THE HELP-SEEKING EXPERIENCES OF REFUGEE WOMEN: NARRATIVES OF RESILIENCE, RESISTANCE AND RECONSTRUCTION OF IDENTITIES

by

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Abstract

This qualitative study explored the influence of gender, class, culture and trauma on refugee women's acculturation process. A narrative approach was used to examine the help-seeking experiences of refugee women who resettled in the Greater Vancouver area. Through focus groups and individual interviews, various post migration issues were explored including programs and/or services utilized for various needs, social networks or supports for the women and their children, traditional and emerging social roles, and coping strategies. The study also explored the images and metaphors women construct to convey their resilience, resistance and reconstruction of identities in their help-seeking experiences as refugee women. These images and metaphors give insights into the women's understanding of "help" and the reasons why they decided or not to seek help. The study seeks to contribute to the development of programs and services that are responsive to the needs of refugee women. The findings suggest that "help" for the women mean both practical help and emotional support and that its meaning is deeply embedded in culture and social relationships. The images and metaphors the women used to describe their help-seeking experiences reflect their strengths, resistance to expected ways of seeking help, and the reconstruction of their identities, which is an ongoing process of negotiation with the dominant culture of the host country. In general refugee women tend to use informal social networks concurrently with institutional networks to address various needs.
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DEDICATION

To the remarkable women in my family of birth, my maternal and paternal grandmothers (whose memories I cherish as they have passed on), Mamang (my mom) who nurtured me from the darkness of her womb to the light of the material world, my aunts, sisters – a female lineage that demonstrated courage and strength in moments of adversity-- my deepest gratitude for the life that I now nurture and enjoy.

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1 INTRODUCTION

Refugees are not born; people become refugees. They flee their countries of origin because of persecution based on various grounds of discrimination and an impending fear for their safety. But refugees are also people with an identity, a history and a cultural heritage (Lacroix, 2004; Folson, 2004; Moussa, 1993) who find themselves in a migration process fraught with danger, anxiety and conflict. The effects of these experiences may continue to plague refugees even in their post migration experiences (Moussa, 1993).

According to the United Nations High Commissioner for Refugees (UNHCR) (cited in Martin, 2004), there are approximately 13 million refugees around the world, excluding internally displaced people (IDP). In 2001, UNHCR collected the demographic data on 45 percent of the refugee population. Of this partial collection of demographic data, about 70 percent were women and children (48.1% women, 21.9% children between 0 and school age). In Canada, the percentage of Convention refugee women is 47% (Statistics Canada, 2003). This trend is confirmed by several studies that indicate that a majority of the refugee populations are women and dependent children (Martin, 2004; Moussa, 1993; Friedman, 1992; Nishimoto, Chau, and Roberts, 1989). These numbers compelled me to examine refugee women's experiences in seeking help during their post migration process in Canada.

Moreover, a review of the literature on help-seeking experiences of refugee women underscores a trend in under-utilization or non-utilization of programs and services of physical health (Drennan and Joseph, 2005) and
mental health (Chiu, Ganesan, Clark, and Morrow, 2005; White, Tutt, Rude, Mutwiri, and Senevonghachack, 2005; Nicholson and Kay, 1999; Chung and Bemak, 1998; Chung and Lin, 1994; Bowen, Carscadden, Beighle & Fleming 1992). It also suggests that issues of domestic violence or woman abuse are under reported by refugee women (Bui, 2003; Bhuyan, Mell, Sentura, Sullivan, and Shiu-Thorton, 2005; Fugate, Landis, Riordan, Naureckas, and Engel, 2005) and they rely on informal networks in their community for support. Several of these studies document a generalized perception by service providers of refugee women as “passive recipients” of programs and services that face serious challenges in their acculturation process (Israelite, Herman, Khan, Alim and Mohamed, 1999; Chung and Lin, 1994). An anecdotal Program Report from a service provider organization in British Columbia (2004) further documents this perception, especially by workers in government institutions such as the Ministry of Social Services [currently, Ministry of Employment and Income Assistance (MEIA)] and Immigration offices.

Studies on settlement and integration (Dyck and McLaren, 2004; Martin, 2004; Israelite, et al’s, 1999; Bernier, 1992) reveal that refugee women experience various stresses such as the need to grieve their losses (homes, country, lifestyle, family, etc.) which hinder their settlement and integration process. Refugee women also encounter systemic barriers such as racism which prevent their participation in Canadian society. Israelite et al., (1999) document how Somali women who have to wait for their status for many years tend to view the Canadian immigration system as racist. They claim that the

requirement of original documents from country of origin veils a systemic
discrimination. Furthermore, refugee families headed by a female tend to be
excluded from various services and programs which do not provide childcare and
other supports. Despite the barriers and frustrations, refugee women find
strength and hope from their faith and from the support they receive from the
ethno-specific organizations that offer settlement services and opportunities to
maintain their cultural identity (Israelite et al., 1999).

As well, some of the studies document how settlement, social and mental
health workers tend to view refugee women as ‘lacking in motivation’ to learn
English (Bowen, 2005; Chung and Bemak, 1998; Moussa, 1993). Refugees on
social assistance, especially women, are labelled by government and community
workers as ‘resistant’ clients. Refugee women’s relationships with institutional
resources and systems tend to be weak; however, some studies are beginning to
map other forms of seeking help among refugee women. For example, Ong’s
(2003) study of Cambodian refugee women in Oakland, California shows that
Cambodian women sought help from their informal networks which included
extended family, friends and recognized leaders in their ethnic community.
Cambodian women only sought help from government and/or community
agencies as a last resort. Ong’s study (2003) also reveals the Cambodian
women’s strengths in choosing to seek help within a network that they find
helpful. On the same vein, Moussa (1993) documented the courage and strength
of Ethiopian and Eritrean refugee women as she journeyed with them from Africa
to Montreal. She found that the women actively negotiate their ethnic identity by
forming alliances to support each other, especially in acquiring Canadian residence status. Other studies (Fugate, et al, 2005; Ong, 2003; Chung and Lin, 1994) indicate that help-seeking strategies and experiences of refugee women are complex and diverse and suggest that refugee women seem to seek help from personal and informal social networks initially and resort to formal services delivered by government and community agencies when the former fail to resolve their problems. The questions raised by this initial review of the literature on the relationships between institutional resources, informal networks and help seeking are many and suggest the importance of studying the help seeking experiences of refugee women. Furthermore, the studies and anecdotal evidence that show a perception of refugee women as passive recipients of programs and services and facing more challenges in their help-seeking experiences propelled me into a systematic exploration of refugee women’s help-seeking experiences.

Although the thread that runs through pre-migration and post migration experiences may form a ‘continuous’ whole, this study focuses on post migration experiences. In order to gain insights into the strategies of ‘help-seeking’, I decided to explore the complex experiences of refugee women and the various strategies that they use to seek help from various people, organizations and communities, as they adapt to a new country. Moussa’s (1993) theory of “continuous and discontinuous” processes of acculturation informs my understanding of the various factors that influence refugee women’s help-seeking experiences and their negotiation of identities in their host countries. She articulates a process of continuity which recognizes refugee women’s search to
belong by threading meaningful links over time, from their pre-migration lives (past), to their current lives in the host country (present) and their hopes and dreams for the future. Discontinuity refers to differences or even losses in terms of geography, material such as property, possessions and income, cultural such as the key role of the extended family, mourning practices and ways of relating with various peoples, communities and institutions. Acculturation in this context, refers to the adjustment process or change in cultural behaviour and thinking of an individual or group through contact with another culture(s) (Kasturirangan, Krishnan, and Riger 2004).

There were a total of sixteen participants in both the individual interviews and focus groups. They came from eleven countries: Afghanistan, Albania, El Salvador, Eritrea, Ethiopia, Guatemala, Iraq, Mexico, Philippines, Sudan and Vietnam. Seven women preferred to do the individual interviews and ten women participated in two focus groups, with one woman participating in both individual interview and a focus group. Using a narrative approach to facilitate the recounting of the women's stories, my intent is to provide an in-depth description and analysis of these experiences, so as to enable both government and community agencies to improve program design and services for refugee women. A narrative approach consists of different ways of listening to oral testimonies or stories of peoples within a variety of contexts, situated within a certain time and place (Slim and Thompson, 1995). This approach is also described as a discourse that focuses on "sequence and consequence [where]

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events are selected, organized, connected and evaluated as meaningful for a particular audience" (Hinchman & Hinchman, 1997, and Riessmann, 2004, cited in Riessman and Quinney, 2005, p. 394). Narratives may be structured temporally or chronologically and spatially or episodically. Narrative analysis delves into the use of language, amplifying how and why events are storied (Riessman and Quinney, 2005).

The narratives collected for this study through focus groups and in-depth interviews can be characterized as personal narratives. A Personal Narrative is a "retrospective account, but does not imply the broad chronology of a life history." It includes stories "elicited or prompted by another person" such as an interviewer, private thoughts and recollections written down and later shared in a conversation or taped interview (Watson & Watson-Franke, 1985, cited in Powles, 2004).

This approach enabled the refugee women who participated in this study to tell their stories in a manner that they chose, that is, chronological, episodic or a combination of both, remembering what is significant for them. As well this approach is respectful of the women's stories in capturing the metaphors and images that they used in recounting their help-seeking strategies in their acculturation process. Moreover, it is my hope that the refugee women's stories may dispel the myth propagated by service providers that they are merely passive recipients of services and programs. Through this study, I seek to give voice to refugee women and honour their help-seeking experiences by involving the women in reviewing the interview transcripts, analysis of their narratives and
incorporating their suggestions in Chapter 6 on implications for social work practice.

This study draws the definition of “refugee” from the formal definition that was formulated in the Geneva Convention on the Status of Refugees in 1951 which states that a refugee is

... any person, who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular group, or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, is unwilling to return to that country.

This definition has been incorporated in Canadian laws on immigration, including the latest incarnation, the Canada Immigration and Refugee Protection Act of 2001. From this definition, refugees in Canada are classified under two categories: 1) Convention refugees, or those who went through a determination process and were deemed to meet the requirements of the stated definition, and 2) refugee claimants, or those who come into Canada through various means, claim refugee status within Canada and have yet to go through a determination process. This study covers only Convention refugees since the debate on who is a refugee and what rights should be accorded to refugees is complex and beyond the scope of this thesis.

1.1 Research Questions

This qualitative study explores the intersection of gender, class, culture, and trauma in refugee women’s acculturation to a new country. In particular, I examined what strategies refugee women who resettled in the Greater Vancouver area used to seek help. I facilitated the re-telling of personal
narratives or stories of seeking help that address settlement, acculturation and integration needs. Through this process I gained insights into the refugee women’s various responses to the stresses of acculturation and integration to a new country.

Although I recognize the importance of pre-migration experiences and their effects on adaptation to a new country, I chose not to focus on this in my research as it deserves an inquiry of its own. This study examines post-migration experiences, focusing on images or metaphors of resilience and strengths of refugee women, resistance, and reconstruction of social roles and identities.

The research question that guided this study is: What are the help-seeking experiences of refugee women in the Greater Vancouver area? A corollary question is: What are the images and metaphors that refugee women use to reflect their resilience and/or resistance to expected ways of seeking help and the reconstruction of their identities? The question on help-seeking experiences is divided into sub questions:

- What services and/or programs did you seek to address what purpose or need? What type of social networks did you look for? What services and/or programs did you choose not to use and why? If social programs or services were not sought, how were your needs met?
- What are the images or metaphors associated with refugee women’s experiences of “seeking help” and why? How do refugee women view
themselves in the process of seeking help? How do they view themselves now?

As the study focused on the refugee women’s point of view, my role was to facilitate a process of ‘giving voice’ to their stories, and capturing images of their experiences by analyzing the images and metaphors they used in their help-seeking experience narratives. This is just one of many ways of honouring their struggles, representing their ‘voices’ and valuing their ways of ascribing meaning or making sense of their experiences in a respectful way.

1.2 Personal Interest

Reflections on my experiences of working with refugee women in an asylum camp in the Philippines and managing a bridging program3 for immigrant and refugee women survivors of abuse4 in Vancouver fuelled my interest in help-seeking. I taught pre-vocational English to Vietnamese adults in the camp and visited some of the female students who were not regularly attending classes. The women with children spent most of their time cooking, cleaning and caring for their young children. They also tried to negotiate for more food and some remedies for common illnesses such as cold and headaches. In the Bridging program that I have managed for over ten years, my responsibilities spanned from assessing eligibility and readiness for therapeutic group work, teaching English, facilitating workshops, doing crisis interventions, counselling, brokering referrals and advocating for client access to various resources such as

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3 The bridging program is called Stepping Up, a pre-employment program designed to address adaptation, abuse, language, and life skills issues as well as career exploration.

4 Abuse is broadly defined to include various forms of abuse such as physical, emotional, sexual, financial, forced marriage, witnessing violence in war, etc. (see Stepping Up Program Brochure).
subsidized housing and child care subsidy. From the experiences in both settings, I began to see some patterns of help-seeking. For example, most of the women in the bridging program did not seek the help or protection of police when they experienced violence in the home. They contacted their friends and some members of their extended family to ask for advice. In their early years in Canada, some women did not seek help or information from community agencies for housing, employment or recreational activities for their children; instead, they sought help and information from their friends and ethnic communities. These experiences influenced my decision to engage in a systematic study on help-seeking experiences, not only to influence organizational policy and perhaps funding policy, but more importantly to facilitate a process of story-telling that enabled refugee women to reflect on their experiences in their country of resettlement. In particular, I would like to explore the reasons why refugee women seek help from institutional or formal helping organizations for certain needs such as training and employment programs at a later stage in their settlement and integration journey.

In this study I locate myself as a first generation immigrant, a Filipino-Canadian woman of colour and a feminist who strongly believes in the pursuit of social justice. I consider myself privileged in being a student and researcher, therefore in a position of power. I hoped to use this privilege and power in facilitating the production of knowledge by engaging the participants of the study as active “subjects”, capable of articulating their needs, hopes and dreams. Additionally, they are actively involved in shaping and negotiating their identities,
manifesting these in images and metaphors that are congruent with their dynamic interpretation of their evolving culture in Canada.

This thesis is organized in six chapters, starting from an introduction in chapter one, conceptual framework in chapter two, a methodological framework in chapter three, to the unfolding of help-seeking experiences of refugee women in chapter four, moving on to a discussion of images and metaphors of resilience, resistance and reconstruction of identities in chapter five, and culminating in implications on research, policy and Social Work practice in chapter six.
2 Conceptual Framework

This chapter articulates the conceptual framework of the thesis, which begins with a review of the debate on whether or not refugee women are vulnerable or social actors. A rationale for focusing only on post migration experiences follows. The next subsection amplifies the notion of social actors by describing social agency and the social construction of help-seeking. The remaining subsections define and discuss the variables that may influence the help-seeking experiences of refugee women: culture, gender roles and identities, class, and trauma.

2.1 Refugee Women: Vulnerable or Active Social Actors?

Literature on refugee women in countries of resettlement documents a generalized perception of refugee women as vulnerable and isolated. Studies on Indochinese refugee women (Ganesan, Fine and Lin, 1989) and South and East Asian women who were diagnosed as suffering from mental illness (Chiu, et al, 2005) found that the majority of these women did not seek help from conventional western health professionals such as psychiatrists, therapists, clinical psychologist and social workers; instead they sought help from their community network of traditional healers such as herbalists, acupuncturists, ayurvedic and homeopathic practitioners, and other alternative healing practitioners. This help-seeking strategy is sometimes used to complement western treatment without the knowledge of conventional health care professionals. The study also found that conventional western services and
programs are under-utilized by refugee women, a pattern that contributes to the perception that these women are isolated and vulnerable.

Not only do refugee women under-utilize mental health services and program, they also do not actively seek the help of family doctors and other health practitioners in health clinics such as community health nurses and nutritionists (Drennan and Joseph, 2005; Israelite, et al, 1999; Chung & Lin, 1994). These studies seem to indicate that refugee women prefer to seek help from alternative healing practitioners whose practices are viewed by refugee women as more congruent to their cultural view of health and illness. Some women however, sought help from western health practitioners in conjunction with the use of alternative healing methods, especially in the case of women with post secondary education (Chiu, et al, 2005; Chung & Lin, 1994).

In addition to physical and mental health, settlement services such as English classes, training and job-finding programs provided by community agencies are also under-utilized by refugee women (Martin, 2004; Israelite, et al, 1999). As a result of under-utilization or non-utilization of some settlement services, refugee women are once again viewed as not adapting well to the host country's expectation of streaming immigrant and refugees into settlement and eventual integration into the Canadian labour market. It appears that the slow pace of refugee women in adapting to the dominant (mainstream) culture's expectations contribute to the generalized perception by service providers that refugee women are not adapting well in the host country. While the general understanding of acculturation is one that streams new migrants into the
dominant culture, in this thesis, acculturation is a dynamic process that recognizes the capacity of refugee women to negotiate for continuity and contest discontinuous processes that hinder the reconstruction of their identity or identities in the context of their gender, class and culture (Lacroix, 2004; Israelite, et al, 1999; Moussa, 1993). Moussa’s (1993) theory of “continuous and discontinuous” processes of acculturation is instructive as she provides a framework that recognizes the ability of refugee women to find meaning in their struggle to belong, pick up the pieces of their lives and reconstruct their identities by embracing cultural symbols of their country of origin and resisting the reduction of their identity to a refugee. After all, being a refugee is but one part of their identity. Prior to the crisis in their country and the resulting flight, migration and resettlement, they have a personal and collective history that shaped their identity.

My own experience in working with refugee women points to some help-seeking strategies that are diverse and complex. For example, most of the refugee women with whom I have worked have not seen a counsellor or joined a support group as these interventions are facilitated by people who are not part of their informal or social networks and the practice is new to them. However, this was seen by mental health practitioners as “lacking in motivation” to seek help or not adapting well to the dominant culture of the host country. Some of the reasons for the negative perception of refugee women stem from a lack of understanding of non utilization or under-utilization of programs or services designed for refugees such as counselling and therapeutic group work offered by
mental health practitioners. In cases of physical health, some of the women I have worked with did not have a family doctor and if they had one, they did not go for physical examinations or regular check ups. Instead, for various physical ailments, they used what are commonly known as alternative healing methods such as herbal remedies, traditional healers such as Chinese doctors, acupuncturists and massage therapists, using Western medicine only as a last resort (Anecdotal program reports, 2004). This anecdotal evidence supports the findings from a comparative study that Chung and Lin (1994) conducted on Southeast Asian refugees in the United States, which revealed that Southeast Asian refugees used both Western medicine and alternative healing practices. Similarly, Chiu, et al.'s, (2005) study of the help-seeking strategies of South and East Asian women with mental illness reveals the use of western conventional treatment such as medications and psychotherapy in conjunction with alternative healing practices such as homeopathic treatment, yoga, acupuncture, among others. Essentially, the under-utilization of conventional treatment and continued use of alternative healing practices suggests an active resistance to western medicine. The process of sifting through and seeking out only those practices that are congruent to their traditional ways of addressing physical, mental and emotional health reveal active decision-making processes on a continued basis. Such strategies point to active choices of what are meaningful for refugee women, which manifest social agency, contrary to the generalized perception that they are passive recipients of programs and services.
2.2 Post-Migration Stressors and Experiences

In determining the help seeking strategies of women after forced migration, the literature first examines the post migration stressors that refugee women face in their host country. Bernier (1992) articulates various stresses resulting from multiple losses: from material losses such as personal belongings and mementos to relational losses such as members of the nuclear family, extended families, friends and community. Other stresses may include loss of economic status, which adversely affects self-esteem, and loss of power resulting in shifting roles in the family. All these losses have an impact on help-seeking strategies; hence, the need for service providers to develop an understanding of the resulting stressors, and the importance of natural support networks to their acculturation.

