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Working with refugee women: A case study

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Abstract
This paper uses one woman's story to illustrate some of the gender-related difficulties faced by refugee women, and the various interventions that may assist in their settlement and social inclusion, focusing on narrative therapy. The paper also describes Western Australian Association for Services to Torture and Trauma Survivors' (ASeTTS) programs in assisting refugees with their mental health and social inclusion, and especially the Personal Support Program (PSP) which helped the refugee woman in point.

It is estimated that state sanctioned violence occurs in over hundred countries around the world. This experience is not confined to adults, as many children and adolescent refugees have witnessed horrific events and suffered the effects of dislocation and deprivation. Over the decades Norway, Finland, Sweden, the USA, Canada and Australia have been among the countries which provide a safe environment and ongoing support for refugees. In 2004-2005 Australia accepted about 13,000 humanitarian refugees from Africa, Middle East and South East Asia (DIMA 2006). In many cases refugees have endured torture and experienced trauma resulting from persecution and violent conflict over a long period of time. Government, non-government and community-based organizations and agencies provide services to refugees to help them rebuild their lives in Australia.

The Association for Services to Torture and Trauma Survivors (ASeTTS) is a non-profit and non-government organization incorporated in 1992 to respond to the psychosocial and physical needs of torture and trauma survivors and their families living in Western Australia (WA). For many ASeTTS clients fear does not end with arrival in a safe country. Traumatic events are internalized as ongoing anxiety, and often accompanied by unresolved grief and depression. Assumptions that are central to human existence, such as trust, have often been shattered by traumatic experience. In addition to the trauma of the past, a new arrival is faced with the daunting task of settling in a new country and dealing with the challenges of learning a new
language, adapting to a new culture, securing housing, employment and children's schooling, often without a support network of family and friends.

Over the years, ASeTTS has been able to assist more people through the enhancement of its existing programs and development of several new clinical and community projects and activities. Counselors and community development workers have been involved with an Early Intervention Team, Trauma Counseling and Advocacy, Personal Support Program, Families in Cultural Transition Program, the Former Yugoslav Men's and Women's Groups, Strength to Strength Program and African Women's Support Program. They have also referred clients internally to other ASeTTS' services including a dietician program, physiotherapy, psychiatric consultation, community activities and volunteer support, and also externally, to other health, welfare and legal services.

I started working at ASeTTS as a volunteer and was later employed as an Early Intervention Caseworker assisting newly arrived refugees in their settlement process in Australia and providing short-term trauma counseling. I have also worked as a Women's Group Coordinator. In 2006 I started working as a Personal Support Program Counselor. Working at ASeTTS has been a challenging but at the same time very rewarding experience.

The Personal Support Program (PSP) is a national program designed to assist people with significant, non-vocational barriers, such as depression, anxiety, low self-esteem, social isolation, addictions, lack of language competency, disability etc, to access employment and education. As a PSP counselor my job is to assist clients to work towards reaching personal goals which may be social and economic. This can be achieved through face to face and telephone counseling, case management, advocacy and referrals, depending on the client's needs and priorities. The following case study illustrates the assistance provided to ASeTTS' clients through the Personal Support Program.

Guilchitai¹, a 28-year-old refugee woman from eastern Afghanistan, married with six children, was referred to me through Centrelink in June 2006. She came to Australia as an asylum seeker with her family in 2001. They have recently received confirmation of their permanent protection status. When I first met
her she appeared exhausted, tense, tearful and sad. She claimed that she had been depressed, describing anxiety, sleeping problems, lack of appetite, severe headaches and back pain exacerbated by social isolation and feelings of grief and loss. She was taking antidepressants. She stated that she did not feel confident and required an interpreter as she thought her English 'was not good'. She did not know how and where to start her story. It took time and effort to establish a relationship of trust and partnership and make Guiltchitai feel safe and supported. In our third session I introduced photo language as a reflection exercise, as part of narrative therapy. In later sessions I introduced another narrative technique — a reflective journal. These exercises worked very well. They stimulated connections between Guiltchitai's thoughtful reflection and personal experience. It helped her to relax and enjoy the process. A safe and friendly environment and a narrative approach enabled Guiltchitai to develop her story, externalize her feelings and emotions, identify her needs, explore her strengths and resources, unveil coping strategies and set up short and long-term goals. Below is a summary of Guiltchitai's story.

I was the fifth child of a big and poor family of ten in eastern Afghanistan. I had been forced to marry 35 year-old Hossain when I was 15. By the age of 23 I had five children. It is impossible for a woman to complain about a forced marriage... If she complained the family would kill her.

In Afghanistan the practice of forcing girls and young women to marry is widespread. Although forcible and underage marriages are criminal under the Afghan law, neither society at large nor the legal system treat them as a criminal offence. If Afghan girls and women resist forced marriages, they often face punishment. There is a strong emphasis on prosecuting girls and women for offences such as adultery, ‘running away from home’ and sex before marriage, which are known as ‘zina crimes’.

My younger sister Leila had been forced into a marriage at the age of 13 and was reportedly abused by her husband. She was sentenced to three years imprisonment for leaving him.
I remember when I came to Australia I felt ashamed when the doctor at the local general practice asked me about birth control and use of contraception. He worried about my physical well-being. My husband makes the decision about whether to use contraception, and what method to use. When I had attempted to negotiate changes to sexual behavior with him (the use of condom or birth control pills) he responded violently and accused me of infidelity or of having the virus. Last year I gave birth to my sixth child and I am pregnant again. I feel tired, exhausted, trapped, lonely and isolated. There is not much choice and freedom for me even in a country like Australia. I do not go out, only for shopping and doctor’s appointments. I do not have friends. Nobody comes to visit us. My husband has some friends from English classes and visits them occasionally. Every time he leaves he locks the children and me inside the house. I miss my family back in Afghanistan, especially my mother and sisters. I have not spoken to them for a long time. I do not know what has happened to them. Are they still alive? I am concerned about their safety and well-being.

