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Refugees in Canada

From Persecution to Preparedness

STEPHEN J. SUTHERLAND
Centre for Applied Settlement and Integration Studies
HANY IBRAHIM
Ottawa, Ontario

PRE-READING QUESTIONS

The United Nations (1967) defines a refugee as a person who,

> owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country. (UNHCR, n.d.)

1. What do you think are some of the barriers to accessing employment services for refugee communities?
2. What ideas do you have for improving access to employment services for refugees and their families?

Introduction and Learning Objectives

Refugees and immigrants to Canada, although they may share many characteristics, are quite distinct as groups and have different challenges. As described in Chapter 11, immigrants come to Canada to gain employment as skilled workers or professionals, to reunite with family, or because they have an entrepreneurial ability to contribute to Canada. Refugees, on the other hand, come to Canada because they are fleeing persecution in their home country, and may have no ties whatsoever to Canada prior to their arrival.

Refugees have many of the same issues related to the settlement and integration as immigrants. These include language proficiency, **prior learning** and employment experience (including foreign credential recognition), and **intercultural competence** (Sutherland, Conrad, Wheller, & Wadhwa, 2011). However, practitioners who work with refugees identify several issues that tend to apply more specifically to refugees and have an impact on their successful integration, particularly in the area of career development (Valenzuela, personal communication, December 1, 2010). These include mental health issues, addictions, ongoing socioethnic division and discrimination, and potential obligations to human smugglers who may have brought the refugee to Canada. This chapter will address these specific issues, but it is important to keep in mind that most issues relating to immigrants will likely apply to refugees as well.

At the end of this chapter, you will have gained a better understanding of:

1. The basics of the Canadian refugee system.
2. The differences between sponsored refugees and refugee claimants.
3. The primary mental health issues most commonly faced by refugees.
4. The ethno-cultural complexities that refugee clients may encounter upon arrival in Canada.
5. The importance of a holistic approach to refugee client services.

The Canadian Refugee System

Citizenship and Immigration Canada (CIC) defines **refugees** as people in or outside of Canada "who fear returning to their home country" due to a threat of torture, a risk to their life, or a risk of cruel and unusual treatment or punishment (CIC, 2010a). CIC (2013b) describes Canada as a compassionate country that takes seriously its responsibility towards refugees, and notes that since 2006 the Canadian government has maintained the highest sustained levels of immigration in Canadian history.

> Our compassion and fairness are a source of great pride for Canadians. These values are at the core of our domestic refugee protection system and our resettlement program…. Canada operates a global resettlement program which, in 2009 alone, resettled refugees from over 70 different nationalities. There are about 10.5 million refugees in the world today. Every year, approximately 20 countries resettle about 100,000 refugees. From that number, Canada annually resettles 10,000 to 12,000, or one out of every 10 refugees resettled globally. (CIC, 2010b, para.1)

Refugee applications are submitted to the Immigration and Refugee Board (IRB). The number of applicants in a year fluctuates as does the acceptance rate: 43,996 applied in 2000 of which 48% were accepted; in 2011, the number declined to 24,981 with only 38% acceptance (University of Ottawa, 2013).

In 2006, Mexico, China and Pakistan were the top three source countries for refugee claimants (CIC, 2012). As Roma people sought refuge following Canada's lifting of the visa requirement for Czech visitors, applications from that country rose to 813 in 2008. This increase made the Czech Republic the seventh-largest source of refugee claimants in 2009, and led Immigration Minister Jason Kenney to call on "the Czech government to crack down on unscrupulous operators believed to be behind a massive surge in the number of refugee claimants arriving at Canadian airports from that country" (O'Neil, 2009). The Canadian government introduced controversial new visa requirements for Mexican and Czech nationals to reduce the number of refugee claimants from those countries (CBC News, 2009). This did stem the flow of new claims but soon after there was a similar growth in claims from Roma people originating in Hungary (CIC, 2013c).

TOP THREE SOURCE COUNTRIES FOR REFUGEE CLAIMANTS TO CANADA

Source: Citizenship and Immigration Canada: Canada — Refugee claimants present on December 1 by top source countries <http://www.cic.gc.ca/english/resources/statistics/facts2012/temporary/26.asp>.

2006	2008	2012
Mexico 10,030	Mexico 18,340	Mexico 7,944
China 6,278	Haiti 9,243	China 7,032
Columbia 4,086	China 6,437	Hungary 6,957

Table 1: Top Three Source Countries for Refugee Claimants to Canada.