Other studies (Nicholson and Kay, 1999; Martin, 2004; Ben-David, 1995; Bui, 2003) show that post migration stressors include language barriers, lack of understanding of cultural norms of the host country, changes in family roles and racism, among others. Some studies (Ganesan, et al, 1989; Martin, 2004; Friedman, 1992; Bowen, et al, 1992; Bernier, 1992) claim that involuntary migration as a response to violence or human rights abuses have a profound effect on the person, family and community structures; hence, the need for social supports to facilitate the process of acculturation to the host country. Moreover, these studies show that the process of being uprooted from a homeland and having to adjust to a new and unknown environment could lead to psychological distress and consequently affect the person’s ability to seek help (Bowen, 2005;
Chung & Bemak, 1998). The stressors described in these studies tend to have more impact on refugee women as they perform the dual roles of caring for their families and doing domestic chores as well as taking on paid jobs in order to provide for the family (White, et al, 2005; Martin, 2004; Bui, 2003; Nicholson and Kay, 1999).

2.3 Social Agency and the Construction of Help-Seeking


Using an ecological perspective, Harvey (2007) articulates resilience as 

... transactional in nature, evident in qualities that are nurtured, shaped and activated by a host of person-environment interactions. Resilience is the result of not only of biological traits, but also of people's embeddedness in complex and dynamic social contexts... (p. 11)

In this context, individuals are viewed as "agentic, capable of negotiating and influencing, as well as influenced by context" (Riger, 2001, p.75, cited in Harvey 2007); therefore, not passive recipients of forces within the person-environment
context. Studies on refugee women support Harvey's claim of agentic response to migration trauma (White, et al, 2005; Frid, et al, 2002; Friedman, 1992) and various forms of violence against women including intimate partner abuse (Bui, 2003; Fugate, et al, 2005) where refugee women chose to seek help from their informal networks and resorted to institutional helping organizations as a last resort.

Resistance is manifested by refugee women in their help-seeking strategies that address physical (Drennan & Joseph, 2005; Bowen, 2005) and mental health issues (Chiu, et al, 2005; Bille, 1994; Chung and Lin, 1994; Moussa, 1993). Refugee women made decisions to under-utilize or not utilize services and programs for refugee women that they deem to be incongruent to their cultural understanding of wellness and illness.

Another manifestation of social agency is the reconstruction of social roles and identities which is shaped by gender and culture (Bui, 2003; Kasturirangan, et al, 2004; Israelite, et al, 1999; Kay and Nicholson, 1999; Shepherd, 1992). This process of reconstructing social roles and identities is fluid, and may be characterized as acts of resistance and ongoing negotiation within a contested political sphere (Kumsa, 2002; Moussa, 1993; Bannerji, 1995).

Since this study examines the refugee women's understanding or construction of help-seeking, analyzing their use of metaphors that reflect resilience, resistance and reconstruction of identities gives insights into the different variables that influence help-seeking strategies. These variables include gender, culture from the country of origin, class and trauma. How these variables
intersect or play out in refugee women's help-seeking experiences is a key question that this study addressed. Diagram 2.1 below illustrates the intersecting variables and how they may influence the acculturation and eventual integration process.

Diagram 2.1: Contextual Variables

The following sections define the variables and discuss their relevance to the study.

2.4 Culture and Negotiating Identities

There is an ongoing debate on the usefulness or relevance of culture as a concept in cross cultural practice and in broader theoretical discussions in social science research. Brumann (1999) discusses the importance of culture as a concept that gives insights into the differences in thought and behaviour among human groups. He broadly defines culture as "... learned routines of thought and
behaviour in social groups... [Routines of thought include] meanings, symbols, understandings, knowledge and ideas, etc." (p.S21). The classical perspective defines culture as "... that complex whole which includes knowledge, belief, art, law, morals, custom and any other capabilities and habits acquired by [a person] as a member of a society" (Taylor, 1871; Kroeber and Kluckhohn, 1952, cited in Brumann, 1999, p.S3). This perspective suggests stability, coherence and homogeneity, which lacks congruence with a social reality characterized by change and inconsistencies. Conversely, the Postmodern standpoint views culture as dynamic and examines the concepts of oppression and power (Kasturirangan, et al, 2004). Other anthropologists define culture as "...learned, accumulated experience... refer[ring] to those socially transmitted patterns for behaviour characteristic of a particular social group" (Keesing, 1981, p.68, cited in Brumann, 1999) or "...the socially transmitted knowledge and behaviour shared by some group of people (Peoples and Bailey, 1994, p.23, cited in Brumann, 1999). These definitions complement each other and are useful in analyzing the influence of culture in refugee women's help-seeking strategies. From these definitions, it appears that culture has a web of meanings, focusing on different aspects such as shared symbols, practices and learned routines, stability and transmission over time, dynamics of power and a notion of change and evolution over a period of time within a certain context.

In this study, I locate myself as a feminist researcher in order to make explicit the power relations that permeate help-seeking within the context of the dominant culture and in articulating that "personal is political". Refugee women's
struggles from flight to resettlement are fraught with tensions on socio-political and economic powers. Only through a feminist lens would power relations and dynamics be made explicit. As well, using a feminist lens resonates with refugee women as they are viewed as subjects instead of object of study, a respectful way to produce knowledge. Consequently, I choose to combine the Postmodern and Brumann's articulated definitions, as the former views culture as dynamic and examines power relations, while the latter focuses on elements that are shared socially, revealing routines or patterns of thought and behaviour. These definitions of culture situate the women’s help-seeking experiences within a context that is respectful of the women's view of maintaining their own culture from their country of origin as well as crossing "cultures", those of the host country which may include a diverse culture from other migrants who have settled in the country. This thesis examines the acculturation process through help-seeking strategies so various "cultures" intersect and might even be contested in the political field.

2.5 Gender Roles and Negotiating Identities

Consistent with my location as a feminist in this research, I adopt the definition of gender as a social structure (Risman, 2004; Ridgeway & Correll, 2004; Connell, 1987, cited in Bui, 2003), as it reflects a social construction of stratification which defines gender roles, permeates the division of labour, defines heterosexuality, and influences the various institutions in society. Anderson, Richardson and Waxler-Morrison, (1993) describe the traditional roles of Indochinese (Cambodian, Laotians and Vietnamese) women as those that
pertain to the management of the home, including child-rearing, performing unpaid household chores and managing family finances; whereas the men occupy positions of authority and are ascribed the roles of providers for the family.

Connell (1987, cited in Bui, 2003) claims that the gendered division of labour in societies gives minimal opportunities for women to acquire and accumulate wealth. Unpaid housework is traditionally ascribed to women and in many situations they become financially dependent on men. Bui’s (2003) study of abused Vietnamese women in America reveals that women’s economic dependence on the abusive husband/partner impeded their ability to leave abusive relationships. As well, gendered division of labour lends itself to what feminists call the “double bind” where an unfair burden is placed on women to perform caring roles (as mothers, daughters and grand daughters caring for members of the nuclear family, and for immigrants and refugees, the extended family as well) in both the private and public spheres (as nurturers such as teachers, social workers, childcare workers, counsellors and as housekeepers, cleaners, among others (Ridgeway & Correll, 2004).

Gender roles also shape identities or concepts of self and ways of knowing (Gilligan, 1993; Belenky, 1997). Moussa (1993) examines the social construction of refugee women’s identities and suggests that refugee women engage in a complex process of negotiating “identities” as they struggle to settle in their host countries. They construct their identities within the context of “continuity and discontinuity” of the acculturation process. Bannerji’s (1995)
critical analysis of the construction and fluidity of identity against a backdrop of intersecting oppressions such as racism, sexism and classism is also instructive, as she suggests that women negotiate identities within contested political contexts. Finally, it is necessary to take into consideration the role of the state in mediating and regulating “capitalism’s need for a given form of labour power and surplus extraction” (Burstyn, 1985, 57). As previously mentioned, the “helping institutions” such as social services (welfare), healthcare and immigration have policies and expectations of integrating newcomers to Canada (immigrants and refugees) to the labour market in order to become contributing members of society. The programs that the federal and provincial levels of government fund stream newcomers including refugee women into entry-level jobs that pay minimum wage or what poverty activists call “dead end” jobs. For example, healthcare workers such as Resident Care Attendants, Home Support Workers and Caregivers for wealthy families, and Hospitality workers, are predominantly immigrant and refugee women.

2.6 Class and Help-seeking Strategies

In this study, a socialist feminist analysis of class (Dominelli, 2002; Saulnier, 1996) – another factor that influences help-seeking experiences -- layers the discussion of gender roles. Here, the influence of the women’s socio-economic status is considered in understanding their responses to various stressors. For immigrant and refugee families, having employment is an important protective factor against psychological distress (Tran & Ferullo, 1997; Itzhaky & Ribner, 1999). The eventual attainment of financial stability through
employment gives a family economic status in the community. In other words, being employed or independent from social assistance buffers some of the stresses that newcomers such as refugee women face. However, as Martin (2004) shows, refugee women face multiple barriers in industrialized countries, including the challenges in obtaining employment. Even educated women with work experience from their country of origin who became refugees experience difficulties in finding employment due to lack of English language skills. Literacy also poses serious challenges for refugee women coming from countries of origin where women are expected to do caring roles in the home instead of pursuing formal education. These women are now relegated to the margins of society and living in poverty. As Martin argues, the lack of language skills and resources such as accessible and affordable childcare inhibit refugee women's ability to adapt to the country of resettlement (pp. 138-139).

2.7 Trauma and Resistance

Trauma is another variable that influences help-seeking experiences; it may adversely affect refugee women's help-seeking strategies. According to Martin (2004)

[A]mong the refugees that the UNHCR\(^5\) believes are in desperate need for resettlement are women who... have generally experienced severe trauma and are living in circumstances in which their traditional support systems have broken down... [They] may have no relatives in a third country, no knowledge of the language or transferable skills... (p.132).

The above quote describes pre-migration trauma that refugee women experienced in any or all of their phases of migration: flight, crossing border of neighbouring country, seeking asylum in neighbouring country, refugee camp

\(^5\) UNHCR - United Nations High Commissioner for Refugees
experience or ghettoized communities for refugees, application for resettlement and eventual resettlement in an industrialized country. The trauma experienced may constitute personal experience of atrocities such as rape and torture or witnessing the execution of a loved one or massive killing of innocent civilians.

LaMothe’s (1999) distinction between natural and malignant trauma is helpful in understanding the type of trauma that refugee women experienced or witnessed. He defines natural traumas as those arising from natural events such as floods, tornadoes and tsunamis, whereas malignant trauma is a set of “losses” resulting from atrocities and abuses by other human beings such as rape, torture and child abuse. LaMothe’s definition of malignant trauma is relevant to this thesis as its nature is man-made and political. As a result, trust is an issue which may hinder help-seeking from persons with “authority”.

The psychiatric definition of trauma refers to an exposure to an external event that poses a “serious injury or threat to the physical integrity of self or others,” accompanied by emotional distress such as numbing, hyper-vigilance, flashbacks and fragmented memory [Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR), 2000]. This definition may include both natural and malignant traumas as described by LaMothe (1999).

Shepherd (1992) examined the history of Post Traumatic Stress Disorder (PTSD) and studied five oral histories of courageous Vietnamese refugee women to argue that PTSD as defined in the DSMIII-TR (1987) does not capture the complexity of trauma as experienced by refugee women. She claims that PTSD was added to the DSM III in 1980 in response to the needs of male Vietnam
veterans. As a result of the women's movement, this diagnosis was later applied to female veterans and rape victims. Much later, PTSD was applied to refugee women who experienced multiple traumas. She further maintained that knowledge about trauma was largely influenced by existing knowledge about trauma among male veterans, which was later applied to female veterans, rape survivors and refugee women. Consequently, she suggests that cultural and historical factors, as well as gender, and coping skills need to be considered in the determination of PTSD. Shepherd's claim echoes Mary Harvey's (1996) ecological perspective of trauma, which she describes as the relationship among three factors -- traumatic event(s), the person, and her/his environment -- offering a holistic view of trauma as it considers the person and the traumatic event within a political context. For instance, rape cases in refugee camps; here the traumatic event is rape, the person involved is a woman and the environment or political context is war or civil unrest where rape is a means to subjugate or control another group deemed to be inferior, therefore, women being raped are viewed as 'objects'.

Consequently, malignant trauma and PTSD as defined by the DSM-IV-TR need to be considered in analysing the help-seeking strategies that refugee women described in their narratives. Experience of trauma might not be explicitly articulated as they might bring up unpleasant memories. Analysing the images and metaphors of resilience, resistance and reconstruction of identities might provide a glimpse into memories of traumatic events and how these might influence help-seeking strategies.
2.8 Acculturation, Integration and Resilience

This study draws from Sluzki's (1979) model of acculturation and Moussa's (1993) theory of "continuity and discontinuity" of social processes. Sluzki's model suggests that congruence (similarity) between the culture of the host country and the refugee women's country of origin facilitates acculturation, whereas dissonance or dissimilarity inhibits acculturation. While this may be true for some groups of refugee women, it does not, however, capture the complex process of acculturation. His theory does not acknowledge social agency. Newcomers such as refugee women have demonstrated that they choose whether or not to seek help, and actively resist expectations of service providers by under-utilizing or not utilizing certain types of services (Chiu, et al, 2005; Kay and Nicholson, 1999; Chung and Lin, 1994; Ganesan, et al, 1989). Moussa's theory (1993), on the other hand, articulates acculturation as a social process that recognizes the ability of refugee women to choose beliefs and practices from their own culture and those of the host country's culture in order to reclaim or maintain their identity. This acculturation process includes coping strategies which may be manifested in the reconstruction of social roles (Ben-David, 1995; Sluzki, 1979), resistance to expected ways of seeking help (Ganesan, et al, 1989; Bui, 2003) and resilience or resourcefulness in responding to problems (Harvey, 1996, 2007; Nicholson & Kay, 1999; Nishimoto, et. al., 1989).

The complexity of the acculturation process is also captured in Mary Harvey's paper (1996) on the ecological view of psychological trauma and

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6 Identity is a social construct so human behaviour and meanings attached to identity are learned. It is also gendered and negotiated, therefore fluid and involves choice (Moussa, 1993).
recovery. Her model for intervention recognizes the resilience or ability of some trauma survivors to overcome the detrimental effects of trauma without receiving clinical intervention. She claims that community support plays an important part in the process of recovery. For refugee women who are survivors of trauma, various support networks are essential in their acculturation process (Bui, 2003, Nicholson & Kay, 1999; Ganesan, et al, 1989).

Similarly, in their study of Cambodian women, Nicholson and Kay's (1999) study showed that the support group format was very effective for women who had experienced and continue to experience psychological trauma, as the group served as a "natural helping network" where the women felt safe and found friendship and support from those who share their cultural values and difficult experiences. They used social constructivism as a psychological frame to encourage traumatized Cambodian women to construct new meanings for their traumatic experiences resulting from victimization from physical and sexual abuse. This process enabled the authors to use a strengths perspective in order to focus on the women's capacities, abilities and skills rather than on their "pathology" or "deficits" (p.2). The strengths perspective\(^7\), which focuses on client capacities, is an alternative to problem-focused model of assessment and treatment (Saleebey, 2002; Weick, 1986, cited in Nicholson and Kay, 1999). The personal narratives of Cambodian women revealed their capacity to endure suffering, as they tried to control their feelings and behaviours in the belief that

\(^{7}\) According to Saleebey, (2002), the strengths perspective has three assumptions: 1) clients have personal and environmental strengths when they are affirmed & supported; 2) the clients are the experts of their own experiences, and 3) the role of the social worker as a collaborator (p.1).
willpower is important to recovery. Eventually, the women actively sought help from the workers to access health care for their children.

Drover and Kerans (1993) articulate social agency in terms of making claims by clients who are on welfare for opportunities to develop their human capacities that will facilitate self-actualization instead of simply a redistribution of scarce resources. Moussa (1993) suggests that refugee women resist programs and services that are viewed as incongruent to their culture of origin and actively negotiate and reclaim their identity as women based on their evolving knowledge of the cultures that they embrace. Similarly, in other studies (Saleeby, 2002; Nicholson and Kay, 1999) social agency is used to acknowledge the strengths of the refugee women (subjects) and their ability to resist the label of ‘victim’ or passive recipients of services and programs (Ong, 2003). Focusing on their strengths or coping strategies may help them ascribe meaning to their diverse experiences and consequently facilitate the process of acculturation.

In a process that also acknowledged strengths, Herbst used the oral history method (1992) to treat a group of Cambodian women who were survivors of torture. The author found that this method was effective in treating PTSD, as conditions were created to make the participants feel safe and treated as equals. More importantly, it did not require literacy skills (reading and writing). The Cambodian women, who were mostly illiterate in Cambodian and semi-literate in English, felt safe with the process as it allowed them to use their abilities to listen and speak. The process reinforced their strengths, improved their self-esteem.
over time and enabled them to tell their stories and memories of Cambodia so that others, especially their children, may learn about their traditions and beliefs.

Using a similar approach, Bowen (2005), a Canadian researcher, found that the stories of Salvadorean refugee women in Manitoba revealed resilience and pragmatism in their help-seeking experiences especially in health care practices. Depending on the effectiveness of past treatments, many of the women used home/herbal remedies or modern medicine, or a combination of both. They also used coping strategies such as praying, talking, crying and working.

The foregoing discussions on manifestations of social agency suggest the potential of oral history (Herbst, 1992; Frid, Mauer, Replanski and Sanchez, 2002) and personal narratives (Bowen, 2005; Nicholson and Kay, 1999) to generate stories from the perspective of the subjects, in particular, refugee women.

