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## Chapter

# Enhancing Service Provision for Immigrant Families Experiencing Domestic Violence through Partnerships between Mainstream Service Providers and Cultural Brokers

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## Abstract

Domestic violence among immigrant families and communities resettling in Canada is a growing area of concern for all stakeholders. Efforts to develop and implement culturally meaningful policy and practice initiatives to address this violence have been hampered by the diversity that exists among immigrant families, lack of information on how violence plays out in these families and inadequate resources. Since domestic violence and child abuse often co-occur in the same families, there is a growing trend among organizations like Children's Services to employ formalized partnerships with cultural brokers to build respectful relationships with immigrant families and provide culturally relevant interventions. This research-based paper describes the range of services cultural brokers render as part of this partnership, explores the challenges they experience as working partners, and makes recommendations for strengthening the partnership. The findings have implications for social work practitioners and other stakeholders who are interested in using community-based approaches for improving services for immigrant families that are involved or at risk of getting involved with Children's Services.

**Keywords:** domestic violence, cultural brokers, Children's Services, partnerships, challenges

## 1. Introduction

Domestic violence is a global social problem and a human rights violation that affects women and children in developed and developing countries regardless of culture, religion, and sociodemographic characteristics. In its broadest sense, domestic violence (DV) includes all acts of violence that occur between relatives, intimate partners, or other individuals, but also child maltreatment, youth violence, some forms of sexual violence and elder abuse [1]. The most common form of violence studied is the one perpetrated by an intimate partner or a former partner [2]. Findings on the prevalence of DV among immigrant women have been mixed.

A few population-based studies have shown that the prevalence of any type of DV is lower among immigrant women compared with nonimmigrant women [3, 4], with those recently settled (<10 years) at significantly lower risk of abuse than longer term immigrants [5]. Smaller community-based studies with nonrepresentative samples, however, suggest that the prevalence of DV among immigrant women is higher than prevalence rates reported from population-based surveys [6–8] and reach as high as 60% in some studies [9]. While findings on prevalence rates of DV among immigrant women are inconclusive, a finding that has been consistently reported across many studies is that immigrant women are less likely than nonimmigrant women to report DV and access formal support services [3–5]. This has significant implications for the health and well-being of not only these women but also their children. Child abuse often co-occurs in families where there is DV [9, 10]. It is estimated that that in at least 30–60% of families where either child maltreatment or domestic violence is identified, the other form of violence will also be present [11].

Despite increasing concern among DV and child welfare agencies, policymakers, and researchers in Canada to provide appropriate prevention and intervention services for immigrant women and children experiencing DV, progress has been slow. This is because of the diversity that exists among immigrant families, the lack of data on how violence plays out among the different families that have relocated to Canada, and the failure on the part of service systems to identify and respond appropriately to the needs of immigrant families experiencing violence [12]. To address these issues and in view of the frequency with which DV is present in the caseloads of statutory child protection workers [13, 14], many child welfare agencies in Canada are developing formal partnerships with community representatives or cultural brokers to build trusting and respectful relationships with immigrant families. In this context, it is important to understand how these partnership arrangements are working from the perspective of the cultural brokers and what is needed to optimize their service capacity.

## **2. Literature review**

### **2.1 Reasons why immigrant women fail to report and access DV services**

In Canada, as in several countries, there are policies and programs that can help women who experience DV to access social, health, and legal services—through lodging a complaint either in the court or with the police. However, few immigrant women lodge such complaints, and even if they do, they often withdraw these because of family and community pressures [15]. Immigrant women face several barriers to lodging complaints about DV. These barriers include factors like embarrassment, stigma associated with reporting DV in some communities, financial dependence on the perpetrator, fears of deportation and loss of children, especially if they have been sponsored by their spouse, a desire to preserve family honor and community censure for disclosing violence [16–18]. Other factors that have been cited as barriers to disclosing DV and seeking help are language difficulties [19]; low levels of trust toward their neighbors and the people with whom they work or go to school with; unfair treatment from public hospitals and persons in authority like service providers who are integral in women's help-seeking for DV [16]; and discrimination due to ethnicity, nationality, and social class [20–24]. These latter factors influence immigrant women's position in the social structure, and they experience multiple obstacles to seeking support to end abusive relationships compared to nonimmigrant women [23, 25, 26].

