integration. Migration often meant leaving a life that had already been established, including family, friends, education and employment. Leaving meant finding new ways to stay involved with those back home, while dealing with the loss of how the relationship was previously (i.e relying on family for childcare, seeing friends regularly). It also meant renegotiating how to support their family, not only emotionally but financially, while dealing with the entering into a new labour market and learning a new language. For women, re-establishing themselves within Canada was correlated with the outcomes of these losses and starting with very little, or from the bottom.
According to one woman, “It's not only the country you lost, but the life”. Further, another woman explained, “It’s really hard to compromise but this kind of sacrifice for your children, it’s a big thing”. The loss in social status and economic security, was described by another woman, “We had a very good life in our country. We had a chauffeur and other servants”. These losses required a reorganization of the family and parenting. To ensure their children’s safety and success, woman and their husbands often found themselves leaving established careers and family systems and developing new ways to balance demands in Canada, one woman recounted:

We had a very good life there [country of origin]. I was a teacher. We came here for our safety. Safety is the most important thing for us. We don’t like much what we are doing here—nothing we do is related to our field! I chose to do this job to be with my children because my husband works at night.

The loss experienced at the extended family and community level, was a profound organizing principle for women’s acculturation and settlement. As many women spoke to the impacts of leaving their extended family, friends and community. One adult child recalled, “There was more of her missing her family. Especially because my grandpa was sick, so she missed, she still does obviously. But at the beginning she really, really, really missed them”. Their lack of support was identified as having negative impacts on their well-being. Many professionals commented that one of the biggest stressors for Woman Immigrants was the loss of their networks and ability to rely on their family and extended kin, one participant stated, “No family, it makes me depressed”. Further, in speaking about learning to become a Mother, one woman commented, “Especially I think immigrant women need lots of help, you know”.

In some cases, loss included having to leave their children behind. In many cases children were left behind to secure immigration pathways, and in others, children were raised by family with women sending remittances. This type of loss not only shaped acculturation and integration, but profoundly
altered women’s lives and their identity as mothers and caregivers. One woman, who had been separated from her children during their migration journey and was reunited, explained, “So the relationship with them was really broken. We didn’t see them; we didn’t see them [for close to 10 years]”. For women, having a transnational relationship with their children was a loss that was insurmountable.

For many, this loss, lead to depression and as one participant commented one of the worst things of immigrating was, “It’s just the loneliness”. Much of their new life was framed around the family disruptions, and the on-going forced reorganization that occurs throughout the migration journey. In deciding to migrate, the decision was predicated on the notion that a, “better life” was the only way for their family to survive and to flourish. In some cases, women identified that they believed that the reward of a “better life” would mitigate the struggle and outweigh the losses. However; the realities associated with the “Canadian dream” did not always correlate with the pre-migration hope of positive acculturation and integration. While women knew the migration journey would be difficult, many participants spoke to the impacts of significant structural and social barriers that exacerbated their struggles and organized integration, all while navigating the consequences of loss. One of the central barriers was a lack or mis-information pre-migration and number of missing links in Canada. Problematic information hindered their integration and often forced a reassessment of settlement plans.

This often forced women and their families to seek out an alternative to the “Canadian dream”.

“Welcome to Canada”: Barriers to positive acculturation and integration

For many women, systemic barriers prevented the actualization of the “Canadian dream”. One woman stated: “Canadian immigration, they have a three-word logo, “Welcome to Canada”’. I think they should change this”. Access to a welcoming Canada was often not a possibility. Many of the Women Immigrants felt this was a result of language barriers, which prevented participation in social
and economic life. Missing information presented significant integration challenges, and living on the margins was the outcomes of discriminatory policies, which often organized newcomers lives.

