

Windsor-Essex Refugee Women's Needs & Suggestions from Local Service Providers

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Granting Agency

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Partnerships

Victim Services of Windsor & Essex County

Former Executive Director Dawn Vassos

Current Executive Director Nigel Couch

The Multicultural Council of Windsor & Essex County

Executive Director Kathleen Thomas

Numerous dedicated MCC staff members and clients

Former Multicultural Council employee Jacqueline Couch

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Definition of Torture

“... the deliberate and systematic infliction of physical or mental suffering. Government-sanctioned torture (United Nations, 1989) can occur for any reason, such as extracting a confession, but the actual purpose is to make the survivor serve as an example to his or her community, thereby weakening political opposition, consolidating political power, and deterring others from political activity. ... in general, torture is imposed for purposes of control and degradation.” (Jaranson et al., 2001, p. 250)

Problem Identification

- Refugee women comprise a large number of torture survivors either directly or as collateral survivors.
- They are often lone or primary caregivers in families. (Kastrup & Arcel, 2004)
- They experience higher rates of PTSD, memory and concentration problems impeding work and learning. (Berman, Giron, Maroquin, 2006; Kastrup & Arcel, 2004)
- If psychological disorders are expressed post-trauma, it is important to assess and identify the presence of depression, PTSD, and anxiety. (Mollica et al., 2004)

Problem Identification

- Policy governing entry to Canada designed for:
 - ▣ those highly educated
 - ▣ those self-supporting or settling in 12 months
 - ▣ those speaking an official language/quick learners
 - ▣ the young
 - ▣ those in good health, and will adapt quickly
- Policy does not address discrimination of women in immigration (colour, education, finances, violence, health, family reunification)
- They are expected to accept a label of PTSD to gain citizenship.

(Berman, Giron, & Maroquin, 2006)

Problem Identification

- Rape was normalized to achieve social control.
 - ▣ Women's bodies as the battlefield of war.
 - ▣ No punishment for assailants acting out of political motivation
- Women don't speak of trauma for fear of losing support or being blamed
- Health care providers responded variably from helpful/compassionate to marginalizing/demeaning
 - ▣ little understanding of complexity of refugee women
- Little knowledge of services in Canada.

(Berman, Giron, & Maroquin, 2006)

Research Questions

- What needs do female survivors identify?
- What adaptive methods have allowed these women to survive?
- What reactions do other family members have in response to effects of torture on their loved ones?
- What is the service provider's perception of client need and gaps in service responses?

Methodology: Design

- Mixed Methods (Both Qualitative & Quantitative)
 - Face-to-Face Individual Interviews
 - Semi-structured individual interviews for survivors of politically motivated torture
 - Standardized measurements were used to assess depression, anxiety, PTSD, and trauma.
 - Focus Groups
 - Community forums were conducted for community service providers

Methodology: Participants

- Face-to-Face Individual Interviews:
 - ▣ 20 female refugee survivors of politically motivated torture (18 years or older)
- Focus Groups
 - ▣ Volunteers from community services relevant to the ethno-cultural population in Windsor-Essex ($N = 37$)

Participants Characteristics

Individual Interviews

□ Age:

- 24 – 78 (*Mean: 46 years*)
- Residing in Canada between 3 months and 8 years

□ Countries of Origin:

- Afghanistan, Cameroon, Burundi, Burma, Columbia, Congo, Kenya, Mexico, Rwanda, Somalia, Sudan

□ Marital Status:

- Married (45%); Widowed (30%); Separated (5%); Common-law (5%); Incomplete (15%)

Participants Characteristics

Individual Interviews

□ Religion:

- Christian (80%); Muslim (20%);

□ Education:

- Some post-secondary (41%); Secondary or Vocational training (18%); Elementary school (23%); No formal education (18%)

Participants Characteristics

Individual Interviews

- Language
 - ▣ Skills in at least one second language (57%)
 - ▣ English as choice of official language (70%)
 - ▣ French as their official language (11%)
 - ▣ Both official languages (17%)

Participants Characteristics

Individual Interviews

- Having worked outside the home prior to coming to Canada (64%)
 - ▣ Jobs ranged from clerical, teaching, journalism, business, textile work, cleaning, agriculture for self and for sale, hair styling, and retail work
- Employed in Windsor-Essex (24%)

