"Courage to Begin":

Building Capacity of Immigrant Service Providers And Sexual Health

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Final Report

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Prepared For:
Alberta Association of Immigrant Serving Agencies

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EXECUTIVE SUMMARY

In response to the barriers newcomers face when accessing prevention and sexual health information, the Alberta Association of Immigrant Serving Agencies (AAISA) initiated an environmental scan focused on understanding healthy relationship support for newcomers. For the purposes of this research, the term 'healthy relationships' refers to relationships "as consisting of a connection between people that increases well-being, are mutually enjoyable and enhance or maintain each individuals positive self-concept."[1] The intent of the project was threefold: firstly, to explore and identify what supports and resources are offered to newcomers within the areas of sexual health, prevention of sexual violence and gender and sexual diversity. Secondly, to assess how important these three areas are to settlement practice; and thirdly, to gain a deeper understanding of the comfort and capacity of staff within immigrant agencies to support newcomers in sexual health and sexual violence prevention.

The environmental scan was conducted between February 2015 and April 2015. This succinct scan is intended to be a motivating influence, a bold conversation starter to propel and inform the important work of supporting sexual health and well-being for newcomers. A mixed method research strategy provided the data for this environmental scan. This included an on-line survey and individual interviews. There were a total of 85 survey responses, the majority from immigrant serving agencies across Alberta. A small number of surveys were completed by other service providers who offer special services in sexual health and sexual violence prevention to newcomers. 11 interviews were conducted with individuals from immigrant serving agencies and sexual health organizations across Alberta. The following are a summary of the key results:

[1] *Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying*. 2014 Published by the Alberta Government.

Highlights of Survey

Survey results revealed the primary area of work related to sexual health, sexual violence and gender and sexual diversity is referral. Some agencies also provide information to clients in the form of workshops and counselling. Results indicated from the survey also show that service providers have a moderate level of comfort and capacity to provide services and supports related to these three areas. The survey also pointed to a high level of interest in additional training in these areas.

Highlights of Interviews

Individual interviews supported the survey results that found that referral is the primary means of support offered by immigrant serving agencies to newcomers. The interviews also indicated that some service providers have partnered successfully with sexual health organizations to train their own staff to have the comfort and skills to provide support in this area. The interviews also highlighted key needs of newcomers related to sexual health, sexual violence and gender and sexual diversity. These include: A lack of awareness, education and accurate information about contraception and sexual health, a lack of language specific services, and resources and challenges reconciling cultural norms and gender roles and the Canadian legal system. The interviews also shed light on the particular challenges facing northern and remote communities. Like the survey results, the interviews highlighted a desire for more training and capacity building for staff in the immigrant settlement sector.

Overall Key Learnings

Overwhelmingly, the results of this scan found that sexual health is an important area of work for the settlement and integration sector. Both frontline practitioners and senior leaders within immigrant serving organizations identified that issues related to sexual

health and sexual violence emerge in their practice. In order to respond to this, staff need to have the requisite comfort and skill to support these clients. In order to achieve this, a key learning of the scan is to partner with existing 'experts' who work in the field of sexual health and wellness. Settlement practitioners themselves do not have to become experts, but they do need the comfort and skill to be open, listen and provide a useful referral. A final key learning is to be attentive to the unique challenges and capacities of smaller centers and remote communities – the issues facing communities like Grande Prairie and Medicine Hat are similar to but also different from those in Calgary and Edmonton and any strategy on this work moving forward should take these differences into account.

Recommendations Going Forward

The report concludes with the following four key recommendations:

1. Pilot a Sexual Health Training Program for AAISA Member Agencies

   Steps to Consider in Piloting:

   a. Invest in readiness and collective impact
   b. Leverage partnerships with sexual health specialists
   c. Curriculum development

2. Conduct Developmental Evaluation of Training

3. Conduct Further Research

4. Prevention of Sexual Violence Requires Its Own Training Strategy

The layered nature of silence and stigma for culturally diverse communities in regards to sexual health, identity and sexual violence was a reappearing theme throughout the environmental scan. Interviewees were adamant about the importance of needing "to dialogue" and "to pursue this work adamantly." Margaret Wheatley, a leader in social change movements reminds us about the importance of disrupting silence, and that *"it takes just one person to have the courage to begin the conversation. It only takes one because everyone else is eager for the chance to talk."* Within Alberta and across

Canada, there is minimal conversation and attention given to research, education and practice strategies that address the importance of sexual health and well-being for newcomers. This scan not only provides initial learnings in understanding the breadth of work and perceptions of these three areas, it also provides the impetus to inspire more work and deeper conversations.

Section 1: PROJECT BACKGROUND

Project History

Leading up to this environmental scan, AAISA and Calgary Sexual Health Centre (CSHC) engaged in several months of conversations and idea sharing. The conversations emerged from current partnership work between CSHC and Calgary Catholic Immigration Society (CCIS). CSHC was engaged in training staff at CCIS to increase their comfort and skills to respond appropriately to sexual health queries in their work with clients. The partnership between CCIS and CSHC led to further discussion between AAISA and CSHC about the possibility of scaling out training for immigrant service providers. The partners recognized that in order to roll out this work effectively, more information was needed from AAISA members across Alberta. This led to the implementation of the environmental scan.

Rationale

The question of how to integrate sexual health into the daily lives of immigrants and newcomers is an emerging and laden question. There is growing recognition of the importance of newcomers having access to accurate sexual health information and supports because it is essential to their well-being and beneficial for their resettlement experience.

The question becomes more fraught when we consider the diversity of sexual health beliefs and values that newcomers bring with them to Canada. Often, immigrants are perceived to have regressive social values and beliefs around sexual health that contradict Canadian norms. This perception is largely anecdotal and not based in sufficient empirical evidence. Indeed, when we consider the sheer volume and diversity

of immigrants to Canada, as well as their diverse cultural, linguistic and faith backgrounds, we quickly appreciate how difficult it is to make generalizations about "immigrants" and their values around sexual health.