“*It’s all about the language*”. Often women were the last to learn English and the first to join the labour force. Language barriers were identified as one of the primary drivers in integration and acculturation. Women identified learning to speak English was a huge advantage and helped them navigate getting a job, interacting with their children’s school and their overall adjustment to Canada. When asked what was helpful, one service provider said, “It’s all about the language”. Not being able to speak the language was linked to lower income, isolation and violence. One woman spoke about the negative consequences of not knowing the language, “I indeed felt that I needed it. It’s inconvenient and I got scammed a lot. I got scammed a lot, because I can’t speak English”. Another woman spoke about “how badly people are treated [when they cannot speak English]. It’s shocking”. The findings indicated there were limited opportunities to practice English in informal settings and outside of formal ESL classes.

One woman spoke about making the decision to move to Ontario for her husband to improve his English and enter his chosen profession, although she was fluent in French. Quebec was determined not to be an option, as it would be too difficult and time consuming for him to navigate learning French and secure employment. Many women supported their husbands to learn English, thinking they would have “better options” and that it “made more sense” and assumed that once they were settled they would have similar opportunities.

Service providers identified language as a significant barrier in shaping women’s exclusion during integration. This prevented women not only from reaching out to service providers. This compounded with the fact that services providers do not respond properly with sound cultural
interpretation services. One worker commented, “So, for all health I think that one of the main challenges is language. Um and even if they know some English, how to explain their needs or to understand what a healthcare provider is saying back to them, uh I find that there's often a disconnect”. Participants noted that discussing issues related to mental health was even more difficult for Woman Immigrants.

**Precarious legal status.** The participants’ pathways to citizenship and residency varied. For example, some were a part of the Provincial Nominee Program, Refugee claimants, International Students and spousal sponsorship. One consistent theme was the lengthy waiting period that women and their families were not prepared for. One women commented, “We thought it would be a year and [snaps fingers] it was seven”. A few participants who came as International Students spoke about the stressors of finishing school and looking to begin their career, combined with being, “in limbo”, not knowing if they could stay in Canada. Another woman spoke the stress of working, “without papers” and having to go back and forth to her [country of origin] to maintain her visitors’ status. Also a few women spoke about the fear of living in Canada without health care and a lack of security, knowing that if they were injured it could be costly or they could face deportation. The ability to work and health care provided some relief and security to many women. It was also not only the stress of waiting for decisions on their status, but that often it was tied to their husband’s. As one woman recounted, that she “Just couldn’t say no” when her husband wanted to move as he was her spousal sponsor.

**Securing meaningful employment.** The findings in this research indicated that integration into the Hamilton community was more difficult than people had expected prior to their migration journey. One service provider noted, “Employment is a major challenge”. For example, the belief that Hamilton would afford increased employment opportunities did not always materialize.
commented, “Employment is a huge thing here because as you soon as you arrive, you cannot work”. Another participant stated, “The vision of Canada is different than… when you are here”. In a focus group discussion, the notion of the “Canadian Dream” emerged, one participant stated that the stressors related to finding employment were multi-layered as they were “trying to navigate the employment system and meet the needs of their family”. Finding employment with a living wage was a struggle for many newcomers. The barriers encountered created a sense of economic instability leading further away from one of their major goals, that is, “successful integration”. By the way of example, not being able to work, being on social assistance and using their life’s saving caused a significant amount of stress as they were transitioning, making it difficult. One adult child commented, “It was tough, but we got through it and our parents took a big chunk. Their life was dedicated to just finding work and staying in work”. Another participant spoke about the struggle of his/her mother working shift work in factories in Canada just to provide for their bare necessities. Despite previous experience and credentials, women identified taking any available “survival” employment, despite being outside their fields of expertise to support their family.

Many women spoke about supporting their husbands in retraining or searching for meaningful employment, attributing this to the betterment of the family. Many women indicated that it was more important for their husbands to return to school. One woman explained, “I don’t really regret it because my husband’s career was in [profession] so it was possible, because he had faster access to jobs”. The ability to provide support for their husbands and children was identified as a source of pride for women, and was labelled as “courage”. One woman recalled, “He needed it more than me…You know, men’s identity is closely tied to their jobs and what they do”. While courage and the ability to provide were seen positively, there was a significant amount of stress associated with experiencing financial insecurity
and being forced to take any job available to them. This in turn, impacted women’s wellness and mental health.