Participants Characteristics

Focus Groups

ACFO Windsor-Essex

Aids Committee of Windsor

Canadian Mental Health Association

Children's First

Clinique Juridique Bilingue de Windsor-Essex

Community Crisis Service

Greater Windsor-Essex School Board

Hiatus House

Housing Information Services

Legal Assistance Windsor

New Canadian Centre of Excellence

Programme d'appui transitoire

et au logement

Sandwich Community Health Centre

Sexual Assault Crisis Centre

The Multicultural Council of Windsor/Essex

Unemployed Help Centre

Victim Witness Assistance Program

Windsor-Essex Children's Aid Society

Windsor-Essex Anti-Human Trafficking Group

Windsor-Essex Health Unit

Windsor Refugee Office

Windsor Regional Children's Centre

YMCA Programs for New Canadians

Women's Enterprise Skills Training

A Private Practitioner

Methodology: Procedure

- Individual Interviews
 - Recruitment through community partners
 - Trained interviewer
 - Voice recording
 - Three hour interview
 - \$30 participation incentive
 - Interpretation as needed

Methodology: Procedure

- Focus Groups
 - Recruitment through community partners
 - Voice recording
 - Round table work groups
 - Perceptions of clients' needs
 - Identification of service provider needs

Methodology: Instruments

- Individual Interviews
 - Harvard Trauma Questionnaire
 - Trauma Events Checklist (40 items) + Narratives
 - Medical (Head Injury) Checklist
 - Trauma Symptoms (40 items; Likert-type)
 - PTSD (based on DSM-IV) – 16 items
 - Overall view on trauma – 24 items
 - Hopkins Symptom Checklist 25-R (Likert-type)
 - Anxiety – 10 items
 - Depression – 15 items
- (Mollica, McDonald, Massagli, & Silove, 2004)

Methodology: Instruments

Examples: Harvard Trauma Questionnaire

- Lack of shelter, food, water
- Disappearance or kidnapping of spouse, child, other family members
- Torture ie. While in captivity you received deliberate and systematic infliction of physical or mental suffering
- Witnessing torture
- ETC.

Methodology: Instruments

Examples: Harvard Trauma Questionnaire (PTSD)

- Recurrent thoughts or memories of the most hurtful or terrifying events (nightmares, flashbacks)
- Feeling detached or withdrawn from people
- Unable to feel emotions
- Avoiding activities that remind you of the traumatic or hurtful event
- Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events
- ETC.

Methodology: Instruments

Examples: Hopkins Symptom Checklist-25 (Anxiety)

- Suddenly scared for no reason
- Feeling fearful
- Nervousness or shakiness inside
- Heart pounding or racing
- Spells of terror or panic
- Feeling restless, can't sit still
- ETC.

Methodology: Instruments

Examples: Hopkins Symptom Checklist-25 (Depression)

- Feeling low in energy, slowed down
- Blaming yourself for things
- Crying easily
- Loss of sexual interest or pleasure
- Difficulty falling asleep, staying asleep
- Feeling lonely
- Worrying too much about things
- ETC.

Methodology: Instruments

- Individual Interviews
 - ▣ Semi-structured questionnaire
 - Section A: Demographic information; Culture; Citizenship; Employment; Language; Education
 - Section B: Adjustment/Settlement
 - Section C: Socio-political
 - Section D: Family impact & Adaptive strategies

Methodology: Instruments

□ Focus Group Questions

- What has been your experience with female refugee clients who have survived political torture?
- What needs do you identify in this population? How far reaching are they?
- What obstacles have you encountered in providing services to this population?
- What would an ideal service consist of for this population?
- What new resources would you require to provide an ideal service to them?

Findings

- Results from Individual Interviews
 - ▣ Clinical Issues (Trauma Events, PTSD, Depression, Anxiety)
 - ▣ Adaptive Strategies
 - ▣ Language/Cultural Barriers
 - ▣ Education & Skills Training
 - ▣ Finances & Housing
 - ▣ Effects on Family
 - ▣ Immigration/Reunification

Findings

- Results from Focus Groups
 - Language barriers
 - Professional competence in field
 - Housing
 - Jobs
 - Transportation
 - Legal representation
 - Limited support workforce
 - School and family
 - Joint services

Individual Interviews

-Trauma Events to Guide Clinical Intervention

Basic Needs

- 70% - 85% have experienced:
 - ▣ lack of food, water, shelter
 - ▣ health issues without access to medical care
 - ▣ lack of safety
 - combat situation
 - forced evacuation under danger

Individual Interviews

-Trauma Events to Guide Clinical Intervention

Violence

- 40% - 70% have experienced:
 - confiscation/destruction of property
 - torture – deliberate physical/mental/sexual
 - forced separation from family members
 - murder/death of family/friend due to violence
 - brainwashing

Individual Interviews

Trauma Events to Guide Clinical Intervention

Violence

“Yeah, there was a time they tried to brainwash you. They tried to convince you if you do that this will happen to you or that will happen to you. They tried to convince something else in your head.”