2.9 Conclusion

The variables that were discussed in this chapter are gender, class, culture, trauma and acculturation. As mentioned earlier, the research question that I explored is: How do gender, class, trauma and culture interest or play out in a refugee woman’s ability to adapt to a new country? In particular, what are the help-seeking experiences of refugee women who resettled in the Greater Vancouver area? In order to examine settlement and acculturation needs, a narrative approach was used to facilitate the recounting of the refugee women's stories or situations of seeking help or accessing resources from various
sources. Theories of ecological systems, feminism and processes of continuity and discontinuity in acculturation are used to analyze power relations and the relationships among the variables. In the final analysis, the narrative approach is one of many ways to facilitate refugee women's "healing" and recognize their courage and resilience in situations of adversity.
3 METHODOLOGICAL FRAMEWORK

This chapter describes the methodological framework of my thesis which is defined as a narrative approach. As previously discussed, a narrative approach examines the "sequence and consequence [of] events [that] are selected, organized, connected and evaluated as meaningful for a particular audience" (Hinchman and Hinchman, 1997; Riessmann, 2004, cited in Riessman and Quinney, 2005, p.394). After a brief presentation of this approach, the chapter describes the key methodological elements in the framework such as setting, sample and data, narrative analysis, and a discussion of ethical and validity issues. The overall methodological approach is illustrated in diagram 3.1 below.
3.1 Narrative Approach

Using a narrative approach to facilitate the recounting of refugee women's experiences, personal narratives were generated through focus groups and individual interviews. A narrative may be presented in a chronological order or episodic manner. Narrative analysis then explicates the use of language, amplifying how and why events are storied (Riessman and Quinney, 2005). Storied lives or the structure of sequences of lived actions is similar to a traditional plot where events are organized in "a rising crescendo of tension that reaches its peak and then resolves into a denouement (conclusion)" (Ochberg (1993, p.116).

3.2 Methodology

3.2.1 Setting

This thesis explored the help-seeking experiences of refugee women in the Greater Vancouver area who responded to the promotional materials, flyer and letter of invitation, or were referred by community agency service providers. Most of the participants were referred by community support workers or counsellors (37.5%) or responded to the letter of invitation (37.5%). The remaining 25% were self-referrals, those who responded to the flyer. Approximately one third of the women were past participants of a program coordinated by the researcher who responded to letters of invitation mailed to them by another service provider at Immigrant Services Society (ISS) after obtaining permission from the Director of the Training Institute and the Executive Director of the organization. The relationship arising from past involvement in the
bridging program might be construed as a conflict of interest but several steps were taken to ensure that they did not feel coerced to participate. To ensure that the women did not feel obligated to participate by virtue of the past relationship, I designed a sampling strategy that gave them a choice of participation or non-participation, as illustrated in the next section.

3.2.2 Sample

Recruitment of participants was done in two stages: 1) accessing a database of past participants of the Stepping Up program\(^8\) for immigrant and refugee women, and 2) sending flyers to community agencies that serve immigrant and refugee women in the lower mainland. For the first stage, the Immigrant Services Society of BC (ISS), an immigrant-serving and not-for-profit community agency, gave me permission to access the database of past participants of a Bridging program. This database was used as the sampling frame, covering the period from January 1996 to July 2004. Of a total of approximately 272 participants, only those who met the selection criteria were invited to the first focus group and individual interviews.

In order to meet the selection criteria the refugee woman had to: 1) have a Convention refugee\(^9\) status, 2) be at least 19 years of age, 3) have lived in Canada for at least 3 years, 4) be willing to participate in the study and share her story of settlement and acculturation, and 5) have an intermediate level of

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\(^8\) Stepping Up program is a bridging/pre-employment program designed to address language, acculturation, employment and violence against women issues.

\(^9\) A refugee is any person, who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular group, or political opinion, is outside the country of his/her nationality and is unable or owing to such fear, is unwilling to return to that country (1961 Convention relating to the Status of Refugees, cited in Canada Immigration and Protection Act, 2001).
Consequently, immigrant women who were sponsored by their spouse or those who came as independent immigrants (accepted based on the point system) were excluded from the sample as they fell under a different category in the Immigration Act. A stratified sampling was used to select only those who met the criteria.

From the stratified sample, 40 prospective participants were randomly selected and sent letters of invitation for the study. In addition to the purpose of the study and details about the focus group or individual interview, the letter indicated a telephone number to call if the woman decided to participate and a statement that participation or non-participation in the study would not affect current or future access to other ISS programs and services. This process gave the women a choice of participating or not participating in the study; thus, addressing the issue of conflict of interest and coercion. In order to address representation bias, a maximum of 10 participants were randomly selected from the positive responses. Subsequently, follow up calls were made as prospective participants had questions about the study.

In the second stage of recruitment, flyers were sent out and dropped off at community centres, neighbourhood houses, multicultural agencies, libraries, ethnic markets and places of worship such as mosques, churches, synagogues and temples. Nine refugee women responded to the flyer, four on their own and five through their support workers. Four women chose to participate only in the

\footnote{As determined by program eligibility: completed level 3 of the English Language Services for Adults (ELSA) or able to converse in English without using an interpreter.}
individual interview and the other four were interested only in the focus group. One woman participated in both the individual interview and the focus group.

Table 3.1: Sources of Referrals

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by Service Providers</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>Responded to letter of invitation</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>Self-referral (responded to flyer)</td>
<td>4</td>
<td>25.0</td>
</tr>
</tbody>
</table>

3.2.3 Data

As mentioned earlier, I used a narrative approach to facilitate the recounting of refugee women’s experiences, generating stories through two focus groups and individual interviews. Prior to the “storytelling” part of the focus group, the women discussed some ground rules that addressed issues of confidentiality and disclosures, as well as guidelines on group interaction. I explained that due to the nature of focus groups, confidentiality and anonymity could not be guaranteed (Krueger and Casey, 2002). However, this did not seem to cause anxiety among the participants. When asked if they would like to review the transcription of the focus group discussions, all the women in the first focus group declined but requested copies of the taped group interview, referring to it as an important memento of their shared experience. However, all the participants of the second focus group requested copies of the transcript. I also asked if the participants would like to read a copy of the draft thesis before
finalizing it; only five participants expressed interest. Comments of those who reviewed a first report on the findings were incorporated in this thesis.

The participants of both focus groups chose to meet at ISS as the location was accessible by public transportation. Before commencing the focus group/individual interview, the women signed a written consent form which outlined the purpose of the study, and the duration of the focus group/individual interview, location, time and date of the focus group/individual interview; it also provided information about reimbursements for childcare and/or transportation.

In both focus groups, a trained counsellor was available on site, in case a participant felt distressed and requested support. For the individual interview, each participant was given a list of resources (see appendix for DV card), in the event that she felt the need to see a counsellor or seek support. I also used procedural consent during the focus group and individual interviews to ensure that the participant(s) was/were willing to continue. In both the focus group and individual interviews, the participants were informed of their right to stop the interview when feeling distressed. All these were included in the consent form, which was reviewed prior to commencing the focus group or individual interview.

The themes for both the focus groups and individual interviews covered post migration experiences such as:

- types of programs and/or services utilized for various reasons or needs
- support networks accessed for self, children and family in general
- social roles including traditional roles from the country of origin and emerging roles resulting from acculturation as well as coping strategies.
In both focus group and individual interviews, I facilitated the recounting of the women’s stories by asking open-ended questions to assist in the recollection of past or current experiences of seeking help. The assumption in this process was that the refugee women or the participants of the study are social actors who have made decisions about whether or not to seek help, where and how to seek help to address various needs.

I conducted two focus groups for this thesis. Both were well received by the participants. It appears that sharing of post migration experiences in a group setting allows refugee women to learn from each other, validate each other’s feelings and express support for common concerns (Morgan, 1998, cited in Madriz, 2003, pp. 363-364; Krueger and Casey, 2002). As well, with the help of a skilled and experienced facilitator, multiple lines of communication such as expressions of agreement, support and dissent were generated through the use of the focus group. As a result, participants felt safe in sharing their stories and ideas. Not only did the focus group serve as an efficient way of gathering information over a short period of time, but more importantly, it enabled the researcher to observe a “collective human interaction” (Madriz, 2003, p. 365) which was manifested in verbal and/or non-verbal interactions. Such observation was useful in gaining insights into the women’s ability to validate other women’s experiences, support each other and at times challenge someone’s position. Non-verbal cues were rich sources of emotional triggers, non-verbalised needs and emotional attachments to certain ideas or issues.
The individual interviews, offered as an alternative to a focus group, explored the richness of a particular experience that shed some light into the construction of help-seeking images and emerging patterns of seeking help. As well, the individual interview provided the women an opportunity to not only relate their story but more importantly to reflect on the significant events in their post-migration life in Canada. The women, who chose to participate in individual interviews, were interviewed in their home as they felt more comfortable telling their stories in a setting of their choice. The individual interview gave each participant an opportunity to share her unique experience as well as her own perceptions and feelings about post migration themes.

3.2.4 Background of Participants

There were sixteen refugee women who participated in the study. They came from eleven countries; namely, El Salvador, Guatemala, Mexico, Eritrea, Philippines, Sudan, Afghanistan, Albania, Vietnam, Ethiopia, and Iraq (see Table 3.2). Twelve of the women were single mothers, two were married and had children, and the remaining two were single and childless. The single mothers had two to five children and the married participants had one to two children. The number of years that they have been in Canada ranges from three to twenty. The languages they spoke included Spanish, Arabic, Tagalog, Amharic, Tigrinia, Dinka, Persian, Pashtu, Turkish, Serbian, Croatian, Hungarian, Vietnamese, and Kurdish. Of the sixteen women, all but three were working in the labour market at the time of the interview/focus group, and as they describe it, “free from welfare”. Two of the remaining three women were on disability benefits and one was
unable to receive welfare because she was receiving some child support from her ex-husband, which when combined with the child tax benefit slightly exceeded the welfare rate for a single mother with three children. The majority of the participants (81%) landed in British Columbia; nineteen percent landed in other provinces then moved to British Columbia.

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th># of Participants N=16</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Afghanistan</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>2. Albania</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>3. El Salvador</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>4. Eritrea</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>5. Ethiopia</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>6. Guatemala</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>7. Iraq</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>8. Mexico</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>9. Philippines</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>10. Sudan</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>11. Vietnam</td>
<td>1</td>
<td>6%</td>
</tr>
</tbody>
</table>

The countries of origin of the participants spanned five different regions in the world: Middle East, Africa, Southeast Asia, Latin America, and Eastern Europe. The diversity in ethnicity was reflected in the women’s diverse worldview as illustrated in their rich narratives. Such a diverse sample contributed to the breadth and strength of the study.

3.2.5 Data Analysis

The stories shared by the refugee women were analyzed using two strategies of analysis: holistic and categorization (Lieblich, 1998). A holistic analysis provided a global view of each story in its entirety, framed in three parts:
beginning, middle and end. This strategy was helpful in understanding the overall experience of seeking help and in gaining some insights into the meanings the refugee women ascribed to their experiences. In addition, categorization was helpful in clustering the common themes that emerged in the focus groups and interviews. A coding system was developed to assist in the analysis of the data. Of particular interest were the influences of the contextual variables discussed in chapter two. Codes were assigned to each of these variables.

As mentioned in chapter 1, the following questions framed the narrative analysis: how do gender roles – as shaped by cultural practices, beliefs and tradition from the country of origin and emerging roles from the process of acculturation – influence the help seeking experiences of refugee women? What do these stories mean? How do refugee women construct their world? What meaning(s) do they ascribe to these experiences? How do they view themselves when they decide whether or not to seek help? Do they consider themselves as victims or passive recipients of services? Or do they view themselves as proactive social agents, making conscious decisions to seek help or not? What images do they ascribe to their help-seeking experiences? These are key questions that guided the analysis of the women's narratives.

As the concept of trauma was not explicitly articulated in the stories, I explored the women's experiences in terms of how the story was told. Was the story narrated in chronological order or was it episodic? Episodic refers to a story that was told not in chronological order but from the point of view of a significant
event or experience, such as abandonment, witnessing the death of a loved one, which is viewed as traumatic events (Riessman and Quinney, 2005; Josselson and Lieblich, 1993).

The emerging themes were also examined using the socialist feminist perspective on class. For example, the notion of state surveillance of people on welfare will be discussed in chapter four. Important questions asked were: How were the refugee women able to access certain services? Were the services free? Were the services delivered in their first language? If they chose not to seek help, what were their reasons? Were there barriers to seeking help? What were the barriers to seeking help?

More importantly, the women's ability to survive and in most cases overcome adversity was recognized using the concept of social agency; that is, women's experiences were viewed in terms of coping and acculturation skills. Social agency (Nicholson & Kay, 1999; Saleeby, 1992, cited in Bell, 2003) refers to the strengths of the subjects and their resistance to the label of "victim" or being viewed as passive recipients of services and programs (Ong, 2003).

3.3 Narrative Analysis

Riessman (2002) describes the narrative analysis as a "methodological approach [that] examines the informant's story and analyzes how it is put together, the linguistic and cultural resources it draws from, and how it persuades a listener of authenticity" (p. 218). Lieblich, et al (1998) propose two intersecting dimensions of the narrative analysis, form and content, which are further subdivided into four modes of analysis, namely, holistic-content, categorical-
content, holistic-form and categorical-form. As mentioned earlier, the stories of the refugee women were analyzed using two strategies of analysis: holistic and categorization (Lieblich, 1998). A holistic analysis gave a global view of each story as a whole, identifying the sequence of the story -- beginning, middle and end -- when applicable. The global impression views the form of the story, that is, how the story is told, chronological or episodic or logical whereas major or emerging themes are extricated from content or categories arising from the stories. The women's stories are also analyzed in terms of how the story is put together, identifying "linguistic and cultural resources it draws from, and how it persuades a listener of authenticity" (Riessman, 2002). This strategy is helpful in understanding the overall experience of seeking help and the meaning(s) the refugee women ascribe to their experiences. Both global impressions and major themes are described and discussed in chapter four on Help-Seeking Experiences and Patterns.

3.4 Ethical and Validity Issues

In this study, I emphasized the importance of women's "voices", their perspectives and their stories. By using a narrative approach, I was able to generate the data that provided insights into the research question, which is to examine the help-seeking experiences of refugee women and then extricate various strategies of acculturation, broadly defined to include resilience, resistance and reconstruction of roles. As well, I have gained insights into the interplay of the contextual variables of gender, class, culture and trauma in their decisions to seek help. As discussed in the analysis component, the participants'
diverse experiences were analyzed within the context of resilience, resistance, and reconstruction of identities, all of which inform the notion of social agency. Although I admit that the interpretation of the women's stories is mine, I hope that the representation of their "voices" is respectful.

As I ponder on the important questions of voice, representation, power, and attempt to make explicit ethical considerations, I do acknowledge that I am in a position of privilege and power, one that enables me to conduct a study on refugee women's experiences, listen to their stories and attempt to "give voice" to their experiences. The narrative approach is one of many ways to recognize the refugee women's courage and resilience in situations of adversity as this approach situates the women in the centre, giving them opportunities to "perform" their storied lives. They choose events that have meaning for them and they thread their stories according to their significance across time, spanning physical and emotional spaces. Such is the power of narratives.

During the interview process, I reflected on my role as researcher and my reactions to the women's stories. A difficult question that I grappled with was which part or sections of the story do I weave into the thesis? A corollary question was, who would benefit from my choice of what to include or exclude? As well, an ethical dilemma came up with the issue of "power" which arose from my position as project manager of the Stepping Up program. This dilemma was addressed earlier under the section on methodology where I addressed the issue of coercion due to my previous relationship with the past clients as project manager.

11 Stepping Up program is a bridging and pre-employment program for immigrant and refugee women who are survivors of abuse and receiving provincial welfare.
manager through a sampling strategy that gave the prospective participants a choice of participating or not. While the issue of coercion may have been resolved, the issue of "power" by virtue of my position was not addressed. My attempt to resolve this issue was to give the participants various opportunities to review the transcripts and suggest themes and categories that are meaningful for them. However, only some of the participants expressed interest in reviewing the transcript. The rest of the participants preferred to have a copy of the taped interview or hard copy of their transcript. To honour their request, I made copies of the taped interviews for all the participants and they were very grateful for this memento. I also acknowledged my position of "power" when I facilitated the focus group and conducted the interviews. I gave the participants opportunities to express their concerns about the power differential prior to the commencement of the focus groups or individual interviews. As well, Rist's (2003) article on the uses of research has been instructive. He proposes a reconsideration of the understanding of decision making in the policy process by exploring the policy cycle. He suggests that knowledge generated through qualitative research be linked to each phase of the policy cycle: formulation, implementation and accountability. As stated earlier in the introduction, one of the purposes of the research is to inform organizational policy and influence funding policy for programs and services for refugee women. Consequently, pertinent portions of this thesis will be incorporated in the funding proposal for the Stepping Up program in the Spring of 2008 where a section on outreach and expanding social supports in the community will be added to the program.
Moreover, I plan to send a copy of this thesis to other government Ministries such as the Ministry of Children and Family Development, Ministry of Attorney General, Ministry of Employment and Income Assistance, and the Ministry of Community and Women Services. In addition, I will submit a report version of this thesis to planners of the 2007 Mental Health Symposium in Vancouver as well as the Canadian Council for Refugees, all in the hope of promoting awareness on the help-seeking patterns of refugee women. I am aware that I cannot generalize the findings to the wider population of refugee women due to various limitations of the study. As well, I recognize the diversity even among those who belong to the same ethnic group. However, the richness of the stories gathered enables me to debunk some myths about the help-seeking patterns of refugee women in the Greater Vancouver area. The majority of the participants seek help from the immediate network of family, friends and religious leaders before seeking help from multicultural community agencies such as the Immigrant Services Society of BC (ISS) and MOSAIC, neighbourhood houses, and daycare centres. They actively seek for service providers who speak their first language.

In terms of validity, the richness of the refugee women's stories or personal narratives offers valuable insights that will inform program design and delivery for refugee women. Their stories not only reveal the "complexity and richness" of their experiences but more importantly, the refugee women's "agency", their strength and resilience (Powles, 2004). In this regard, Drover and Kerans' (1993) propositions are instructive as they suggest that claims or funding
for social services need to be made within the context of social action, based on the clients' lived experiences and perceptions of need. Drawing from this approach, past program participants can be given opportunities to participate in decision-making processes such as an advisory committee where they can give valuable input on program components and outcomes. For current program participants, various tasks can be integrated in the program that gives the women opportunities to develop and build their capacities such as need identification and a mastery of language for expressing their needs. In addition, the women can suggest possible solutions to meet their needs. If given the opportunity to identify their own needs and propose solutions, 'clients' become 'actors' or active participants, instead of being passive recipients of services. These ideas will be included in chapter six, on implications on policy, program design and delivery.
4 HELP-SEEKING EXPERIENCES AND PATTERNS

In chapter 1, under the section on personal interest, I articulated my rationale for exploring help-seeking experiences (HSE) of refugee women as the entry point of this thesis. The question that I posed was: why do refugee women seek help from institutional or formal helping organizations for certain needs such as training and employment programs at a later stage in their settlement and integration journey? The help seeking experiences of the participants of this thesis provided some clues or insights into refugee women’s ways of making sense or ascribing meaning to their experiences.

