

Service Providers' Perspectives on Trauma-Informed Care for Refugee Youth with Gender-based Violence Experiences

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Introduction

Gender-based violence (GBV) is violence inflicted on persons because of their gender identity, gender expression or perceived gender, and can lead to various forms of psychological, physical, sexual abuse and suffering or harm (Status of Women Canada, 2018). GBV encompasses human rights violations, including intimate violence, rape, sexual assault and harassment, economic abuse and coercion, trafficking of women and girls and sexual abuse of children. In 2003 the UNHCR published "Sexual and Gender-Based Violence against Refugees: Guidelines for Prevention and Response" with a focus on primary prevention efforts in conflict zones. In Canada, while guidelines for trauma-informed practice exist for specific sectors, a gender-transformative and intersectional informed approach to promoting healthy public policy (PHAC, 2011) does not exist for refugee youth with experiences of GBV. Widespread stigmatization and victimization of GBV promotes silence among survivors and families, thereby inhibiting access to services (Gurman et al., 2014).

Our study

The purpose of our project was to develop trauma informed, safety, sensitivity and disclosure focused in-depth interview and focus group guide questions for refugee youth exposed to GBV. We believe that collaboration is needed amongst the public health community (e.g., service providers who serve this population), community leaders, and researchers to ensure that appropriate sensitive tools, strategies and methodologies are developed to better capture the experiences and needs of refugee youth who have experienced GBV.



What did we do?

In 2019 we conducted qualitative interviews with 5 service providers from different sectors (community social services, refugee and settlement services) with experience in serving GBV victims. The interviews were conducted in person to maximize the effectiveness of having face to face dialogue with service providers. This Information Sheet presents some of the findings.

"Survivors of GBV need to be able to trust and have confidence in health professionals and other caregivers and they need to know that support will be available for them whenever and as long as it is needed" (CCVT, 2018).

"Gender-based violence is perpetuated based on one's gender, primarily against women who identify as women, trans and non-binary folks, who are the highest at risk groups that violence is perpetrated against" (SP2)

What did we find?

The following themes emerged from service providers' narratives regarding their experiences serving refugee youth who have faced GBV.

They shared some of their strategies to enhance a sense of safety and support youth's security and empowerment.

Barriers refugee youth face in utilizing and accessing support

Service providers agreed on the importance of supporting refugee youth's urgent needs to keep them safe and secure. Health was understood as being more than just physical well-being but also incorporating emotional and mental health support.

The needs of youth exposed to GBV were identified:

- Build trust between service providers and survivors to allow youth to disclose personal and confidential information about their challenges and experiences;
- Youth need to regain power and sense of agency and to have their voices heard;
- Increase youth's social participation to maximize awareness among the general public, and within their own families, and networks; and

- Build connection with other youth through group sessions and group therapy.

Although service providers work to their best capacity to enhance the quality of their service delivery, there are several challenges which impact this process:

- ✚ Availability and accessibility to education, employment and counselling due to limited funding;
- ✚ Accessing health care system and social services due to immigration status and eligibility criteria;
- ✚ Social stigma on youth's identities; and
- ✚ Youth's unwillingness to disclose and share their challenges due to fear, shame, and lack of trust.

Moving from survival to thriving mode is the goal for many service providers supporting youth who have faced GBV (SP2)

Our focus should be on anyone who is displaced from their home, whether moving to a new country or leaving their apartment or their country of origin, who needs immediate support to find housing, legal, educational and employment and all of the basic needs that help people to thrive (SP2).

Barriers service providers face to provide their services

Budget cuts and funding issues were one of the significant challenges service providers face to carry out their activities to support refugee youth with GBV experiences. Lack of funding affect their services and programs, including:

- + Youth engagement and collaboration through recreational activities such as art and befriending programs;
- + Creating and providing safe spaces such as shelters, housing and community engagements;
- + Not having enough trauma-informed and trained service providers who fully understand the reasons behind vulnerability and sensitivity of victims of GBV;
- + Ongoing therapy and counselling; and
- + Engagement and collaboration with the legal system, health care system and other NGOs.

Promoting refugee youths' coping mechanisms is highly suggested instead of forgetfulness on youth's part which can easily happen. Also promoting clients' mental well-being through some intersectional holistic approaches is significant. Holistic means not only taking care of one aspect of the issue but also taking care of psychological and physical health of the client as well as housing, job (employment) to their immigrant status (SP1).

The goal of the service providers is to run their agency based on client's needs, wants and suggestions (SP2).

Service Providers' views on interview items for refugee youth with experiences of GBV

Due to the vulnerability and sensitivity of youth, especially victims of GBV, service providers were reluctant to interview refugee youth directly to avoid triggering and re-traumatizing youth.

If interviews were to take place, the recommendations included:

- To have a trauma-informed and trained professional at the interview; and
- To phrase the questions in a simple and less triggering way.

Gender-based violence is any type of violence, power and oppression, in any shape and form, whether it is interpersonal, systemic, financial, physical, psychological, emotional, sexual abuse and immigration related, that is geared specifically towards one's gender expression and no other reason (SP2).

Recommendations

Service providers had clear strategies that they recognized as being important for health promotion of refugee youth:

- Provide proper mental health support through counseling by professionals who are trauma-informed trained; and
- Raise awareness through education, posters, dialogues, public talks, collaboration of different service providers and agencies, to voice the needs and challenges of front-line staff, professionals and refugee youth who have faced GBV;
- Involve youth's family members and talk with them in their language to increase the effectiveness of culturally appropriate strategies; and
- Support and promote service providers' own physical, mental and psychological health.

Selected References:

- Pederson, A., Greaves, L., & Poole, N. (2014). Gender-transformative health promotion for women: a framework for action. *Health Promotion International*, 30(1), 140-150.
- Hankivsky, O., Cormier, R., & De Merich, D. (2009). *Intersectionality: Moving women's health research and policy forward*. Vancouver: Women's Health Research Network.

ABOUT THE INFORMATION SHEET

This information sheet is part of a series of information sheets produced at our Office and in relation to the Intersectional Approach to Gender-Based Violence and Mental Health Research Program. It provides some of the key findings from our qualitative study titled *Gender-Based Violence and Refugee Youth: Towards Trauma-Informed Practices*.

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