It is also recognized that sometimes behaviors occur in immigrant families that are not always recognized by family members as violence or crimes This may

happen for example when immigrants, especially newcomer women, do not know that violence toward them (or any other family member) is a crime or that they are victims of violence [27]. They may also lack knowledge of services and supports they can access when they are at risk of experiencing violence and may have little awareness of their right to seek support and protection from DV. Immigrant women experiencing violence are also more likely than their Canadian-born counterparts to have young children living in the home, a finding that is a matter of great concern given the well-documented negative impact of children witnessing violence [28–30].

These findings underscore the importance of culturally and linguistically appropriate prevention and intervention services for immigrant families, especially women and children who are experiencing or are at risk of experiencing DV. Since mainstream statutory service providers like child welfare may lack understanding of the sociocultural context in which violence occurs in immigrant families [19, 31–33] cultural brokers can play a bridging role and prepare the ground for culturally sensitive interventions.

## **2.2 Cultural brokers as community partners**

Singh [34] defines cultural brokers as “people acculturated in one or more minority cultures and the mainstream culture” (p. 3) and can bridge the two cultures for the purpose of facilitating accurate communication. The brokers share the language and/or culture of the families/communities they serve and act as a bridge between systems and communities to increase understanding, reduce tensions that can arise from socio-cultural misunderstandings, and address invisible power disparities [35]. In the case of newcomers to the community, cultural brokers may help them resettle, liaise with, and advocate on their behalf with service providers [36]. Although the term cultural broker is rarely found in the social work literature, working collaboratively with cultural brokers is consistent with the profession’s commitment to cultural competency and aligned with community-based practice approaches found in the child welfare literature [37, 38].

Cultural brokers who partner with organizations like child welfare Services provide a variety of support services for immigrant families who are either involved with or at risk of involvement with the child welfare system. They can work toward building a trusting relationship between child welfare workers and the families they serve by a) helping to weather the conflicts and disagreements that may arise between child welfare workers and the family and b) remaining committed to improving the safety, permanency, and well-being of children and families. However, such partnerships can be fraught with challenges if they are poorly planned and executed and cultural brokers can experience frustrations and anxieties arising from power imbalances and their multiple and sometimes conflicting community roles [36, 39]. Currently, there is little information on the challenges cultural brokers experience in meeting the demands of their roles as partners with child welfare agencies and as community advocates. Given that cultural brokers are increasingly being called upon by organizations like child welfare in countries like Canada that have high levels of immigration, to provide a variety of support services for families involved with the child welfare system, or at risk of becoming involved, there is a distinct need for greater research into the challenges cultural brokers face as well as the benefits and limitations of this approach.

## **3. The Current Study**

This study was conducted with brokers from a multicultural brokers’ cooperative that is based in a major city in Western Canada and has been serving

immigrant populations in the city and surrounding areas for 25 years. The cooperative has over 90 trained cultural brokers who provide services to 23 linguistic and ethnic groups. They offer services in variety of settings like perinatal clinics and schools. As part of their role, they provide intercultural consultancy and cultural sensitivity training to mainstream service providers. The brokers also engage in training and receive ongoing supervision from trained social workers and psychologists to ensure appropriate fit with families and overall practice [40].

In 2013, the broker cooperative was invited and entered into a formal partnership with Children's Services, the child welfare agency in the region for providing culturally responsive individual and family-centered care, child and youth support, family mediation and follow-up care for immigrant families where there is domestic violence. While the brokers have been partnering with Children's Services in providing services for immigrant families involved with the system, they have also continued with their long-term role and commitment to providing various kinds of support to families in their own communities.

Lately the brokers have been experiencing challenges in meeting some of the demands that arise from their partnership with Children's Services and balancing these in the context of their role as community leaders and advocates. During the time of this study (2015–2019), they were feeling that their experience with families and challenges arising from the partnership were being lost within the mainstream service provision. The coordinator of the cooperative, with the consent of the brokers, therefore invited the first author to undertake a study that would allow the brokers to voice the challenges arising from their multiple roles as partners and prominent members in their own communities and highlight their perspectives on how these can be addressed for the benefit of all the parties involved. The researcher, who is a registered social worker from an ethnocultural background and a faculty member agreed to undertake the study on behalf of the Faculty of Social Work, which is committed to working with community organizations to improve outcomes for new immigrant families. The researcher was aware of the critical need for more culturally responsive services for new immigrant families that are involved with Children's Services. This study can shed light on how to optimize service capacity and partnership arrangements between cultural brokers and mainstream organizations.