There is relatively little scholarly literature that explores the relationship between sexual health and immigrant settlement and integration in Canada. Where it does exist, it tends to be small-scale qualitative studies that examine a specific ethno-cultural community. For example, [2] the studies generally point to the importance of ensuring access to sexual health information and education for immigrants. They also suggest ensuring that health and medical professionals whose work is related to sexual health are aware of cultural diversity. This point is often highlighted through exploring the norms and experiences within specific ethnocultural communities. Thus, there are pockets of primarily qualitative research emerging, yet there remains an overall lack of research surfacing the needs and value of sexual health support for newcomers. The lack of literature in this area reflects a larger silencing around the relationship between sexuality and newcomers to Canada. This silence perpetuates misunderstandings, stereotypes and does little to advance relevant services for immigrants in Canada.

To understand *how* to bring sexual health and well-being into the lives of newcomers is a question being addressed by AAISA. To do this, AAISA worked closely with CSHC and initiated the environmental scan project. The intent of the project is to identify and better understand what supports and resources are offered to newcomers within the areas of sexual health, prevention of sexual violence, and gender and sexual diversity and if these areas are viewed as an important part of settlement practice. Further, the scan provided an opportunity to explore more deeply the concepts of comfort and capacity of staff to work within these areas at immigrant agencies.

[2] Maticka-Tyndale, E, Shirpak, K, and Chinichian, M. 2007. Providing for the sexual health needs of Canadian Immigrant: The experience of immigrants from Iran in the *Canadian Journal of Public Health*. V.98 : No.3

Methodology

The environmental scan consisted of mixed methods: an on-line survey and interviews with stakeholders who work in the field of settlement, and or sexual health with immigrants and newcomers. The project was guided and informed by AAISA and CSHC.

Survey

The goal of the survey was to gather data that would identify:

- Current sexual violence and sexual health services and supports that are offered by immigrant serving agencies in Alberta.
- Current sexual violence and sexual health services and supports that are offered in partnership with immigrant and settlement agencies.
- The kinds of work other agencies are doing in these areas with newcomers and immigrants.
- Levels of comfort within immigrant serving agencies to engage in sexual health and sexual violence prevention work.
- Supports and resources immigrant serving agencies want and require to engage in sexual health and prevention of sexual violence work.

Semi-Structured Interviews

Following the survey, interviews were conducted with settlement practitioners, managers and executive directors from immigrant serving agencies across Alberta. Interviews were also conducted with individuals working at CSHC and Compass in Edmonton (see Appendix A). The purpose of the interviews was to gather greater insight about organizations that are working in some way in the areas of sexual health and prevention of sexual violence. It was also to hear from settlement practitioners – in both senior and frontline roles – about the needs, challenges and opportunities related to work in this area.

The objectives of the interviews were to:

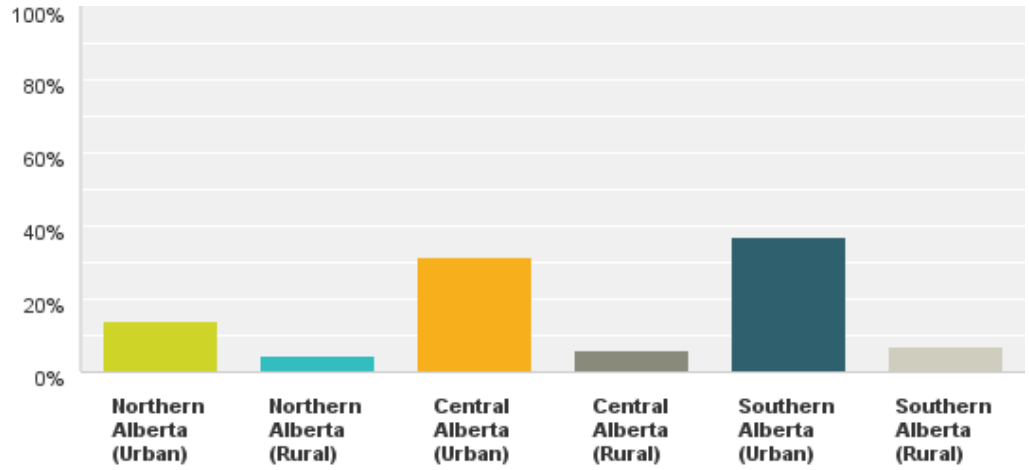
- Understand the organizations and culture of the organization and how they perceive sexual health, sexual violence, and gender and sexual diversity.
- Identify if they currently offer supports in these areas and if they do, what they offer.
- If they do not offer supports or resources in these areas, then what are thoughts on how they should be addressed.
- Understand how they identified clients' need for these supports.
- The main challenges in doing this work.
- The main factors that contribute to the success of the work.
- Advice for moving forward in this work.

Section 2: SURVEY RESULTS

An on-line survey was sent to all AAISA member agencies with a request to share the survey with other agencies that would be appropriate to complete the survey. The survey was also distributed through the CSHC's network to agencies that focus on sexual health education and services. Within a seven-day timeframe to complete the survey, a total of 85 surveys were completed.

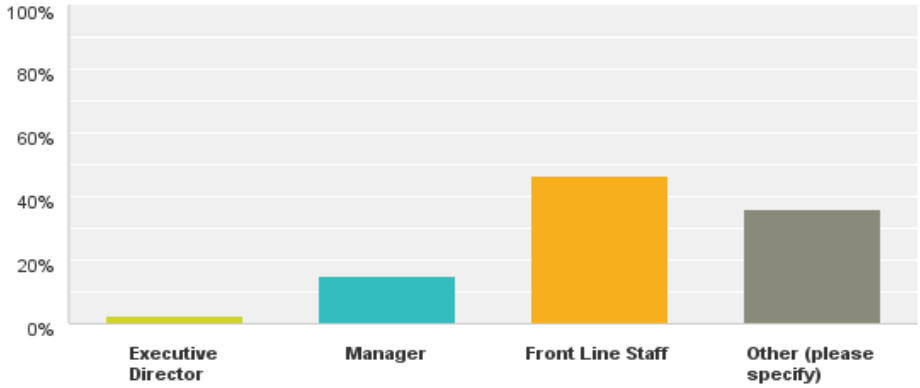
It is important to note that in terms of response rates for questions pertaining to sexual health, sexual violence, and gender and sexual diversity (G&SD), that approximately half of the respondents consistently answered survey questions. This noticing is significant in terms of the further questions it invites: why did half of respondents not answer the question? Might this speak to comfort in completing a survey that asked targeted questions about sexual health, gender and sexual diversity and prevention of sexual violence? Because this noticing is inconclusive, it is also a fruitful area for more research to better understand why there was a dramatic decline in response once the basic descriptive questions were answered.