The Protecting Canada's Immigration System Act of 2012 made further changes to the asylum system to discourage applicants from countries considered safe — known as "designated countries of origin" (DCO). In May 2013, there were 37 countries on the list — much of Europe, some Middle East, the United States, Australia, and South Korea. These are considered to be democracies; that is, the country has an independent judiciary and human rights are protected. Refugee applicants from these countries are less likely to be admitted. This has effectively blocked the Roma from Hungary and other eastern European countries.

The length of time it takes to process an application has been a troublesome problem. Under the new Balanced Refugee Reform Act, which went into effect in June 2012, the CIC hoped to reduce the time it takes to finalize a "bona fide" refugee claim to 45 days for some countries (216 for others; Johnson, 2012).

The Canadian refugee system involves a certain amount of complexity with which career practitioners may wish to familiarize themselves via the Citizenship and Immigration Canada website at <http://www.cic.gc.ca/english/refugees/>.

Types of Refugees

Potential refugee clients can be broadly categorized as sponsored refugees and refugee claimants.

The Speak English Café

by Stephen J. Sutherland

The Speak English Café, operated by the Mennonite Coalition for Refugee Support in Kitchener, Ontario, provides refugees and newcomers with a supportive space to practise speaking English. The Café was given its name because of the importance it places on a relaxed atmosphere. Its purpose is to assist refugee claimants and other newcomers with language acquisition, while also building relationships. It began in 2002 with the help of students from Wilfrid Laurier University.

Today, the Speak English Café builds community among refugees and Canadians alike by providing an inclusive space for conversations and learning to take place. One volunteer participant describes her experience at the Café: "I am happy with my personal, intellectual, and emotional growth, wanting to continue helping people like myself. I came disoriented in practising English, but I am improving with the participation and help."

For more information go to <http://www.mcrs.ca/programs/speak-english-cafe>.

Sponsored Refugees

Sponsored refugees arrive in Canada through a process referred to as **resettlement**. Citizenship and Immigration Canada relies on the United Nations High Commissioner for Refugees (UNHCR), other referral organizations, and private sponsorship groups to identify and refer refugees for resettlement in Canada. Many refugees selected through the government-funded Resettlement Assistance Program are from refugee camps.

Private sponsors are groups or corporations that have signed an agreement with Canada's Minister of Citizenship and Immigration (CIC, 2010c). In this agreement, they promise to provide funds and carry out certain duties to support refugees to Canada they have sponsored (United Nations, 1951, p. 16).

Sponsored refugees receive their refugee status prior to their arrival in Canada and are eligible for the same settlement supports that are offered to landed immigrants. These individuals do not require special permission to work or study, and can be referred to the same programs and services to which immigrants have access and that have been discussed in the previous chapter.

Refugee Claimants

Refugee claimants have already arrived in Canada but have yet to complete the application and approval process with Citizenship and Immigration Canada. These claimants may be **convention refugees** or **persons in need of protection**. Convention refugees are people who are outside their home country, or the country where they normally live, and who are unwilling to return because of a well-founded fear of persecution based on race, religion, political opinion, nationality, or membership in a particular social group, such as women or people of a particular sexual orientation. A person in need of protection is a person whose removal to their home country, or to the country in which they normally live, would subject them personally to a danger of torture, a risk to their life, or a risk of cruel and unusual treatment or punishment (CIC, 2008).

Refugee claimants require a **work permit** in order to obtain employment in Canada. They may receive a social insurance number (SIN), but it will begin with the number "9," indicating their non-permanent status in Canada. A **study permit** is not required for enrolling in English-as-a-Second-Language (ESL) classes; however, all other education can be taken only after a study permit is obtained. Refugee claimants are not eligible for the Language Instruction for Newcomers (LINC) program (Valenzuela, personal communication, December 1, 2010).

Human Smuggling

A large number of refugee claimants arriving in Canada do so by paying human smugglers to bring them (Macklin, 2005). Once established in the country and having secured jobs, there is the potential that obligations to smugglers will undermine their ability to make a living wage.

People who arrive by boat to seek asylum take risks. They sometimes give their savings to agents they don't know and board an unsafe vessel with an unknown destination. When they arrive in Canada, the **asylum seekers** along with their agents may be detained at length by the Canadian Borders Services Agency under the Immigration and Refugee Protection Act of 2001.