### **3.1 Methods**

#### *3.1.1 Aims*

The specific aims of the study are: (a) to examine the experiences of cultural brokers on the challenges of working with ethnocultural families involved with Children's Services and (b) to understand the demands that the partnership with Children's Services place on them.

#### *3.1.2 Study design*

A qualitative research design using focus group interviews with cultural brokers was selected as the most appropriate method for conducting this study. The mutual support from others in the group who have shared similar experiences with service providers from Children's Services and immigrant families and the possibility of a more open discussion relating to potential problems with the partnership are benefits of this form of data collection [41].

### *3.1.3 Recruitment of participants*

Selection of participants was based on the following criteria: the brokers must be working closely with immigrant families who are involved with Children's Services; and they must be willing to articulate the challenges that they were experiencing in their multiple roles as partners with Children's Services and as community members. Three focus groups were conducted during Fall 2015. The first focus group had 10 participants, second had seven and the third had five participants. Five brokers participated in all the three focus groups.

### *3.1.4 Data collection*

A semi-structured interview schedule developed in consultation with the coordinator of the Multicultural Brokers Co-operative was used to elicit the perspectives of the brokers. Discussion questions included items inviting firsthand experience such as "what issues come up for brokers who are working with Children's Services," "what kinds of supports do brokers need to work as partners of Children's Services," "what challenges do brokers face when working in their respective communities," "what are the common causes for the violence in immigrant families and how situations reach a stage of crisis," and "what are the longer term needs of these families." The focus group discussions were facilitated by the first author and a graduate student who took notes as a reference for the analysis phase. The discussions were audio recorded with participants' written consent and transcribed verbatim for coding and analysis. Each focus group discussion lasted for about 90–120 minutes.

### *3.1.5 Data analysis*

Data were analyzed using a qualitative descriptive approach in order to directly describe the phenomena being investigated, and to ensure the analysis remained true to the accounts provided by participants. Transcripts were independently viewed by the two authors who, after several readings, developed codes, which were subsequently distilled into themes and subthemes along with supporting excerpts. The themes and subthemes are presented in the results and are a true reflection of the voices of the participants [42]. Rigor (trustworthiness and authenticity) of qualitative findings was demonstrated through interrater review completed between the two research investigators, debriefing after initial data analysis was completed, and theme corroboration [43]. Ethics approval for this study was obtained by the Multicultural Brokers Cooperative through the community organizations ethics approval body.

## **4. Results**

Three themes emerged from the analysis of the focus group interview data: (1) challenges arising from the partnership with Children's Services; (2) challenges arising from their roles as cultural brokers and community advocates; and (3) factors that increase the risk of violence in immigrant families and lead to involvement with Children's Services.

### **4.1 Demographic profile of participants**

Twelve brokers, all women between the ages of 30 and 60 participated in the focus group discussions. They represented 10 ethnocultural communities—Eritrean, Syrian,

Somalian, Iranian, Indian, Pakistani, Chinese, Spanish, Sudanese and Pilipino. All the participants were first generation immigrants, who have lived in Canada between 5 and 40 years. All of them had resident status, with the majority being citizens. All have overseas postsecondary qualifications in various fields, are bilingual—can speak both English and their native language. They have been working with the cooperative for a minimum period of 3 years. They are well known in their respective communities and serve multiple roles. They help newcomer families during the process of resettlement, are advocates for their communities, serve as family conflict mediators, and are community leaders and educators who work in the interest of their respective communities. At the time of the focus group, all the participants were working alongside Children's Services workers helping to interpret cultural issues, delivering culturally relevant services to families, facilitating cross-cultural communication between families and Children's Services workers, educating families about policies and procedures of Children's Services, raising awareness about domestic and child protection issues and referring families to available community resources. They were also receiving ongoing supervision from trained social workers and psychologists for dealing with complex issues that arise when working with families.

## **4.2 Challenges arising from the partnership with Children's Services**

The participants faced many challenges when working in partnership with Children's Services. Some of these arose in the context of helping the immigrant families who are involved with Children's Services to follow through with the Family Enhancement Agreement (FEA). This agreement falls within the larger Alberta Child, Youth and Family Enhancement Act (2019), which provides authority for Children's Services in Alberta to provide services in support of children who are abused, neglected, or otherwise in need of intervention. Although the Act allows for children to be apprehended if they are assessed as not safe in their own homes, every effort must be made to support the family to allow the children to remain in their homes.