2.1 Description of Survey Respondents



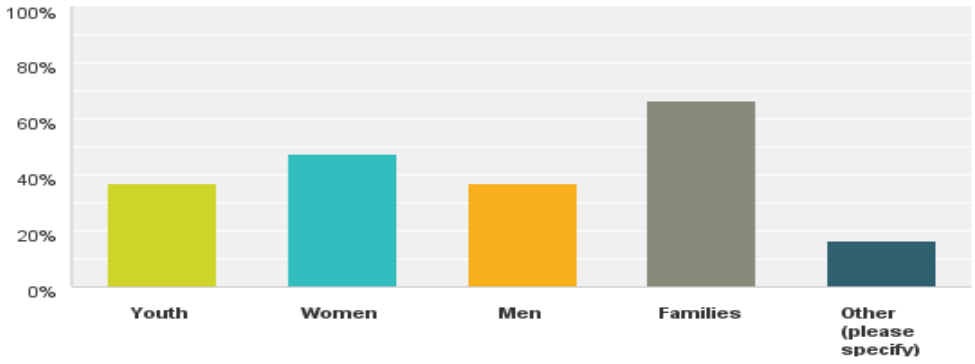
Most survey respondents were from urban areas in central, southern and northern Alberta. The respondent rate for the questions of where they are located in Alberta is reflective of the population density across Alberta with the city centres having more immigrant serving agencies.

Role of Person Completing Survey



Most survey respondents were front-line practitioners (47%), followed by program directors (15%) and a small percentage of executive directors (2%)

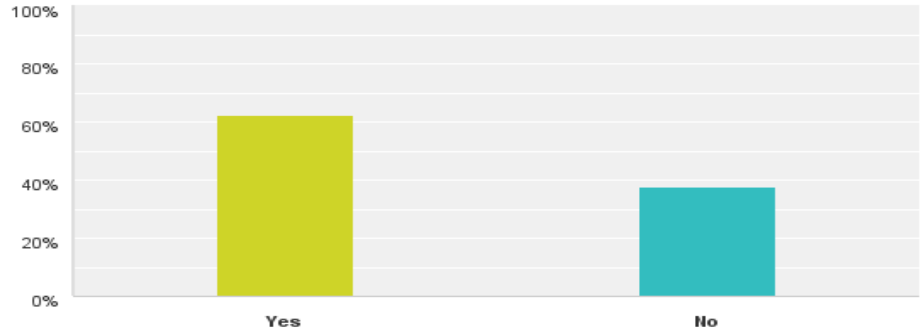
Client Groups of Respondents



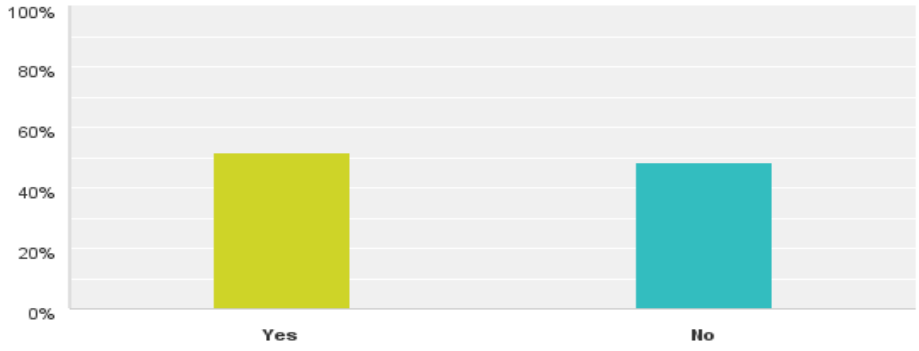
The client group that respondents most served were families (66%), followed by women (48%) and men (37%) and youth (37%). In the category of "other", many of the responses were seniors and individuals

2.2 Programs and Supports Offered at Agencies

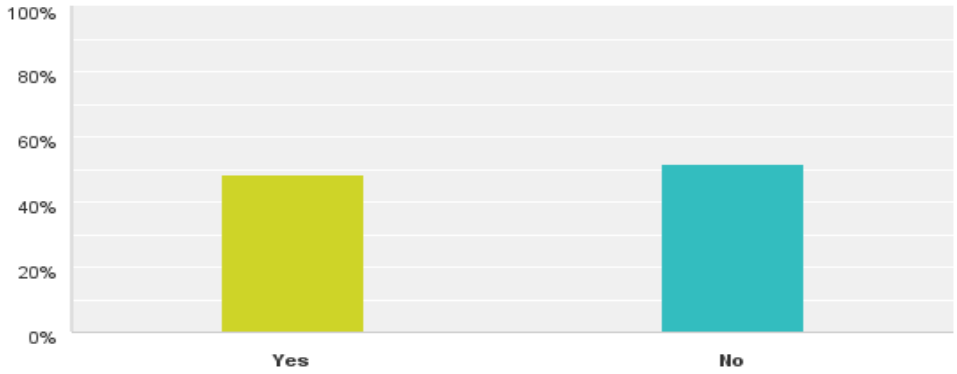
Sexual Health



Prevention of Sexual Violence



Gender and Sexual Diversity



When asked if programs or supports were offered, half of the survey respondents indicated that they do offer programs and supports in all three areas.

It is important to note that majority of the supports offered currently come in the form of information and referral. Few survey respondents indicated that they offer education and support related services (workshops, training, counselling). Of those that do offer programs, when asked if they are provided in a targeted language, only 24% indicated that they are, while 76% indicated that they do not.

