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We're Building the Bridge While Walking on It: An Anti-Oppressive Social Work Response to Intimate Partner Violence among Immigrant Women in Canada

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Abstract

Intimate partner violence (IPV) among immigrant women in Canada remains a deeply complex and often underreported issue, shaped by intersecting structural, cultural, and socio-economic factors. Barriers such as precarious immigration status, language limitations, cultural stigma, and economic dependency significantly constrain access to support and protection. Conventional social work responses, which tend to rely on standardized intervention models, frequently fail to account for these layered realities. This article adopts an anti-oppressive practice (AOP) perspective to critically examine how social workers respond to IPV within this context. Using a practice-oriented, three-phase analytical framework, the discussion explores (1) the identification of complex and intersectional client needs, (2) the development of adaptive practice strategies under institutional and resource constraints, and (3) the navigation of ethical dilemmas alongside stakeholder engagement. The phrase “we are building safety in pieces” is used to conceptualize the evolving and uncertain nature of practice in this field. The analysis suggests that effective responses require flexibility, cultural responsiveness, and a strong commitment to social justice. Ultimately, the article argues that anti-oppressive approaches enable more equitable and context-sensitive interventions, while highlighting the need for continuous reflexivity in social work practice.

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Keywords

Intimate Partner Violence; Immigrant Women; Anti-Oppressive Practice; Social Work; Canada; Intersectionality; Structural Inequality

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1. Introduction

Intimate partner violence (IPV) is a widespread social problem that transcends cultural, socioeconomic, and geographical boundaries. It includes physical, emotional, psychological, and economic abuse that occurs in intimate partner relationships and it has profound consequences for the safety, health and well-being of survivors. IPV is recognized as a global issue, but it can be disproportionately experienced by immigrant women who face a range of additional vulnerabilities, including migration, legal and social status. In Canada, immigrant women experiencing IPV face a number of structural and systemic barriers to disclosure and the use of support services. Such barriers include language barriers, lack of awareness of legal and social systems, financial dependency, and, in some instances, vulnerable immigration status, which may be linked to their partners. Concerns about deportation, loss of custody of their children, or fear of social stigma may further instill fear and reluctance to access support, contributing to underreporting and exposure to IPV (Erez et al., 2009; Guruge & Khanlou, 2004). These circumstances point to the limits of generic responses and the need for more contextualized responses. Historically, social work responses to IPV have been based on generic approaches that focus on safety planning and crisis management. Although these strategies are crucial, they may not adequately account for the underlying structural inequalities and power dynamics impacting immigrant women. Specifically, they may fail to address the role of systemic discrimination, cultural beliefs, and institutional structures that restrict women's autonomy and control over resources. Consequently, interventions that fail to consider these complexities may not be effective and, at times, even counterproductive. Anti-oppressive practice (AOP) provides a critical perspective to overcome these challenges. Grounded in the values of social justice, equity and empowerment, AOP aims to address structural injustice and to redistribute power in social work relationships and systems. It draws attention to the need to focus on clients' lived realities in the context of their socio-political environments and to engage in collaborative, culturally sensitive, and autonomous interventions (Dominelli, 2002). In relation to IPV among immigrant women, AOP promotes a shift from individualized explanations of IPV to understanding how broader social and political structures influence vulnerabilities and strengths. The metaphor "we're building the bridge while walking on it" highlights the dynamic nature of social work practice in this field. It acknowledges that social workers are often working in environments of uncertainty and change, where existing models may not always be fully relevant, and where new strategies are needed. This phrase highlights the importance of adaptability, reflectivity and learning in the context of complex and intersecting issues. This article takes a practice-focused approach to explore how to better address IPV among immigrant women in Canada through an anti-oppressive lens. It offers a three-stage framework to consider: (1) the recognition of complex and intersecting needs of clients and stakeholders, (2) the creation of adaptive practice approaches within constraints, and (3) the approaches to ethical dilemmas and stakeholder engagement. This article seeks to build on this framework to better understand how social work practice might adapt to better meet the needs of marginalised populations without compromising principles of equity and social justice. Intimate partner violence (IPV) is a widespread social problem that transcends cultural, socioeconomic, and geographical boundaries. It includes physical, emotional, psychological, and economic abuse that occurs in intimate partner relationships and it has profound consequences for the safety, health and well-being of survivors. IPV is recognized as a global issue, but it can be disproportionately experienced by immigrant women who face a range of additional vulnerabilities, including migration, legal and social status. In Canada, immigrant women experiencing IPV face a number of structural and systemic barriers to disclosure and the use of support services. Such barriers include language barriers, lack of awareness of legal and social systems, financial dependency, and, in some instances, vulnerable immigration status, which may be linked to their partners. Concerns about deportation, loss of custody of their children, or