Every child receiving services under the FEA must have a Family Enhancement Plan, which is based on the assessment information and is intended to meet the child's needs for intervention and evaluate progress [44]. The Plan is developed by the caseworker from Children's Services by engaging the family, natural support network, and cultural support. It identifies goals and tasks to follow through in order to keep the child/children safe. It identifies the persons responsible for each task, timeframe for completion, and corresponding signs of achievement. It also identifies task items for which the caseworker is responsible, including frequency of home visits. The caseworker is expected to review and record on the family enhancement plan whether tasks are completed within the indicated timeframes. After a period not exceeding 90 days, a review must be conducted by the caseworker and if needed another plan is completed. A copy of the family enhancement plan is provided to all the parties who are involved in developing the plan. If during the review the caseworker is convinced that the parents have followed the terms specified in the plan, Children's Services may close their file.

The study participants reported that they play a major role in facilitating this time limited-plan by guiding the family through it, explaining the objectives of the plan and the outcome, their responsibilities as parents, and consequences if the plan is not followed.

### *4.2.1 Dissonance between the goals of the brokers and Children's Services*

Although the participants viewed the family enhancement agreement and plan as less intrusive and controlling compared to previous Children's Services

interventions, they pointed out, based on their experience, that these did not stop family violence as it often continued in “other forms.” This meant that physical violence would decrease but other forms of violence often continued and these included verbal, financial, and emotional abuse. There was consensus among participants regarding the challenges of facilitating the family enhancement plans. The first challenge was balancing accountability to Children’s Services while working in the interest of the whole family. Participants stated that they experienced “dissonance” between the mission of their organization (the Brokers Cooperative), which is to mitigate domestic violence and the goal of Children’s Services, which is to keep children safe. Participants shared that they experienced a constant struggle to reduce violence and keep the children safe, while keeping the family together. The following excerpt exemplifies their difficulties:

*Their (Children’s Services) goal is how to protect the children from the violence. For us, how to protect the children from violence, and how to reduce the violence affecting the whole family. When we are involved it is a tough job for us how to deal with the family violence, and their goal too. So, we have two goals – on one hand, how to keep a balance between them and the family? It is very tough job, especially when you are very devoted to your mission.*

#### 4.2.2 Premature closure of files by Children’s Services

Another related challenge for the participants arose when the Children’s Services workers, after interviewing the parents and the children, determined that domestic violence has ceased, and children are safe, close the file, and subsequently pass on the file to the brokers for follow-up. The participants shared that children from immigrant communities are often instructed by parents not to discuss family problems with strangers. This means that when children are interviewed by Children’s Services, they paint a picture of a loving family although this does not necessarily reflect the reality of what is happening within the home. One participant summarized the situation as follows:

*According to the plan, they go and talk to the parents. And they go to interview the children, and the children are educated it’s the family secret; you do not have to tell strangers...They close the file- as they do not see family violence anymore, it’s given to us, then we go in and we see it’s a huge problem.*

The file closure on the part of the Children’s Services workers created at least three problems for the participants. The first arose because the family tended to lose interest in working toward improving relationships when their file is closed by Children’s Services. This made it difficult for the brokers who are now accountable to Children’s Services for the outcome of the family goal-setting plan. The second problem came up because once the file is closed by Children’s Services, the breath of work done by the brokers and the time invested by them with the family are not documented in the family’s case files as these have already been closed. As explained by one of the brokers:

*in setting a plan around the man. Talking to them about their wellbeing, how to care about partner, how to deal with each other, mediating, including them in the group. But all this does not show in Children Services because they have already closed the file.*

Another participant added:

*Children Services just close the file and give it to us; and sometimes they set a plan and the plan must be followed by us and the family. Children's Services are not involved in finding a solution, they are only involved in the monitoring.*

The third problem arose because of insufficient resources for the brokers in terms of having enough funds to employ additional staff and their roles being vulnerable to budget cuts. As a result, the brokers ended up with a large caseload of families to follow-up that they were unable to close but have been closed by Children's Services.