Of the three areas, the highest percentage of support was offered in the areas of sexual health. **62% indicated that they offered information and referral in this area**. This also tells us that sexual health is the issue agencies are most often providing information and referrals.

For those that do offer programming and supports, 35% indicated that they offer the programs in partnership with other agencies. Partnership with agencies primarily includes working with agencies that specialize in areas of sexual health, sexual violence and gender and sexual diversity.

2.3 Area Priorities at Agencies

When asked to rate the level of priority of the three survey areas within their work, the results are very neutral. There is no significant lead identifiable topic area among the three areas. They are all very close in their priority rating. This does invite future and further inquiry as to *why* these areas are so close in their rating and *why* there is not a notable difference in response to these areas being priorities at an agency. Possible interpretation could be that most of the respondents are front line practitioners; they may not see these areas as a significant part of the work of settlement.

Priority for Sexual Health	Priority for Sexual Violence	Priority for Gender and Sexual Diversity
46% indicated that sexual health is somewhat high to very high (Middle: 11%) **43%** indicated somewhat low to very low	**48%** indicated that prevention of sexual violence is somewhat high to very high (Middle: 16%) **36%** indicated somewhat low to very low	**40%** indicated that gender and sexual diversity is somewhat high to very high (Middle: 20%) **41%** indicated somewhat low to very low

2.4 Comfort of Working in Sexual Health, Sexual Violence and Gender and Sexual Diversity

Overall, respondents were most comfortable addressing prevention of sexual violence, and least comfortable addressing sexual health and gender and sexual diversity. Similar to the results of the priority areas, when survey respondents were asked to rate their

own comfort level to address issues in the three survey topic areas, the results were fairly neutral with no significant indication of comfort in one of the survey areas.

Respondents Comfort Level with Sexual Health	Respondents Comfort Level with Sexual Violence	Respondents Comfort Level with Gender and Sexual Diversity
47% indicated somewhat high to very high Middle = 31% **22%** indicated somewhat low to very low	**58%** indicated somewhat high to very high Middle = 25.42% **17%** indicated somewhat low to very low	**51%** indicated somewhat high to very high Middle = 25.42% **24%** indicated somewhat low to very low

2.5 Capacity to Work in Sexual Health, Sexual Violence and Gender and Sexual Diversity

When asked to rate staff capacity (skills and knowledge) of providers' in the three areas, capacity was rated highest in sexual violence and gender and sexual diversity. Similar to the responses to questions regarding comfort and priorities, these results are quite neutral and very similar, with no significant results in one area. The most evident variation is the response of capacity to provide services in sexual health. This would be consistent with sexual health being the issue area respondents are *least comfortable* and therefore may not rate sexual health as a priority because of the lower rating in capacity and comfort.

Capacity for Sexual Health	Capacity for Sexual Violence	Capacity for Gender and Sexual Diversity
40% indicated somewhat high to very high Middle = 21%	**49%** indicated somewhat high to very high Middle = 15%	**49%** indicated somewhat high to very high Middle = 12%

40% indicated somewhat low to very **low**	**37%** indicated somewhat low to very low	**40%** indicated somewhat low to very low

2.6 Top Challenges

Respondents were asked to list the top three challenges facing newcomers with respect to each of the three survey areas. Predominate challenges noted across all three areas are the *lack of awareness and knowledge within these topic areas for newcomers and settlement practitioners*. This was coupled with the belief and perception that sexual health, sexual violence and gender and sexual diversity are highly stigmatized and therefore silenced within some cultural contexts. The following open-ended responses were themed and ordered by frequency of responses:

Sexual Health

1. Lack of awareness related to sexual heath within a Canadian context
2. Cultural differences around gender and social norms
3. Language barriers

Sexual Violence

1. Conflicting culture and gender norms
2. Taboo, stigma and shame
3. Lack of understanding about what constitutes violence and what supports are available

Gender and Sexual Diversity

1. Silence and stigma within cultures about being gay
2. Taboo, stigma and shame
3. Lack of education about LGBTQ issues

2.7 Top Benefits

Respondents were asked to list the top benefits of supporting newcomers with respect to each of the three survey areas. The major benefit across all areas is the provision of appropriate information to newcomers, which would lead to greater understanding and acceptance. The following open-ended responses were themed and ordered by frequency of responses:

Sexual Health

1. Providing information will create healthier relationships and families
2. Increasing awareness and knowledge of sexual health
3. Opportunity to provide culturally appropriate services

Sexual Violence

1. Providing information about Canadian culture and laws
2. Increasing awareness and knowledge of Canadian cultural context
3. Prevention of negative outcomes

Gender and Sexual Diversity

1. Acceptance within cultures of people who are gender and sexually diverse
2. Greater understanding of diversity
3. Providing safe spaces and services

Section 3: INTERVIEW RESULTS

Interviews were conducted with settlement practitioners working in agencies and organizations across Alberta (for simplicity, we refer to interviewees as 'practitioners' and this includes a range of personnel within immigrant serving agencies: front-line, managers and executive directors). The goal of the interviews was to capture a more fulsome understanding of the services available to newcomers across Alberta with respect to sexual health, sexual violence and gender and sexual diversity as well as specific challenges, barriers, capacity and comfort of staff. The results of these interviews are summarized below.

3.1 Overview of Current Sexual Health, Sexual Violence, and Gender and Sexual Diversity Work in Immigrant Agencies

The majority of services available to immigrant and newcomers around sexual health, sexual violence and gender and sexual diversity from immigrant serving agencies come in the form of **referral**. Most of the practitioners we spoke to identified referring clients to other services – health care providers, sexual health centres, and counsellors – as their primary activity in this area. This was particularly true of issues related to sexual health or sexual violence. There were very few accounts of immigrant serving agencies providing support to clients around issues of gender or sexual diversity, one practitioner reflected that, "They (LGBTQ clients) are not coming here."