“I hide myself to save my life. There was a time you have to hide otherwise you’re gonna get killed.”

“There was a time they took me from other people.”

Individual Interviews

Trauma Events to Guide Clinical Intervention

Violence

“(husband) Him and my brother they, they killed him and my brother.”

“I saw someone who got shot in front of me. I closed their eyes when they were dying. When the person was shot and suffering you have to close their eyes.”

“They tried to shoot me inside my mouth and they put the gun inside my mouth.”

Individual Interviews

Trauma Events to Guide Clinical Intervention

Violence

“They told me that if I talk to the police or tell anybody, they will come back and they will kill me. So I couldn’t talk to anybody. I risk my life and I went to police anyway. Sometimes the police don’t want to risk themselves. They know those men are danger, so they don’t do much. They just tell me to move on. The police didn’t look for them.”

“...because you are a refugee, they don’t consider what you say. They don’t take you serious.”

Individual Interviews

Post Traumatic Stress Disorder (PTSD)

- ▣ Harvard Trauma Questionnaire (Cut-off = 2.0)
 - Participants' *Mean* = 2.1; *SD* = 0.6
 - Refugee women are experiencing PTSD at a statistically and clinically significant level

Individual Interviews

Depression

- Hopkins Symptom Checklist 25-R (Cut-off = 1.75)
- Participants' *Mean* = 2.3; *SD* = 0.5
- Refugee women are experiencing depression symptoms at a statistically and clinically significant level

Individual Interviews

Anxiety

- Hopkins Symptom Checklist 25-R (Cut-off = 1.75)
- Participants' *Mean* = 2.4; *SD* = 0.7
- Refugee women are experiencing anxiety at a statistically and clinically significant level

Individual Interviews

Adaptive Strategies Identified:

- Talk to friends, family, physician, priest, newcomer services
 - Medication
 - Prayer/worship
 - Stay busy
 - Avoidance of regular activity (ie. school)
 - Don't burden others or make them angry
 - Rationalization
 - “Have been through much and can tolerate more.”

Individual Interviews

Adaptive Strategies

“I just pray and ask God to let it go from my head.”

“I try not to think about the past anymore. I’m mostly thinking about being relaxed. I think about my (child), not about nonsense that makes my mind go.”

“I have my (family members) around me.”

Individual Interviews

Adaptive Strategies

“No I can’t trust anybody. I don’t talk to people. I see people that were going to their family’s house, they have parties, but I don’t have anybody to do that.”

“I came in here (MCC) by myself or call them a lot.”

“Sometimes I talk about that (to a pastor).”

(people from my culture) “They will just guide you what to do, where to go.”

Individual Interviews

Language/Cultural Barriers

- Accent
- Inability to express thoughts or needs
- Creates dependence on others
- Education and training
- Interferes with obtaining proper medical attention
- Limits full participation in counselling
- Isolation

Individual Interviews

Language/Cultural Barriers

“My only problem is talking to people, but I can get the transfer for the bus. If I go to the doctor, there’s an interpreter. The rest I can do myself. For example, like I cannot talk really clearly, if I want to go to the doctor’s office I show (card) to the taxi driver...”

“I don’t understand, and I cannot speak. It is very hard. Because I don’t know how to speak, I’m kind of scared. I don’t know Windsor very much.”

Individual Interviews

Language/Cultural Barriers

(Lost box at the airport) “I think they didn’t get it serious.

They haven’t fill out any form ...that I lost luggage. I told everyone in here (MCC). ...(MCC) called in front of me to the airport and they haven’t received anything.”

(medication)“I have to ask somebody to go get it. I don’t want to ask, when I have to ask several time, I don’t like to ask, and I get bored with that.”

“For help, if I need I get every time. Just that I’m afraid to ask the people all the time.”

Individual Interviews

Language/Cultural Barriers

“I don’t like to talk about (what happened) because I don’t think they will understand.”

“My understanding was that people who are going to counsellor has mental problem or relationship problem. I didn’t know that included me too.”

“I don’t have a dentist. (Back home) They are working in a team. If it is someone’s turn, then that person will treat you. I don’t know what is a counsellor. It is someone who will be in a women organization. They are called probably women leaders. (Lawyer) I don’t know such kind of people...”