Since this thesis uses a narrative approach, I chose to present the findings in terms of a global or holistic view (Lieblich, 1998) in order to capture the plot of the story and the overriding theme(s). The types of narratives that follow illustrate the overall structure and development of the stories. This chapter culminates in a discussion of the common themes that emerged in both focus groups and individual interviews.

The findings of this thesis are divided into two major themes: a) help-seeking experiences and patterns, and b) images and metaphors of resilience, resistance and reconstruction of identities. This chapter discusses the help-seeking experiences and patterns of refugee women in the Greater Vancouver area. Chapter 5 describes and analyzes the metaphors and images articulated in the women’s narratives.
4.1 Findings of the Study

4.1.1 Global/Holistic View of HSE

While the help-seeking experiences of the women in the study were diverse and complex, patterns emerged as a result of the mapping out of their experiences according to the number of years they have been in Canada at the time of a particular experience. Thus, women's experiences were divided into four clusters: 0–1, 1-3, 3-6, over 6 years. As mentioned in chapter 1, these clusters cover only the post migration experiences of the women in Canada, and in particular, the Greater Vancouver area in British Columbia.

4.1.1.1 0 to 1 Year

The initial help-seeking experiences of all the participants of the study revolved around institutional or formal services such as the Citizenship and Immigration local offices and an immigrant-serving agency [Immigrant Services Society of BC (ISS)] that provided short-term housing and resettlement services at the Welcome House. Three of the sixteen participants landed outside of British Columbia (BC) but they did not use the services of immigrant-serving agencies as they had relatives who provided housing for them. However, they received financial assistance from the Citizenship and Immigration office for one year. One woman landed in BC but stayed in rental housing, which was prepared for her and her family by her brother-in-law.

During this period, over 63% (see table 3) of the women obtained information about English classes, formerly known as the Language Instruction for New Comers (LINC), and currently referred to as, English Language Services.
for Adults (ELSA), from the ISS Welcome House. For these women, the ESL journey began early. Six of the remaining seven women explored language upgrading and/or grade 12 equivalent courses at the school board in their area. Finally, one participant stayed home with her children but she was able to function in English as she studied English in her country of origin.

Of significant importance is the pattern that emerged from the women’s narratives, that while they were seeking or receiving help from the Immigration office and Welcome House, they also actively sought help from their informal networks in the community, usually from extended family, friends and people from the same ethnic group. One participant indicated that, “I talked to any African people I see on the street and I ask them where to buy African food”. Another participant went to churches to find Spanish-speaking people with whom to socialize and ask about places to go with her children. A single mother who moved to BC because her children were always sick as a result of freezing temperatures, contacted a friend of her sister’s to find housing then sought the help of welfare assistance. These are but a few of the examples that suggest women sought help from their informal social networks at the same time as they sought the help from institutional and social service organizations.

The following table is a summary of the help-seeking experiences of the refugee women who participated in the study. It is divided into three groups: 1) informal networks which included family, friends and ethnic community; 2) community networks including neighbourhood houses, community centres and immigrant-serving agencies; 3) formal institutional networks such as Citizenship
& Immigration Centre, HRDC (now Service Canada), Ministry of Human Resources and places of worship. The numbers in each row indicate the number of participants who sought the help of the person(s) and/or agency.

Table 4.1
Help-Seeking Experiences of Refugee Women in the Greater Vancouver Area

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<tr>
<th></th>
<th>N=16</th>
<th>*FG #1</th>
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<td>1</td>
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<td>9</td>
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<td>56</td>
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</tr>
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<td>1</td>
<td>10</td>
<td></td>
<td>63</td>
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<tr>
<td>Volunteer Centre/ Services</td>
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<td>4</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>11</td>
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<td>69</td>
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</tbody>
</table>

*FG – Focus Group  **P – Participant  *** CIC - Citizenship & Immigration Centre  **** HRDC – Human Resources & Development Canada (now Service Canada)
4.1.1.2 1-3 Years

Past the one year period, fifteen of the participants [14 were government-assisted refugees (GARs) and 1 was a refugee claimant who obtained refugee status in Canada] moved from federal to provincial social assistance (welfare). One GAR woman was not eligible for welfare because her child support payments and child tax benefit combined exceeded the ceiling set by the Ministry of Social Services. While on federal or later provincial assistance, the women continued to seek help from informal social networks. Ten of the sixteen participants (63%) relied on their family for various settlement needs such as housing, information about jobs, health care, school for the children and ESL for themselves, banking, transportation needs, among others, as well as emotional support. Sixty-nine percent (69%) of the participants turned to their friends for help with settlement needs and emotional support. Fifty-six percent (56%) sought and received help for basic necessities such as housing, food, clothing and information about schools and medical services from religious institutions including churches of various denominations, mosques and temples. Three women were co-sponsored by Christian churches that assisted them with housing and other basic needs such as food and clothing, as well as finding ESL classes for the women and schools for the children. Most of the women (69%) reached out to their ethnic communities for social activities and special celebrations that made them feel “at home” in Canada.

Eleven of the women (69%) volunteered in various community agencies to improve their English language skills, meet other people, explore job
opportunities, and to give back to the community. Volunteer work included interpretation for newcomers, and assisting with recreational activities in a facility for seniors, daycare program for ESL classes, activities for school age children and programs in a penitentiary facility.

Four women received help and support from the primary schools that their children attended such as subsidized bus service, after school care, food, clothing, and school supplies. According to the women, although they did not ask for help from the children’s school, subsidized services were offered and donations were collected for the children by school principal and teachers.

4.1.1.3 3 - 6 Years

During this period, 38% of the women sought training and job-finding club programs in immigrant-serving agencies, 94% registered in ESL/EAL classes, language upgrading, courses for grade 12 equivalency and post-secondary education in order to pursue independence from provincial assistance or welfare. This process involved negotiations with government agencies such as the Ministry of Social Services (generic name as the name changed many times over the last ten years), and Human Resources Development Canada (HRDC; now Service Canada) for financial assistance. Some experiences were not helpful, as one participant who came with her husband and her two young children indicated,

[It] was such a bad experience..., it was bordering on rude. Maybe it wasn’t directly cold and rejecting... To this day I don’t know how those people [can get] employment there. They have no people skills. They have no tolerance of any kind... In this kind of lower mainland, they have to be aware that... this is [a] multicultural place. [They] have no tolerance at all
for your language barriers... So HRDC [was] very, very bad... Immigration is, in my opinion, is better but still there is an invisible wall...

Focus Group Participant

When asked what she meant by an “invisible wall”, she replied that discrimination was subtle. She felt that refugees were treated differently from independent and economic class immigrants who got their landed status prior to their migration to Canada. Until she obtained her landed status, she had to apply for a work permit and student permit.

Another participant who came to Canada as a single young adult with her parents and her brother described her experience with the British Columbia Welfare system

I don’t want to talk about hard times but ... it comes to you, with the welfare office. I think that all the stress I got from there. It’s not only me but my family as well. So every time anything happens, any letter comes... you’re going through [a] nightmare. And really a nightmare! So from there you have to go and see a doctor and that’s when I realized that we really need a family doctor. Like I was thinking at the beginning we don’t need one. So why do we need a family doctor? Just to talk to somebody, you know, what I’m going through. I can’t sleep and I’m thinking about this. It’s nothing that I’m able to do and I’m not doing. It’s out of my hands, like what they want... go and find work, no matter what, anything. Of course I understand [that] every work, honest work is work that I value. But some understanding would be... really human, to give a chance to someone to make some contact and to learn... [about] the system... I got really stressed out and depressed.

Focus Group Participant

The above quote is a compelling narrative of frustration, confusion and a plea for understanding and better treatment by workers in a helping institution. She was referred to various programs including language upgrading and job clubs and
was pressured to find paid employment. Her volunteer work in an immigrant-serving agency which eventually led to a paid job was not recognized as valuable contribution to the bigger community.

Both quotes suggest that the women encountered systemic barriers as exemplified by an "invisible wall" in the Immigration office and the "nightmare" in dealing with welfare workers. These two governmental helping institutions showed a lack of understanding of the issues and challenges that refugee women face in their settlement journey; hence, the plea for "some understanding... [and] a chance to learn [about] the system" and respectful treatment as human beings.

4.1.1.4 Over 6 Years

One participant who became a single mother with two children navigated the school system and completed a university degree. She found that despite her degree she continues to struggle with employment and wove in and out of federal and provincial assistance in order to support her two children. Most of the participants (81%) were working outside the home at the time of the focus groups or interviews, two were receiving short-term (Persons with Persistent Multiple Barriers - PPMB) and long-term disability benefits (Persons with Disability - PWD) respectively, and one who was not eligible for welfare was living on child support payments and child tax benefit.

Of the 13 employed participants, four were employed as service providers with immigrant-serving agencies. As one of them described,

The work that we do, helping other immigrants and refugees is very important but we don't get good pay. We don't mind because we are
helping those in need, especially newcomers. We don’t want them to experience what we experienced. But we also need recognition for our work and [a] bit more money because we are only surviving, not living, even if we have been in this country for a long time.

Quote from a participant

Although the majority of the women were working in the public sphere, the type of jobs that they did can be characterized as an extension of their caring roles performed in the private sphere (Bui, 2003; Waxler-Morrison, et al, 1993; Burstyn, 1985). For example, caring for residents in senior facilities, managing a family daycare, housekeeping in a hotel, care facility or hospital, preparing food and dishwashing, providing support, and counselling to new immigrants and refugees, and coordinating and training peer support groups in immigrant-serving agencies can all be viewed as “caring” roles stereotypically attributed to women. Of the 13 women who were in the workforce, twelve were doing caring roles in the public sphere in addition to their caring roles at home. Feminists describe this situation as “double burden”, “double day” or “double bind” (Jamieson, 1995; Luxton and Reiter, 1997) where women not only work in the public sphere (a sphere ideologically or culturally reserved for men) for a wage but also carry the additional burden of performing most of the unpaid work in the private sphere. It appears that women are performing traditionally defined “feminine” caring roles in both the private and public spheres. In some cases, women may have to neglect or relegate caring job to another woman in order to provide caring in the public sphere for a wage. The following quote illustrates this.

[Since] I start to go to work [as a Care Aide], I have hard time because… when [I] go to work, [I am] not totally in full-time… [I] have to go like a part-time or regular for the meantime… Sometimes they call me at night time
and I just give everywhere my daughter... [I'm] really frustrated because... I have to pay [for] a babysitter.

Quote from a participant

The question then is: to what extent is this “double burden” the result of the systemic relegation of women to traditional roles? Do government and non-profit agencies push women towards these types of jobs? Or is it a case of the women being limited by their historical (pre-migration) roles as caregivers? Or is it a combination of both? As well, the inherent systemic racism and the reality of the capitalist global division of labour, which dictates that people from so-called developing or under-developed countries constitute a cheap source of labour and tend to be relegated to performing the least “desirable”, less prestigious, “inferior” jobs, many of which are considered “women’s work”. To what extent does this, which is part of the pre-migration experiences, come into play? Some of the narratives may give some insights into these questions.

The “double burden” that women experienced, in particular the four women who became service providers, also included volunteer work (unpaid) in the community, building alliances with like-minded individuals to effect a stronger voice in protesting cuts to social services. The two women who were on disability benefits and the woman who was relying on supports from her ex-husband and child tax benefits were also volunteering in their children’s school, and community agencies. The notion of volunteer work suggests the exercise of social agency, where women are making conscious decisions to participate in community activities that benefit immigrant and refugee families in general. A change in worldview or way of thinking that casts women’s roles beyond
traditional ones may also indicate social agency. The following quote gives insights into a participant's view of the "world", one who has begun to reconstruct her identity as a woman in Canada.

[Women] can do many, any kind of job, especially in my situation [being a single mother], you can't feed your children. Somebody say[s], go for construction, no problem... [She] can earn enough money that she can pay [her] children's school, rent, [buy food]... [Working] in a store is nice... for people who have somebody to pay an apartment for them or like a few girls living together, but the salary is not enough if you [have] only one salary. But if you educate [a] woman... [to be a painter] painting houses or bus drivers... something that [doesn't] require high level [of language] ... she can make money to live on [her] own...

Quote from a participant

This participant is a Care Aide and is planning to pursue nursing in order to have better income. However, she realizes that a profession in trades, which has been predominantly male, would benefit women financially as the wage can be triple or four times the British Columbia minimum wage ($8.00 per hour)\textsuperscript{12}. Although she doesn't seem to see herself in trades as her long-term goal is to be a nurse, a profession that is predominantly female, she recommends education and training for women in trades.

It is important to note that the women's help-seeking experiences overlapped the neat clusters: 0 to 1 year, 1 to 3 years, over 3 to 6 years, and over 6 years. As they found information, they explored and negotiated for access to various services and programs as well as gave back to the larger community through their volunteer work, going beyond the clusters. For example, the woman who navigated provincial welfare and employment insurance (federal)

\textsuperscript{12} Fact Sheet on Minimum Wage, Ministry of Labour, retrieved April 5, 2007 from http://www.labour.gov.bc.ca
transcended the clusters. She demonstrated her agency in terms of exercising her rights as a contributor and a citizen entitled to support in times of need.

The diagram below summarizes the help-seeking patterns and themes that emerged in the study and illustrates the connections between the key areas of help-seeking.

Diagram 4.1: HSE Patterns

4.1.2 Types of Narrative

Of the 16 participants, 13 women (81%) told their stories in a chronological manner. They narrated their stories from the time of their arrival (beginning) in Canada, according to the clustered years, and then they remembered significant events within the next cluster of years (middle of the story), ending their narrative in the hope for a better future for themselves and above all, for their children. The structure and development of the narratives seem to indicate a settlement and integration journey in Canada where they
seem to indicate a settlement and integration journey in Canada where they described how the significant events impacted their lives and how these events subsequently shaped their situations at various stages of their journey. Although they alluded to pre-migration experiences that were significant, they did not focus on “past pain”; instead they described how they overcame the challenges of the past, which in some ways influenced their choice of employment or volunteer work. This is especially true for those who had lived in Canada for over ten years and had subsequently become service providers themselves. The following quotes encapsulate examples of chronological narratives,

*Initial Stage: Settlement*

When I came to Canada, I lived at the Welcome House… and a friend of mine came and he helped and introduced me to his wife and I met a lot of Ethiopians and my problem was finding affordable housing or a room… We’re supposed to live in Welcome House for two weeks, but as a single person without income it was very difficult to find a room. So friends of mine, they helped me to find a room and we became good friends. So we were supporting each other… They came earlier than me so they were giving me information [on] how to find employment, how to live in Canada, …[but] they [didn’t] know much about service providers. They didn’t use… agencies… to find housing or employment. They found employment on their own so they were giving me those clues.

Quote from a participant

*Second Stage: Beginning to Navigate Helping Systems*

After I finished my ESL program, I went [to the] Stepping Up Program. When I started [this] program… the door was open for me… [W]hen I finished the Stepping Up program, [I took] the Resident Care Aid program at Immigrant Services Society. [N]ow I work at Everett House, [a senior care facility]… I went to Dania Home because I [did volunteer] work there and I gave my resume [to] the supervisor… They didn’t call me… I called and I asked them. They said that, “we don’t need anybody for three months.” I will go tomorrow to Royal Columbian Hospital because I [did volunteer] work there for one and a half years, in the maternity ward.
**Third Stage: Flirting with Integration**

I run my own daycare since I left ISS. [It] was not easy because I only started with one child. I get $404 monthly. And I have to pay my bill. It’s not easy... I went to ask welfare to help me with more money to pay my bills... They [asked] me to take receipt from [the] bank for everything... They didn’t help me. One day I speak to the mother of the child... I said, “you left your son from 8 am to 6 pm, 10 hours and the money is only $404. It’s no good benefit for me. You have to pay $200 more because it’s not enough.” And so she did... I get two after school children... they paid $200 [each]. And another child came sometimes; they pay $4 for an hour... And then I left welfare. I feel happy because I help [other] women who need to work... I know everybody needs help.

The above sequence suggests a complex and dynamic process that forms the backdrop of interactions between refugee women, ethnic communities, helping institutions and community agencies. The interactions are “translated” into negotiations to address various needs such as housing, language classes, training for jobs and employment, among other others. The strategies to seek or not seek help seem to change over time, depending on various factors including financial independence (paid employment) and a sense of “belonging”. The key question is: Where is “home”? If Canada is viewed as “home”, then the notions of rights, entitlements, participation and responsibilities are embraced, which may be viewed as indicators of integration (Israelite, et al, 1999).

The stories of the remaining three women unfolded in an episodic manner. One story revolved around two events: the allegation of child abuse and neglect which prompted an investigation by the Ministry for Children Family and
Development (MCFD) and the trauma of losing her parents and siblings during the war. In the first part of her story, she spoke extensively about the various stresses of her life: doing shift work in a hotel as a room attendant, not earning enough money for basic needs, caring for her two sons on her own and inaccessible childcare for her children especially in the evenings and weekends. When someone reported her to MCFD, a social worker and a police officer came to see her regularly, resulting in her frequent absence from work. Her body internalized the stress and she became physically ill. So her employer laid her off. She went back on welfare and stayed home with her children. Her son was not apprehended by the social worker but she was required to attend parenting courses. She became more involved in the daycare of her younger son as he was showing behavioural problems.

Well, my first year in Canada, I’m a student right now. I’m in school... to continue to learn more. Before I get to Stepping Up in ISS and I get a resume and I try to work before in a hotel... Right now, I’m not working and I go back to school to get more information. Maybe I will get it, a little life after, when I finish this school.

Right now, I keep working with the Ministry and the Ministry get involved with me and I have a social worker from financial [welfare office] and I have a social worker from Ministry for Children and Family and I have my family doctor, we solve problem together. So when I have a problem,... my family doctor working with me... [M]y son [has a] problem... and I’m sick of hard work in a hotel and the family doctor [wrote] a letter to [help] me [get] support... Right now, I think I know where I am going and everything is fine. I know where I get support.

Quote from a participant

While going through this transitional phase, she was suffering in silence for her profound losses, particularly the loss of her extended family. She wonders if they were still alive, and if so, where could they possibly be? They fled Sudan on foot
and got separated in the process of crossing bordering countries. She called this memory a constant "pain in her heart", a metaphor that will be discussed in chapter 5. Her way of making sense of the events in her life was to relate her story in a manner that weaves past and present in one continuous whole, as if time had not been interrupted.

You know, Canada is good, safe. I have my home right now. And I have my support. My kid[s] get support; they go to school. That is the way, the life need[ed]. But for me, [I'm] upset, I lost my family. [It's been] twelve years... I don't know where they are... Some people tell me they are in____ but [they] didn't talk clear. Later when they tell me "oh this person is dead, this person is dead." You know, this is bad news. It's better if I'm talking with one person and I will know that they are alive! So I keep [looking] at life, people run away a long time ago from the war. Some people find their own people, you know. And I didn't get it. I didn't get information very well.