Some organizations do partner with agencies to offer **informational workshops** on sexual health. For example, Lethbridge Family Services partners with Alberta Health Services to offer a 2-hour workshop on sexual health for newcomers. Similarly, Catholic Social Services in Edmonton includes information about sexual health in their orientation program for refugees; this is delivered by settlement practitioners in

partnership with a nurse from Alberta Health Services. In Calgary, CSHC partners with CCIS to provide sexual health workshop as part of settlement services to newcomers. In terms of sexual violence, the interviews revealed that some clients do report cases of sexual violence to their settlement practitioners. If this disclosure happens, clients are generally referred to counselling either within the agency (if such a service exists), or to another agency. For example, Edmonton Immigrant Services make referrals to counsellors at Catholic Social Services who can provide counselling in a variety of languages. In some cases, particularly in remote communities and smaller centres, settlement practitioners offer supportive counselling to clients around issues related to sexual health and sexual violence. In both Grande Prairie and Lethbridge, settlement practitioners might accompany their client to the service to which they have referred their client (for example, a women's shelter or hospital). They will also provide follow-up and other forms of support if required.

In addition to services and limited programming, some settlement organizations are striving to create a culture of openness for gender and sexual diversity. This means creating an environment where gender and sexually diverse clients are welcomed and supported. Both Calgary Immigrant Women's Association (CIWA) and CCCIS have partnered with CSHC to train their staff to have the comfort and skills to support a diverse client base on how to appropriately address issues related to sexual health and gender and sexual diversity. At a smaller scale, Catholic Social Services in Edmonton has a standing agenda item at their staff meetings to share resources and information about services and programs for LGBTQ clients. This is in an effort to create more comfort within the organization to discuss these issues.

3.2 Primary Needs of Newcomers

Sexual Health

Echoing the survey data about the primary needs related to sexual health, interviewees discussed specific needs, especially those for immigrant women and youth:

- Contraception: Several settlement practitioners discussed the importance of accurate, up-to-date information about contraception for immigrant women. This includes information about options following an unintended pregnancy.

- Accurate information (for youth and women): Practitioners reflected that youth who immigrate to Canada during their adolescence or early adulthood might have missed sexual health education in their country of origin. There is a need to fill this gap for immigrant youth and young adults. Similarly, immigrant women may be unfamiliar with the range of contraceptive and other sexual health related options available to them in Canada.

- Access to female family doctors: In Northern Alberta there is a critical shortage of female family doctors. This acts as a barrier for immigrant women seeking information and healthcare. This might be exacerbated if the woman has experienced forms of trauma or violence in her past. This was identified as a critical gap in communities like Grande Prairie and Fort McMurray.

Sexual Violence

Interviewees described the following key needs pertaining to sexual violence:

- Counselling for trauma: Interviews reflected a profound need within the sector for culturally appropriate, language specific, trauma-informed counselling for people who have experienced sexual violence either in their country of origin or in Canada. While there is some counselling available to meet this need, it was identified that even in major centre like Calgary and Edmonton the wait can be long and some counsellors lack the cultural awareness or language skills to provide relevant support to newcomers. In remote communities this challenge is exacerbated by a lack of mental health services generally. Practitioners identified that for victims of trauma, not getting appropriate mental health support can

have negative ramifications on other aspects of settlement such as employment and parenting.

- Understanding of Canadian rights and laws: A core need around issues of sexual violence is understanding what constitutes sexual violence in Canada. Settlement managers and practitioners spoke to the difficulties some immigrant families face upon arrival in Canada: This can include a shift or change in traditional gender roles. For some families, this shift – coupled with other difficulties of settlement, including underemployment, financial strain and language barriers – can become a source of conflict within families. Practitioners spoke to the need for comprehensive education and awareness building around gender equity, Canadian rights, responsibilities and the law. In particular, the need to work with immigrant men and women to understand rights around consent and choice. As one practitioner noted, "a lot of work needs to be done with men to explain, 'this is not an area for me to dominate, this is an area for me to negotiate.'"

Gender and Sexual Diversity

In general, there was consensus that settlement practitioners were not seeing or hearing from clients who were seeking support for issues related to gender and sexual diversity. Several practitioners believed that while the competency existed within their organizations to provide support to LGBTQ clients – these clients simply were not coming to them for support and services. Other practitioners agreed that clients were not coming forward but suggested that this may be because of barriers within the settlement sector, namely a lack of comfort and persistent silencing around issues related to gender and sexual diversity. Interviews revealed the following core needs for newcomers related to gender and sexual diversity:

- Lessening silence, shame and stigma: Echoing the survey data, practitioners spoke to the need to reduce silence, shame and stigma around issues related to

gender and sexual diversity. Many discussed the fact that these issues remain sources of shame and stigma in many communities. People who identify as lesbian, gay, bisexual or trans may be fearful of coming forward and being publicly "outed."

- Education and awareness**:** Practitioners spoke to the need to educate and support newcomers with information about Canadian rights and diversity. They also identified the need to train and support settlement practitioners about how to provide services or referrals to clients who disclose or discuss their sexuality with them. This area of work was described in various terms all relating to concepts of silence and misunderstanding, as summarized by an interviewee: "This is a very sensitive issue, very difficult to talk about, people feel threatened and at-risk, it is all under the table." Organizations that have partnered with sexual health organizations have found success training frontline settlement practitioners on how to create a culture that is LGBTQ-friendly and welcoming. This is seen as a potentially promising practice for the sector.

3.3 Challenges of Newcomers Related to Sexual Health, Sexual Violence, and Gender and Sexual Diversity

- Gender, culture and religion: It is impossible to generalize about the cultural backgrounds of immigrants to Alberta and the diversity of values, beliefs and ideas about sexuality. It would be inappropriate to suggest that all cultures stigmatize sexuality or are uncomfortable discussing these issues. Some interviewees noted that sexuality is celebrated in different cultures. However, interviewees reflected a general perception that issues pertaining to sexual health, sexual violence and gender and sexual diversity have to be approached with sensitivity. In particular, issues around gender roles, patriarchal values and religious beliefs all play a role in how issues of sexuality are broached and supported. Practitioners discussed the conflicts in families that occur over

differing ideas of contraception, consent and women's choice. They also reflected the need to support immigrant youth to navigate the different 'worlds' of their school and home life – where values and norms might differ considerably.