**Meeting basic needs.** In speaking about providing for their families during integration, many women and service providers spoke about the barriers encountered in meeting their basic needs. When women spoke about coming to Canada, there was a large amount of stress associated with finding a home, a job and figuring out the daily realities (groceries etc.). In referencing the tasks associated with integration, one worker commented:

> It’s finding a permanent place to stay, it’s finding like stable living, it’s like stable factors in their life. This is causing them a lot of stress, because it is so rigid. And I found because it is rigid they have to work their lives around this now, instead of trying to focus on taking care of their family or taking care of themselves

Often there is limited availability, or no services available to help. As one participant noted, “there is just no affordable housing”. In terms of service provision, there are limited resources. Accessing the existing ones is also a difficult endeavour due to lack of information. One participant noted that nobody mentioned that she could “access the library” or “where to buy cheaper meat”. Often women identified relying on fellow community members to help them navigate and learn how to meet their basic needs.

The process of starting over associated with finding meaningful employment, housing and daily life, were the focus of the initial integration process for women. This often required them to renegotiate their plans for beginning in Canada and required them to adapt in unexpected ways such as settling for “survival employment”. These processes were often the result of structural racism, in the immigration system and marginalization from the social landscape of Canada.
Structural Racism: Missing Links

Beyond the collective narrative of searching for a better life and safety, was the disillusionment with Canada and their struggle to integrate positively. Positive integration was not only correlated with stable employment, safety, the ability to meet basic needs, but also to build connections and navigate Canadian systems. One of the consistent messages was the lack of information given prior to migration and during integration. This resulted in women feeling somewhat ill-prepared for Canada, which added an additional layer of struggle during settlement. The majority of participants noted that upon arrival information was difficult to access; missing or incorrect, and some information remains elusive. Settlement workers also noted that this lack of information remains one of the central challenges. This meant that navigating the hazards of the Canadian systems, posed an additional challenge without having directions, or a roadmap.

International credentials and employment experience. International credential recognition was a prominent theme, related to disappointment, disillusionment, problematic information provided prior to migration that lead to underemployment and experiences of living in poverty. Many participants envisioned they would have the opportunity to work in their profession upon arrival in Canada. Acceptance into the country as a skilled worker class gave the indication that a person would be able to work in their field. One woman spoke to the confusion this created identifying that people, “have no idea what they are doing after this, because they are happy, because they think Canada needs people. They give them a job”. One service provider further elaborated:

Skilled workers, they are coming here, usually, usually [with emphasis] [with] higher expectations that they can achieve here in Canada. Why? Probably because of lack of information they getting when they are coming here. Because they think, ‘I am a skilled worker. I am accepted as a skilled worker.’ So [the] expectation is, ‘I will work according to my education.’ Then you have, that doesn’t happen when they come here. When they come here, they are very
frustrated. For example, somebody mentioned in the past before he came here, he was delivering babies, and when he came to Canada, he was delivering pizza.

Participants spoke about the frustration that they did not know Canada would not recognize or give them credit for their education and experience in their countries of origin. Further, newcomers are told they need “Canadian experience” with little explanation or guidance as the reasoning behind it. One woman stated:

>If I want to get a job, I need Canadian education, Canadian job experience. How can we get Canadian job experience? They do not accept, if I do not have a Canadian education and Canadian job experience. They do not allow us to work. How can I get experience? Where do I start?

Not acknowledging previous education and experience, was viewed as placing newcomers at a disadvantage, and created a significant hazard while trying to navigate systems and recreate their lives in a new country. Women had to make decisions around who, them or their partners, could be retrained often due to financial restraints and childcare needs. The costs were a significant burden, combined with unclear information which created significant pressure and stress on women and their families. This process secures a low wage work force and in many ways, this lack of information shaped the acculturation and integration process, pushing those who had migrated to the margins of Canadian society.

