

Advances in Mental Health and Addiction  
*Series Editor: Masood Zangeneh*

Soheila Pashang  
Nazilla Khanlou  
Jennifer Clarke *Editors*

# Today's Youth and Mental Health

Hope, Power, and Resilience

 Springer

# **Advances in Mental Health and Addiction**

**Series Editor**

Masood Zangeneh

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Soheila Pashang • Nazilla Khanlou  
Jennifer Clarke  
Editors

# Today's Youth and Mental Health

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## About the Contributors

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**Anna Ainsworth** holds a PhD in political science from York University (2016). Her doctoral research focused on the Rwandan community in the Greater Toronto Area (GTA) and the dynamics of community building among the diaspora. She is also the author of “The Cracks and the Crevices: Rwandan Women in the Diaspora Navigating Gender Regimes in Rwanda and Canada” in *Africa in the Age of Globalisation*.

**Esra Ari** is a PhD candidate in the Department of Sociology at the University of Western Ontario. She holds an MA (sociology) from Middle East Technical University, Ankara, Turkey. Esra's areas of interest are social inequality, “race” and ethnicity, racialization, social class, migration, and multiculturalism. Her current research examines the interlocking effects of “race” and class on the economic and social integration of second-generation Jamaicans and Portuguese. She has conducted research on children of internally displaced Kurdish people, education, child labor, and child poverty in Turkey, in a study entitled “Educational Perception of the Internally Displaced Families' Children: Evidence from Izmir and Diyarbakir.” Esra also teaches courses on “social inequality,” “minority groups,” and “sociology

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**Karen Arthurton** holds a master of social work degree from Ryerson University and is a full-time contract lecturer at Ryerson in the School of Social Work. Through antiracist, anti-oppressive lenses, Karen interrogates how systemic injustice impacts participants/service users while exploring ways to eradicate racism, sexism, heterosexism, ableism, sanism, and classism. She has worked with youth and youth-serving professionals for over 25 years in the areas of counseling, advocacy, program development, and training in the areas of sexual health, sexualized violence, conflict mediation, and anti-oppression/racism/homophobia. She is passionate about working young women of racialized backgrounds and exploring the multiple ways we navigate racialized, gendered, and class-influenced identities.

**Kate Atkinson** is a 17-year-old born and raised in Toronto, Ontario. Born with Treacher Collins syndrome, she has been involved with AboutFace since infancy and currently serves as a member of the SickKids Children’s Council. Atkinson’s professional aspirations include a career in human rights and diversity and digital media journalism, looking to specifically raise awareness and inform society about facial differences. She began her undergraduate studies at McMaster University in 2016. Atkinson was recently featured in a Humber College student film documentary, *A New Reflection*, which focused on the daily experiences of living with a facial difference. Since then, she has enjoyed participating in the documentation of and witnessing people’s stories and life experiences. She is a passionate dancer, having begun her training in jazz at the age of 5. Atkinson is also an animal lover, an avid writer, a skilled photographer, and an enthusiastic traveler.

**Amy Bender, RN, PhD** teaching and research interests combine the relational work of nurses, public health, and mental health. As an assistant professor teaching stream at the University of Toronto, her teaching responsibilities have included a range of courses covering community/primary healthcare, psychiatry-mental health, nursing theory, global health, and qualitative research. Her research investigations have focused on the relational skills of nurses in population health programs, mental health/illness issues related to stigma and immigrant health, and the psychotherapeutic aspects of care in these areas. All of her activities and scholarship are informed by transformative learning and critical pedagogical approaches and driven by participatory, community-based, and qualitative methodologies.

**Bahar Biazar, PhD** received her doctorate from the Ontario Institute for Studies in Education (OISE) at the University of Toronto. Her research area is ESL education for social transformation. She has developed the Dialectical Teaching Method, a radical ESL teaching method aimed at developing a historical, relational, visionary mode of thinking. She is a professor of English for academic purposes at the English Language Institute of Seneca College, Toronto, Canada

**Benjamin Branco** is currently enrolled in his fourth undergraduate year at the University of Toronto, studying diaspora and transnational studies and French literature. He is keenly interested in crises of cultural identity and the displacement of humans resulting from wars and economic and political upheaval. He has cultivated a passion for Francophone and Lusophone literatures tied to colonial and postcolonial periods. This has allowed him to discover different perspectives which exist worldwide among Lusophone, Francophone, and Anglophone speakers and how they have helped shape different regions. During his spare time, he enjoys reading a wide variety of literature, including current world issues and human rights, writing poetry, volunteering in programs centered on dialogues of intercultural exchange, listening to world music, running, and swimming.

**Cátia Branquinho** is a health psychologist (OPP), with a master's in clinical psychology from the Lusíada University of Lisbon. She is a researcher of the Social Adventure Team ([www.aventurasocial.com](http://www.aventurasocial.com)), in the Faculty of Human Kinetics (FMH), University of Lisbon, in the areas of health promotion, promotion of personal and social skills, and promotion of health behaviors and prevention of risk behaviors in adolescents and young people. She is also a researcher at the Instituto de Saúde Ambiental (ISAMB), Medical School, University of Lisbon. She integrates the Psychotherapy Intervention Team at the Counseling Psychology Centre: GAP/FMH/University of Lisbon. She is the executive coordinator of the youth-led national project Dream Teens (2014–2017).

**Inês Camacho** is a psychologist (OPP), with a master's in cognitive-behavioral therapies and PhD in educational sciences. She is a researcher at Aventura Social team ([www.aventurasocial.com](http://www.aventurasocial.com)). Her research work is in the promotion of health behaviors and prevention of risk behaviors in adolescence and in the relationship of youth and families. She is also a researcher at ISAMB, Medical School, University of Lisbon. She was (2014) one of the national executive coordinators of the European project HBSC/WHO, and she is currently with ES'COOL: Promotion of Mental Health in Schools, an EEA grant.

**Jennifer Clarke** is an assistant professor in the School of Social Work at Ryerson University. Her teaching and practice are grounded in anti-oppression, critical race feminism, and anti-Black racism perspectives. She uses arts-informed approaches to deconstruct the colonial, racial, and gender power relations in social work education and practice. Her program of research explores the intersection of race and anti-Black racism in child welfare, with a focus on disproportionality and disparity and the pathways of confinement in K-12 public education via zero tolerance/school-to-prison pipeline; loss and trauma among Black families; and social issues in the Caribbean. She is the recipient of research grants and awards and has published several journal articles and book chapters on Black families and child welfare, school safety policy, gun violence loss, newcomer youth, and social work education and practice. She is also a guest editor for the *Journal of Critical Anti-Oppressive Social Inquiry* (CAOS).

**Sudharshana Coomarasamy** is a mother of two children, who came to Canada 30 years ago as a refugee from Sri Lanka. She has been working with refugee and immigrant populations for the past 25 years and is a registered psychotherapist, currently working in York Region. She has been published in a variety of venues and has published a book of poems in Tamil (1988) and in English—*Call of the Sea* (2006). She dreams of publishing her third, *Meeting the Waves*, in the near future.

**Georges Danhoundo** is adjunct professor and postdoctoral fellow in the Faculty of Health at York University. He received his PhD in sociology from Laval University, addressing the family support to orphans in Burkina Faso. He holds a master's in international development from the Graduate Institute of International and Development Studies of Geneva. He conducted policy analyses at World Vision Canada and the National Institute of Statistics and Economic Analysis in Benin. His current research analyzes the factors (economic, cultural, social, institutional, and political) undermining implementation of strategies to prevent malaria among pregnant women and youth in Africa, elucidating the variables that affect program success.

**Marcellin Danhoundo** is a community development professional with over 15 years of field experience. Prior to joining World Vision Canada where he currently serves as regional program manager in charge of West Africa, he served as capacity building program manager and country representative with Mennonite Central Committee in DRC and Zimbabwe and as area manager with Tearfund UK in Eastern DRC. Marcellin holds a master's degree in adult education, training, and development from the University of Rouen (France), a master's degree in development studies from the University of the Free State (South Africa), and a graduate certificate in peacebuilding and conflict transformation from Eastern Mennonite University (USA).

**Katie Degendorfer** is a JD candidate and holds a BA (Hons) in political science from the University of Toronto. During her BA studies, Katie worked as a research student for Professor Elisabeth King, assisting in the research and editing of King's book on education in Rwanda. After completing her BA, Degendorfer worked as an independent contractor on a variety of projects including a cross-national qualitative study focused on understanding youth aspirations for education in Kenya and Pakistan. Katie is completing her final year of law school where she specializes in criminal law. In 2015 and 2016, Katie worked for criminal defense law firms in Toronto. She is also currently a senior editor on the *Ottawa Law Review*.

**François Régis Dushimiyimana** is a Toronto-based community activist/artist who draws on his experience as a newcomer youth in his contributions to various projects at the national, provincial, and municipal levels. He works to educate and engage with policy makers, service providers, and peers to create a system of services that works for newcomer and refugee youth and helps them navigate their new environment and the barriers they may face. He has facilitated workshops at York University, the University of Toronto, and other institutions on various topics and regarding trauma in newcomer youth and best practices for addressing this trauma

among mental health professionals. He has also worked as a dance instructor for Dance Steps, Life Skills, an interactive program that encourages precarious and marginalized youth to express themselves artistically and share cultural practices. Organizations particularly important to François's life include FCJ Refugee Centre, the Canadian Centre for Victims of Torture (CCVT), and the Canadian Council for Refugees.

**Setareh (Tara) Farahani** first immersing herself in the world of social services at the age of 17, continually engages and opens important dialogues with those around her in all walks of life. She expresses herself creatively through various forms of art and writing and continually strives to blend her creativity and social justice together to connect with her community. Tara has sat on numerous panels and facilitated group discussions in her work around subjects of race, queerness, and womanhood. She aspires to work internationally and embrace continual learning from those who cross her path along the way and inform her narratives. She works primarily within the social work sector with an interest in policy and research.

**Meiyin Gao** holds a BSc in computer science, an MSc in biostatistics, and a diploma in community development. She has lived and worked in China, Belgium, and Canada. Her experience includes designing research studies, clinical trials, and social science research. Meiyin has worked on a variety of mental health projects, such as neighborhood effects on health and well-being of immigrants, mental health and homelessness, and health, well-being, and parenting experiences of young mothers. She currently leads the statistical work at Critical Care Services Ontario, Toronto.

**Margarida Gaspar de Matos** is a clinical and health psychologist (OPP) and full professor of international health in the Faculty of Human Kinetics, University of Lisbon. She has a PhD in special needs. She is a researcher at ISAMB, Medical School, University of Lisbon, and WJCR/ISPA. She is the national coordinator of several international research projects which include the Social Adventure and the European projects HBSC/WHO, KIDSCREEN, TEMPEST, Dice, RICHE, Y-SAV, and MOCHA. She coordinates the Psychotherapy Intervention Team at the Counseling Psychology Centre: GAP/FMH/University of Lisbon. She is the national coordinator of the youth-led national project Dream Teens, and she is the OPP national representative at the Board of Prevention and Intervention at EFPA. Her research focuses on health behaviors and psychological well-being of adolescents, migrant populations, and gender issues.

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**Jacinta Goveas** is an independent author, who has been published in Canada and overseas. She is a professor in the Faculty of Applied Health and Community Studies in Sheridan College, Canada. Working for the United Nations High Commissioner for Refugees (UNHCR) for over 15 years, she coordinated community services, including psychosocial programs, in refugee camps and urban settlements in many countries. One of her functions with UNHCR was senior regional advisor for refugee children in Europe, which led her into the area of response to human trafficking of refugee youth and children in Europe and the development of policy to address the psychosocial issues resulting from forced displacement. Jacinta holds a master's from York University, focusing on the impact of displacement and the formation of diasporic communities. She volunteers with the FCJ Refugee Centre, including being the editor of *Refugee Update*, and other refugee settlement programs.

**Zachary Sera Grant** is a community support worker at a supportive housing agency in Toronto, working with individuals who have experienced homelessness and who have received a psychiatric diagnosis and/or identify as living with an addiction. Zac is also a part-time student in the School of Social Work at Ryerson University. Zac is the current president of the board of directors for Fresh Start Cleaning and Maintenance, a consumer survivor-run business serving the Greater Toronto Area. Zac identifies as mad, queer, and gender non-binary. Zac is also a mixed media artist and writer, creating works which explore trans identities, gender, madness, mental health, sanism, trauma, grief, and loss.

**Leyland Gudge** has over 35 years of experience in Ontario's child welfare system in a variety of roles, including as a frontline child protection worker, a Children's Aid Society (CAS) community worker in Toronto's Black community, and a former tribunal member of the Provincial Child and Family Services Review Board. A pioneer in the 1980s and 1990s, Leyland managed the first diversity program in child welfare at Toronto CAS, was a cofounder of Harambee Centre and the province's first Black Child and Family Services, and served as an antiracism institutional change consultant to CAS and other children services agencies in Hamilton, York, and Durham Regions. Leyland holds a master of social work degree with a specialization in ethnicity and pluralism from the University of Toronto.

**Nasim Haque** is a physician with a doctoral degree in public health from Johns Hopkins University. She has worked with international bodies such as the World Bank, World Health Organization, and UNICEF and has lived and worked in Pakistan, Australia, the USA, and Canada. Her former role as director of community health at a leading local think tank involved directing community-based research on the social determinants of health and mental well-being among urban immigrant populations. Her recent work includes exploring the relationships between social capital, social support, and mental health among immigrants. Dr. Haque currently leads evaluation projects at Critical Care Services Ontario, Toronto.

**Lina Homa** is currently studying bachelor in physics at Ludwig Maximilian University of Munich, Germany. She came to Germany as an unaccompanied minor.

**Michaela Hynie** is social and cultural psychologist in the Department of Psychology, York University, associate director of the York Institute for Health Research (YIHR), and founder and director of the YIHR's Program Evaluation Unit. Dr. Hynie is interested in engaged scholarship, working in partnership with students, communities, and organizations, both locally and internationally, on research addressing complex social issues. Her work centers on the relationship between different kinds of social connections (interpersonal relationships, social networks) and resilience in situations of social conflict and displacement and interventions that can strengthen these relationships in different cultural, political, and physical environments. This includes work on culture, migration, and health inequities; climate change adaptation; and social integration of refugees. Dr. Hynie's work has been funded by the Social Sciences and Humanities Research Council, Grand Challenges Canada, the Canadian Institutes of Health Research, the Lupina Foundation, and a range of health and human services agencies.

**Farah Islam, PhD** completed her postdoctoral fellowship in the Social Aetiology of Mental Illness (SAMI) Program at the Centre for Addiction and Mental Health and the University of Toronto and her PhD at York University. She explores mental health and service access in Canada's racialized and immigrant populations, employing both quantitative epidemiology and mixed methods research. Farah orients her research and community work around breaking down the barriers of mental health stigma.

**Nancy E. Johnston, RN, PhD** is associate professor in the School of Nursing at York University, Toronto. She has worked in hospital, community, and academic settings in Canada, the People's Republic of China, Ghana, and Rwanda. Avoiding preventable suffering and relieving suffering are ultimate human concerns. Such goals require that we address not only the suffering we see but also the suffering we do not "see." This means we must strive to respond to suffering in the lives of those who may not resemble us and who suffer in ways not familiar to us. Nancy's research and writing is aimed at helping to recognize suffering, come to terms with it, and understand our response as a central social responsibility. She uses qualitative phenomenological hermeneutics and arts-based approaches to study suffering, resilience, and the reconstruction of meaning and identity in the context of adversity, marginalization, extremity, and loss.

**Innocent Katabazi** is a member of the Canadian Association for Rwandan Youth (CARY). He migrated to Canada in 1989 with his family and then experienced the horror of watching the genocide unfold in Rwanda, from afar. He is an active participant in the cultural and social life of the Rwandan diaspora in the GTA, and works to rebuild community ties.

**Amanpreet Kaur** is a branch policy and process administrator with Arbor Memorial Inc. and is a current student of criminal psychology and behavior analysis at Durham College. She has an honors bachelor of arts degree, specializing in English literature, and double major in gender studies and religion from the University of Toronto. She also is a certified TESL Ontario and TESL Canada teacher. Amanpreet is an avid mental health advocate within her community, with a strong volunteer focus on domestic and sexual violence.

**Zana Kaya** is a college student in Social Service Worker—Immigrants and Refugees Program. She immigrated to Canada in 2005 at age 8 to join her family. She has always been interested in helping new immigrants and has volunteered in hosting social events at various cultural and community centers. In addition, Zana has participated in a number of social justice initiatives promoting peace and peaceful social movements.

**Kulsoom Kazim, BA** is a recent graduate from York University with an honors bachelor's degree in psychology. She is active in her community and plans to pursue a master's in social work. She has lived with food insecurity and understands the different struggles that youth face on a daily basis. She hopes to make a difference in as many lives as possible.

**Attia Khan, MBBS, MSPH** has been practicing as a physician and is currently completing her PhD in the Department of Health Policy and Equity at York University. She is conducting her doctoral research under the supervision of Dr. Nazilla Khanlou. Her research focuses on the mental health experiences of immigrant youth, using mixed methods research including intersectionality to examine mental health equity. She is the recipient of several scholarships including the Ontario Graduate Scholarship and the Meighen Wright Maternal-Child Health Scholarship. She has worked in a range of research projects such as the Bariatric Surgery Program, International Medical Graduates Fellowship Training needs assessment, needs assessment for people living with HIV/AIDS, and maternal healthcare cost assessment. She has published her work in peer-reviewed journals.

**Nazilla Khanlou, RN, PhD** is the Women's Health Research Chair in mental health in the Faculty of Health at York University and an associate professor in its School of Nursing. Professor Khanlou's clinical background is in psychiatric nursing. Her overall program of research is situated in the interdisciplinary field of community-based mental health promotion in general and mental health promotion among youth and women in multicultural and immigrant-receiving settings in particular. She has received grants from peer-reviewed federal and provincial research funding agencies. Dr. Khanlou was the 2011–2013 codirector of the Ontario Multicultural Health Applied Research Network (OMHARN). She is founder of the International Network on Youth Integration (INYI), an international network for knowledge exchange and collaboration on youth. She has published articles, books, and reports on immigrant youth and women and mental health. She is involved in knowledge translation to the public through media.



**Hun-Soo Kim** is a professor and psychiatrist in the Department of Psychiatry, University of Ulsan, and at the Asan Medical Center located in Seoul, South Korea. His clinical background is in child and adolescent psychiatry. His research interests are centered around mental health promotion among youth who have a drug addiction and many kinds of behavioral problems, with a focus on gender, identity, and psychodynamics. He has developed many measuring scales (for family dynamic environment, personality, influence of media violence, etc.) and a questionnaire for mental health status and also participated in many nationwide surveys and many multidisciplinary studies in South Korea. He has contributed to policy making of the Korean government for the promotion of adolescents' mental health and corrective education and raised consciousness about the importance of prevention and intervention of juvenile delinquency among Korean health professionals.

**Hyun-Sil Kim** was born in Seoul, South Korea, and is a professor in the Department of Nursing at the Daegu Haany University located in Daegu, South Korea. She has a PhD in nursing science from Ewha Womans University, and her doctoral thesis is titled "Structural Equation Model of Delinquent Behaviour Influenced by Media Violence in Korea." She was the postdoctoral fellow in the Faculty of Nursing, University of Toronto, and worked as an adjunct professor at York University, Canada. Her research fields are juvenile delinquency, family dynamic environment, and women's mental health. She wrote the articles and book chapter on value conflict originated in the cultural difference between traditional Korean Confucian culture and Western culture among Korean adolescents in Canada and currently studied arts-based therapy for Korean school adolescent with aggressive or violent behavior problem. E-mail [hskim@dhu.ac.kr](mailto:hskim@dhu.ac.kr) for more information.

**Ashley Korn** has worked in various immigrant/refugee settlement programs at the YMCA of Greater Toronto since 2007. She currently works as provincial program manager in the Client Support Services Program, which provides case management support to government-assisted refugees. Ashley has also been an active contributor to the World University Service of Canada, Student Refugee Program (SRP), since 2009, providing orientations and integration assistance to refugee students in both Malawi and Canada. She has assisted the International Organization for Migration in Kenya, helping develop the Canadian Orientation Abroad, Refugee Youth Curriculum. Her research interests include understanding factors that contribute to effective resettlement and integration of refugee populations, with a focus on youth, and the role of predeparture information and the impact on the resettlement experience. Ashley holds a bachelor's degree in cultural anthropology from Saint Mary's University and master's degree in immigration and settlement studies from Ryerson University.

**Annette Korntheuer** recently earned her PhD from the Faculty of Psychology and Educational Sciences, Ludwig Maximilian University of Munich, Germany. Her doctoral thesis focused on the educational participation of refugee youth in Munich and Toronto. Her study was based on both qualitative analysis of the structural contexts in Munich and Toronto and reconstruction of educational biographies of young refugees. Annette has been awarded with a government scholarship from the

Cusanuswerk institution. She holds a degree in social work and has international experience working with youth and immigrant/refugee population in Germany, Spain, the Philippines, and Canada. Currently, she collaborates as a lecturer in the Faculties of Social Work in Munich with courses on both qualitative social work research and anti-oppressive frameworks with migrant and refugee population. Her research interests include inequality in education and multicultural societies, social work with forced migrants, and qualitative and participatory research methodologies.

**K.S.** is a self-identifying youth who has completed a 2-year diploma program at Seneca College, Social Service Worker—Immigrants and Refugees Program.

**Nimira Lalani** holds a BSc in nutritional sciences, an MSc in community health sciences, and a postgraduate certificate in learning and teaching in higher education. For the past 20 years, she has worked and taught in public health and health promotion. Her experience in mental health includes using qualitative research to understand the experiences of family members of people with schizophrenia; teaching mental health promotion, leading the mental health promotion agenda in North West London, England; publishing papers on mental health and equity; and participating in discussions for the mental health and addictions strategy in Ontario. Nimira currently works at Critical Care Services Ontario conducting research and evaluation.

**Wanda MacNevin** is a resident and activist in the Jane/Finch community, where she worked for 41 years. She recently retired from the position of director of community programs at the Jane/Finch Community and Family Centre. In recognition of her years of community service, she is a recipient of the Commemorative Medal, the 125th Anniversary of the Confederation of Canada Medal, and the Queen Elizabeth II Diamond Jubilee Medal. Ms. MacNevin is the author of two books: *From the Edge: A Woman's Evolution from Abuse to Activism* and *If I Only Knew... Stories of Teen Moms*. She is currently writing a book on the history of the Jane/Finch neighborhood.

**Shinta Martina** is from Jakarta, Indonesia, where she was trained as an accountant. She came to Toronto as a young mother of two children in 2004, when she joined the Immigrant Women Integration Program and completed a diploma in community development. She joined the Wellesley Institute as an intern on the PhotoVoice project before becoming a community engagement specialist. Shinta has a strong interest in working with women and children and currently works at the Toronto Public Library.

**Notisha Massaquoi** has been an advocate for women's healthcare globally for the past 25 years. She is currently the executive director of Women's Health in Women's Hands Community Health Centre in Toronto, Canada—the only community health center in North America that provides specialized healthcare for racialized women.

She is the coeditor of the 2007 anthology *Theorizing Empowerment: Canadian Perspectives on Black Feminist Thought*. Her personal passion to improve the conditions of LGBT refugees has led her to work with many grassroots LGBT organizations throughout Africa, the Caribbean, and North America. E-mail: notisha@whiwh.com

**Catriona Mill, RN, MHSc, CCHN(c)** is a health promotion specialist in the Child Development Directorate at Toronto Public Health. She is also the chair of the Reproductive Health Workgroup at the Ontario Public Health Association. Over the last 15 years, Catriona has participated in many public health initiatives and research projects aimed at enhancing maternal and child health in Canada.

**Sonia Mills Minster, MSc, Psych** founded Millan & Associates to address issues of disproportionality in education, criminal justice, child welfare, and mental health. Since 1990, she has worked in both Canada and the USA on issues of social justice, culturally specific therapeutic interventions, addressing intersectional violence and oppression in the therapeutic process, assessments, social determinants of health, and their impact on marginalized and racialized individuals. Sonia has been working in private practice since 2002. She uses an integrated holistic approach to guide clients toward healing and transformation in therapy. Her pioneering development of culturally specific family reunification programs and supervised access for African Canadians over the past decade has proven to be effective in addressing racial disproportionality in Ontario child welfare.

**Nida Mustafa** is a research assistant at the Office of Women's Health Research Chair in Mental Health in the Faculty of Health at York University, working with Dr. Nazilla Khanlou, and is a PhD student at Dalla Lana School of Public Health at the University of Toronto. She has completed an honors bachelor of life sciences degree specializing in psychology from the University of Toronto and a master's degree in health sciences focusing on women's mental health from the University of Ontario Institute of Technology. She has examined eating disorders in minority women, and she is interested in immigrant mental health advocacy. Nida is currently exploring women's health within the South Asian community in Toronto.

**Fernando Nunes, PhD** is an associate professor with the Department of Child and Youth Study, Mount Saint Vincent University. He has conducted research on at-risk minority children, the academic underachievement and civic participation of Portuguese Canadian youth, Luso Canadian women, and Canada's model of immigrant settlement services. He authored the first national study on the Portuguese in Canada, *Portuguese-Canadians: From Sea to Sea*, and the first monograph *Problems and Adjustments of the Portuguese Immigrant Family in Canada*. He has also acquired extensive work, volunteer, and consultancy experience within education, social services, and public health. He holds a PhD (education and community development) and an MEd (applied psychology), from the Multicultural Focus of the Ontario Institute for Studies in Education of the University of Toronto.

**Soheila Pashang, MSW, PhD** is a Professor with Community and Justice Services, School of Social and Community Services at Humber Institute of Technology and Advanced Learning, Toronto, Canada. For the past decade, she served as the Academic Coordinator with Social Service Worker – Immigrants and Refugees Program at Seneca College. Her twenty years of social work practice and academic work is informed by gender equity and social justice grounded in anti-racism and colonialism, and anti-oppression perspectives. She uses Arts-Informed strategies to teach theory, policy, and practice. Her academic work focuses on forced displacement, migration, illegalization, human service organizations, gender and sexual violence, trauma, mental health, and the criminal justice system. Professor Pashang has published poetry, books, chapters, and articles, and is a recipient of number of awards for her contributions towards front-line work, advocacy, and academic achievement.

**Donald E. Payne** received his medical doctor degree from the University of Toronto in 1963 and was certified as a specialist in psychiatry in 1971. He has a private practice in psychiatry. He has a special interest in human rights and torture victims. Since 1979, he has examined more than 1500 victims of torture and/or war. He is associated with the Canadian Centre for Victims of Torture and was the Canadian representative to the International Rehabilitation Council for Torture Victims (IRCT) 2003–2006.

**Victoria Pileggi, MSc** is a doctoral student at the University of Guelph in the Department of Family Relations and Applied Nutrition. She completed her master's degree in family relations and human development at the University of Guelph in 2014, studying the influence of facial difference on the mother-daughter relationship. She also completed her honors bachelor of science degree in psychology and biology at York University in 2012. Her research focuses on the family impact of disability and chronic illness from a critical feminist perspective, and she is presently studying the relationship between fathers and daughters when the daughters are living with a facial difference. While she does not identify as living with a facial difference herself, Pileggi has been highly involved in the facial difference community, volunteering with the Toronto-based organization AboutFace in a variety of capacities, for over 10 years.

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**Jennifer M. Poole** is an associate professor and graduate program director in the School of Social Work at Ryerson University. Her research is primarily concerned with “mental health,” mad studies, and heartbreak, currently focusing on sanism and discrimination against helping professionals with histories of psychiatric diagnoses, the intersection of sanism with racism, critical qualitative research methodologies, grief, heart transplantation, and the possibilities of proximity in critical pedagogy. She loves to teach, works with graduate students at a number of different universities, and is a fellow of the Centre for Critical Qualitative Health Research at the University of Toronto. Author of *Behind the Rhetoric: Mental Health Recovery in Ontario*, she is also a member of the Madvocates and editor of the *Journal of Critical Anti-Oppressive Social Inquiry* (CAOS). She is on twitter @jpoolej.

**Priyadarshani Raju** is a child and adolescent psychiatrist who works with marginalized populations in hospital and community settings across downtown Toronto. At the Hincks-Dellcrest Centre, she coleads the Migration Consultation Team, a teaching unit with expertise in issues of resettlement and acculturation. She provides telepsychiatry consultation to rural Ontario youth through The Hospital for Sick Children and works with a team serving Indigenous children and adults through Anishnawbe Health Toronto. She is on the faculty at the University of Toronto, where she contributes to multiple academic initiatives related to culture, power, and other equity issues in psychiatry.

**Lúcia Ramiro** is a teacher, with a master’s in sexology and PhD in health education from FMH, University of Lisbon (UL). She is a researcher of the Social Adventure Team ([www.aventurasocial.com](http://www.aventurasocial.com)) in the areas of health promotion, promotion of personal and social skills, and promotion of health behaviors and prevention of risk behaviors in adolescents. She is also a researcher at ISAMB, Medical School, University of Lisbon. She was the national executive coordinator of the European project Y-SAV: Youth Sexual Violence/EU (2012–2013).

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**Carla Rice** is the founder of Project Re•Vision and the Canada research chair in care, gender, and relationships at the University of Guelph. A leader in the field of body image and embodiment studies nationally and internationally, Dr. Rice is a founding member and former director of innovative initiatives such as the Body Image Project at Women’s College Hospital in Toronto and Canada’s National Eating Disorder Information Centre. Her research explores cultural representations

and narratives of body and identity. Rice has written extensively on issues of identity and embodiment and has published widely in national and international journals including *Feminism & Psychology*, *Body Image*, *Women's Studies International Forum*, *Cultural Studies ↔ Critical Methodologies*, and the *Journal of Community & Applied Social Psychology*, among others. Recent notable books include *Gender and Women's Studies in Canada: Critical Terrain* (2013) and *Becoming Women: The Embodied Self in Image Culture* (2014).

**Donna Richards, MSW** is a doctoral student in the Faculty of Social Work at York University, Toronto, Ontario, Canada. She has more than 15 years' experience working with youth 16–29 years of age and youth-related engagement projects within the governmental sector. Her research interests include mental health, racialized women, and health equity with a specific focus on the associations between intersectional forms of stigma, access to care, and health outcomes. E-mail: dricfos1@yorku.ca

**Luis Rojas** is a multidisciplinary artist who, since 2008, has devoted himself to the emerging movement of Spanish-language theater in Toronto. Although largely involved as an actor, he has also served as producer and set designer. For the last 3 years, he has been the artistic director of Grupo Teatro Libre, a Toronto-based theater group founded in 2008. In April of 2011, he was one of the organizers of the first Spanish-language theater festival in Toronto. He has also participated in international festivals like Les Fêtes Internationales du théâtre in Quebec and Panamerican Routes in Toronto. Since 2013, he has been the artistic coordinator of Casa Maiz Cultural Centre, a multipurpose Latin center where he runs several projects and programs related to the arts, culture, and community. Currently, he is the artistic producer of Dia de los Muertos Collective, a nonprofit organization that organizes the Mexican celebration of the Day of the Dead in Artscape Wychwood Barns. He is also attending OCAD University, majoring in sculpture and installation.

**Massoud Wadir Sattari, BA** has completed his BA in fine arts in Afghanistan at Kabul University. During his study, he was selected as the top artist and admitted as a member of the painters' association where he was honored to receive the most prestigious award. The European cultural society awarded him with the most creative artist of Afghanistan in addition to a free pass to visit art exhibitions across Europe. Massoud started as an amateur, but gradually decided to make art as his carrier. He then received various awards and letters of recognition and appreciation. He then engaged in teaching painting in Parwan. As new immigrant in Canada, since 2014, he is in the process of establishing his own license as an artistic painter from the Ministry of Information and Culture of Afghanistan. Over the years, Massoud studio and has created his website [www.wadeer.com](http://www.wadeer.com).

**Sharifa Sharif, PhD** is an Afghan Canadian independent author, journalist, and expert on issues of gender and culture in Afghanistan. She currently teaches in the Social Services Department at Seneca College. She has vastly contributed to the field of Afghan women and culture by presenting in seminars and by working as a

consultant and advisor, both inside and outside of Afghanistan. Sharif's published work includes academic and fiction writing, namely, chapters on gender and trauma published in *Roots and Routes of Displacement and Trauma: From Analysis to Advocacy and Policy to Practice* (2015) and child marriage published in *Children of War* (Eds. Zahedi & Heath, 2014); a memoir, *On The Edge of Being: An Afghan Woman's Journey*; and collections of short stories in Dari and Pashto among various articles.

**Baptista Shimwe** is currently studying bachelor of commerce, with a concentration in accounting, at Carleton University, Ottawa, Canada. He arrived in Canada as a government-sponsored refugee.

**Amy Soberano** is a child and youth settlement/trauma counselor at the Canadian Centre for Victims of Torture in downtown Toronto. In this capacity, she works to support individuals, families, and communities who have been impacted by war, torture, and/or forced migration. Amy strives to approach her practice through an evolving lens of intersectionality, tenderness, humility, and anti-oppression, working to center details of resistance and empowerment over those of violence and victimization. A registered social worker, Amy holds an MSW from the University of Toronto with a concentration in social justice and diversity. In addition to her frontline work, she has delivered a range of trainings and presentations to service providers, educators, and community members around supporting newcomer youth survivors of trauma.

**Rosa Solorzano** is a self-identifying newcomer youth who has lived in Canada for several years with precarious immigration status. Stemming from her lived experiences, Ru has become an active participant in several Toronto-based youth groups and related projects. Ru has consistently placed an emphasis on the arts as a valuable tool to raise awareness and ignite positive change for vulnerable and under-represented communities of migrant youth.

**Suzy Stead** grew up in Scarborough, Ontario, and obtained her bachelor's degree from York University in 1986. She has worked with children and youth with special needs for many years. Most recently, Suzanne served as an intake coordinator for a child development center and an adolescent mental health clinic within a hospital. She is currently a student in the bachelor of social work program at Ryerson University. Stead gave birth to her daughter Kate (Katie), who has Treacher Collins syndrome, in 1998. Genetic testing confirmed Stead, too, has a mild form of the syndrome and carries the gene for Treacher Collins. Shortly after her daughter's birth, Stead became involved with the organization AboutFace located in Toronto. For the past 17 years, she has been extremely engaged in the facial difference community as a mother of an affected child, as a volunteer, and as a person with lived experience.

**Debra Stein** is a child and adolescent psychiatrist at the Hincks-Dellcrest Centre, where she coleads the Migration Consultation Team, a teaching unit with expertise in issues of resettlement and acculturation. Dr. Stein has almost 20 years of experience working with the refugee population in Toronto, formerly with the Canadian Centre for Victims of Torture and now as part of her role at the Hincks-Dellcrest Centre, where she also provides training in child psychotherapy. She holds an appointment with the University of Toronto and has lectured on various aspects of refugee mental health to a wide range of audiences in the school, settlement, and mental health sectors.

**Jacqueline Stol** is pursuing a master of social work degree at Carleton University in Ottawa. Previously, she held a research assistant position at the Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) supporting child and youth mental health agencies to bring evidence into practice to improve services and youth and family outcomes. At the Centre, she contributed to several learning resources related to youth and family engagement, anti-oppression, and culturally responsive services. In particular, she coauthored the policy paper “Taking action on health equity and diversity: Responding to the mental health needs of children, youth and families new to Canada” in collaboration with youth, family members, and service providers across Ontario. She currently holds a research assistant position with Youth Research and Evaluation Exchange (YouthREX), Eastern Hub, developing practice-based reports for the youth sector on relevant issues and responses. She strives to bring a community-based, participatory, and anti-oppressive lens in both her research and practice.

**Estelle Sun** has a BA (Hons) in psychology and women’s studies, specializing in research methods. She worked on numerous research projects at nonprofit organizations, including leading the project management of the youth and adult PhotoVoice project where her duties included managing the logistics of the project, conducting community-based research on immigrant youth, leading educational workshops, and knowledge translation. She has presented at local conferences and community forums and has produced many reports on the social determinants of health. Estelle now runs her own business as an independent artist in Toronto.

**Gina Tomé** is psychologist (OPP), with a master’s in cognitive-behavioral therapies and PhD in educational sciences. She is a researcher at the Social Adventure Team ([www.aventurasocial.com](http://www.aventurasocial.com)), in the areas of health promotion, resilience, promotion of personal/social competences, and prevention of risk behaviors in adolescence and peer relationships. She is also a researcher at ISAMB, Medical School, University of Lisbon. She was the national executive coordinator of the European project RICHE (2012–2013) and HBSC/WHO (2014), and she is currently coordinating the ES’COOL: Promotion of Mental Health in Schools, an EEA grant.

**Vicky Tran** is an active community leader and advocate for newcomer and racialized youth. She has been a member of the Ethno-Cultural Youth Advisory Committee with the Ottawa Youth Services Bureau for over 2 years working toward breaking



down barriers faced by ethno-cultural youth in the Ottawa community. Her work has focused on challenges such as employment, mental health stigma, community building, social inclusion, intergenerational conflict, and youth empowerment. In 2014, she was cochair of the World University Service of Canada Carleton University Local Committee, facilitating the private sponsorship of refugee students and providing social, academic, and financial support. Vicky Tran is currently in the last year of her undergraduate degree in public affairs and policy management with a specialization in social policy and a minor in communications.

**Cretien van Campen** is a principal investigator of the aging and well-being study at the Netherlands Institute for Social Research/SCP and associate lecturer of applied gerontology at Windesheim University of Applied Sciences. He has an academic background in the social sciences and the fine arts. He is known for his studies on quality of life, frailty and aging, and cultural participation by older adults. He has published books on art, senses, health, and happiness, including *The Hidden Sense* (MIT Press) and *The Proust Effect* (OUP). For more information, visit [www.cretien.nl](http://www.cretien.nl).

**Luz Maria Vazquez, MSc, PhD** is a PhD graduate of the Department of Sociology at York University. Luz is the research coordinator of the Office of Women's Health Research Chair in Mental Health in the Faculty of Health and a contract faculty at York University. She worked for more than 10 years in a research center in Mexico where she acquired strong research skills based on extensive ethnographic and qualitative work in Latin American contexts—Mexico, Belize, and Guatemala.

**Quentin VerCetty** is an award-winning contemporary visual storyteller and new media artist who knows no boundaries when it comes to his artistic expression. Using semiotics as visual metaphors, his work explores the usage of memory and technology (including the body) in alternative realities and spaces from the contemporary or from the past where people of African descent exist in utopic state and in an anti-oppressive, antiracist, and xenophobic-free future. Quentin VerCetty obtained his bachelor's degree in fine arts from OCAD University in 2016. Since then, he has been exhibiting his work and traveling doing workshops and presentations along with running a youth-focused, chess-inspired social enterprise called Priyome. For more information about Quentin VerCetty, visit his sites [www.vercetty.com](http://www.vercetty.com) and [www.priyomechess.wordpress.com](http://www.priyomechess.wordpress.com).

**Sailaivasan Vettivelu** is a graduate of Ryerson University and currently pursuing his studies at Centennial College. As a youth, his interests in community development led him to embark on a summer internship on the PhotoVoice project. Later, he volunteered on the community advisory group and extended his experience of the PhotoVoice project to voice the concerns of the community to relevant stakeholders.

# Introduction: An Intersectionality Approach to Youth's Mental Health

The lives of today's youth are impacted by intersecting relations of power that affect their social, political, and economic participation, as well as their health and well-being. Youth consist of diverse populations that have seen a range of lived experiences and life chances. Recent statistics suggest that young people constitute half of the total global population (UN, 2016 ECOSOC Youth forum). Of these youth, one fourth (or 1.8 billion) are between the ages of 15 and 29 (Global Youth Development Index, 2016; UN, 2016). When youth are provided with opportunity, peace, safety, gender equity, and access to basic needs, they become the force behind future development. However, investment in youth requires equitable access to education, meaningful employment, and economic growth, as well as inclusive and supportive environments where they can thrive. Despite this, global youth poverty has reached alarming levels (Alabi, 2014; Ortiz, 2012; Moore, 2005), while access to job security, education, and skills trade is diminishing (Breen, 2005). The social exclusion of youth is much higher among immigrant and racialized youth (Block, Galabuzi, and Weiss, 2014) as well as those dealing with physical disability or mental health challenges (Ansell, 2016; Groce, 2004). In addition, the intersection of age, gender, race, class, sexual orientation, and ability with lack of systemic intervention and prevention services subjects youth to experience abuse, stigma, and all forms of violence, including sexual violence. Youth sexual violation occurs within their homes, communities, and society at large both during peace and war; it takes place throughout their displacement or migration and even while living in a safe environment. The dimensions of stigma, sexual violation, and sexual orientation among youth increase vulnerabilities, fear, and the prevalence of mental health conditions (Dysart-Gale, 2010; Bostwick et al., 2010).

The 2016 World Health Organization (WHO) report observes that 20% of the world's children and adolescents are suffering from some form of mental health condition. Studies further suggest that the mental health of today's youth is influenced far more by social than biomedical factors (Rigby & Hatch, 2016; DiClemente, Hansen & Ponton, 2013; Woolf & Braveman, 2011). The generation of today's youth is also left with many unmet health and mental health needs (Kieling et al., 2011), due to the lack of institutional capacity, sustainable investment, and inclusion

of youth voices in decision-making processes. These factors can negatively impact their present and threaten their future as they transition from adolescence into adulthood.

This collection asserts that the human rights of youth matters and also that their voices, lived conditions, hopes and dreams, and resilience must not be overlooked. This belief brought together the three editors of this book—each from a different field of expertise—as well as a group of committed scholars, community members, and youth from around the globe and interdisciplinary backgrounds.