#### 4.2.3 Lack of a clear definition of their role within a multidisciplinary context

The participants expressed that their role is not clearly defined or understood by service providers from the multidisciplinary teams that they work with. These include health care workers, psychologists, social workers, and nurses. They alluded to these professionals having clearly assigned roles, but their role, being vulnerable to budget cuts, impacted the services they can provide for immigrant families. As such, the brokers struggled with defining their identity as part of the professional team although many aspects of the work they did overlapped with those of social workers. As one participant put it:

*People understand what a nurse does, what a doctor does, what a cleaning lady does, what housekeeping does. But what does a cultural broker do. How is this (their role as cultural brokers) different from a social worker?*

A related challenge for the participants when working with professionals from other disciplines is figuring out which aspects of their work complement those of other members of the multidisciplinary team. The difficulty also included sharing of information and finding the best way to work as a team in the interest of the families. In this context, one of the participants added:

*It's a new collaborative practice and we now need more shared clarity on how to be complementary. This is a new area we are moving into now.*

### 4.3 Tensions arising from multiple roles and responsibilities

As discussed earlier, the participant brokers also served multiple roles in their communities. They are recognized by their community members as educators, advocates, and leaders and are expected to work in the interest of the whole community. Participants experienced tensions while trying to balance their different roles and responsibilities.

#### 4.3.1 Challenges arising while balancing their multiple roles

In their role as cultural brokers, participants must inform Children's Services if DV is a persisting problem in the families they are "assigned" to work with, and children are exposed to the violence. The participants shared that in doing so they run the risk of not only losing the trust of the family but also being seen by their community members as agents of Children's Services. As community leaders, one of their roles involves educating families about DV and child protection issues and providing encouragement and support to victims of abuse (mostly women), to

report violence and seek formal protection for themselves and their children. Since community members often do not support women who report domestic violence and seek support from external agencies, participants feared that their actions of supporting these women may potentially jeopardize the good relationships developed with other community members who view these actions as letting down their community.

They also shared that their actions of supporting women victims of abuse are perceived by some men as being woman-centric and failing to take a fair approach to addressing family conflict. The following excerpts highlight the tensions experienced by the participants in some of these contexts:

i. *In so many cases when the police and Children Services or the court is involved, the blame is put on the woman, on the wife who reports the case to the police. They (community members) wonder why we are supporting someone who reported the husband.*

ii. *I'm concerned about the point that our role is created by the community and even by the men that we are supporting the victim. So, it is very hard for me to put myself in the midpoint that is not be judged that I am always supporting the woman, the victim. So, playing this role, and keeping myself in the midpoint, is very challenging. Because of our fear that we will be judged this way, we do not know how to create a balance between the two parties.*

#### 4.3.2 Working with abusive men

Participants shared that since men are often the authority figures in many immigrant families, educating them about domestic violence was perceived by some as challenging this culturally sanctioned role. While working with abusive men, participants therefore did not confront them about their cultural beliefs. Instead they initiated a negotiating process with the objective of educating them about the law and the consequences for them and their family if they continued the violence. This included explaining the role of Children's Services and the criminal justice system and the financial impact on the family. As explained by one participant:

*I've said to families (meaning the man), 'if this happens again, this is what is going to happen - the police is gonna come; they will arrest you; you are gonna lose time at work; it will create another financial stress for your family and it is costly, \$250 an hour to \$350 an hour. This is going to be your reality. So, you have the choice of whether this is gonna happen again. And even if no one calls in the house, a neighbor is gonna call like they did last time'.*

The big challenge however was identifying and dealing with abusive men who knew the system well, were manipulative and posed as victims instead of perpetrators.

#### 4.3.3 Threats to personal safety

Some participants reported that they had been accused by immigrant women's husbands for causing the break-up of their families by informing Children's Services or supporting their wives to report violence and seek safety. This had led to threats of physical harm for at least three participants. One participant shared a husband's rant in the following quote: "We were fine, everything was going hunky-dory, and now you come in and you are empowering her, and you are telling her things that

she should not know. There is no need for her to know.” The participants compared the increased risk of harm they faced in their work with that faced by child welfare staff. They felt that their risk was much higher as child welfare staff did not reside within their communities. They spoke to their direct involvement and interaction with activities and members within their community, all of which helped in serving their community better, but at the same time also put them at increased risk for harm since they are more visible to persons who have committed violence and have been reported to the police. As a result of these safety concerns, participants explained that they need guidance on protocols to keep themselves safe when carrying out their work. In this context, one of the participants stated: “There needs to be a lot more direction for us in figuring out when it is safe, and when it is not for us.”

#### **4.4 Factors that increase the risk of violence in immigrant families and lead to involvement with Children’s Services**

Participants identified three factors that increased these risks, especially among newcomer families (<10 years in Canada).