- Settlement practitioners – capacity, competency and training: All interviewees enthusiastically indicated that they would be eager to receive additional training and capacity building specific to sexual health. In general, training in this area is largely non-existent and they questioned their capacity to offer the best possible support to their clients. There was also concern that some settlement practitioners might be bringing their own religious or cultural value system to their work with clients and this may inhibit them from discussing sexual health issues with a client. Interviewees emphasised the importance of understanding that the training is not to help immigrant agencies to create and deliver sexual programs, but rather to equip practitioners to be able to respond comfortably with appropriate information and referrals to clients who have needs in the areas.

- Mainstream service providers – capacity, competency and training: While it was acknowledged that immigrant serving agencies have more work to do in providing comprehensive services in this area, many practitioners also spoke to the need to enhance the 'cultural competency' of mainstream service providers. This includes healthcare workers, sexual health educators, social workers, legal advocates and police. By supporting the cultural capacity of mainstream providers then newcomers may access more mainstream services.

- Language barriers: Language barriers are a significant challenge for clients seeking support around sexual health and sexual violence. While many immigrant-serving agencies are able to offer support in a variety of languages,

these services are not specific to sexual health or sexual violence. Similarly, rarely do services specific to sexual health have the capacity to support clients in their native language. This is a major gap in service provision and most interviews noted that being able to offer sexual health support to clients in their own language would increase the access and inclusion to the supports and help to reduce any associated shame.

- Mainstream culture continues to have stigma and shame around these issues: Several practitioners discussed the challenge of addressing issues of domestic violence or gender and sexual diversity in a province that continues to have conservative social values and stigma around particular issues. One manager identified that Alberta has one of the highest rates of domestic violence in the country; thus, this is an issue that affects immigrants and non-immigrants alike. Similarly, a settlement practitioner in Edmonton discussed their surprise in the general cultural silence of LGBTQ diversity: "When I used to work in British Columbia training around diversity was mandatory for all staff. In Alberta we are 15 years behind." Thus, while these are issues that need to be addressed within ethno-cultural and immigrant communities, they are also reflective of broader social norms and systemic challenges.

3.4 Unique Factors Based on Geographic Location

While there are numerous challenges related to providing sexual health, sexual violence and gender and sexual diversity supports, smaller centres and those in more remote areas of the province, face additional challenges due to their location.

- Limited services: Smaller centres and remote areas lack the comprehensive support services that are available in larger cities. For example, along with the lack of female doctors, there is also a shortage of counselling support, shelter

beds and places the refer clients with complex needs. For example, women who want to terminate a pregnancy in Lethbridge have to travel to Calgary to get the procedure. Also, in northern parts of the province, large parts of the population are temporary foreign workers, or are newcomers working in a field that requires long and irregular shifts coupled with limited services within the city during non-regular hours. These factors all significantly impact newcomers' ability to access services and agencies ability to provide flexible services.

- Prevalence of domestic violence: Practitioners in Grande Prairie and Fort McMurray described high rates of domestic violence in their communities. This is likely due to a large male workforce and the challenges of a 'boom and bust' town. In communities with limited services for newcomers, many of the needs and issues are downloaded to immigrant serving agencies because there are simply not enough resources and services to meet the need. This creates a profound impact in the health of a community as noted by an interview, because "The community needs outweigh our ability to [provide] support."

- Increased stigma and shame: In small communities stigma or shame might be magnified due to the small size of the ethno-cultural community or group. While this stigma and shame persist in larger centres like Calgary and Edmonton, it can be particularly challenging in places like Lethbridge and Medicine Hat where some ethno-cultural communities are numerically very small. Service providers reflected that this reinforced barriers to seeking services and support and fear about confidentiality and privacy.

- Language barriers: While language was identified as a challenge across the province, in big cities and small, the issues are exacerbated in smaller communities where there may not be interpretation or translation supports available to clients. Thus, it falls to immigrant serving agencies in those regions

to provide the translation and interpretation services required for their clients who seek other community supports.

- Collaboration: While the predominate theme associated with remote geographic location was one of the challenges faced by service providers in those areas, the interviews also revealed that there were advantages to the small size of their communities. In particular, service providers had close connections and worked in collaboration with other service providers in the community. This includes working closely with police, healthcare providers and schools to make sure the unique needs of immigrant clients are met. Service providers recounted having close relationships with other sectors to provide more holistic 'wrap-around' services for their clients

3.5 Training and Capacity Building

Interviews with immigrant serving agencies across Alberta revealed that there is a strong appetite for more training and education in the three areas. The following key themes emerged with respect to training and capacity building:

- There is ample room to grow in these areas: Depending on the agency, there were varying levels of comfort and skill described with respect to sexual health, sexual violence and gender and sexual diversity. Regardless of current capacity or comfort, all agreed that more training would be beneficial. When asked about previous training, several practitioners mentioned one-off workshops related to a particular topic (i.e. sexual assault disclosure). This training may have happened several years and ago and people felt 'out-of-touch' with current information. It was expressed training in this area should happen regularly (i.e. annually) and be a core component of settlement practice.

- Training should be done through partnerships: It was acknowledge by those who were interviewed that the expertise of sexual health and violence is not at the core of the settlement sector. Training, then, should be done in partnership with 'experts.' This could mean partnering with organizations like the Calgary Sexual Health Centre or Compass to receive training.

- Training should be rights-based and framed through lens of Canadian culture and legal rights: From both settlement practitioners and the sexual health centres, it was clear that training for settlement practitioners should be framed within a rights-based, legal framework and not value-based.

- Be transparent in language: do not call training 'healthy relationships': Because of the perceived stigma around the term 'sexual health' or 'sexual violence' it has become common practice to couch programming around these issues in the language of 'healthy relationships.' Interviewees noted that this language can be confusing and misleading and that it is better to "call it what it is" otherwise not being transparent in the naming can perpetuate stigma and silence.