The chapters in this book present a range of perspectives on youth and mental health. The overarching theoretical perspective is informed by Crenshaw's (2014) intersectionality framework. This framework pushes the discourse of today's youth mental health beyond the micro level or individualized model of care to challenge complex and interlocking systems of power, privilege, and oppression at the local and transnational levels. The scholarly contributions here stem from diverse disciplines aiming to confront those micro relations that may undermine youth's mental health while grounding the discourse historically and materially. This extends from youth's lived experiences to include social environments, economic and political participation, as well as future opportunity. Contributors examined those factors that result in youth's displacement or entrapment, considering how they are constructed into various social and legal categories as migrants, refugees, illegalized persons, immigrants, as well as citizens who may be first generation, intergeneration, or multiple generation. Other socially constructed identities such as regional location, gender, race, class, sexual orientation, appearance, family relations and family status, and physical health and mental health are further explored. The authors unpack how these conditions increase youth vulnerabilities to violence and stigma or circumscribe their inclusion and exclusion in their homes, schools, and communities.

WHO (2016) considers mental health challenges to be preconditions for other forms of intentional and unintentional illnesses and injuries. Few resources are available to youth in need of mental health support. In addition to this, a series of factors—structural inequities, conflict, poverty, racialization, discrimination, gender violence, bullying, and stigma—may often prevent them from accessing these resources. Moreover, these very factors often further violate the human rights and livelihood of affected youth. On the surface, youth's mental health may appear to be “micro problems,” but in fact it is related to a series of conditions which requires a tackling of persistent root causes and a surmounting of both local and global barriers.

However, today's youth are not a passive population. In spite of increasing challenges, youth are often the force behind campaigns and social movements, building hope for a better future. Their political engagement and leadership are also directed at tackling problems that not only affect them individually but their environment and their transnational communities as they intersect with one another. While we must celebrate the resilience of today's youth, we can pause, listen to their voices, and learn from their experiences; this will enable us to work toward a youth-centered global community.

This book consists of five interrelated parts that consider various aspects of youth’s mental health. Each part focuses on the lived experiences of youth. These sections all draw on scholarly work, direct practice, and advocacy, as well as the narratives of youth themselves, in order to demonstrate mental health needs and barriers to mental health care. The authors come from a range of disciplines, each challenging positivist discourse. The theoretical frameworks used by contributors here provide a series of critical lenses through which to examine the structural barriers faced by youth, both locally and globally.

Figure 1 represents the organizational flow to the chapters in the book, applying a systems approach to understanding youth mental health. Chapters address a broad context (Part I) to youth’s mental health (Part II). It also celebrates their hope (Part III), resilience (Part IV), and power (Part V).

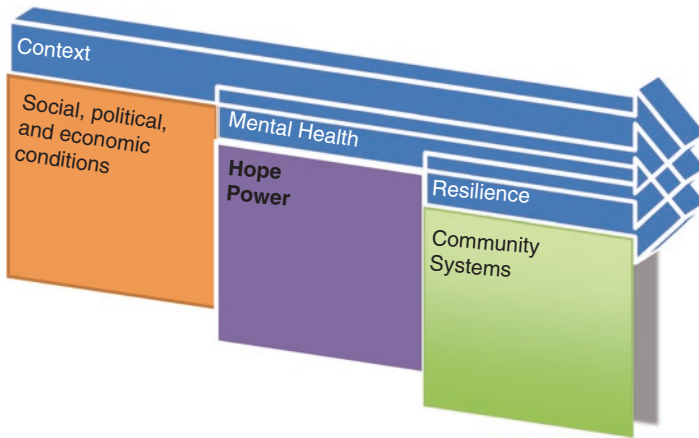


Fig. 1 Youth mental health—a systems approach

## Part I: Contexts of Youth’s Lives

The chapters in Part I provide a general context about intersecting social, political, and economic conditions that affect the lives of today’s youth in Canada and beyond, as legal citizens, migrants, refugees, and illegalized persons. The context in Fig. 1 is overarching and influences all other dimensions of youth mental health.

In Chap. 1, Khan, Khanlou, Stol, and Tran provide a scoping review of the existing empirical literature on immigrant and refugee youth mental health in Canada. The authors identify three broad themes of determinants of mental health, coping and adaptation, and racism and discrimination that significantly affect the quality of life of immigrant youth. The chapter recommends a “whole community approach” in which school, family, peers, and larger communities can work in collaboration to

eliminate barriers to access services, promote resilience, and respond to the mental health needs of migrant youth and their families.

The role of the school is the subject of Chap. 2. Soberano, Ackerman, and Solorzano consider the lived conditions of illegalized youth. Recent global unrest has resulted in mass migration of millions of people, including illegalized youth. Often, as a result of restrictive immigration policies, these youth are left with no option but to live “underground” in Canada. Two interrelated conditions impact youth in such circumstances, increasing their vulnerability. The first is structural violence that results in their illegalized movement, and the second is that they are often unseen in the fabric of society, potentially unable to access the Canadian education system.

In Chap. 3, Pashang, Sharif, Sattari, and K.S. explore how decades of militarized violence have not only interrupted the education of Afghan pupils but have further perpetuated those conditions that led to increased sexual violence against them. The authors explore the mental health impact of pedophilia on Afghan boys in Afghanistan. They also look at the ways in which these boys and their allies are resisting both militarization and sexual violence through a bottom-up social movement.

Much of youth's lived experiences is shaped by what we perceive as *culture*; in Chap. 4, Khanlou, Bender, Mill, Vazquez, and Rojas examine Canadian youth's cultural identity. Youth develop multiple cultural identities related to immigration, regardless of the many differences within their individual migration stories. Their narratives speak of their agency, as well as existing power relations. In these narratives can be found a refusal to identify with a single culture. They argue for a systems conceptual approach to understanding youth cultural identities.

Chapter 5 concludes Part I, focusing on how Internet technology has extended gender violence to a new dimension. Here youth often experience higher incidents of online and offline sexual violence. In a review of existing literature, Pashang, Clarke, Khanlou, and Degendorfer explore how cyber-sexual violence leaves permanent trauma. The process of shaming and blaming can lead to an internalization of trauma, from which mental health challenges arise, such as self-harm or even suicide.

## **Part II: Mental Health**

*Part II* explores mental health topics in more detail, in particular the experiences of marginalized youth from immigrant backgrounds, Black LBQ youth, first- and second-generation youth dealing with food insecurity and eating disorders, and Portuguese youth facing a range of concerns. As represented in Fig. 1, youth mental health is interlinked to their context (macro level influenced) and shapes their mezzo and micro level experiences. The chapters in Part II contribute to scholarly knowledge by linking the lived experiences of youth from diverse backgrounds to broader systems of family, community, and institutions.

Chapter 6, by Goveas and Coomasamy, connects youth's premigration experiences with their adjustment into the new society, considering the potential mental

health challenges that may arise. The authors refer to this complex relation as “survivor guilt.” Another term they use is “intergenerational discourse,” which suggests memories and guilt associated with survival that is transmitted from previous generations.

While the authors of Chap. 6 argue for a holistic approach to youth mental health, in Chap. 7, Richards, Gateri, and Massaquoi extend the discourse further by challenging heterosexual norms faced by young, Black, LBQ female youth, who experience the effects of intersectional stigma and discrimination on their mental well-being. Drawing on the existing literature that reveals high rates of violence, suicide, substance abuse, and risky sexual behaviors, the authors examine understudied issues of stigma and discrimination.

Chapter 8, by Islam and Kazim, explores youth mental health at the intersection of food insecurity and gender. These factors play important roles in the social determinants of youth mental health. In Canada, socioeconomic instabilities are the reality of much of the youth population and their families.

The symptoms of excessive worry in Portuguese youth are examined in Chap. 9 by de Matos, Reis, Ramiro, Camacho, Tomé, and Branquinho. Youth mental health has implications for health promotion interventions with families, in schools, as well as in developing public policies; this includes teaching coping strategies in school mental health programs.

In Chap. 10, Mustafa, Khanlou, and Kaur further explore youth mental health as it relates to eating disorders among second-generation Canadian South Asian female youth. Although issues such as cultural conflict and dual identity are interrelated, they are only rarely addressed. When the topic of mental health is silenced, it raises challenges for youth seeking help and treatment.

### **Part III: Hope**

The chapters in *Part III* have the common theme of hope. Hope exists in a range of areas identified by authors here: in the face of systemic challenges within the practices of child protection agencies, in difficulty accessing educational institutions, in the complexities of mother-and-daughter relationships given racial differences, or in the experience of second- and third-generation youth who are seen as the minority population. Often hope is constructed as an individual youth predisposition or psychological state; however, as the chapters in this section show, hope is shaped by context (Part I) and impacted by power (Part IV). At the same time, there is an important aspect of positive mental health (Part II).

In Chap. 11, Clarke, Mills Minster, and Gudge call attention to anti-Black racism in Ontario's child welfare system and the racial trauma that arises when Black children and youth are disproportionately removed from their families and placed within foster and group care. Forced removal affects Black youth in profound and traumatic ways, including grief, guilt, shame, attachment disruption, and separation anxiety.

The intersection of gender with racialization and marginalization is the topic of Chap. 12. Arthurton and Farahani employ young women's narratives to interrogate the long-term mental health impact of early exposure to sexual violence and trauma, whether this is as a victim or a witness. The authors argue that an integrated and accessible model of care should be embedded within existing services for young women who are racialized in general and those living in lower socioeconomic status neighborhoods in specific.

From an international perspective, Chap. 13, by Kim, Kim, and van Campen, examines musical instrument intervention programs as a strategy to prevent aggression and increase self-esteem among Korean middle-school male students identified as having a behavioral problem. Despite the presence of substantial evidence, the field of music intervention is yet to expand its conceptualization and usefulness including the contextual nature of its application.

In Chap. 14, Pileggi, Rice, Stead, and Atkinson examine a sample of multiethnic mothers and their daughters living with facial differences to challenge the deficit model engrained in Anglo-Western developmental psychology and disability. The concept of armoring is used to explore how female youth who live with facial differences resist a range of potentially damaging social attitudes, including stereotypes and negative predictions about their future identities. The chapter also considers how some relationships give these female youth strength to resist unhelpful attitudes.

The next chapter, Chap. 15, by Nunes, Ari, VerCetty, and Branco draws on *critical pedagogy* to interrogate social class dominance and structural racism in the education system. These factors have perpetuated the underachievement of Portuguese and Jamaican youth in Canada. The authors make a case that equal weight should be given to social class as well as to racialization when investigating the integration of immigrant children.

## Part IV: Power

Youth are equipped with inherent strengths and power even when disparaged as refugees and as they overcome barriers to integration in the host country. Youth also face marginalization and racialization within the educational system, when stigmatized as "insane" and "Mad," or when grieving the loss of a family member. The theme of *Part IV* is youth's power. Power has multiple dimensions, including relational power, structural and situational power, and youth power.

From an international perspective, Korntheuer, Korn, Hynie, Shimwe, and Homa explore in Chap. 16 the effects of regional and national policies on refugee youth educational pathways in Munich (Germany) and Toronto (Canada). Their findings suggest that educational policies support more flexibility in secondary education for refugee youth in Toronto than they do in Munich; however, Munich offers greater vocational opportunities and more support for unaccompanied youth. In both sites, refugee youth are streamed away from academic educational pathways or are forced

out of school prematurely by economic hardship as the result of refugee resettlement policies.

The discourse of youth mental health in the educational system is further explored in Chap. 17. Here, Poole and Grant problematize the notion of “best practices” within the medical model of mental illness/health. They then consider treatment modalities as the form of violation and perpetuation of a form of discrimination known as “sanism.” In this model, the so-called insane are often incarcerated and, if released, surveilled in multiple ways. By promoting Mad-positive classes, the authors embrace Mad ways in changing the landscape of oppression, education, and standards for feeling, caring, and hoping.

In Chap. 18, Danhoundo, Khanlou, and Danhoundo examine the complex relationships between orphaned children's resilience, their gender, and their family relations in Ouagadougou (Burkina Faso). In addition to the trauma of loss, orphan girls must overcome a range of intra-household gender-based social and economic issues that arise from their loss. These issues may hamper their access to education, pushing them to enter the labor market at a much earlier age in order to provide for male siblings. While orphans rely on their resilience capacities, as noted by all the chapters in Part IV, more institutionalized intervention and community-based rehabilitation services are required to strengthen the support system extended to orphans, among other marginalized youth.

## Part V: Resilience

Focus on youth resilience has seen a dramatic increase in recent years from across sectors. Although for the most part it continues to be regarded as an individual attribute, awareness of its contextual dimension is beginning to be further recognized.

Five interrelated chapters focus on youth's resilience in Part V. Raju, Stein, and Dushimiyimana challenge the medicalization and increasingly powerful role of psychiatry as a first-line narrative for understanding refugee youth in Chap. 19. They argue instead for a model of community-based psychiatric case consultation that focuses on a systemic understanding of mental health, including sociopolitical oppression and its impacts.

This approach is extended by Pashang, Biazar, Payne, and Kaya in Chap. 20 to include English as an additional language class for refugee youth as a means of successfully integrating them into Canadian society. Rooted in colonial discourse, language classes group all learners as “newcomers,” making no reference to the structural violence and continuum of violence faced by refugee youth during and after their migration into the host country. The authors call for the transformation of the field of English-language community.

In Chap. 21, Ainsworth and Katabazi explore the conditions of Rwandan youth in the Greater Toronto Area. Here, youth experience a double burden of trauma and racialization. However, despite these challenges, Rwandan youth have developed coping mechanisms that allow them to survive and thrive as they build new lives,



blending past and present, and Rwandan and Canadian culture and creating a new hybridity.

Chapter 22 by Johnston, Pilkington, Khanlou, and MacNevin draws on social constructionism and social capital theories to explore the resilience for youth residing in a marginalized Toronto neighborhood. Resilience is seen as a phenomenon embedded in specific contexts and shaped by privilege and disadvantage; as such it requires resources to support these youth.

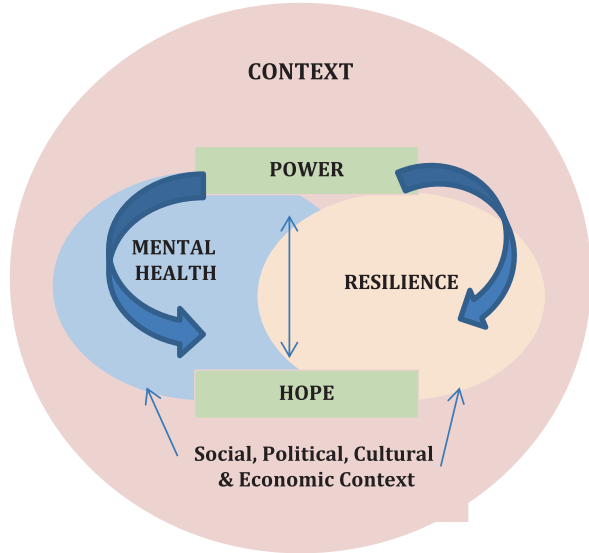
Building on this notion, Haque, Lalani, Gao, Sun, Martina, and Vettivelu use camera and PhotoVoice to explore youth's perceptions of their neighborhood in Chap. 23. The study findings have a broad relevance to policy makers, researchers, and practitioners who can use the research to inform health equity, neighborhood planning, and culturally sensitive youth services.

## Conclusion

*Today's Youth and Mental Health: Hope, Power, and Resilience* combines the voices of youth from across the globe with the insights of a diverse team of interdisciplinary professionals, researchers, community members, and other stakeholders. This book's focus is the social and intersectional determinants of mental health among youth and understanding the ways in which youth live and learn and, more importantly, through their agency resist the world around them. This understanding will enhance our knowledge of youth negotiating policies and practices that unevenly inform their human rights, social engagement, civic integration, and political participation in multiple local, regional, and transnational settings. Contributions from Canada, Germany, Portugal, South Korea, Burkina Faso, and Afghanistan elaborate on these complexities, as well as the opportunities.

One unique aspect of this collection is the inclusion of a *critical response* by youth, practitioners, and policy makers to each chapter's content, helping to bridge theory to policy and practice. By applying diverse theoretical and methodological perspectives within the framework of intersectionality, we have made a determined effort to link the mental health of today's youth locally and transnationally. We started this collaborative process by framing our understanding of youth mental health through a systems perspective. We conclude by moving the field to an intersectionality-informed conceptualization. As presented in Fig. 2, the context of youth mental health is critical and shapes their available power, which in turn impacts their mental health, resilience, and hope. In effect, all aspects are interlinked yet also specific to each youth's social, political, cultural, and economic context. This we hope pushes the discourse beyond a deficit model or individualization of care. Youth and scholars alike strive for structural change, and this collection looks forward to an intersectional approach to improve young people's lives. The potential of youth must not be overlooked, and the barriers that hinder their ability to thrive must be removed.

**Fig. 2** Intersectionality-informed approach to youth mental health



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**Part I**  
**Contexts of Youth's Lives**

# Immigrant and Refugee Youth Mental Health in Canada: A Scoping Review of Empirical Literature



Attia Khan, Nazilla Khanlou, Jacqueline Stol, and Vicky Tran

## Introduction

The recent Syrian conflict and displacement of large groups of children, youth and families has brought attention again to the effects of war and conflict—such as displacement, poverty and human rights abuses—on the mental health of refugee families and their children. Canada fosters a long tradition of global humanitarian leadership and admits a large number of refugees, most recently it is helping to settle more than 25,000 Syrian refugees displaced by war and conflict in Canada (Government of Canada, 2015). In the past 4 decades Canada has witnessed a steady rise in the proportion of both immigrants and refugees arriving from non-European and less developed countries (Ali, 2002; Anisef & Kilbride, 2004; Beiser, 2005; Statistics Canada, 2013).

Studies have shown that new immigrants exhibit a health advantage over mainstream Canadians, a phenomenon called the ‘healthy immigrant effect’ (Ali, 2002). This effect may possibly be due to selective nature of international migration at individual and state level (Jasso, Massey, Rosenzweig, & Smith, 2004). The health advantage is particularly strong in mental health for non-white immigrants from Asia, Africa and central/South America (Ali, 2002; Setia, Quesnel-vallee, Abrahamowicz, Tousignant, & Lynch, 2012). However, with increased duration of residence in Canada,

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this health advantage is lost (Vang, Sigouin, Flenon, & Gagnon, 2015). Another perspective is that the quality of the social determinants of health, specifically lower socioeconomic status, and challenges with adjustment during the settlement process places immigrant and refugee youth at an increased risk for experiencing mental health difficulties, (Beiser, Hou, Hyman, & Tousignant, 2002; Pottie, Dahal, Hanvey, & Marcotte, 2015). Refugees tend to report poorer overall health and a quicker loss of their health advantage (Beiser, 2005; Newbold, 2009). This may be related to pre-migration stressors such as life in a refugee camp, multiple migrations, trauma, loss and violence (Citizenship and Immigration Canada, 2008; Guruge & Butt, 2015). Much of what is known about the healthy immigrant effect in Canada is based on studies of adult migrants. Thus, it remains unclear whether the immigrants' health advantage pattern extends for immigrant children and adolescence (Vang et al., 2015).

Mental health is the capacity to flourish, and it concerns all aspects of human development and well-being affecting emotions, learning and behaviour. A decline in mental health can predispose individuals to mental illness, specifically in children and youth it can lead to low academic achievements, difficulties in inter-personal and family relations and substance use (Kessler, Foster, Saunders, & Stang, 1995; McLeod & Kaiser, 2004). Many challenges and socioeconomic constraints can prevent migrant youth and their families from seeking the mental health supports they need (Guruge & Butt, 2015; Stol et al., 2015). This chapter draws from a scoping review of mental health literature of migrant youth in Canada. Using an intersectional theoretical framework published peer-reviewed literature on the mental health issues of immigrant and refugee youth was reviewed. The purpose was to explore how interacting axes of social identities specifically gender, age, race/ethnicity, culture, migrant status and social class, intersect at micro, meso and macro level to contribute to unique experiences that affect the mental health of migrant youth in Canada. The term 'migrant youth' used in this study refers to both immigrant youth and refugee youth holding an official status in Canada.

## **Theoretical Approach to Migrant Youth Mental Health**

When designing a study with immigrant populations several important considerations need to be taken into account, (1) selecting an appropriate theoretical framework, (2) accounting for heterogeneity within immigrant populations, (3) recruitment of study participants and (4) last but not the least addressing ethical issues (Deren, Shedlin, Decena, & Mino, 2005). What sets immigrant health research apart from mainstream research is the underlying differential in power and influence and the relationship between the immigrant group and the dominant culture (Murphy, Allen, & Sin, 2012).

Scoping reviews in health research are literature reviews often undertaken prior to a full synthesis to clarify key theories, concepts, and to identify gaps in literature (Grimshaw, 2010). They focus on broader questions than those considered in other syntheses (Davis, Drey, & Gould, 2009). Intersectionality is a theo-

retical framework which can potentially inform policy and practice. It has been applied in multiple disciplines to understand the relationships of social categories (Hankivsky, 2014; Hunting, Grace & Hankivsky, 2015), and to more accurately map and conceptualize social, political and economic determinants of equity and inequity in and beyond health (Grace, 2013). It enables researchers to critically examine the additive and compounded effect of intersecting social categories of differences on the health of individuals and members of a group (Hankivsky, 2014). The basic tenet of intersectionality is the recognition of power, and the social inclusion of previously ignored and excluded populations; those socially, politically and economically marginalized or oppressed (Dhamoon and Hankivsky, 2008).

### *Definition of Key Concepts*

Definition of terms may vary across different disciplines of study, organizations and researchers, therefore to clarify the meaning of the terms used in our review we have attempted to define them. The term ‘youth’ refers to a recognizable developmental life-stage which connects childhood to adulthood; it can be described as a fluid social category rather than a fixed age-group. The United Nations defines ‘youth’ as those persons between the ages of 15 and 24 (Secretary-General’s Report to the General Assembly, 1985), whereas the Public Health Agency of Canada refers to ‘youth’ as persons between the ages 12 and 19, and those aged 19–24 as young adults (Public Health Agency of Canada, 2011). For the purpose of this review all persons between the ages of 13 and 24 are considered as ‘youth’.

According to Citizenship and Immigration Canada (2014) an ‘immigrant’ is a permanent resident of Canada who voluntarily migrated to Canada under the business, economic or family class immigration. A ‘refugee’ on the other hand is defined as a person who is forced to flee from persecution and who is located outside of their home country (Canadian Council of Refugees, 2010). The term ‘migrant’ is an individual who has resided in a foreign country for more than 1 year irrespective of the causes, volition and the means (International Organization for Migration, n.d.). The term ‘migrant’ in this review are persons born outside of Canada but residing in Canada with an ‘official immigrant or refugee status’. Migrant youth includes different categories of immigrant youth (i.e. family class and economic class) and refugee youth (e.g. government-assisted, privately sponsored refugees and protected persons); however, immigrants and refugees with precarious status are excluded from the study. Mental illness can be defined as emotional and behavioural disturbances experienced by children and youth which become severe enough to cause symptoms, distress and impairment in their development and functioning (Waddle, McEwan, Hua, & Shepherd, 2002).

## Research Methods

We conducted a scoping review of published peer-reviewed literature on migrant youth mental health in Canada from January 1995 to December 2015. The intention was to (1) collate the range, depth and nature of the literature on mental health of immigrant and refugee youth in Canada, (2) to apply an intersectional lens to illuminate mental health problems of migrant youth and (3) to contribute to existing knowledge in this field.

We applied Arksey and O'Malley's (2005) five-step methodological framework for scoping reviews. The framework entails (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data and (5) collating, summarizing and reporting the results. Levac, Colquhoun and O'Brien (2010) encourage researchers to apply an additional sixth step of consultation with stakeholders which may offer additional sources of information and perspectives.

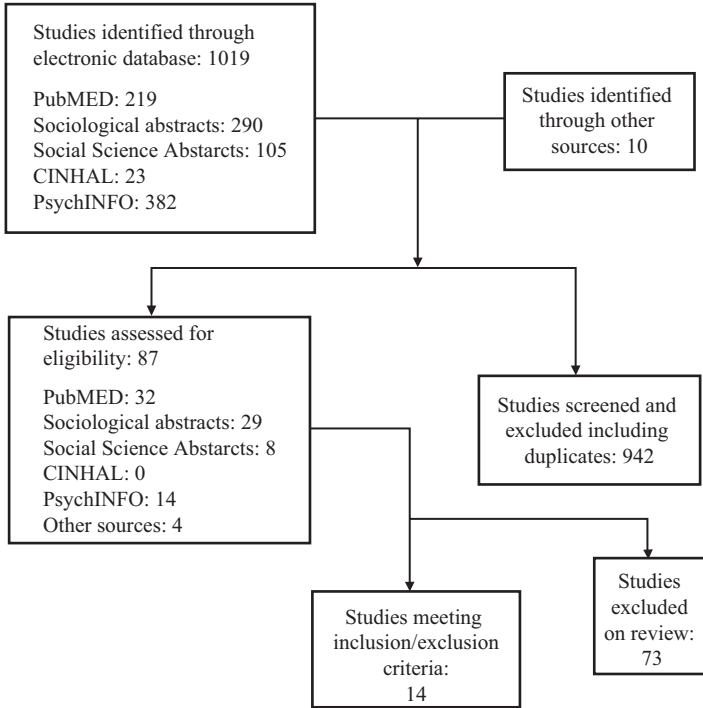
*Step 1* We framed the research question: "What does the literature on migrant youth in Canada inform us about the effects of intersecting social identities, specifically gender, race/ethnicity, culture, age, migrant status and social class on migrant youth mental health at personal, family and societal level?"

*Step 2* Then we identified relevant studies by searching electronic databases; Medline, PUBMED, CINAHL, Sociological Abstracts, Social Science Abstracts and PsycINFO, using specific search terms; immigrant/refugee status, adolescent/youth/teenager, mental health/mental illness, psychiatric disorders and race/ethnicity/gender/culture/socio-economic status in Canada. The electronic searches retrieved 1029 articles. Additional 10 articles were picked from the reference sections of highly accessed journal articles and books in the respected field. Our initial search identified peer-reviewed qualitative, quantitative, or mixed method studies published in English addressing mental health issues of immigrant or refugee youth in Canada.

*Step 3* Abstracts of identified articles were reviewed to assess if they met inclusion and exclusion criteria. First, the abstracts were reviewed, and if needed, the whole article was reviewed. Studies were included if they met the following criteria; a minimum of 50% of the study participants were immigrant and/or refugee youth (between ages 13 and 24); and addressed mental health/illness, emotional or behavioural problems. Articles were excluded if participants were not immigrant or refugee youth in Canada or had precarious or insecure immigration status. Six duplicate articles and studies on drug and alcohol addiction were also excluded. Fourteen studies fulfilled the eligibility criteria for the scoping review (see Fig. 1).

*Step 4* The framework requires that relevant information is extracted from the selected studies. We extracted, summarized and charted relevant information in Microsoft Excel 2011.





**Fig. 1** Flow chart of scoping review

*Step 5* This step involved collating, summarizing and reporting the data. The information was entered in table with the following categories; author information, sample information, study design and major findings and focus of study.

**Results: Characteristics of Studies**

A total of 14 studies were selected after screening. The characteristics of the selected studies meeting the eligibility criteria are presented in Table 1, which shows that most of the studies were conducted in Montreal, Greater Toronto Area and Vancouver and that cross-sectional studies and quantitative methods were the most common research design and methods used by researchers, followed by mixed methods and qualitative methods. It was more common (42.9%) for researchers to recruit fewer than 50 participants. Fewer studies were conducted on refugee youth as compared to immigrant youth, while more studies represented ethnic groups such as Chinese, Taiwanese, Vietnamese, Cambodian, Filipino, Afghan and Caribbean than any other groups.

**Table 1** Description of studies

Characteristic of study	Subtypes	Number of articles	Percentage (%)
Study design	Cross-sectional	10	71.4
	Longitudinal	2	14.3
	Experimental	2	14.3
Study methodology	Quantitative	7	50
	Qualitative	3	21.4
	Mixed study	4	28.6
Study settings	Canada	2	14.3
	Montreal (QC)	5	35.7
	Greater Toronto Area (ON)	4	28.6
	Vancouver (BC)	2	14.3
	Hamilton (ON)	1	7.1
Sample size	Less than 50 participants	6	42.9
	50–100 participants	2	14.3
	101–200 participants	1	7.1
	201–300 participants	2	14.3
	More than 300 participants	3	21.4
Migrant status	Refugee	3	21.4
	Immigrant first generation	4	28.6
	Immigrant first and second generation	6	42.9
	All migrant classes	1	7.1
Gender	Female only	2	14.3
	Female & Male	12	85.7

## Findings: Three Major Themes

The review identified three broad themes: (1) determinants of mental health, (2) coping and adaptation and (3) racism and discrimination presented in Table 2. Four articles discussed determinants of mental health, 10 discussed coping and adaptation, while several researchers discussed different forms of racism and discrimination.

### Theme 1: Determinants of Mental Health

Post-migration settlement stressors and experiences of discrimination can be related to determinants of mental health in migrant youth. Hyman, Vu and Beiser (2000), Khanlou, Koh and Mill (2008), and Khanlou and Crawford (2006) discussed post-migration experiences, citing that post-migration challenges and settlement issues of migrant youth included personal and societal experiences of prejudice and

**Table 2** Major Themes and Subthemes

Themes	Categories	Subcategories
Determinants of mental health	School adjustment	Marginalization
		Lack of fluency in the English
		Feeling ‘different’ and ‘not fitting’
	Parent-child relationship	Communication difficulties
		Intergenerational conflict
		Cultural differences
	Intra-personal conflict	Ethnic identity
		Acculturative stress
		Self-esteem
Coping and adaptation	Resilience	Practising their faith
		Attending school: Confidence & self-esteem
	Ethnic identity and national identity	Treasured ethnic identity
		Higher academic achievements
		Sense of agency/self-determination
Perceived racism and discrimination	Neighbourhood Schools; teachers, peers	Affected sense of belonging
		Affected mental health

discrimination (Khanlou & Guruge, 2008; Hyman et al. 2000) identified three important post-migration challenges that were school adjustment, parent-child relationships and intra-personal conflict.

***Subtheme: School Adjustment***

Adjusting to a new school was the most common and difficult experience for most migrant youth irrespective of migrant status. Lack of fluency in the English language and unfamiliarity with the school system and cultural values were a significant source of stress. This resulted in academic frustration and contributed to youth feeling estranged and intimidated, feeling ‘different’ and ‘not fitting in’. Academic success significantly influenced youth sense of self-worth (Khanlou & Guruge, 2008).

***Subtheme: Parent-Child Relationship Difficulties***

Youth reported communication difficulties between them and their parents; these were accentuated by linguistic, intergenerational and cultural factors. Parents and children often held different expectations about autonomy and freedom. High parental expectations (with youth wanting to meet those expectations by achieving academic success) but lack of positive feedback was the norm in migrant families. Rousseau, Hassan, Measham and Lashley (2008) examined the association of

prolonged parent-child separation and externalizing symptoms in Caribbean-Canadian and Filipino-Canadian youth, they found that discrimination encountered in the host country was a source of greater stress than the migration-related family separation itself.

### ***Subtheme: Intra-personal Conflict***

Migrant youth experienced internal conflict related to ambivalence about their ethnic identities. The desire to maintain their ethnic language and their cultural way of life was strong, and yet youth found it difficult not to be attracted to the ‘sometimes incompatible Canadian values and practices’ (Hyman et al., 2000). Low collective self-esteem, family relations (family cohesion or conflict) and perceptions of host country environment (deskilling, stereotyping and subtle forms of racism) was associated with migrant youths’ emotional and behavioural symptoms (Rousseau et al., 2004, 2008, 2009). These factors powerfully influenced and predicted youth successes or difficulties.

## **Theme 2: Coping and Adaptation**

Edge, Newbold and McKeary (2014) explored the mediating, facilitating, or constraining factors for health and empowerment in refugee youth from 12 different countries. The researchers identified sense of belonging, positive self-identity, emotional well-being and sense of agency/self-determination as the most salient factors in coping with migration related challenges for refugee youth (Edge et al., 2014). Montazer and Wheaton (2011) examined the impact of generation and country of origin on immigrant youth. They found that youth migrating from countries with lower gross national product (GNP) had to undergo greater mental health adjustment in Canada. In a study by Kanji and Cameron (2010), Muslim Afghan refugee youth participants drew strength by diligently practising their faith, attending school regularly and treasuring their ethnic identity. A study on Southeast Asian immigrant youth found gender-based differences in some attributes associated to adaptation and acculturation. The researchers observed that higher cultural connectedness increased acculturative stress in female youth, but lowered feelings of despair in male youth (Hilario, Vo, Johnson, & Saewyc, 2014).

Resilience is described as a construct connoting the maintenance of positive adaptation by individuals despite experiences of significant adversity (Luthar, Cicchetti, & Becker, 2000). Masten (1994, p. 3) simply refers to resilience as ‘good adaptations despite stressful experiences’. For Muslim Afghan refugee youth the security of having a legal refugee status and not living every day with the fear of being expelled from the country was the most significant outcome of immigration (Kanji & Cameron, 2010). Support from government agencies, extended families

and religious community and the privilege to attend school helped youth regain their confidence and boost their self-esteem.

Ethnic identity is a dynamic construct and refers to an individual's sense of self in terms of membership in a particular ethnic group (Phinney, 1990). National identity is a more complex construct represented by a label; it involves feelings of belonging to the larger society (Phinney, & Devich-Navarro, 1997). Ethnic identity and national identity play an important role in the psychological well-being of immigrants (Phinney, Horenczyk, Liebkind, & Vedder, 2001). This inter-relationship of identities to mental health can be explained as an interaction of the attitude and characteristics of the immigrants and the response of the receiving society (Phinney et al., 2001). Our review showed that higher levels of ethnic identity in Chinese youth were associated with higher achievements, higher levels of self-esteem and lower levels of depression (Costigan, Koryzma, Hua, & Chance, 2010). Similarly a strong sense of ethnic pride and nationalist sentiments for their country of origin in female migrant youth of multiple ethnicities helped promote self-esteem (Khanlou & Crawford, 2006).

### **Theme 3: Racism and Discrimination**

Many studies have shown that perceived discrimination is a strong predictor of emotional and behavioural problems (Hilario et al., 2014; Kanji & Cameron, 2010; Khanlou et al., 2002; Rousseau et al., 2008, 2009). Rousseau et al. (2008) concluded that prolonged family separation in Caribbean-Canadian and Filipino-Canadian immigrant youth in Canada was less important a predictor of behavioural problems than the discrimination encountered in the host country. Perceived discrimination lowered collective self-esteem in immigrant youth (Rousseau et al., 2009). Khanlou & Guruge (2008) found that personal experiences of prejudice and discrimination in female migrant youth had a significant impact on health and social outcomes. These experiences were based on their visible difference of being foreign born and their choice of attire (Khanlou & Guruge, 2008). To avoid situations of discrimination and to mask or minimize their differences from the dominant Canadian society, immigrant girls anglicized their names, silenced their self, abstained from disclosing ethnic/cultural identity and rationalized jokes from teachers and peers. Sense of ethnic identity contributes to poorer mental health by exacerbating negative feelings of perceived racial discrimination (Hilario et al., 2014). Similarly, perceptions of discrimination in neighbourhood and school environment may hinder establishment of the sense of belonging of recent immigrant youth and contribute to poorer health (Edge & Newbold, 2013). On the contrary, strong feelings of ethnic or cultural identity in female migrant youth promoted resilience and were protective to mental health (Khanlou & Guruge, 2008). In some youth, the experiences of discrimination renewed ethnic pride and interest in their cultural identity, feeling of belonging within their own cultural group contributed to a sense of self-identity and personal resiliency.

## Discussion

Health is shaped by multiple fluid and flexible, socially constructed categories of race/ethnicity, gender, age, social class and migrant status that intersect and influence at micro and macro structural levels (Hankivsky & Cormier, 2009). An intersectional approach requires researchers to gather information about how people live their lives and account for the various influences that shape those lives (Hankivsky & Cormier, 2009). Intersectionality can be seen as explaining systems of domination and subordination which are interactive and create complex intersections resulting in a state of 'trans-identity' which is experienced at the individual, structural and policy levels (Hannan, 2001). An intersectional-type analysis places the importance of power and its role in creating and perpetuating discrimination and oppression foremost when considering the issue at hand (Dhamoon & Hankivsky, 2008). An intersectional analysis of our review found that multiple axis of social categories influenced migrant youth mental health at personal level, school level and at the structural level. Adjusting to a new school system was a stressful experience for immigrant and refugee youth, many faced incidences of stereotyping and labelling such as being called 'refugee' or 'stupid'. The construct of 'refugee' was associated to negative assumptions about the youths' capacity and stigmatized vulnerabilities (such as belonging to the lowest income quintile) rather than focussing on their strengths. The labelling disempowered youth and undermined their self-confidence and relationships of trust (Edge et al., 2014). Cultural conflict, social rejection, perceptions of discrimination and marginalization contributed to feelings of insecurity for youth and resulted in poor academic performance and decline in mental health (Costigan et al., 2010; Edge et al., 2014; Hyman et al., 2000; Khanlou & Crawford, 2006). Our findings validate earlier findings on perception of discrimination at school or neighbourhood and its negative effects on the sense of belonging of migrant youth (Edge & Newbold, 2013).

Supportive environments (schools, communities and neighbourhoods) and healthy relationships (family and peers) facilitate health, agency and empowerment (Edge et al., 2014; Rousseau et al., 2007, 2014). Multiple intersecting axes operating at the school level affected youth powerfully. Generally, schools played a dual role, initially they were spaces where migrant youth felt insecure, marginalized, intimidated and stressed, but as the sense of belonging to the school or 'school connectedness' grew, it lessened the settlement stress and schools became heavens in disguise (Edge et al., 2014). As migrant youth acquired fluency in the English language, and familiarized themselves with the dominant society culture, their peers became more accepting of them. Schools are not only important places to learn, they are spaces where migrant youth health and social needs can be identified and addressed. The desire to belong to the dominant society and yet not wanting to abandon their ethnic identity placed youth in acculturative stress. The negative encounters of immigrant and refugee youth with intersecting forms of racism and discrimination were based on youth's race, visible appearance and attire. These encounters impacted youth's sense of belonging and expression of cultural identities (Edge et al., 2014). By 'silencing their selves' youth refrained from expressing

themselves or disclosing their ethnic identity. This coping mechanism helped them avoid embarrassment, and hurting their self-esteem (Khanlou & Guruge, 2008).

The migrant youth were increasingly aware of the challenges and struggles faced by their parents pertaining to educational and professional qualifications not being recognized, deskilling, unemployment and underemployment. The youth viewed themselves in the context of their families and were aware that their families faced great economic hardships. It is known that racialized Canadians encounter persistent blocks from the best paying jobs the country has to offer and have three times higher poverty rates than non-racialized families (Block & Galabuzi, 2011). Working conditions for newly settled individuals and families have deteriorated with the decline in core federal funding. Withdrawal of federal government responsibilities (federal devolution) from the provision of settlement services and along with cutbacks on immigrant service agencies has disabled specialized service provision, that is, family counselling and mental health services for ethno-racial groups (Kilbride, 2009; Mwarigha, 1997).

## Limitations of the Scoping Review

Although we recognize a wealth of health and health related knowledge on immigrant and refugee youth can be reaped from published research work by government agencies and community organizations, but one of the limitation of our scoping review was that we didn't include studies using secondary data from national surveys because we couldn't confirm whether the individual study had sufficient (at least 50%) study participants in the 13–24 age group, to be eligible in the review. Time constraints didn't allow us to include grey literature. Studies on addiction and substance abuse are recognized to be a part of the mental health and mental illness continuum and are an area for significant debate and discussion on its own; therefore, we didn't include these studies. Lastly, our third limitation was that we studied immigrant and refugee youth together in one study. This may have been problematic, given their divergent pre-migration trajectories and experiences which could lead to different coping/adaptation mechanism and health outcome in the two groups. This limitation was overcome by focussing on post-migration experiences, and highlighting differences when they occurred. Despite the aforementioned limitations the scoping review makes a valuable contribution to the literature on immigrant and refugee youth in the mental health field.

## Implications

**First Implication** The policy implication of findings from the study is manifold. The study contributes to our understanding of the health and social challenges in a diverse group of immigrants within a multicultural society, and how social identities pertaining to immigrant and socioeconomic status, gender, race and ethnicity inter-

act within the broader context of the social determinants of health. This study also highlights the importance of family, school and cultural connectedness in reducing settlement stress and protecting mental health. Our findings make it imperative to take a 'whole community approach' to resiliency and mental health promotion as a way forward to policy making and its practice (Khanlou & Wray, 2014). The approach is best explained as 'a public health approach grounded in the social determinants of health...that influences... across individual, family, community, school and society' (Khanlou & Wray, 2014). Within the broader aspects of the social determinants of health are embedded various health-influencing factors which shape health outcomes (Block & Galabuzi, 2011). These factors are provision of appropriate, affordable housing, income and employment, and go beyond these immediate settlement needs. To optimize mental health and academic success, the psychosocial, language and cultural needs of migrant youth need to be met. After a rigorous selection process immigrant youth and their families are *welcomed* in Canada, yet the Canadian system neither fully recognizes nor adequately transitions their economic, educational, social, psychological and cultural needs after arrival.