##### *4.4.1 Changes in traditional roles after migration*

Participants shared that in many new immigrant families, there is a shift in traditional gender roles on migration, whereby females (wives) now find themselves in the role of breadwinners, as they are usually the first ones to gain employment, in part due to their willingness to take up menial, low-paying jobs. Their male partners (husbands), who are the traditional breadwinners, have a more difficult time getting jobs and, even when they do, many are disillusioned because the jobs that are available to them, are often low grade, and well below their educational achievement, and job status gained in their country of origin. In the absence of community support programs, this shift in family roles and the added stress associated with settlement (financial, acculturative, racism, and discrimination) changed the power dynamics within immigrant families with some men resorting to violence as a response to re-establishing their control as head of the family.

In the case of families where DV is already a pre-existing problem before migration, women felt empowered when they learnt that violence is a crime in Canada, and they have access to DV support resources that are not available in their country of origin. As reported by a participant:

*back home was less family violence (women having accepted their subordinate role), but here since woman was getting more power, they do not have to suffer it. They have somewhere they can reach out to some other people and cut this violence that they are suffering from.*

##### *4.4.2 Risk of violence when living with extended family*

Participants reported that often women living with extended family members experienced violence not only from their husbands but also from their in-laws. The most common was daughters-in-law experiencing abuse both from husbands and the mothers-in-law who justified their sons’ violent behaviors by blaming their daughters-in-law as responsible for the violence. A participant recalled what a mother who lived with her son and daughter-in-law had told her:

*My son is good. I know he is a little bit upset. He is a little bit out of control. He is a little bit aggressive, but he has a good heart, but she does not know how to bring out the goodness in him.*

#### 4.4.3 Risk of violence arising from undiagnosed and untreated mental health and addiction issues

Participants stated that undiagnosed and untreated mental health problems are a significant issue in many immigrant families that they work with, especially those that have experienced trauma of persecution in their country of origin. While those who suffered from unresolved trauma often found it difficult to talk about their experiences because of the associated pain, others did not seek or accept help because of the stigma associated with mental illness in their communities, lack of information on available services, and sometimes fear and lack of trust in formal systems of care. One of the participants reported, “left untreated, their condition deteriorates, those who suffer become less productive at work and within their homes, and this spirals into a domestic crisis.” Participants shared that many family caregivers also put themselves at risk of harm by not seeking court intervention to have their mentally ill relative committed to a mental health facility, even after repeatedly hearing threats of harm from their relative. This was because of lack of knowledge of this option.

A widespread problem that participants had noted in new immigrant families especially among women is complaints of lack of sleep and unexplained illnesses. These conditions often led to disruptions in their daily activities and had negative effects on their ability to fulfill their parenting and household duties. Husbands who lacked understanding of what is happening with their wives mistook their behavior for “laziness” and resorted to punishing them by using physical violence.

Another mental health issue that featured very prominently in the caseloads of many participants is addictions among immigrant males. The addictions ranged from alcohol abuse, which was the most prevalent, to gambling, and internet pornography, among others. Participants reported that in many new immigrant families and communities, addiction is not viewed as a problem needing treatment, especially when the addicted male member is still capable of holding his job. His addiction-related abuse toward his family members would be brushed aside by family and community members and they would instead focus on his otherwise good qualities and this served as catalyst for the addicted member to not seek treatment. One of the participants recalled what one female member from her community had shared with her about her brother’s addiction:

*He goes to work. There is no problem. So, he has a few drinks. He drinks at home, so again that’s an okay thing. He only gets mad when he is drunk. Otherwise he is a good father and a good husband.*

Participants also shared that since mainstream understanding and treatment for addiction did not fit with the conceptualization of immigrants, men who recognized that they need help or are mandated to get help do not have available to them support programs or interventions that meet their needs from a cultural perspective.

## 5. Discussion

There are only a few studies that have examined the challenges cultural brokers face when working in partnership with mainstream statutory organizations like Children’s Services. In a study conducted by Siegel, Montana, and Hernandez [36], cultural brokers expressed that they were viewed by Children’s Services workers as *interfering* and as *outsiders* who were greeted with a “who do you think you are?” attitude, rather than community partners working together for the safety and well-being of children. Although the brokers in the current study did not mention such

attitudes from Children's Services workers, the reasons for some of the frustrations they experienced arising from premature closure of files could be due to factors identified by previous research. These include inadequate organizational preparedness and training for Children's Services workers to work with cultural brokers, engage in shared decision-making about how best to collaboratively address the needs of immigrant families and inadequate introduction of cultural brokers' role to Children's Services workers and other service providers [36]. Thus, despite the existence of a formal partnership between Children's Services and the cultural brokers at the organizational level, it is likely that inadequacies related to planning, coordination, communication, and team work led to cultural brokers' feelings of power imbalance, being taken advantage of, their time and work with families not being acknowledged, and their difficulty in defining their identity within professional service delivery teams.