Section 4: INTERPRETATIONS AND KEY LEARNINGS

4.1 Supporting sexual health for newcomers is important for healthy settlement

Based on the results from the interviews and survey, there is an expressed need by immigrant serving agencies to be able to support newcomers with sexual health information and appropriate referrals. In order to this, settlement practitioners need to feel comfortable addressing questions from clients in this area and have the appropriate information in order to respond and refer clients to appropriate supports. With more than half of the survey respondents indicating sexual health as a priority and all interviewees emphatically noting that it is a significant need affecting practice, we can confidently recommend beginning with sexual health training for settlement practitioners (this is discussed further in the recommendations).

This scan revealed that sexual health is core to settlement practice in the following important ways. Sexual health has profound impacts on other aspects of personal health including mental health. Newcomers may be unsure how to navigate the Canadian healthcare system and therefore end up turning to settlement practitioners with their issues and questions because they feel like they have nowhere else to turn. If left unaddressed, issues around sexual health can exacerbate and challenge other issues related to settlement and integration. We heard from leaders in the field who are already engaged in creating a culture of openness and safety within their organization that this is a hugely beneficial practice that has built the capacity of staff and led to positive results.

The hope is that by investing in awareness building and education of settlement practitioners that the shame and stigma that some newcomers feel when

accessing or talking about sexual health will be mitigated. For newcomers who come from "conservative or religious backgrounds, the cultural context of sexuality is drastically different…because sexuality is believed to be extremely private matter that can be discussed only between a husband and wife."[3] By providing education to the "providers of support and knowledge" settlement practitioners will be able to increase newcomers' access to sexual health by ensuring that clients who have questions or concerns are referred to the right resources for support.

4.2 Referral is the primary support in sexual health, sexual violence and gender and sexual diversity

Respondents in the survey and interviews indicate that most do not offer education specific to sexual health, sexual violence and gender and sexual diversity. This also connects with the noting of many interviewees that they do not want to offer education specific to these topic areas, firstly because they are not qualified to do this work, and they see this as requiring specialized expertise. They all empathically support training of staff, not to offer direct programs, but rather to increase their comfort and skills to be able to respond to clients, who have questions, disclose in these areas or have questions regarding sexual health, or gender and sexual diversity and sexual violence.

4.3 Building collaborative capacity between non-immigrant and immigrant serving agencies

Interviews with immigrant serving agencies revealed that they are often the go-to for immigrants around issues of sexual health and sexual violence because immigrants do not know where else to turn. A lack of culturally appropriate – perhaps even simply culturally competent – services outside of the immigrant-serving sector leaves immigrants with 'nowhere to turn.' This was exacerbated in smaller remote communities where there is a dearth of services generally. Thus,

[3] Salehi, R, Flicker, S. Predictors of exposure to sexual health education among teens who are newcomers to Canada. p. 158, in *The Canadian Journal of Human Sexuality*, Vol.19 (4) , 2010.

while it is important to support capacity building and training within immigrant serving agencies, it is important to reflect on how the immigrant-serving sector might support cultural competency training within other services that immigrants' access (i.e. health care, mental health services, social workers etc.)

4.4 Partnership is Essential

Service providers at both the managerial and frontline level identified partnering with sexual health organizations as key to effective and relevant training for immigrant serving agencies. There was broad consensus that immigrant serving agencies should not become 'experts' in issues of sexual health or sexual violence but that they should have the comfort and skills to refer to other service providers as well as to be attentive to the needs and concerns of their clients. This training should be done in partnership with leaders in the field of sexual health education and service provision, such as CSHC or Compass.

4.5 Unique challenges of immigrant agencies in facing rural and remote areas

Interview and survey data from agencies working in remote areas and smaller communities reveal that there are significant differences in context for service provision in these regions. In general, immigrant-serving agencies in these regions are a 'one-stop shop' for newcomers. Settlement practitioners may end up providing services beyond simply a referral because there may not be somewhere to refer a client to. Services are limited and client needs are high. As such, settlement practitioners have to be comfortable providing a range of services beyond a narrowly defined idea of 'settlement.' This should be taken into account for any training developed for practitioners. More research may be needed to capture the unique and diverse contexts across the province.

Section 5: RECOMMENDATIONS

5.1 Pilot a Sexual Health Training Program for AAISA Member Agencies

Within Canada, minimal attention has been paid to sexual health needs of adults in Canada and even more so, the "unique education needs of immigrants" who arrive in Canada as adults.[4] This overall recommendation is grounded in the premise that educating providers who work in immigrant serving agencies is vital to supporting the sexual health needs of newcomers. Educating providers is a key prevention strategy that is based on "informing providers who will transmit skills and knowledge to others and model positive norms."[5] Ensuring the training is meaningful and relevant is key to settlement practitioners being motivated to participate and to fully integrate their learnings into practice.

A major theme throughout the interviews identified that creating a culture of comfort during the training process will be critical to the practitioners' experience of learning. Many settlement practitioners are immigrants themselves or at one time were newcomers and may also hold religious and cultural beliefs about sexual health and sexuality that differ from Canadian norms. Without a culture of comfort within the training process, participants may not be open to learning.

Steps to consider for pilot:

[4] Burosch, Stafani, The Sexual Health Education Experiences and Needs of Immigrant Women in Kitchener-Waterloo" (2009). *Theses and Dissertations (Comprehensive).* Paper 929.
[5] Cohen, L. The Prevention Institute, California. http://www.preventioninstitute.org.

5.1.1 Invest In Readiness and Collective Impact

It is important to remember that this work requires an investment of persistence and patience. This work is immediately about leveraging the practice of settlement practitioners in supporting newcomers' needs, however it is also long-term social change work. Investing in readiness and building collective impact provincially for a sexual health training initiative is critical to meaningful participation and sustainability. Considerations for investing in readiness may include assembling a small provincial working group of key AAISA members and partner organizations. This working group could oversee and leverage existing models of practice to inform how best to scale out training, developing context-specific recommendations for training, overseeing future research and supporting evaluation.