**Second Implication** Our findings identify the significance of schools in migrant youth mental health. Initially they were places of significant stress for migrant youth but soon became heavens in disguise. Schools can play a key role in tackling settlement difficulties and challenges for schoolgoing migrant children and youth. Thus school-based programmes and interventions are integral to fostering positive mental health in refugee and immigrant youth and their families. Therefore, school-based mental health promotion and prevention programmes can be an effective way to reach recent immigrant and refugee children, youth and families (Stol et al., 2015). The Settlement and Education Partnership in Toronto (SEPT) programme is one example where both the school and SEPT workers effectively engage with newcomer students and their parents. Both parents and their children/youth are informed about the Canadian school system, and linked to other community resources related to newcomer settlement issues for the first 3 years after arrival. The International Languages Elementary & African Heritage Programs by the Toronto District School Board offers the learning of 50 different languages and some cultures. The practice of keeping families involved in the school system helps to alleviate parent-child tensions and overcome cultural and inter-generational conflicts. We recommend that school-based programmes such as the SEPT and the International Languages Program should be promoted, supported, funded and extended so that greater number of immigrant and refugee children and youth (and greater number of schools) and their families may benefit.

**Third Implication** Integrating diverse opinion, value and belief systems in mental health policy and practice, by promoting cultural and language competencies and formulating anti-racist and anti-oppression policies (Stol et al., 2015). Funding, policies, collaboration, partnership, hiring and practice should reflect these values, principles and beliefs. School administrators, school counsellors and teachers should promote these values and beliefs. Training should include cultural and language competencies, so educators may identify, tackle, reduce and eliminate the culture of labelling, bullying and stereotyping at schools, to make them safer environments of learning.



## Response 1

Jacqueline Stol

Carleton University, Ottawa, ON, Canada

In 2015, in response to a need in the child and youth mental health sector, the Centre published a policy-ready paper, *Taking action on health equity and diversity: Responding to the mental health needs of children, youth and families new to Canada*. The Centre works with Ontario child and youth mental health agencies to strengthen services and build effective and accessible systems of care. One of the Centre's core services is to help agencies bring youth and family engagement practices and principles into all mental health service planning and delivery. In the formation of this policy-ready paper, we recognized that engaging youth and families in the process was an essential piece of delivering a meaningful and evidence-informed resource to decision-makers. Youth engagement in mental health is about creating partnerships and meaningful opportunities that engage youth in improving mental health outcomes. This paper was one avenue to provide a positive space and opportunity for young people and their families to meaningfully share their voices, build skills and contribute to an issue that they feel is important. In addition, youth and families have a right to have a say in responding to the issues that affect their lives. The Centre supports that outcomes for young people, agencies, communities and systems are stronger when youth are engaged. As this current scoping study shows, engaging youth in positive spaces, opportunities and relationships to make meaningful connections with their own identities, families, peers, schools and communities can enhance the mental health protective factors in their lives.

Collaborating with youth and families on several projects at the Centre continued to affirm for me that young people have important insights, contributions and skills to share and grow that often go unheard in adult-driven contexts. The factors that impact the mental health of young people and their families new to Canada are complex, interrelated and wide-ranging. De-constructing complex systemic issues, barriers and opportunities that affect mental health outcomes requires many people around the table having significant roles towards collective impact. Opening possibilities for collaboration and partnership with youth and families who live these experiences each day in order to shape responses to complex needs has benefits for all those involved who seek to work together to build a more responsive system of care. Evidence-informed policies and practices that include research, service provider and service user voice are essential for shaping the mental health system.

The ongoing process of embedding youth and family engagement into all service planning and delivery can seem daunting, exciting or even intimidating. The process requires fluidity, flexibility and open-mindedness, but it also needs to be systematic, structured and evidence-informed. Youth and their family members take on many different roles, depending on their contexts, interests and needs, including being consulted, leading an initiative or having a role on a Board. Those being engaged are diverse, compensated for their time and are invited to safer spaces where ongoing efforts are made to redress power imbalances. It is an ongoing learning journey with

many moving parts. All those working with or interacting with youth have a stake in understanding how they contribute to meaningful engagement and providing possibilities that support positive youth development.

## Response 2

Vicky Tran

Carleton University, Ottawa, ON, Canada

During my time as a youth advisor for the policy-ready paper at the Centre and a member of the Ethno-Cultural Youth Advisory Committee (EYAC), I was given a space to freely express and explore my identity as a second-generation immigrant to Canada. These two pieces were important in fostering a strong sense of self in connection to my ethnic background. I grew up in many supportive environments, schools and relationships that contributed to my positive mental health. I was often encouraged as a student, athlete, young woman and leader. However, I did not encounter the same support in terms of my cultural differences. Based on experience working with ethno-cultural youth in the Ottawa community, it is common that many students who share similar experiences group together as means to meet social needs. This type of support and bonding would be effective in youth-adult partnerships where young immigrants or refugees feel like there are not only peers, but adults who are in their corner.

It was not until I became a member of EYAC that I was able to meet and discuss with other ethno-cultural youth who had relatable experiences to my own that I grew more confident in both my national and ethnic identity. The youth advisory committees supported by YSB have been transformative in the empowerment of those who have volunteered with them. EYAC is a youth-led group that aims to represent the voices and needs of ethno-cultural youth in the community by facilitating diversity workshops, participating in round-tables, conducting focus groups, facilitating an immigrant youth employment programme, organizing community events geared specifically towards ethno-cultural youth and families and other activities. Through our work I have been able to talk about mental health and how it interacts within different cultural contexts. Many of the results point towards the implications discussed in this chapter. When considering a whole community approach, school-based programmes and the integration of values and beliefs, the process by which those are implemented should always involve the perspectives of ethno-cultural youth and their families. The policy-ready paper incorporated youth voices in its content and ultimately showed to me that my voice, as an ethno-cultural youth was important in the discussion. Effective ways to address mental health amongst immigrant and refugee youth involve consultation with individual and families who carry with them lived experiences. Engaging and empowering these

individuals by providing a space in which they are valued and heard is not only beneficial for the process in which recommendations are created, but also for those individuals themselves.

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**\*Indicates studies included in the scoping review.**

# Precarious Status: Youth Mental Health at the Intersections of Identity and Migration



Amy Soberano, Philip Ackerman, and Rosa Solorzano

## Introduction

You begin to have breakdowns—ugly things, really, that crush you on the inside. It makes it hard to breathe, and the room spins. During these breakdowns you cry yourself to sleep. You scratch at your arms until red marks form and stay for hours. You bite the inner skin of your thumb. All the while, remaining as quiet as possible. Crying becomes a thing to do while in bed while your mom is asleep. During the day, you pretend everything is okay, that the scratches are because of some weird rash, and that your sleepless nights are caused by nightmares.

— 21-year-old youth living in Canada with precarious status since 2011

When considering the relationship between immigration status and mental health among migrant youth in Canada, the impacts of precariousness are pervasive and significant. Inherent to the definition of precarity are poignant implications for establishing a sustained sense of security, safety, and predictability—the relevance of which is well-established in terms of mental health and wellness. The nuanced relationship between immigration status and experiences of precarity for migrant youth shapes inclusion and access within Canadian society, and underpins an internalization of the exclusion, disempowerment, and lack of security produced by illegalization of the non-status body (Guruge & Butt, 2015; Khanlou, 2010).

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While linkages between mental health and precarious immigration status are emergent in the academic literature, scholarly work around this powerful and chilling intersection is relatively scarce (Kamal & Killian, 2015). The literature is further limited when considering the Canadian context, and virtually absent when narrowed in scope to the youth demographic in particular. This chapter seeks to elucidate some primary mechanisms by which the trauma of precarity impacts the mental health of migrant youth, as well as to bring attention to the urgent need for meaningful intervention at the clinical, community, and policy levels.

We undertake this work as two Canadian-born front-line youth workers situated at community-based agencies in downtown Toronto, striving to negotiate our complex relationships with power and privilege in building meaningful alliances with precarious migrant youth. Much of what is unpacked in this chapter draws upon our front-line work and community-based research with youth who have courageously shared their daily grappling with the impact of immigration policies on their access to basic services, their personal relationships, and their inner worlds. It is these vibrant, diverse, and all too often excluded voices that this chapter strives to amplify.

Our overarching intention is to do so with integrity, transparency, and solidarity, mapping out a theoretical framework grounded in a trauma-informed, anti-oppressive, and intersectional approach. We seek to acknowledge the nuance and multiplicity of identity, both our own and those of the youth we work with, and to invoke feminist praxis to meaningfully empower and engage young people, while meeting them where they are at (Burstow, 2003; Davis, 2008; FCJ Youth Network, 2015). Our work is deeply rooted in the recognition that precarious migrant youth experience multiple interlocking forms of oppression which manifest both in terms of heightened vulnerability to interpersonal violence, as well as structural conditions which function to shape access to power, resources, and safety. Interventions are therefore not only required at the individual level, but must engage with and address the insidious systemic inequities which impact the mental health of migrant youth and contribute to complex and often intergenerational histories of trauma.

Despite their interwoven relationship, discourses around immigration status and mental health are often relegated to two distinct bodies of policy and praxis (Khanlou, Shakya, & Muntaner, 2009). This illusory disconnect not only fails to capture the lived reality of precarity, particularly for youth at critical developmental periods in their lives, but also serves to further invisibilize the urgent need for action. We argue that to effectively co-imagine collaborative, empowered, and meaningful alternatives to addressing the mental health needs of migrant youth, increased attention and tenderness around this nuanced intersection is required.

Indeed, despite representing an arguably growing population in Canada, the invisibility of the precarious migrant youth experience is staggering in its virtual omission from all levels of dominant discourse, including not only academic literature, but community-based supports and the awareness of the general populace (Bhuyan, Osborne, Zahraei, & Tarshis, 2014; Kamal & Killian, 2015). The impacts of such pervasive marginalization are complex, and intersect in a myriad of ways with other markers of identity such as race, age, language, gender, and sexuality, to produce multilayered barriers to positive mental health outcomes for this population. Moreover, the inaccessibility of a secure immigration status in Canada can



serve to exacerbate past traumatic experiences, further underlining the importance of a nuanced intersectional analysis (Fazel, Reed, Panter-Brick, & Stein, 2012; FCJ Youth Network, 2015; Shakya, Khanlou, & Gonsalves, 2010).

When considering the lived experiences of youth in particular, it is important to note that by virtue of their age, young people are less likely than adults to have chosen to relocate to Canada of their own volition. Many of the youth we work with survive extreme violence in their countries of origin, the impacts of which are often exponentially compounded once in Canada by challenges associated with forced/coerced migration, exile, and exclusion (Bronstein & Montgomery, 2011; Guruge & Butt, 2015). And yet, youth living in Toronto, with an immigration status characterized by the very precarity so implicated in mental health concerns, are rarely afforded access to relevant support and continue to be routinely denied basic services (Khanlou, 2010; Khanlou et al., 2009). Indeed, youth with precarious immigration status can be considered as *disproportionately* impacted by multiple interlocking systems of oppression, such as poverty and racism, due to their widespread exclusion from programming designed to combat such forces (Magalhaes, Carrasco, & Gastaldo, 2010; McKenzie, Hansson, Tuck, & Lurie, 2010).

This chapter has been developed in close collaboration with a local collective of youth living with precarious immigration status, including community consultation in the form of one-on-one interviews, focus groups, and the included youth responses. We regret that due to the illegalization of their identities, participants cannot be credited by name for their personal contributions.

## Main Body

### *Within the Canadian Context: Demographics, Policies, and Gaps*

As a youth you are dealing with your mental health issues while discovering yourself...but when it comes to immigration processes there is no time for mental health.

—Youth focus group participant

### Demographics at a Glance

There are at present no cohesive mechanisms that accurately capture the total number of people living in Canada without secure immigration status, and within that, the number of youth. In our work at community-based agencies in Toronto, as well as for the purposes of this chapter, the precarious status migrant youth demographic includes self-identified youth (roughly framed by the ages 14–24) who hold an immigration status marked by impermanence and instability and/or are dependent on third-parties for their ability to remain safely in Canada (FCJ Youth Network, 2015; Goldring, Berinstein, & Bernhard, 2009). Examples include refugee claimants, refused claimants, those holding temporary resident permits, visitors,

international students, sponsored individuals, trafficked persons, those with applications pending for permanent residency on Humanitarian and Compassionate Grounds, or those without any formal immigration status at all. Although these populations are diverse in many ways, they share the common traits of temporary orientations and a substantial weight of inaccess and inequitable participation in Canadian life.

Our experience has suggested several factors contributing to the challenges in venturing any estimate of the number of residents in Canada holding a precarious immigration status, including but not limited to: fear of disclosure, exclusion from censuses and other demographic reports, and the invisibility of this reality in dominant discourse. Even dated and conservative estimates put the numbers of non-status peoples alone from anywhere between 80,000 and 500,000 (House of Commons Committees, 2009; No One is Illegal, 2011); this figure would increase exponentially if expanded to include immigration precarity in all its forms. Despite representing a burgeoning population, both institutional and community-based services are currently provided and accessed in a politicized chill. This is to say that serving, advocating for, or embodying the “wrong” status is marked with threats of punishment at both the organizational and individual levels, including reduced funding, the loss of charitable status, or denial of services, exploitation, detention, and deportation (Villegas, 2014).

### **Immigration and Refugee Policies: Paving a Path to Precarity**

The landscape of immigrant and refugee protection in Canada under Prime Minister Stephen Harper’s Conservative government from 2006 through 2015 invoked a narrowing of policies and unraveling of welcoming traditions, which increased vulnerabilities for migrant youth and drove them into increasingly marginalized spaces. Experiences of migrant youth living in Canada are thereby influenced by a myriad of federal and provincial policies—and their varying implementations—to shape navigation of mental health and access to appropriate support. Within this political climate, it is important to note that youth are forced to reconcile turbulent trajectories of migration with complex and ever-changing legislation.

In 2012, Canada witnessed a complete overhaul of the Refugee Determination System, with multiple policy and legislative changes continuing to unfold since that time (Alboim & Cohl, 2012; Rico-Martinez, 2015). This has not only adversely impacted migrant youth populations in Canada, but also fueled a fog of misunderstanding among settlement workers, health and mental health professionals, and other service providers working with youth. Many of these changes have lent themselves to an increasingly exclusionary discourse, marked by inaccess, a heightened commodification of migrants, and a groundswell of youth living in Canada with precarious immigration status.

With a decreased capacity to appropriately address the mental health needs of migrant youth, those most vulnerable are effectively pinballed from one service provider to another—and with few tangible solutions. Youth therefore continue to

be excluded from a wide range of services, programs, and supports, even those which they should be entitled to under existing legislation as well as international standards of human rights. While a wholly detailed description of this overhaul is beyond the scope of this chapter, its implications necessitate a reimagining of precarity to include newly formed pockets of vulnerability for youth. Yet for many, the very real threats and lack of support that exist back home often eclipse the risks associated with living a life underground in Canada, and the multi-layered barriers to positive mental health outcomes. This poignant fear of return can, in turn, exacerbate the widespread and interlocking stressors enacted on those without assurance of permanency in Canada, including pre-migration trauma, vulnerability to exploitation, and fear of disclosure.

### **Settlement and Mental Health as Interwoven**

The precarity experienced by so many migrant youth extends beyond simply achieving permanent residency or citizenship in Canada, revealing instead incredibly layered and nuanced correlations between the immigration and settlement processes—and, in turn, overall health and wellbeing. The existing body of literature corroborates what we have come to know through our front-line work: there is a significant and pervasive relationship between settlement stressors and mental health (Shakya et al., 2010). Linguistic barriers, shifting familial dynamics, lack of awareness of services, loss of social supports and cultural fluency are all common factors that contribute to profound settlement stressors for many newcomer youth (Shakya et al., 2010). However, for those without stable immigration status, these experiences become further exacerbated and entangled with a greater proclivity to experiences of exploitation, threats of detention and deportation, exclusionary discourses, and an ineligibility to access many services, programs, and supports.

Despite Toronto's designation as a Sanctuary City in 2013 wherein a wide range of services were purported as eligible to anyone regardless of status, precarious migrant youth continue to be disadvantaged when attempting an equitable participation in many of the necessary arenas and institutions of daily life. They are, in turn, burdened with intemperate anxiety and stress in accessing education, securing housing, receiving preventative healthcare, gaining safe and stable employment, and generally participating in Canadian civic and social life.

The findings of our focus group, detailed below, will unpack some of the harmful experiences shared by precarious migrant youth when seeking to navigate settlement and integration in Canada; however, to more closely link the systemic disadvantaging of precarious status migrant youth with settlement policies and practice, let us turn to the example of accessing education in Ontario. A detailed report compiled by members of the FCJ Youth Network, an active group of newcomer youth in Toronto, reveals numerous moments of marginalization, exclusion, and heightened vulnerability for precarious status youth both in accessing and in navigating Ontario high schools, *despite* policies, legislation, and directives aimed at allowing anyone to attend high school in Ontario regardless of immigration status (FCJ Youth Network, 2016). A sampling of this report reveals that non-status youth are often

made to publicly disclose their status, are barred from joining clubs and attending field trips, and have incredibly limited options for higher education, despite their aspirations and competencies (FCJ Youth Network, 2016).

Stress and precarity become further entangled when we layer these experiences of education with other aspects of social and civic participation, where precarious migrant youth may face predatory landlords, misinformed shelter workers, an incredibly exploitative job market and closed doors when seeking healthcare, social assistance, legal aid, and other basic rights afforded their Canadian born counterparts. The relationship among immigration, settlement, and mental health thereby unfolds through multiple and often precarious pathways, whereby inequities are compounded by discriminatory and xenophobic discourses.

## Discussion

### *Youth Voices: Naming Illegalization, Exclusion, Identity, and Uncertainty*

I would like people to know that mental health and the immigration process are actually connected. I feel there are a lot of people who do not realize this...how it affects the individual and also the families of the individual, and how it changes relationships.

—Youth focus group participant

An invitation to participate in a focus group around the topic in question was extended to all members of a Toronto-based newcomer youth group. Ten youth elected to participate and permitted the audio recording of the 98-minute session. Three subsequent one-on-one interviews were conducted with individuals who were unable to attend the focus group. All participants had pre-existing relationships with one or both of us through our work at our respective, and often collaborating, community-based agencies—a factor of note, in that it facilitated participation around a topic often fraught with fear, distrust, and secrecy. As such, this focus group was informal in nature and conducted within the context of our established community-based relationships rather than an academic institution. We maintained adherence both to our organizational policies, as well as to the Ontario College of Social Workers and Social Service Workers code of ethics, shaping our intention for safe and conscientious participation throughout the data gathering process. Participants were assured of confidentiality and of their right to withdraw from the focus group at any time. Individual support was made available to youth should their involvement trigger overwhelming or otherwise challenging emotional experiences.

These 13 primary informants represented ten countries of origin, and five different immigration statuses, including refugee claimants awaiting hearings, failed claimants undergoing the appeal process, international students, Humanitarian and Compassionate applicants, and those with no status at all. While this chapter seeks to raise collective consciousness around youth experiences of precarious immigra-

tion status through the lens of mental health, there exists a depth and breadth of complexities which extend well beyond the scope of our exploration. Suggestions for future research therefore include a nuanced analysis of other intersecting markers of identity, including sexuality and gender identity, race, country of origin, language, and pre-migration experiences.

Grounded in the voices of migrant youth, all of whom have lived experience navigating mental health challenges, discourse, and services while holding a precarious immigration status, the following primary themes emerged from our research: *illegalization*, *inaccess and exclusion*, *identity formation*, and *uncertainty about the future*. We consider these thematic groupings neither absolute nor exhaustive; rather, we posit that they offer valuable inroads into a paradigm by which the domains of mental health and immigration policy be humanized, problematized, and considered in complex and nuanced relationships with one another.

## Illegalization

The term “illegalized immigrant” has been adopted for use in consultation with the youth we work with, as an alternative to language which localizes the issue of status as reflective of some transgression within the individual, such as that which is implied by “illegal immigrant.” By direct contrast, a discourse of “illegalization” shifts the emphasis toward societal and political processes which at once privilege some migrants as wanted while positioning others on the margins of a host society (Bauder, 2013). It is also intended as reflective of an intentional discursive stance by which attempts to dehumanize, criminalize, or otherwise undermine the moral character of individuals, families, and communities on the sole basis of their immigration status are actively resisted.

The mechanisms of illegalization not only impact one’s ability to cultivate supportive personal relationships—an important protective factor in terms of mental health—but contribute to the widespread invisibility of the lived experience of those with precarious status, who do not feel safe to occupy space within the public sphere. Against this backdrop, vulnerability to deportation and detention among migrant youth can give rise to prolonged experiences of fear, insecurity, and significant barriers to trusting others, particularly those in positions of relative power. Such is a chilling cycle of marginalization, by which the voices of those most negatively impacted by macro-level policies are effectively excluded from dominant discourse around their formulation and their consequences.

A 20-year-old participant in our focus group shared the following about his experience navigating the refugee determination system as an unaccompanied asylum-seeker fleeing torture in his country of origin:

It pushes you to lie every time you meet people. It forces you to lie to your friends, to everyone, even to the closest person that you find, because you cannot trust anyone... When you have to end up living in the lie you do not know the truth anymore. What is the truth? Because for you the truth is a lie. And you can start having a really hard time with it. It becomes a way of life, because there is a lot of ignorance out there and people will be like, “so does it mean you are illegal? Are you supposed to be here?”

The experience of illegalization was one that resonated with the majority of participants in the focus group. While the actual and perceived threat of deportation and/or detention varied among the youth we interviewed, many shared a sense that their identities were in some way policed on a regular basis, not exclusively by authorities of the state, but by everyday representatives of basic societal structures. Examples shared by participants included encounters with the education and health-care systems, and with members of the general populace largely ignorant to the nuances of the immigration system.

Another participant shared his challenges feeling coerced into occupying an illegalized space in society, stating:

What I also notice is that if you work really hard, and you try to tell the truth, that I am a refugee or I am non-status or this or that... you notice there is a big change between you and your friends. It is like a big gap, and you are not trusted anymore.

He went on to voice that precarious migrant youth actually within their legal right to be in Canada—albeit temporarily—are often illegalized due to ignorance among decision makers, gatekeepers, and the general populace around nuances of the immigration system.

I want people who keep asking me when am I going back to school and why don't I apply for OSAP to understand that I am not just refusing [but am not eligible]. I want people to know that there are not just two immigration statuses in Canada: citizen and not-citizen.

A third participant under the care of the Children's Aid Society spoke of her experience attending Service Ontario to submit an application for a Health Card. Although she was within her legal right to receive OHIP due to being a ward of the state, the representative assigned to her case was skeptical of the legitimacy of her application after learning she had been in Canada for little over a year. She shared the following:

It was hell. It was one of the worst experiences I've ever had. Everybody in the office was staring at me and I am just there, quiet, with all of my paperwork... she thinks I am illegal, that I am doing something illegal, and all I am doing is sitting there and waiting for her to give me the health card that I came for. Such things affect you very very badly—it affects you so much.

The narratives expressed by these three participants, all of whom are black youth, survivors of extreme violence in their respective countries of origin, and active contributors to a vibrant community-based network of support, speak to a shared experience of illegalization as enacted through personal relationships as well as interactions with societal structures.

### **Inaccess and Exclusion**

Another primary theme emerging from our research—and echoed in our daily work with migrant youth—was that of state-sanctioned social exclusion, further shaped by the rapidly shifting political landscape. A keen sense of being pushed to the margins of dominant society leads to feelings of loneliness, social isolation, and

fundamentally not belonging among many of the youth we work with. This can be particularly painful for youth, especially those who enter or remain in Canada without the support of family and friends, already navigating the complex experience of adolescence as compounded by migration and displacement from one's community of origin (Ellis, 2010).

Migrant youth may experience poignant multi-layered exclusion dependent upon the specifics of their status as it intersects with other aspects of privilege and access (McKenzie et al., 2010). Some experiences of participants that reinforce the relationship between settlement stressors and mental health include barriers to work or attend school legally, lack of access to basic health and supportive services, and even rejection from bars/clubs due to not having government-issued identification attesting to their age. Although far from a homogenous group, precarious migrant youth are fundamentally subjected to the invocation of their immigration status as justification for not being counted in the same way as those granted permanence in Canada are counted. Indeed, migrant youth are routinely denied many of the basic rights and freedoms allocated by default to their Canadian-born peers regardless of how long they may have lived in this country, how they have sought to contribute to it, and what risks they might face if forcibly removed.

In the voice of a male youth participant:

This sense of not belonging somewhere almost makes you question your own existence. Why am I here? Who am I? Because they make you think you are not a human being because human beings should have certain rights and, you know, they took all the rights from you like you are nothing.... The way you are treated, it is like you do not belong here. Therefore, where do you belong? Who are you?

In addition to systemic processes of exclusion at the macro level, many youth report experiences of social exclusion within peer groups, personal relationships, and even family structures as a result of the actual and/or perceived threats associated with disclosing immigration status. When considering the relationship between such pervasive barriers to inclusion and mental health, it is critical to consider how such forces can be internalized by youth, giving rise to feelings of disempowerment, sadness, hopelessness around one's ability to alter their circumstances, and a sense of being left behind by peers who do not face similar barriers to pursuing their educational, professional, and personal goals (Kamal, 2012; Magalhaes et al., 2010).

Another participant further elucidated the mental health challenges associated with experiences of exclusion:

It's that feeling that you are not accepted, you are just here. It makes you think a lot and it causes a lot of depression because it's like you are hungry, and you see food, but you cannot get it. It is right there, by your nose, but you just cannot grab it because of the piece of paper. I think immigration status creates that part in a person which says, "I cannot get those things."

Moreover, a profound sense of loneliness can be easily exacerbated by the sense that one's personal relationships are incapable of holding space for the emotional and pragmatic challenges associated with moving through life in Canada with an immigration status characterized by precarity (Dozier, 1993). Adolescence is often characterized by the maturing of peer relationships as increasingly intimate and

communicative, which in turn can be highly protective in terms of mental health. Nonetheless, participants shared that such support may well not be accessible to youth who feel unsafe to share parts of themselves with others for fear of multi-layered risks associated with disclosure. This reality poses significant mental health concerns both because peer relationships can represent sources of support, and because of the potential impact of disincentives to forging trusting and intimate relationships on the developmental processes of youth (Ellis, 2010; Steinberg & Morris, 2001).

It is extremely important to highlight that the mental health challenges associated with the aforementioned processes of exclusion are effectively exacerbated by the inability to access appropriate interventions and supports for those deemed ineligible as a result of their immigration statuses.

## **Identity Formation**

When considering the unique intersections of immigration status, mental health, and age, it is critical to examine how experiences of precarity in migration interact with developmental processes characteristic of adolescence. Although cognizant of risks associated with generalizing Eurocentric theoretical conceptions of life stages, identity formation for many of the youth we work with unfolds in complex relationship with one's positioning both outside one's country of origin and on the margins of one's host country. Indeed, previous research conducted with non-status youth implicates a lack of immigration status as causally related to one's propensity to classify themselves as qualitatively different from a "normal" adolescent, more likely to identify instead as the designated "other" (Brabeck & Xu, 2010; Kamal, 2012).

Robust academic literature consistently suggests that maintaining a strong sense of ethnic identity, with intimate linkages both to one's community of origin as well as to the host culture, is positively correlated with higher self-esteem, self-efficacy and overall improved psychological and developmental outcomes (Kamal, 2012; Steinberg & Morris, 2001). This is a particularly delicate balance to reconcile for youth developing within the tumult of precarity, who may grapple at once with a felt sense of exile from their country of origin and rejection from Canadian society.

Migrant youth may well be embroiled in the negotiation of multiple, often marginalized, identities, within a structural context of exclusion and a developmental context of adolescence, whereby one's self-narratives remain loosely formed compared to those of adults. For large numbers of youth with precarious immigration status, many well-established risk factors for mental health challenges in adolescence are not only present but further exacerbated by their experiences of precarity, such as hopelessness about the future, negative self-perceptions, histories of trauma, and limited networks of support (Kamal, 2012). This, in turn, can be linked to poorer physical and mental health outcomes.

This sentiment was reflected in the voice of a female participant, who shared, "you can become very judgmental of yourself... and the whole process makes you



wonder why they do not want you here. You always wonder, do they not want me here?" Such experiences of rejection and exclusion are reproduced and perpetuated through everyday attempts to navigate societal structures, and the ongoing denial of equitable treatment can lead to the internalization of a sense that one's identity is somehow less valuable. She went on to express the following:

It starts from Immigration but goes even to the person in the Emergency Room at the hospital. You come there and you have precarious status which means that you probably have no health coverage at all, or only a little bit, so that means the treatment is going to be different for you than for others.

"You come to think in terms of not being good enough," shared another participant. "You are constantly asked to prove yourself, from English language to everything else, and it just makes you question, 'what can I do and what can I not do?'"

"And you put all that work in trying to prove yourself, but you do not even know whether you are going to get it [status] or not," shared another youth.

If you go back home it is going to be nothing.... So you are trying very hard and on top of that you have your immigration stuff and on top of that you have your own feelings. You are dealing with these three huge monsters and at the end you are like, "no, I cannot take it."

## **Uncertainty About the Future**

Not knowing if you're going to be able to stay here [in Canada] or if you're going to have to go means that you're living in suspense, and it's not some simple suspense—it's your life. It's your future.

This chilling statement made by a focus group participant effectively reflects the tremendous stress exerted upon individuals, families, and communities by the uncertainty of living without the assurance of permanence in a host country. Particularly among those forced into migration by threats to safety in one's country of origin, occupying a sphere of precarity once in Canada often perpetuates and exacerbates a range of deleterious mental health outcomes associated with surviving complex pre-migration trauma. We argue that the profound uncertainty underpinning the migration process for growing numbers of youth can be considered as traumatic in and of itself, as one's fundamental sense of safety is felt to hang in the balance of detached decision makers, labyrinthine bureaucracies, and federal policies which increasingly favor economic immigrants.

In our front-line work with youth, uncertainty is routinely cited by those we serve as a poignant source of stress to overall mental health and wellness. A lack of resolve weighs particularly heavily upon those who fear violence should they be forced to return to their country of origin, and among youth whose immigration processes have been stalled in precarity for prolonged periods of time (e.g., "legacy cases" of refugee claimants who arrived before June 2012 and are still awaiting an initial hearing).

Uncertainty was also described by focus group participants as a significant impediment to navigating daily life choices. One young woman shared the following example:

If you are stuck with this idea that you don't know what will happen in your future, you stop doing things for yourself. If you see a winter jacket, you think to yourself that you can't buy it because it is expensive and you don't know if you will get to use it. Even these little details can affect you a lot mentally.

Another participant echoed this experience, sharing, “it is very hard to handle the not knowing. You think to yourself, I'm not going to buy that winter jacket because I cannot carry that big thing in my bag back to Africa.” Such a deeply internalized sense of disempowerment in terms of autonomy over one's future acts as a powerful barrier to the establishment and pursuit of goals, as well as a potent catalyst for anxiety, hopelessness, frustration, and the felt experience of rejection from the fabric of a host society (Ellis, 2010; Villegas, 2014).

Nearly all participating youth described their experiences of such uncertainty as both prolonged and paralyzing. For many, the trajectory of their lives is felt to be contingent upon their ability to access a secure immigration status, be it in terms of the realization of personal, educational, or professional goals, the expression of their sexuality and/or gender identity, or safety from bodily harm, including but not limited to torture, imprisonment, forced marriage, female genital mutilation, domestic violence, human trafficking, and/or armed conflict.

When we talk about immigration and mental health, it is about your dreams—in fact, it is about your life. If you have no certainty about your life, how can you move on? Actually, there is nothing without that. You cannot move on. Even if you work every day at it, in the back of your mind you always remember, “oh, there's nothing.”

## Implications and Recommendations

In my dream world, the first thing that we should care about with newcomers is mental health.

—*Youth focus group participant*

Several implications have been made evident through this exploration of the interconnectedness of precarious immigration status and mental health in the lived experiences of youth. Far from disparate entities, our inner landscapes are intimately interwoven with our external contexts. This necessitates a structural analysis of mental health concerns, particularly within marginalized populations, and increases the urgency for access to meaningful interventions which contextualize such challenges as influenced by broader political systems. We therefore propose the following recommendations toward increasingly meaningful interventions at multiple levels.

### ***Recommendation 1: Youth-Led, Trauma-Informed Policy Change***

As evidenced throughout this paper, current federal legislation and policies are too narrow and exclusionary, forcing migrant youth into situations of limbo and heightened precarity, and imprinting considerably on their mental health. Both in terms of catalyzing stress, anxiety, and isolation, and concurrently barring access to appropriate and timely services, the intersection of immigration and health policy needs to be reimagined. Policies need to be actualized within an intersectional framework, increasing pathways and possibilities to permanence in Canada, while simultaneously expanding mental health services with widely inclusive and accessible eligibility criteria. The youth voice must not only be present, but centered within this reimagining, to meaningfully engage migrant youth in addressing determinants of mental health.

### ***Recommendation 2: Consciousness Raising Toward a More Expansive and Inclusive Discourse***

More research needs to be undertaken to raise visibility and promote appropriate response to issues faced by precarious migrant populations. It has become increasingly apparent that many of the young people who have lent their voice to this project have been harmed by a sweeping ignorance among decision makers, gatekeepers, and the general populace. As such, more community-driven, community-led research needs to be encouraged, supported and undertaken at multiple levels. Increased awareness can serve to shift the discourse of our institutions, ideologies and popular rhetoric to mitigate the violence experienced by precarious migrant youth in seeking an equitable participation in Canadian life.

### ***Recommendation 3: Anti-Oppressive, Feminist Praxis***

Consistent with our theoretical framework, we maintain that this work needs to be fueled by feminist praxis, supported by the pillars of anti-oppression, inclusion, non-discrimination, intersectionality, and accessibility. By working from this framework, service providers cannot only prioritize the voice of the community, but effectively and efficiently seek to address determinants of mental health for migrant youth, while thinking critically about the interactions of individuals, families, and communities with the wider systems in which they are participating. The interconnectedness between mental health and other areas of service provision and support begs an approach that strives to meet youth where they are at.

We would like to conclude by stating that any step forward must acknowledge diversity, intersectionality, and the tremendous resiliency of precarious migrant youth. Perhaps most importantly is to recall the words of one focus group participant:

Our life is important. I am proud to be a refugee and I am proud of who I am.... So there are certain things that can happen in people's lives because they are very inspired and powerful because of their precarious immigration status.

We already feel bad, and do not feel a sense of belonging. Yeah, that's true, but at the same time for me I now know that I belong to a very beautiful community. And for me, that is huge.

## Creative Response: Mind Games

Rosa Solorzano

Youth Member, FCJ Youth Network, Toronto, ON, Canada

The first time you moved countries you were 11 years old. Barely a kid and mad at your mom for taking you away from your friends.... Nevertheless, you wordlessly followed. After all, that's all you could do—listen and follow. During your trip you experience many... things. But what sticks to you the most is the bone-chilling fright of being judged and the mere concept of being left alone.

The next time you move countries, you're 17 and your dreams were in this weird fragile state of being completely shattered, but ridiculously inflated by the idea of a "better future." Your second time moving countries is your second experience of the bone-chilling feeling of being observed, judged, and abandoned. It makes your skin crawl and your breathing become shallow.

You absolutely hate it.

By the time you're done and are granted access into the country, you're left with a bitter aftertaste and a nagging feeling at the back of your mind that it was the beginning of something much worse.

You now wish you could've punched the nagging feeling that day for being right.

There's an understatement in the sentence: "my family became stressed out." Those are too shallow words to express just how high wired and hot headed your entire family became after that initial questioning. They began to extremely judge each other... and even though you were 18, you were now one of the adults playing in their game of "how much of a blame can I dump on the other until I feel less guilty about our situation?"

You hated that game and you still do...

You still can't win that game.

Taking the blame and beating yourself up about it becomes your favorite thing to do while stressing out. Honestly sometimes you still do it now, but you rarely admit to it.

Now you have a better understanding of your situation.... How much it sucks up your daily energy just to come back and inject all the negativity and self-destructive thoughts you've fought so hard to keep away. It's overwhelming, how many times will you have to be punched in the gut for trying your hardest at adapting?

You wished it was only the legal system against you.... You wish the judging self-destructive thoughts would stop, you wish the knife carving your back would feel less sharp.

But it's never that simple.

There is never a simple day. There is the illusion of simplicity, the illusion of things going right just for a fleeting moment, a dazzling look into a life you wish you had where the only thing you would have to worry about was the now. It makes your hand restless, your mind to move into overdrive and your imagination to flow.

There are many things you wish you could do.... So many countless things...

It ends as abruptly as it comes, the illusion being ripped apart by the bitter reminder that your life will never be that easy. It ends with careless comments, gut wrenching moments.... The stupid game and your own self-doubt.

*You still wordlessly listen and follow, because as much as you've grown and come to understand your situation, you're still deadly afraid of being left alone, even if it means destroying your mental-wellness in the process.*

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# Dancing Bodies, Flying Souls: The Mental Health Impacts of Pedophilia Inflicted on Afghan Boys in Afghanistan



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## Introduction

Sexual violation is a form of pederasty, and homoerotic and pedophilic relations with boys has historical roots and traces in culture, arts and crafts, oral tradition, and literature. In ancient societies, boys and girls were subject to maiming and mutilation (Sari & Büyükcinal, 1991), and were used for explicit sexual acts, including pornography throughout Renaissance and well into the eighteenth century (Hartjen & Priyadarsini, 2012). However, at various times in history and in different regions of the world, pederasty and homoerotic relationships with boys on the one hand flourished as social norms, but on the other, were condemned or suppressed (Devlin, 2015). Two important discourses, the notion of “childhood” and the 1989 *United Nations Convention on the Rights of the Child*, have shifted our understanding of these relationships from accepting them as social norms to viewing them as deviant and pedophilic acts (Hartjen & Priyadarsini, 2012). Today, many governments have implemented systemic laws, policies, and practices that prohibit, prevent, and punish sexual predators while supporting victims and their families. Despite this, boys continue to fall prey to human traffickers, sex tourists, and pedophiles within their

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homes, schools, and communities, and by acquaintances, strangers, or those in positions of power.

According to a United Nations (UN) report, in 2002 alone, over 73 million boys experienced some form of sexual violation (Pinheiro, 2006). In particular, as noted by the UN Special Representative Zainabl Hawa Bangura, in conflict zones, boys become more vulnerable to sexual violation and face severe consequences such as sexually transmitted diseases, physical injuries, and psychological distress and trauma (UN News Center, 2013). In Afghanistan, sexual violation of boys is referred to as the practice of “Bacha (boy) Bazi (play).” Although in recent years the impact of armed conflict on Afghan school-aged children and adolescence in Afghanistan has been researched, little is known about the mental health impact of sexual violation. Sex and sexuality are framed as private constructs and discussions on sexual violation can bring public shaming and stigma.

By relying on anti-colonial and critical feminist analysis, this chapter utilizes secondary data and the authors’ professional experiences of working with Afghan communities in Afghanistan and Canada. The focus of this chapter is therefore threefold. First, it examines ways in which decades of conflict and militarized violence have increased the vulnerability of Afghan boys (from 7 to 18 years of age) to experience sexual violation. By historicizing the discourse, the second purpose of this chapter is to unpack the denying or minimizing term “Bacha Bazi” (playful act) to interrogate such sexual violation as a pedophilic act. In this chapter, we ascertain *Bacha Bazi* as a pedophilic act carried out by men against minor boys. The practice of *Dancing Boys* or “Bazangar,” we argue, is an extension of such an act through the means of material and sexual possession, patriarchal power, and militarized misogyny. Third, we explore potential mental health impacts of sexual violation inflicted by men on Afghan boys. Sexual violation can have a long-lasting effect on boys as they may experience multiple forms of trauma that can hamper their growth, livelihood, opportunities, and life chances. We argue that the enforced feminization of *Dancing Boys*, or “Bazangar” through which boys become the subject of homoerotic gazes, physical and sexual violation, public shaming, and stigma, can add additional layers of trauma to pre-existing mental health conditions.

Despite all adversities, however, it is important to note that in recent decades, Afghans have relied on their resilience to confront sexual violation of boys and initiate socio-political change. The most critical work is the “The Kite Runner” by Khaled Hosseini (2004), which has led to global publicity of the practice of “Bacha Bazi.” This has been followed by a movement led by independent Human Rights Commissions and social justice activists, both locally and globally, in removing the curtain of silence and problematizing the discourse as a matter of human rights and sexual violations concerns. Since then, the government of Afghanistan has produced a *National Report on Bacha Bazi in Afghanistan* (Jones, 2015), and has criminalized pedophilia, sodomy, and homoerotic relations of adult men with boys. However, due to corruption and lack of systemic measures to implement the law, the prevalence of sexual violation of boys continues to increase.

Culturally, Afghans refer to male children and adolescents as “Bacha” or “boys” prior to reaching adulthood at age 18. Throughout this chapter we also use the term “boys” to refer to this age group (age 7–18).



## Main Argument

### *Afghan Boys Thriving in a Militarized Nation*

In recent years, there has been a proliferation of reports on the impact of armed conflict on Afghan children and adolescents (Abidi, Ali, Shah, Abbas, & Ali, 2012; Dawes & Flisher, 2009; Khan, 2009; Long, 2013; Mghir & Raskin, 1999; Panter-Brick, Grimon, Kalin, & Eggerman, 2015; Todd et al., 2008; van de Put, 2002). In parallel, armed conflict has increased the vulnerability of Afghan boys to experience sexual violation as well as individual and collective trauma.