Another factor that can pose as an impediment to collaborative working between partnering organizations is differences in their mission/goals and accountabilities [45, 46]. Although child protection advocates argue that "the best interests of children cannot be separated from the best interests of their mothers" ([47], p. 7), in practice Children's Services is solely concerned with the rights and safety of children and makes decisions about their safety independently of the safety needs of their mothers [48]. It can use its statutory powers to remove the child from the family if DV continues, an action that indirectly blames and punishes the victim of DV (usually the non-abusing mother) for her inability to protect her children from the abuser. The brokers found it very challenging to align themselves with the narrow focus of Children's Services because they believe in working with the family to mitigate DV and empowering mothers to take steps to ensure their safety and that of their children [40].

The brokers also experienced tensions from another front—conducting themselves as brokers for Children's Services while also serving as advocates/leaders in their marginalized communities. As suggested by previous research, these tensions and dilemmas can arise in the context of the competing responsibilities that some of these roles involve and highlight the tenuous role of the brokers [39]. The brokers recognized the source of these tensions, which is an important first step to addressing them. For example, some of them were accessing professional supervision to deal with abusive immigrant men with strong patriarchal mindsets. Nevertheless, they lacked the resources and support to deal with their safety concerns and fears arising from being seen by community members as agents of Children's Services and "breakers" of families.

The brokers' perspectives on factors that increase the risk of violence and involvement with Children's Services in new immigrant families are supported by past research. For example, the increase in the risk of domestic violence in the context changed family dynamics and threat to traditional masculinities after migration to countries like Canada is supported by previous studies [49–51]. Immigrant women are more likely to live with extended family and are at increased risk of experiencing abuse from extended family members, especially mothers-in-law [52]. A significant body of research supports the brokers' observations of the high incidence of mental health difficulties in new immigrant families, the barriers they face in accessing mental health services like language difficulties, stigma, cultural perceptions of mental illness and addictions, fear and distrust of authorities, lack of cultural safety and information about available services [53–57], and the scarcity of culturally responsive mental health services and community support programs to address these barriers [58, 59]. These findings have implications for the training of health care providers, DV service providers including cultural brokers and Children's Services workers.

## 5.1 Implications for practice and policy

The findings of this study suggest that cultural brokers can serve as a significant resource for Children's Services for improving outcomes for immigrant families. However, the partnership between Children's Services and the Brokers Cooperative must be planned properly and executed professionally if the goals are to be achieved. In the following section, we discuss some broad guidelines for improving this partnership based on the findings of this study.

### 5.1.1 Planning the partnership

At the planning stage, the two partners, in this case Children's Services and the Brokers Cooperative, must not only be clear about the purpose of the partnership but also take into consideration the capacity and resources of their partner and how they can work together despite differences in their goals. Partners with different goals can still work together if they can identify and agree on some common values and principles, as a precursor to defining more specific aims and objectives [60, 61]. In the case of the current partners, a common value/principle could be building better relationships with immigrant families. In terms of assessing capacity and resources, Children's Services is a far more resource-rich partner in terms of power, staff strength, and funds and this can easily set off a power imbalance between the staff of each organization unless roles and expectations are clarified at the very outset. Therefore, planning must include mutual agreement on roles and expectations of each partner and clarity on the depth of the partnership [46]. These include issues like commitment to sharing knowledge and information about families, consultation on needs of families and power sharing in decision-making, level of engagement in developing and executing the family plan, stage/s when brokers will be involved, and how decisions related to file closure and follow-up are made.

In terms of sharing information between these partners, there can be an impasse if agreement is not reached on when and how much information will be shared and the limits of confidentiality. For example, since Children's Services has not been historically concerned with the safety needs of mothers, the brokers may not like to share confidential information about the mothers with Children's Services. This is because they work from a non-statutory perspective and believe in empowering mothers. In turn, the child protection service may not be confident that the brokers will share all available information they gather about a family and encourage women to cooperate with their investigations. This may involve exercising their statutory power and bringing pressure on the mother to leave the abusive relationship (or taking her children away), without taking into consideration the challenges she and the children will face after leaving the abusive partner [62]. An agreement must be reached on these and similar important issues to build mutual trust.