Quote from a participant

In the foregoing quote, she laments the loss of her connection to her nuclear and extended family that may be scattered all over the world or languishing in refugee camps or countries of asylum. This uncertainty seeps into her daily interactions with people from her community and service providers. As a result of this discontinuity in her life, she views herself as "incomplete". Although she expressed in the earlier quote her wish for "a little life after" a training program, this appears to be more of a wish for financial independence and the ability to provide for her children. She articulated her situation at the time of the interview as, "I think I know where I am going and everything is fine", an expression that points to the support that she and her children receives from the Ministry for Children and Family and the daycare.
Another participant's story revolved around the trauma of an accident that rendered her oldest daughter with developmental issues. She began her narrative with her arrival in Saskatoon, describing the harsh weather and the adverse effect on her children's health.

[The] first year, I went to this job. After that my kids get cold... In Saskatoon, it's so cold. Snow. All the time, my kids [have], eh, asthma... ten days at home. "Oh," I said, "this doesn't work..." [My] family friend, he's from Egypt, he said, "Your kids [don't] belong here because it's so cold." I said, "In Canada, all, eh cold! Where is it, no place, where..." He said, just Vancouver but has allergy." I said, “Summer, pollen.” But he says, “It's good, better than the cold... you can't fix the cold.” And I said, “Okay, I'm looking for a warm place... I found Vancouver!”

Then her story focused on the turbulent relationship with her oldest daughter who suffered a brain injury from a car accident, an event that rocked the family's already precarious situation. Prior to the accident the participant had left an abusive relationship and was trying to get on her feet as a single mother. The adverse effects of the accident added layers of physical and emotional suffering for the mother and her oldest daughter; the daughter had the functioning of a younger child when she woke up from a coma. She manifested behaviours that were developmentally delayed and she had tantrums, which strained her relationship with her mother and her siblings. In consultation with the mother, the school counsellor who noticed the drastic change in the daughter's behaviours, referred her to a psychiatrist for an assessment. The tension in the house ended with the involvement of a social worker from the Ministry for Children and Family and the placement of the daughter in foster care. The rest of the narrative centered on the tumultuous relationship between mother and daughter, the foster parents and a therapist.
[My daughter] came back to this house [from the hospital]. [S]he needs to go out like late time... Oh, my God, I get more, more tired. I'm worrying all the time. And I'm scared. She woke up and [went] outside. She just wanna go out and go anywhere. Just go, like late time, until after 12. Eleven o'clock. Twelve o'clock... One time, she's [turned] on the music like, one o'clock. Loud... and the manager [came and said that] people are sleeping. I told [my daughter] to keep her voice down 'cause people are sleeping. She said, "I don't care" twice. And I did like her hand... (showing action), I said, "You don't care, I care. Because police is now coming... I just turned it off... She's crying. She said, "Oh, you killed me. You did that." In the morning she went with her dad. She told her dad, "She's killed me. She hates me. She did that." And her dad, he hates me. He took [my daughter] to the... Ministry for Children and a [social worker] came to my home.

This narrative culminated in the apprehension of her daughter and placement in foster care, which "traumatized" her further. The trauma of the accident and the apprehension of her daughter were manifested by her fainting episodes, her refusal to leave the house, and sleeping long hours. Her doctor prescribed anti-depressant and anti-anxiety pills. The plot in this narrative circles around the car accident, the apprehension and foster care. Her help-seeking strategies primarily revolved around financial help from welfare because she felt unwell and unfit to find a job which she obtained at reduced rate as one of her daughters (she has two daughters and one son) was in foster care. The support she received from the Ministry for Children and Family was a result of the apprehension. While seeking help from institutional agencies, she also actively sought help from her sister, friends and her ethnic community.

The third story was narrated both chronologically and episodically, with the overriding issue being intimate partner violence. In this story, the participant was overwhelmed by her role as a single mother caring for and fighting for sole custody of her children. Her story unfolded with layers of "suffering": the threat of
eviction from subsidized housing because of non-payment of rent, the inability to provide basic needs of her children as her ex-husband was not paying the full amount of child support; welfare’s refusal to provide income assistance because her ex-husband had two jobs and had agreed to pay child support (the combined child support amount and child tax benefit exceeded welfare eligibility ceiling); court appearances for custody and assault and lack of daycare support for the children. She was at a loss to find the appropriate description of her situation in English. When encouraged to use an Arabic expression, she used a word, which sounded like “Maknuria” or “Maknuis”, meaning overwhelmed or too many things happening at the same time.

[My ex-husband] is working two jobs but now, two months ago, he just gave me half the money. He [doesn’t] want to give me all the money... I talked to my lawyer. And then my lawyer goes to his lawyer. And then my lawyer applied to Family Maintenance. But now, the Family Maintenance is gonna take, they say, they gonna take it from him. But up to now, one month now, I didn’t receive money. Last... July, I didn’t receive any money from him. Up to now, I didn’t pay my rent. I’m just waiting [for] them... They give me notice here. But they asked me why I did not pay my rent. Then my friend came here to [help] me. Nora, she’s Canadian. She [wrote] a letter [for me], and then I give it to them. Then they say, Okay", we can wait until Family Maintenance take money from your husband. And then they gonna put it in my account...

When she asked for help from the welfare office, she was refused assistance on grounds her husband was supposed to pay her $1200 a month because he was working two full-time jobs. She was then forced to rely on the generosity and kindness of people at the Catholic Church and school where she volunteered, doing various tasks and where her two children studied with subsidized fees.

The women’s narratives speak of traumatization as a result of war and institutional surveillance (a theme that will be discussed in subsequent sections).
in systemic inequity (social oppression) and exclusionary practices that impact the health and well-being of marginalized and racialized people such as refugee women (Dossa, 2004).

The stories that the women wove – narrated chronologically, episodically or both – were divided into three stages: a **Initial Stage of Settlement**, that is the time of landing in Canada, accompanied by a sense of freedom; a **Second Stage: Beginning to Navigate Helping Systems** or the struggles to survive and adapt to a new culture, a new way of doing things, among others; and a **Third Stage: Flirting with Integration** which points to a 'new beginning' as it articulates hope for a better life for their children, and a dream of becoming full participants in Canadian society.

The next section describes some of the major themes that emerged in the focus groups and individual interviews, which contextualized the help-seeking experiences of the women.

### 4.1.3 Major Themes in Focus Group and Individual Interviews

There are five major themes that emerged in the narratives on help-seeking experiences: 1) finding courage to seek and establish support networks, 2) feeling isolated and lost, 3) being suspicious of institutional and police surveillance, 4) engaging in volunteer work, and 5) being thankful for bridging and training programs.
4.1.3.1 Finding Courage to Seek and Establish Support Networks

Seven of the sixteen women had no family or friends when they came to Canada. They described their first two years as starting from "zero, nothing" and taking on the challenge of rebuilding their lives in a new country. The three who were co-sponsored by the church and the Federal government relied heavily on members of the church for both basic needs and emotional support. Another layer of support was sought from ethnic communities, that is, people who spoke the same language and came to Canada earlier. Notably, although some of these families were on social assistance themselves and struggling to survive, they reached out to the newcomers. One example is a woman who was abandoned by her boyfriend when she was pregnant.

When the child is born... this time he [boyfriend] didn't pay the rent and I live for two months, no pay. When I was in the hospital, who cares about me? Just Sudanese people call him because they know me... [T]hey find [him]. "Please, you have a child in the hospital, go to pick up your wife." [H]e didn't care... [T]he family doctor save me in the hospital for three days... because the hospital people [kept] looking for somebody... to help [me]. They [found] Sudanese people and they call, and they [found] somebody to take me home.

This is a compelling story that tugs at the interviewer's heart. She found the courage to disclose her predicament to the "hospital people" resulting in obtaining help from her ethnic community. Members of her community visited her at the hospital, took care of her older son, helped her find a place to stay and drove her and her baby home from the hospital. Subsequently, the help and kindness that she received from strangers and her own people (Sudanese) gave her more courage to disclose her story of abandonment, and abuse to the police.
who then took her to a transition house. She expressed gratitude for the kindness of strangers and the generosity of her small community. Much later, she decided to volunteer in her son's daycare. This story of courage is not unique to this participant as other women who participated in this thesis also described acts of courage in seeking help and establishing support networks from informal networks such as friends, people in their ethnic community and places of worship.

4.1.3.2 Feeling Isolated and Lost

In their initial years, especially the first year in Canada, all women described their "hard life". Their primary concern was learning English, a major issue for ten of the women who had no exposure to English in their country of origin and felt compelled to learn English in Canada in order to survive. Not speaking the language limited their access to resources in the wider community. Their earlier help-seeking experiences revolved around informal networks of friends and gatherings in their ethnic communities and places of worship. For the next level of help-seeking, they relied on programs and services provided by community workers in their first language (language spoken in country of origin). One participant mentioned the name of a Settlement Counsellor who had helped her and her five kids with various settlement needs such as housing, school for her children, English classes for herself, and community resources, among others. She relied heavily on his interpretation services for her basic needs during her early years in Vancouver and remained grateful for his help to this day.
In my first year, when I came to Canada, it was very, very hard for me. A single mom with five kids. I don't know English. I have never learned English in my country. Arabic was international language in my country... I have to start from zero. [T]he good thing, I met [an] Ethiopian guy at Welcome House... he had been in my country for ten years. He helped me call the houses and one lady, she accepted me. They gave me address in English, I can't read... So [the Settlement Counsellor] had to call one of our Sudanese men, get me there and he filled all the forms and he paid the bill. Going to school [to study English]... was [also] hard. Coming home, back with the kids, it was very hard, especially if I want to go shopping [there is no one to take care of my children].

The above description speaks of feelings of isolation, not having the support of extended family and friends that she used to rely on and feeling lost because of language problems.

Another participant described her situation during her first year as driven by fear: fear of interaction with English-speaking Canadians, fear of being misunderstood and fear of being alone at home. She thought that she would “die faster” if she continued to stay at home alone.

The first years [were] very hard. I remember staying just home. I was scared of going out. Yeah, because, oh, my God, I say, “how I gonna speak, what I gonna say?” I survived but it was, what I say, “Oh, my God, I wanted to die in this country more faster than I thought, “because if I don’t go out, and I keep in here, so how I gonna live?”

Here is another description of isolation because of the absence of extended family or friends and fear of exploring her surroundings or having interactions with neighbours or strangers because of her inability to speak English in her early settlement year.

One participant who was abandoned by her ex-husband after a brief marriage, turned to alcohol and smoking. She also stopped talking. Her nights were filled with fits of crying. She even thought of killing herself.
In 2001, I went to Vancouver Community College... Nine months I learned English, the writing or speaking... And after that my husband left [me]. We [separated]. After he left, I don't have any landed immigrant, only refugee... After that, [I became] crazy. Really that time [was] very hard for me. I don't have friends, I don't have [anything]. [I sold all] my stuff... drinking, smoking... I want[ed] to kill myself.

Being alone and not connected to an informal network of support, she minimally coped by turning to “drinking, smoking”. By seeking help from welfare, she was referred to a community organization, MOSAIC to attend a training program. When she did not attend the program, her welfare worker withheld her income assistance cheque. It was only when she went back to MOSAIC to sign a paper that her worker gave her cheque. Her experience suggests that some helping organizations are not necessarily helpful in breaking the isolation that refugee women face in their settlement journey.

The above quote seems to describe symptoms of post traumatic stress and depression. However, due to the context of the disclosure, which was done within a focus group discussion with limited time, probing and further questions to assess mental health issues was not possible.13

4.1.3.3 Being Suspicious of Institutional and Police Surveillance

All participants of the focus groups and individual interviews had negative feelings towards “welfare workers” (currently known as Employment Assistance Workers-EAW), the perceived ‘gatekeepers’ of the Ministry of Employment and Income Assistance (MEIA, the latest name of Ministry of Social Services). In the first focus group, an animated discussion ensued on women who had separated

13This is one of the limitations of the study, which may be explored in future research.
from their husbands and were subjected to police and welfare surveillance. One participant related her experience in witnessing a neighbour being checked by the welfare on suspicion that her husband may be living with her. Another woman told her own story of being doubted by welfare when she explained that her husband had been sent to jail for abusing her. She aptly described the welfare surveillance\(^{14}\), "Sometimes, they send the police, like uh, ... they expected to find [my husband] suddenly there... [but] he was in jail... They made me feel so sick, like, uh, I was always lying." Another participant agreed, saying that "they do that to all women who separated. Anytime, they will send people to check our house." A participant brought laughter to the group when she questioned why the police did not go after criminals, instead of checking on a woman to determine if her husband had moved back to her place in the middle of the night. Most of the women in the group agreed that this institutional surveillance prevents some women from seeking help, particularly in cases of abuse or violence against women.

Despite the negative impression of BC welfare workers, all the women expressed gratitude for government assistance such as welfare or income assistance. However, they all agreed that the support that welfare provided was inadequate, "the money was not enough to pay the rent." Moreover, as one participant quipped, "You missed signing paper, you don’t have money."

\(^{14}\) Surveillance: In Discipline and Punish: The Birth of the Prison, Foucault (1977) uses the metaphor of a "panopticon" (pan=all, opticon=seeing), Jeremy Bentham’s 19th century prison, a perfect prison that has a central tower in the middle with a person who keeps constant watch without being seen; hence, the belief that all activities in prison cells are closely monitored.
In the second focus group, one participant described her experience with the welfare office as a "nightmare". She had to see a family doctor because she was very depressed, and seemed to be unable to do things that she normally could have; she lacked energy and was unable to sleep, thinking of the pressures from welfare to find work quickly and feeling helpless and misunderstood. According to this participant, welfare workers "bring you down, like, you know, someone's killing you and that's it". Another participant described her frustration and shame when dealing with welfare workers, "Every time I used the services, I felt really frustrated, ashamed sometimes, they make you feel like you're begging." Someone else echoed her lament: "service should be something that [anybody] who is in need [would] be able to fall back on... But it's totally the other way around, ... it even drags you further down..."

The images that the women described: 'nightmare' or having a horrible dream, "bring you down", "killing you" and "drags you further down", suggest systemic traumatization or re-traumatization of refugee women. Although this research did not explore trauma in pre-migration experiences, some of the women alluded to the horrible experiences they had, witnessing atrocities resulting in the death of loved ones as they fled their homeland or being the target of persecution themselves because of political or religious beliefs. Others continued to experience trauma in refugee camps. The perception of systemic traumatization or re-traumatization triggers negative and painful memories of past trauma. Some studies (Dossa, 2004; Kleinman, Das and Lock, 1997) reveal that
Social suffering... brings into a single space an assemblage of human problems that have their origins and consequence in the devastating injuries that social force can inflict on human experience... [It] results from what political, economic, and institutional power does to people and reciprocally, from how these forms of power themselves influence responses to social problems [such as war, famine, depression, disease, and torture] (Kleinman, Das and Lock, 1997, p. ix).

The women's narratives are peppered with social suffering as indicated in the various quotes and previous discussions on types of narrative. The concepts of systemic traumatization and social suffering are helpful in analyzing the impact of institutional surveillance and instruments of social control as they do not establish a simplistic connection to the previous trauma suffered and the women's internal processes; instead they focus on the context of traumatization. The question then is: how does systemic traumatization embodied in discriminatory polices and practices or social suffering impact on the help-seeking experiences of refugee women? The following quote provides a window into a refugee woman's experience of systemic discrimination and traumatization.

When I came, it was different... we were asked to sell our gold [by] the Welfare workers. [They would say], "this is gold, why don't you sell it." And I remember this woman, she was told to sell her gold 'cause she had jewelry here. And, uh, the humiliation was tooo much! Whenever there is an important call... they would ask you to come and talk about it... They used to send letters, [asking us to] pick up [our] cheque... [When we] pick up the cheque... the way they call you, it's like [we chose] to be on welfare.

This quote exemplifies institutional surveillance where workers pressure refugee women to sell personal possessions before providing financial assistance to them, intruding into their private lives and policing ownership of personal property or anything of value. Such practice hinder the help-seeking strategies of refugee
women as they feel humiliated and undeserving of help from an institutional agency, one that is set up by legislation to assist people in need of financial assistance during their period of settlement in a host country. The implications on social practice will be discussed in the subsequent section on Discussion.

4.1.3.4 Engaging in Volunteer Work

As mentioned earlier in the Findings section, over 1-3 years cluster, 69% or 11 of the 16 participants did volunteer work in various agencies in the larger community for various reasons. Volunteer work included helping newcomers with interpretation, assisting with daycare programs attached to the English classes (LINC, now ELSA), peer support groups for women, school-age programs in primary schools, and helping in a maternity ward in a hospital. A participant described her experience as follows:

While I was not working, I used to go to ISS and they used to call me to help people who speak Tigrinia, Amharic, and Arabic. [I did] interpretation, especially when there is child apprehension and when newcomers come. I used to take them home... and share with them my experience, how to find employment and if there is no employment, I used to encourage them to go to school.

Another participant who enjoyed working with young children volunteered with Pacific Immigrant Resources Society in the daycare program, which supported the English classes for immigrant and refugee women.

I volunteered in the morning... in [the] childcare [for] almost three years. I started my [volunteer] experience [by] helping the children wash their hands, taking the children to the bathroom, and preparing snacks, peeling and cutting fruits. I was on welfare. I volunteer in the morning and I study English in the afternoon. I also volunteered at St. Vincent Hospital with seniors... I give some food to the seniors. I make tea and coffee for everybody. I comb their hair, put make up... sometimes, I play volleyball with balloon. It's very nice.
This participant eventually took some training in setting up and managing a family daycare. She has subsequently started her own family daycare and expressed her happiness and satisfaction in her work as she was off welfare and is now able to help other immigrant and refugee women go to work by caring for their young children.

The number of women, 69%, who volunteer in various community organizations and places of worship, is remarkable as it shows that refugee women are not passive recipients of programs and services. What this also indicates is that help-seeking as an entry point of this thesis may not capture a more dynamic process that refugee women engage in. Perhaps, the term social interaction better reflects refugee women's experiences in the various stages of settlement and integration. The women's experiences of seeking help and concurrent engagement in volunteer work which puts them in a position of unpaid service provider, reveal a two-way process where they give and receive services.

4.1.3.5 Being Thankful for Bridging and Training Programs

Eight of the 16 participants were graduates of a Bridging Program called Stepping Up, run by Immigrant Services Society. Though the questions were expressed in broad terms, that is, recounting help-seeking experiences, all eight women expressed gratitude for the Stepping Up Program as it contributed to a significant change in their lives. As a participant who is a single mother with two children indicated, “the Stepping Program help[ed] me a lot with English and [in]
looking for a job and for everything.” Another single mother with three children expressed her gratitude to the program.

When I start[ed with] the Stepping Up program... the dooooor was open for me. After that I knew what I should do and what I can do. [The program] showed me the way... that I should [take] the Resident Care Attendant program [after the Stepping Up] because it's close to my job [before]... I can find some job then... follow my education after that... then I can take care of my children's needs.