Over the past four decades, Afghanistan has been the site of foreign militarized invasions causing the displacement of millions of civilians while witnessing the rise in conflict, Talibanism, and corruption. Afghanistan is currently facing a time when enforcement of public and private rules and regulations, religion, and morality intersect with the hands of international aid, armed forces, warlords, wealthy merchants, as well as human and drug traffickers who rule through acts of violence. This has led many Afghans to endure severe poverty, torture, and human rights violations, both individually and collectively. The burden of such violence has been extended to boys whose past memories are shaped by loss, pain, and suffering, and their future depend on their sense of consciousness and resilience.

During the ongoing conflict, Afghan boys have been recruited by the Soviet and US/NATO forces, as well as by militia groups, the Taliban, and Northern Alliances forces for insurgent activities (BBC News, 2014a; Edwards & Cromwell, 2002; Hartjen & Priyadarsini, 2012; Noorzoy, 2012). Afghan boys have also been kidnapped for sexual purposes or to be indoctrinated, used as terrorists, child soldiers, and militiamen (BBC News, 2014a; Edwards & Cromwell, 2002; Noorzoy, 2012). Despite this, Afghan boys and their families are left with little access to justice or safety. In fact, the most troubling forms of sexual violations against Afghan boys are reported to be committed by the police force and criminal justice personnel (BBC News, 2014a; Long, 2013; Nordland, 2011; Qobil, 2010). This systemic, economic, legal, and socio-political power of criminal justice employees and warlords has added to the complex reality of sexual violation against Afghan boys, jeopardizing their safety and livelihoods.

Ongoing conflict has resulted in the loss of men, leaving women and their children vulnerable to violence. Since the presence of Afghan women, particularly widowed women, in public spheres was restricted, young boys have become the sole breadwinners of their broken families, an experience which results in the loss of their childhood identities to their adult roles. This has also put Afghan boys at enormous risk of falling prey to pedophiles, partly due to their age-related vulnerabilities and in part down to the inability of the Afghan government to protect women and children.

While some parents are lured by false promises of providing their sons with better opportunities, extreme poverty or addiction have also forced others to sell their sons in exchange for basic needs (Jones, 2015; Noorzoy, 2012). It is estimated that

over 2 million orphans and abandoned minors live in Afghanistan (The Afghan Orphan Project, n.d.), a majority of them boys between the ages of 3 and 17. Reports reveal harsh treatment (IWPR, 2014), malnutrition, and physical and sexual abuse against these boys while under care. Paradoxically, families, unable to provide for their children, abandon them at orphanages to ensure their survival (IWPR, 2014). Additionally, there are 600,000 homeless children in major Afghan cities (Aschiana Foundation, 2008). Human traffickers and pedophiles often approach or abduct boys on the streets, marketplaces, bus terminals, religious places, shrines, hotels, and restaurants, where they are forced to beg for food, work, or engage in prostitution (Jones, 2015; Muhammad, Zafar, & Raghuvanshi, 2006; Sykes, 2009).

Although a central government has been established since 2001, adverse challenges continue to expose boys to violence. Afghanistan is one of the poorest countries in the world with an estimated 35% unemployment rate (BBC, 2014a). It is also known as the world's largest producer of opium (90%) with over 1 million reported users that share contaminated syringes, who also engage in commercial sex with other men and minor boys, and with limited access to harm reduction interventions (Abidi et al., 2012; Todd et al., 2008).

Of those who continue to live in their own homes and communities, life is far from being predictable where their daily activities are interrupted by ongoing suicide and terrorist attacks, bomb explosions and street violence. Their health and wellbeing, as noted by Panter-Brick, Goodman, Tol, and Eggerman (2011), is further influenced by their family environment, care-givers' physical and mental health challenges, living conditions, economic and social class, as well as their age, gender, and resilience to everyday stressors.

The coexistence of militarization, misogyny, heterosexism, and sexual violation of boys is a paradoxical issue. While the segregation of women from the public arena has decreased their power to protect their sons from sexual predators, it has increased homosociality among men within entertainment gatherings, using boys to perform feminized behaviors, and resulting in them being sexually abused and humiliated (Dancing Boys of Afghanistan, 2010). The objectification of boys therefore has intensified patriarchal ideologies of power, control, and possession over both women and boys.

### *Sexual Violation of Boys and Afghan Law*

The Afghan law prohibits "pederasty" or pedophilic conduct; however, the reference and the wording of the law are vague and unclear. Under Article 427 of the criminal law, same-sex relations and homosexual encounters with adults and minors are prohibited. However, since 78% of men who have been involved in sexual conduct with boys are married and have wives and families (National Report on Bache Bazi in Afghanistan, 2014), their encounters are hidden or framed in the context of "play" and entertainment. In fact, 89% of men who have engaged in some form of

sexual conduct with boys have reported never being questioned or investigated by the authorities (National Report on Bache Bazi in Afghanistan, 2014).

At the present time, there is no statute in Afghan law to condemn child molestation, inappropriate touching, and more importantly, the objectification of boys for entertainment purposes (National Report on Bache Bazi in Afghanistan, 2014). This lack of clear description adds to the freedom of pedophiles who are not bound by any laws—both legal and social. As to the latter, fabricated social statuses underpinned by ownership and possession of sex, pleasure, and authority overpower cultural stigmatization and religious forbearance. A man owns the boy, who he may use when he wants, for himself alone, or for entertaining others without any restriction (National Report on Bacha Bazi in Afghanistan, 2014).

Laws have never been strictly implemented in Afghanistan and have been ignored in light of family honor and patriarchal gender roles. Matters of family honor, such as the rape of a child, have either been kept secret and unreported by the family, or left to the government, if or when reported. However, in cases where families report abuse to the government, it rarely, if ever, reaches the court. Reports suggest multi-layered corruption among police, rehabilitation centers, the judiciary, and the court, preventing justice at every step and further subjecting the victim to more abuse (Anwari, 2014). Men who own boys are often equipped with authority, network, and connection to powerful authorities. At present, many powerful authorities in the government were warlords or commanders during the civil war and the anti-Soviet conflict—and were therefore themselves child/boy exploiters (Quraishi, 2010). The suffering of Afghan boys therefore continues to grow.

### ***Setting a Context: Historicizing the Discourse of Homoerotic Relations with Boys***

Parallel to Greco-Roman antiquity that praised same-sex companionship and homoerotic relations of adult men with adolescents, Mediterranean-Muslim societies constructed these relations in the context of mentoring and courtship (Afary, 2009). As such, sexuality was neither defined in what Western societies classify as heterosexuality or homosexuality, nor was a man who engaged in a same-sex relation considered homosexual (Afary, 2009). In turn, the notion of “love” cemented an individual’s position as an active adult lover or *erastes*, or passive adolescent boy or *paidika* (Foucault, 1984).

The attitude toward homoeroticism in modern Muslim societies, like other parts of the world, is complex and has been condemned by Islamic doctrines and laws, despite its prevalence in history (Devlin, 2015). In the context of Afghanistan, however, cultural stigma, which is formed and shaped by power, gender, and patriarchy, has made the visible realities of sexual violation of boys to become invisible and has forced victims and their families into silence. While violence against women has been evaded under the guise of domestic/family affairs and the territorial honor or

the honor of the husband, the sexual exploitation of boys has been publically and politically denied. Cultural stigmatization and abrasiveness have therefore precluded the issue of the sexual exploitation of boys from entering social negotiation and from becoming an agenda item in the discourse of human rights violations.

Similar to Persian and Arab literature, Afghan literature is discrete about sex and homoerotic relations to avoid religious reprimand and prevent political and cultural shaming and stigma. Sex and sexuality are also considered private constructs, and for this reason any discussion on sexual violations, particularly against boys, is silenced. In contrast, artists have relied on poetic allusions in subtle ways to refer to the notion of both boys and girls as objects of sexual desire. For example, while referring to the adolescent as “beloved” or passive partner, the Afghan language makes no reference to his gender using the metaphor of an “amorous gaze” to describe his appearance in a feminized and a romantic manner (Afary, 2009; Devlin, 2015; Najmabadi, 2005). The genderless discourse of beauty and sexual desire has promoted heterosexism as a cultural, social, and moral normative, and removed the sexual violation of boys from the dialogue.

The concept of *Dancing Boys*, particularly in homosocial gatherings, has been a common practice in Afghanistan similar to most Mediterranean societies. Entertainment gatherings have not always been of erotic nature despite some boys being cross-dressed. Although the sexual violation of boys has been a reality in Afghanistan in the past, it has been reinforced and commercialized since the war and throughout the post-war conflict creating a context of gender, class, sexuality, and power to this cultural-religious stigmatized practice (Elton, 2013). However, contemporary social rhetoric has omitted the issue completely with no condemnation or admission of this common (but religiously forbidden) reality. It is as if, paradoxically, power has overruled the cultural taboo.

### ***Theorizing the Discourse, Interrogating the Language: Pedophilia***

In his work, “The Kite Runner,” Khaled Hosseini (2004) attracted international attention about sexual violation of Afghan boys. However, within the Western context, such publicity has always been framed within what Edward Said (1979) names *Orientalism*, and with *Islamophobic* gaze (Burton, 1885; Murray & Roscoe, 1997).

From a legal perspective, Jones (2015) considers the practice of *Bacha Bazi* a trafficking concern and a form of collective sexual exploitation entailing sexual enslavement and rape in a systemic and organized manner. Such exploitation is orchestrated by warlords and other powerful men. Ullah (2013) makes further distinction by defining the term “internal trafficking” as that in which boys are trafficked or purchased from rural areas due to multifaceted factors from the socio-historical to the economic, and culture as well as weak governance and armed conflict. These conditions result in impoverished families selling their sons. From

Ullah's perspective, the practice of *Dancing Boys* is also a form of sexual slavery inflicted on orphans and those from rural and poor families (Afghanistan's Dancing Boys, 2013). Vulnerable children are at a higher risk of being sold or kidnapped by internal human traffickers for sexual purposes. Both authors agree that on one hand, sexual violations are condemned under international law and the law in Afghanistan, and on the other, are demanded by people in the position of power (Jones, 2015; Ullah, 2013). From a methodological standpoint, however, perceiving sexual violations as subsumed by the issue of trafficking risks the exclusion of those who may fall outside such a defined category. At the same time, constructing the argument as a poverty or a rural problem, as Ullah puts it, will exclude the voice and experiences of boys beyond such a realm.

Existing reports further interrogate the issue from cultural perspectives while problematizing it as a result of the segregation of women from public sphere (Jones, 2015; Murray & Roscoe, 1997; Reynolds, 2002; Smith, 2014; Ullah, 2013). From this perspective, women are culturalized as private property and their absence from the public domain is responsible for the increase in sexual violations against their sons. Aronowitz (1991) further considers homophobia a driving factor for men favoring sex with boys over sex with other men. Within this context and according to Freudian theory, sexual repression manifests itself in irrational and violent modes (Ullah, 2013), in this case the sexual violation of Afghan boys.

Whether "culturalizing," blaming it as a "women issue," for instance, the prohibition of prostitution, unavailability of women and accessibility of her objectified body, or positioning it within "homosexual" relations, the existing literature suffers intersectionality and feminist analysis. For long, the sexual violation of boys and women was framed as men's inability to control their anger or erotic desires whether in war, conflict, or in peace. In this context, therefore, considering youthfulness, beauty, and femininity and viewing the individual as an object of lust and temptation, while disregarding the subject's gender or age, risks normalizing pedophilia, misogyny, sexual violence, and homophobia. Sex and sexuality as Rollins (2011) notes, are part of the hierarchical value system that set the stage for the basis of other forms of gender, social, economic, and political power.

At the same time, the denial to distinguish between consensual homosexual relations of adult men and pederast and homoerotic rape only serves to increase homophobic rhetoric. This on one hand presents heterosexuality as a normative practice while rejecting the existence of homosexuality, and on the other equips men with the sexual power to cut through age, gender, religion, class, culture, and norm. Such power is further reinforced through the use of law and religion by contextualizing the acts as "unlawful" or "honor crimes" in contrast to the use of everyday language or practices that seek to deny or minimize the sexual violence of boys. Therefore, it is necessary to overcome definitional shortcomings and interrogate linguistic flaws depicting the sexual violation of boys as *Bacha Bazi* or "playful" encounter. Purchasing boys as a commodity through power means little prohibition of any kind from using a boy like a slave and/or concubine where he is forced to provide free labor and serves as a passive sexual and entertaining object.

Adding another layer is the context in which sexual violations of boys take place. In Afghanistan, entertainment and art particularly by and about women were sanctioned while, ironically, cross-dressing and feminized performance of boys within homosocial entertainment gatherings were encouraged. First, such contradiction has extended the reach of patriarchal power to fulfill the sexual desire of men toward women within private spheres through the right of marriage to multiple wives of all ages, while normalizing sexual relations with their sons. Second, by publically cross-dressing boys for both entertainment and sexual purposes, women are further desexualized and dehumanized as reproductive objects.

The cross-dressing of boys or feminized performances carry a connotation beyond the Western notion of “drag” performances. Judith Butler (1990) argues that usage of the term “drag” runs the risk of reinforcing existing gender roles by merely reducing role reversal to a performance and laughable spectacle. Burt (2009) further explains that, through dance, social and cultural concepts are negotiated while gender and sexuality are maintained. In this context, *Dancing Boys* are depersonalized as “dancers” on one hand, whereas on the other their feminized performances are to blame for provoking homoerotic gazes, voyeurism, and fetishism. As Butler (2004) points out, dance exposes the body within a public dimension, a way in which male power is preserved. These rhetorical relations justify pedophilia and masculine possession over vulnerable bodies. Ullah (2013) rightfully points out that grooming and gifting boy dancers is used as a pivotal component in gaining their trust and legitimizes such stigmatized sexual encounter by suggesting mutual and consensual relations.

It is through grooming that the unequal relations between status-ed men and their sexual servitudes are constructed and turned into public scenes in homosocial gatherings. Within these public thus culturally, religiously, and morally sanctioned spaces, boys are auctioned out to the highest bidder to provide sexual services (Abdul-Ahad, 2009; Ibrahimi, 2007; Jalalza, 2011; Jones, 2015; Ullah, 2013). The auctioning of boys first encourages competition among boys in order to increase their popularity and reduce the likelihood of abusive treatment from their owners; and second, it increases the profit and social status of their owners. This is where pedophilia and pederasty intersect with commodity power, sex, sexualization, pleasure, gender, class, and homophobia. However, since not everyone is able, or can afford sexual intimacy with their favorite boys, their dancing videos can be purchased on the streets of major cities (Jones, 2015). These videos leave public memories of shaming and intimidation at all-time and for years to come.

### ***Transitioning from a “Dancing Boy” to a “Man”***

Once boys reach the legal age (18) or as they grew facial hair, due to the construction of patriarchy entwined with heterosexuality as a normative practice, they are expected to uphold masculine identities. They must learn to transition from desired sexual objects and turn into masculine subjects where their owners either force them

to submit to arranged marriages with their daughters, or set them free. The arranged marriage of boys regardless of their sexual preferences or level of mental readiness is when their owners hold strong feelings toward their boys, ensuring the continuation of their submission as well as their availability at all times (BBC News, 2014a). Therefore, entering manhood can on the surface end homoerotic relations between the boys and their owners since homosexual relations between men are prohibited morally and religiously. However, even if they engage in homosexual relation with their owners as young adult boys, the same unequal relations will persist. As married men, boys will be equipped with patriarchal gender privileges and sexual rights over their wives as well as the right to enter the spaces of homosocial entertainment gatherings as observers. From a psychological standpoint, however, the transition from sexual object to a “man” does not necessarily relieve boys from the long lasting pain and trauma of childhood sexual violence. In particular, these traumatic responses perplex victims of *Dancing Boys* as they are burdened with public shame, dishonor, guilt, and loss of gender role and identity. With varied personal responses to abuse, the mental health impact of sexual violation can cause distinct implications during and after the stage at which boys reach the age of manhood (Heath, 2014). They may internalize their stigmatized role and identity, become pedophiles as a form of revenge, or engage in self-harm behaviors.

The feminization of boys within entertainment gatherings can also antagonize them due to the loss of any defined masculine identity and role (Sharif, 2014), as a result of which boys are considered less than men. Patriarchy and social discourse defines manhood and honor in the context of masculinity and the male role as protector of women in the family. Becoming a sexual object and being portrayed in derogatory terms in everyday language not only confuses a boy’s social identity but crushes his self-image. Sociologically, and in the context of benevolent sexism according to Elton (2013), it is the unmanly weakness of men that provokes their sexual abuse. Thus, a boy’s social and personal boundaries of masculinity and manhood are violated and his privilege and freedom of masculinity are taken away. By being objectified sexually, their normative masculine role as an active sex partner and doer is distorted. This notion is broadly expressed and conceptualized in both Pashto and Dari languages where masculinity is synonymous with sexual “doer,” connoting power and superiority.

A boy may become a secondary sexual partner (in addition to the wife), and may therefore feel compelled to reclaim his manhood through marriage (Elton, 2013). At this juncture, the reality of social norms and cultural ascriptions for manhood presents a dilemma to the sexually objectified boy, bringing him to a stigmatized periphery where he may create a secondary, disguised manhood, for example, through becoming the son-in-law of his owner, or indeed through becoming an owner or sexual violator himself.

Sexual violation of a boy may impact him spiritually by promoting a feeling of being sinful to his God, who condemns sex between men. He is subsequently left burdened with the loss of a gender role, a social status, his personal honor, his family’s honor, and his religious duty (Heath, 2014). During the most tedious years of their lives, a boy is forced to internalize the feminized gender role he has fulfilled,

and later must re-negotiate a masculine one. As a result, and in order to cope with their suffering, reports reveal the reliance of boys on illicit drugs (Jones, 2015). Mental health conditions are bound to follow, as young adults, when they find themselves with no family or social support network to turn to, or professional skills to rely on for survival.

## Discussion

### *Addressing Mental Health Impacts of Pedophilia*

The first step to explore the mental health impacts of sexual violation inflicted on Afghan boys is for academia and mental health professionals to engage in research and destigmatize the discussion. In their quantitative study of school-aged children, Panter-Brick et al. (2015) were advised by their Afghan academics expert panel to exclude questions on “rape” as this was considered culturally offensive. This confirms Ullah’s (2013) argument that sex and sexual crime is perceived as dishonoring the victim and his family rather than the sexual predator. And this stigmatization, therefore, holds the power of sustaining the prevalence of sexual violation and dissuading any discussion on its potential mental health consequences including treatment.

Collectively, Afghan boys are faced with direct and indirect violence against their human rights as well as militarized trauma endured during their lifespans. As indicated by Catani, Schauer, and Neuner (2008), child survivors of armed conflict must cope with repeated traumatic life events from the loss of family and community to lack of basic needs and interruption to their social life, daily activities, and education. Of 300 school-aged children interviewed in the city of Kabul, 90% of them are reported to have witnessed dead bodies or body parts, of which 80% have expressed feelings of sadness, fear, or an inability to cope with their daily life activities (van de Put, 2002). The continuity of violence and increased social problems provide boys with unpredictable and ongoing trauma, which impede their growth and healthy development long after the actual violence is ceased (Catani et al., 2008).

A rich tradition that considers children the heart of the family and boys a pillar of the community is left with a generation of boys born and raised in conflict with little chance to enjoy their childhood. In reality, they suffer from war-related injuries physically and psychologically, sexual abuse and loss, among other adversities. Their conditions have forced some to take on the role of provider and protector of their families when they themselves are in need of protection, particularly when they engage in self-harm behaviors in order to cope with their plights and losses. In fact, the Afghan government identifies mental health as a major health problem facing Afghans (Abidi et al., 2012), but offers very little by way of support services.



The mental health impact of sexual violation on boys is hard to measure due to shame and stigma, as well as male gender roles that drive boys to be discrete about their experiences. While individuals react to their violations differently, prolonged violence may also result in comorbidity or intensify pre-existing mental health conditions or symptoms. However, in the case of individual and collective trauma, mental health support is not covered by the primary health care system (World Health Organization, 2005), and the diversion of international aid resources are partly geared toward increasing workplace security for workers, as well as brief training programs for the healthcare providers (WHO, 2005). In fact, the World Bank's Human Development Network reported in 2011 that there were, at the time, only two internationally recognized psychiatrists in the country, neither of whom practiced, and that there were no trained clinical psychologists or psychiatric nurses in the country.

Traditionally, many Afghans address their mental health related issues by approaching family members or through prayer or reliance on religious leaders and traditional healers for treatment (Bolton & Betancourt, 2004; Damsleth, 2003; van de Put, 2002; WHO, 2005). Mental health problems are believed to be caused by bad spirits or "Jinns," witchcraft, or the evil eye, which must be driven away through marriage or 40-day treatments of herbs and restricted diets (Damsleth, 2003; Reed et al., 2014; van de Put, 2002). In severe cases, families take their loved ones to traditional healing centers and shrines located in rural area with little resources where individuals are chained to wall or trees (Damsleth, 2003; van de Put, 2002). However, decades of war and conflict have even limited the services of traditional healing centers or have interrupted their continuity of care (van de Put, 2002).

The limited mental health care facilities in hospitals follow the traditional model of care, with staff having limited training in post-traumatic stress disorder (PTSD). In general, responses by the government, community members, and mental health practitioners to individuals dealing with mental health challenges only serve to highlight the overarching stigma attached to the discourse. Therefore, stigmatization serves as a barrier to the sharing of experiences of sexual violation, or to the seeking or receipt of mental health treatment. This cultural stigma further facilitates cultural relativism and the reluctance of western governments and even the United Nations Security Council (UNSC) to consider the sexual violation of boys as a matter of human right concern requiring international intervention.

The International Commission for Intervention in State Sovereignty (ICISS, 2001) has made provisions that when the host government fails to protect its populace and does not take any measures to stop violence against its children, a third country may intervene. The US and coalition troops have ignored the issue for many years, and the UNSC has evaded the issue of the sexual violation of boys and rape by defining or limiting rape to girls and women (Jones, 2015).

International agencies such as the UN and NGOs, have managed to offer some ad hoc medical care in Afghanistan, but their mental health programs are generally geared toward decreasing stress through means of games, sports, and arts (van de Put, 2002). This embodies a disconnect between the medical capacity and the

mental health needs of Afghan people dealing with multilayered trauma in general, and, in this case, of Afghan boys who have experienced sexual violation.

The mental health impact of sexual violation on boys is complex, directly affecting them as well as their families, communities, and the larger society. For example, boys find themselves with no option but to obey their owners and “lords” physically, emotionally, and sexually. As a result, they develop complex codependent relations as part of which, the boy’s oppression helps establish the commodity power and, at the same time, the boy’s protection and survival rests on the mercy of his owner. This results in feelings of entrapment, worthlessness, powerlessness, shame, and guilt. Studies on male survivors of sexual abuse show symptoms of depression, low self-esteem and anxiety among other physical, sexual and mental health challenges.

While it is important to provide professional mental health services to victims, it is equally important to acknowledge the different circumstances which expose boys to abuse as well as individuals’ coping mechanisms and resilience. For example, in conflict zones, children and youth are faced with clusters of adversities at individual, family, community, and structural levels (Panter-Brick et al., 2011). As such, addressing their mental health needs should go beyond the usage of traditional indicators of PTSD, and examine broader sets of predictors and outcome variables (Panter-Brick et al., 2011).

In Afghanistan, where mental health challenges are an understudied discourse, or silenced and addressed traditionally, treatment can be slow and long term. In fact, healing is best approached within the context of an individual’s comfort zone, and since Afghans tend to believe in traditional forms of treatment, the services of mental health professionals are better offered in solidarity with traditional healers. Together, they can become a catalyst of change to destigmatize treatment.

## ***Mental Health and Stigma***

Boys are born “privileged” in Afghanistan and masculinity or maleness (being a boy) is the mark of their privilege. As segregated as the Afghan society is, gender identity is strictly defined in terms of behavioral and physical appearance. A boy feels privileged and superior just for not being a girl. But when he is dressed and treated like a girl, it is devastating. He is forced to lose his superiority—his active role—and become inferior, passive, sexually (Zahedi, 2011).

The stigmatization of victims of sexual violation, including *Dancing Boys*, occurs at various points. First, they are stigmatized for “being danced.” Second, they face cultural stigma, including the religious contempt of engaging in anal sex. They are further disgraced should they experience mental health challenges. The social status and respect one receives is highly linked to the way one is impacted culturally and morally. The stigmatized person, as Duffy (2005) puts it, is exposed as “less than human.” This is where stigma becomes the focal point rather than the condemnation of pedophiles through the development of child protection laws and policies,

and treatment programs. This is exacerbated when it entwines with cultural beliefs; for example, mental health as a sin or as act of God's punishment, or as a result of evil spirits.

Stigmatized persons are ill-treated by their families and communities, often internalizing their stigma and their experiences through considerable levels of suffering and feelings of shame, guilt, blame, and self-hate. They are seen as promiscuous and are ostracized from the fabric of society. Families also isolate them to avoid shame. This pushes boys to deny or keep silent about their experiences, which negatively affects their chance to heal or overcome. Boys have their own boundaries for privacy (of their bodies and social character), honor, and social dignity. Any violation of these boundaries invades their self-image, social position, and ultimately their mental health conditions (Smith, 2014), particularly when the law fails to protect them. However, when the law, international or domestic, is blind to such important issues, resistance and change will need to start from the ground.

### *Inside-Out Resistance*

Today, almost 50% of the Afghan population is under 14 years of age (BBC News, 2014a). A recent UNICEF (2015) report considers Afghanistan to be the worst nation for a child, with nearly 50% of them living below the poverty line. The UN's data also suggests Afghanistan has the highest child mortality rate in the world (Noorzoy, 2012). At the same time, violence continues to escalate as NATO forces withdraw and as other extremist militia groups rise or fall. There are over 1 million reported cases of conflict-related PTSD and other mental health challenges in Afghanistan (The Afghan Orphan Project, n.d.) and yet, despite the unpredictability of life, its youth continue to find meaning in life and learn to keep hope for a better future.

When the law has fallen short to offer protection, a body of civil society comprised of youth and educated populace has emerged with the potential to not only thrive, but triumph. Traumatized by multiplied violence, political and ideological coercion, betrayal and repression by local warlords, and economic suppression and poverty, most of the Afghan youth and young minds have experienced hardship either inside the country in hiding, or in exile. Despite their hardships, they have become aware of their rights as citizens and under international policies and laws (Oats, 2014).

After the US military invasion in 2001 and the instalment of a new government, civil society and the youth in Afghanistan embraced its momentum and took advantage of modern technology and social networking as tools for social reforms. Establishment of the Independent High Commission of Human Rights (2013) provided a platform for demanding human rights and telling/recording stories of human rights violations. The right to freedom of expression enabled the Afghan civil society to open multiple avenues for expressing and telling their long silenced stories (Oats, 2014).

From one state radio and inactive TV station during the first few years of the new constitution in 2005, social media mushroomed to 76 independent TV channels, and 175 radio stations in 2012. The Internet and digital media, including Facebook, captured the innovative minds of the youth, men, and women, and soon became instrumental to fashion, education, and social networking. In 2009, 1 million Afghans had used online news agencies while most of Afghanistan still lacked electricity. This shows the level of resilience where Afghans gained access to the Internet through generators at homes or Internet cafes. Paradoxically, while the Internet has adversely affected the minds of children in the West through the facilitation of pornography (among other exposures) (Hartjen & Priyadarsini, 2012), it has provided Afghan youths a platform for voicing their plight and exposing their perpetrators.

In situations of war, governments often prioritize military expenditures over the needs of its population, for instance, providing health and mental health services (Pashang, 2015). The Afghan government is buried under military and reduced reconstruction aids from its Western donors and struggling to manifest reforms where its women and children are violated of their human rights in the most violent and brutal forms. This has led society to become defiant, to fight for their rights, and to take the reconstruction of their infrastructure in their own hands.

While the government has still not openly addressed sexual violation of boys in their political platforms, the social media shouts “Stop Bacha Bazi!” on a Facebook page. Rape of boys and pedophilia has for the first time in Afghan history entered the social discourse.

## Implications

While the Afghan government is weakened by the power of its own predators currently holding key positions (governors, police officers, and warlords), the vulnerability of Afghan boys continues. This vulnerability is increased through the impunity of predators, lack of education, and cultural stigmatization and shame.

It is clear that the rehabilitation of Afghanistan is a considerable task and the rehabilitation of youth experiencing sexual violation is an intergenerational struggle. The reconstruction of Afghanistan, however, depends on its youth’s abilities to envision peace and possibilities; notions far from their lived realities or imagination. The Afghan people have historically relied on their resilience and their sense of agency to overcome their ordeals. Our first recommendation as noted by van de Put (2002), is that the reconstruction and rehabilitation of Afghanistan entails engaging those directly affected by the trauma and pain. This includes Afghan boys who have been subjected to sexual violence and Afghan women who have witnessed the sexual violations of their sons in order to find a new medium to move forward.

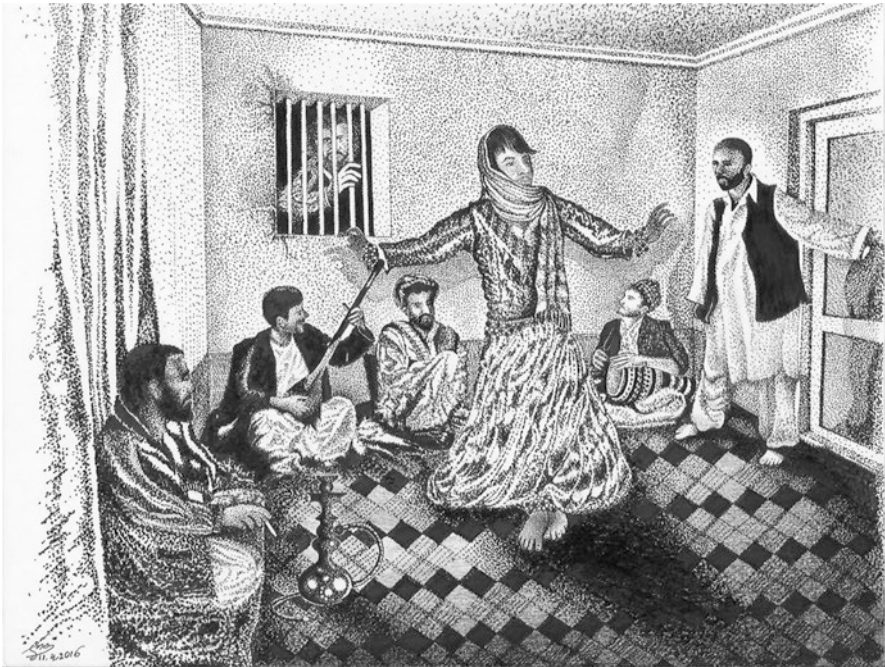
Although in the last decade the sexual violation of Afghan boys has attracted international attention, its prevalence and extent has been silenced by virtue of the shame, stigma, and impunity with which the discourse is met. Our second recom-

mentation is to interrogate and re-characterize both the legal and social languages which currently express such pedophilic acts as “playful” (Bacha Bazi). This change of language, particularly by lawmakers, policy makers, academia, as well as child protection and mental health professionals, can change the discourse to criminalize sexual predators and free boys from further stigmatization.

Sexual violation can leave a long lasting mental health impact on boys without any protection from the law or support from their families and communities. While in Afghanistan little mental health support is available, academia and mental health professionals are yet to acknowledge or study the impact of sexual violation inflicted on boys. Our third recommendation is for the government of Afghanistan and its academics to deculturalize the discourse and include impacts of sexual violation in their research. Although victims of pedophilia are faced with multifaceted adversities, they have relied on their strengths and resilience to move on with their lives. As such, youth resiliency must be the focal point of all strategies, initiatives, and mental health treatment.

### Respondent 1: Drawing

Massoud Wadir Sattari, BA, Fine Arts  
Artist



## Respondent 2: Poem

K.S.

Diploma Program at Seneca College, Social Service Worker

### A Toy Play

I am a boy. I am a play. No, I am a toy play; a toy to defy.

I see the gangs, the lords, the evils, the masters everyday

I am slave to masters of doom.

I fall. I rise. I fall to their feet. I rise to their lusty gaze.

I cry. I cry for their mercy- a gloomy waste.

Ah, betrayer how you fooled me?

I was a child and now I have become a toy for your pleasure and my own pain.

I please the masters with my dance, with bells on my flowing skirts and make ups

On my face

Oh, no! A dance?

Spinning and ringing the bells on my skirt to arouse the master.

And to freeze in fear of the horror that invades my innocent body thereafter.

Ah rebellions, you inherit me against my will

Oh, my shattered dream! I was a student waiting to learn.

I am a toy now to please, to unlearn un-own

my boyhood, my body.

Oh predator, oh life, you fooled me, I was a child and now I have become a toy, a toy, a toy sunk in the sorrow of sexual slavery.

Is this trembling dance a song of pleas or a joy?

Is this a holy thing for them to see? What a cruelty, wow unto you

I am defamed, belittled, my chastity is perished, and my soul is dead

I am shunned by my owns, my parents have suppressed their love and buried my memories, my siblings turned away.

Oh predator, you fooled me, I was poor, I was a child and now I have become a toy, a toy of doom for Pedophiles.

Oh, fortune giver, return me my pride, give me my respect

Alas! There is none, there is none to hear my scream

My innocent scream that tears off the heart of the sky

I am alone, I have no one to listen, and my country is lawless

My sun behind the clouds.

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# Youth Experiences of Cultural Identity and Migration: A Systems Perspective



Nazilla Khanlou, Amy Bender, Catriona Mill, Luz Maria Vazquez,  
and Luis Rojas

## Introduction

Recent decades have witnessed significant changes in patterns and trends of global migration of women, men, children, and youth. The focus of this chapter is on youth's cultural identity in Toronto, a large multicultural and immigrant-receiving metropolis in Canada. Both immigration and multiculturalism are part of official Canadian policies. The *Canadian Multiculturalism Act's* purpose is the "preservation and enhancement of multiculturalism in Canada" (Minister of Justice, 2017a). The Immigration and Refugee Act identifies specific objectives for immigration and refugees (Minister of Justice, 2017b). For example, the Act's objectives with regard to immigration include: 3(1) "(a) to permit Canada to pursue the maximum social, cultural, and economic benefits of immigration" and 3(1) "(b) to enrich and strengthen the social and cultural fabric of Canadian society, while respecting the federal, bilingual and multicultural character of Canada." Although it is beyond the scope of this chapter to examine the interdisciplinary scholarship in Canada on the effects of the Acts on Canadian society, we recognize that proponents and

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opponents of the multiculturalism discourse have referred to inclusion and exclusion outcomes of diverse populations in Canada (see Raphael, 2016).

The importance of cultural identity and its connection to youth's mental health, well-being, and resilience is well documented (Chapman & Perreira, 2005; Khanlou, 2008a; Khanlou, Koh, & Mill, 2008; Theron et al., 2011; Williams, Aiyer, Durkee, & Tolan, 2014). From a life-course perspective, identity formation is a critical developmental task of adolescence, and cultural identity is an important aspect of this developmental process (Khanlou, 2005; Khanlou & Crawford, 2006; Liebkind, 2001; Phinney, 1990). Erikson's (1963, 1968) particular focus on adolescence and identity as part of the human life cycle led to its recognition as an important construct (Best, 2011; Kroger, 2007). Applying a developmental perspective and influenced by Erikson's seminal work, youth's ability to resolve the psychosocial dilemma of identity crisis continues to be regarded as an indication of adolescent mental well-being. While identity may be understood as a psychological experience, Erikson (1963) regarded it within youth's historical and social context as well. However, research conducted with youth subsequent to Erikson's work has often focussed on the psychological dimension and given less heed to its social aspect, of which culture may be considered one dimension (Khanlou, 1999; Phinney & Baldelomar, 2011). As Phinney and Baldelomar (2011) explain, youth's "developing sense of self is inevitably entwined in, and reflective of" youth's cultural context (p. 161).

The notion of cultural identity, rather than ethnic identity, has been suggested as more inclusive of the diversity of identities through which immigrant youth may define themselves, including ancestral, national, hyphenated, racial, and migrant identities (Khanlou & Crawford, 2006). Cultural identity is located mostly within acculturation studies and is conceptualized as "an aspect of acculturation that focuses on immigrants' sense of self" (Phinney, Berry, Sam, & Vedder, 2006). Berry, Phinney, Sam, and Vedder (2006a) have comprehensively addressed the psychosocial and socio-cultural aspects of acculturation, adaptation, and cultural identity based on a large study of immigrant youth and their families in 13 different countries from North America, Asia, and Europe. The authors point out that although all youth are challenged by new experiences, immigrant youth in particular are exposed to additional challenges due to their intercultural status. This means that youth live in culturally plural societies where they need to "work out how to live together, adopting various strategies that will allow them to achieve a reasonably successful adaptation to living interculturally" (Berry, Phinney, Sam, & Vedder, 2006b, p. 305). Hence, cultural identity is a complex and changing concept, particularly for youth.

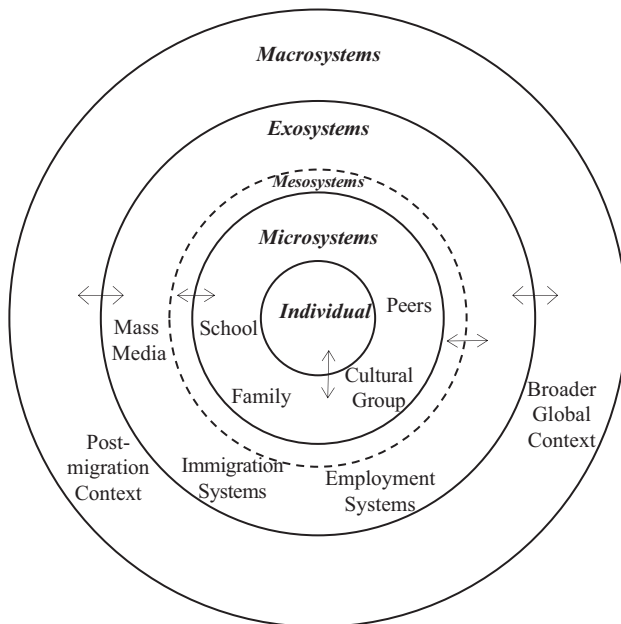
## **Main Body**

### ***A Systems Perspective on Youth Cultural Identity***

Multicultural settings provide opportunities for becoming aware of one's cultural identity, not only in comparison to a dominant majority, but through ongoing contact with a variety of cultures (Berry & Hou, 2016; Khanlou & Crawford, 2006).

This perspective has shed light on cultural identity as being context-bound, and on the idea that cultural identity manifests in the presence of culturally different other(s) (Khanlou, 1999). That is, “an individual who through living in a multicultural context, as a member of a major or a minor group, and through daily contact with other cultures, is aware of the cultural component of the self” (Khanlou, 1999, p.5). Cultural identity refers to more than the group category or label that one chooses, rather it involves a sense of belonging to one or more cultural groups and the feelings associated with membership in those groups (Phinney, 1990).

Recognizing that geo-sociopolitical environments also influence youth’s cultural identity, in our work on youth cultural identity we have applied a systems approach to help account for the multiple influences on this complex and fluid phenomenon. A systems perspective is a step toward problematizing the notion of cultural identity and expanding its exploration beyond a psychosocial perspective only. In particular, an ecosystem’s view emphasizes the interactive and bidirectional relationship between an individual and their environment (Waller, 2001). More specifically, it stipulates that an individual cannot be studied on their own but that research must acknowledge the complex and dynamic interactions between a person and their biological, physical, and social environments. Bronfenbrenner (1979), who originally conceptualized the ecological framework for human development, suggested that the ecological environment is comprised of the five interconnecting systems, including the individual, microsystem, mesosystem, exosystem, and macrosystem (see Fig. 1).



**Fig. 1** Ecological systems model (Bronfenbrenner, 1979)

In order to elucidate the dynamic and context bound nature of cultural identity through a systems perspective we draw from our Immigrant Youth and Cultural Identity Project (IYCIP). We have described IYCIP's sampling strategy and data collection methods elsewhere and reported on our findings on cultural identity of Afghan and Iranian immigrant youth and their experiences of prejudice and discrimination (Khanlou et al., 2008). We have also examined the findings of IYCIP in the context of second and third generation racialized youth's psychosocial integration in Canada (Khanlou, 2008b). Below we provide a summary of its methods and sample.

### *IYCIP Methods and Sample*

IYCIP consisted of a mixed methods study with a comparative design that explored youths' experiences of migration, cultural identity, and self-esteem in Toronto. The comparative design allowed for a study of youth from traditional source countries of immigration (Italy, Portugal) and new source countries (Afghanistan, Iran), and took place between 2003 and 2007 in Toronto. IYCIP was funded by the Social Sciences and Humanities Research Council of Canada (2003–2007) and ethics approval for the project was attained from the University of Toronto's Research Ethics Board. Utilizing a prospective, longitudinal design, qualitative (focus groups, interviews, journals) and quantitative (questionnaires) data was collected. Field logs were also kept and participant focus group evaluations completed. The participants consisted of 45 English-speaking youth (23 females; 22 males). A total of 11 Italian, 8 Portuguese, 17 Iranian, and 9 Afghani youth participated in the study. Details of demographic characteristics of the participants by cultural group are provided in Table 1. Participants were recruited using a two-part non-random

**Table 1** Participants' demographic characteristics by cultural group

	Afghani <i>N</i> = 9	Iranian <i>N</i> = 17	Italian <i>N</i> = 11	Portuguese <i>N</i> = 8
Gender	66.7% female 33.3% male	41.2% female 58.8% male	36.4% female 63.6% male	75% female 25% male
Age (mean) <sup>a</sup>	20.4 years (range 18–25 years)	18.24 years (range 17–20 years)	19.55 years (range 19–21 years)	20.25 years (range 17–22 years)
Level of education <sup>b</sup>	Grade 12 (range Gr.11 – university Yr. 4)	Grade 12 (range Gr.11 – Gr. 12)	University (range university Yr. 2 – Yr. 3)	University (range Gr.12 – university Yr. 4)
Born outside of Canada	100%	100%	0%	12.5%
Length of stay in Canada	7.4 years (range 2–17 years)	1.8 years (range 0.5–2.5 years)	N/A	N/A

<sup>a</sup>One participant was a 25-year-old undergraduate student; however, given his interesting experiences and perspectives he was included in the study

<sup>b</sup>Level of education at time of entry into study

sampling method through contacting community-based agencies and key cultural community groups.