**Information on navigating integration to Canada.** Information, and guidance on how to access it, emerged as a systemic barrier. Right from the beginning this was identified as problematic, “I think there is, there is a disconnect between Citizenship and Immigration Canada and Status Canada. So, they do not, um, kind of, give proper information at the point of entry”. Some participants believed Canada
lacked the capacity to receive, integrate and support newcomers to be successful. In part, this was attributed to what was perceived as a lack of connection between different levels of government, non-government organizations and professional regulation bodies. Information was perceived as existing in silos, so health care only provided information on health care and was unable to direct a person looking for education. One woman recounted her experience:

“So, you go here, and you need information about the schools and they say, “I’m sorry, I can just tell you about health. So, I’m going to send to another building about schools.” But sometimes it’s tiring for people who just came to go to one and one and one and one.

Another woman commented:

I wanted to immigrate to Canada, okay. But they don’t tell you, you see, different departments are not working together. I find that immigration isn’t working with, say, for example, the teachers’ or engineers’ association. They are not working with all those agencies that confirm the qualification. So, I might say, ‘Okay I am coming here as a teacher’ When I get here, immigration says, ‘Okay, you’re qualified in [Country of origin], great, but that doesn’t mean that you’re qualified in here. So, they’re not working in cohesion with the other agencies. I think something is missing.

Further one service provider stated, “I think they are not getting enough information. They are getting very superficial information”. Many participants described the lack of cohesion and collaboration between services, making information difficult to find. What this was attributed to, by a number of service providers was structural racism. Service providers felt that for newcomers, they must not only navigate systems but make changes to be able to fit in and be more “Canadian”.

Racism and discrimination. Many participants indicated that Canadian people, “are not open to immigrants” and that racist encounters challenged not only their belonging but exacerbated their marginalization. There was a range of experiences brought forth in the interviews and focus groups. Stories ranged from having to change surnames to qualify for interviews, being told their education and
experiences were “less than” Canadian, to discrimination in health care as some doctors, “Do not want to deal with patients with an accent”. One woman summarized their struggles in the following example, “Immigrants are trying and not treated right because of colour or race. How it impacted me? It made me angry”.

One service provider commented that, for many women, “They could be facing discrimination, they could be you know, facing a negative response from the [Hamilton] community”. There was a range of stereotypes that were operationalized in Hamilton, from assuming the majority of WI could not speak English, immigrants are here to steal jobs, they are uneducated, to stereotypes concerning culture. For example, a number of service providers spoke about the stereotypes surrounding women who wear hijabs. Many women had encountered Canadians who correlated the hijab with extreme gender oppression and intimate partner violence.

A service provider attributed the lack of information, the challenges faced in navigating Canadian systems, and stereotypes to, “… the systemic racism we are talking about. Without that, I think many of these things would change. Because then you would have more flexibility, and we would have more people being open minded towards immigrants”. Most participants, including adult children, workers and women, identified that the migration journey was often accompanied by a decline in mental health and well-being. This decline was related to a number of factors: pre-migration trauma, losses, marginalization including barriers to information and experiences of racism.

**Mental Health and Well-Being**

Throughout the interviews, participants discussed the impacts of immigration on women, and the changes associated with the acculturation process. Central to many of these stories was the on-going renegotiating of their life plans and having to figure out a pathway forward for “successful integration”.
Often women, for the benefit of their families and themselves, had to adapt in ways they had not planned for, for example finding employment outside their chosen field, often low paid and precarious, and a lack of assistance in navigating systems. As it was noted by many participants’ women carried much of this weight and therefore, immigration had specific impacts on their mental health and well-being.