> "I know some people who took a boat to Canada," said one Sri Lankan man [who had made it as far as Thailand], whose wife was arrested and has been detained for months. "I support them getting to safety, but we cannot do that. Most of us living here can barely afford to keep an apartment. We cannot afford to pay for the boat trip." (Mullen, 2011, p. 1)

The Canadian government has tried to discourage "irregular mass arrivals" of boatloads of refugees through changes in the 2012 Protecting Canada's Immigration

System Act and the earlier Balanced Refugee Reform Act of 2010. Penalties for smugglers were substantially increased. Measures were also introduced to make this method less attractive to the migrants. The new provisions permit the Minister of Citizenship and Immigration to designate a group of migrants as "designated foreign nationals" to be detained until the claims are reviewed (CIC, 2013a).

Until 2012, under a long-standing program called the Interim Federal Health Program, the federal government provided basic health care, dental and vision care, medications, and medical devices as needed to refugee claimants until they became eligible for coverage under provincial health care. However, under the new government plan, some refugee claimants are only entitled to urgent care; others can be denied all care unless they have a disease that would be a risk to the public, such as tuberculosis.

Smuggled refugees can find themselves in a terrible dilemma when they arrive in Canada. An example would be the highly publicized arrival of 492 Sri Lankan refugee claimants in August 2010 aboard the MV Sun Sea that was intercepted off the coast of British Columbia by the Canadian navy. Major Canadian newspapers reported on the circumstances surrounding the transport, interception, and detention of the refugee claimants aboard the ship.

> The evidence is shedding new light on the bold migrant smuggling operation that has cost taxpayers $25-million and led the government to draft a new anti-human smuggling law … As many as 45 smuggling agents were involved, posted at key locations along the smuggling route … offering passage to the West — for a price. The fee varied but most paid $20,000 to $30,000. The agents collected a deposit of as little as 10%. The rest was to be paid in Canada, where the migrants were assured they would be wealthy. "We know that there are three or four syndicates, each of which had developed an area of expertise in smuggling contraband" said Jason Kenney, Canada's Minister of Citizenship and Immigration … "If a syndicate sends someone to Canada that has an outstanding debt of $40,000, they need heavies on this side to collect on the de facto loan." (Bell, 2011)

It is reasonable to assume that financial obligations to human smugglers will significantly hinder the successful settlement of refugees in these situations. In particular, a large portion of a refugee's potential employment or other income will likely go to paying this debt, resulting in a level of poverty that does not necessarily correspond with their employment or income status. These potential issues should be important to career practitioners, who must consider the possibility that the income these clients earn may not go to meet their own needs and those of their families, and weigh that against the employment decisions made by their refugee clients.

There is also the potential for considerable stress, anxiety, and fear related to the

pressure and threats of violence that refugees may face from the smugglers — either personally, or directed at family back home (Hainsworth, 2010). An added worry is that, in an effort to repay quickly, refugees might be (and sometimes are) subjected to the additional victimization of **human trafficking**, and either forced to commit crimes or be put to work by the smugglers in illegal and degrading activities in order to pay back the debt (Royal Canadian Mounted Police, 2010).

For refugee claimants who have arrived as a result of **human smuggling**, there are significant challenges once their settlement process begins. As well as a very large debt to smugglers, other barriers to their successful integration may include arriving with little or no money, illnesses requiring expensive medication, and a potentially long wait to even have their asylum claims heard. The Immigration and Refugee Board can only hear up to 25,000 asylum claims per year: By the end of 2009, the backlog of refugee claims had reached 61,000. Unsuccessful claimants can end up spending years in Canada before all possible appeals are exhausted (Thompson, 2011).

Mental Health and Addictions Among the Refugee Population

Individuals from refugee backgrounds may have experienced persecution, physical and emotional trauma, **forced migration** in their country of origin, and social exclusion and discrimination in the country of their resettlement (Murray, Davidson, & Schweitzer, 2010). Such incidences experienced by refugees differ from those of voluntary migrants and predispose many of them to symptoms of psychological disturbance prior to and following resettlement (Murray et al., 2010). Forced migration, traumatic events, resettlement in unfamiliar environments (Fazel, Wheeler, & Danesh, 2005), and unmet expectations in Canada (Simich, Este, & Hamilton, 2010) place refugees at higher risk for psychiatric morbidity and mental distress, including **post-traumatic stress disorder** (PTSD) and **major depressive disorder**. A global review of social factors associated with poor mental health among refugees found that poorer mental health outcomes were experienced by refugees living in institutional accommodations and experiencing restricted economic opportunity (Porter & Haslam 2005) — conditions that apply to most resettled refugee populations (Simich et al., 2010).