Focus group sessions were held separately with each cultural group over a one-year period, resulting in a total of 16 focus group sessions. Individual interviews were also held with one male and one female representative from each cultural group to gain further insight to the issues raised during the focus group sessions. A total of nine participant interviews were conducted during the study. Participants were also invited to keep a journal while participating in the study in order to document any issues or ideas related to cultural identity and their participation in the study; 21 of the 45 participants completed a journal over the course of the study.

*Analysis* followed a collaborative and iterative process, with the transcripts of each being approached dialectically, that is as whole and particular parts in relationship to each other. Cultural identity was the major theme of the data and several related sub-themes were also identified. From this, an initial conceptual framework that applied a systems approach of cultural identity was drafted. Triangulation of the data sources occurred by integrating each cultural group's data from focus groups, interviews, and journals in one comprehensive summary for each of these groups. All four group summaries, including quotes and interpretations, served in formulating an overall analysis of themes and developing the final conceptual framework for immigrant youth and cultural identity.

Recognizing that there are ongoing debates in the literature regarding criteria to assess *rigor* of qualitative research studies (Rolfe, 2006; Sandelowski, 2015), we applied several strategies to maximize the study's rigor and enhance trustworthiness. Given the longitudinal design of the study, trustworthiness was increased through prolonged engagement and persistent observation (Polit & Beck, 2012). Trustworthiness was also enhanced through the triangulation of data collection methods, data sources, and investigators to increase the objectivity of the data analysis (Streubert & Carpenter, 2011). Member checks were conducted with the focus group participants at the final group session to give participants an opportunity to comment on the major themes generated from their discussions and to clarify intended meanings of concepts (Polit & Beck, 2012).

### **Cultural Identity, a Fluid, Complex, and Contested Concept**

Efforts to define cultural identity by the participants in all cultural groups first began with quick concrete definitions of culture, and the feeling of belonging that seems to come with such tangible understandings. For example, an Afghani youth described culture as "... like our cultural heritage, our cultural position, food we eat, certain festivals we celebrate," and one Italian participant offered "folklore music or opera... cinema, new forms of art, different types of architecture that still have to be brought here and appreciated" as examples of culture. However, the discussions soon evolved into more detailed accounts of the complexities and fluidity of cultural identity, particularly when one resides in a multicultural place, and was born in another part of the world or to parents who were. Across all data sources, participants addressed

theoretical ideas about cultural identity, but perhaps more notable was how much they spoke, in story form, of personal life examples to explicate these abstract ideas, which seemed to reflect the importance of lived experience in understanding and explaining cultural identity. The migration and settlement experiences of the newcomer youth (Afghani and Iranian) were powerful in shaping their identity during their post-migration adjustment to their new Canadian home, just as the stories of parents' and grandparents' experiences as immigrants affected identity for Italian and Portuguese participants.

Out of such lived experience, two participants critiqued the notion of identifying with only one culture, suggesting that to do so leads to restrictive labeling and the creation of barriers. While being interviewed, one of these participants adamantly resisted the labeling that goes with identifying oneself by a particular culture:

I think that in general the society looks at everyone as, you know, which category do you fall into and it's just because it is easier, the easy way out, instead of, you know, having to spend the time to actually get to know the person (17-year-old Iranian male).

While acknowledging the inescapable necessity of cultural labels, this youth also questioned their meaning: "If I say I am Iranian, then how are you going to define that? If you say you're Canadian, how are going to define that? If you want to be in the middle, what's the difference?"

While he described himself as becoming Canadian, he also wanted to be seen "as an individual," a view he tries to hold of others. Another participant similarly resisted "reducing" herself to one identity label and suggested that a cultural label on one's identity is too confining and irrelevant, since we have no control over our birth place: "I think that's the problem over all the society and... the world in general that we always have to identify ourselves with something. I mean when it comes down to it, what really is an identity?" (20-year-old Afghani female). These quotes suggest that a singular and predetermined view of cultural identity is problematic for immigrant youth as it fails to capture the many dynamic factors that influence identity, running the risk of labeling based on culture and ignoring the individuality of the person.

More specifically, the study findings, in support of the literature, emphasize that we cannot separate culture from identity, and cultural identity itself cannot be reduced to one fixed definition. Rather, it is multiple, overlapping, and evolving. The notion of multiple identities allows for a better understanding of the phenomenon, particularly among immigrant youth in multicultural urban communities. Furthermore, the findings illustrate that multiple identities are constituted in part by the systems in which they are formed. They are also constituted through positive and negative experiences within these contexts, and in one's understanding and responses to them. A particularly poignant example to arise in this study was that of the experience of discrimination, which is discussed further in another paper (see Khanlou et al., 2008).

### **Youth Cultural Identity Through a Systems Perspective**

Among the *individual factors*, the participants highlighted the unique aspects of the self that influence identity, such as physical attributes, race, gender, and sense of personal responsibility. The importance of appearance was emphasized by one

19-year-old Italian male participant's comments, "I was going to just say in regards to appearance you can look around this table and we are all pretty much dark hair and dark featured...." Another young man stated, "I do think that there is a distinct Italian race. What constitutes a race? Are there physical features? Is it DNA? Technically, there are so many different race mixtures that you can't even classify it. But people still classify it and it has been such a problem in Italy" (19-year-old Italian male). But discussions generally did not linger long on physical appearance or biological characteristics, but rather shifted more often to social practices and personality traits. "I think you should go by what you feel and by what you feel is more an indicator than going into your body and taking DNA and saying that is what you are..." (21-year-old Italian male). Personal responsibility was also a notable individual factor in the Iranian and Afghani groups. One Afghani young woman said, "I definitely feel responsible when it comes to Afghani culture and the Afghani community..." (p. 36). An Iranian participant explained that they don't "passively receive" cultural values from parents and "blindly or unreflectively" follow them; rather individual choice is involved.

The *microsystem* or the immediate social world includes family, friends, and school and community groups. This level represents how cultural identity is learned and maintained, as well as expressed behaviorally (e.g., clubs and school). Parents and other family members such as grandparents and siblings are central elements in the microsystem both in terms of the migration stories they tell and the rules they set for family life. For Italian and Portuguese participants, parents and family play an important role for teaching youth born in Canada about their cultural heritage, as indicated by the following quotes:

"I have never lived in Portugal... so I rely on my families' experiences" (22-year-old Portuguese male).

"... I get culture through my family mostly right, and my experiences with like Italian culture. Like how I living with Italian people right and that is how I identify with the culture through those experiences with my family that is living here now and my family from back in the country" (19-year-old Italian male).

"It is important to know where you are from, where your parents are from and to trace family history roots. I think it is interesting, that is what makes it human" (19-year-old Italian male).

Families also play an important role in preserving cultural heritage for newcomer youth. For example, one participant discussed how his parents insisted on his brother attending Persian school, revealing the power of parental decisions and their strategies to preserve and reproduce their culture: "... so that is the decision my parents make. No one can stop it" (18-year-old Iranian male). The parents of these youth took a direct role in balancing concern for maintaining home culture with learning Canadian culture, "my parents they don't mind if I learn the Canadian culture too, if I have the Canadian friends too, as long as I keep my own culture for myself" (18-year-old Iranian male).

Friends also play a significant role in an individual's life and identity construction, both in terms of having friends from one's home culture and making new friends, be they Canadian or immigrants from other countries. Making new friends



was seen by Iranians as a challenge though less difficult with those from one's own cultural group. Specifically, participants stated that making friends with people who are different is difficult, yet the difficulty in crossing cultural boundaries does not preclude doing so; they discussed how having friends of other cultures is a valuable way of learning about other cultures.

The *mesosystem* includes the larger Canadian post-migration factors of immigration systems and policies, employment systems, and mass media. Canada's national initiatives regarding multiculturalism were highlighted as important in facilitating the openness and ease with which participants felt they could discuss, display and embrace their cultural heritage. In all focus group discussions, the Canadian "multicultural mosaic" was mentioned as part of a positive context for cultural identity. Specifically, Portuguese and Italian youth spoke of Canada's multiculturalism as creating a space for maintaining and proudly expressing their dual cultural identities, as described in this quote from an Italian youth: "... in a country that encourages multiculturalism where a country encourages you to put that prefix in front of Polish-Canadian, Italian-Canadian, it encourages that. That is your one distinguishing feature or your recalling your past heritage, your culture where you came from that gives you... something different" (21-year-old Italian male).

The newcomer youth (Afghani and Iranian) also highlighted their family struggles related to settlement in Canada as an immigrant. One of the major challenges highlighted by both groups was their parents' struggles to secure employment according to their professional qualifications and training. It is important to note that several of the Iranian participants arrived in Canada as an economic classed migrant, implying that their parents had particular education and skills that were in demand in Canada. However, despite this demand, many parents were not able to secure employment in their profession, as described by this participant:

... when we go home and we see the parents the jobs that they had back home, they lose that because of us. The opportunities that they had they lose because of us. And they cannot find that [job in Canada] and it is really hard for them... they are my parents so I am feeling for them (18-year-old Iranian male).

The *macrosystem* signifies broader factors such as language and religion, as well as the global sociopolitical context. Language, while referenced often in all groups, was tied to cultural identity in distinctly different ways between the participants who had immigrated themselves and those who were descendants of immigrants. Learning English was not explicitly discussed by Iranians and Afghanis as a part of identity per se, but rather as a pragmatic challenge of settlement that affects identity—a necessity of integrating and requirement for feeling a sense of belonging in a new culture. And, while formal language classes are necessary, these participants emphasized their encounters with others in the everyday routines of living as the crucial component of learning the language. It was seen as key to fitting in and feeling comfortable in social situations. Speaking English was described by these youth as a struggle, not easy, yet very rewarding when communication happened. For example, one Iranian female participant spoke of the good feeling that came from being able to communicate in English in school specifically, and many of the Afghani and Iranian youth referred to the increased opportunities for meeting people as their English improved.

Language was also important for the second and third generation participants. For example, being able to speak Italian was equated with a higher degree of “Italianess.” It was seen as a way to “differentiate” and “define” people (19-year-old Italian male), as “the most noticeable” (20-year-old Italian female) factor and crucial in cultural identity. In fact one participant framed the discussion as “the idea of language *as* identity” (19-year-old Italian male) (*italics added*). One participant pointed out that language also becomes a way of judging others, giving the following example: “within the Italian culture we define ourselves... through the languages that are spoken or the parts of the provinces you are from... where in some cases,... there was still that prejudice between those two dialects” (21-year-old Italian male). As children of immigrants, learning the Italian language was critical to their connection to Italian culture. The distinction in how language was discussed, however, between these youth and those who had migrated lies in the reasons for learning another language. While English was seen as a necessary challenge of fitting in for Iranians and Afghans, learning Italian for this group was “like a hobby.” As one participant pointed out, simply learning Italian in order to travel to Italy “is not what makes a language live,” nor does it mean that it becomes part of one’s cultural identity in the sense of “passing that [language] on to [one’s] children or to other people” (19-year-old Italian male).

Although there were different levels of personal religious practice among cultural groups, religion frequently emerged as having a significant impact on identity. For the Italian participants, religion, particularly Catholicism was clearly understood as central to Italian culture “... like grandmothers and rosaries go hand in hand...” (19-year-old Italian female). Likewise, an Afghani participant claimed that for Afghans “culture and religion kinda go together” (18-year-old Afghan female). This particular participant felt that her faith assisted in her adjustment to Canadian culture when she arrived 8 years previously. However, one Iranian youth made the distinction that regardless of how religious one is, religion still has an effect on cultural identity, “Like my family we are not really kind of religious people but it is going to affect you...” (17-year-old Iranian female). Another youth explained that religion serves the purpose of setting limits for behavior. “There are certain limits that you do need to set... if religion did not have any restrictions then it would not be religion” (19-year-old Iranian male). Some participants emphasized that over time the values derived from religion become part of secular society and in fact may no longer be understood as having any religious implication per se; what was seen historically as part of religion has become “embedded in culture” (19-year-old Iranian male).

Finally, participants of this study expressed remarkable knowledge of the historical and political environment of their home and/or ancestral countries, as well as broader global current events. For the second and third generation Canadian-born Italian and Portuguese youth, understanding Italy and Portugal’s location on the global stage today as well as the countries’ histories seemed to influence their sense of connection to their culture. To further this knowledge, and ultimately enhance identity with the culture, several participants had taken university courses to learn more about their cultural heritage. As one participant explained,

I knew I had this Portuguese background but I never did anything about it. I just knew it was my background. But you come to university and there are so many options and so many things available to you. So I thought.... I'm going to take some language classes... and there was a course offered... it was a Portuguese history and culture. So I took that (20-year-old Portuguese female).

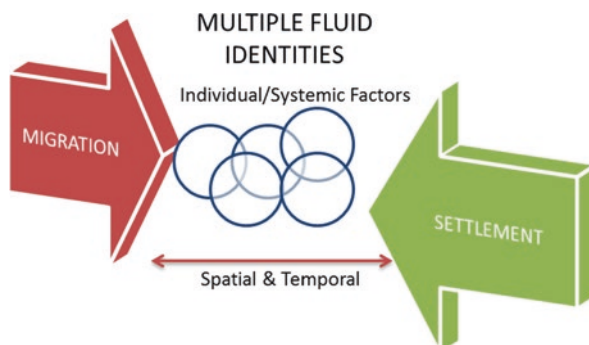
The connection of knowledge of historical and political environment was not unique to Canadian-born youth. Afghani and Iranian participants also revealed their knowledge of the history and politics of their home countries during the focus group and interview discussions. This is illustrated by one Afghani participant, "twenty years ago, it [Afghanistan] was basically as open as a European city... And now it's worse than a third world city with everything that has changed" (25-year-old Afghani male). In addition to understanding their home country's history and politics, participants also discussed broader global politics. Discussions in the Afghani, and to some extent Iranian, groups included war as an influence on one's cultural identity. While not mentioned in all groups, war bears attention given its profound effect on individuals and whole societies and its significance as the immediate catalyst for the migration of the Afghani youth in this study and their families. Furthermore, data collection with the Afghani youth began 1 year after "9-11," when "the war on terrorism" and a US military presence in Iraq had begun, pushing the Middle East and Afghanistan to center stage of Canadian and international media. These particular global events were also raised in the Iranian focus groups. Specifically, several Iranian participants noted that they deliberately referred to themselves as Persian to avoid discrimination that came with others' confusion between Iraq and Iran, at a time when Iraq's political unrest was regularly in the news.

### **Cultural Identity: Multiple Identities**

Individual and systemic factors shaping the emergence of multiple identities are varied and multifaceted, so too is cultural identity itself (Fig. 2). Multiple identities are temporally and spatially determined, and they exist within any one person's experience and understanding of his/her own identity. For example, in the Afghani focus groups they referred to themselves interchangeably as "Afghans," "teens," "Muslims," and newcomers to Canada in the process of adjusting to a new culture, and in all groups several explanations of cultural identity were given using examples that drew comparisons between being a girl or a boy which emphasizes the gender dimension of identity construction and identification. While there are innumerable day-to-day experiences that shape identity, this study focused on the significance of the experience of migrating and settling in Canada. The notion of multiple identities came forth in the data through discussions of the fluidity of culture and the use of self-descriptors that included hyphenated labels.

Youth's multiple identities, while impacted by individual and systemic factors distinctively form in the process of everyday living, they also evolve as individuals actively live them and transform them. Culture was viewed by many participants as

**Fig. 2** Multiple identities and experiences of migration and settlement



ever-changing and dynamic, or as one Italian participant phrased it, “ever-evolving.” It is not restricted to one nationality, geography, or location, as illustrated by the following participant comments: “You don’t have to be in Iran to be a Persian” (19-year-old Iranian male); “Changing the culture is something that happens in every culture. Iran is changing every time, every century, every generation” (18-year-old Iranian female).

During the interviews, more personal reflections revealed fluid understandings of cultural identity. For example, the female participant cited above knew she was Iranian, but was hard pressed to explain how she knew: “I don’t know, I just feel that, I don’t know how to explain it, but I just feel I am Iranian.” And another participant invoked notions of identities changing over time: “right now especially since the two and a half years have gone by, I just don’t think when I say I was born in Iran that defines anything about me... I’m still waiting for another six months after which, if when they ask me, I can say I am Canadian” (17-year-old Iranian male). However, other participants did feel that cultural identity is determined by one’s place of birth and principal culture. Both clearly viewed themselves as Iranian and did not believe that this will change in the post-migration context of Canada.

Another indicator of multiple identities was the use of hyphenated cultural self-descriptors. All focus groups discussions, at some point, included a sorting-out of participants’ personal identity labels, with some describing themselves, for example, as Italian-Canadian, Portuguese-Canadian, Afghani-Canadian, Iranian-Canadian, and even Persian-Canadian. This hyphenated conception of cultural identity played out in various ways. Iranian youth spent some time distinguishing the Iranian-versus-Persian labels, the meanings of each, and how important it was to hold on to either or both of these descriptors as they became Canadians. The Italian youth spoke of their “Italianness.” That is, while they all identified as Canadian without hesitation, their cultural identity also involved how much or how little they felt or thought of themselves as Italian. The Portuguese youth similarly assessed their cultural identity based on their knowledge of Portuguese culture, and they too articulated hyphenated Portuguese-Canadian identities according to this awareness.

Of note is that while hyphenated identities may contribute to feeling a connection to both groups, they may also alienate an individual from either group. One Portuguese female participant illustrated this point:

... a poet came and talked during this Portuguese culture week.... He did this talk about his struggle between whether he considers himself Portuguese or whether he considers himself Canadian and he felt he never fit either one.... He wrote all this poetry about his inner quest to figure out who he was.... I don't know personally but I can imagine it would be that way. I understand that completely (20-year-old Portuguese female).

This sense of alienation as a result of a hyphenated identity was also seen among the Italian participants who articulated experiences of feeling like cultural outsiders when visiting Italy. It is important to note that this sentiment of not knowing which group to identify with was not expressed by the Afghani or Iranian youth, highlighting the possibility that while cultural identity is more than simply identification with where one resides or where one was born, these factors are still a fundamental part of one's sense of belonging, in terms of both the immigration process itself and in how family stories of immigration are kept alive from generation to generation. It may also be possible that Iranian and Afghani newcomers, not yet feeling fully integrated into Canadian culture did not perceive the hyphenation as problematic because they identified so strongly as Iranian and Afghani first and foremost and to a lesser extent as Canadian.

### **Experiences of Migration and Settlement**

The distinctions made between where participants were born, where parents were born, and where families resided before and after settling in Canada emphasizes the complex nature of cultural identities when considering the experience of migration and settlement (exemplified as arrows in Fig. 2). Migration and settlement are experientially inseparable. The physical move to a new place is only the beginning of an intrapersonal and interpersonal process, a shifting in life circumstances that is part of what may be termed "settlement," and that (re-)shapes one's identity. Migrating from one place and settling into a new place are integral to one another and to one's identity. This was eloquently addressed in the study through the theme of "becoming Canadian versus being Canadian." For example, one participant was born to Afghani parents outside of Afghanistan, and she had never identified with her country of birth. Another participant had never thought of himself as European even though he spent years growing up in a European country. Yet since arriving in Canada, both these participants did describe themselves in some way as Canadian.

Becoming Canadian while maintaining one's home cultural identity was particularly evident in the Iranian and Afghani groups, youth who were newcomer immigrants themselves. Becoming Canadian refers to the process of learning about, and identifying with, a new post-migration culture. This is affected by the actual lived experiences of migration and settlement; making efforts to fit in while at the same time consciously preserving the cultural beliefs and practices from one's home country. For the Afghani and Iranian groups, there was an expressed concern for striking a balance between *becoming* Canadian and *being* Afghani and Iranian respectively. One Iranian participant categorized two groups of immigrants to describe the general approaches that people take to settling in a new country:

There are those who prefer to stick with everything that they had back there and try to recreate another... and the other group who might say, "ok, I want to forget about everything there was and start a whole new thinking and of course it is not always black and white, they have the grey in the middle—people who keep something and are open I guess at least to new thinking (18-year-old Iranian male).

Furthermore, integration means change. Homesickness, culture shock, "holding on" to something and "opening up to" new things, and "getting comfortable" are all aspects of change.

Homesickness was expressed by an 18-year-old female Iranian in a description of the difficulty of leaving her friends in Iran, "From the first year that I came here I really missed them... they still had each other, but I don't have anyone." Some participants coped with homesickness by maintaining a tie with family and friends in Iran, and in some cases, even returning to Iran to visit. In her journal, one female participant focused her writing on her personal experience of leaving Iran, and her family and friends. For her, leaving these people is one of the most prevalent challenges of migration and settlement.

This was contrasted with experiences of Italian and Portuguese participants. Their discussions highlighted the notion of *being* Canadian, while maintaining the culture of previous generations. Being Canadian means the preservation of a Canadian cultural identity while learning about, and identifying with, one's ancestral culture and aiming to preserve that in some secondary way. For these participants, being Canadian was tempered by family stories of migration and settlement, formal education about the ancestral home, and travel to that particular country. They acknowledged their mixed heritage and spoke at length of being Canadian of Italian and Portuguese descent. For them, an already-established dual cultural identity was apparent. This was evidenced in the following quote from a male participant: "I can't say that every time before I do something I think that I am Italian so I should do it this way... because I do identify a lot as a Canadian as much as I do an Italian."

A final note on the importance of multiple identities is that simplistic and often prejudicial views of a person are created when we think in terms of only one cultural label (country, politics, race, or religion). Explicit attention must be paid to the fact that multiple identities are shaped by experiences of stereotyping and discrimination, which were clearly articulated, in varying degrees, by all four participant groups. The argument more fully elaborated elsewhere (Khanlou et al., 2008) is that these negative experiences may in fact arise in part from singular, reductionist thinking about culture, which leads to generalizations about whole groups of people.

## ***Limitations***

Three key limitations of the study are outlined here. One limitation is that all participants were enrolled in school (high school or university) at the time of entry into the study. Although being a student was not an inclusion criterion, recruitment of youth

occurred in part through school related contacts, such as settlement workers within the high school or cultural interest groups within university. This had an impact on the findings in two ways. First, all youth were educated and well-informed, which may have contributed to their remarkable awareness of global politics and knowledge about their countries of origin, which may not be typical of all immigrant youth. Additionally, youth who were not in the sample, that is, those who have dropped out of high school or have not gone to university, may have important different perspectives on cultural identity, and further research should include such youth. Another limitation lies in the fact that all participants were still living with family, which also raises important questions. What about youth who may be living in shelters or are separated from family? How does leaving home early affect understandings of cultural identity?

Finally, the nature of the study design (i.e., focus groups, interviews, and journals) may have appealed more to youth who were already interested in discussing issues related cultural identity. As a result, this may have led to an active sample of youth who are particularly aware and expressive of their cultural identity. As a result, while these findings may resonate with many young people's understanding of cultural identity, they do not represent a generalizable conceptualization of it for *all* immigrant youth.

## Discussion

The systems perspective on cultural identity presented in Fig. 3 is a framework that explicates the interpretation of cultural identity as being a complex of multiple identities shaped not only by the external environmental factors of various social systems and the individual factors that make up a person, but also through a set of particular lived experiences that influence and are influenced by these factors and an individual's responses to them. These dimensions of environment interact with each other, influencing individual human development and functioning (Germain & Bloom, 1999; Waller, 2001), or what may be understood as intersectionalities of influence (Guruge & Khanlou, 2004).

The framework also extends the findings from previous research by Khanlou (1999) with regard to the orthogonal cultural identification model. The youth in the current IYCIP study did indeed understand and express cultural identity beyond place of birth or parents' cultural backgrounds, and all expressed identification with more than one cultural group as well as a personal sense of individuality beyond ethnic labels. The themes identified in the microsystem, such as the influence of school supports, family rules, and friendship, and the experiences of migration and settlement serve as reminders that culture is lived out in the day-to-day relationships. In this sense, culture refers to more than nationality or ethnicity. Multiple identities may include, for example, the cultures of women or men, adolescent culture, high school or university campus culture, or the cultures of different socio-economic classes. While this study more directly targeted ethnic and immigrant

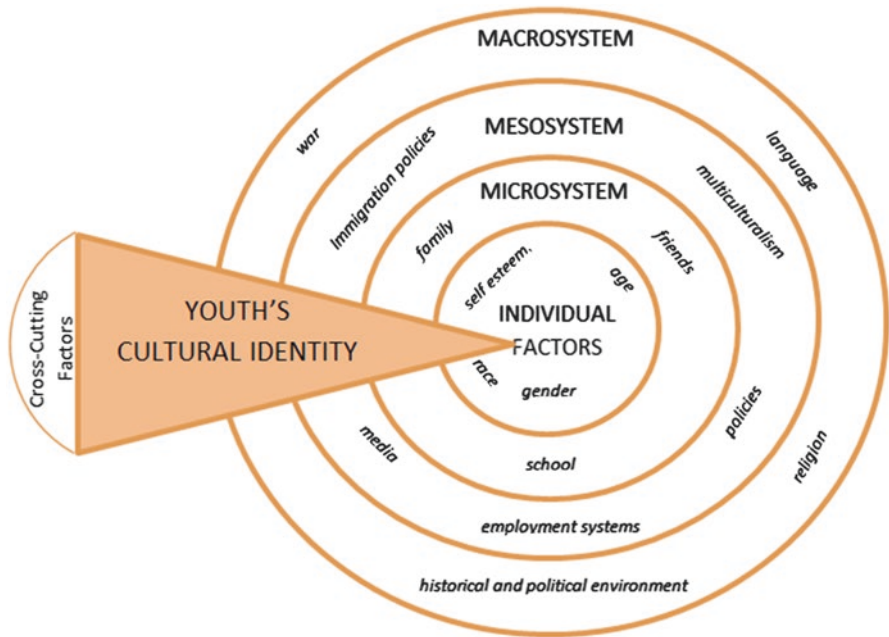


Fig. 3 Youth’s cultural identity in a systems context

groups, consideration was given to questions of gender, developmental age category, and social status as part of multiple identities within these groups. Overall, the framework emphasizes the embeddedness of cultural identity. Systemic and individual factors are not separate discreet entities, but rather intersect dynamically with each other producing many possibilities for multiple identities within one person.

The current study also highlights that regardless of the temporal and spatial differences of their migration stories, all study participants had developed or were developing notions of multiple cultural identities related to immigration. Youth in this study challenge essentialist approaches to cultural identity by explicitly arguing on the impacts of “fixed” categories on their everyday lives. Implicitly, youth’s narratives speak of performativity and power relations and express an open criticism to identify with only one culture. Youth’s narratives speak of embedded power relations that are at stake when they define their own identity. Questions that still remain to be answered are: What is the meaning for racialized immigrant youth to be related to notions/identities that belong to the less empowered groups? How do these youth view their racialized identity and negotiate their identity insertion into mainstream and less socially empowered categories of identity?

In our study, cultural heritage was not only tightly held by the first generation immigrants but it was also highly valued by subsequent generations. For this reason, it would be helpful to explore how descendants of immigrants (i.e., second and third generation immigrant youth) understand multiple identities in light of family stories of migration, and if and how they continue to carry an “immigrant” label as part of



their identity. In addition, several questions are raised through the experiences of two participants who were not born in their parents' home countries or Canada, and did not in any way, identify with the place of their own birth. First, the experience of refugee youth is unique in understanding cultural identity and psychosocial well-being. Refugees, unlike the general label of "immigrants," are forced by situations beyond their control to leave their home country and often journey through several places before arriving in a new home country. Though the journey may involve several stops of varying duration along the way, these stops do not constitute a destination; they may not "settle" in the intermediary places and, therefore, these places do not get taken up as part of one's identity in the same way that "homes" (new and former) do. Second, the developmental stage of adolescence alone can put many youth in an in-between migrant category. They are neither refugee by definition, nor have they actively and voluntarily decided to immigrate. Many immigrant youth, unlike adults, do not freely choose to move, but rather do so based on choices made by others in their lives, usually their parents.

## **Implications for Practice and Research with Immigrant Youth**

In addressing questions of cultural identity, youth-focused professionals' practice and research may develop in more effective ways to promote understanding of immigrant youth's self-esteem and overall psychosocial wellbeing. Implications of conceptualizing cultural identity as multiple identities may be structured within the micro, meso, and macro systems of the conceptual framework presented in this paper. *Implication 1* (micro level): One micro-system implication is the importance of friendship in psychosocial and emotional health. Friendship is important both in terms of the sense of belonging that grows from making friends within and across cultural groups, and in recognizing the often unarticulated loss of friends that occurs through the process of migration that may fuel homesickness and a sense of alienation. Community and school-based programs that foster cross-cultural friendships *and* those within the same cultural group cultivate a sense of belonging. Programs might also consider including various forms of grief support that explicitly address the relationship losses youth have endured through immigration that may otherwise not be talked about yet may have significant impact on identity. Also, studies addressing such issues as homesickness or other experiences of loss may provide insights into how best to structure settlement services that are balanced between integration in new setting and remembering former settings.

*Implication 2* (meso-level): An important factor in the meso-system is that of employment. This study highlights that the psychosocial wellbeing of youth is tied to parent's employment status. With more attention currently being given to immigrant employment issues related to professional education and expertise, it behooves us to also consider this problem from the perspective of youth. Programs that assist adults in obtaining employment appropriate to their training and credentials not only benefit these parents but also their children. Research that examines

such benefits more specifically is needed. *Implication 3* (macro-level): Macro-level recommendations may consist of ensuring inclusive policies for all youth organizations that explicate values of diversity and strategic directives with such aims as promoting the integration of multi-cultural, multi-racial, and multi-faith identities for youth.

## Response Section

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I respond to this chapter in light of my experience as an immigrant artist working with immigrant and first and second generation Latino youth living in the Greater Toronto Area, and elaborate on the key role of art in youth's development. From my perspective, art is a perfect tool, it is a universal language, that—as I have witnessed—is helping children, youth, and their immigrant parents to face the cultural shock and language barriers they face when arriving to Canada. Art can be a great tool to help them to navigate the complex process of integrating into the Canadian multicultural society, as well as the many challenges they face. My key statement is that art can be used to promote positive social change in society.

Canada's ancestral violence against Aboriginal communities has been a driving force to Canadian multicultural society divided. Even though as a Mexican I promote my own culture, I always emphasize the relevance of the existence of multiple cultures in the GTA. I think this is relevant to break barriers and divisions among the many cultural communities inhabiting this city. As a universal language, art allows us to establish a dialogue in multicultural contexts. Through art we can communicate with members of different cultures. Art is also a useful vehicle for youth to be able to explore their identities, and most importantly to be able to communicate and exchange their ideas, ideals, and views with their peers from other cultural backgrounds. The role of art goes beyond the possibility to build on youth's artistic skills to be able to paint a painting or to build a sculpture; it is a way to communicate complex ideas in their process of integrating themselves or their parents into Canada.

I have been working with youth in a theater group that also includes members of different generations. I have seen how theater has helped youth to develop individuals' abilities that otherwise they would not be able to build in other contexts such as the school, at work, or at home. Through theater the individual develops and grows their sensorial skills, human and emotional development. Their interaction with older generations gives youth a sense of responsibility and trust. I have witnessed how art can transform the lives of immigrants that enter with trauma from violence and political repression.

I have witnessed how art teaches youth the value of their ethnic background. In our Center, I organize the summer art camp "Latin-American Seeds," an interdisciplinary art program that includes painting, theater, dance, music, and poetry. The

idea is that Latino youth and children start to approach their cultural roots. Sometimes first and second generation youth and children that start the camp are ashamed of speaking Spanish. They tell the camp leaders that they do not want to speak Spanish and they are angry at the program for having them to speak the language. At the end of the program we see how proud they are of speaking the language because it gives them a feeling of belonging to their roots, and that makes them feel good about themselves and their immigrant parents. In these camps youth develop team work skills and tolerance. They need to belong to something; they need to interact with peers with whom they have something in common. I remember when I met a former summer camp student who was proud of sharing with me that he was going to enter into College and that he was planning to take a course on Latin American history. I could see how proud he was of wanting to learn about his culture. Art was a way for the participants to connect with their culture, and therefore with themselves and their families.

I work in the Day of the Death collective which is a community-based organization that organizes this Mexican celebration in Toronto. In 2003, the UNESCO declared the Day of the Death part of the Intangible Cultural Heritage of Humanity. It is a ritual, a cultural expression, and a strong component of our cultural identity. My experience working in the collective has taught me that I can communicate with members of other cultures through art. For example, it would be difficult for me to communicate my thoughts to other cultural groups through religion. However, through art it is possible for me to open up a dialogue with members of different cultures, to have a human interconnection and exchange.

In globalized capitalist societies art is devaluated. In our society art is not seen as something that can be applied to increase the world economic progress. Art has lost its place in society, and this undervaluation of art is one of the worst human tragedies. I think it is time to see in the arts an important tool that may help immigrant youth to better face the multiple challenges they encounter in Canada. It can help them to deal with trauma or the difficult situations they come from. Art has a therapeutic power and we should make use of it. It helps to raise our own self-esteem. Art is a tool to empower minorities; it would be impossible to accomplish that without the help of art and culture.

It is in light of its powerful impact that we need more funding for this area, within schools and also in grassroots organizations that try to help newcomer youth in their multiple needs. It is important that the institutions allocating funding also deliver workshops to teach how to design an art project, what funds are available out there and how to apply to them. I know that the City of Toronto and the provincial and federal governments have funds to promote art; however, it is important to make sure this funding reaches vulnerable newcomer and immigrant youth.

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# Redefining Cyber Sexual Violence Against Emerging Young Women: Toward Conceptual Clarity



Soheila Pashang, Jennifer Clarke, Nazilla Khanlou, and Katie Degendorfer

## Introduction

In Canada, 91% of the youth population between 15 and 29 uses the Internet daily (Hango, 2016). Digital communication technologies are a mainstream of popular interaction for youth in contemporary societies. They have opened up instantaneous communication forums with multiple persons and groups and are metamorphosing cultural expressions of youth participation in conversations and actions. They offer both opportunities for youth growth and development and serious threats to aspects of their wellbeing and safety. For example, in the last decade, the rise of technological advancement as a popular mode of socialization has extended gender violence to a new dimension (Halder, 2015; Munn-Rivard, 2014). As a result, emerging young women (EYW) (age 19–29) negotiate the digital world both as a site of empowerment and a source of sexual repression. Cyber-based gender violence crosses both local and global borders and cultural divides and leaves permanent public memory of shaming and humiliation on emerging young women (EYW).

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Studies suggest that incidents of cyber-based gender violence, including sexual violence are increasing (Bailey, 2014; Benoit, Shumka, Phillips, Kennedy, & Belle-Isle, 2014; Halder, 2015; Hinduja & Patchin, 2011; Learning Network, 2013a, 2013b; Munn-Rivard, 2014; Ringrose & Renold, 2013; UN General Assembly, 2006). A United Nations (2015) report showed that 73% of women who rely on cyber technology reported being abused online. Recent Canadian reports further confirmed that between 2009 and 2014, 17% of the population aged 15–29, representing 1.1 million people have reported experiencing some form of “cyberbullying” or cyber staking (Hango, 2016). This experience of victimization is 31% higher among youth with past experiences of sexual violence (Hango, 2016). The Ontario Office of the Chief Coroner’s 8th Annual Domestic Violence Death Review Committee (DVDRC) report also underscores the misuse of technology by the perpetrators to identify, abuse, stalk, or find women (Safety Net Canada, 2013).

However, in Canada, incidents of cyber-based gender crimes are often characterized under *cyberbullying* (Karian, 2014), regardless of its nature or its target. This definitional categorization renders the discourse of intersectional impacts of gender, age, class, race, and sexual orientation neutral, and further diminishes the urgency and commitment to prevent the increasing online/offline structural and interpersonal violence directed at women. In addition, there is a lack of consensus on what constitutes cyber-based gender violence in general, and cyber sexual violence (Cyber-SV), in particular. These inconsistencies when intersected with structural inequities can hamper our knowledge about the impacts of cyberbullying and make certain members of the population more vulnerable to cyber-based gender violence. As such, most intervention strategies in Canada have been geared toward increased monitoring, criminalization, public education, and risk managements such as suggesting that women be cautious and avoid “dangerous activities” (Karian, 2014; Krieger, 2016; Salter, Crofts, & Lee, 2013; West, 2014).

Cyber-SV has detrimental personal, social, legal, economic, and political implications on EYW and society as a whole (UN, 2015). Fear of cyber exposure, or fear of the threat of exposure, often exacerbates in light of the fact that cyber perpetrators are able to remain anonymous, and are rarely prosecuted.

This chapter takes both a gender-based transformative health promotion (Pederson, Poole, Greaves, Gerbrandt, & Fang, 2014) and intersectionality approaches to review the existing literature on Cyber-SV and its potential mental health implications on EYW in Canada. We draw on these approaches to promote women-centered, equity-oriented, and trauma-informed strategies to build on women’s strengths and rights. In particular, we aim to examine prevailing conceptualizations of cyber sexual violence and provide operational clarity and conceptualization. We argue for use of the term *cybercide* later in the chapter. In addition, although empirical knowledge about Cyber-SV in Canada is evolving, existing literature draws attention to the potential mental health impacts, from social isolation to depression and suicide (Bailey, 2014; Halder, 2015; Hinduja & Patchin, 2011; Kohm, 2009; (Ringrose & Renold, 2013). Toward the end of this chapter, we provide three recommendations as preventive strategies to address Cyber-SV against EYW.

## Main Argument

### *Defining Cyber Sexual Violence*

Cyber socialization such as email communications gained popularity in the mid-1970s, yet its widespread usage emerged only in the new millennium (Halder & Karuppannan, 2009). In just over a decade, the aptitude of cyber socialization has extended from breaking social isolation to engaging within local and global contexts. Canadians are no exception to this. Presently, about 50% of the global population (CaSTelo, 2016) and over 80% of the total Canadian population are connected to the Internet with Canadian women (76%) slightly exceeding their male (72%) counterparts (Statistics Canada, 2016; UN, 2015).

However, as a discourse, cyber socialization has greater implications for certain populations on the basis of gender, race, class, age, and sexual orientation (Bailey, 2014; Perreault, 2011; Statistics Canada, 2016). As an extension of structural gender inequity engrained in the heterosexist laws, policies and practices, women disproportionately experience very high rates (73%) of cyber violence (Bailey, 2014; Halder & Jaishankar, 2016; UN, 2015). Despite this, there are very few regulations on cyber-crimes targeted at women.

The need to regulate cyber-crimes was first recognized in 2000, during the 10th United Nations Congress on the Prevention of Crimes and Treatment Offenders, in Vienna. The 2001 Council of Europe's Convention on Cyber Crime further stressed the universal criminalization of cyber offences (Halder & Karuppannan, 2009). However, the resolutions of the convention mainly protected e-commerce, rather than online privacy (Halder & Karuppannan, 2009).

The Government of Canada has introduced *Investigation and Preventing Criminal Electronic Communications Act* (2012) (Bill C-30), to place greater restriction on online privacy; as well as *Bill C-13, the Protecting Canadians from Online Crime Act*, to criminalize non-consensual distribution of intimate images (UN, 2015). The *Canadian Criminal Code* addresses Child Pornography [163.1], Voyeurism [162], and Harassing/indecent telephone calls [372] (Safety Net Canada, 2013). Cyber stalking is also a punishable cyber-crime in Canada. However, the Canadian law excludes various aspects of cyber violence that impact women. For example, Voyeurism [162] excludes non-consensual distribution of private video/images (Safety Net Canada, 2013). Over the years, various task forces (MacKay Report, 2012), and school boards' "Zero Tolerance" policies have been implemented at punishing bullying behaviors, or cultivating respect for diversity (Bailey, 2014). However, civil litigation against cyberbullying has presented challenges from the length of prosecuting time, to costs, risks of further exposure, humiliation, and potential harm directed at the victim (Bailey, 2014). In addition, legal sanctions against cyberbullying like other forms of litigation, leave the underlying gender inequity and gender sexual violence unexplored (Bailey, 2014).

Presently, various disciplines use different terms to refer to cyber-crimes generally, and Cyber-SV against EYW specifically. These definitional inconsistencies equally



affect our knowledge and understanding of the scope of the problem, as well as the theoretical and methodological approaches informing law, policy, and practice.

The term *cyber* presents the magnitude of both online and offline harm from hacking to impersonation, surveillance, harassment, recruitment, distribution, being revenge-prone, and sexting (UN, 2015). The most widely used term in the literature is *cyberbullying* (Bailey, 2014; Mishna, Cook, Gadalla, Daciuk, & Solomon, 2010; Safety Net Canada, 2013; Todd, 2014). Cyberbullying refers to the use of technology as a deliberate, repeated, hostile act to harm others through the posting and distribution of textual, video/image, rumors, websites, or fake profiles (Safety Net Canada, 2013). The Canadian legal system uses the term *cyberbullying* to further include cyber-crimes of a bullying nature against women, men, members of racialized and LGBTQ communities, and school-aged children and youth (Table 1).