As illustrated by the two women in the above quotes, they claimed that they were able to explore opportunities that led to paid employment and further access to community resources that benefited not only them but more importantly, their children. As well, the program helped them arrive at a crossroad where they could see choices and possibilities. They spoke of “new life”, being “proud” of what they had accomplished, being “strong and confident”, being able to “walk straight” and being “happy”. These are images that reflect positive results from a difficult process of acculturation. The descriptions of the women's self-awareness, that is, of who they have become over the five-month period of the program, suggest a process of change and perhaps personal transformation. This may further point to both the women's resilience and the effectiveness of the program, which have implications on designing a bridging program for refugee women. Chapter 6 will discuss some of the implications on programming.

4.2 Discussion of Findings

The help-seeking experiences of refugee women in the Greater Vancouver area seem complex and diverse. The question that needs to be posed is: what do these narratives say about the women’s notion of "help" and
strategies of seeking help? What factors influence their help-seeking strategies? How do these help-seeking experiences affect their view of the services and programs that they used or chose not to use? On a macro level, what do they think of the host country?

The study suggests that “help” for the women means both practical help such as finding information on housing and ESL classes, upgrading, training and employment as well as emotional support especially during the first five years in Canada. They needed to be heard and understood in terms of the many losses that they experienced such as loss of loved ones, loss of invaluable support network provided by extended families, loss of friends, among others. To be told repeatedly to find work, regardless of readiness in terms of language, and physical and emotional stability, by institutional frontline workers such as immigration and welfare workers and sometimes service providers -- aggravated their emotional distress. Some women viewed this as an “outright assault on their dignity”. They said that they deserve to be shown respect and compassion since the government of Canada accepted them to resettle here. As well, the narratives speak loud and clear about what Foucault (1977; Deleuze, 2002) calls the “surveillance” of a hierarchical organization such as government ministries whose workers act as “gatekeepers” and “instruments of social control” on the activities and interactions of marginalized groups such as refugee women. As the participants of the first focus group wondered: Why were the police sent to check on a single mother whose abusive spouse was sent to jail for physical assault?
The contextual variables described in chapter 2: culture, gender, class and trauma -- intersect and influence the help-seeking experiences of the women. As described in the various clusters on the help-seeking experiences of the refugee women in the Greater Vancouver area, they prefer to seek help from informal social networks over institutional and community services. Such practices are supported by studies on the help-seeking experiences of refugee women (Chung & Lin, 1994; Bui, 2003; Bhuyan, et al, 2005). As well, the findings of this thesis may suggest that the need for a sense of belonging by reconstructing their cultural identities drive refugee women to seek for practices such as using alternative healing practices and support groups, and embrace values such as helping others through volunteer work, which resonate with their own value of collective responsibility. In other words, the tendency to seek for practices, values, and beliefs that are familiar and congruent (Sluzki, 1979) with their own culture (worldview, language, food, among others) is a primary need for survival and acculturation. Moussa (1993) refers to this active process of decision-making as resistance. As they become more familiar with the customs and “ways of doing things” in the host country, they become more open to change, eager to try new things, and willing to embrace new ways of looking at the world.

4.2.1 Gender and Culture

Gender is another factor that influences help-seeking experiences. Their caring roles as mothers, daughters and wives propelled them to seek help for their children or in the case of single women help for their parents who had minimal English skills and were dependent on their interpretation skills. The
caring roles attributed to women in the private sphere (the home), and the public sphere (the workplace), create tension and sometimes women had to make difficult choices between paid employment and (unpaid) caring for their children at home. At other times, they opt for on-call or part-time jobs in order to manage caring roles. For example, a participant who was a single mother with two young children had to leave her housekeeping job in a hotel in order to care for her young son who was manifesting behavioural problems in the daycare. She described her situation as,

I'm working right now and people call me... "your son is sick... [and] he's crying..." And I come to pick up the child... And when later I try again, my supervisor say, "This is ... difficult for me ... When the boss know[s], [he might think that] I do something because you cannot work... Your way, I cannot call people back when the time is late..." So that's the way, the solution, she [laid] me off.

The supervisor decided to lay off the participant in order to resolve the constant interruption to her work. As a result, this single mother had to re-apply for welfare. She was grateful for the lay off as she was then able to rest and focus on one caring role—caring for her two children—instead of maintaining a precarious balance between her paid and unpaid caring roles.

Moreover, the narratives describe gender roles that society ascribes to women, which limited their ability to find full-time work and to pursue further training. A participant who is a single mother with three children illustrated this situation when she described her struggle to perform her role as caregiver and provider because she is a single mother.

You know my main problem is my children... because I should take them to school and pick them up from the school... because their school [is] too far... They [have] to go by bus and by skytrain... [so I can only] look for a
job after [dropping off] my children to their school in the morning until three pm [because I have to pick them up from their school... [Then I go to school in the evening]... I'm in grade 9 and I'm going to take the test in June... My classes are three days a week... Monday, Wednesday and Thursday... When I finish Grade 12, I want to study nursing... after that I will take the test to be a doctor.

She decided to take on only part-time or on-call jobs as Care Aide so she could drive her children to and from school and spend some time with them before going to work. She explained that it was difficult to balance her caring role as mother and pursuing further studies in order to get a better-paying job. This realization comes from her exposure to both the culture of her country of origin and Canadian culture. All the participants indicated similar concerns where their culture of origin and gender as a social structure defined women's roles. As single mothers in Canada, they have to perform their traditional caring roles in the home and pursue programs that will lead to a paid job in order to provide for the family; thus performing the dual roles of nurturer and provider. These roles are embedded in the stratification of roles in society where nurturing or caring is traditionally relegated to women and providing for the family attributed mostly to men (Anderson, et. al, 1993; Bui, 2003; Risman, 2004; Ridgeway & Correll, 2004).

The women in the study engage in a process of redefining their roles as women in both the public and private spheres. Some of them are beginning to question the notion that feminists call "double burden" or "double bind" — the fact that many women are working in both the private and public spheres, not

15 Double Bind/Double Bind refers to catch 22 or framing gender in terms of binary contradictions or dichotomies such as culture/nature, public/private spheres, production/creation or reproduction/procreation, objectivity/subjectivity, knowing subject/object of inquiry (Harding, 1986, 125).
only enduring longer working hours than most men, but providing the essential
labour that they do at home for no wages (Luxton and Reiter, 1997).

The women expressed their constant fatigue and frustration with lack of
support. Even friends are unable to help sometimes because they are also busy
working, trying to take care of their own families. A single mother who was still
struggling with issues of abuse (assault), child support and child care described
her situation as

I'm not feeling good because I am only a woman and then I take care of
my kids. I don't know what I can tell in this situation. Yeah, it's too hard
for me to decide something to tell you now because I'm just sitting like
this. I don't know what to tell... with kids like that... the kids are [still] small.
I don't know if I could do something for them. I have to take care of them
but I don't have money... I volunteer in my children's school so I don't
have to pay... It's a Catholic school... [My] situation is not easy. It's too
hard for me...

At the time of the interview, this woman was overwhelmed, exhausted and
frustrated because she felt alone with her multiple problems. She wished that her
extended family were here to support her. She has no relatives here except for
her ex-husband's brother and his wife. She described the cultural practices in
raising a family as collective and interdependent where not only members of her
extended family help with nurturing and caring for the children but also
neighbours. Here in Canada, she did not even know her neighbours and her
friends were all busy with work or caring for their own families.

4.2.2 Class

Class adds another layer, as the women's socio-economic status also
influenced their help-seeking experiences. For the purpose of this study, class
refers to the level of formal education (secondary and university) attained by the women in their country of origin and/or country of resettlement, their access to paid employment in Canada and their own perceptions of what social class they belong to. Nine of the participants had college or university education, six had elementary and high school education and one had minimal primary education who could barely read and write in her first (tribal) language. All except one can be characterized as literate in their first language. Those who had at least a post secondary education and had labour attachment in their country or origin or the country of asylum, seemed to experience less difficulty in seeking help from various social networks, both informal and institutional. Two participants who view themselves as belonging to a "working class" chose not to seek help during their early settlement years from community organizations; instead they opted for the informal networks in the ethnic community. They preferred getting information from friends, acquaintances from their ethnic communities as they felt a sense of belonging and they did not have to explain what they needed in English, which was stressful for some women who had minimal English language skills.

Those with less formal education initially chose both informal networks and community organizations that provided services in their first language or with the help of interpreters. It appears that economic status prior to migration helped in facilitating more choices in seeking help in the host country. Of the nine participants with post-secondary education, five had become service providers themselves as a result of seeking help from institutional and community
agencies. Their transition from welfare recipients to service providers may suggest that their economic status in their country of origin, which enabled them to access language acquisition skills and develop an attitude of openness that allowed them to embrace change, somehow carried them through the acculturation process (Beiser, 2006; Ferullo and Tran, 1997). The diverse help-seeking practices also suggest that refugee women with minimal formal education may need to be reached through their informal networks in their ethnic communities. Implications of help-seeking practices as impacted by class will be discussed in chapter 6.

4.2.3 Trauma

Psychological trauma as defined in the DSM IV-TR, as a contextual variable seemed to influence minimally the women's help-seeking experiences and was not expressly articulated in their experiences. Two participants in the focus groups described some symptoms of Post Traumatic Stress Disorder (PTSD): deep sadness, fatigue and not wanting to do anything, blocked memory and avoidance of pre-migration topics, among others. Due to the limited time of the focus group, there was no opportunity to probe and explore PTSD. A few of the participants also described some traumatic events or alluded to what appeared to be traumatic events such as abandonment by a partner or boyfriend and a car accident.

However, of significant importance to note was that most of the women's narratives, which were illustrated in previous sections of this chapter, used metaphors such as "pain in the heart" and "nightmare" and "invisible wall" in their
interactions with welfare and immigration workers. They spoke of "institutional surveillance and systemic discrimination, which point to the notion of systemic traumatization or social suffering. The women's narratives may suggest that the notion of trauma as social suffering is more salient in their experiences in seeking help than psychological trauma.

4.3 Conclusion

This chapter described the help-seeking experiences of sixteen refugee women who live in the Greater Vancouver area. Their help-seeking experiences were framed in terms of post-migration experiences within clusters of years, from arrival to the time of the interview/focus group. Most of the stories unfolded in a chronological manner: from time of arrival in Canada to struggles during the acculturation period (ranging from three to five years) and ending with expressions of gratitude for some services and programs that enabled them to experience positive change and move forward, providing a sense of hope for themselves and their children. This notion of hope will be discussed in Chapter 5. The few who narrated in a combination of chronological and episodic manner, related their stories around traumatic event(s), which added a layer of distress and dissonance (Sluzki, 1979) in their lives. They sought help from both informal and institutional organizations, which points to a pattern of seeking help that supports some studies reviewed and discussed in chapter 1 and previous sections of this chapter. The implications of this pattern will be discussed in chapter 6.
Five themes emerged which revolved around finding courage to seek and establish support networks, feeling isolated and lost, being suspicious of institutional and police surveillance, engaging in volunteer work, and being thankful for Bridging and Training Programs. These themes were discussed within the intersecting contextual variables, namely, culture, gender, class and trauma, which appeared to have influenced the women's help-seeking experiences. The thesis question explored the help-seeking experiences (HSE) of refugee women in the Greater Vancouver area and examined how the contextual variables intersected in HSE. Gender, class and culture appeared to have influenced women's help-seeking experiences as discussed in various sections of this thesis. Although there was a lack of reference or disclosure of psychological trauma, the women described various situations of systemic traumatization and institutional surveillance resulting in social suffering. They described welfare's intrusive practice of asking them to sell their gold before giving them financial help, the police checking on women survivor of abuse and HRDC workers pushing them to take training in order find paid employment. Perhaps if the focus is both pre and post-migration experiences, psychological trauma as a variable may surface more. Traumatic events may also be disclosed in the context of a research that focuses on mental illness or the pathology of their experiences. Since this thesis focused on social agency, the women may have chosen to remember mainly those experiences that define who they have become over time, highlighting, their resilience, resistance and reconstruction of their identities.
The narratives on help-seeking experience of refugee women indicate the need for both institutional and community agencies, to treat refugee women with respect when they are seeking help or choosing not to seek help. It is also important for agency workers to acknowledge that the women need enough time to develop an understanding of the system. More importantly, they need to be viewed not as passive recipients of programs and services but as active social actors who are volunteering their time and knowledge in the community despite the poverty and systemic discrimination that they experience. Their resilience or capacity to overcome certain challenges needs to be recognized and valued when designing programs and services.

The women's narratives further suggest that in their interactions with various helping agencies, and government bodies, they proactively sought help while continuing their volunteer work. Therefore, contrary to the generalized perception that they were passive recipients of programs and services; they are recipients of income assistance but are also contributors in their communities. Of significant importance to note is the rich volunteer experiences that the majority of the participants in the study described, which reflect active participation of refugee women in the community and a desire to ease not only the challenges that newcomers experience in their early settlement years but also the stresses of acculturation and integration, in particular, support in labour attachment. In short, the findings of this study suggest that while refugee women are active contributors to Canadian society, however, they need more opportunities to become full participants.
Using the strategy of categorization in narrative analysis (Lieblich, 1998), this chapter examines the content of the narratives where similar themes that emerged in both the individual interviews and focus group discussions are clustered and coded. The focus is on images and metaphors that the participants ascribed to their help-seeking experiences.

5.1 What are Images and Metaphors?

An image is "a picture or likeness of somebody or something, produced either physically by a sculptor, painter, or photographer, or conjured in the mind" (Encarta Dictionary, on-line dictionary, retrieved July 14, 2007). An image includes a description, metaphor and simile. Metaphors are implicit comparisons where "a word or phrase [is applied] to somebody or something that is not meant literally but to make a comparison"; for example, saying that somebody is a gem means that the person is precious or very valuable. A metaphor is a figurative language, one that involves figures of speech or symbolism and does not literally represent real things; a symbol (Collins Dictionary of Sociology, 3rd edition, 2000). Metaphors are used to suggest new relationships or new explanations. In linguistic analysis, the use of metaphor focuses on the difference between Speaker Utterance Meaning (SUM) and Literal Sentence Utterance (LSM). Linguists claim that essentially, all words are metaphors because words are "a means of representing or conveying thought.
because of a "basic incompatibility of sensory description" (Collins Dictionary of Sociology, 3rd edition, 2000).

The above definitions are helpful in guiding the process of sifting through the rich metaphors that abound in the women's narratives in order to gain some insights into the meanings that refugee women ascribe to their help-seeking experiences.

5.2 Images and Metaphors in Refugee Women's HSE

The following section clusters the images and metaphors into four major themes: 1) resilience, 2) resistance, 3) hopes and dreams, and 4) reconstruction of their identities. These are described in the context of the women's help-seeking experiences in the different stages of their acculturation, understood in this thesis as a "change in the cultural behavior and thinking of an individual or group through contact with another culture" (Encarta Dictionary: English, North America, on-line dictionary, retrieved April 5, 2007). For refugees, acculturation is a process of searching for continuity and contesting discontinuities (Moussa, 1993). The images and metaphors are also described within the context of integration, which is a "multidimensional construct dealing with complex interrelated processes pertaining to societal participation, that is, the ways in which migrants become part of social, cultural, economic and political spheres of the country of resettlement" (Valtonen, 1999, cited in Israelite, et al, 1999, p.2).

5.2.1 Images and Metaphors of Resilience

Resilience is defined as the "ability to recover quickly from setbacks, or speedy recovery from problems"; and synonymous to "pliability, flexibility,

A multidimensional phenomenon expressed across multiple domains of psychological functioning..., [which] can co-exist with symptoms of even severe psychopathology. [It] is transactional and contextual, arising from reciprocal engagement of persons and contexts... (20-21)

In addition, Saleeby (2002) describes resilience as the capacity to transform adversity into personal growth. To illustrate how these women transform adversity into personal growth, I reviewed the women's narratives and extracted some examples.

A participant described her help-seeking experiences in terms of the volunteer work that she did in the church while going through the painful experience of a custody battle with her ex-husband, incidents of emotional abuse and physical assaults. She had the courage to call the police when her ex-husband fought with her. Although overwhelmed by multiple problems, and beset by depression and anxiety, she faces everyday life with strength and hope.

[T]he problem... started from last year. But last month... because he [does not live] here, he just [comes] to pick up the kids and then he go[es]. But when he [comes], he just wants to make a lot of problem. He shouts [at] me, then [says] bad words to [fight] with me. That is why I call the police... [My] husband all the time do[es] bad things [to] me for 7 years now... I [keep] myself strong for my kids.

This is an example of Harvey's notion of the multidimensional aspect of resilience that recognizes the co-occurrence of psychological distress in one part of her life, and her ability to function with courage and hope when she is caring...
for her three children. In response to a question on images or metaphors of her experiences, she describes her situation as

I think all bad things in my mind. There is no picture but just sometimes, my head is... I don't know what I can tell in English. [In] Arabic [it's] "Maknuria", like "Maknus"... Sometimes it's making me like, I [feel like I'm] crazy. Too many things happening.

I'm just sitting, I don't have anything to remember... I'm just like... in Arabic it's called "mustagrafia haya!"... Why life is like that? "Mustagrap", it's like... why... is life difficult to me?... Or why is life like this?

I call God first because God is helping me to be a little bit strong... I keep myself strong [for my kids]... If they [don't see me] strong... they [will not] feel] good. That's why... I want to try to keep myself like... "goeya", in Arabic, strong... If I'm not strong nobody will take care of my kids because my husband is [not] like other men [who] take care of their kids, take care of the house. He is just like a... teenager. He's forty something now, but he's looking like a teen-ager [my emphasis].

The first two descriptions signify desperation and profound sadness while the third one reveals courage and a sense of hope for the sake of the children. This seeming duality reflects the multidimensional aspect of resilience where negative emotions such as despair and sadness co-occur with courage and a sense of hope, two faces of the same reality or phenomenon (Harvey, 2007).

The next quote illustrates resilience as "transactional and contextual," which results from "reciprocal engagement of persons and contexts" (Harvey, 2007). One of the participants exemplifies this notion of transactional and contextual process of resilience. She is a single mom with three children and they (including her ex-husband) were involved in a highway accident that resulted in the oldest daughter's "disability". Despite the numerous problems that arose, over a period of two years, the participant was able to negotiate for help.
and support from the Ministry of Human Resources [now the Ministry of Employment and Income Assistance (welfare)], Ministry for Children and Family Development (MCFD) through a social worker and a therapist, and foster parents. She was also referred to a Bridging program that provided her with language and counselling support in addition to opportunities for volunteer and work experiences. She describes herself now as

I learned a lot from the people who helped me. For example, the Stepping Up program... If not for Stepping Up, I couldn't go look for a job or apply for the hairdressing... I learned lots of stuff... That time was so good for me... I was in deep, deep problem, like I was broken down... so down that I say that I just like to give up... everything... When I came to Stepping Up, I slowly stand, like get up again. Stand Up again. I see myself as strong [my emphasis].