Mental health concerns are common among the refugee population, and studies have shown that individuals with higher rates of trauma, such as those experienced by the refugee population, have corresponding increases in severity of mental health symptoms, such as symptoms of PTSD (Murray et al., 2010). PTSD, depression, and **addiction** are particular areas of concern. Career practitioners can benefit from research-supported suggestions for approaching this population in a manner that will provide them with the most appropriate and effective service.

Post-Traumatic Stress Disorder (PTSD)

While mental health concerns vary among refugees — as experiences and exposure to trauma are idiosyncratically unique to each individual — one of the more commonly observed issues is PTSD. PTSD is a type of anxiety disorder that is developed after exposure to a psychologically traumatizing event, characterized by periodic flashbacks, and/or nightmares of the traumatic incident, hyper vigilance, and avoidance of stimuli associated with the trauma (Fazel et al., 2005).

Traumatic events such as human rights violations, civil conflicts, torture, and forced displacement may increase the likelihood of the diagnosis among refugees. Fazel and colleagues (2005) found that refugees in Western countries could be 10 times more likely than the age-matched general population to have PTSD. However, **prevalence** rates for PTSD vary widely, as the rate and severity of PTSD is directly proportional to the number of traumatic events experienced (Kozariæ-Kovaèiæ, Ljubin, & Grappe, 2000). Studies found prevalence rates to vary from 0% in conflict-affected regions such as Iran to 99% in Sierra Leone (Steel et al., 2009), with an overall rough estimate that 10% of refugees have PTSD (Fazel et al., 2005). In summary, refugees show greater levels of psychological disturbance than the general population (Fazel et al., 2005; Porter & Haslam, 2005), including higher rates of PTSD and major depressive disorder.

Contributing Factors

Significant exposure to torture, trauma, and loss during the immigration process elevate the risk of mental health concerns such as PTSD among refugees (Murray et al., 2010; Porter & Haslam, 2005). There are three phases through which refugees pass that are equally important when considering the likelihood of this disorder. The first is the **premigration phase**, characterized by social instability and a lack of security in one's country, which forces one to flee and seek refuge in some place safer. The second, or postmigration phase, begins when individuals have relocated and found a place to settle. The settlement phase is the last of the three and is identified as the time when refugees begin to adapt to their new environment. While practitioners will likely encounter clients at the **postmigration or settlement phases**, it is important to understand the implied risks to mental well-being inherent in each migration phase.

❖ *Stop and Reflect*

How could client experiences from the immigration process affect the relationship between refugees and practitioners?

Depression

In addition to post-traumatic stress disorder, depression is another significant mental health concern among refugees. Depression and major depressive disorder refer to the same condition; however, the former will be used here as it is a more general and less clinical term than the latter. Depression is generally characterized by low self-esteem, depressed mood, and loss of interest and pleasure in normally enjoyable activities. Although prevalence rates of depression vary among refugees, individuals who experience economic hardship are between 2.6 and 3.9 times more likely to experience loss of sleep, constant strain, unhappiness, depression, and bad memories, compared to individuals who do not experience hardship (Simich et al., 2006).

Contributing Factors

A refugee's chance of depression may be increased by such factors as time spent in a **refugee camp**, change in social status, economic hardship during resettlement, and discrimination upon settling (Maximova & Krahn, 2010). Maximova and Krahn (2010) found that time spent in a refugee camp was associated with a greater decline in mental health status. This may be due to poor living conditions and other trauma associated with living in refugee camps.

Change in social status among refugees was also found to play a role in determining the likelihood of having depression. For example, Maximova and Krahn (2010) found that refugees who had held professional or managerial jobs, or had completed a university degree in their home country, experienced a greater decline in mental and physical health upon resettlement.

Perceived economic hardship was also associated with greater declines in health (Maximova & Krahn, 2010). The reason for psychological distress was not simply economic hardship per se, but rather how it diminished one's ability to fulfill obligations to family in Canada and those still at risk in the homeland or refugee camps (Simich et al., 2006).