*Cyber stalking* or construed behavioral misconduct (more explicitly, cyber harassing) occurs through the means of digital communication technology (Halder & Jaishankar, 2016). According to Statistics Canada (2016), cyber stalking contains

**Table 1** Cyber sexual violence: key definitions

Term	Sources	Definition
Cyber	United Nations (2015)	Online and offline harm from hacking to impersonation, surveillance, harassment, recruitment, distribution, being revenge-prone, and sexting
Cyberbullying	Safety Net Canada (2013)	The use of technology as a deliberate, repeated, hostile act to harm others through the posting and distribution of textual, video/image, rumors, websites, or fake profiles. It includes cyber-crimes of a bullying nature against women, men, members of LGBTQ, and school-aged children and youth.
Cyber stalking	Halder and Jaishankar (2016) Statistics Canada (2016)	Behavioral misconduct (e.g., cyber harassing) that occurs through the means of digital communication technology. It contains the following two components: (1) receiving unwanted messages through social media such as email, text, Facebook; and (2) having inappropriate, unwanted or personal information or pictures being posted on a social media site.
Cyber misogyny	Etherington (2015)	Gendered hatred, harassment, and abusive behavior against women and girls through the Internet. It occurs within the context of gendered power and marginalization, manifesting in revenge porn, cyber stalking, on-line gender-based hate speech, non-consensual sharing of intimate images, and child sexual exploitation.
Cyber victimization	Halder (2015a)	It refers to (1) textual victimization, e.g., cyberbullying, trolling, email harassing, or cyber stalking; and (2) graphical victimization that consists of producing, creating, or publishing obscene, derogatory, and pornographic images aimed at shaming victims.
Cyber violence against women and girls	United Nations (2015)	Includes hate speech, hacking, identity theft, online stalking, and uttering threats. It intersects with offline violence, from harassment to vandalism, and assault as well as sexual exploitation such as trafficking and sex trade for commercial purposes.

the following two components: (1) receiving unwanted messages through social media such as email, text, Facebook; and (2) having inappropriate, unwanted, or personal information or pictures being posted on a social media site.

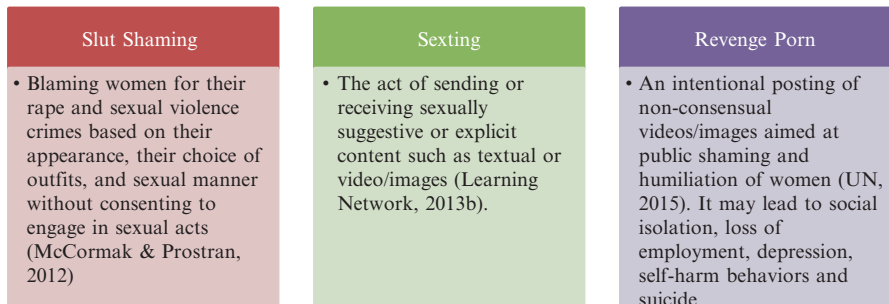
To address the gender neutrality pertaining to “cyberbullying” and “cyber stalking,” Etherington (2015) uses the term *cyber misogyny* to refer to gendered hatred, harassment, and abusive behavior against women and girls through the Internet. Cyber misogyny, according to Etherington (2015), occurs within the context of gendered power and marginalization, manifesting in revenge porn, cyber stalking, online gender-based hate speech, non-consensual sharing of intimate images, and child sexual exploitation.

Halder (2015a) goes on to categorize *cyber victimization* into two main groups of *textual victimization* and *graphical victimization*. Textual victimization includes cyberbullying, trolling, email harassing, or cyber stalking. Graphical victimization consists of producing, creating, or publishing obscene, derogatory, and pornographic images aimed at shaming victims (Halder, 2015).

The United Nations (UN, 2015) uses the term *cyber violence against women and girls* (Cyber-VAWG) to include hate speech, hacking, identity theft, online stalking, and uttering threats (UN, 2015). Cyber-VAWG often intersects with offline violence, from harassment to vandalism, and assault as well as sexual exploitation such as trafficking and sex trade for commercial purposes (UN, 2015).

Regardless of definitional inconsistencies or preventive approaches, the following concepts are commonly used to specifically point to the gendered aspect of Cyber-SV against women:

1. *Slut shaming* – McCormack and Prostran (2012) refer to *slut shaming* as blaming women for their rape and sexual violence crimes based on their appearance, their choice of outfits, and sexual manner without consenting to engage in sexual acts.
2. *Sexting* refers to the act of sending or receiving sexually suggestive or explicit content such as textual or video/images (Learning Network, 2013b). While mobile phones are reported as the most commonly used devices for *Sexting*, other cyber devices or services are also used (Safety Net Canada, 2013).
3. *Revenge porn* is an intentional posting of non-consensual videos/images aimed at public shaming and humiliation of women (UN, 2015). Revenge porn often leads to social isolation, loss of employment, depression, self-harm behaviors, and suicide (Fig. 1).



**Fig. 1** Gendered aspects of Cyber-SV against women: key concepts

## Redefining Cyber Sexual Violence Against EYW

For the purpose of this chapter, we use the term *cyber sexual violence* (Cyber-SV) to discern the discourse as a form of gender, age, race, and class violence targeted at emerging young women (EYW). Cyber-SV against EYW includes all forms of online violence that potentially can lead to offline violence from [non]intentional sexual exploitation to sexual exposure (from stalking to harassment, harm, derogatory action, or behavior, sexting, revenge porn, and rumors, just to name a few). We believe that cyber-SV against EYW is a systemic problem aimed at controlling, humiliating, and shaming EYW. Cyber-SV against EYW is perpetuated by individuals who participate in recording, distributing, viewing, and re-distributing textual and images/videos, to those that are produced by EYW themselves, and are [re] distributed with or without their consent. We also see the inactions of many systems (legal, health, and education) and human services agencies to Cyber-SV against EYW (Fig. 2).

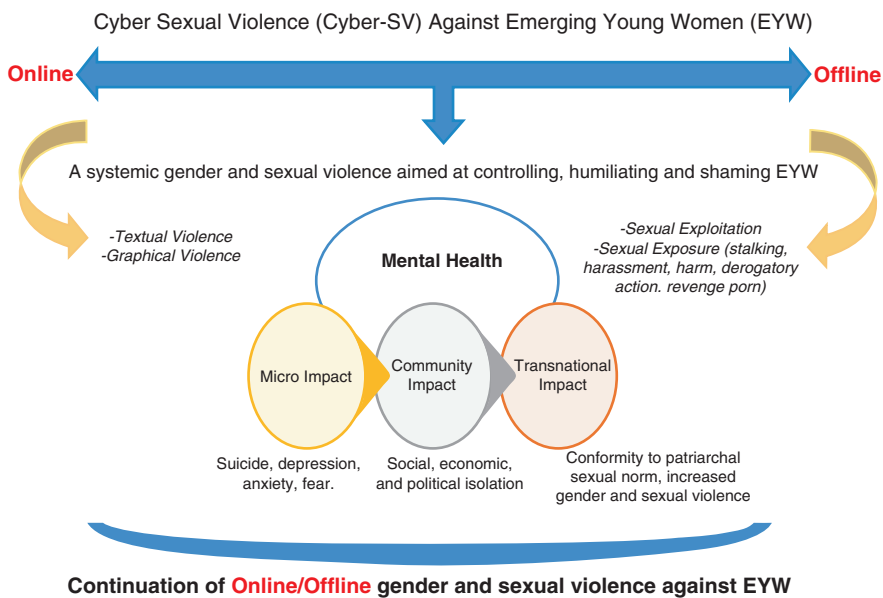


Fig. 2 Violence continuum: online/offline gender and sexual violence

It is inevitable that social media will remain a popular mode of socialization among EYW, and that they will continue to share their intimate lives online. It is also true that their images/videos will travel without their consent and beyond the targeted recipients (UN, 2015). Our goal in this chapter is not to caution EYW of potential risks indicators while engaging in online/offline cyber socialization, nor

are we intending to promote protectionist approaches, which blame EYW for their decision to post their intimate images online. We apply a gender-transformative health promotion framework (Pederson et al., 2014) that is women-centered, trauma informed, and equity-oriented, which builds on women's strengths and acknowledges women's rights. The gender-transformative health promotion framework (GTHP) by Pederson and colleagues recognizes the influence of power, social structures, and health care systems in gender and health equity transformation. According to the framework, health promotion initiatives can be gender exploitative, gender accommodating, or gender transformative: "If health promotion activities are gender-transformative, they produce health and social outcomes that contribute to gender equity. If not, they reinforce existing gendered social structures" (p. 20).

This framework allows us to interrogate systems of patriarchy and misogyny that leave Cyber-SV against EYW and their online/offline violation unchallenged and intact. We believe heterosexual and heterosexist norms pressure EYW to post and share their intimate images/videos online, while simultaneously shame and blame them for doing so. The term "sexual double standard" explains these gender role expectations where on the one hand, women are pressured to conform to sexual norms, and on the other, are harshly judged for their sexual behaviors (Dunn, Gjelsvik, Pearlman, & Clark, 2014; Ringrose & Renold, 2013).

## Theorizing Cyber Sexual Violence Against EYW

Since the feminist movement of the 1960s, the discourse of gender equity has come to the forefront of public attention. Despite this, gender violence continues to be a pervasive global problem affecting the health and well-being of women and girls from all walks of life (Pederson et al., 2014). Nearly one in three women over the age of 15 have experienced some form of gender violence (UN, 2015).

Women's experiences of violence are shaped and informed by gender and intersecting factors such as race, class, age, and other gendered social identities (Baker, Campbell, & Barreto, 2013). Gender violence occurs in both private and public domains at individual, family, community, and structural levels. It impacts social, economic, and political participation, as well as opportunities, life chances, and overall livelihood of women.

While the impact of gender violence has been well documented, recent studies point to an overwhelming increase in cases of cyber gender violence (Statistics Canada, 2016; UN, 2015). Baker et al. (2013) contend that while the ideological dynamic underpinning gender violence remain the same, cyber violence extends its reach by creating a new form of violence. Through this process, EYW are pressured to conform to a patriarchal sexual norm, which is promoted by popular culture, and consumed by peer pressure under the guise of female empowerment (e.g., "girl power," "sexy social norm," and "sexual liberation"). These discourses place a high demand on girls to expose their lives digitally through self-produced

images/videos and circulate them on social networking platforms. This, as Ringrose & Renold (2013) posit, has taken the sexualization of gendered body for granted and normalized it.

Dunn et al. (2014) and Ringrose & Renold (2013) rightly explain the issue as a form of sexual double standard that promotes sexual conformity (sexting) and yet condemn such action (cyber shaming). Dunn et al. (2014) have found a direct association between sexual double standard and higher incidences of cyber victimization (Dunn et al., 2014). In situations where EYW produce images/videos themselves (sexting), seemingly, the exchange appears consensual rather than not. However, when images/videos are circulated non-consensually, the blame is placed on the sender rather than the receiver (Martin, 2014; Martin & Slane, 2015). In this way, the fundamental problem exacerbating violence against women remains unchallenged.

According to a UN report, over 90% of online abuse is targeted at women by perpetrators known to them (Baker et al., 2013). A British online survey revealed that 45% of female victims face some form of online abuse during their relationships (Hand, Chung, & Peters, 2009), with those who leave their abusive relationship facing greater risks. The literature further suggests higher rates of cyber sexual violence among EYW, women in intimate relationships, and racialized women due to the intersectionality of gender violence with race, age, class, and stereotypes (Halder, 2015; Hollis, 2016; West, 2014).

## Dimensions of Cyber Sexual Violence

Cyber sexual violence (Cyber-SV) leaves permanent trauma and public memory of shaming and blaming. Cyber-SV exposes sex, sexual body, and sexuality of EYW, that historically and because of misogyny and patriarchy, have been privatized, stigmatized, shamed, and controlled. This exposure is often carried-out by acquaintances (UN, 2015) or by individuals and communities of anonymous perpetrators who may or may not be known to EYW. It includes individuals who violently expose and distribute sexual images or textual materials as well as those who fetishize such violations by clicking, viewing, or redistributing such materials.

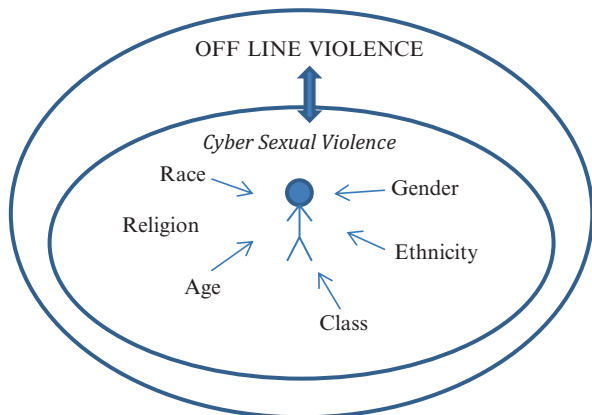
The unequal cyber relations between the “anonymous cyber perpetrator” and “publicly humiliated” EYW create a sense of loss of control, and as noted by the Learning Network (2013a), erodes geographical and spatial safety. While EYW are publically demoralized, humiliated, shamed, and stigmatized, their trauma produces cyber popularity for their perpetrators through higher “ratings,” and potential income by selling textual and sexual images/videos materials (Ringrose & Renold, 2013).

The production and circulation of gendered value and sexual morality produce contradictory messages (Ringrose & Renold, 2013). For example, while cyber perpetrators accumulate popularity for the sexual exposure of the “Other,” women are shamed and blamed for such violent actions. In addition, when the law falls short to

effectively condemn cyber perpetrators, women are cautioned about, or shamed for engaging in risky behaviors (such as taking, posting, or sharing their images). Cyber-SV against EYW is a structural problem that violates the sexual rights of EYW that is guaranteed under the 1993 United Nations Declaration on the Elimination of Violence Against Women. We argue that it is important to act on protecting rights, preventing violence, and promoting health and well-being of EYW. Equally important is the call to address gender dimensions of Cyber-SV by raising awareness among EYW on their rights as subjects and agents of change. Using these frameworks will further inform understanding of the mental health impacts of Cyber-SV against EYW.

Applying an intersectional and a gender-transformative health promotion framework (Pederson et al., 2014) that is women-centered and trauma-informed is required to protect EYW’s rights, if they choose to share their lives digitally. We propose the following systems conceptualization (Fig. 3).

**Fig. 3** Structural factors shaping cyber sexual violence on EYW



The figure recognizes the intersectional determinants of young women’s context, and indicates that the impacts of cyber violence continue offline and permeate beyond the point in which one is online. It also highlights a bi-directional relationship. That is a young woman’s identity markers impact the risks and reactions to cyber violence and in turn are impacted by cyber violence.

### Mental Health Implications of Cyber-SV Against EYW

The UN (2015) global report estimates that 73% of women worldwide who use digital communication technologies have experienced some form of cyber exposure and cyber violence, including sexual violence. The internalization of Cyber-SV, according to reports, has resulted in increasing numbers of EYW in

Canada, and beyond, to engage in self-inflicted harm behaviors as an option to cope with trauma, and suicide as the only remedy to end such trauma. The majority of reported suicide cases consist of youth and EYW, in which peers or other perpetrators have recorded or disseminated their images/videos online (Safety Net Canada, 2013). Victims of cyberbullicide (a term coined by Hinduja & Patchin (2010) to refer to cyber victimization that occurs directly or indirectly from cyberbullying and leads to suicide) include those who have committed suicide due to sexual humiliation, as well as those who have turned to law enforcement agencies only to be faced with lengthy and passive in/action (Safety Net Canada, 2013). We prefer the term *cybercide* to refer to suicides because of Cyber-SV experienced by EYW, and will use this throughout the remainder of the chapter.

Reported cybercide cases involving EYW need a nuanced discussion to understand the impact on mental health. According to West (2014), 65% of participants in a Canadian study who experienced cyber shaming had persistent mental health challenges such as symptoms of PTSD, anxiety, low self-esteem, thoughts of suicide, and self-harm behaviors. In examining the relationship between cyberbullying and mental health, Goebert, Else, Matsu, Chung-Do, and Chang (2011) found higher reported incidences of mental health impacts (feeling bad) among two racialized groups of Asian and Pacific Islander youth. Schneider, O'donnell, Stueve, and Coulter (2012) in their study with high school students found 59.7% reported cases of cyberbullying with higher victimization rate among non-heterosexual youth. Other reports confirm depressive symptoms and suicide attempts requiring medical treatment (Schneider et al., 2012) as well as substance use (Landstedt & Persson, 2014).

Hango (2016) notes, 33% of victims of “cyberbullying” reported having emotional or psychological distress and mistrust of others (neighbors, colleagues, and classmates), as well as increased reliance on illicit drugs, whereas 26% of victims of cyberstalking reported suffering from emotional, psychological, or mental health conditions. These impacts often extend to poor educational achievement and inability to build trust in relationship with others (Hango, 2016). The length of time one is victimized is also associated with higher level of sleep disturbance, level of physical activity, and social wellbeing (Hango, 2016).

Cyber-SV often intersects with the social determinants of health and mental health of EYW, ranging from loss of employment to economic dependency, homelessness, loss of status and reputation, vulnerability to sexual abuse and sexualized stigma, and generalized violence against other family members (Jouvenal, 2014; West, 2014).

The mental health consequences of Cyber-SV against EYW are complex. Although sexual violence occurs online, and remains in public cyberspace and memory permanently, its main impact is offline. As such, the mental health impact of cyber sexual violence cannot be overlooked. EYW who have experienced Cyber-SV have their images of a sexual nature distributed online and are without power to control or retrieve these images (Bunzeluk, 2009; Harrison, 2006). Current

literature suggests that EYW may experience psychological trauma and distress including anxiety, depression and even suicide due to the fears of shaming, humiliation, harassment, and stigma associated with Cyber-SV (Bunzeluk, 2009; Harrison, 2006; Holland, 2014; Palmer, 2006; Quayle & Taylor, 2002).

## Discussion

The current literature brings attention to cyber sexual violence (Cyber-SV) as a global phenomenon. The literature makes clear that technological advances have expanded the nature and scope of cyber violence, and in particular Cyber-SV against emerging young women (EYW). Gender-based cyber violence, including Cyber-SV in the lives of EYW, particularly in the form of slut shaming and harassment, can have severe negative effects on the lives and their mental health of EYW (Cheung, 2009; Papp et al., 2015; Poole, 2013).

The most common form of cyber violence discussed in the literature is peer cyberbullying. The dominant discourse of cyberbullying has captured the attention of media, government, schools, and law enforcement, with little attention to inequality, particularly the racialized and gendered nature of Cyber-SV and cyber shaming (Bailey, 2014; Todd, 2014). Much like offline sexual violence, young women and girls are the primary targets and victims of Cyber-SV and experience depressive symptoms because of cyber victimization (Bailey, 2014). The literature also shows that young women from Aboriginal, racialized, and LGBTQ communities experience greater cyber victimization than young White women (Bailey, 2014; Feinstein, Bhatia, & Davila, 2014; Halder, 2015; Poole, 2013).

Consistent with previous research on gender violence, Cyber-SV is more often committed by people who are known to young women and girls (Muir, 2005; Palmer, 2006; Slane, 2013; Slane, 2015). As social media brings people closer together, the problem of Cyber-SV increases, as sexualized images and texts are shared across the globe between people who are unknown to each other (Cheung, 2009). The literature is also consistent that gender remains a significant factor in the extent of victimization that young people experience (Feinstein et al., 2014).

The various forms of cyber violence affecting EYW offer both challenges and opportunities to those seeking to respond to the issue and provide solutions. The dominant educational and legal discourses of peer cyberbullying emphasize individual responsibility without fundamental challenge to structural gender inequality, power, and patriarchy. Critical gender-based and human rights discourses of cyberbullying need to be pursued in order to make visible the institutional racism and homophobia that are masked by discourses that blame EYW for their victimization. Another aspect to the double standard that EYW experience in Cyber-SV is that young women and girls are held responsible for their behaviors, while perpetrators and Internet-service providers are not (Papp et al., 2015). Rights to privacy and anonymity cannot ignore the structural inequality that undergird gender-based violence,



and in particular, racialized gender-based violence and homophobia. A gender transformative health promotion framework (Pederson et al., 2014) can help us find a balance between these important protections and other challenges that emerging young women may experience.

## Limitations

We acknowledge that this chapter has limitations. The paucity of Canadian literature on cyber sexual violence (Cyber-SV) and the mental health impacts on emerging young women (EYW) are noted. However, this is not an exhaustive review of the literature on the mental health implications of Cyber-SV, and future scoping review as well as systematic review are needed. Critical and gender-based research are needed to examine what specific policies, strategies, and laws are required to regulate this growing field of digital dominance in the lives of youth. Following GTHP (Pederson et al., 2014), we need to move beyond documenting gender differences through gender-accommodating health promotion perspectives, and instead focus on gender-based inequalities toward transforming “harmful gender roles, norms, and relations” (p. 22). In 2016, we received funding from the Women’s Xchange project to conduct a qualitative research to explore the mental health implications of Cyber-SV on EYW. We hope our study will enhance existing knowledge and provide recommendations for improving policy and practice.

Presently, in the Canadian context, the literature on how businesses profit from digital communication and the lack of regulation on Internet providers and protection for users, is also limited. In addition, issues of diversity among EYW who experience Cyber-SV are only minimally addressed. The review focuses mainly on gender with little attention to other identities such as race, class, and sexual orientation. There is also limited community-based research on cyber sexual violence (Cyber-SV) and the mental health impacts on EYW; hence, future research is needed.

## Implications

We argue that at this critical juncture, the helping, education, and legal professions must place urgent attention to the ways that technological advances are transforming gender-based violence and impacting the lives of emerging young women (EYW) in communities. We agree with those scholars who suggest that there is a need for further discussion, analysis, and research on the problem of Cyber-SV against EYW. To that end, we make three recommendations to contribute to the ongoing dialogue on this increasingly global problem.

The first recommendation is public education. We propose public education to bring attention to the issue of Cyber-SV and raise awareness among EYW, who are

actively engaged in the cyber world. Schools and academic institutions can also implement gender-based prevention curriculum that unpacks the root causes of gender inequity and includes teaching empathy, respect, healthy relationships, and communication skills (Bailey, 2014; Halder, 2015). School-based curricula can also teach young people how to disrupt the normalization of rape culture that has become prevalent in society. In this rape culture, constant exposure to cyber misogyny, sexual images, or texts about young women and girls supports violence against women in the offline world (Bailey, 2014).

Public education can help to empower EYW to exercise agency in the face of gender-based violence such as slut-shaming in a largely unregulated cyber world (Poole, 2013). Schools and communities can work together to educate parents about Cyber-SV and how this occurs on the various social media platforms. In this way, parents will have the knowledge and skills necessary to help their children understand their rights and navigate cyberspace. Academic institutions need to develop policies on sexual violence, including Cyber-SV and work to promote a culture free of sexual violence for students. They can also hold workshops to teach young people about gender-based cyber violence, its implications, and consequences as well as engage in peer-led strategies that interrupt such violence in their communities.

The second recommendation is to address the mental health needs of EYW. Cyber-SV can impact young women's mental health because of the shame, humiliation, and blame they often experience (Feinstein et al., 2014). Many young women also blame themselves for what happen to them, which can affect their self-esteem, anxiety levels, depression, and suicide (Bailey, 2014; Halder, 2015). Mental health professionals can support EYW to cope with the trauma they experience (Feinstein et al., 2014; Halder, 2015). They can also make cyber-victimization part of their standard assessment process and encourage young women and girls to speak about their experiences of Cyber-SV and other forms of violence that may continue to affect their mental health. They must also consider the racialized and homophobic nature of Cyber-SV in their assessments. Mental health professionals should also lobby the government for legislative amendments based on research evidence on the harm of Cyber-SV against EYW. They can advocate for resources to be available in schools, academic institutions and communities to address the mental health needs of young women and girls.

The third recommendation is to address the gap in the Canadian criminal law, law enforcement, and provincial law. While public dependency on technology is increasing with technological advancement, the law and modification to the existing law are gradual. Divergent perspectives on the issue have contributed to a lack of coordination and cooperation between different law enforcement agencies. In the meantime, many EYW become victims of Cyber-SV and cybercide. Current laws and policies offer more protection to social media providers than to EYW who experience Cyber-SV (Poole, 2013). Consequently, many EYW feel helpless and often do not have the financial resources to seek redress from service providers. Government laws and policies need to be amended to protect the rights and privacy of EYW and hold social media providers responsible for failing to effectively manage Cyber-SV, and other forms of abuse and harassment (Poole, 2013). They must

also make resources available for EYW who wish to pursue civil litigation and ensure there are no delays in the process. Governments around the world must commit to working together to better manage this largely unregulated cyber terrain, and challenge the ways in which it is perpetuating gender inequality, and gender-based violence. This includes Cyber-SV against EYW.

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### *Legal Consideration on the Issue of Cyberbullying and the Cyber-sexual Shaming of Children, Youth, and Women*

Recent amendments to the *Criminal Code* have created new provisions, criminalizing acts related to cyberbullying. However, amendments that expand specific criteria from the *Code* are alone not an effective means of addressing cyberbullying from a legal perspective. In conjunction with the federal legislation that criminalizes or addresses cyberbullying, a key recommendation from this chapter is to focus on public education and the implementation of programming initiatives which seeks to mitigate this problem long term. These initiatives necessitate a cross-collaborative approach that integrates Canadian criminal law, provincial law, and law enforcement. Although on the one hand, it may be important to criminalize acts to punish individuals who have engaged in various forms of cyberbullying, on the other hand, it is equally important to engage in activities to mitigate these criminal activities and engage in effective rehabilitative processes which seeks to “treat” the root cause of the gender and racialized gender-based violence. This approach is similar to the “rights-based approach” advocated for by the Standing Senate Committee on Human Rights, whereby the issue of cyberbullying is dealt with by engaging with those most vulnerable to experiencing and partaking in cyberbullying (Standing Senate Committee on Human Rights, 2012). It also recalls the gender-transformative health promotion framework (Pederson et al., 2014), which is woman centered and focuses on empowering and educating EYW. This section will proceed in the following manner: (1) an examination of federal legislation, (2) an overview of provincial legislation which addresses the issue, (3) consideration of some federal and provincial education and programming initiatives, and finally (4) discussion of how this issue has played out in the court system. Throughout this section, the term cyberbullying will replace Cyber-SV as this is the term more commonly used in the legal context, particularly in legislation and case law.

## ***Federal Legislation***

Prior to 2014, the *Criminal Code* offered specific repercussions for certain aspects of cyberbullying including: criminal harassment (section 264), uttering threats (section 264.1); intimidation (subsection 423(1)), mischief in relation to data (subsection 430(1.1)); unauthorized use of computer (section 342.1); identity fraud (section 403); extortion (section 346); false messages indecent, or harassing telephone calls (section 372); counseling suicide (section 241); defamatory libel (sections 298–301); incitement of hatred (section 319); and child pornography offences (section 163.1). However, in and around 2012 there was discussion about how effectively these provisions addressed cyberbullying and how more appropriately tailored directives should be implemented in the *Criminal Code*. Bill C-13 and the *Protecting Canadians from Online Crime Act* was implemented in 2014 and constitutes part of the new and controversial Bill C-51. This bill attempts to “criminalize cyberbullying” (Canadian Bar Association, 2014) and was a response to the deaths of young women including Rehtaeh Parsons and Amanda Todd. This bill takes quite a stance by making it an offence for non-consensual distribution of images, as well as providing for production orders to compel communications, and making it easier for police to obtain warrants to investigate instances of negative conduct online. Although Bill C-13 was intended to address cyberbullying, the question is whether the bill actually fulfills its lofty intention and effectively enhances the protection of those women, youth, and children that make up the vast majority of victims of cyberbullying. The Canadian Bar Association suggests that “Bill C-13 goes far beyond cyberbullying to revisit general provisions for the search and seizure of Internet data” (Canadian Bar Association, 2014). Much discussion since the implementation of Bill C-51 has been between balancing the collective populations’ *Charter* rights—specifically section 8 and the expectation against unreasonable search and seizure—and ensuring that those individual citizens are effectively protected from harmful and criminal activities. As such, the balance between broadening the scope of the provisions within the Code to protect and address the gender-based nature of cyberbullying and maintaining the broader privacy and anonymity interests including that of an accused becomes a challenging one to maintain.

## ***Provincial Legislation***

Provincial legislation dealing with cyberbullying is addressed specifically to children and youth as the amendments are made to the education acts of some provinces. The education acts target the group that is most vulnerable, “younger adults (those aged 18 to 24 years) (17%), those who were single (15%) and those who

accessed social networking sites (11%)” (Perrealt, 2011, pg. 5). They are considered to be “more at risk of being bullied” (Perrealt, 2011, pg. 5). Moreover, “individuals between 15 and 24 years old were most likely to be bullied by a friend, classmate or an acquaintance (64%) ... and women were more likely than men to be bullied by a classmate or co-worker (13% versus 6%)” (CCSO Cybercrime Working Group, 2013, pg. 4). The amendments to certain education acts included changes in Alberta, Manitoba, Nova Scotia, Ontario, and Quebec in 2012. Although each had specific components dealing with the issue of cyberbullying, in summary, they collectively sought to establish a school code of conduct to prevent this act and encourage improved oversight of this issue.

### ***Education and Programming Initiatives***

The reality in the context of dealing with cyberbullying is that rather than implicate themselves with the criminal justice system, only 7% of adults and 14% of children (CCSO, 2013, pg. 5) reported incidents of cyberbullying to the police. Based on the Coordinating Committee of Senior Officials (CCSO) Cybercrime Working Group Report from 2013, “victims were more likely to block messages from the sender (60%), leave the Internet site (51%) or report the situation to their Internet or email service provider” (CCSO, 2013, pg. 5). While there may be a variety of reasons for this, some of the reasons provided for not reporting instances of cyberbullying to the police included, “[a] fear of escalation, ineffectual responses in the past and fear or being deprived of access to their technology” (CCSO, 2013, pg. 5). With this in mind, it is important to provide alternatives to merely the criminal law, which addresses the issue. Some programs seek to address education for appropriate online behavior and others address cyberbullying. These programs include, The Royal Canadian Mounted Police (RCMP) WITS (Walk Away, Ignore, Talk it Out, Seek Help), British Columbia’s ERASE (Expect Respect and a Safe Education) strategy, Nova Scotia’s “Speak Up, An Action Plan to Address Bullying and Cyberbullying Behaviour” and RAISP (Restorative Approaches In Schools Program), and in Ontario, a Comprehensive Action Plan for Accepting Schools to prevent bullying and cyberbullying, and improve Internet safety (CCSO, 2013, pp. 6–7). Although these are positive steps to assist in addressing cyberbullying, there should arguably be further attempts to address the more sexualized nature of the bullying which is not currently at the forefront of legislators’ minds. Jane Bailey in “Sexualized Online Bullying” suggests that, “[e]mpathy training may well be a powerful proactive strategy for addressing some forms of bullying and cyberbullying, but getting at the roots of sexualized online bullying seems to demand more targeted anti-oppression initiatives to address ongoing social and structural inequalities that continue to render certain groups more vulnerable than others” (2014, p. 737). There needs to be a more robust approach to education and programming that extends beyond merely traditional efforts in order to affectively deal with the multifaceted nature of this issue.

## ***Case Law***

The benefit of including cyberbullying provisions in the *Criminal Code* is that it provides for a direct crime. However, prior to 2014 and Bill C-13 extending provisions of the *Code*, cyberbullying was dealt with and punished utilizing existing provisions of the *Code*. Some notable examples will be discussed in this paragraph; however, they only represent a couple of cases and the outcomes which have dealt with cyberbullying; these cases in no way represent a fulsome study of this issue. Particularly, the case law discussed involves young female accused and complainants based on the fact that they are characterized as the most vulnerable victims of cyberbullying, provided the gendered nature of the crime. Examples of how cyberbullying was effectively litigated in court included using the *Criminal Code* provisions of uttering threats, criminal harassment (*R v DH*, [2002] BCJ No 2454, [2002] BCJ No 2136; *R v Greenberg*, 2009 ONCJ 28; *R v Korbut*, 2012 ONCJ 522; 2012 ONCJ 691; *R v Fader*, 2009 BCPC 61; *R v Barnes*, AJ No 965, aff'd 2006 ABCA 295; *R v TCD*, 2012 ABPC 338), extortion (*R v Walls* 2012 ONCJ 835; *R v Hassan*, [2009] OJ No 1378, aff'd 2011 ONCA 834), and child pornography (*R v Schultz*, 2008 ABQB 679; *R v Walsh*, 2006 CanLII 7393 (ON CA); *R v Dabrowski*, 2007 ONCA 619; *v M.K.*, [2004] OJ No 2574; *R v Sharpe*, [2001] 1 S.C.R. 45). One notable case is *AB v Bragg Communications*; a case involving a 15-year-old complainant seeking to request that the court case proceed anonymously which the Supreme Court of Canada granted. This case is particularly notable for “children seeking legal remedies in an era permeated by widespread technologized dissemination of information, misinformation and reputational attacks” (Bailey, 2014, pg. 711). Another case, *R v Spencer*, found that if two minors are engaged in the creation of what would be previously considered “child pornography” this will no longer be criminalized. The majority decision provides the example that, “a teenage couple would not fall within the law’s purview for creating and keeping sexually explicit pictures featuring each other alone, or together engaged in lawful sexual activity, provided these pictures were created together and shared only with one another” (*R v Sharpe*, [2001] 1 S.C.R. 45, para 116). These cases suggest that prior to Bill C-13 charges were laid using the previous provisions of the *Code*. Although the question remains of whether perpetrators of cyberbullying were effectively dealt with again, the question remains if the new amendments to the *Code* deal with this issue appropriately and seek to address the structural inequality that comprises gender-based violence.

## ***Conclusion***

It remains to be seen whether extending the *Criminal Code* provisions will adequately deal with cyberbullying. Since the provisions were added only 2 years ago, it will take more time to see whether the provisions assist in mitigating

cyberbullying. Moreover, it is important to recognize that because of the education and programming initiatives in place, if cyberbullying begins to decline there are a myriad of factors that may be contributing to this. From a positive outlook, it may be because of the “human rights approach” to the issue and that assistance is coming from all sides. However, the outlook may not be as positive considering the statistics that suggest limited reporting to police on this issue. While multiple considerations must be taken into account, this section has presented a few which assist in understanding the legal perspective of cyberbullying and the efforts that must be made in future.

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## **Part II**

# **Mental Health**

# Why Am I Still Here? The Impact of Survivor Guilt on the Mental Health and Settlement Process of Refugee Youth



Jacinta Goveas and Sudharshana Coomarasamy

## Introduction

This chapter is based on my professional experiences from working with UNHCR in refugee camps and urban areas between 1994 and 2007. I worked in several countries, including Kenya, Tanzania, Yugoslavia, Indonesia, Iran and EU member countries. The main focus of my work was the development and coordination of community services, such as psychosocial support, vocational training, counselling and education, which were implemented by partner agencies. In my role as Senior Regional Adviser on Refugee children in Europe, I worked with representatives of different European countries and non-government agencies on the development of programs for refugee children and youth in urban areas, including best practice guides. We also worked on issues related to trafficking of minors.

One of the most traumatic aspects of forced displacement is the suddenness of it. One day you may be living a normal life and the next you are running away from certain form of violence and even death, to the hope of safety, leaving behind everything that you know and hold dear. The initial stages of flight may be fraught with fear and uncertainty, the focus being on staying alive and safe. But once people reach the place of supposed safety, they become conscious of what they have left behind. They experience the losses; loss of family, community, culture and country. A lot has been written on the particular impact of displacement and the mental

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health and wellness of the individual, family and even the community (Fazel, Wheeler, & Danesh, 2005; Halcon et al., 2004; Stammel et al., 2013; Summerfield, 1999) but some aspects of its effect are rarely given any attention by mental health professionals, social workers or counsellors.

Whether they survive the tsunami in Indonesia or escape their captors who would turn them into child soldiers or manage to make it alive through the jungles between Ethiopia and Sudan, the question that many youth are left with is often the same: why did I survive while so many did not? This response to having 'made it' to safety, while many others have been lost along the journey, has been termed 'survivor guilt' (Bhugra & Becker, 2005; Opp & Samson, 1989). In this chapter, I refer to youth as young people between the ages of 14 and 25.

In many refugee situations, those who are able to escape are usually the able bodied and young people (UNHCR, 2015). In specific instances, such as in Sudan, it was young people, usually males, who fled to avoid recruitment by either sides of the civil war (Biel, 2003; Boyden & de Berry, 2004). These young people went through many hardships as they made the perilous journey towards safety. Sometimes the impact of the experiences is so traumatic that they cannot speak of them. It is often only when they are finally in a place where they know they are safe and can focus on building their lives, that they may be open to healing.

There is a plethora of research and literature on the refugee experience (Barlé, Wortman, & Latack, 2017; Opp & Samson, 1989) and on the experiences of young people who have survived forced displacement (Wilson & Drozdek, 2004), including studies on child soldiers (Beah, 2008; Kerig, 2014; McDonnell, 2007) and torture survivors (Kira et al., 2012; Wilson & Drozdek, 2004). However, literature on survivor guilt is limited and often subsumed into the discourse on post-traumatic stress syndrome. This limits mental health interventions to those that address the presenting problems, and does not explore the deeper trauma that the youth may be living with. This chapter will explore the concept of survivor guilt in relation to refugee youth and its impact on the settlement process. It will discuss implications for practice for mental health professionals and providers of social services and the need for a more holistic response with regard to mental health interventions. These will include the importance and significance for mental health professionals, social workers and others involved in the mental health of refugee youth, to gain knowledge and understanding of culture and its intersections with other components of identity. Information about country of origin, the conflict that caused them to become refugees and where they lived until they arrived in Canada can be helpful in designing intervention strategies.

Drawing from existing literature and stories of refugee youth, this chapter will offer further insight and recommendations for potential mental health interventions for refugee youth and their families, who have resettled in Canada. It will also discuss the importance of developing a more holistic approach, based on an anti-oppression practice framework, in addressing emerging mental health issues.

## Main Body

### *Survivor Guilt as an Element of Grief*

Refugees are forced to make many journeys while searching for safety. They flee their tribe or village or town to move to another place or at times, flee their country to find asylum in camps that are far removed from what they were used to in terms of physical conditions and hopes for the future (UNHCR, 2015; Wilson & Drozdek, 2004). By this time they would have already experienced losses at many levels—family, friends, culture and security, to name a few. They might have witnessed the death of their loved ones and experienced physical illness and even torture. Only a very select few make it to Canada through resettlement programs. According to the United Nations High Commissioner for Refugees, in 2014 there were over 50 million refugees in the world, living in camps and in urban settlements (UNHCR, 2015). One of three long-term and durable solutions recommended by UNHCR is resettlement. By definition, ‘resettlement is the transfer of refugees from an asylum country to another State that has agreed to admit them as refugees and ultimately grant them permanent settlement’ (UNHCR, 2015, p. 23). In 2014, only 26 countries accepted a total of 105,200 refugees for resettlement. Of these, Canada accepted 12,300 refugees (UNHCR, 2015).

By the time they get to Canada, refugees will have already gone through so many difficult experiences that it seems like they have lived many lives. The youth who come out of circumstances of forced displacement are thrust into adulthood very early (Ateah, Kail, & Cavanaugh, 2000). They are therefore very different from the youth who grow up in Canada, in terms of experiences, life chances and levels of vulnerability towards violation of their human rights. When youth who have made it through the refugee experience, manifest what is generally termed ‘mental health issues’, they may be seen as having a lack of motivation, resistance to imagining and planning the future and a loss of interest in their school work. Service providers often classify these youth as suffering from depression or symptoms of post-traumatic stress disorder (PTSD).

Events that occurred prior to the refugees’ arrival in Canada are frequently a major contributor of mental health issues. Studies show a ‘relationship’ between pre-migration, successful adjustment into the new society and mental health challenges (Khanlou, 2009; Shakya, Khanlou, & Gonsalves, 2010). The tendency among mental health care professionals and researchers is to focus on mainstream responses to certain symptoms, such as feelings of hopelessness, depression and even suicide (Watters, 2010). However, considering what they have witnessed and experienced, mental health issues of refugee youth are more complex.

In 2004, at a presentation during ‘Voices Out of Conflict’ conference in the UK, where I was a speaker, former child soldiers, who were rehabilitated, recounted stories of violence and torture that happened to their peers. They revealed that their past continued to cause them shame and grief, even though they now lived

supposedly 'normal' lives. They described how they were forced to report on fellow companions and participate in inflicting punishment on them, in order to remain safe themselves. These experiences continued to haunt them; especially, if the person was dead (Voices out of conflict report, 2004).

In the aftermath of the tsunami in Indonesia in 2005, people who had survived were located in camps as a temporary measure. As a member of the emergency response team at that time, I worked with Community Social Workers in the various temporary housing sites. We conducted assessments on women and men, children and older adults. One of the recurring themes emerging from the interviews was 'Why am I here? Why was I saved?' (UNHCR situation reports, 2005). This response to being alive while so many around them are dead is referred to as 'survivor guilt'.

