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Original Research

'Her cry is my cry': resettlement experiences of refugee women at risk recently resettled in Australia

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ABSTRACT

Objectives: Refugee women entering resettlement countries on woman-at-risk visas represent a particularly vulnerable population. While their specific gender-based resettlement will likely differ from the general refugee population, little is known about their experiences of early resettlement, with which to inform resettlement policy and practice. This research aimed to explore lived experiences of recently resettled refugee women at risk in Australia.

Study design: Qualitative research used focus groups and a framework approach to identify and explicate common themes in participants' experience.

Methods: Two focus groups with a purposive sample of African and Afghan refugee women at risk (N = 10), aged 22–53 years, were conducted in South East Queensland, Australia (October 2016), recruited with the assistance of a local resettlement service. Discussions were audiotaped, transcribed, and themes explicated.

Results: Six superordinate themes emerged: (1) sentiment of gratitude; (2) sense of loneliness and disconnection; (3) feeling incapable; (4) experiencing distress and help-seeking; (5) experiencing financial hardship; and (6) anticipating the future.

Conclusions: Findings indicate that resettlement policy, programs, and practice that explicitly target the needs of women-at-risk refugees are warranted, including a longer period of active service provision with specific attention to strategies that address the women's social connection, self-efficacy, emotional well-being, and financial hardships.

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Introduction

Given continuing global conflict, refugee numbers will likely rise, with significant public health consequences. Figures for forcibly displaced people increased by 37 million from 2005 to 2015, reaching 65 million worldwide, with 21 million granted refugee status.¹ This research investigated resettlement experiences of one vulnerable refugee population: refugee women resettled on Woman at Risk visas (henceforth referred to as women at risk).

With relatively few refugees repatriated and local integration weakened by social, economic, and political tensions impacting the commitment of states,² refugee resettlement (transfer from an asylum country to a country providing protection) is critical. Approximately 1% of refugees are resettled annually, with 107,000 resettled in 2015, largest host countries being the United States of America, Canada, and Australia.³

Immigration is a key social determinant of health,⁴ involving adjustments, social repositioning, and specific health risks through 'fear, stress, differential access to resources, experiences of prejudice and violence, and differential access to safe work and housing' (p. 383). Good health is both a resource for and an indicator of successful settlement and integration.^{5,6}

It is incumbent on resettlement countries to foster integration and economic participation of arriving refugees through resettlement programs.⁷ At the time of this research, Australia provided the overseas Cultural Orientation Program, Humanitarian Settlement Services (HSS) program, assessing needs of new arrivals and offering practical support for the initial 6–12 months,⁸ Settlement Grants Program (SGP), offering support for 5 years postsettlement,⁸ and Complex Case Program (CC), offering intensive case management for specific needs.⁸

The United Nations High Commissioner of Refugees⁹ Women and Girls at Risk submission category facilitates protection of women and girls 'who have protection problems particular to their gender, and lack effective protection normally provided by male family members. They may be single heads of families, unaccompanied girls or women, or together with their male (or female) family members (p. 263).' Without male protection, many women at risk have experienced significant premigration traumas, including sexual violence, with consequent physical, psychological, and social impacts,^{9,10} as well as substantial loss and associated distress.¹¹

Women and girls at risk submissions for resettlement increased from 6% to 13% from 2005 to 2014.² Of 13,756 humanitarian visas granted in 2014–2015, Australia allocated 1009 (16.8%) to woman at risk (204 visa) applicants.¹² Considering that Australia allocated 12% of humanitarian visas to 204 visa applicants since 2009¹³ and recently announced intention to increase annual refugee intake to almost 19,000,¹⁴ Australia's women-at-risk intake will likely increase. Women at risk confront specific resettlement challenges, including problems with social isolation, abuse, trust, parenting, and independent living skills^{10,15,16} and therefore, have specific needs. Given histories of persecution, marginalization, and interrupted access to basic needs, health, and education, women at risk face distinct health threats in resettlement. The gendered nature of the women's resettlement challenges has

been frequently overlooked.¹⁷ No tailored programs for women at risk exist, and they currently access mainstream resettlement services.

Feminist insights and gender awareness are essential when considering appropriate resettlement programs for women at risk.¹⁸ While recognizing heterogeneity within and across different groups of women, feminism highlights impacts from power hierarchies.¹⁹ For women at risk, the notion of intersectionality underlines how their gender intertwines with other social identities they hold (e.g. past experiences, culture, religion, and age), multiplying their oppression.²⁰

While successful resettlement requires an evidence-based, guiding policy and program development, we know little about the experience of recently arrived refugee women at risk. To gain greater understanding of the women's resettlement needs, this research aimed to explore the lived experience of recently resettled women at risk in Australia, using a qualitative focus group approach. Greater understanding of the women's experiences has potential to improve their resettlement outcomes by informing policy and practice in the sector.

Methods

Design

Qualitative research using two semi-structured focus groups investigated participant's resettlement experiences: one with women from African countries and one with women from Afghanistan, representing two major resettlement groups in South East Queensland at the time of data collection. Focus groups allowed conversational communication, familiar to potentially vulnerable women. Group processes afforded a context where women were free from pressure to contribute if feeling unsafe but empowered to give voice to unique experiences and perspectives should they wish to speak.²¹

Participants

Research criteria required participants had provided voluntary informed research consent and were (i) aged ≥ 18 years; (ii) living in South East Queensland; (iii) referred by a resettlement agency as recently resettled women at risk interested in research participation; and (iv) exited from Australia's HSS program. Participants were a purposive sample of 10 refugee women, aged 22–53 years old ($M = 37.5$ years), who had entered Australia within the past 16–40 months ($M = 28.9$ months) from Afghanistan ($n = 4$), Congo ($n = 1$), Eritrea ($n = 1$), Rwanda ($n = 2$), and South Sudan ($n = 2$). Six women were widowed, one was divorced, and three were single. Women had between 0 and 10 children, aged from 2 to 26 years old. Two women were separated from children overseas. All women had accessed the SGP.

Procedure

This study was approved by the Queensland University of Technology Human Ethics Committee, as part of larger research that intended to use qualitative and quantitative

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