Individual Interviews

Language/Cultural Barriers

“Once I went to see the doctor, and I brought (a friend) to interpret for me. When the doctor asked him questions, he didn’t know the word. Doctor was so upset ...The doctor said he is wasting his time. He wanted someone who is competent in English. (Friend) said he has seen this word before, but when he has to tell, he does not know how to do it. Yes and he said he would not go again. I told MCC and she made an appointment and went with me. The doctor didn’t ask her much. ...I dare not ask for help again because he (friend) said if I wanted to go the hospital, he would not go again. It is not angry...he would be upset/hurt. If I cannot stand the sickness, I’ll have to go.”

Individual Interviews

Education & Skills Training

- Prior credentials not acknowledged
- Career/skill assessment goals
- Fees prohibitive
- Transportation
 - ▣ “...sometimes I can’t walk sometimes because I have injured my legs before.”
- Never had formal education
- Adults with family responsibilities

Individual Interviews

Education & Skills Training

“There is a class and it’s just me that I just cannot learn. (Before) I just learned from others...I copied them. ...Even when people talk, I can’t copy that...”

“It’s that I didn’t learn my own language, so I didn’t learn to read and write. Let’s say if I cannot pronounce an English word, if I knew my own language, I can write down how it’s pronounced. But I cannot do it. (My friend)...we use body language.”

“If we can get an interpreter to come with us for a job that would be easier to get work help.”

Individual Interviews

Education & Skills Training

“I want to get a job, but I can’t so that means I keep getting fatter and fatter. While living like this I don’t feel good. If there’s job I’ll do. Just that I cannot get a job. How long will I have to study English to be able to communicate? How long will people support me?”

It may have been easier to join the francophone community. It is smaller, warm and welcoming, but even with Canadian credentials or even absence of credentials, Canadians get the job. They hear my accent and think I’m not competent. (paraphrased and translated from French)

(information about working) “Yes we had a meeting at YMCA, but I don’t know the language, so I don’t understand what they are talking about that.”

Individual Interviews

Finances & Housing

- ❑ Decreased income after first year
- ❑ Non-covered health services (ie. prescriptions)
- ❑ Lack of information about neighbourhoods
- ❑ Difficulty to relocate due to lease commitment
- ❑ Unsuitable/unclean accommodations

Individual Interviews

Finances & Housing

“It’s actually \$600 now. When I pay \$500 for my rent, \$50 for my phone line, sometimes there’s not enough for the food for the month. ..., I eat with the neighbour, or I have to find a way to eat. The neighbour sometimes don’t like it if you go all the time to eat. Sometimes I stay at home and I drink water. ...you’re not in the camp (but) you don’t have any food.”

“The people who are taking care of us are from MCC. They gave us monthly financial assistance. Now another group of people are going to help us. The cheque hasn’t arrived yet. No I don’t have bad feeling. If they grant us, then we’ll have something for ourselves. If they don’t then we don’t know what to do.”

Individual Interviews

Finances & Housing

“Just there are so many cockroaches I feel it is uclean. If somebody happen to leave food outside I dare not put it back in the fridge.

Yes we talk about that to the manager in the beginning. ..., we'll have to find a cheaper place. Now we get less assistance for the room (rent), so we will not be able to afford a more expensive place.

These people (MCC), if I told they would help as much as possible, but because I don't know the language, I don't talk to them.

After one year, we have to extend our stay. According to manager we have to stay for another year. If we leave I don't know if the manager will get angry or not.”

Individual Interviews

Effects on Family

- Children often help with finances, interpretation, and emotional support
- Children react to increased responsibility or conflict in cultural norms
- Some children have learning difficulties or trauma related disabilities
- Parents cannot help them with homework
- Mourn loss of extended family
- Frustration over settlement issues spills into family dynamics (starting over, learning language, financial)
- Misplaced anger causes stress in the family

Individual Interviews

Effects on Family

“The only thing that bothers me is my sister not being here.”

“...whatever I buy (my child), whatever I do for her, still she doesn't have any father. She sees other kids, they have their father coming for them at school. ...then she realizes she has no father. ...we lost the video, so she can't see her dad.”

“...I don't know the language I have to depend on my children, but back home I don't have to rely on anyone. I just stood on my own feet.”

“(my child) is slow in learning. I worried if we are not around, what will (the child) do. (aging parents)

Individual Interviews

Effects on Family

“(the school) They communicate in English. I can’t communicate. If other people (from my culture) don’t know what it says, I’ll ask MCC. (the whole things might take) ...a day or two.”

“(husband) He is going to school and trying to study, but it is very hard for him. He has never gone to school. When he come home he must do his homework.”

(paper work)”I don’t know how to fill up. My children fill up. There are only two interpreters. There’s no one else. (appointments) I go with my child. I don’t know how to go by myself.”