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2. Literature Review

2.1 Intimate Partner Violence and Immigrant Women

The dynamics of intimate partner violence (IPV) among immigrant women are multifaceted and involve individual, interpersonal and structural determinants. IPV is a problem that affects women in all societies, but immigrant women can be particularly vulnerable because of the compounding effects of gender inequality, migration-related tensions and barriers in host societies. These dynamics can increase the risk of IPV and barriers to seeking help. A key feature of IPV in immigrant communities is low reporting rates. Community and cultural values that prioritise family harmony, fear of stigma and mistrust of authorities can discourage women from sharing their experiences of abuse (Guruge & Khanlou, 2004). Moreover, immigrant women may not be aware of services, or may experience language barriers, which impede their ability to access information and resources. These barriers are compounded when women's immigration status is tied to their partner, resulting in a situation where leaving a violent relationship may jeopardise their immigration status (Erez et al., 2009). Dependency is another issue. Immigrant women may face employment barriers, such as lack of professional recognition, host-country-specific work experience, and

discrimination in the workplace. It can limit their capacity to leave an abusive relationship and make them more susceptible to abuse. Finally, the intersecting experiences of race, ethnicity and immigration status can further position women as targets of institutional discrimination. Research indicates that immigrant women may experience prejudice or cultural ignorance by law enforcement, health care and social services agencies, further contributing to the reluctance to seek help. These institutional disparities highlight the need for responses that are not solely focused on individual interventions, but also address structural and institutional inequalities.

2.2 Anti-Oppressive Social Work

Anti-oppressive practice (AOP) is a key approach in social work that seeks to tackle inequalities, marginalization and power imbalances. AOP aims to address the systemic issues that sustain inequality and to foster more equal relationships between social workers and clients. It highlights the need to understand the role of oppressive systems - such as racism, sexism and immigration-based exclusion - in shaping people's experiences and opportunities (Dominelli, 2002). Pragmatically, AOP means moving from a deficit-based (focused on individual problems) to a strengths-based and contextual approach. Social workers are encouraged to collaborate with clients as decision-makers, acknowledging and drawing on their expertise and experiences to jointly develop solutions. This is especially important in the field of IPV, where power and control are key concerns. AOP also calls for social workers to reflect critically on their own assumptions, biases and power. This is crucial to establishing rapport and to ensure interventions do not inadvertently perpetuate power differentials. Finally, AOP calls for social change, and urges social workers to engage in social change activities such as policy advocacy and community building to address the underlying causes of oppression.

2.3 Gaps in Social Work Responses

While IPV is increasingly recognized as a social problem, current responses often do not address the needs of immigrant women. Many existing models are based on a mainstream population and overlook the cultural, legal and economic factors that may be specific to immigrant communities. For instance, uniform risk assessment instruments may overlook cultural nuances of abuse or control, while service models that emphasise the autonomy of the individual may not be in line with the realities of women whose choices are constrained by family or community expectations. Moreover, institutional policies - such as immigration policies, policies governing access to public services - can further constrain the effectiveness of interventions. These challenges highlight the need for more responsive, contextual and justice-focused responses. Anti-oppressive practice offers a lens to reframe social work interventions to focus on the needs of marginalised groups and redress the structural factors that can create vulnerabilities.

3. Methodology

This article uses a practice-focused, conceptual approach to explore the role of anti-oppressive social work in responding to intimate partner violence (IPV) among immigrant women in Canada. Instead of a single empirical data set, this analysis draws on both the existing body of academic studies, policy and practice knowledge within social work and other human service professions. This approach is suitable given the complexity and sensitivity of the topic of IPV and the importance of linking theory with practice. An anti-oppressive practice (AOP) approach informs the study and provides both the starting point for the analysis and the normative standard for the discussion. AOP focuses on power, inequalities and the experiences of marginalised groups. In this study it allows an analysis of the intersections of gender, immigration status, culture and socio-economic status and their impact on vulnerability to IPV and access to services

(Dominelli, 2002). The analysis is structured in three phases, reflecting crucial aspects of social work practice in complex settings. Phase one deals with recognition and understanding of the complex needs of immigrant women experiencing IPV - particularly as this is understood from an intersectional lens. The second phase explores the practitioners' responses and innovation in the limited institutional context. The third phase examines the ethical challenges and stakeholder dynamics of working in this context, and calls for reflexivity and accountability. This approach takes ethics into account. The analysis of IPV, a sensitive topic, gives priority to principles of confidentiality, cultural responsiveness and trauma-informed approaches. It also recognizes the need to avoid generalisations about immigrant communities and appreciate their diversity. This methodology seeks to incorporate theoretical knowledge with practice-based reasoning to offer a sophisticated and practical approach to understanding and enhancing social work practice.