During the planning stage, the training and supervision needs of front-line service partners must also be taken into consideration. Cultural brokers must receive training in Children's Services program activities and purposes, child welfare mandates, and how to work with the juvenile court [36]. Similarly, Children's Services workers must be made aware of the resources cultural brokers bring to the partnership in terms of cultural knowledge and experience. At the planning stage, decisions will also have to be made by team leaders about strategies to monitor progress and outcomes and building trust among the Children's Services workers and the brokers.

### *5.1.2 Implementing the partnership*

The next step toward developing a good partnership will involve Children's Services organizing training workshops to prepare their staff to work with the brokers. These workshops must be offered periodically due to the high turnover of staff in Children's Services. During these workshops, policy and management support for the partnership will have to be made explicit. The role of the brokers will have to be clarified including what they will not undertake unless they have adequate support from Children's Services workers. The training workshops must also include how to work collaboratively, share power and develop relationships of mutual trust and respect. This will encourage Children's Services workers to consult with brokers before file closure, keep files open for a longer time so that the brokers can be more effective with families, and assign families to brokers early on rather than after decision to close, so that they can work with Children Services workers for a longer period.

Since the brokers face risks to their safety while working in their communities, Children's Services can provide access to safety training protocols that they offer to their own staff. There are other areas where Children's Services can offer support to the brokers. They can support the brokers to get additional funding so that they can recruit more staff to share the heavy caseload that many of them currently have. A mechanism must be developed whereby the work done by brokers with the families they follow-up is recorded in the family case files held by Children's Services. In view of increasing evidence that reduction in DV will also lead to a reduction in the number of referrals to child welfare [10, 11, 14], Children's Services can help the brokers to initiate preventative programs like mobilizing leadership from within immigrant communities to bring about changes in the patriarchal mindsets of community members. Such preventative programs can also help to alleviate the brokers' fears of being seen by community members as working against the interests of their community.

### *5.1.3 Capacity building for cultural brokers and front-line service providers*

The brokers in the current study identified the following areas of training for enhancing their capacity and improving outcomes for immigrant families experiencing violence. These include training in family conflict mediation and training to work with immigrant male perpetrators who are manipulative. Since the brokers would like to work more collaboratively with Children's Services workers and service providers from other organizations, they identified the need for training in collaborative practice—a new way of working that allows service providers to share and exchange information, focus on their individual areas of expertise with families, and introduces new members of the team in ways that are welcoming [63]. The brokers believe that such training will also benefit other service providers.

The findings related to mental health difficulties in new immigrant families underscore the critical need for mental health outreach services to provide training to health care workers on creating culturally safe spaces, identifying and responding to the needs of immigrant women, and being alert to the signs and risks of family violence that are often missed due to lack of cultural understanding of DV and work overload [64]. Since DV and child abuse often co-occur in families [10, 11], health care workers in partnership with cultural brokers working with immigrant parents experiencing mental health difficulties can develop specific parenting-related supports for these parents, which may help to prevent issues that lead to Children's Services involvement. Further, Children's Services in partnership with cultural brokers and community groups can help to initiate DV preventative programs like support groups for newcomer immigrant men to help them deal with issues like changing power dynamics in

their families and threat to traditional roles. Such programs are already in existence in some regions and must be further promoted. Another DV preventative program that must be promoted and can reduce the risk of Children's Services intervention is the parenting in two cultures training for newcomer immigrant parents [65], which is currently being offered by some settlement service agencies in Canada. Finally faith-based harm reduction/prevention programs like the HOPE Project of ASPIRE Program run by Muslim Food Bank and Community Services (MFBCS), a nonprofit registered charity, must be initiated in immigrant communities as these have the potential to reduce the incidence of drug and alcohol use among community members through culturally relevant education and interventions [66].

## 6. Conclusion

This study has shed light on how to optimize partnership arrangements between cultural brokers and mainstream organizations like Children's Services from the perspectives of cultural brokers. The study has limitations because of the small sample size of twelve brokers, with only five brokers who participated in all the three focus groups. This sample size however is reasonable for a qualitative inquiry [43]. Despite the small sample size, the findings are significant because they add to the small and growing body of evidence-based knowledge on community-based approaches like the use of cultural brokers as partners to improve outcomes for immigrant families resettling in countries like Canada. It is recommended that future studies on such partnerships include a larger sample of cultural brokers and involve as participants service providers from Children's Services and immigrant families who receive services from cultural brokers. This will provide a more nuanced picture of partnership challenges from different perspectives and how these can be addressed to improve outcomes for immigrant families experiencing violence.

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