Individual Interviews

Immigration/Reunification

- Fear of deportation (I must behave)
- Lack of knowledge about process
(personal rights, how things happen)
- Don't have enough money to sponsor
- Worry of family members in danger
- Lack of information or lack of updates
- Lack of personal connection/safety

Individual Interviews

Immigration/Reunification

“I’m thinking of him (father). If people help me then I can send him some money. ...sometimes I can’t think. When I think of that, I can’t sleep at night.”

“ (My adult child says)...Mom, it is just like I am alone here without my siblings. I don’t know when I will be able to meet you again. I feel like I am detached and it’s just like death”

“Yeah sometimes I worry a lot because my kids are not with me. We’re human, when you’re alone, no family or anybody, if something happens, if I hit by car, nobody will know. I don’t have any relatives that know if I’m missing.”

Individual Interviews

Immigration/Reunification

“They said that when you go there (Canada) you have to lead a good life. If not you will be kicked out, you will be repatriated. I was thinking if I have to be repatriated, I would not know how to go back. I was so afraid to come because they said if you do not have a place to live in, then you have to stay on the road. When I came home and read that book, I was afraid until I dare not come out. They said that if something happened, if we are repatriated, we have to pay for the cost by ourselves.”

Focus Groups

- Language barriers
- Medical personnel who understand torture
 - ▣ “one medical issue per visit”
- Limited funds for housing
- Jobs
- Transportation
- Legal representation
- Limited number of professionally trained interpreters
 - ▣ May be a family member or friend (confidentiality, conflicts)
- Form a network of helpers
 - ▣ More support for professionals and more training

Focus Groups

- School liaisons
- Family preservation or reparation
- More information to newcomers on community services
 - ▣ Parents separate in language, trust, and cultural practices
- Joint services – single point of access
 - ▣ Cultural training
 - ▣ Working with interpreters
 - ▣ Specialty within fields (torture)
 - ▣ Cooperation and coordination

Conclusion

- Clinically significant levels of PTSD, anxiety, and depression could be helped with therapeutic intervention
 - ▣ Comprehensive assessment
 - Importance of cultural meaning of experience prior to making intervention
 - Settlement issues take priority (basic needs)
- Refugee womens' difficulties in expressing needs
 - ▣ Trust issues
 - ▣ Internalization of oppression and/or cultural differences
 - Keenly attuned to stress of others, and don't want to be a burden

Conclusion

- Refugee women lack knowledge of helping systems
 - ▣ Not knowing the existence of helping professionals outside of the medical system
- Professionals' lack of knowledge
 - ▣ Labeling, cultural bias, administrative (paper work/finances), one complaint at a time
- Practical assistance
 - ▣ Transportation
 - ▣ Finances
 - ▣ Housing

Recommendations

- Development of a working group → Best Practice Model
 - Develop inter-agency protocols
 - All agencies contribute to case management (partnerships)
 - Professional assessment/referral
 - Regular community case conferences for difficult cases
 - Maximize service coordination of existing services
 - Satellite service locations (travelling professionals)
 - Coordinate training in partnership with a multidisciplinary, accredited post-secondary institution aimed at developing expertise in treating trauma/loss for refugee women
 - Cultural competence
 - Multidisciplinary education network for professionals
 - Coordinate Canadian experience practicum for foreign credentialed – career assessment

Recommendations

- Therapeutic groups/individual therapeutic intervention
- Groups for refugee women (professional/self-help)
 - ▣ Provide daycare
 - ▣ Coping Skills Groups
 - Discuss adaptive strategies/honour current skills
 - Support and empowerment
 - Regular cycle of presentations by community services (put a name to a face/promote trust)
- Craft Groups
 - ▣ Teach, practice, provide supplies, shows, sales

Recommendations

- More coaches/Support Workers/School Liaisons
 - ▣ Long-term accompaniment
 - Work, school, appointments, transportation
- Volunteer mentors from professions
 - ▣ Facilitate networking/open doors
 - ▣ Link with Canadian experience practicum
- Teach language through activities
 - ▣ On the job, crafts circles, cooking
 - ▣ Encourage French equally as official language

Recommendations

- Resources: physical spaces, printed materials/information, transportation, child care, interpretation, free couples counselling, etc.
- Funds to address the issues above
- Lobbying/advocacy
 - ▣ Ontario Works allowing flexibility in (ESL) education for parents
 - ▣ Extend federal coverage for longer adaptation needs
 - ▣ Speedier reunification – more updates
 - ▣ Acceptance of foreign credentials

Limitations

- Sample size
- Long interview process
- Using interpreters limits self-expression
- Some words don't translate
- Incomplete interviews
- Limited pool of possible participants
- Reluctance to talk about difficult or taboo subjects

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