**The intersection of trauma.** Women spoke about their experiences of violence in their countries of origin and the on-going impacts. These, too mediated their feelings of wellness, shaping their acculturation and integration process. One woman commented, “I cry a lot for no reason.” While another added, “I live in this intense fear, like I hear loud noises and jump. So, while being in Canada provided some relief from stressors related to violence, many women noted re-establishing a life in Canada, was hindered by experiences in their countries of origin. One woman explained that people often arrive in Canada destroyed, stating:

> Whether that’s because they have killed family members, because we have suffered in our own flesh. The war in our countries, the treatment, whether from the government or [other militant groups], because when there are conflicts the people suffer, and you come wounded. You come hoping for open arms to receive you, a shoulder to cry on, you need those moments when you come to these places

One professional explained, “It’s trauma. They just cannot trust anyone”.

Several service providers commented that experiences of trauma often lead women to be isolated.

As an example:

> That’s because they don’t trust anyone because of the experience, like in their country, they don’t trust government they don’t trust their neighbours, their neighbours are going to rip them, you know, the government is persecuting them, that’s a trauma, right? So, when they come here in Canada, they don’t go out, they don’t go to agencies to ask for services, they only go to the neighbours from their community they only trust these people
Some women were clear in needing some sort of mental health support. However, they were acutely aware that these kinds of services were scarce. One woman further elaborated:

Where do you go for help here…don’t know. I know I have problems in my head due to problems from past. I go, but they don’t have anybody to talk in my language…don’t want to do it through another person…Not the same…

Service providers identified that trauma was common amongst WI, but professionals, in particular health care, did not have the capacity to meaningfully respond. Further, social services do not have therapists on staff and if they do, there are lengthy waitlists. One worker spoke about the medical professions lack of trauma training:

I don't know if many doctors know that there's actually a screening tool that you can use in primary care that even will probe about the post-traumatic stress, or some, some clues that they should be looking at. Not all doctors have the time for that. They're so busy with appointments, um and they wouldn't even know without knowing cultures the clues that they could look for.

The stress of immigration often combined with trauma and the lack of help had detrimental consequences for women. Developing anxiety, depression and other mental health concerns were identified by participants as shaping the acculturation and integration process for women. In the words of one adult child, “Immigration broke her [When referring to his mother]”.

“Immigration broke her”. The findings indicate that the cumulative experiences of losses and ongoing stresses significantly impacted participants’ mental health and well-being. In particular, many women spoke about loneliness and isolation. One woman stated, “All my family is back home. So, I am a bit lonely”. Women identified feelings of anxiety, depression and anger. While participants spoke about men and mental health, there was a gendered component to their perspectives. As the following participant stated, “Women carry the emotions for the family”. She added:
Women often carry emotions for our families. If we are the carrier of emotions, and depending on the amount of situations we have gotten over, we might get to a place in which we are overflowing with emotions… We don’t know where to put them; And how do we keep going and continue to be the backbone of our family? Then, what happens if you can’t do it anymore? What happens to the family then? We just want the best for our family.

An adult child commented:

It [immigration] broke her… I mean being here, watching my dad an engineer drive a taxi. She having to spend long hours in a factory so we would not go without… We didn’t help… well, I didn’t help… did not understand it then. I wanted things. You know you go to school and the other kids have this and that… I wanted it… I didn’t know we live in poverty. My mother had a nervous breakdown. She spent time in the hospital.

Participants also reflected on the stigma of mental health and the role that plays in accessing services.

One service provider commented:

Mental health, we are talking about mental health, cause I was also thinking about you know what to share, so it’s mental health issue, there is also cultural, for example, when you talk to immigrants you find difficult to talk about mental health issues, because it’s a stigma.

For a number of Women Immigrants, they had experienced of trauma prior to migration. Often this trauma was a result of political and state violence, which contributed to their decision to leave their country of origin. Settlement and acculturation intersected with their experiences of trauma, exacerbating the negative impacts on their mental health. Noteworthy is the fact, Women Immigrants did not use the word trauma to characterize their experiences, rather it was service providers who used such concepts.

One adolescent referred to trauma as an adversarial part of life for newcomers.