In addition, this article is informed by empirical insights derived from the underlying thesis, particularly the thematic findings and practice-oriented recommendations presented in Chapter 4. While the present study adopts a conceptual and analytical approach, these empirical insights provide a grounded foundation for the discussion, ensuring that the analysis reflects real-world experiences and practice realities rather than purely theoretical assumptions.

Core Analysis: An Anti-oppressive Social Work Approach

Phase 1: Recognizing Complex Needs in Context

Findings from Chapter 4 of the thesis identify key themes shaping immigrant women's experiences of intimate partner violence. These themes highlight the role of structural barriers, cultural expectations, and immigration-related vulnerabilities, which reflect the complex and intersecting challenges faced by this population. These findings provide an important foundation for understanding how multiple forms of inequality shape women's experiences of abuse and access to support. Phase 1 focuses on exploring the intersectional complexities immigrant women experience with intimate partner violence. This phase is more complex than the traditional models of IPV, which tend to emphasize individual and relational factors, and instead focuses on the broader structural and environmental factors that contribute to vulnerability and affect help-seeking. The experiences of immigrant women who experience IPV are often influenced by multiple forms of oppression, such as gender inequality, racialization, immigration status, and poverty. Such intersecting factors contribute to compounded vulnerabilities and cumulative effects of violence. For example, women with immigration status dependent on their partner might be afraid that separating from their partner will lead to deportation or loss of residency. This can restrict their choices and leave them vulnerable to ongoing abuse.

Communication barriers also hinder help-seeking. A lack of English or French proficiency can limit communication with service providers, reduce awareness of available services, and increase reliance on informal networks, which may sometimes be unsafe. Cultural values and norms can also inhibit disclosure, especially in contexts where family privacy and reputation are prioritised. Further, economic dependence is a critical issue. Immigrant women are particularly vulnerable to financial dependence due to challenges in the labour market, such as credential recognition and discrimination. This not only limits their options for escaping abusive relationships but also has implications for their long-term stability and security.

In social work practice, recognizing these complex needs through a surface-level assessment is often insufficient; a more holistic and context-sensitive approach is required. Anti-oppressive practice helps practitioners understand how structural inequalities contribute to individual vulnerabilities and avoids

placing blame on clients. This involves engaging with clients' lived experiences, recognising their resilience, and situating their circumstances within broader socio-political contexts.

Crucially, this phase also highlights the hidden nature of IPV among immigrant women. Fear, stigma, and systemic barriers often lead to underreporting, resulting in invisible and unmet needs within this population. Social workers must therefore adopt proactive, culturally responsive strategies of outreach and engagement to ensure services are accessible, inclusive, and aligned with the needs of diverse communities..

Phase 2: Innovation in Constraints

Phase 2 explored how social workers respond creatively to IPV within a system that is constrained by institutional and material realities, and the complex needs of their clients. In reality, social workers often work within systems that may not be fully geared to meet the particular challenges faced by immigrant women, and must therefore negotiate service gaps in order to effectively assist these women. This is where the phrase "building the bridge while walking on it" comes in. It captures the fact that social workers often have to navigate uncertain and uncharted territory, making decisions and interventions in the absence of fully formed information or strategies. Instead of adhering only to predetermined guidelines, social workers practice in a context-driven, flexible manner, using their expertise and the client's input. Anti-oppressive practice is crucial to these adaptation strategies. It focuses on empowering and partnering with clients, as active decision-makers. This can involve supporting women to create safety plans in a way that reflects their cultural background, and is suited to their unique situation, rather than forcing rigid outcomes that may not work. Another form of innovation is advocacy and navigation. Social workers can be facilitators between women and institutions, ensuring access to legal, housing, health and financial support. This involves not just understanding the resources available but being able to push back against institutional barriers and promote more inclusive practices. Simultaneously, innovation in practice is limited. Large caseloads, lack of funding and bureaucratic demands can limit the flexibility and time practitioners have. This can distance social workers from their profession, and prevent them from offering highly personalized services. This means there is an ongoing battle between the ideal and the real in practice.

