

# **Post Traumatic Stress Disorder: The Lived Experience of Immigrant, Refugee and Visible Minority Women**

## **EXECUTIVE SUMMARY**

### **Introduction**

Immigrant and refugee women are coming from war-torn countries and from countries where they may have been exposed to disaster, incidents of extreme trauma and continued gender oppression. Statistics Canada (1996) reported that 4,125 women immigrated to Saskatchewan between 1991 and 1996. 185 women arrived from the Middle East, 460 from Africa, 230 from Central and South America and 1,950 from Southern and Eastern Asia (Statistics Canada, 1996). In many cases, the process of migration and the experiences of settlement as an immigrant in Canada have added to the distress and trauma.

### **Purpose of Research**

The aim of this research was to engage in a process of study of personal experiences of immigrant and refugee women who self identified as sufferers of Post Traumatic Stress Disorder (PTSD) and with service providers, including physicians and psychiatrists to gather information regarding their knowledge and awareness of Post Traumatic Stress Disorder particularly in Saskatchewan, their experiences of service provision, service accessibility and about barriers to service and healing. The overall aim was to make recommendations for policy change and to do follow up action that would enhance the healing of immigrant and refugee women suffering from Post Traumatic Stress Disorder.

The study provides a literature review of research on Post Traumatic Stress Disorder. It offers a synthesis of the historical development of research on this topic through an exploration of some writing on the subject of therapy and intervention with sufferers of Post Traumatic Stress Disorder.

The report provides excerpts from the stories recounted by immigrant and refugee women and information about how they addressed their experiences with community based services, what was useful to them in their healing, and what the barriers were. It also describes the knowledge and awareness of Post Traumatic Stress Disorder among physicians, psychiatrists and other service providers and their experiences with immigrant and refugee women suffering from Post Traumatic Stress Disorder. Finally, the study also begins to draw parallels with the experiences of Aboriginal women.

## **Method**

Twenty women from Moose Jaw, Prince Albert, Regina, Saskatoon, Swift Current and Yorkton, were interviewed. Focus groups were held in Swift Current and Saskatoon, with individual interviews with service providers done in Regina and Prince Albert. Four psychiatrists and one general practitioner were interviewed. Semi-structured interviews were completed, using an interview guide.

## **Findings and Analysis**

This report includes the stories of immigrant, refugee and visible minority women who experienced symptoms of PTSD and demonstrates how the trauma experienced by these women was caused by external conditions not created by them. The participants described a wide range of experiences and diversity among immigrant and refugee women's experiences. There were stories of students, academics, professionals and other women whose lives and careers were halted and changed in one split second by the sudden onslaught of war in countries of origin. There were stories of women who had been activists in their countries of origin and who had lived with fear and oppression over a sustained period of time. There were stories of ordinary women who lived in poverty all of their lives because of ongoing war and unrest in their countries of origin. There were accounts of the devastating effects of racism and discrimination on the lives of immigrant and refugee women. There were stories of women who had lived in Canada for several years and who had never accessed help to deal with issues of trauma and who still seemed to have unresolved issues. And there were stories of violence and abuse that permeated so many of these stories.

While the experience of Post Traumatic Stress Disorder can be crippling, many immigrant, refugee and visible minority women interviewed attempted to function to the best of their abilities within their Saskatchewan communities. While they talked about the extent to which their fears caused them to hide indoors or to avoid going out, they also suggested that they had to force themselves to continue with daily activities, often because of family responsibilities or their own will to survive. There were times when these women were unable to engage in any activity and also times when their memories of events and their experiences of Post Traumatic Stress Disorder were overwhelming.

It was apparent that the women themselves were capable of identifying the cause of their health problems once they were given information about PTSD. The risk of further oppression and traumatization a) during immigration and settlement and b) by labeling PTSD as an illness rather than a normal response, were also identified. While the research describes much of the pain of these women, it also identifies the strength and resilience of immigrant, refugee and visible minority women who continue to play significant parenting/nurturing and bread-winning roles in spite of their experiences. At the same time, the women

described how PTSD impacts on their lives and sometimes makes it impossible to carry on these roles. Women identified the need for a variety of services and information. These included information about PTSD and support programs such as drop-in groups where they could meet other immigrant and refugee women as well as the need for adequate language training opportunities.

## **Conclusions**

When the research began, the research team wondered whether physicians, psychiatrists and other members of the medical and helping professions were knowledgeable about Post Traumatic Stress Disorder. The research concluded that there appeared to be strong theoretical knowledge of Post Traumatic Stress Disorder, based on the DSM, among medical practitioners who were interviewed. However, this knowledge did not appear to be consistently translated into practice, since physicians and psychiatrists did not appear to be recognizing symptoms of Post Traumatic Stress Disorder among immigrant, refugee and visible minority women clients. Among those psychiatrists who were interviewed, there were those who had worked in other provinces and countries where they had direct experience working with immigrant and refugee women who suffered from this disorder. While these particular psychiatrists appeared to have a strong empathy and openness to working with the immigrant population, they were not usually able to do so since many immigrant and refugee women did not attend mental health services. The medical practitioners and service providers who were interviewed expressed a desire for more opportunities to work with immigrant and refugee women. We believe that the recommendations that follow, respond to the concerns and needs expressed by the women as well as medical practitioners and other service providers who were interviewed.