**Intersection of intimate partner violence and acculturation (IPV).** Renegotiating the marital relationship in the new context was identified as a source of stress for a number of Women Immigrants. For some, experiences of IPV emerged or were exacerbated. Some Women Immigrants and service providers spoke to the complexities of IPV and migration. Often women are the last in their families to learn English and are not the primary applicant for citizenship, or have some form of precarious legal status.
status. This creates a situation wherein women find themselves isolated and dependant on their husbands. Often experiences of IPV are difficult to identify and verbalize, due to the insidious nature of IPV. One example, where problems began to develop in the marriage one month after her arrival, one women recounted how her husband and citizenship sponsor, would not provide her with the bare necessities, specifically a coat in the winter time and his behaviours escalated, interfering with her ability to learn English. Eventually, her health began to fail, and her husband dismissed her problems claiming it was a negative response to having to learn English and work.

Another woman’s story centered on her own struggles of settlement and acculturation combined with the unexpected requirement to financially support her husband, with him remaining in control of the money. During the period when her husband was supposed to be in school, she found out that he had left school and that their savings had been depleted. When he returned from being abroad, he refused to work and insisted on moving to another city, due to a lower cost of living and away from her support systems. He was diagnosed with a neurological disease during this time. His control and manipulation escalated. She stated that she was solely responsible for his care and financial support. Part of her struggle as she identified it was, “as a wife you come last”.

International Students and Mental Health

A smaller number of women interviewed came to Hamilton as International Students (IS). Although this was not a particular focus of this study, it is noted that the stress of starting post-secondary education in a new country intersected with a number of areas of settlement and acculturation. Women who enter the Canada as international students experienced similar struggles, such as basic needs and isolation. There was also a high level of instability associated with not being accorded an official immigration status. While they were as able to obtain employment, they lived in limbo of not knowing if
their permanent immigration status would be granted. Some IS reported waiting up to five to eight years for their visa status. The findings of this research indicate that the migration journey of WI who come as International Students are unique and warrant further attention.

What became clear when speaking about the mental health of WI, trauma and the stress of migration, acculturation and integration were intimately linked. The immigration and integration structures of Canada threatened the ability to create a sense of social and economic security for themselves and their families. Racism challenged their pathway to belonging and prompted experiences of marginalization. The shifts in the family combined with barriers to integration often left women in precarious positions in terms a navigating their new life. The presence of trauma often acted as filter of women’s experiences; however, women noted one of their strengths was maintain the ability to care for their families despite these challenges. As one woman stated, “I am strong woman, but it gets tough sometimes. It is difficult to carry on every day here. Sometimes I find myself crying a lot for no reason. I have survived the genocide of my people”.

Conclusion

In Canada, immigration policy favours a pluralist approach, which means that programs and services are intended to assist the integration, or “catching up” processes of newcomers. Language training, settlement services, employment and health are to be provided to newcomers to support their transitions and remove barriers to successful integration into the economic, social and cultural fabric of Canadian society (Meinhard & Joya, 2016). As the Ottawa Immigration Partnership [OLIP] (2010) found in their review of the literature, positive integration and settlement are dependent on the receiving society’s ability to provide a “Welcoming Community” (11). Meaning to what extent does Canada and its localities foster the positive development of newcomers in ways that are respectful of their histories.
OLIP (2010), found that social inclusion, with a focus on anti-racism, needed to be centred in the ways communities welcomed newcomers. This study revealed that many women and their families did not experience a “welcoming community” in Canada. Women Immigrants experienced barriers located at the juncture of gender and race, which often left them at the margins. The following recommendations are based in the narratives of participants, and are intended to improve policies, services and accessibility.

**Recommendations:**

1. **Flexible Service Provision to newcomers:** Women discussed how “putting their family first” meant that their needs were often unmet. Acculturation as a family process, often meant that there was often no time or money for learning English or employment retraining for women. It is recommended that services providers learn about how to accommodate women’s needs, possibly through inter-agency partnerships, child care provision, outreach, women’s only classes, extended or rotating hours and providing grants for new innovative ideas.