Building on these insights, the thesis provides practical recommendations for improving social work responses to IPV among immigrant women. These include the need for culturally responsive service delivery, the provision of language-specific support, and the strengthening of community-based interventions that are more accessible and trusted by immigrant populations. The thesis also highlights the importance of policy-level changes to address structural barriers, particularly those related to immigration dependency and limited access to social services. These recommendations reinforce the need for social workers to move beyond standardized approaches and adopt flexible, context-sensitive strategies that are grounded in the lived realities of clients.

However, the coping strategies in this phase show the adaptability of social workers. Through acknowledging uncertainty and continuous learning, social workers can improve their responsiveness and interventions to meet the needs of immigrant women experiencing IPV.

Phase 3: Ethics and Stakeholder Relationships

Phase 3 explores the ethical considerations and stakeholder engagement issues faced by social workers in the context of IPV among immigrant women. Such dilemmas are often complex, with social workers needing to juggle multiple concerns and make decisions in the absence of certainty. A key ethical challenge is the balance between autonomy and safety.

These ethical challenges are also reflected in the findings of the thesis, where issues such as fear of authorities, mistrust of formal institutions, and cultural pressures significantly influence decision-making among immigrant women experiencing IPV. The findings highlight that ethical dilemmas in practice are not abstract, but are deeply rooted in the lived realities of clients, requiring social workers to adopt a reflexive and context-sensitive approach.

Social workers are tasked with safeguarding clients from harm, but they also need to respect clients' autonomy, even when it leads them to remain in unsafe situations. This is especially true when leaving a relationship with an abuser could result in dire consequences, such as losing immigration rights or losing custody of children. Confidentiality is another issue. Confidentiality is a fundamental ethical consideration, but there are circumstances when sharing information is necessary to protect a client. Decisions about confidentiality involve weighing legal obligations, professional ethics and the need to share information. Power is also a key consideration in this stage. Social workers are embedded in structures that can support and hinder their efforts. They also have a position of power in relation to their clients, which can shape interactions and decision-making. Anti-oppressive practice requires an awareness of these power dynamics and the need to engage in respectful partnerships. Engagement with stakeholders goes beyond client-worker interactions to include engagement with legal and health services, community groups and governments. Responses to IPV involve cross-disciplinary approaches, as no one agency can deal with all the issues. But varying priorities, resources and worldviews can lead to difficulties in communication and coordination. Cultural knowledge is also crucial in overcoming ethical challenges. Social workers need to be aware of cultural norms and traditions without making assumptions or generalisations. This involves a continuous process of learning and engaging with diverse cultural groups, reflexivity and humility. In all, this phase highlights the need for ethical reflexivity, in which social workers reflect on their actions, anticipate the consequences of their work, and strive to uphold principles of justice and equity. By thoughtfully engaging with ethical dilemmas, social workers can effectively work with immigrant women while maintaining professional integrity.

Discussion

This article's three-phase model shows that responding to intimate partner violence (IPV) among immigrant women in Canada is not a one-size-fits-all, fixed process, but rather a fluid and context-specific intervention. Across the three phases of intervention, one theme becomes clear:

The analysis presented in this article aligns with the findings and themes identified in the underlying thesis, particularly those outlined in Chapter 4, which emphasize the role of structural barriers, cultural expectations, and immigration-related vulnerabilities in shaping immigrant women's experiences of IPV.

a dynamic response to intersecting structural limitations, client needs and ethical considerations is essential.

In Phase 1, the recognition of complex needs highlights the need to move beyond individualized explanations of IPV. The examination reveals the multiple oppressive forces intersecting in immigrant women's lives, such as gender inequality, immigration policy, racialization and economic marginalization. This highlights the need to go beyond traditional assessment frameworks that overlook these dynamics. By considering an anti-oppressive framework, social workers are more likely to identify vulnerabilities and better understand client experiences within a socio-political context. This increases the effectiveness and relevance of interventions.

Phase 2 shows that innovation in social work practice is often emergent. The phrase "building the bridge as you walk on it" reflects the fact that practitioners often work under uncertain and resource-poor conditions. Adaptability and innovation are critical skills. The results indicate that social workers engaged in anti-

oppressive practice are better able to use more responsive and client-focused strategies, in particular, collaboration, advocacy and culturally sensitive interventions. At the same time, the findings highlight a dynamic between ideal and real practice, which is constrained by institutional constraints (such as caseloads and resources).

This interpretation is consistent with the thesis findings, which demonstrate that these factors do not operate in isolation but interact to create compounded vulnerabilities that influence both risk and help-seeking behaviors.