'Survivor guilt' is a term that was generally used in relation to the survivors of the Jewish holocaust and their descendants (Dekel, Mandl, & Solomon, 2013; Garwood, 1996; Hass, 1995). It referred to the secondary, vicarious trauma that people experienced even from hearing the stories of what their ancestors had been subjected to. However, Weiss, O'Connell & Siiter (1986) found that there is no difference between the impact on holocaust survivors and resettled refugees. It is also considered the most common element in soldiers returning from war zones, relief workers who return home from troubled areas of the world, where there is civil war, conflict or genocide, and people who have witnessed situations of trauma (Okulate and Jones, 2006; Wilson and Drozdek, 2004; Opp & Samson, 1989). In this broader framework, one could also relate this phenomenon to the descendants of slaves, Aboriginal people and people who have been subjected to other forms of organized systemic oppression (Belanger, 2014; Wesley-Esquimaux & Smolewski, 2004).

According to the *Social Psychology and Human Nature, Cram 101 Textbook Review* (2015), when the *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM-IV) was published, survivor guilt was removed as a recognized specific diagnosis and redefined as a significant symptom of post-traumatic stress disorder (PTSD). However, survivor guilt is multifaceted. It is rooted in far more complicated issues than the experience of stress and personal trauma or guilt.

## Discussion

### *Survivor Guilt: Why Am I Still Here?*

Survivor guilt is a complex issue. There is a 'normal' grieving process following the loss of family and friends. However, survivor guilt, sometimes referred to as 'complicated grief', is longer lasting and more ingrained in the individual. Survivor guilt, the feeling of sorrow and guilt because of people who were not able to escape to survive, leads to many issues that inhibit the settlement of people in the new society.

It often leads to an idealization of the past, remaining connected with the struggle that led to them becoming refugees and a constant desire to return to their homeland (Kira et al., 2012; Nader, 2001; Wilson & Drozdek, 2004).

Survivor guilt can also be intergenerational. Older refugees may pass on their experiences to the next generations, whether they are idealistic memories of the country and everything they left behind or the guilt that they continue to experience for having survived (Stammel et al., 2013; Summerfield, 1999; Wilson, Drozdek, & Turkovic, 2006). These memories become further entrenched, when resettled refugees experience racism and other forms of discrimination in Canada, causing them to question why they survived and what their purpose might be. While not many studies have been conducted on this phenomenon with regard to refugees, it is acknowledged in the case of survivors of the Jewish holocaust (Garwood, 1996; Hass, 1995). It is also part of the history and current context of the Aboriginal people of Canada (Wesley-Esquimaux & Smolewski, 2004).

Guilt is a typical response after any kind of loss or traumatic experience (terrorist attacks, war and other forms of disaster). Specifically, situations of forced displacement result in multiple losses, such as loss of family and friends, resources or self-confidence. Guilt exists not only because of what an individual may think he/she should or should not have done, but also when we do not act according to expectations of others—friends, community and culture. Survivor guilt is also referred to as ‘imagined guilt’ (Nader, 2001), which may also appear because the individual may reflect on how they wish they had acted in a given situation.

Survivor guilt can serve as a protective mechanism, helping people to make sense of their experiences (Calhoun, 2001). It allows survivors to explain what they are going through and to deal with their feelings of powerlessness from not having the ability to protect or save others. Sometimes it may enable the person to feel a connection with those who have died. ‘Survivor guilt can co-exist with other responses, such as relief and gratitude, and may occasionally be prompted by them’ (Calhoun, 2001, p. 2).

Unresolved guilt has wider reaching complications and can remain with the individual for a long time. It can hold the person captive in their guilt and self-blame and keep them from entering fully into their new lives, recovering from the trauma and developing positive relationships. It can impact the quality of life for both the guilt-ridden person and those who are in her/his life (Nader, 2001). Sometimes it also results in people setting high standards of achievement as a way of working through the guilt. The level of guilt might be higher among youth who, due to their physical ability, are more likely to flee and leave their loved ones behind.

PTSD has been attributed to a number of mental health conditions. However, PTSD focuses on the individual. Most refugees come from collectivist cultures and may see themselves in relation to others in their own community. The concept of ‘family’ is also often more broadly defined than Western concepts of family. Responses to mental health issues therefore need to respond to these aspects.



## *Addressing Survivor Guilt Through the Lens of Culture*

Cultures may be collectivist or individualist. Individualistic cultures tend to consider the independence, privacy and personal fulfillment as a priority (Basu-Zharku, 2011; Triandis, 2001).

Individualistic cultures are generally ascribed to countries that are considered more 'developed' (global north). The global north is considered more 'developed' and as offering a wide range of possibilities for economic and social enhancement, which are pull factors for immigrants and refugees. However, economic development in a capitalist environment requires a focus on the individual and what she/he needs to do to be 'successful'. The pressures that this brings on people from collectivist cultures is challenging, as they may have to consider the needs and expectations of others, even members of their extended family.

Collectivist cultures, on the other hand, promote group harmony (Basu-Zharku, 2011; Triandis, 2001). The desires and wishes of the individual are considered secondary to the well-being of the community. These cultures are usually categorized as 'under-developed' and found in populations from the global south. They are also usually the source countries for immigration and refugee resettlement to countries like Canada and Australia. Most newcomer families are therefore more collectivist than the societies they move to.

Migration from collectivist culture to an individualistic culture can be extremely challenging in the early stages of settlement, when newcomers are not familiar with the thinking and response of the new environment (Bhugra, 2004). In the case of young people, this dichotomy is further emphasized. They are exposed to individualistic cultures at school and among their peers but continue to experience the impact of collectivist culture at home. They learn the values of the new culture but may be still more familiar with collectivist responses to what they experience. They may also be used to having elders to refer to for advice and may not necessarily have all the skills they need to survive in individualistic cultures, which encourage independence, self-reliance and individual rights from childhood. (Eisenbruch, 1991; Hynie, 1996; Simich & Andermann, 2014).

When government or private sponsored refugees arrive in Canada, they have the same legal status as immigrants—that of Permanent Residents. They start to get to know the country of resettlement and establish themselves. The pre-migration experience may shape the refugees but once they are resettled, their settlement process is influenced both by the culture and context they came from and how they fit in with the host country. They may sometimes feel very alone in the new society.

The loss of community, history and tradition leaves people without a context within which to exist. In response to situations of uprootedness a community-based focus, which builds on their history and knowledge, not only maintains well-being but also enables refugees to draw on traditions to sustain their sense of self and hope for the future. (Goveas, 2002, p. 16)

Another crucial element is that most racialized new immigrants, including resettled refugees, face many challenges as a result of discrimination in Canada.

When they finally arrive in Canada, many refugees have said that they feel that they have reached the 'promised land'; where they could be safe and get on with their lives. However, they may face racism and discrimination in various aspects such as employment, housing, non-recognition of credentials and social interactions. These factors not only impede the settlement process, they also exacerbate the feelings of loss and guilt. The discrimination they encounter holds them back from engaging fully in the new country and realizing their potential (Block & Galabuzi, 2011; Di Blasio, 2014; Galabuzi, 2006; Reitz & Banerjee, 2014). They know that their families, who may be in camps or in different countries, have expectations of them. Poverty keeps them from fulfilling these expectations. They may not be able to send remittances or sponsor family members. These feelings of powerlessness are heightened when they know the living conditions that their family members and close friends are living in.

### *Competence: Social Location and Refugee Context*

The mental health profession generally applies mainstream approaches to address mental health issues. However, research and experience has illustrated the need for culturally relevant responses that take into account various aspects of social location. It emphasizes the need for practitioners to develop an understanding of different cultures and how they address mental health issues. This awareness will allow for a broader understanding of where their clients are coming from and what might best work for them (Watters, 2010).

The term 'cultural competence' is more than learning about the traditional aspects of culture. In working with people who are coming out of situations of displacement and trauma, it means expanding the understanding of culture. It requires an analysis of how a particular group has evolved and changed because of the displacement or refugee experience. The changes may also be as a result of influences in the country of asylum. It is crucial to explore what nuances those changes will bring to the healing and settlement process.

For example, I was in South Africa after Nelson Mandela was elected as President in 1994. Previously exiled South Africans started to return home. They not only found their country changed, they had to deal with the changes in themselves. One poignant theme was that many of them would come to the UNHCR office for help because they could not comprehend that they were no longer refugees and were 'home'. For resettled refugees, it is more complex if they are also grieving for the loss of home and family (Wilson & Drozdek, 2004).

However, culture is often regarded as synonymous with race and ethnicity and is generally the basis for cultural competency work. 'Some anthropological critiques of (cultural competency) models are that they frequently present culture as static; treat culture as a variable; conflate culture with race and ethnicity; do not acknowledge diversity within groups; may inadvertently place blame on a patient's culture;

often emphasize cultural differences, thereby obscuring structural power imbalances; and finally, fail to recognize biomedicine as a cultural system itself' (Carpenter-Song, Schwallie, & Longhofer, 2007, p. 1363).

While examining the broader implications of the displacement experience, it is crucial to consider differences within each group. Even though people may come from the same culture, the many intersections in their social locations may distinguish them even from people in their own culture. Aspects such as gender, sexual orientation, socio-economic class, education and age impact on how the individual relates to the new country and on how they process the refugee experience.

## *Implications*

The process of displacement and migration shakes up the very foundations of people. They may feel lost and unable to draw on familiar internal and external resources that they were used to. The impact of uncertainties could act as a regressive process that may bring back 'early emotional experiences of splitting, idealization and denigration' (Kleimberg, 2005, p. 47).

Many of the mental health issues that newcomers face are determined within mainstream contexts. Practitioners are generally not able to deal with the specific stories of refugees because they do not fit into their education and training (Eisenbruch, 1991; Watters, 2010). Responses and interventions '... reflect a globalization of Western cultural trends towards the medicalization of distress and the rise of psychological therapies' (Summerfield, 1999). Watters (2010) suggests that 'the idea that people from different cultures might have fundamentally different psychological reactions to a traumatic event is hard to grasp' (p. 71).

In the late 1990s, I worked with the Host Program (now Culturelink). We organized discussions with resettled refugees, in an attempt to 'educate' the volunteer hosts and others within the community on refugee situations and the experiences of the new comers. During these sessions, people not only talked about the settlement experience and what brought them to Canada, but also about what they felt about having made it. One of the refugees gave a testimony of his personal journey. Tee talked about leaving his country as a young boy of 11 years, with a group of other boys. They walked through the bush of Ethiopia to make it to Sudan. Along the way some of them died, those who were younger, ill and generally not able to keep going. He did not express much emotion when he told his story but when he talked about the 'brothers' who did not make it, he began to cry and was inconsolable. Later he told us that he continues to 'see their faces in front of (his) eyes' and dreamed about them. He said that sometimes he felt as if they were asking him why they had not made it. Once Tee began to talk and to cry, several others wanted to share their stories. During the small group discussions many of them told stories similar to Tee's, even though they did not all come from the same country. When we

asked them what might help them to heal, many said how good it felt to actually talk and to feel heard and understood.

Zarbafi (2005) described the practice of debriefing that people returning from war or from working in disaster management situations engage in. He suggests that 'it represents an ability to think and be conscious of suffering' (p. 212). He goes on to say that though refugees have also gone through traumatic, life-altering experiences that may have resulted in the loss of home, family and sense of identity, they are not accorded the same response (Zarbafi, 2005).

The majority of cultures in the global south are collectivist cultures. They rarely see themselves as alone and individual. Everything that happens is connected to others—family, community and friends. 'The reason for the very high rate of survivor guilt may be related to the intra-group identification and cohesiveness that usually develops' (Okulate & Jones, 2006, p. 146). This may also heighten the impact of guilt.

Conventional responses to mental health issues usually focus on the individual and how she/he copes in her/his environment, and evaluates their recovery based on how they are coping on their own. One newcomer who had arrived in Canada from the Congo talked to the service provider about her life before she came to Canada. She talked in terms of larger community and family context. She had been able to get a job, had a place to live and was starting to make friends. To the therapist she was 'doing very well'. But still she continued to talk about the challenges she was facing. To her being alone and away from her family and community was her main challenge.

When I was in Indonesia after the tsunami, many international agency personnel came there to work on 'psycho-social' aspects after the crisis. They would share with us their frustration about not being able to get many people to talk about the trauma they had experienced. They could not find what they were looking for—predictable manifestations of the crisis that fit in with their training and experience. Instead, they found people who seemed to be coping.

In describing a similar scenario in Sri Lanka, Watters (2010) suggests that sometimes there are layers within the situation and people may have learned coping mechanisms because of other situations. For example, in Sri Lanka people had already been living through the civil conflict between the Tamils and the government and had developed coping mechanisms to survive (Hastings, 2010). Watters writes that it was impossible 'to make a meaningful distinction between the psychological reaction to the tsunami and the ongoing strains of the social and economic turmoil caused by that event' (Watters, 2010, p. 87). This was also the reality in Banda Aceh in Indonesia, where the people had also been in a long-term struggle for autonomy (Mackinnon, 2010; Hastings, 2010).

The film *'God Grew Tired of Us'* is based on the true story of four of the lost boys of Sudan. These boys were selected for resettlement in the US from the camps in Kenya. Despite the many challenges they faced in the settlement process, they felt were the 'lucky ones' and felt guilty about those they had left behind in the camps

in Kenya. On the one hand, this guilt motivated them to work hard and send money back to the camps to help others; on the other hand, it led them to make choices that limited their advancement, in favour of jobs that could provide them with financial recourses to help others in the camps and family in other countries of asylum.

Another crucial aspect in responding to mental health issues is the role of religion and spirituality. Many cultures have strong belief systems that may provide comfort and focus during times of adversity. After the tsunami, the survivors were living in temporary dwellings had very little; the 'water' had taken everything away. Despite that, one of the first things that the community got together to build was a space to pray. In Dadaab, Kenya, the refugees travelled far to get firewood, moving through dangerous, bandit territory. Yet, the Sudanese refugees in the camp managed to bring enough wood to build a place of worship. In the same camp, the Ethiopian refugees built a church with donations sent to them by refugees who had been resettled in various countries. They even installed beautiful icons donated by the community, even though many went without most of the basic necessities.

When people live while so many die, it often affects their relationship with their Higher Power. Sometimes faith can be a comfort but sometimes the person may experience anger and a sense of betrayal with this same Higher Power. However, there are various practices that may help support the healing. Some of these are: recognizing the difference between intentional and unintentional actions and the concept of conscience and forgiveness (Buddhism, Islam, Christianity and Jewish religions). These practices may offer possibilities for examining guilt, expressing remorse and finding forgiveness (Nader, 2001).

Another consideration is that mainstream responses focus on treating the internal symptoms, 'placing both the cause and cure for the disorder within the client' (Choudhuri, Santiago-Rivera, & Garrett, 2012, p. 50). Many traditional societies explore more holistic responses that seek not just to target specific issues, but also to 'rebalance the body to restore natural rhythms' (Choudhuri et al., 2012, p. 50). In keeping with the emerging understanding of this, various methods are being introduced into mainstream culture, such as Ayurvedic remedies, acupuncture and family therapy.

In Canada, mental health practitioners can learn from the Indigenous ways of thinking about health and wellness. Indigenous people view health as an ongoing journey 'where the destination mattered less than the process itself' (Belanger, 2014, p. 334). There is a crucial spiritual element that is connected to relationships, not only with people but also with their environment. Responses to ill health or disease must be holistic, in that they must emphasize the 'mental, emotional, physical and spiritual well-being' (Belanger, 2014, p. 335). The main goal is to bring balance back to the individual.

Baskin (2011) suggests that working only with the individual reinforces 'a condition of isolation'... she further implies that by not engaging with the larger communities by 'not bringing the collective together,' (p. 129) practitioners may be missing out on support, ideas and opportunities that could assist the healing process.

## ***Recommendations***

### **Recommendation 1: Acknowledging Guilt**

The first step in the healing process is to support young people in recognizing and acknowledging the guilt and other feelings they carry. Where are the people coming from? What is their story? Their situation requires a broader analysis of what they are experiencing and how best they may be supported through the healing process. This would assume that practitioners have a broader base of knowledge and information about their clients, such as the country of origin, the socio-political context, the situation that led to them becoming refugees, including the experiences of violence, turmoil and loss—loss not just of space but also of family—how they left and what happened to those who did not make it. The practitioner ‘... who ignores the “language of exile” may let pass some of the essential factors of “lost childhood”’ (Szekacs-Weisz & Ward, 2004, p. 6).

### **Recommendation 2: Trauma Informed Practice**

‘Social services are crucial to assist refugees with the initial challenges of settlement and to help preserve the integrity and functionality of refugee families’ (Elliott & Segal, 2012, p. 159). However, these services are only relevant and useful if people providing the services are culturally competent and understand the concerns and particular context of the specific refugee communities.

The basic roots of Trauma Informed Care and Practice consist of a deep understanding of the ‘neurological, biological, psychological and social effects of trauma and interpersonal violence and the prevalence of these experiences in persons who receive mental health services’ (Havenga, 2010). It requires that mental health care professionals ‘create organizational cultures that are personal, holistic, creative, open and therapeutic. A trauma-based approach primarily views the individual as having been harmed by something or someone, thus connecting the personal and the socio-political environments’ (Havenga, 2010).

According to the *Trauma Informed Practice Guide*, ‘When service providers do not bring an understanding of trauma and how certain symptoms demonstrate an attempt to cope with trauma, misdiagnosis and inadequate treatment can result. For example, without applying a trauma lens, coping mechanisms may be given diagnoses such as bipolar disorder, and treated primarily with anti-depressant medications. In other cases, borderline personality disorder can be inaccurately diagnosed, especially among women who have experienced trauma. Behaviour problems in children and youth, which may have developed as a way to cope with past trauma, may be diagnosed as attention deficit hyperactivity, oppositional defiant and conduct disorders’ (Trauma Informed Practice Guide, 2013, p. 11).

### **Recommendation 3: Language and Interpreters**

Choudhuri et al. (2012) suggest that even though refugees may have left their home and cultural environment, they carry their language with them, which continues to define them. Language is central to defining a person’s identity and is interconnected with culture. One defines and gives meaning and shape to the other. It is not just words but the significance of words, tenses and expressions. Studies on mental health delivery indicate that ‘the impediment for multilingual clients is the

inability of clinicians to understand communication accurately' (Choudhuri et al., 2012, p. 43). Service providers may have the same language as the client but may not share the perspective that forced displacement brings, thus resulting in greater challenges.

There are different ways of viewing mental health issues in various cultures; this also has an impact on how people express themselves. For example, in some collectivist cultures, people are more concerned about how their state of being impacts the people around them; whereas, in the more individualistic cultures, people are concerned about how others are acting towards them. Language reflects this orientation.

Miletic et al. suggest that 'when staff and clients do not share a common language and are unfamiliar with each other's cultural assumptions and commitments, the result is mutual incomprehension—a poor basis for mental health practice' (Miletic et al., 2006, p. 5). It is crucial to employ professional interpreters who are open to the culture and contexts of refugee clients. They should also understand the difference between growing in individualist cultures versus collectivist cultures.

Another issue that refugees talk about is the use of different interpreters. Once they have developed some trust with the interpreter, it is beneficial to have the same person assisting them as far as possible. Interpreters should also have regular training and debriefing opportunities to enable them to learn from their experiences of working with people who comes from contexts different than their own.

A common challenge is the use of family members and/or spiritual/religious leaders, when interpreters are unavailable. This can be detrimental to the healing process, as clients may not be willing to talk about things that may be considered shameful in front of family members or friends. They may also be more cautious in talking about cross-cultural issues that could be construed as a rejection their culture of origin (Miller, Martell, Pazdirek, Caruth, & Lopez, 2005).

If not identified and addressed, survivor guilt holds people back from fully participating in the present and becoming part of the new environment. In the long run, it limits their exercise of citizenship. They suffer in silence, even in silence within themselves, as they are often not aware of what is happening to them. In several instances, this suffering has led to suicide; to a yearning to join those who had left already. Suicide may be seen as a response to an individual's inability to deal with their reality but as a consequence of survivor guilt, suicide often speaks directly to the ineffectualness of mental health interventions. Mental health care providers need to understand the wider implications of the refugee experience and develop responses that address the deeper impacts of these experiences. It is essential to develop a broader understanding of survivor guilt and the importance of a holistic practice framework in addressing emerging mental health issues for refugee youth.

Research on survivor guilt, and its impact on refugees and the settlement process, is very scarce. Specific research on phenomenon such as survivor guilt and complex grief and how that influences both the settlement experience and the exercise of citizenship would help inform responses towards the holistic health of the individual.

## Respondent

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### *Silence Screams and Images Blind*

A seeker wondered –  
If a tree falls in the forest without a witness,  
Does it make a noise?  
Without eyes, cameras or satellite images,  
When souls are stabbed to death,  
Do they make the list of the dead?  
Some martyrs become saints,  
Some become terrorists.  
History is rewritten –  
But some stories are never told.  
Silence screams and images blind.  
The same water swallowed some, and spat out some.  
The same road exploded, under some feet,  
The same aim got some, missed some.  
Silence screams and images blind.  
A tiny second, a hair's breadth –  
Meant life or death, to you and me.  
Blinded by your absence,  
I am still here.  
Forgive me.

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# The Effects of Intersectional Stigma and Discrimination on the Mental Well-Being of Black, LBQ, Female Youth 18–25 Years Old



Donna Richards, Helen Gateri, and Notisha Massaquoi

Those of us who stand outside the circle of society's definition of acceptable women; those of us who have been forged in the crucibles of difference—those of us who are lesbians, who are Black, know that survival is not an academic skill... It is learning how to take our differences and make strengths. (Lorde, 1984, p. 112).

## Introduction

The focus of this chapter is Black, lesbian, bisexual, and queer female youth and the effects of intersectional stigma on their mental well-being. Labels such as “lesbian,” “bisexual,” and “queer” are used to refer to women who have same-sex desires. Although most women in same-sex relationships identify as lesbian, some identify as bisexual. The term “queer” is used as a blanket term for LGBT individuals because it is inclusive and challenges heteronormativity (Luce, 2002). We have chosen to use these terms interchangeably throughout our discussion to contest the assumption that terms referring to sexual identity have stable meanings.

Few studies have attempted to address the intersectional stigma that Black, lesbian, bisexual, and queer (LBQ) female youth face in a society where racism, sexual orientation, and homophobia intersect with other social inequities. Most of the literature reviewed for this discussion is derived from the US context and focuses on

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the larger LGBTQ (lesbian, gay, bisexual, transgender, and queer) community of which Black, LBQ, female youth are a subpopulation. Throughout this chapter, in addition to *LBQ*, the acronyms *LGBTQ* and *LGBQ* are used because much of the literature reviewed concerns the larger LGBTQ community. We drew from this literature to examine the challenges experienced by Black, LBQ, female youth. We also found that this group not only experiences discrimination in society in general, but may also face discrimination within the LGBTQ communities (Mays, Cochran, & Rhue, 1993). Oftentimes, they also face rejection or pressure to remain closeted in their own racial/ethnic communities because of heteronormative cultural pressures (Rosario, Schrimshaw, & Hunter, 2004). This chapter purposely excludes transgendered populations as our social work practice experiences have been primarily with the LBQ population. *Transgender* is an umbrella term used to refer to identities such as transgender and intersex, and deserves a chapter of its own.

Due to the scarcity of research on this topic, there is an urgent need to address the intersectional stigma and discrimination experienced by Black, LBQ, female youth and the adverse effects these factors have on their mental well-being. Our interest in this topic is borne out of personal and professional experience. As social workers we have engaged with many Black youth who identify with the LBGT community. What resonated with us was the increasing number of Black, LBQ, female youth who shared experiences of stigmatization and discrimination due to their identity. For the purpose of this discussion, youth or young adults are people aged 18–25 years.

### ***Demographics: LGBQ Youth in Canada***

The National Household Survey of 2011, cited by the Public Health Agency of Canada (n.d.), indicated that of the 32.9 million people in Canada, 19% were youth aged 10–25 years, which is a slight decrease from 20.3% in 2001. Among racialized youth aged 15–25 years, 16.4% were Black. Youth aged 15–25 born outside Canada comprised 8.4% of the total immigrant population. Also, in 2011, about 30% of immigrant youth had arrived in Canada within the previous 5 years.

It is difficult to determine the number of lesbian, gay, bisexual, and queer (LGBQ) youth aged 18–25 as national data with respect to the sexual orientation of youth in Canada are almost non-existent. Gathering this data is difficult for a variety of reasons. One major difficulty is that national surveys rely on self-reporting. Survey respondents may not feel comfortable disclosing their sexual orientation for fear of stigma and discrimination, or fear of being “outed” to their families or local authorities (Banks, 2003). Youth, in particular, may be reluctant to disclose their sexual orientation for fear of bullying from their peers (Public Health Agency of Canada, n.d.).

Data from the nationally representative sample in the Canadian Community Health Survey of 2007 found that 96.2% of youth aged 18–24 years identify as heterosexual, 1.2% identify as homosexual, and 2.6% bisexual (Public Health Agency of Canada, n.d.). However, the survey did not provide a breakdown by ethnicity. A survey of 29,000 youth conducted in British Columbia (McCreary Centre Society, 2009) found that 2% identified as bisexual and almost 10% as either gay or lesbian.

However, youth who experience same-sex attraction often identify as heterosexual in research because of concerns about confidentiality (Public Health Agency of Canada, n.d.). As a result, we suggest that the number of LBQ youth in Canada is higher than reported.

Understanding the impact of intersectional stigma and discrimination on the mental well-being of Black, LBQ, female youth aged 18–25 years is important because this is a transitional time in their lives (Nelson & Barry, 2005). An understanding of the impact of intersectional stigma and discrimination on the mental well-being of Black, LBQ, female youth can help service providers and policy makers make appropriate changes to interventions and policies affecting this population.

## **Main Body**

There is a significant gap in the research on Black, LBQ, female youth between 18 and 25 years old in the Canadian context. Given the paucity of studies conducted in Canada, most of the studies reviewed for this discussion were conducted in the US and beyond with people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ). None of the studies reviewed focused specifically on Black, LBQ, female youth and few addressed intersectional stigma affecting adult LBQ women.

### ***Intersectional Approach: Understanding Multiple Oppressions***

To better understand the experiences of Black, LBQ, female youth, an intersectional lens is necessary. This theoretical concept elucidates and interprets multiple and intersecting systems of oppression and privilege. Intersectionality explores the interdependence between identity categories (e.g., race, ethnicity, sexuality) and social inequities and exclusions (e.g., racism, homophobia; Bowleg, 2008; Logie, James, Tharao, & Loutfy, 2011). Intersectionality is most salient for understanding the effects of stigma and discrimination on LBQ, Black, female youth as it expands the discourse of power and oppression while emphasizing that multiple social identities must be considered when seeking to understand an individual's experience. A study conducted on the social service experiences of young LGBTQ people, using an intersectional approach, supports an analysis of power that honors the multiple identities of the research participants (Wagman, 2014). Therefore, to understand how Black, LBQ, female youth experience stigma and discrimination, "one must look at the multiple intersections of their marginalized identities that shape experiences of social inequality, including ability, status, race, ethnicity, class, and gender" (Wagman, 2014, p. 116). As Bowleg (2008) asserted in her study on the methodological challenges of qualitative and quantitative intersectionality research, the "life of a Black lesbian is rooted in structural inequities based on the intersections of sex, gender, race, hence Black, lesbian, female youth are an ideal population in which to study intersectionality" (p. 313).

**Intersectional stigma and discrimination** In relation to social and structural inequalities, stigmatization occurs when concrete and identifiable social, economic, and political power allows the identification of differences, the construction of stereotypes, the separation of labelled persons into distinct categories, and the disapproval, rejection, exclusion, and discrimination against the persons so characterized (Deacon, 2006; Parker & Aggleton, 2003). Discrimination is a “behavior that creates, maintains or reinforces advantage for some groups and their members over other groups and their members” (Calabrese, Haile, Hansen, Meyer, & Overstreet, 2014, p. 3). Calabrese et al. (2014) further asserted that Black sexual minorities are triply marginalized based on their race, gender, and sexual orientation, and may suffer negative mental health outcomes as a result. Others (e.g., Greene, 1994; Jones, Cross, & DeFour, 2007) have asserted that Black sexual minority women experience poorer mental health and greater discrimination than other members of sexual minorities who do not share their triply disadvantaged status.

Sutter and Perrin (2016) examined the relationships between discrimination, mental health, and suicidal ideation among LGBTQ people of color and found that discrimination had a deleterious effect on the lives of sexual minorities of color, particularly on their psychological functioning and risk for suicidal ideation. These individuals usually contend with rejection by friends, family, and others, which can increase their dissatisfaction with life, and increase their risk for mental health problems such as depression and anxiety. Brooks’s (1981) study on minority stress among lesbians found that due to their double minority status (as both women and lesbians), they experience more negative life events. Minority stress can lead to negative health outcomes among Black and LBQ female youth because of the discrimination they face based on their multiple minority status (i.e., race, gender, age, and sexual orientation).

Other studies conducted on lesbian, gay, and bisexual persons found that this population is more likely to experience discrimination across several domains, such as employment or day-to-day interactions with others, than heterosexual women and men (Mays & Cochran, 2001; Mays, Cochran, & Rhue, 1993). At the same time, Black lesbians confront racism in the predominantly White LGBTQ communities, where they might be rejected based on their race. However, all lesbians and gay men, regardless of ethnicity, experience stress related to discrimination that can negatively affect their mental health. Research exploring stress affecting racialized lesbians, bisexual, and queer women suggest that stress is greater for these women because of racism, heterosexism, sexism, and ageism (Greene, 1994). These added stressors can lead to greater distress, which can affect their mental well-being and overall health. However, not all members of ethnic sexual minorities experience negative health consequences as a result of their minority status. Some racialized lesbians, for example, have been found to live extremely happy, healthy, and productive lives (Bradford, Ryan, & Rothblum, 1997). Moreover, Garnets, Herek, and Levy (1990) found that many stressors that racialized LGBTQ experience are also experienced by racialized heterosexuals.

It has been postulated that LGBT individuals share experiences of oppression related to their sexual orientation or gender non-conformity however their member-



ship in other identity groups affects their level of social power and privilege (e.g., gender, race, class, ability, and age), which may compound these experiences (Harper, Jernewall, & Zea, 2004). The interplay between discrimination and privileged status related to gender, race/ethnicity, social class, and sexual orientation has been shown to have different effects on the individual depending on the composition and visibility of her oppressed and privileged statuses (Croteau, Talbot, Lance, & Evans, 2002). Black, LBQ, female youth may experience multiple layers of oppression based on their sexual orientation and on their age and race.

**The coming-out process and intersectional stigma and discrimination** The development of a lesbian, gay, or bisexual (LGB) identity is known as the coming-out process. During this process, individuals become aware of their sexual orientation, begin to question whether they may be LGB, and begin to explore their emerging LGB identity by engaging in same-sex sexual activity. The coming-out process continues through identity integration, the process by which the LGB identity is incorporated as an aspect of personal identity (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). It is often a difficult process because of the stigma and discrimination this identity attracts (Rosario et al., 2004).

The “burden” of being young and LGB is well documented (D’Augelli et al., 2006; Ryan, Huebner, Diaz, & Sanchez, 2009) and often originates from “stresses of acceptance of sexual orientation to significant others in a homophobic society” (Shilo & Savayo, 2012, p. 311). However, it has been argued that youth between the ages of 18 and 25 years present with “more complexities due to the development process and unique time marked by the exploration of identities and ideologies as well as a confirmation of these identities and ideologies” (Arnett, 2000, p. 13). In addition, at this stage, people are going through neurological and physiological changes that affect their cognitive and socioemotional development (Tanner & Arnett, 2009).

For racialized individuals, this process can be further complicated by cultural factors (Rosario et al., 2004). In a study that examined the mental health effects of the added burden of disadvantaged social status in an Israeli sample of self-identified LGB youth, it was found that these individuals experience greater levels of mental distress than LGB adults, hence demonstrating the significance of youth as a development stage in which family and friends are central to one’s development tasks (Shilo & Savaya, 2012).

Research has found that many LBQ youth aged 18–25 are in the process of coming out, which can be very stressful. Disclosing one’s sexual orientation to friends and family often results in social rejection, withdrawal of emotional support, shame, diminished sense of self, emotional isolation, loss of loved ones, and discrimination (D’Augelli, Hershberger, & Pilkington, 1998; Garnets et al., 1990). Revealing sexual orientation may increase the chances that a young LBQ person will engage in risky behaviors (Banks, 2003). For example, Garofalo, Wolf, Kessel, Palfry, and DuRant’s (1998) survey of 4159 Massachusetts youth, 104 of whom self-identified as LGB, found that more than 30 behaviors that placed health at risk were associated with coming out to friends and family; some of these behaviors included sui-

cidal ideations and attempts, substance abuse, and risky sexual behaviors, all of which can compromise mental well-being.

Furthermore, a study that examined how White privilege is experienced by LBQ women of color in Toronto confirmed that Black lesbians are more reliant on their communities and families because of racial oppression and marginalization (Logie & Rwigema, 2014). The effects of racial oppression on Black, LBQ, female youth are mitigated by extended family networks and community, which hinders their “coming out” process. However, the impact of racial oppression can be more detrimental to their mental well-being than the heterosexism of their community.

**Cultural factors that affect LGB youth** For racialized LGB individuals, the coming-out process may be complicated by cultural factors. Studies conducted with Latino and Black LGB individuals have suggested that cultural factors, including the importance of family, traditional gender roles, conservative religious values, and widespread homophobia and heterosexism, may lead many individuals to experience difficulties in the formation and integration of their LGB sexual identity (Loiacano 1989; Martinez & Sullivan, 1998). Further, LGB youth are more likely to experience verbal and physical abuse in homophobic families and cultures (Banks, 2003). This suggests that the level of homophobia manifested in the family or culture may be directly linked to Black, LBQ, female youth health and social problems.

*Conservative religious values* Research that examined religion, homosexuality, and the Black community in the US has indicated that the Black community is highly spiritual, and that many Black churches socialize members to conform to traditional family and gender roles (Levy, 2014). Same-sex sexuality has traditionally been equated with sin in Black churches (Cohen, 2003; Foster, Arnold, Rebhook, & Kegeles, 2011) and often gives rise to “harsh criticism” (Foster et al., 2011, p. 3) by religious leaders. Studies from the US have shown that African Americans tend to be less accepting of same-sex orientations than other cultural groups (Logie, Bridge, & Bridge, 2007; Newman, Dannenfelser, & Benishek, 2002), and that this is associated with religion. Black, LBQ, female youth are less likely to disclose their sexual identity to others because of homophobia within their families, and especially within their churches. Based on the message that “homosexuality is sinful and immoral” (Griffin, 2000, p. 96), some Black, LBQ youth experience shame and guilt, which can affect their mental well-being. Furthermore, churchgoers may be reluctant to identify as LGBT for fear of being ostracized (Griffins, 2000).

*Homophobia and heterosexism* Homophobia and heterosexism shape the experiences of all LGB people regardless of race, gender, or social class. Homophobia is any belief system based on negative attitudes arising from fear or dislike of homosexuals and homosexuality (Banks, 2003). Heterosexism is an “ideological system that denies, stigmatizes any form of homosexual behavior, identity, relationship, or community” (Hill, 2006, p. 37). The relationship between homophobia and heterosexism creates oppressive barriers that negatively affect LGB individuals.

Although few studies have directly identified discrimination associated with homophobia as a cause of stress affecting LGB individuals' health and social outcomes, some researchers agree that homophobia increases a multitude of risk factors associated with psychological, psychosocial, psychiatric, social, and health problems (Bagley & D'Augelli, 2000; D'Augelli & Hershberger, 1993), and, by implication, that homophobia affects the mental well-being of Black, LBQ, female youth.

At the cultural level, homophobia is manifested in a society that rewards heterosexuality and perpetuates negative messages, discrimination, and harassment of gay, lesbian, and bisexual individuals (Hill, 2006). A study on Black, LBQ women in the US found that they face special challenges in a society that often presents heterosexuality as the only orientation and views homosexuality as deviant and sinful. The prevalence of this attitude leads many Black, LBQ women to internalize homophobia, resulting in self-hatred, self-devaluation, and isolation (Black & Underwood, 1998).

Feelings of isolation can result when traditional support systems, such as family, community, and church, embrace homophobic attitudes (Grestel, Feraios, & Herdt, 1998). Loiacano (1989) contended that the support that Black, LBQ individuals receive in their family and community is compromised by homophobia. Greene (1994) found that the legacy of sexual racism plays a role in the response of many African Americans to gay or lesbian family members or persons in their community; it leads to extreme homophobia and the rejection of gay and lesbian individuals.

Icard (1986) argued that many Blacks view homosexuality as a White phenomenon and irrelevant to the Black community. These cultural beliefs, supported by religious institutions, policies, and laws, create strict boundaries around traditional gender roles and views of sexuality, giving rise to homophobia in some Black communities (Hill, 2006). Some members view anyone who violates traditional gender cultural values as weakening the Black community (Harper et al., 2004). Black, LBQ women, for example, face social penalties based on both their gender and their sexual orientation in their communities (Calabrese et al., 2014). As a result, Black, LBQ women may feel the need to choose between their ethnic and LBQ identity (Harper et al., 2004). In spite of the multiple oppressions that Black, LBQ, female youth face, they also rely on the resilience in their communities.

*Resilience* As Audre Lorde (1984) asserted, "those of us who are lesbians, who are Black, know that survival is not an academic skill.... It is learning how to take our differences and make strengths" (p. 123). Often defined as a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luther, Cicchetti, & Becker, 2000, p. 534), Luther et al. found resilience in their young participants of 18–24 years of age. LGB people demonstrate resilience in many ways, including self-care, social support, coming out when safe, and attempting to synthesize many marginalized identities (Levitt et al., 2016). Rejection by community and/or family, however, can work against the development of resilience (Mallon, 1997).

It has been asserted that religious institutions that promote negative images of same-sex orientations have a negative effect on identity development, which threatens resilience (Berghe, Dewaele, Cox, & Vincke, 2010). Bowleg et al. (2003) maintain that resilience can buffer the negative psychological effects of social and structural injustice. Bowleg et al. (2003) found that in spite of heterosexism, some LBQ women still see their families and racial communities as sources of strength. Bowleg et al.'s (2003) study explored minority stress and resilience among Black lesbians and found that their families and their communities sometimes served as buffers against the stress imposed by racism, sexism, and heterosexism while exacerbating that stress at other times. Bowleg et al. (2003) also found that 21% of the study's participants demonstrated a desire to affiliate with the Black community despite the perceived heterosexism. Black, LBQ, female youth have been found to be resilient in the face of adversity and tend to seek support from family, peers, and sometimes even their church (Lourdes, Walker, & Lewis, 2014). For example, two youth agencies in the Greater Toronto Area, Supporting Our Youth and Substance Abuse Program for African, Caribbean, Canadian Youth, are working to create supportive, safe spaces for this population.

## Discussion

The literature review brings to attention the varied experiences of Black, LBQ, female youth with stigma and discrimination based on their intersectional identities of being young, female, Black, and LBQ. Research also indicates that across the globe, stigma and discrimination heighten the vulnerability of sexual minorities to negative health outcomes. The development and maintenance of an LGB sexual identity has been hypothesized to differ by ethnic/racial background given the stronger cultural forces that discourage or punish homosexuality in some ethnic/racial minority communities and ethnic/racial prejudice in the White LGB communities.

It has been demonstrated that race, ethnicity, gender, and sexual orientation intersect in the lives of Black, LBQ, female youth, leading to their experience of multiple forms of stigma and discrimination, which often have negative effects on their mental well-being. Racism is often the largest single factor shaping the lives of Black, LBQ, female youth, leading them to prioritize their racial identity over their sexual identity. The literature further reveals that racism in the LGBTQ communities is shaped by White privilege, which creates further difficulties for the coming-out process for Black, LBQ, female youth.

The interplay between discrimination and the privileged status related to gender, race/ethnicity, social class, and sexual orientation has been shown to have differential effects on an individual depending on the composition and visibility of her oppressed and privileged statuses. Black, LBQ, female youth may experience multiple oppressions based on their sexual orientation, age, and race. Understanding the coping mechanisms used by this population requires service providers to be equipped with the necessary skills to work across these challenges using an inter-

sectional approach. An intersectional approach to practice and policy development is needed to enhance understanding of the interplay between minority sexual orientation, gender identity, race, ethnicity, and culture. As Ryan, Bortman, Baradaran, and Lee (2008) wrote, training for practitioners working with racialized queer populations “must be inclusive of histories, interpretations, and experiences of queer people of colour” (p. 331).

## **Implications**

This literature review highlights Black, LBQ, female youth’s high level of exposure to intersectional stigma and discrimination even in comparison to other disadvantaged groups, and the mental health risks posed by this exposure. The lack of research on this population in the Canadian context prompts a call for social workers, social activists, and health and mental health professionals to combat the social injustice through research, theory, and practice. This literature review also brings to the fore three main implications for interdisciplinary practice, policy, and future research.

### ***Practice***

First, it must be noted that young adulthood is a time for intense identity exploration, yet, Black, LBQ, female youth live with multiple stigmatized identities. To better understand and to be equipped with the necessary skills to work across challenges faced by this population, social work practice must embrace an intersectional approach in their interventions to address these challenges.

Approaches to services for the Black LGB population should integrate “Afrocentric” spirituality and community witnessing to relate to clients as if they were members of one’s own family or community. This approach could involve helping Black, LBQ, female youth to acknowledge and release the pain of internalized oppression so that they can celebrate who they are (Rwigema, Udegbe, & Lewis-Peart, 2015).