Discrimination was also identified as a contributing factor for depression. Refugees who reported experiencing **racial discrimination** had higher depression levels than their counterparts who reported no such experiences (Noh, Beiser, Kaspar, Hou, & Rummens, 1999).

In summary, there is a wide variety of contributing factors to depression among refugee clients. Career practitioners may want to be particularly aware of the mental distress that can be caused by a client's inability to fully participate in the labour market due to certain barriers, such as language difficulties, lack of Canadian work experience and/or job search skills, or issues with his or her foreign credentials being recognized in Canada. Moreover, obligations to support family in Canada or back home can place additional stress on a client and further exacerbate depression.

❖ ***Stop and Reflect***

If low motivation and low self-esteem are symptoms of depression, how might these symptoms impact the effectiveness of interventions that a career practitioner considers for a refugee client?

Addictions

Among refugees, addiction — or, the physical and psychological dependence on a substance — is typically the product of the hardship and challenges endured throughout their lives, as opposed to the cause of this hardship (Kozariæ-Kovaèiæ et al., 2000). Addiction can vary from maladaptive patterns of alcohol and drug use, to abnormal activities that lead to significant impairment and/or distress.

Although limited research exists on the relationship between addiction and refugees, studies that do address this connection estimate that 60 to 80% of refugees with PTSD also have a concomitant alcohol or drug addiction, and that alcoholism is the most common co-diagnosis of PTSD (Kozariæ-Kovaèiæ et al., 2000). For adult males, an increase in alcohol dependence was associated with current PTSD, and comorbidity rates were dramatically higher in men than in women (69.6% vs. 11.7%). It should also be noted that within the co-morbidity group, men reported a higher number of war-related traumas (Kozariæ-Kovaèiæ et al., 2000), which could explain the difference in prevalence between genders. In other words, war-related traumas that contribute to the development of PTSD may also lead to alcohol or drug addiction.

Contributing Factors

There may be countless reasons as to why or how one can become dependent on a particular substance, but it can be said that addictions are both valid and logical responses to the injuries inflicted on an individual, and may serve as a form of self-medication or tension reduction. The mental health symptoms caused by trauma-related distress continuously stimulate the addiction compulsion, and the addictive behaviours then generate further mental distress (Miller, 2002).

General Observations

While refugees may have increased chances of post-traumatic stress disorder, depression, and addiction, professionals working with this population should be aware of the limitations of the existing research, and remain sensitive to the cultural and idiosyncratic differences between individuals. Prevalence rates of the above disorders vary, and depend on the extent and exposure to trauma, as well as the length of resettlement. The extent of premigration trauma exposure may explain some of the variations in PTSD rates across refugee studies. Just as Kozariæ-Kovaèiæ and colleagues (2000)

found gender differences in war-related trauma, the degree and extent of exposure to conflict may have different impacts and outcomes on individuals. Similarly, the length of resettlement of refugees may also be a factor in the variability in rates of PTSD and other relevant disorders. The longer an individual spends in a refugee camp, struggles during resettlement, and is separated from loved ones, the more likely he or she will experience symptoms of the mentioned disorders. There may also be cultural differences in how an individual shows symptoms that should be taken into consideration when working with refugee clients. Therefore, while the refugee population may have an increased chance of PTSD, and depression, it does not imply that every client will have symptoms or have experienced similar situations to similar degrees.

How Career Practitioners Can Approach Mental Health Issues

Mental health symptoms among refugees appear to have a curvilinear pattern — symptoms increase during the initial stages of resettlement then gradually decline over time (Beiser, 1988; Tran, Manalo, & Nguyen, 2007). Of course, this depends on the circumstances experienced during resettlement and the type of support received. According to the literature (Beiser & Hou, 2006; Noh et al., 1999), economic difficulties, discrimination, and language issues are among the most significant challenges to well-being. Therefore, if refugees overcome these obstacles, they are more likely to experience fewer mental health challenges. Other factors associated with greater improvements in mental and physical health statuses are employment and sufficient access to settlement services during the first year in Canada (Maximova & Krahn, 2010). In light of this unique set of challenges, there is an ongoing need for information on existing mental health and psycho-educational interventions with refugee clients, and a need to assess the effectiveness of these interventions in reducing the symptoms of psychological trauma, as well as their ability to enhance the qualities of psychological and social well-being (Murray et al., 2010).