I have never had a chance to go to school in my country or take up English classes in Australia. I recall I asked my husband to allow me to study English as other women from my country did. He became so angry, saying that my primary responsibility is looking after him, the children and the household. He claimed that if I do not do what I am required to do by our customary law and culture I could lose my children and would never see them again. My family back in Afghanistan would be ashamed of me. In my culture the behavior of a woman is considered to reflect on her family and community. If a woman is seen to be defying her cultural role, she may be held to have brought shame and dishonor on her family and community.

When my husband takes me out for shopping I see women around me smiling, laughing, driving cars, wearing nice and beautiful things. I recall one day when we were passing the swimming pool I saw women swimming and playing with children. I would like to learn to swim.
The doctor told me it can help to reduce my back pain and improve my well-being. But I can't. I do not remember when I was laughing and feeling happy. Lately I have been feeling so down, having severe headaches, back pain, sleeping problems and lack of appetite. My husband started to worry about me and took me to the local doctor. The doctor diagnosed me with depression, prescribed me some medication and advised me to see a counselor. When I had an appointment with a Centrelink psychologist she advised me to participate in the Personal Support Program at ASeTTS helping and assisting refugees in many issues. She stated that there are other clinical and community programs available at the agency I could be engaging in. It would also be a good opportunity for me to expand my network, gain social and language skills, and improve my health and wellbeing.

I am happy that I have met you. I feel very safe and think I could share with you all my worries and concerns as well as happiness and joy. I feel comfortable to give you quick call and tell you how I feel. Last week I came to the Women's Group. Thank you for organizing a taxi for me and my kids. I have to admit it was the happiest day of my life in the past five years. I never felt so fulfilled and alive. Last week I had the yoga class at the Women's Group and the instructor advised me to have a few physiotherapy sessions to alleviate my headaches and improve my general wellbeing. This week the group is going to the Araluen Botanic Garden. I have never been there before. I am looking forward to this bus trip. Last time we discussed what we are going to have for lunch over there and decided to have a multicultural lunch so we can share and enjoy the diversity. I have met a few women from my ethnic background. They will visit me next week for lunch. They will also teach me how to sew. Last month the Women's Group launched the multicultural quilt project 'Finding Voices'. We hope to display it at the 2007 Annual Quilt and Patchwork Exhibition. All women will contribute their personally designed blocks to the quilt. The blocks have to reflect the woman's identity.
I am not sure about my design. Hopefully some of my new friends could help me to work it out. Everything is so exciting. I feel I am able to do many things and you see I can communicate to you without an interpreter and I feel confident and more relaxed about it. I know I have to look after my children, however, the women told me that I can do some training in the future and get a job, maybe in childcare.

Recently I have received news about my family. They are all alive. I was able to negotiate with my husband to go and see them. He admitted that my health and well-being would benefit from this trip. Now I have a permanent visa so there are no problems for me to go overseas. I could not believe that my husband valued my opinion this time. If we were in Afghanistan it would not have happened...

Guiltchitai travelled overseas to see her family after more than six years of separation. She has been keeping a journal to reflect on her journey, which she says has been quite meaningful for her and it has stimulated her imagination, memory and emotions. It has helped her to gain control over her feelings, and changed her cognitive and behavioral patterns. She reported:

I do not need a counselor during my trip. I have a journal to share. Every time I feel bad I go back to my journal and every time I feel much better, I feel I am in control and now a picture is clear, and I can move on.

According to Epston (1998, cited in Milner 2001), the narrative approach has a powerful and liberating role at individual, group, community and cultural levels. Dryden and Fletham (1994) claim that ‘the basic philosophy of the narrative approach is that people are experts in their own lives, even though this expertise may have been undermined by the structural inequalities which affect many clients’ lives and traditional ways of explaining human behavior, which are often unreliable’. Many trauma survivors including Guiltchitai have been trapped in trauma over a long period of time. This makes it very difficult for them to externalize and verbalise their feelings and emotions. However, once they are able to express themselves they have taken the first step towards their
recovery. My role as a narrative counselor was to guide and provide Guiltchitia with an opportunity to incorporate narrative therapy as a means of discovering the stories that enable her and me to connect with each other and with the tradition that makes us who we are (McLeod 2003).

Furthermore, discovering the stories enabled Guiltchitai to reclaim her identity, deconstruct the dominant story of her oppression and develop an alternative story of strengths. It was attained through reflection and holistic practices such as personal storytelling, use of photo language and a reflection journal as well as yoga, music, food sharing and sewing at the Multicultural Women’s Group. As a result of these practices Guiltchitai’s mental and physical health and well-being has improved, her social participation has increased, her English skills have improved and her emotional dependency has reduced. She concluded:

I have gained confidence and self esteem as I never had before. I know what I want in my life as an individual, as a mother, as a daughter and as a wife...and also how to attain what I want.

References


Notes

1 All names are pseudonyms. Permission for this paper to be published was given by the director of ASeTTS, my former employer, and Guiltchitai, my former client.
2 While a few men have been accused or convicted of zina crimes, the criminal justice system places disproportionate emphasis on the prosecution of women for zina crime (Amnesty International 2004:17).