   *Translation:* Included in this flexibility in increasing access and meeting women where they are linguistically. Both service providers and women identified a need to increase translation support in Hamilton. Translation is needed for effective service use in Health care, immigration processes and meeting basic needs.

   *Informal Support:* This type of support exists already in Hamilton, however knowledge is limited and volunteers are required. This informal support, provides opportunities to practice English or learn about Canadian society. As a part of flexible services, it is recommended that service providers develop natural connections and advocacy groups for women to learn from and teach each other. This support also has the potential to decrease isolation and foster relationships.
2. **Family Interventions and Programming**: For WI, acculturation, settlement and integration occurs in the family unit. As such, there is a need to include and/or increase programs and services targeted at family wellness. Currently, interventions are individual focused, inclusion of the family would increase change opportunities and sustainability.

3. **Community based anti-racism training**: Women touched on a number of systems they encountered that reinforced racist stereotypes and exclusion. These ranged from the school system, to health care. There is an urgent need to incorporate critical anti-racism into services across Hamilton, which includes training on: racialized micro-aggressions, anti-oppressive practice, violence and systemic barriers.

4. **Specialized mental health services**: There is an urgent need to develop and implement mental health interventions that are rooted in the experiences of WI, specifically the on-going impacts of trauma. As the findings suggest, experiences of trauma intersect with the majority of the aspects of migration heightening acculturative stress. Therefore, with a trauma focus these interventions must incorporate and respond to the complexities immigration, including: on-going worry for family back home, migration related stressors and gendered dynamics. Access to existing services also needs to be improved. Service providers identified not having funding or knowledge where women can receive support. Knowledge of services must be increased through service providers and availability needs to be increased to match demand. Inter-agency collaboration can increase public education and facilitate reaching out to WI.

5. **Understanding the complexities of migration and experiences of IPV**: The findings in this study support current understandings of IPV as an insidious and multi-layered phenomenon that is often
difficult to identify and name. Women Immigrants often experience IPV differently than their Canadian born counter-parts. Migration shifts gender dynamics, can increase isolation, creates language barriers and precarious immigration status, all of which compounds experiences and ability to seek help. Due to the insidious nature of IPV and the unique intersections of migration, there is an urgent need for increased knowledge and training for service providers. Often IPV remains hidden, increasing the ability of service providers to respond could bring these experiences to the forefront and facilitate access to support.

**Contributions to current research**

Overall, this report situates the experiences of Women Immigrants to Hamilton Ontario, and speaks to the contextual factors of the locality that shape migration. This study contributes to the literature on migration in three ways. First, it supports the body of literature that speaks to the lived reality of newcomers to Canada, who have found that the “Welcome” motto is not always actualized. This literature speaks to the lack of accurate information provided prior to migration and the barriers experienced in meeting basic needs such as housing and employment. Second, the use of a needs assessment tool has illuminated, from multiple perspectives, the gaps in services. Finally, it speaks to the everyday systemic experiences of racism and gendered exclusion of women who have migrated. This provides a glimpse into how multicultural policies are operationalizing on the ground.

**New contributions to knowledge**

Migration and mental health remains an understudied area in Canada. This research furthers knowledge of the link between women’s experiences of migration and the impacts on mental health. It revealed specific factors that contribute to mental wellness, which highlight the need to understand women’s journeys from a holistic perspective. This includes, but is not limited to: the downward trend in
mobility, legal limbo, transforming relationships with those left “back home” and fostering success and how this is navigated by women within the family unit. There remains a dearth in the literature on the uniqueness of women’s migration from an intersectional gender lens. The assemblage of factors that shape women’s lives is often understood in relationship to or compared with men’s experiences. Experiences of being “othered” exist along both racial and gender lines, a process that organizes social and economic integration, profoundly demarcating integration and settlement.
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