In Phase 3, ethics are a prominent aspect of practice. The competing priorities of client autonomy and safety, confidentiality issues and institutional power dynamics are difficult to navigate. These challenges are not straightforward and necessitate ongoing ethical consideration. The conversations make it clear that ethical practice here is not a matter of following rules, but responding to complexity in a sensitive, accountable and socially just way. Overall, the three phases demonstrate that anti-oppressive social work is a process and a journey. It offers a way of responding to complexity, rather than concrete answers. The metaphor of "building the bridge while walking on it" is, therefore, not only descriptive but also prescriptive, highlighting the importance of continual learning, reflection and practice development.

Practical Implications

The practical implications outlined in this section are directly informed by the recommendations presented in the underlying research thesis. Which emphasize the need for culturally responsive, accessible, and structurally informed social work interventions for immigrant women experiencing IPV. The study has a number of implications for social work practice, Professional social workers require continuous capacity building. The thesis recommends enhanced training in anti-oppressive practice (AOP) to strengthen practitioners' ability to address intersectional inequalities. challenge the structures that create inequalities and work with diverse communities. This means cultivating cultural, communication and reflexive skills. Second, social service agencies need to focus on offering culturally sensitive and accessible services. This might include offering language interpretation and translation, and staff with diverse backgrounds, and developing programs that are responsive to the life-world of immigrants. Accessibility also means removing administrative barriers that may deter women from accessing services. Third, there's a need for improved inter-agency coordination. IPV among immigrant women requires the involvement of various stakeholders, such as legal, health, housing and community agencies. Collaboration can enhance service delivery, eliminate gaps and redundancies, and provide holistic support. Fourth, policies need to eliminate barriers within immigration and social welfare systems. For instance, policies that link immigration status to marriage can heighten vulnerability to abuse and hinder the ability to seek help. Changing these policies is critical in ensuring safer and more equal conditions for immigrant women. Lastly, it is important to adopt a client-centered and empowering approach. Social workers should focus on trust-building, promoting self-determination and highlighting client strengths and resilience. This is consistent with the principles of anti-oppressive practice and ensures interventions are both effective and non-oppressive.

7. Limitations

The study is subject to several limitations, as outlined in the underlying thesis. These include the use of a qualitative research design and a relatively limited sample size, which may affect the generalizability of the findings. Additionally, the study is situated within a specific geographic and policy context, which may limit the applicability of the results to other settings. However, the depth of qualitative insights provides valuable understanding of the lived experiences of immigrant women facing IPV. Finally, the emphasis on

the Canadian experience could affect the transferability of the findings to other jurisdictions with different legal, cultural and institutional contexts. While some lessons may apply, additional research is required to understand the dynamics in other contexts. Another potential issue is the lack of diversity among immigrants. Immigrant women are diverse, and IPV experiences may differ according to country of origin, faith, socio-economic background and time spent in Canada. Although intersectionality is recognised in the framework, it is difficult to account for this diversity in its entirety.

8. Future Research Directions

Future research needs to include empirical studies on the experiences of immigrant women experiencing IPV. Qualitative research, including interviews and case studies, can help understand how these variables interact to influence these experiences. We also need research that assesses the impacts of anti-oppressive approaches. Studies that analyse the outcomes of particular programs or strategies may inform best practices and service improvement. Cross-national studies would also help to understand how differences in the policy context shape social work responses to IPV. This could inform the development of more global approaches. Finally, future research should consider the impact of culturally specific and community-based interventions that may be more accessible and acceptable to immigrant women.

9. Conclusion

This article has examined the complexities of responding to intimate partner violence among immigrant women in Canada through an anti-oppressive social work framework. By structuring the analysis into three phases identifying complex needs, innovating under constraint, and navigating ethical dilemmas the study provides a comprehensive understanding of the challenges and possibilities within this field. The findings highlight that effective social work practice must be flexible, context-sensitive, and grounded in principles of social justice. Standardized approaches are often insufficient in addressing the layered realities faced by immigrant women, making adaptive and collaborative strategies essential. Anti-oppressive practice offers a valuable framework for addressing these challenges by centering the experiences of marginalized populations and challenging structural inequalities.

At the same time, the integration of this approach requires ongoing reflection, institutional support, and policy reform. Ethical complexities, resource limitations, and systemic barriers continue to shape practice, reinforcing the need for sustained commitment to equity and accountability. Ultimately, the metaphor “we are building safety in pieces” captures the evolving nature of social work in this context. It reflects both the challenges and the potential of practice that is responsive, innovative, and grounded in a commitment to justice.

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