In order for professionals to provide the most effective and appropriate service to refugees, they must adopt a **holistic perspective**, engage in a non-medical/social approach, and provide services tailored to the client's unique strengths and needs (Murray et al., 2010). A holistic approach allows one to see the client as an individual with multiple perspectives and experiences. The professional is able to consider many different aspects, social and personal, of the client's life, and to understand cultural differences in meaning — all in order to foster culture-specific methods of coping and responding to adversity (Murray et al., 2010). A holistic understanding of an individual is a better base for shaping an appropriate service for that client, especially one that takes systemic factors into account, such as the client's experience as a member of a family.

Professionals working with refugees should attempt to steer away from the standard biomedical approach that views them as individuals with problems who

need medical treatment. In more cases than not, they need social care rather than medical treatment (Bala, 2005; Ekblad & Jaranson, 2004; Mollica, 2002; Simich et al., 2010; Watters, 2001). Even researchers, service providers, and professionals who work with refugees have begun to shift their emphasis away from treating the experiences of trauma and the symptoms of PTSD, towards fostering strength, capacity, and resilience among individuals and communities (Papadopoulos, 2007).

Fleeing persecution and navigating the immigration process adds challenges and barriers for refugees that immigrants are less likely to face. Some refugees may be vulnerable to exploitation and abuse. Issues such as human smuggling and trafficking are far too common in cases of refugee resettlement, and arriving in a new country does not necessarily mean freedom from the persecution faced at home. One would hope that arriving in Canada and leaving persecution behind would set the stage for personal and interpersonal well-being; however, as the next section discusses, refugees may continue to face similar difficulty as newcomers to Canada.

❖ ***Stop and Reflect***

What are some of the resources available in your community that might be appropriate referral opportunities for refugee clients struggling with mental health or addiction concerns?

Ethno-Cultural Division and Ongoing Persecution

Practitioners have taken particular note of the way in which refugees are received by immigrants of the same nationality, ethnicity, clan or tribe (Valenzuela, personal communication, December 1, 2010). They identify challenges faced by refugees who encounter **ethno-cultural divisions** that are similar to the ones they fled in their home country. This potential for ongoing division has particular relevance to career practitioners who may be counting on ethnic or cultural communities to provide a certain amount of settlement support for their clients.

Much study has gone into those issues related to refugees engaging with their new host culture, but less so with the challenges they face within their ethnic culture. At issue is the question of whether refugees, while attempting to settle in communities of immigrants from their own country, find that inter-ethnic discrimination and oppression from home has followed them here.

The literature indicates the potential for ongoing discrimination (or the perception of discrimination) to occur. A study of refugees who originally settled in cities in Alberta in the 1990s found that a substantial number relocated after a period of time. The reasons ranged from inadequate services, to better opportunities for employment and education, to the cold climate. But among them was the statement: "inter-ethnic hostilities within the immigrant community from

the former Yugoslavia" (Krahn, Derwing, & Abu-Laban, 2003).

Quantitative studies are limited, but there are indications that some refugees find themselves no better off than they were before arriving in Canada. For instance, Yohani and Hagen (2010) looked at refugee women who were survivors of war-related rape. The authors cite a number of reasons for such women not seeking out the services that they need in order to cope with the PTSD and other conditions associated with their horrific experiences.

> Lack of language specific services makes it difficult for survivors to: (a) explain what happened to them in a second or third language, *(b) trust revealing their story in front of an interpreter from the same cultural background* (emphasis added), and (c) understand minor differences in dialect between interpreting services. (Yohani & Hagen, 2010, p. 212)

The same study also noted that the cultural meanings, roles, and beliefs that brought trauma in the old country are maintained and enforced among the same ethnic groups now in Canada.

> [W]omen assuming positions of subservience in relationships may not question sexual assault. In this context, *survivors can be blamed for speaking up, or turn the blame on themselves, for not acting appropriately*. Cultural and religious values of sexual purity and fidelity of women can make it hard for survivors to accept what has happened and disclose their experience to others. (Yohani & Hagen, 2010, p. 213)

A review of relevant literature (Gray & Elliott, 2001) reveals that refugees do not always find their own ethnic community to be a source of support. Writers such as Wahlbeck (1998) and Steen (1993) point to the need for strong ethnic communities as a source of support for resettled refugees, particularly in terms of integrating into society and finding employment. However, refugees are often unable to establish strong and united ethnic communities in their new country, because old political allegiances continue to influence and divide refugee communities. McSpadden and Moussa (1993) identified such political divisions as barriers to building a strong community in the case of Ethiopian/Eritrean refugees.