She is determined to Stand Up for her children, and fight exhaustion from numerous medical appointments not only for her daughter but also for herself. She has weathered the winter storm in Saskatoon in her early years in Canada. At the time of the interview, she was weathering a 'storm' of medical, financial and family problems. Her immense love for her children and their need for her care and love propel her to "Stand Up, Stay Up" and to keep going.

Another aspect of resilience is cultural context and nuance as a determinant of effective intervention (Harvey, 2007). One of the women in the study was a doctor in her country of origin. She was sponsored by her sister so when she landed, she relied primarily on her extended family: sister, brother and mother for her family's basic needs. She came with her three children. Her network of supports in Ontario, where she landed, consisted of her family and friends in the Afghan community. But she sought help for ESL classes at an
immigrant-serving agency. Later she moved to BC and her school-age children caught the attention of the school principal who sent a public health nurse to visit her home. Shortly thereafter, the school principal collected donations for her family as the nurse made a report on what the family needed in the home.

Initially, this participant felt depressed from the loss of economic status and lack of English language skills. However, she found the strength to find resources for herself such as courses on grade 12 equivalency. She registered in a continuing education program at a local high school and started volunteering in a maternity ward in a hospital. Her welfare worker referred her to a Bridging program, Stepping Up program where she gained confidence in her language abilities and expanded her support networks to include volunteer and work experience placements in a senior’s care facility. She moved on to a government-funded Resident Care Attendant Training. She continues to upgrade her language skills and her knowledge of the BC labour market. She now embraces lifelong learning as her own value.

[In my early years], I was like a dead person, like the person [that] can’t speak... can’t talk... It was very difficult! ... My English was not good... My English and my Russian got mixed... But now I’m very happy that I can follow my education and I can go to school... in this age... You know, my sisters, my brothers, they all [joke about me]. “We don’t know [if] you study for this world or for another world.” I said, “I was [a] doctor!” Education is not shame. If you follow your education, if you learn something, it’s not shame. Our prophet Mohammed... [told] us [to learn] from the time [we] are born... until we go to the grave. [We] can learn... [we] are Muslim, [we] have faith [in] our Prophet... All [our] life [we] can study. I have this power to study, so why shouldn’t I [study]? I love studying. It makes me happy. The one thing that saved me from stress and depression is studying.
In this situation, the participant situated her value of lifelong learning in her religion; quoting Prophet Mohammed’s teaching that Muslim women should pursue education from birth to death. For her, religion is embedded in her cultural context. She mentions three interventions: Grade 12 equivalency courses at a local high school, the Stepping Up program, a pre-employment program and the Resident Care Attendant training, all supported by her welfare worker. It appears that these three interventions took into consideration her foreign credentials as a doctor and she responded positively.

Another participant recounted her early years of settlement in Vancouver as relying on a “Circle of Friends” (a metaphor for mutual help among friends) for support, information about the labour market, jobs, housing, recreational and social activities, ESL/EAL classes, and training for jobs. A friend introduced her to the manager of the hotel, which resulted in her first paid job. Another friend helped her write cover letters and referrals to job openings. While still staying at the Welcome House, she started volunteering at four different places, Welcome House at Immigrant Services Society (ISS), St. Paul’s Hospital, Paraphlegic Society and Kingston Penitentiary. Eventually she found a job at a multicultural agency as a Support Worker. When asked about her motivation to help others, she mentioned two key role models in her life, her aunt (who raised her) and her mom. Her aunt’s work in particular, had a strong impact on her as she ran a foster home for street kids, a boarding school and worked for missionaries in helping families in need in the community.

I think I get the strength from my mom... [but more from] my auntie... She used to have a foster home. My mom and my auntie, they were alike... They
were something. They were capable of doing anything: build a house, cook, clean, everything! My auntie used to ... bring kids from the street... And my mom had an adopted child... I don’t know how, why they were doing it. They used to give out our dresses away so we used to get upset. They [brought] kids and they [gave] away our clothes. I think I got it from them.

The above quote is a description of a source of strength for the participant. She derives her inspiration to help others who are less fortunate from the strong women in her life, her aunt and her mom. Her experience reflects the cultural context of Harvey’s (2007) ecological definition of resilience.

According to Saleeby (2002), resilience also comes from within, a person’s inner strength and capacity to transform adversity into personal growth. One participant in particular, attributed her optimism as a personality trait. She claims that her parents helped her develop her inner strengths. The war also made her strong.

I won’t forget Serbia because when I [was] born, my parents [were] pretty best, not rich... but we had enough... [But] from the time the war start[ed], 1995 – 1997, I [had my] children. [The war lasted] for many years. But from the time, so many things happen[ed], we had to survive... It [would] be better... one day, it [would] be better. We [did] things because we [had] to survive. The war was hard on the children. We [did] more things for them. You do more and you surprise yourself, how much you can do. You have to give some examples to show them (the children)... [T]hey hope if their parents work hard.

The hardship that she experienced did not make her bitter; instead she chose to see the good things for the future, that “it (the situation) would be better,” especially for her children. She claims that her life experiences give her hope. She works hard in order to model hard work for her children. She hopes that in doing so, her children will do the same. Additionally, she attributes her optimism to her upbringing; she is grateful for her parents, whom she describes as “pretty
best parents, not rich, not poor”, who raised her with love and provided her various needs.

5.2.2 Images and Metaphors of Resistance

Resistance is a manifestation of social agency. In this thesis, Moussa’s (1993) definition of resistance layers the discussions and analysis of the metaphors of resistance. For refugees, fleeing their home countries, having the courage and determination to survive various stages of migration and eventually settlement in a host country where they have to negotiate their identities constitute acts of resistance. However, from the point of view of service providers, resistance refers to client’s non-compliance to expected ways of doing things. As one woman described, “I’m working now... no more signing paper... [Before, I had] to go to the welfare office to sign paper so I can get my cheque. The worker [kept] my cheque and she always had questions.” Welfare workers also require those on income assistance (welfare) to look for work if they are considered employable. If they do not comply then their cheques are signalled or kept until they give an acceptable reason for not looking for work. Resistance for those who are suffering from mental illness such as severe and chronic depression means non-compliance or refusing to take their prescribed medication. All these definitions and manifestations of resistance reflect an active decision-making process that a person or group of persons engage in.

The following negative experience of one of the women in the study with her host family illustrates the image of resistance.

I had a host, introduced by Immigrant Services (ISS)... I think she has never traveled... or been in contact with refugees and her comments were
even worse, so I stopped seeing her... They matched me with a woman... I think she was working with BCTEL then. I said [to her], I'm going to take a couple of courses, and I'm going to be where I'm going to be. She was not encouraging. She was putting me down. [She said], "Oh, that is money. You don't have that much money, you are a refugee", and... I was shocked to hear all those kind of things. I didn't see her after that. I started to do my own things. I enrolled in some classes.

This participant made a choice not to see her host family after the negative interaction. Instead, she chose to use her informal network of friends for support and information on training and jobs. She made a decision to resist a generalized view that refugees should find any job (usually "dead end" jobs at minimum wage) instead of pursuing training or further studies to find a job that pays more than just a minimum wage. Her first job in Canada as a banquet waitress in a hotel was obtained through a friend's recommendation. She refers to her friends as her circle of friends. She was actively volunteering in her ethnic community as well as other places in the wider community. As a result of the negative experience, she figured out on her own how to establish her support and social networks and minimally used services of community agencies.

In addition to the negative experience with her host family, she also had an unpleasant experience with Welfare workers, where she witnessed workers asking some clients to sell their gold or jewellery before providing welfare assistance to the women. She considers this utterly disrespectful and intrusive. She explained that some of these women were attached to their jewellery because they have special memories: gifts from their loved ones before they escaped, wedding gifts, or a reminder of the life that they once had in their
country of origin. The welfare worker only saw the monetary value. She exclaimed, “humiliation is too much”!

It’s like, you choose to be on welfare. It was not like, okay, this is transition. It’s okay, but try to find employment. No! It’s like we choose to be on welfare, and they strongly [say], “you have to find employment. You didn’t come to Canada to be on welfare. You [came] to work.”

She recounts this experience with emotion in her voice. It appears that the memory of this negative experience triggers some emotion. She is now a service provider who channels her energy into advocacy work with her clients, trying to ease their entry into welfare and providing support for ongoing issues such as immigration, childcare, and poverty, among others.

Another participant chose to use minimal social services from government and community agencies, as she relied primarily on her husband’s extended family for support and information about resources in the community, jobs and school for her children. She also actively sought help from her ethnic community for family recreational and social activities. When she mustered enough courage to report to police her husband’s emotional abuse and physical assault, she expanded her help-seeking strategies to community services such as the Vancouver and Lower Mainland Multicultural Family Support Services Society (VLMFSSS).

[My] husband came to fight with me. I don’t have any way to do. If I call... my friends, they can’t come to help me... so I call[ed] the police... The fighting is no good in front of [the] kids that’s why I call[ed] the police to come [and] help us... The Family Justice Counsellor in New West gave me the number for the Multicultural [agency... I went there so [someone] is helping me from there.
She said that she was not comfortable at first but now she relies on and appreciates the support from the organization's support workers. Her decision to keep asking for assistance from the agency is a result of positive experiences from her various interactions with the workers.

Although her ex-husband abused her for seven years and she knew that she could call the police, she did not report the various incidents of assault as she wanted to protect her children. In this situation, resistance was the conscious decision not to report incidents of abuse, which runs contrary to expectations of many service providers and police officers.

Another example of a participant's decision not to seek help is a woman who is highly motivated to find work; she felt that she did not need personal or family counselling as she was "okay". She, however, sought counselling support for her two children who had a "bad experience" in the refugee camp.

My eldest son... had been pretty lost in the [refugee] camp because he grew up in an unhealthy area. At this time, like after the war and everything, my son had lots of problems, in the school. The teachers, the school counsellor, they always talk with him... They gave me advice to enrol him in the neighbourhood house. In North Van, they have a counsellor for children... [They] have things for children, sports... My youngest [who is] pretty shy... He is grateful [because] his teacher supports him...

She is grateful for the support that her children get from the school and the neighbourhood house. As for support or counselling for herself, she replied that she did not need such service because she was working and she considered herself emotionally stable and capable of making decisions on her own. Contrary to some perceptions of service providers, not many refugee women choose to seek help to address their experience of trauma. Many refugee women develop
coping strategies that enable them to ride through their settlement journey with minimal or no help from counsellors or therapists (Beiser, 2006; Harvey, 1996). These studies support this participant's decision to resist the general expectation that refugee women should seek help for their traumatic experience.

5.2.3 Images and Metaphors of Hopes & Dreams

In this section, two images are discussed: 1) light and 2) welcome house, home, fire and safe place. Light operates as a metaphor to signify hope for a better future for the children, which propels the women to work hard and make sacrifices in order to provide for their children's needs, especially their education. They view education as the children's key to opening doors of opportunities here in Canada. The next section describes various images and metaphors such as home, fire, candle, and safe place.

5.3 Metaphor of Light Signifies Hope for the Children

The situation of one of the participants of the interviews illustrates the notion of hope for the children. In response to the question of source of strength to face the challenges of caring for her daughter who regressed to a developmental stage that required ongoing vigilance of her behaviour such as tantrums, tendency to harm herself, and lack of perception of physical danger (e.g., crossing the street), she articulated her hope as,

[I'm] still doing because I saw the two other kids [who] are waiting for me... I just keep [myself] standing up... I [say to myself] to keep going. Don't stop!... [R]eally, it's D. [daughter's therapist], [who] is an angel for me... without her, [I] can't handle [my daughter's] problems. Sometimes D. stays with us [until] nine o'clock when we [have] a problem... She doesn’t leave us... I’m happy when I see her... D. and the social worker [helped me]. There is light after dark days. My children get help here in Canada...
Her strength comes from her immense love for the two younger children who need her care and the support from her daughter’s therapist and social worker. She calls her daughter’s therapist an “angel” who was with them in times of need and crisis and when she felt overwhelmed and confused. Here she uses the metaphor of an “angel” to mean goodness and kindness from a stranger, her daughter’s therapist, who is not a relative or friend. The metaphor may also signify hope for a better life for her daughter since she is guided by an “angel”.

Another participant shared her experience of raising her two children on her own with some help from welfare, friends in her community and community agencies such as ISS, MOSAIC and Kiwassa Neighbourhood House. The child care subsidy and accessible childcare service at the neighbourhood house enabled her to take ESL classes, pre-employment and training programs. Moreover, she was able to work as a Room Attendant in a hotel for a few months because of the childcare support. However, when presented with the issue of keeping her job and staying home with her kids as a result of a child neglect investigation, she readily left her job and worked collaboratively with a social worker and the daycare provider. She considered her children as more important than her job. She hopes that her children will have a better future, “my kids get support, they go to school. That is the way, the life they need.” Here she uses “the way” to describe a hopeful process to a better future.

A single mother with three children, who was a doctor in her country of origin, situates her self-actualization goals, which are to pursue her medical studies in stages, from Resident Care Attendant to Nursing and eventually take
the examination for foreign-trained doctors, within the context of being able to provide for her children. Her wish to achieve her long-term goal is really to help her children, that she will be able to earn enough to send them to higher education. She hopes that they will be successful in their studies and have a good life in Canada.

5.4 Images and Metaphors: Welcome House, Home, Fire, Candle, Safe Place

5.4.1 Welcome House

The image of a "Welcome House" resonates with many of the participants, especially those who stayed at the ISS Welcome House during their first two weeks in Canada. One participant indicated that she and her two boys felt welcome when they were met by staff of the Welcome house and some women from the church that co-sponsored them at the airport and transported them to the Welcome House. Another participant reminisced her first day in Canada at the Welcome House with nostalgia. She remembered the experience at the Welcome House as something that symbolized a "home", a place to go back to in a foreign land, after going around during the day, to ponder on the possibilities for the next day. She remembers well the pleasant surprise of meeting her friend from her country of origin at the Welcome House. They did job club together, searched, found and shared affordable housing.

5.4.2 Darkness to Light

A metaphor, which also refers to the Welcome House, is one from "darkness to light".

I remember... our situation, everything centred around the Welcome
House... I was always hoping that... they’ll be able to help us. They are going to give us some information, they are going to provide us some tools or just give us a name, a contact name [who] we can talk to... so we can make a difference in our lives. Although it didn’t happen for... [many] years but still we kept that hope; it gave hope. That’s how I see the [Welcome House], a “burning fire”, like a “candle burning”, a “centre of hope” for immigrants, for our family and a lot of people I know [my emphasis].

The metaphors in the participant’s quote allude to darkness as the initial experience, after landing in Canada, progressing to “burning fire” and “candle burning” which signify “light”. Then the participant’s symbol of hope is exemplified in the image, “centre of hope”.

5.4.3 Death to Life

A metaphor that some women shared is that of “death to life”. A participant articulated this vividly

[In my] first year, ... I needed lots of help... and my English was not good. I was like a “dead person”, like the person [that] can’t speak... can’t talk, [looking] everywhere... It was very difficult... But now I feel very happy that I can follow my education, and I can go to school in this age... I have this power to study... I will not forget those who helped me a lot, the Stepping Up program, ... the principal at my children’s school..., the Resident Care Program...

The quote above does not explicitly state the progression from death to life; instead it describes life as manifested in her happiness of going to school to pursue further education, and embracing the value of lifelong learning. As well, she names key programs and people who helped her rise above her “death” or depression to an empowered woman, with the “power to study” at her age.

5.4.4 Canada as “Home”

One of the women describes her life in Canada with ambivalence, from confusion to an assertion that Canada is now her “home”.

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I feel home here. I've been feeling [at] home. I think I made up my mind. I think this is home for me except sometimes, I get confused. I say, "where do I belong? Do I belong here? Or do I belong in Africa?"... But I think that [this] is a normal feeling of an immigrant person when you are lonely, and when you're scattered all over the world. You uncle is there, your brother is there, your sister is there, all those kind of things. So it's not only me. I feel [that I'm] a very proud Canadian!

In the above quote, she describes her feeling of ambivalence, that immigrants and refugees whose siblings and members of the extended family are "scattered all over the world" tend to question their adopted "home". But she has made a decision to be a proud Canadian.

However, two women are not feeling at "home" in Canada; one is happy for her two young children as Canada is their home but she could not consider Canada as "home" yet since she longs to hear for news about her family in Africa. She doesn't know if they are still alive. She hasn't seen them in twelve years. She would like to find her brothers, sisters and her mother.

Canada is good, safe. I have my home right now. And I have my support. My kids get support, they go to school. That is the way, the life... But not for me. [I'm] upset, I lost my family. [It's been] twelve years [since I've seen] my family... I don't know where they are... People ran away a long time ago from the war... And I [don't] get [good] information.

The above quote describes a profound pain that many refugees experience as a result of various losses, especially loss of loved ones, extended family and friends, among others. She feels happy for her children who have Canada as their "home" but she is unhappy about the "home" for herself because it does not include her mother and her siblings. Their absence tugs at her heart and makes her life incomplete.
5.4.5 Canada as a Safe Place

The image that Canada is a "safe place" resonates with all the women. One of the women who has lived in Canada for over ten years, describes her experience as "living without [fear], not being afraid... that my children will... have a shelter... that we will have what we need. A safe place!"

This notion of safety is echoed by another woman who lived in constant fear of authorities in the country of asylum. She regards Canada as not only a "safe place" but more importantly a "place of freedom", where she can go out shopping without fear of being checked for documents. In her country of asylum, she had to bring her young son when she needed to shop as the police did not bother women with young children. Her children could not go to school because their papers from Red Cross were not recognized as official documents. Canada for her and her children means freedom, a place where she can follow her dream of further education; her kids are safe and they can go to school for free.

5.5 Narratives of Reconstruction of Identity and Changing Roles

In Different Voices, Gilligan (1993) articulates a developmental theory that a female defines her identity in terms of her relationships or connections with others. Moussa (1993) expands this notion of relational identity and situates it within a cultural context. She claims that "symbolic identification with certain traditional values and practices... such as cultural notions relating to family, sense of belonging, and mourning customs" appear to be distinct from mainstream Canadian values; hence, they become "important bases for feelings of continuity or self-identity." Bannerji (1995) adds another layer to Moussa's
(1993) idea of cross-cultural identity when she espouses that identity is a social construction and fluid, arising from a process of negotiation against a backdrop of intersecting oppressions such as racism, sexism and classism.

All the women in the study periodically experience ambivalence about their identity. There are times when they don’t really know where they belong. When visiting relatives in their country of origin, they miss Canada, their friends and colleagues at work. But when they are in Canada, they sometimes experience regret in coming here. So the crucial question is “where is home?” For many of the participants, “home” is now Canada as they realized that they have minimal emotional attachment to their country of origin. As one participant expressed, “I am proud of my origins in Africa”, but my “home now is Canada.”

Reconstructing identity for someone who came to Canada at a young age, as a teen-ager has been a struggle. She considers her life with her parents and siblings as “sheltered”. She moved out only when she got married.