## **Recommendations**

Based on this research, the research team recommends that this research be used as a basis for helping medical practitioners, mental health workers and other service providers improve services to immigrants and refugees who are victims of Post Traumatic Stress Disorder. The following specific recommendations are made.

### **Policy Change**

1. That policy-makers use this research to build awareness of Post Traumatic Stress Disorder by ensuring that training about the issues of Post Traumatic Stress Disorder be integrated into all programs aimed at serving the needs of immigrant, refugee and visible minority women.

2. That Saskatchewan Health, Health Districts and Mental Health service organizations develop policies of commitment to enhance the recognition and treatment of PTSD by health care workers.
3. That admission forms used by physicians, hospitals and mental health clinics be amended to include a section requesting information about experience with traumatic events.
4. That this research form the basis for developing a mechanism for involvement of immigrant, refugee and visible minority women in the development of policies related to Post Traumatic Stress Disorder.
5. That Saskatchewan Health, Health Districts and Mental Health service organizations develop policies of commitment to enhance access and utilization of mental health services by immigrant, refugee and visible minority women and the recognition and treatment of PTSD by health care workers. Ensuring that there be adequate funding to community based and government agencies, to provide outreach and education awareness programs to immigrant, refugee and visible minority women, could help to achieve this.
6. That Health Canada provide support to research and health promotion to address issues of Post Traumatic Stress Disorder and that they move beyond torture to recognize the diversity of experiences of Post Traumatic Stress Disorder among immigrant and refugee women.
7. That Immigration Canada play a role in ensuring that refugees receive recognition of, referral and treatment for Post Traumatic Stress Disorder.
8. That policy-makers and decision-makers explore the possibility of providing more community-based programming for immigrant, refugee and visible minority women in all locations, particularly smaller communities. This could be delivered through existing organizations that may be providing services to this population.
9. That adequate funding of medical and nursing education be encouraged to enhance information about Post Traumatic Stress and practical experience with immigrant service organizations.
10. That those agencies and organizations serving the needs of immigrant and refugee women continue to explore developing workshops and educational programs that would build and enhance knowledge and awareness of the issue of post-traumatic stress disorder as it affects immigrant and refugee women.

11. That partnerships be developed with psychiatrists, psychologists and physicians, who have particular knowledge and expertise working with immigrant and refugee people so that these individuals can be used as resources to develop and deliver educational and awareness programs.
12. That policy-makers continue to build awareness of post-traumatic stress disorder by ensuring that training about the issues of post-traumatic stress disorder be integrated into all programs aimed at serving the needs of immigrant and refugee women.
13. That helping professionals recognize that children of refugees experience symptoms of Post Traumatic Stress Disorder (e.g. nightmares, fears) and develop specific programs to meet the needs of these children.

### **Language**

14. 14. That adequate funding be allocated for English as a Second Language (ESL) programs since language was identified as a key to integration.
15. That adequate funding be made available for programs to be able to provide levels of language training and length of programming that would reflect the diversity of needs.

### **Other Barriers**

16. That those agencies and organizations serving the needs of immigrant, refugee and visible minority women begin/continue to integrate anti-racist strategies into all programming and that particular attention be paid to how the intersectionality of race, class and gender manifests itself among this very diverse population.

### **Further Research**

17. That organizations and agencies serving the needs of immigrant and refugee women build partnerships with First Nations and other Aboriginal women's organizations to explore further research about the parallel issues of post-traumatic disorder within their communities.
18. That Immigrant, Refugee and Visible Minority Women of Saskatchewan pursue a program of related research, including the examination of Post Traumatic Stress Disorder among immigrant children, elderly and lesbians.

## **Community Action**

**19.** That organizations serving the needs of immigrant, refugee and visible minority women develop partnerships and take the lead in stimulating policy change by meeting with :

- Policy makers to ensure development of prototype policies to meet the needs of this population;
- Health agencies to identify changes needed in intake forms;
- Saskatchewan Health, Health Districts and Mental Health service organizations to develop policies of commitment to enhance a) access and utilization of mental health services by immigrant, refugee and visible minority women and b) the recognition and treatment of PTSD by health workers.;
- Policy-makers and decision-makers to communicate the need for more community-based programming in all locations, particularly smaller communities.
- Primary Canadian publishers of medical and nursing textbooks to lobby them to request inclusion of expanded content related to immigrants and PTSD by authors who write regularly for them;
- Deans of the Colleges of Medicine, Nursing, and Education, University of Saskatchewan and the Deans of Education and Social Work, University of Regina to facilitate curriculum enhancements;
- Psychiatrists, psychologists and physicians who have particular knowledge and expertise with immigrants and refugees to develop partnerships;
- The Association of ESL Instructors to develop an action plan for expanding the scope and availability of ESL instruction.