Although focused on the needs of refugees to New Zealand, Gray and Elliott (2001) drew widely from international literature and found that the needs of refugees settling in New Zealand often paralleled those of refugees taking up residence in other countries, including Canada. It is probably safe to say that, in dealing with the many needs of refugees, care must be taken to determine whether a newcomer's integration challenges have to do only with the Canadian culture, or whether the existing ethnic culture is creating its own barriers to successful resettlement.

Conclusion

Canada remains a major destination for refugees. The Government of Canada, through the Department of Citizenship and Immigration and the Immigration and Refugee Board, adjudicates thousands of applications per year. Those who are approved have access to a large variety of programs and services to assist them in their settlement and integration pursuits. A smaller number of programs and services are available to claimants already in Canada who are awaiting a decision on their application.

Although refugees and immigrants share a great number of similarities and face similar challenges upon entering Canada, refugees do find themselves with additional challenges due to the nature of their path to Canada. The tumultuous circumstances from which they have fled can result in mental health issues and addiction. Once in Canada, they may find that established immigrants from their ethno-cultural communities can perpetuate the persecution and discrimination that they sought to leave behind. For those refugees whose path to Canada has involved human smuggling, the added challenge of having obligations to terrorist groups or organized criminals may result in additional barriers to successful settlement and integration.

It is important for career practitioners to recognize these unique challenges as being different from immigrant clients, and be prepared to shape their interventions accordingly. Resources that are available to immigrants are not necessarily available to refugee claimants, either due to funding limitations or because of real or perceived ethno-cultural divisions that can discourage refugees from accessing certain resources meant to assist them. Finally, issues related to mental health and addictions may provide a significant barrier to refugees and, in combination with the variety of concerns discussed in this chapter, may require the career practitioner to take a holistic approach in dealing with the counselling and case management of their refugee clients.

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Glossary

Addiction is defined as the continued use of a mood-altering substance or behaviour despite harmful and adverse consequences. There are many types of addictions ranging from gambling, to sex, to drugs, and alcohol.

Asylum seekers apply for admission under the standard definition of a refugee, as laid out by the United Nations, that they fear persecution at home based on factors such as race, religion, politics, or membership in a persecuted group.

A convention refugee is a person who meets the definition of a refugee contained in the 1951 United Nations Convention Relating to the Status of Refugees. In general, it is someone who has left his or her home country, has a well-founded fear of persecution based on race, religion, nationality, political opinion, or

membership in a particular social group, and because of that fear is unable or unwilling to seek protection in his or her home country.

Ethno-cultural divisions are social divisions created by differences in nationality, ethnicity, clan, or tribe. For refugees or immigrants these divisions are similar to the ones they faced in their home country.

Forced migration refers to coerced movement of people — refugees, people displaced by conflict, disasters, or projects.

A holistic perspective ensures that services are offered in an inclusive manner, respectful of and sensitive to diversity. Service providers take account of the complex, multifaceted, interrelated dimensions of settlement and integration.

Human smuggling is the illegal transportation of people into another country. The migrants pay the smugglers to get them to the destination and are free from their smugglers upon arrival.

Human trafficking is trade in humans for enslavement of exploitation typically for labour, sex, or organs. What sometimes begins as smuggling can end up as exploitation and trafficking, but not all trafficking involves crossing borders.

Intercultural competence refers to someone having understanding, knowledge, and comfort in interacting with other cultures.

Major depressive disorder is characterized by one or more major depressive episodes defined as at least 2 weeks of depressed mood or loss of interest in usual activities accompanied by at least four additional symptoms of depression.

A **person in need of protection** is a person who, if removed to his or her home country, would be placed in great danger — possibly of torture, death, or cruel and unusual treatment or punishment.

Postmigration phase or settlement phase is defined as the absorption of the immigrant within the social and cultural framework of the new society. Social and cultural rules and new roles may be learned at this stage.

Post-traumatic stress disorder (PTSD) is a condition that can develop as a result of being exposed to an extremely traumatic stressor that involves feeling intense fear, helplessness, or horror. The disorder may be particularly severe or long-lasting when the stressor is of human design (e.g., torture, rape, etc.), and trust is lost.