When I got married and moved out, my struggle was to find a job, a career. But it was difficult so I very much stay[ed] in the same job for a long, long time... When it comes to my struggle, like where I have to find a job and when I ... have some difficulties, I seek help from my friends... I [also] went to MOSAIC. I went to Collingwood Neighbourhood House... where I got my community work and training... I was very grateful... that I met the right people... Another part of my struggle... [is] to find my identity. I came when I was young... but I was raised in the Vietnamese culture so I find it very difficult... to live... I have to compromise... and I find it very difficult to... be better in both... Until three years ago I come to realize... who I am and how I want to choose who I want to be... That is the time ... I become at peace with myself... I’ve [also] come to realize [the need] to have faith... I always feel depressed... because there are expectations that I can’t meet ... there’s so many things in my mind and I didn’t know how to sort out my priorities and so I was confused for a long time.

Quote from a Participant
It appears that the process of reconstructing her identity, unfolded within the context of her relationships with her extended family, her friends who supported her, her marriage, her struggle to find a career and the realization of the importance of her faith. The process described here seems to support Gilligan’s (1993) claim that a woman’s identity is defined in terms of her “relationships or connections with others.” Moussa’s notion of continuity of identity in so far as symbolic identification is made with the culture of birth and socialization also gives some insights into the participant’s struggle to articulate who she has become. Although she did not specify what expectations she was struggling with and could not meet, she was emphatic about her realization that she can choose and shape her identity. This realization of choice and her faith gave her peace.

5.5.1 Changing Roles

According to Gilligan (1993) and Belenky, et al, (1997) gender roles, among other factors shape a woman’s identity. When asked how they view themselves as women in Canada, most of the participants describe their caring roles at home as: mothers, wives, and daughters, and in the public domain, for some, as service providers and others as workers. Of the sixteen participants, twelve are single mothers, two are married with children and two are single. The single mothers were all in agreement that raising children in Canada on their own was very difficult and challenging. They had to do both the role of provider, which was usually the role of the male in their culture, and do the caring role that they have done since their younger days in their country of origin. Although some of
the women worked in their country of origin or country of asylum, the caring role was done collectively by the mothers, some members of the extended family and friends. One participant articulated her difficulties in caring for her children amidst legal problems of abuse and custody in Canada.

In Sudan, your mom is there. If you don’t have your mom, [you have] your relatives, your cousins. [There are] a lot of people there to help me, my cousins, my sister, my uncle, my aunt, my granny... lots of people, they will help me. I will feel better than this. But now here, it’s just only [me]. If [I] have a problem, nobody will help [me]... If I want to go to any place now, I am just going with my kids... I want to go to court, I don’t have [help]. My friends... are busy... It is different really between here and there. [The] culture or the situation here is different.

The sentiment expressed above is echoed by other participants who shared their frustration in doing their caring roles on their own, which seemed to be a “world” apart from their own upbringing where women’s caring roles are done within a collective or interdependent way. One participant in particular, shared her encounter with a social worker when she went to a nearby grocery store to buy some supplies and her neighbour reported that her kids were left on their own. As her English was minimal at that time, she had to call a friend to interpret for her. From that time on, she would go shopping with all five kids in tow.

On the surface, the gender roles described may not seem to have changed and what seems to be consistent in the women’s narratives is the absence of the extended family and their supportive roles in the caring of children. However, given the context of their narratives (Canada), the value that pervades in the dominant culture is independence; hence, many factors such as those previously described drive the women to perform various duties in both the
private and public spheres on their own or with minimal support. This contextualized change weighs heavily on the shoulders of refugee women.

Some of the women described their caring roles and the need to provide for their children in terms of the hope for a better future. They made the necessary sacrifices so their children would have a better future. One participant vividly described her caring role as "raising my children and myself". This image is interesting in the sense that "raising" is applied to both the children and the self. As well, the image is one of elevating from a lower level to a higher level, literally and figuratively. The image may suggest her ability and power to change; thus, flirting with hope.

### 5.5.2 View of Self

All but one explicitly stated that they view themselves as strong women and proud Canadians who are participating in Canadian life, "paying taxes, being responsible and helping others", so they would like to be recognized as Canadians. One participant emphatically stated that she doesn't like the hyphenated African-Canadian nor does she like being referred to as Visible Minority, a term that makes her "sick". She would prefer to be considered as a "wise and experienced woman, [and] a contributor to the country." She thinks that "Multiculturalism is to divide and conquer, not bringing people together to work together." She claims that there is a need to go beyond multiculturalism. Lately, she worries about retirement as she does not want to be considered "expendable". She doesn't like how seniors are treated in this country. They are placed in care facilities, segregated from young people, children and families.
When she volunteered in a senior’s home, she met and befriended some seniors who told her that they were lonely, that their children do not visit them often. These interactions with the seniors made her feel sad. She does not however, worry as much about loneliness in retirement as she believes that she has a strong circle of friends who would support her. She wishes though, that she would die with dignity in this country.

Most of the women who are currently employed describe themselves now as “proud to be a single mom” in Canada. One participant is very proud that she has been able to set up her own family daycare and help other women by caring for their young children. Another describes herself as “strong” and able to “stand up”, thanks to the support that she got from different programs and services for immigrant and refugee women as well as a therapist from the Ministry for Children and Family. She now feels that she can provide for her children. A participant from Serbia likes the roles of women in Canada as women seem to have equal rights as men, unlike the roles of women in her country of origin where women are “pretty down” and they suffer in silence.

In the Former Yugoslavia... the woman is not shown very much. The woman is pretty, pretty down. And especially if you are divorced... that's not very good for you. You are not very good woman. Yes, [divorce] is legal... but I think many women don't get... enough power to say, “I cannot handle anymore,” they just cover everything, they suffer [alone]... The men have power... especially when you're married. [The] man decides everything for you... The women keep quiet because without financial [help], what [can they do]?... The law is okay but men have money, the children automatically go to them. [Women] don't have money. The social support is almost zero... Child support is... maybe a few breads...
This quote gives a powerful image of male dominance entrenched in societal structures such as legislation and justice systems (courts) which is not limited to the context described. This participant really appreciates the changing roles of women here in Canada. She laughed at her description of “a few breads”, as child support but she said that what she meant was that women in her country would get nothing substantial as child support so they suffer in silence. Moreover, she likes the idea of women in trades here in Canada, as it gives women opportunities for higher income. As well, she appreciates the tolerance for different religions in Canada.

5.6 Discussion

The narratives of the women who are currently employed reveal a progression from client to service provider. The overall tone of the narratives is positive and hopeful. According to the women, they use their position of power to help immigrants & refugees, especially newcomers. They view themselves as fortunate and doing quite well as they have their own apartments and one is able to travel abroad once a year. However, one participant laments that she is not “living”; instead she is just “surviving”. She doesn’t have disposable income as she sends money to her family overseas on a regular basis. She holds two to three jobs in order to save some money for her relatives and a little bit for her yearly vacation. Often times, she has to charge her travel to her credit card so essentially she lives from pay cheque to pay cheque. This sentiment seems to be shared by the other women in the study.
As mentioned in chapter one, the purpose of this study is to explore the intersection of gender, class, culture and trauma in refugee women's acculturation and integration to a new country. The interplay of these contextual variables was evident in the women's narratives. In particular, gender and culture as social constructions were manifested in the women's articulation and understanding of their roles. For example, the caring roles that the women perform in their homes as mothers, daughters and sisters, as well as the extension of the caring role in the workplace as service providers suggest what feminist call the "double bind" or "double burden", is embedded in the women's psyche, their view of the world and their "way of knowing" (Belenky, et al, 1997).

Through socialization, women have internalized the roles ascribed to women. The context of this notion of "double bind" is the women's socialization in their particular culture in their country of origin and the constant negotiation with the dominant culture of their host country. Moreover, the women's strategies of seeking help were influenced by their need to provide for their children. For some women, however, their idea of caring for their children has changed to include personal autonomy. These were illustrated in some narratives in previous sections of this chapter.

Class or economic status coloured the women's perception of "help" and their expectations of seeking help and ideas of rebuilding their lives; thus, influencing their help-seeking strategies. In this chapter, images and metaphors were extracted from the women's narratives. As discussed in previous chapters, images and metaphors of resistance to some values and practices of the
dominant culture were articulated by women who were educated in their country of origin and spoke functional to almost fluent English. It appears that these women, who had access to formal education and occupied a privileged class, had higher expectations of the host country: they thought that they would continue their education and pursue a career with the government's support. As well, they expected to use their foreign-earned education and experience in a similar field here in Canada. They were disappointed that no such opportunity awaited them. They realized that they have to work hard, navigate institutional systems and negotiate for access to further education. When confronted by the harsh reality of intrusive system such as social assistance (welfare) and immigration, they reluctantly sought help within these institutional "helping" agencies; other than financial need, they relied on their personal networks of friends and family and support from their ethnic communities. Although grateful for government assistance, almost all the women were unhappy with the systematic "surveillance" that institutional "helping systems" such as welfare offices use. Chapter 4 has some examples on this. The women who came with minimal education and no paid work experience had to navigate their way through language classes for beginners such as ELSA and training programs while those with language capacity pursued grade 12 equivalency classes, training programs and job clubs.

Psychological trauma did not play out as prominently as gender, culture and class. However, systemic traumatization (as discussed in chapter 4) was prevalent in the women's narratives. Perhaps, this points to the limitation of the
study as the set of questions focused on strengths, resilience, resistance, hopes and dreams and reconstruction of identities. Although some women described what appeared to be symptoms of trauma such as depression (unable to do the usual things that they are able to do; wanting to sleep a lot; taking anti-depressants for this), anxiety (usually around welfare and immigration offices) and “hypervigilance” (being alert to certain stressors at all times and at times suspicious of people’s motive to help), their capacity to make choices and ability to function in their daily lives was evident in their narratives. Another possibility for the non-expression of psychological trauma is the focus on post-migration stories. It is possible that if the study includes both pre-migration such as experiences of flight and refugee camps and post-migration experiences, the effects of psychological trauma on the women’s help-seeking experiences might be more explicit in their narratives.

5.7 Conclusion

The women’s images and metaphors of resilience, resistance and narratives of reconstruction of identities give insights into their acculturation and integration processes, their view of the host country and the types of services and programs available to them as well as their process of reconstructing their identities. Images and metaphors that the women describe such as Welcome House, Darkness to Light, Death to Life, Canada as “Home”, and Canada as a “Safe Place”, mirror the different stages of their acculturation and eventual integration. These images and metaphors also point to refugee women’s social agency, their active involvement in the various stages of navigating institutional
systems, social services in the community and connecting or establishing their own informal social networks in order to initially survive and eventually thrive in their chosen path. The women's perception and description of who they have become at the time of the interviews further indicate that they are social actors, not passive recipients of social services and programs. Those who are currently employed are satisfied as they are no longer dependent on Immigration or the Ministry of Social Services (welfare). This new role as a service provider has shaped their identity; therefore, free from intrusion of Employment Assistance Workers (EAWs). As one participant proudly stated, "No more going signing paper... No more worries... I'm now proud ... I can manage my kids... and I'm happy." Another participant shared her new pride in herself, "I feel [stronger] because, before when I ... didn't have a job... I didn't feel free... I have always ... to go to somebody to tell my life. But now I feel like I can keep to myself and ... if I work, I have money... I'm happy."

Except for one participant, almost all the women described their reconstructed identities as women in relation to their children’s well being. Their definition of self is relational (Gilligan, 1993). They punctuated their stories on reconstructing their identities with expressions of gratitude for significant persons or programs that assisted them during their critical early years in Canada, a time of vulnerability and uncertainty.
According to (Powles, 2004; Reissman, 2002 and 2001; Lieblich, et al, 1998) narrative studies have gained currency not only in social sciences but also in the natural sciences. Many of the studies reviewed for this thesis used narrative approach including oral history, life story and personal narrative. A narrative approach appears to be the best means to engage a person in re-living moments of the past and "re-entering the rich emotional landscape of powerful experiences" (Mattingly and Lawlor, 2000 p. 5). As this thesis has revealed, using a narrative approach to explore the help-seeking experiences of refugee women opened a window into a refugee woman’s journey to resettle, adapt and eventually integrate into her adopted country. Powles (2004) proposes that life history and personal narrative should be included in the United Nations High Commissioner for Refugees’ tool kit for research and evaluation as they are helpful in understanding the complex experiences of refugees. More importantly, narrative studies on refugees focus on their social agency. As well, studies (Herbst, 1992; Shepherd, 1992; Dossa, 2004) on the various issues that impact refugees, especially refugee women, that use a narrative approach are not only effective in eliciting stories from the perspective of the social actors but also acknowledge their capacity to influence their journey. More studies are needed to explore the help-seeking experiences of refugee women especially the impact of the acculturation process on their mental and physical health – from the women’s perspective.
Moreover, on a macro level, government funding policies for programs and services for refugees need to recognize that it takes time for them to be able to navigate institutional and community services. As well, disclosures of migration trauma and issues of violence in the home may not be revealed until some years later once a relationship of trust is established. Consequently, outreach services are essential in reaching refugee women as this thesis found that the help-seeking patterns of refugee women in the Greater Vancouver area revolve around the informal networks in their communities. This is supported by literature, indicating that refugee women tend to navigate through their informal networks and concurrently seek help from institutional helping organizations. In order to reach refugee women during their early settlement journey, programs and services need to have an outreach component and interventions such as counselling and crisis interventions should be available to families in their homes or places that are readily accessible in their geographic locations. On a mezzo level, therefore, programs and services need to be culturally responsive to the needs of refugees as well as geographically and linguistically accessible. In some of the women’s narratives, they articulated some ideas for designing culturally responsive programs for refugees. For example, language programs with labour market component would be helpful for those who have some English language capacity. Another idea was to design training programs that lead to meaningful jobs (those that are not seasonal and minimum wage jobs) instead of “dead end” ones. There are others that the women could articulate if given the opportunity to express their ideas.
On a micro level, service providers such as social workers must develop the necessary skills to do culturally responsive interventions, acquire knowledge, perspectives and understanding of migration and trauma as well as engage in an ongoing process of reflection in their practice. The women in the study indicated that compassion and kindness were, in some situations, more important than practical help. They remembered service providers who showed respect and kindness in their interactions and they remain grateful for being treated like human beings. The women also valued a process of reconstructing their identities. They search for a sense of belonging and this process necessitates grieving their losses (material, emotional attachments and relational) and contesting discontinuities in symbolic interactions and cultural rituals that do not give meaning to their evolving identities. Service providers need to engage refugees in this process in order to gain their trust and explore meaningful interventions. Above all, service providers must acknowledge the process of "becoming refugee"; that being a refugee is just one part of the totality of their identity. They have other identities such as activist, who resisted institutional violence in their country of origin, mother, sister, aunt, friend, student, worker, advocate, among others. Often times, labelling persons as refugees does not benefit them; instead, it marginalizes them. The women in this thesis regarded the refugee label as negative, stripping their identities prior to fleeing their country of origin. Although the women regarded themselves as refugees in various stages of their migration and settlement, they wish to shed this negative
identity as soon as they begin to contribute to the Canadian society through volunteer work or attachment to the labour market, paying taxes.

Through the stories of the refugee women who participated in the study I have gained insights into their help-seeking patterns and how they ascribe meaning to these experiences. What stands out is the remarkable strength of the women as they navigated the maze of social services and found helpful service providers who made an impact on their lives. In some sense, the study can be viewed as an evaluative process of programs and interventions designed to assist refugee women. As a service provider, I am both humbled and thrilled that many of the women in the study expressed appreciation of the Bridging program and its effect on their lives some years after completion of the program. As service providers, we need to be vigilant of our interventions, ensuring that we are respectful and culturally responsive in designing programs and services. As shown in this study and many other studies (Bowen, 2005; Bhuyan, et al, 2005; Israelite, et, al, 1999), program participants are our best teachers when it comes to designing programs and services, especially refugee women who have strengths and capacities that need to be recognized. They may appear to be vulnerable, thus easy to pathologise, but when given time and space to define their needs, they can be very articulate. The implications of this thesis on a Bridging program for immigrant and refugee women point to the need to include an outreach component in the design of the program and perhaps consider delivery of the program in first language in the community of the target population.
In terms of research on refugee women, this thesis showed that the narrative approach was respectful and empowering, as it used a feminist standpoint, which honours the women's struggles. This stance enabled the researcher to celebrate the women's strengths and the manifestations of social agency in their settlement and integration journey.
REFERENCES


APPENDIX D: Questions for Focus Group

Help Seeking Experiences of Refugee Women: Metaphors of Resilience, Resistance and Reconstruction of Identities

Questions for Focus Group

I. Go over Consent Form
   If no questions and participants are in agreement, ask them to sign the form. Give extra copy for them to keep.
   Establish Group Agreements re: confidentiality, show respect, etc.

II. Demographics
   1) Please give your full name, country of origin, language(s) spoken, number of children, number of years in Canada, working or not working
   * Do a time line of arrival in Canada using note cards, string and paper clips

III. Questions to generate narrative:
   1) Think of your experience in Canada in terms of stages, for example, 0 – 1 year or 0-3 years
      2 – 3 years
      4 – 6 years, etc.
      Perhaps you can think of a significant year(s) that you will always remember.
      Map out and write down on your map the names of people, places, organization(s)/agencies that you saw or asked for help.
   2) What kind of help were you asking?
   3) Describe your experience of seeking help.
   4) How did you feel about seeking help from -----?
   5) Why is this stage or time period important for you? (ask for each stage)

IV. Thank participants for sharing their stories. Ask them if they would like to meet again to review the transcript.
APPENDIX E: Questions for Individual Interview

Help Seeking Experiences of Refugee Women: Metaphors of Resilience, Resistance and Reconstruction of Identities

Questions for Individual Interviews

I. Go over Consent Form
   If no questions and participant is in agreement, ask her to sign the form. Give extra copy for her to keep.
   Explain procedural consent. Give list of counseling resources.

II. Demographics
   a. Please give your full name, country of origin, language(s) spoken, number of children, number of years in Canada, working or not working

III. Questions to generate narrative:
   a. Think of your experience in Canada in terms of stages, for example, 0 – 1 year or 0-3 years
      2 – 3 years
      4 – 6 years, etc.
      Perhaps you can think of a significant year(s) that you will always remember.
      Map out and write down on your map the names of people, places, organization(s)/agencies that you saw or asked for help.
   b. What kind of help were you asking?
   c. Describe your experience of seeking help.
   d. How did you feel about seeking help from ----?
   e. Why is this stage or time period important for you?
      (ask for each stage)

Thank participant for sharing her stories. Ask her if she would like to meet again to review the transcript.
APPENDIX F: Focus Group #2: Participants' Mapping of HSE
APPENDIX G: Individual Mapping #1

[Diagram showing a house with labels indicating various locations and time periods.]

- Born in Iran
- 5 months in Iran
- 7 years in Syria
- 1993-1999
- Canada
- 1 year in Saskatoon
- 6 years in Vancouver
- 2000/2006
APPENDIX I: Individual Mapping #3