There may be more readiness for training and best practices that can be gleaned from existing models of partnership and training that take place between CSHC and CCIS and CIWA. In contrast, remote and rural areas may need more specialized training, as settlement agencies in the north do not have a partner agency to refer too. More research is needed to understand what context-specific training might look like.

5.1.2 Leverage Partnerships with Sexual Health Specialists

Through the surveys and interviews, there was a clear direction that this work needs to occur in partnership with allied agencies that are experts in their field of work. For example, we recommend offering training in partnership with CSHC or Compass Centre in Edmonton. Working through the details of what the partnership would look like is key to the work of going forward. This was also underscored through the survey and interview participants that delivering programs is *not within the scope of immigrant serving agencies*. Rather, they feel their role is to be equipped

to address issues and needs as they emerge in practice. They want to be skilled, feel comfortable and knowledgeable in these areas to be able to support clients, as needed, to provide information, referrals and to create a culture of safety within their organizations for staff and clients.

Because there are non-immigrant agencies that have curriculum and already do training in these areas for staff in the immigrant sector, understanding how their curriculum could be integrated into AAISA training would be important to analyse.

5.1.3 Curriculum Development

The community-based partners, such as CSHC that would be part of the Provincial Working Group currently have an existing training curriculum. It would be of value to utilize and build on existing sexual health curricula of partner agencies and to probe more deeply into learning from existing successful practice with immigrant serving providers. To ensure comprehensive and relevant curriculum for a training certification process, it will be important to review, adapt and pilot training curriculum. Some key concepts to consider in the curriculum development stage include:

- Work in partnership with experts in sexual health and gender and sexual diversity;
- Have the curriculum delivered by sexual health educators/experts;
- Research further to understand how sexual health and sexuality is experienced in other cultures;
- Integrate practical experiences of settlement practitioners into the curriculum;
- Frame the curriculum within an asset-based approach of bridging sexual health within diverse cultures with Canadian context of sexual health cultures rather than only framing the training within a Canadian context of rights and legalities.

5.2 Conduct Developmental Evaluation of Training

Developmental evaluation would support the implementation and adaptation of the pilot training program. As the Provincial Working Group establishes its process, it would be helpful to consider developing a collaborative theory of change for the training initiative. This theory of change will likely be adapted as the process unfolds, however, the exercise of creating this collaboratively would be immensely beneficial to deepening the collective capacity and impact of the Working Group. The developmental evaluation is an ideal support to pilot the training in three geographic areas across Alberta (North, Central, South). This would allow for gathering contextual real-time learning and feedback. Also, developing and delivering a sexual health training program for settlement practitioners can be considered a bold step and given this, requires thoughtful and rigorous intent with regards to the pedagogical approach, learning principles, and objectives that the training intends to accomplish. By piloting the training, there is an opportunity to further inform and refine the curriculum, to gather more data and feedback from the practitioners as to why this work is important and deepen the rationale for why addressing sexual health is pivotal to the over well-being and integration of newcomers.

5.3 Conduct Further Research

As part of the development of a pilot training program for settlement practitioners, it will be critical to devote more attention to the specific contexts of rural and remote communities across the province. As the key findings reveal, there are very specific challenges and contexts at play in rural and remote communities. Whereas in Calgary or Edmonton, immigrant-serving agencies can refer clients to specific sexual health services (such as CSHC), however, no such service exists in Grand Prairie or Fort McMurray. The interviews for this report

revealed that settlement practitioners have to be prepared to support clients through a much wider range of issues than those faced in urban settings. More research in this area will help identify what a training program might look like for settlement practitioners in these regions.

5.4 Prevention of Sexual Violence Requires Its Own Training Strategy

Although sexual health, sexual violence and gender and sexual diversity are deeply intersected, providing training for sexual violence would involve different partners and a different curriculum than sexual health training. Sexual health training could be considered the foundational base to progress into training for prevention of sexual violence. To develop a training strategy for prevention of sexual violence, the same stages recommended for sexual health could be applied to the development of sexual violence training. However, the sexual violence training would require different community-based agencies that AAISA would partner with, especially agencies that work in sexual assault and abuse and provide education in these areas. There is also a provincial leveraging opportunity by working with the Association of Alberta Sexual Assault Services (AASAA) to explore the development of a collaborative training program for sexual violence.

APPENDICES

Appendix A: Interview Participants

Agency and Position	Region
Options Sexual Health Association Multicultural Sexual Health Educators	Edmonton
YMCA of Wood Buffalo Director of Immigrant Services	Northern Alberta
Lethbridge Family Services Manager, Settlement Programs	Lethbridge
Calgary Sexual Health Centre Programs Manager	Calgary
Saamis Immigration Services Association Settlement Worker	Medicine Hat
Calgary Immigrant Women's Association Executive Director	Calgary
Edmonton Immigrant Services Association Settlement Worker	Edmonton
Edmonton Mennonite Centre for Newcomers Settlement Worker	Edmonton
Grande Prairie Centre for Newcomers Settlement Worker	Grande Prairie
Calgary Catholic Immigration Society, Executive Director	Calgary
Catholic Social Services, Program Manager	Edmonton

Appendix B: Survey Definitions

The following definitions were provided a the onset of the survey:

Healthy Relationships

We define healthy relationships as consisting of a connection between people that increases well-being, are mutually enjoyable and enhance or maintain each individuals positive self-concept."[6]

Sexual Health

We refer to the World Health Organization's definition of sexual health as "state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled." *(WHO, 2006a)*

Sexual Violence

We refer to the World Health Organizations definition of sexual violence which is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work".

Gender and Sexual Diversity

Gender and Sexually Diverse (G&SD) is an inclusive term for lesbians, gays, bisexuals, transsexuals and transgenders. G&SD identifies and encompasses persons who are part of a minority population because of their differences in sexual orientation and gender identity. This term is also used in place of the abbreviation of LGBTQ*. Individuals and groups who are identified as sexual and gender minorities include lesbians, gay men, bisexuals, transsexuals, intersexuals, transgenders and Two Spirit Aboriginals.

[6] *Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying*. 2014 Published by the Alberta Government.