Premigration phase involves the decision and preparation to move.

Prevalence refers to a sum of instances of a particular disease within the given population at a certain point in time.

Prior learning is a process that encompasses what a person knows and can do. This includes formal, informal, non-formal, and experiential learning.

Racial discrimination is discriminatory behaviour towards another based on race, ancestry, ethnicity, et cetera.

A **refugee camp** is a temporary settlement built to receive refugees. Hundreds of thousands of people may live in any one single camp. Usually they are built and run by a government, the United Nations, international organizations, or non-governmental organizations (NGOs).

Refugees are people who are forced to leave their home country to seek protection in another country.

A **study permit** is the official document issued by an officer that allows a person who is not a Canadian citizen or a permanent resident to study in Canada.

Work permits in Canada consist of work visas and employment authorizations. A work permit is a document issued by officials of the Canadian government that allows a foreign individual to work at a specific job for a specific employer.

Discussion and Activities

Discussion

Discussion Questions

1. What are the mental health issues for refugees, including refugee youth, in their countries of resettlement?
2. On what should career guidance education programs focus in order to help refugee youth succeed in resettlement over the long term?
3. Demographic research shows that most immigrants and refugees eventually gravitate towards Toronto, Montréal, and Vancouver, where there are large refugee and immigrant-based communities (Statistics Canada, 2005). This is probably an indication of the fact that refugees and immigrants draw strength and sustenance from large diasporic communities in these large cities as opposed to smaller towns and territories. According to Gray and Elliott (2001), not all refugees find that their ethnic community provides support. Give possible reasons for this finding.
4. Complete a review of services that exist in your community to address mental

health concerns for refugees. What types of mental health issues are common among refugees in Canada?

Personal Reflection Questions

1. Refugees may face a number of discriminatory attitudes in the Canadian labour market. How might you unintentionally contribute to this discriminatory attitude?
2. The word "stigma" is an ancient Greek term that once referred to the prick marks that people would inflict upon their slaves to demonstrate ownership. Today, stigma refers to the invisible prick mark that symbolizes society's discomfort with mental health issues. The stigma associated with mental health problems can often result in stereotyping, fear, embarrassment, anger, avoidance, and discrimination. What is a mental health issue? How comfortable are you working with individuals with mental health issues?

Career Practitioner's Role

1. One measure of success for refugees is the development of livelihood rebuilding strategies. Make a list of rebuilding strategies that you would consider essential. (e.g., establishing safety for the family, etc.).
2. Understandably, most refugees want to get into the labour market as soon as they can, in work that reflects their experience and qualifications. But even when they do find the ideal job, they will need to learn to manage their career in their new country. Consider the elements of career planning: self-discovery, researching occupational information including the labour market, implementing job search skills, engaging in decision making, taking action, and developing and maintaining career management skills. How will this process be similar to and different from Canadian-born clients?

Activities

Interview an individual who came to Canada as a refugee and who has transitioned to full-time work in Canada. Introduce yourself and indicate where you were born. Below are some suggested interview questions. Brainstorm other ideas with your classmates.

- How long have you been in Canada?
- What is the work that you are doing now? What does that work involve?
- How did you find out about this work? Why did you decide to do this work? What interests you most about this work? Have you had any other work or jobs?
- What do you like the most about your work? What do you like the least about your work?
- What were the biggest challenges you faced in finding work in Canada?

- How similar is the work you are doing in Canada to what you did in your home country?

Resources and Readings

Resources

Websites/Videos

Albany Volunteers and Refugees Find Common Ground in Soccer: <http://www.refugees.org/refugee-voices/refugee-resettlement/finding-common-ground-in.html>.

Burmese Refugees Recover from Addiction with DARE Network <http://www.youtube.com/watch?v=h6zVDYI9aUc>.

Canadian Centre for Refugee Employment <http://refugeeemployment.org/>

Canadian Council for Refugees <http://ccrweb.ca/>

Iraqi Refugees to Canada <http://www.youtube.com/watch?v=UYtDk5KQED4&feature=related>.

Refugee Issues <http://www.youtube.com/watch?v=6PoWrFmH-c0&feature=related>.

The UN Refugee Agency Canada (UNHCR) <http://www.unhcr.ca/>.

Supplementary Readings

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