### ***Policy***

Second, practitioners must advocate for the development and implementation of policies (e.g., in educational settings, institutions, and youth programs) that define equity to take into account all forms of oppression, including oppression based on gender, race/ethnicity, religion, ability, age, and sexuality (Daley, Solomon, Newman, & Mishna, 2007). Further, social workers and other interdisciplinary

practitioners must challenge intersectional marginalization based on sexism, racism, heterosexism, and others while simultaneously addressing social exclusion.

Services for Black, LBQ, female youth could be offered by mainstream organizations, or by smaller, ethno-specific agencies. Programs could be developed and coordinated by people who have been young, Black, and LBQ themselves. These programs could create room for new dialogue on what it means to be a Black, LBQ, female youth, how or whether to connect with mainstream LGBTQ communities, and what spaces (i.e., services) that recognize systemic racism and intersectional oppression and the day-to-day experiences of being young, Black, and LBQ might look like.

### ***Future Research***

Third, the literature review reveals that there has been little research that speaks to challenges faced by young, LBQ individuals, and even fewer studies assessing the interaction between sexual orientation, racial/ethnic identity, and mental well-being. Research that critically explores intersectional stigma and discrimination, and its effects on the mental well-being of Black, LBQ, female youth is needed to help in the development of interventions and policies to promote the well-being of this segment of our society. Service providers working with this population should also consider how to engage LBQ women who are out, those who are not, and those who are questioning their sexual orientation or gender identity in program development. Black, LBQ, female youth should be involved in their own research in order to facilitate the development of research questions that address and provide better indicators of their lived experiences. The participation of Black, LBQ, female youth in research efforts designed to better understand the dynamic of interlocking oppressions could, ultimately, lead to the development of program and policy interventions that address and remediate their concerns and those of other marginalized communities.

### **Respondent Statement**

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The best practice advice I was ever given as a young social worker was to not have your first interaction with a member of a population that you were not familiar with in your office. Go out into the world and engage with that population before trying to provide service. I remembered this as I read "The Effects of Intersectional Stigma and Discrimination on the Mental Well-being of Black, LBQ, Female Youth." The lack of research and minimal information available on young, queer, Black women leaves them quite vulnerable as they navigate the world around them with few

professional allies, services, and supports. I use the term *queer* to refer to any alternative to compulsory heterosexuality, but particularly to refer to African contexts in which there are a multiplicity of sexualities not yet defined. Black transgendered youth, who are further marginalized with limited access to services, increased risk of experiencing violence, and increased risk of homelessness, are even more vulnerable. It is imperative not to exclude this population from any work we do to support Black queer communities. It should also be noted that a review of the writings of queer, racialized women does not produce a critical mass of published works, in part due to historically limited institutional access, but more so to competing priorities and divergent definitions and ways of addressing sexuality and queerness (Massaquoi, 2015). The limited literature available focuses solely on the lack of support within Black communities for queer women while failing to acknowledge in a meaningful way that mainstream society has also failed to accept the existence of these young women.

I was once a young, queer, Black woman addressing the issues outlined in the chapter. I was faced with the profound challenge of choosing between my family and cultural community, and my desire to fully realize my sexual orientation within a queer community. Compulsory heterosexuality was the only option I had been raised with, and racism prevented me from feeling fully a part of the mainstream queer culture. We as service providers and practitioners must come to a deep understanding of such dilemmas if we are to successfully support and develop interventions for queer, Black, female youth.

As I eventually found acceptance and navigated between my African immigrant community and my new-found queer community, many contradictions became evident. As an immigrant to Canada, I had a desperate need for support from my family and community as I navigated the often-hostile, racist environment in this country. Losing family support at a young age because of my sexual orientation was not an option, which delayed the coming-out process for me as it does for many Black, queer, female youth. The question we are forced to ask is: Coming out to what? One is often reluctant to risk the security of family and community for a world that is fraught with hostility, negation, and rejection. I think this forces us to examine the construction of the closet for Black, queer, female youth. In the West, we tend to concentrate on the closeted individual and how we can encourage them to “come out” by focusing on their internalized homophobia, private shame, and performative deception. In our theorizing about the lives of young, queer, Black women, we need to look at how cultures create closets through compulsory heterosexuality and patriarchy, how colonization has created intensely interwoven closets and expansively oppressive conditions, and how racism makes coming out heroic in scale for most young, queer, Black women.

Intersectionality becomes a necessary discussion when you inhabit a body that is not expected, as Black, queer, female youth are not anticipated by society. When one is not expected, one is not understood, and supports and services needed to navigate this often-difficult world are not available. An intersectional analysis not only allows for the articulation of the lives of complex, racialized individuals but also challenges the use of a mainstream frame of reference for defining the lives of

Black, queer, female youth. This analysis does not allow us to recycle the socio-sexual and socioeconomic hierarchies of oppression against which we fight. I would say that there is need to interrogate the complex system of sexual norms within cultures where often the normal racialized woman is not queer and the normal queer woman is not racialized.

We saw this play out during Toronto Pride 2016 when the honored group Black Lives Matter stalled the Pride parade for 20 minutes in protest. The public and media backlash was swift and severe, particularly from the gay White community. The overt message of “keep your Black politics out of Pride” was heard loud and clear. The predominantly young, queer, Black women who led the protest were asked to abstract their Blackness and gender from their queerness. Their demands of equitable representation, support, and treatment of Black queer youth who have been systematically marginalized by the mainstream queer community were seen as a Black issue and not a queer issue.

There needs to be an understanding of what it means to be an individual whose multiple identities have been premised on exclusion yet still develops into a resilient individual capable of acts of refusal. Identity, a necessary component of agency, resistance, and survival, is attained through an ongoing process of interpretation of social position and multiple intersecting locations. The authors of the current chapter are asking us to become fluent in the lives of Black, queer, female youth in order to undo the ingrained oppression that constrains their success. They are asking us to address, understand, and eliminate the stigma and discrimination experienced by Black, queer, female youth because they are complex and resilient, and because they matter.

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# Exploring Youth Mental Health and Addictions at the Intersection of Food Insecurity and Gender



Farah Islam and Kulsoom Kazim

## Introduction

Despite Canada's promise to eradicate child hunger by the year 2000, hunger and food insecurity remain important public health issues in Canada (Oved, 2014; Statistics Canada, 2013). Household food insecurity is a socioeconomic indicator defined as a state where food quality and/or quantity are not optimal in a household (Statistics Canada, 2013). This can be in the form of inadequate quality and/or quantity of food consumed (moderate food insecurity) or reduced food intake and/or experiences of disrupted eating patterns (severe food insecurity) (Statistics Canada, 2015). It is estimated that about 1 in 10 people or over a million households in Canada experience household food insecurity every year (Statistics Canada, 2013). Youth and young adults (12–25 years old) are particularly vulnerable to food insecurity (Statistics Canada, 2013). In 1998–1999, 13.6% of Canadians under the age of 17 were found to live in food insecurity, much higher than the national average (Che & Chen, 2001). Household food insecurity is also gendered, with females (9%) more likely to live in household situations of food insecurity compared to males (7%) (Statistics Canada, 2013).

Food insecurity is associated with poorer diet and nutrient intake for adolescents (Kirkpatrick & Tarasuk, 2008). Poor nutrition can lead to compromised immune systems and longer and more frequent hospital stays (Wellman, Weddle, Kranz, & Brain, 1997). In addition to physical health problems, food insecurity

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can also take a toll on mental health. Adolescents in Toronto, Ontario identified sadness, stress, worry, anger, shame, impaired concentration, and fatigue as mental health effects of living in food insecurity (Lachance et al., 2014). Racialized populations living in household food insecurity have been found to have higher rates of cigarette smoking (Iglesias-Rios, Bromberg, Moser, & Augustson, 2015), which can further exacerbate the effects of poor nutrition and compromised health status. Worrying about putting food on the table can be a constant source of worry and stress. Those living in household food insecurity were found to have a 3–4 times greater risk of distress and depression (Che & Chen, 2001; Vozoris & Tarasuk, 2003).

To date, there is little to no literature examining food insecurity and its association with mental health and addictions of youth populations. This chapter focuses on understanding the impact of food insecurity on mental health and addictions outcomes for male and female youth and young adults (12–25 years old) living in the Canadian province of Ontario. Statistics Canada's national population health survey, the Canadian Community Health Survey 2013, was used to determine estimated prevalence rates of household food security and insecurity status. Prevalence rates were compared between male and female youth living in food insecurity and those living in food security for the following four mental health and addictions outcomes: mood disorders, anxiety disorders, binge drinking, and cigarette smoking.

## **Main Body**

### ***Theoretical Approach***

A Social Determinants of Health (SDOH) and intersectionality lens was applied to this research project. Mikkonen and Raphael (2010) stress the importance of considering social factors impacting upon health and healthcare access such as socioeconomic status, education, health access, and social exclusion ethnicity. Taking this into consideration, this study examined mental health and addictions by taking into account the impact of social factors like gender, socioeconomic status, and household food insecurity. Khanlou (2003) asserts the importance of contextualizing the individual within “intersectionalities of influence.” An intersectional lens takes the interactions of an individual's social location, identity, and historical oppression into consideration (Kapilashrami, Hill, & Meer, 2015). Taking an intersectional approach guides the researcher to interpret the data within the greater social, cultural, and historical context of structural inequality (Few-Demo, 2014).

Mental health and addictions are complex phenomena, and this study cuts across many critical intersections such as gender and low socioeconomic status. Rather than oversimplify and further marginalize, care was taken to develop a complete

picture of each individual by taking contextual factors related to attitudes toward seeking mental healthcare into consideration.

### ***Methods and Data Analysis***

Statistics Canada conducts the annual national population health survey, the Canadian Community Health Survey (CCHS), collecting health-related data and surveying individuals over the age of 12 in all provinces and territories, excluding those residing on Indian Reserves, institutions, remote regions, and full-time members of the Canadian Forces. In order to administer surveys to a variety of households, the CCHS samples households by area framing, telephone list framing, and random digit dialing. Response to the survey is voluntary with a response rate of about 78% (Statistics Canada, 2008). For this study, estimated prevalence rates of mood disorders, anxiety disorders, binge drinking, and cigarette smoking were stratified by food insecurity status separately for male and female youth. Self-reported variables of presence of a clinically diagnosed mood disorder (depression, bipolar disorder, mania, or dysthymia), anxiety disorder (phobia, obsessive-compulsive disorder, or a panic disorder), frequency of drinking five or more drinks on one occasion at least once per month, and daily/occasional smoking behavior were examined as the outcomes of interest. Moderate and severe food insecurity were categorized together as food insecurity. Estimated prevalence rates and 95% confidence intervals (CIs) were calculated. Significance was set at  $p < 0.05$ . Adjusted CCHS population sample weights were applied to the estimates. Sample weights are applied to survey data in order to make inferences to the Canadian population (Statistics Canada, 2012). Preliminary data analysis was carried out using IBM SPSS version 21, while the application of sample weights for the descriptive and multivariate regression analysis were conducted using STATA version 13. Data analysis was conducted at the Statistics Canada York University Research Data Centre. All vetted data was approved for release by Statistics Canada.

### ***Overall Prevalence Rates***

In 2013, about 10.53% (95% CI 10.49–10.57) of youth in Ontario between the ages of 12 and 25 years old lived in situations of household food insecurity (weighted  $n = 1,059,798$ ). Females (11.35%, 95% CI 11.29–11.40) experienced significantly higher prevalence rates of food insecurity in comparison to males (9.77%, 95% CI 9.71–9.82) ( $p < 0.0001$ ).

## ***Mental Health Outcomes***

Youth living in household food insecurity have higher prevalence rates of mood disorders and anxiety disorders. About 3.72% (95% CI 3.68–3.76) of males and 6.79% (95% CI 6.74–6.84) of females living in food security self-report a mood disorder compared to 9.81% (95% CI 9.63–9.98) of males and 12.78% (95% CI 12.60–12.98) of females living in food insecurity. Similarly, 5.28% (95% CI 5.24–5.32) of males and 10.17% (95% CI 10.11–10.23) of females living in food-secure households report anxiety disorders in contrast to 18.47% (95% CI 14.24–18.69) of males and 11.48% (95% CI 11.30–11.65) of females living in food insecurity ( $p < 0.0001$ ).

## ***Addictions Outcomes***

Food security status had a differential effect on male and female youth. While males living in food security had much higher prevalence rates of binge drinking (40.57%, 95% CI 40.46–40.69) compared to males living in food insecurity (23.58%, 95% CI 23.25–23.91) ( $p < 0.0001$ ). The difference in prevalence rates was not as marked for female youth and displayed the opposite trend with female youth living in food insecurity having higher prevalence rates of binge drinking (38.77%, 95% CI 38.38–39.16) compared to females living in food secure households (37.11%, 95% CI 36.99–37.24) ( $p < 0.0001$ ). When cigarette smoking was examined, it was found that youth living in food insecurity (males: 17.93%, 95% CI 17.85–18.00; females: 11.19%, 95% CI 11.12–11.25) had significantly higher rates of smoking compared to their counterparts living in household food security (males: 21.07%, 95% CI 20.84–21.31; females: 18.76%, 95% CI 18.54–18.98).

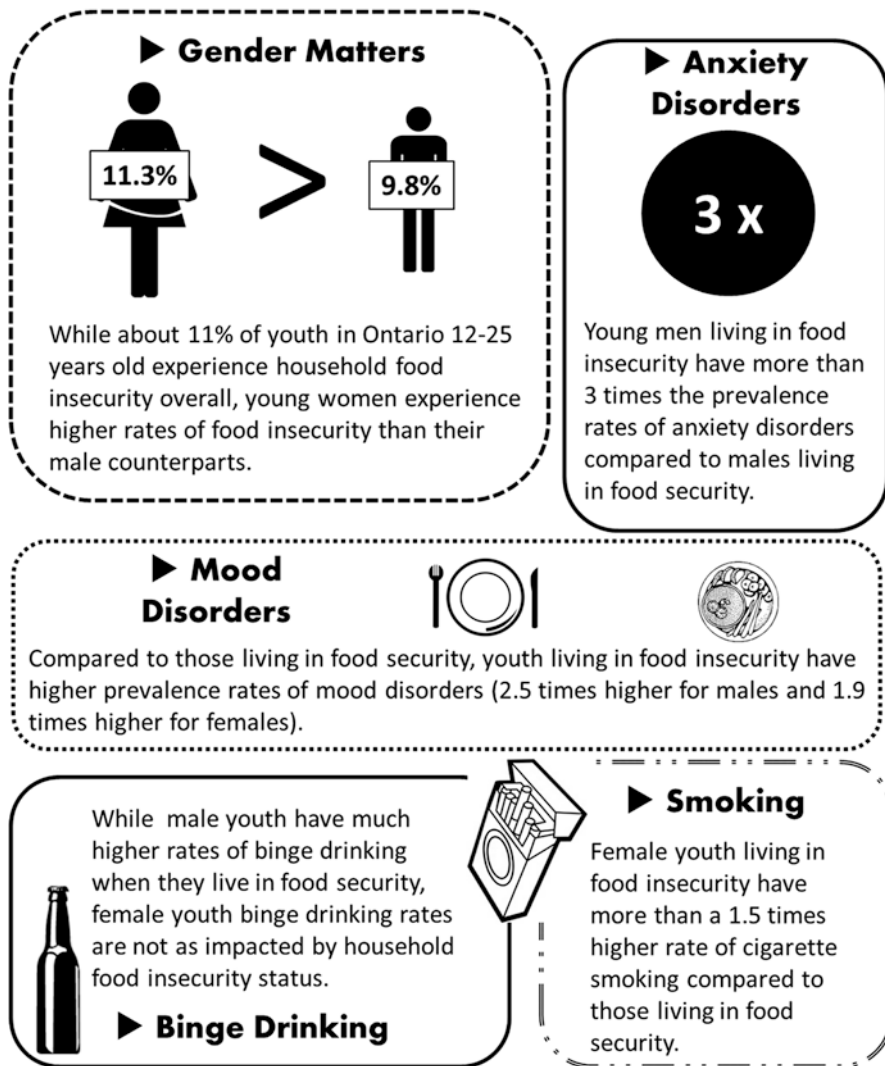
## ***Infographic Summary***

The following infographic (Fig. 1) summarizes the main findings from the prevalence rate analysis.

## **Implications**

Food insecurity impacts youth mental health differently across genders. This study found slightly higher rates of food insecurity for male and female youth compared to the general Canadian population and corroborated the general population trend of higher rates of household food insecurity experienced by females compared to

## How does food insecurity impact youth mental health and addictions?



**Fig. 1** Infographic summary of how food security impacts prevalence rates of mental health and addictions for youth (12–25 years old) in Ontario, Canada

males (Statistics Canada, 2013). Generally, employment equity issues, single-mother household, and how mothers compromise their nutrition to feed their children when living in low-income households are usually used to explain why adult and older adult women experience higher rates of food insecurity (Health Canada, 2011; McIntyre et al., 2003). However, these explanations are not as applicable in



youth contexts. Further research is needed to understand why young women, especially those living as dependants with their families, would have higher rates of food insecurity compared to young men living in similar situations. It may be that adolescent women in the household partake in similar nutrition-compromising behaviors as their mothers. When household food insecurity was examined among Ethiopian adolescents, it was found that for youth living in comparable levels of food insecurity, females were more likely to report living in food insecurity (Hadley, Lindstrom, Tessema, & Belachew, 2008). Studies that compare objective and self-reported measures of food insecurity and consider household living situation and employment status in the Canadian context are needed.

McLaughlin et al. (2012) found higher risk of mood disorders, anxiety disorders, and substance use disorders for American adolescents living in food insecurity. This study revealed a more variable pattern by stratifying prevalence rates by gender. The impact of household food insecurity status was particularly dramatic when prevalence rates of anxiety disorders were examined for males. Young men living in food insecurity had more than three times the prevalence rate of anxiety disorders compared to those living in food secure households. In contrast, females only experienced a 1.5% increase in anxiety disorder rates when comparing across food insecurity status. This study also found significantly higher prevalence rates of mood disorders for male and female youth living in food insecurity. The chronic stress of hunger and food insecurity within a household can negatively impact child and youth mental health by decreasing parental sensitivity and responsiveness (Bronte-Tinkew, Zaslow, Capps, Horowitz, & McNamara, 2007). Household food insecurity can impact maternal depression and parenting, disrupting children's cognitive development and attachment, which can increase the risk of anxiety in children (Bronte-Tinkew et al., 2007; Zaslow et al., 2009). Food insecurity may create a home environment that is particularly anxiety-inducing for young men. It may be that parent-child relationships are differentially impacted in the case of males. Further research is needed to understand pathways of anxiety disorder risk in young men.

Food insecurity status also had a differential impact on binge drinking rates for males and females. While young men living in relative affluence and food security were found to have much higher binge drinking rates compared to their counterparts living in food insecurity, binge drinking rates changed very little for young women. Higher parental income and education have been found to be associated with higher rates of binge drinking among young adults (18–27 years old) in the US (Humensky, 2010). Female binge drinking patterns may not be as affected by the family socioeconomic status because female adolescent binge drinking has been found to be more influenced by their peers compared to males (Anderson, Tomlinson, Robinson, & Brown, 2011; Danielsson, Romelsjö, & Tengström, 2011; Zarzar et al., 2012).

Youth living in food insecurity were found to have higher prevalence rates of cigarette smoking. The stress of food insecurity and poverty can lead young people to take up smoking and make smoking cessation particularly difficult (Kendzor et al., 2010). Pomerleau (1997) put forth the hypothesis of tobacco use as a form of “self-medication” for those dealing with mental health challenges and for people

living in low socioeconomic status. Barnes and Smith (2009) found evidence to support this in the case of American adolescents taking up tobacco use in response to living in economic insecurity. In addition, smoking can work to curb hunger and appetite (Iglesias-Rios et al., 2015). Funneling already-limited economic resources towards purchasing cigarettes can also further nutritional deprivation (Armour, Pitts, & Lee, 2008).

## *Recommendations*

Hunger continues to be a problem for young people living in Canada. Despite promises to eliminate child hunger and poverty reduction programs, food insecurity persists. In 2013, 35% of those who used food banks in Ontario were children under 18 years of age (Food Banks Canada, 2013). Food banks and community gardens are not enough to mitigate the problem. A full-time employee working at minimum wage still lives 16% below the poverty line in Ontario and simply does not earn enough to put food on the table for a family (Put Food in the Budget, 2014). There needs to be dedicated, long-term economic support from the government, which includes increasing social assistance and minimum wage in Ontario (Food Banks Canada, 2013; Put Food in the Budget, 2014).

Youth mental health and addictions programs need to take the factor of household food security into consideration when developing programs for male and female youth in order to facilitate early intervention. Mood disorder management programs are important for both male and female youth living in food insecurity. Anxiety reduction programs particularly targeted toward male youth living in household food insecurity need to be developed. In terms of offering clinical guidelines, it is important for health professionals and youth workers to inquire about hunger in their youth patients and to use the opportunity to connect families to programs that help facilitate access to food (McLaughlin et al., 2012).

In terms of combatting the high rates of cigarette smoking among youth living in food insecurity, Hiscock, Bauld, Amos, Fidler, and Munafo (2012) have found very little evidence in support of interventions that are effective in low-income settings. Those living in low-income situations face many barriers, like low social support and high stress levels, which make smoking cessation difficult. Raising the price of cigarettes seems to be one of the only tobacco control interventions that have the potential to decrease the health effects of cigarette smoking. Mass media campaigns and cessation particularly targeted toward low-income youth may also be helpful.

Food insecurity may impact youth mental health and addictions through the mediating factor of suboptimal parenting (Bronte-Tinkew et al., 2007). The Triple P-Positive Parenting Program has been shown to be efficacious across the globe and is recommended by the Public Health Agency of Canada as an evidence-based best practice intervention (Public Health Agency of Canada, 2013). This program has been adapted for diverse and low-income settings, and offers advice for parents of young children to adolescents (Triple P Ontario, 2015). Early childhood interven-

tion in the form of parent education and family support programs coupled with early childhood education leads to better mental health outcomes (Karoly, 2010; Mental Health Commission of Canada, 2013). The Penn Resiliency Program is another evidence-based mental health program designed to promote adolescent mental health. It has been found to be particularly effective in depression prevention (Gillham, Hamilton, Freres, Patton, & Gallop, 2006). Both the Triple P-Positive Parenting Program and the Penn Resiliency Program can arm parents and youth with the mental health tools needed to cope with the stress of food insecurity.

Food insecurity is often linked with powerlessness—families at the mercy of an unfair system, caught in a never-ending cycle of poverty. It is important to note the remarkable courage and agency young people demonstrate in the face of such hardship. As is demonstrated in the response to this chapter, youth can emerge from extraordinarily difficult life experiences with amazing resilience and strength.

### *Strengths and Limitations*

This study offers up-to-date statistics on the state of food insecurity among youth populations in Ontario. The CCHS offers nationally representative data with a large sample size, allowing for gender-stratified prevalence rates to be calculated for food insecurity. This study also utilizes multiple measures of mental health and addictions outcomes to paint a better picture of the impact of food insecurity on youth health.

In terms of limitations, important variables such as subjective social status, community-level inequality, and relative deprivation (McLaughlin et al., 2012) could not be examined because they were not available in the CCHS. Larger sample sizes are needed in order to be able to stratify prevalence rates by other important variables like racialized or immigrant status and to break down moderate and severe food insecurity. The CCHS offers cross-sectional data and therefore, causality cannot be determined from the analysis. All of the mental health and addictions outcomes were self-reported variables. The use of scales and other objective measures would be helpful. Further, qualitative or mixed-methods studies are needed to understand the youth voice, particularly in relation to the gender differences noted in this study.

### **Response**

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## *My Battle – My Story*

It's true what they say – any trial **will** test you and push you to your knees.

My mom always taught me to work hard and always have a giving hand, but things change, circumstances change and once again, life pushes you to your knees.

Being a 24-year old, I can easily say that I know what it's like to limit the very thing cherished by many: food, and while I am grateful for every moment – it really put things in perspective for me.

Our family had been under trials for several years, perhaps still to continue and knowing that the burden to bring the 'bread' home was on my shoulders,

I continued fulfilling this responsibility to the best of my ability.

But things changed, circumstances changed and I was scared that I was falling on my knees – a perfect position to seek help from The Lord above.

I screamed. I cried. I pleaded because while I can starve for my family,

I wouldn't want to deprive my brother of anything.

I started to realize that hunger by choice is much different than hunger by force, hunger by helplessness and hunger by quite the contrary – a lack of choice.

My mom never deprived us of food. She struggled but not having funds to buy bare necessities became my everyday battle.

What could I do? Where was I to go? When would things change? And how would I get myself out of this situation? I had no idea and no answers.

Eventually I got used to my fridge being empty and while we had meals in the house, it wasn't what you would call a full plate. Two meals became the norm.

But those who say that a trial will test you often forget to remind you that the test does finish and I? It's my firm belief that I passed with flying colours. I look at food as a blessing now. I commend those who are afflicted with poverty because they are by all definitions true warriors.

Yes. I do consider myself a warrior because when life pushed me to my knees, I rose up and conquered the insecurities: in this case what I thought was never ending food insecurity. A battle that has engraved my memory for time to come.

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# The Role of Worries in Mental Health and Well-Being in Adolescence in Portugal



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## Introduction

### *Worries*

Recently a few authors have begun to address and study worry as being independent from anxiety and concern. Worries have been defined as “intrusive, affectively-laden thoughts and images” (Borkovec, Robinson, Pruzinsky, & DePree, 1983), that are often associated to anxiety, and refer to inner processes that may or may not be related to real events in the environment (Sibrava & Borkovec, 2006).

Anxiety refers to an emotion characterized by tension, worries, and physical responses such as increased blood pressure. Therefore, worries are not to be confused with anxiety since they are limited to negative thoughts and images, and at most they represent a part of anxiety. In addition, worries are more specific and intrusive than mere “concerns”, which may have no relevant consequence in behavior (Brown, Teufel, Birch, & Kancherla, 2006; Matos, Gaspar, Cruz, & Neves, 2013; Weems, Silverman, & La Greca, 2000). Although worries are overall

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sub-clinical symptoms, they can affect well-being and mental health when they become too frequent or too intense in daily life, thus contributing to an unhealthy degree of anxiety.

Worries act as anticipatory cognitive processes, as disturbing thoughts related to more or less realistic events. They have overall been associated with a lower perception of well-being, and they are likely to increase during adolescence. During this stage of life, on the one hand, teenagers face numerous personal and social challenges, and on the other hand there is an increase of their cognitive abilities. As a result, their sources of worry increase, and consequently so do the anticipatory (negative) thoughts about negative future outcomes (Matos et al., 2013).

Although anxiety also appears as a common, functional, and transitory experience, its frequency and intensity can vary to a large extent, depending on the individuals' period of development. In this sense, it allows adolescents to engage in new, unexpected, or even dangerous situations (Mash & Wolfe, 2002). One of the factors that seems to have a great effect on the anxiety levels of adolescents is their worries, particularly their number and intensity.

Teenagers with high levels of anxiety often report high levels of worries and more negative beliefs associated to them. In particular, intensity of worry was the variable that seemed to differentiate a non-clinically referred adolescent from a clinically referred one (Benedetto, Di Blasi, & Pacicca, 2013; Weems et al., 2000). Therefore, an understanding of adolescent worries can provide pivotal information on their lifestyles, problems, and interests, thus increasing attention to the content and correlates of adolescent worries in terms of health education and well-being (Matos et al., 2013).

## *Coping Strategies*

The ways people deal with worries play an important part in this issue. In this context, coping strategies are techniques or behaviors that people use to handle an issue that worries them. They represent an effort to solve a situation, either by

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overcoming, minimizing, or tolerating it. Coping strategies may be emotion-focused—when individuals try to regulate the negative emotions triggered by their worries, or problem-focused—when they try to deal with the situation that caused their worries in the first place (Taylor, 2006).

Some advocate that people using problem-focused coping strategies have greater perceived control over their problems, while people who use emotion-focused coping strategies may have reduced perceived control; therefore, the latter may be considered maladaptive coping strategies (Endler & Parker, 1990; Low et al., 2012). Besides, during adolescence cognitive abilities are still developing, thus coping skills are likely to be in an enhancement process too (Taylor, 2006). Moreover, since the frequency and intensity of worries along with maladaptive strategies can trigger unhealthy levels of anxiety and become chronic or dysfunctional from a social and emotional point of view, it is important to have a better understanding of these issues.

Several studies are unanimous in considering depression as a very common pathology in childhood and adolescence (Harrington, Rutter, & Fombonne, 1996; Rosen & Schulkin, 1998). Some studies have demonstrated the existence of a relation between anxiety and depression in adolescents and adults (Kovacs & Devlin, 1998; Pine, Cohen, Gurley, Brook, & Ma, 1998). In order to analyze this association, Matos, Barrett, Dadds, and Shortt (2003) carried out a cross-sectional study with Portuguese children and adolescents. These researchers confirmed a significant association between depression and anxiety.

Adolescents, especially girls, often perceive worries and stress related to difficulties and various life events. Girls tend to think over and use emotion to cope, while boys are problem-focused or take distraction to cope (Low et al., 2012). They may use different coping emotion-focused strategies, either to cheer themselves up or to calm themselves down; what is relevant in terms of mental health is whether the strategy effectively copes with the situation or not, in other words if the strategy is adaptive or maladaptive.

Some researchers reported the existence of a positive relation between maladaptive coping strategies and several mental disorders (Endler & Parker, 1990). Selfge-Krenke (2000) stated that children and adolescents with pathological behaviors use maladaptive coping strategies, which in the future can increase their pathological behaviors, resulting in a vicious circle. For example, depressed adolescents showed a higher number of stressful life events and simultaneously a higher use of maladaptive coping strategies *before* the onset of these events.

Worry is often associated with mental disorders being considered a cognitive component of anxiety, often associated with depressive mood in which stressful life events play a (real) role in the worrying process (Matos, 2005; Matos et al., 2007). Moreover, vulnerability appears to increase as stressful life events exceed the number of four (Simões, Matos, Tomé, & Ferreira, 2009), independently of the intensity of the negative events. Therefore, besides strategies and intensity of worry, frequency must be taken into consideration too.

## *Causes of Worrying and Sources of Well-Being*

As for causes of worrying and sources of well-being, in the study conducted by Weems et al. (2000) with children and adolescents from Miami (Florida), the area that stood out as generating the biggest number, the most intense, and most frequent worries was school, though personal injuries and disasters also showed high level scores in number and intensity.

Most of the studies by us focused only on teenagers' well-being and disregarded their parents as well as their teachers as sources of well-being (Gaspar, Matos, Foguet, Ribeiro, & Leal, 2010; Gaspar, Matos, Ribeiro, Leal, & Ferreira, 2009). Positive expectations and fewer worries about the future are related to higher levels of self-confidence and teacher support, while negative expectations are associated with lower teacher and peer support, and lower self-confidence (Iovu, 2014).

Indeed in our studies, it was pointed out that what is valued regarding perceptions of well-being is different according to the teenagers' or their parents' perceptions: parents do not value peers and peer friendship as much as their children do, and parents think that their children value financial matters more than they really do. According to parents, teenagers refer that the most used strategies to deal with worries were either meeting friends or keeping the problem to themselves, and the most reported source of worry were parents themselves (Gaspar et al., 2009, 2010). However, especially older teenagers seemed to tailor their information-seeking methods to solve the specific worry at hands (Brown et al., 2006).

In our previous study (Matos et al., 2013), regarding questions about the frequency of worries, the impact of worries, the kind of worries, and how to cope with them, the majority of children and adolescents reported that they got worried frequently, part of them letting worries interfere significantly in their lives; their best coping strategy was distraction, and the less frequently used strategies were seeking social support, trying to calm down, or engaging in health risky behaviors such as drinking, eating, or being violent. In general, students adopted both adaptive and maladaptive coping strategies.

Family and peers (support) and leisure time activities (getting distracted) are therefore important issues in young people's well-being despite playing differential roles. As for school issues, these are frequently associated with worries but not with coping strategies. Problems in adolescents' life vary in relation to gender. The most frequently reported personal problem among adolescents, particularly in boys, was conflict arising from school performance while in girls it was mainly interpersonal problems with the peer group (Santana, Kirchner, Abad, & Amador, 2012). Leisure activities seem to be a key issue for children and adolescents, protecting them against worries and promoting their well-being. Therefore, research pinpoints leisure activities as a useful investment regarding education and health policies for young people. The same happened with school success, family bonds, and social peer relationships (GTES, 2007; Kuntsche et al., 2006, 2009; Matos, 2005, 2015; Matos et al., 2007; Matos & Sampaio, 2009).

## ***Research Gaps***

Our research also stressed that there is a lack of inclusion of young people's own perspectives regarding their perceived emotional states, current worries, what really matters to them, and their input for increasing their own well-being (Matos, 2015; GTEs, 2007). Besides, most of the studies reviewed were based on quantitative approaches, surveys and self-reported questionnaires (Gaspar et al., 2009, 2010; Matos et al., 2003; Simões et al., 2009), targeted clinical populations, or population studies designed for other public health monitoring aims, and not specifically aiming to understand worries and solutions and the perception of well-being from children and adolescents' perspectives.

The aim of this chapter is to reach an in-depth understanding about how Portuguese adolescents of school age feel toward life in general, what adolescents' worries are, how often they feel worried, and how intense their worries are. Moreover, we intended to find what kind of coping strategies they use as well as what their sources of well-being are.

## **Methodology of Research**

### ***Sample of Research***

The Health Behaviour in School-Aged Children (HBSC/WHO) is a WHO collaborative cross-national study that aims to assess health behaviors and lifestyles of 11-, 13-, and 15-year olds. The 2014 national (Portuguese) sample included 6026 pupils (47.7% of which were boys), attending the 6th, 8th, and 10th grades, with a mean age of 13.8 years ( $SD = 1.68$ ). They were randomly chosen from 36 national vertical clusters of schools, in a total of 473 classes, in a national sample geographically stratified by Education Regional Divisions. The response rate was 79%. The overall procedure has been described in detail elsewhere (Currie et al., 2004; Matos & Social Adventura Team, 2015).

Overall, this study has the approval of a scientific committee, an ethical national committee of the Santa Maria Hospital and the national commission for data protection and followed strictly all the guidelines for protection of human rights. Respecting the rules of Helsinki related to any research, adolescents' participation in the survey and completion of the questionnaires were voluntary and anonymity was assured. The sample is nationally representative regarding those school grades. The specific questions explored in the present chapter were answered only by adolescents of the 8th and 10th grades, in a total of 3869 students, 46.8% of which were boys, with a mean age of 14.7 years ( $SD = 1.18$ ).

## *Instrument and Procedures*

The instrument used was a Health Behavior in School-Aged Children (HBSC) study (Currie et al., 2004, 2012; Matos, Gaspar, Tomé, & Cruz, 2012; Matos & Social Adventure Team, 2006) which aimed to assess health behaviors and lifestyles of Portuguese adolescents. The questionnaire covers a wide range of questions that cover issues related to socio-demographic characteristics (age, school year), health, and risk behaviors (e.g., life satisfaction, worries, perception of well-being, relation with colleagues, friends and parents, etc.). The questionnaire was constituted by both open and closed questions, and it was administered in the classroom using an online procedure with the assistance of the ICT teacher. It took an average of 50 minutes (a regular class length) to fill in (<http://www.hbsc.org/>). Researchers were available to answer pupils' questions.

For the purpose of this chapter the following variables were selected: 1—How (happy) they feel toward life; 2—Frequency of worries; 3—Intensity of worrying in daily life; 4—Coping strategies related to worries; 5—Types of worries (What are currently your greatest worries?); 6—What makes them feel well; and 7—KidScreen 10 (Gaspar et al., 2009). The KidScreen 10 is a Likert-style scale that estimates the perception of well-being and health-related quality of life. It consists of ten questions regarding how adolescents felt the previous week: (1) Have you felt fit and well?, (2) Have you felt full of energy?, (3) Have you felt sad?, (4) Have you felt lonely?, (5) Have you had enough time for yourself?, (6) Have you been able to do the things that you want to do in your free time?, (7) Have your parents treated you fairly?, (8) Have you had fun with your friends?, (9) Have you got on well at school?, and (10) Have you been able to pay attention?. Answers range from 1—not at all/never to 5—extremely/always.

## *Data Analysis*

In the first stage of the study, we conducted a quantitative analysis. This corresponded to questions one to four. The data were analyzed using the Statistical Package for Social Sciences (version 22 for Windows). The questions were analyzed by descriptive statistics and percentages. Chi-square analyses were carried out, analyzing distributions according to gender and grade. In the second stage, a qualitative study of questions 5 and 6 was conducted by means of a content analysis by two independent researchers using as a basic structure the results of a previous work (Matos et al., 2013). Lastly, a multivariate regression model was carried out in order to relate frequency and intensity of worries with the perception of well-being (KidScreen 10).

## Findings

As previously mentioned, the main objective of this study was to understand in depth how they perceived their life satisfaction, what adolescents' worries were, and their contingencies. Moreover, we wanted to know which strategies they used to cope with their worries and how they perceived their life satisfaction and well-being.

### *Life Satisfaction*

The great majority of adolescents reported feeling happy or very happy (23.3% / 59.3%) about life. When analyzed by gender (Table 1), boys in general reported more frequently feeling very happy (boys: 30.1%, girls: 17.5%), while girls seemed to be more pessimistic, reporting more frequently feeling not happy (boys: 9.3%, girls: 19.1%) or even feeling unhappy (boys: 1.8%, girls: 3.8%). Younger adolescents more frequently stated feeling very happy (younger: 28.0%, older: 16.6%), while older adolescents seemed to be more pessimistic, reporting more frequently feeling not happy (younger: 13%, older: 16.8%) and unhappy (younger: 2.4%, older: 3.5%).

### *Frequency and Intensity of Worries*

As for frequency and intensity of worries (see Table 1), although 35.1% of adolescents reported almost never worrying, worrying seemed to be a real issue in adolescence, with 14.1% of the adolescents reporting being worried several times a day, and 16.5% being worried in such an intense way that they cannot think or do anything else.

Regarding gender differences, girls reported more frequently being worried several times a day (boys: 11.6%, girls: 16.3%), and almost every day (boys: 7.4%, girls: 15.8%) and several times a week (boys: 15.8%, girls: 22.5%), while boys more frequently reported almost never worrying (boys: 46.9%, girls: 24.9%). There were also age/grade differences with the adolescents in the younger group (8th grade) reporting more often almost never worrying (younger: 42.5%, older: 24.4%), and older adolescents more frequently reporting worrying on a weekly (younger: 15.5%, older: 25.0%) or daily basis (younger: 9.9%, older: 14.8%).

When analyzing the intensity of worries according to gender, boys more frequently reported never worrying about anything at all (boys: 21.4%, girls: 7.5%) or having worries but not allowing them to interfere with the rest of their lives (boys: 40.7%, girls: 37.3%); and girls more frequently reported being so intensively worried that they could not think about anything else (boys: 12%, girls: 20.4%). There were also age/grade differences since the adolescents in the younger group more frequently reported never worrying about anything at all than older adolescents (younger: 17.3%, older: 9.0%).

**Table 1** Feelings about life, frequency, and intensity of worries and coping strategies

	Total (%)	Boys (%)	Girls (%)	Grade 8th (%)	Grade 10th (%)
1-How do you feel about life? (%)					
I feel very happy	23.3	30.1	17.5	28.0	16.6
I feel happy	59.3	58.8	59.7	56.7	63.1
I don't feel happy	14.5	9.3	19.1	13.0	16.8
I feel unhappy	2.8	1.8	3.8	2.4	3.5
2-How often are you worried? (%)					
Several times a day	14.1	11.6	16.3	13.8	14.6
Almost every day	11.9	7.4	15.8	9.9	14.8
Several times a week	19.4	15.8	22.5	15.5	25.0
Several times a month	19.5	18.3	20.5	18.3	21.2
Almost never	35.1	46.9	24.9	42.5	24.4
3-How intense is worry in your daily life? (%)					
So intense that it does not allow me to think of anything else	16.5	12.0	20.4	16.3	16.9
It troubles me but lets my life keep going	31.8	25.9	36.8	26.6	39.3
I have worries but I do not let them interfere with my life	37.7	40.7	37.3	39.9	34.8
I worry about nothing at all	13.9	21-4	7.5	17.3	9.0
4-What do you do in order to get rid of worries? (%)					
I will meet my friends	67.0	63.9	69.7	67.4	66.5
I will ask for help	41.7	45.6	38.4	47.0	34.0
I will do something to get distracted from problems	73.9	73.7	74.1	74.4	73.2
I will not think about problems	62.4	61.5	63.2	65.2	58.3
I will do something that I really like a lot	77.2	78.9	75.8	78.0	76.0
I try to solve problems	77.5	79.8	75.5	78.1	76.6

### *Coping Strategies*

Overall, in order to cope with worries, adolescents claimed to use strategies such as trying to solve problems (77.5%), doing something that they really enjoy (77.2%), and doing something to get distracted from problems (73.9%). Girls stated more often to seek support from friends (boys: 63.9%, girls: 69.7%), while boys reported more often trying to solve the problem (boys: 79.8%, girls: 75.5%), doing something that they liked a lot (boys: 78.9%, girls: 75.8%), or seeking help (boys: 45.6%, girls: 38.4%). Younger adolescents seemed more prone to try not to think about problems (younger: 65.2%, older: 58.3%), and to seek help (younger: 47.0%, older: 34.0%). Curiously, very few (1.2%) added alternative ways to cope with worries in the "Other" section. These included eating junk food, having sex, drinking alcohol or taking drugs, crying, and talking to god.

### ***Current Worries in Adolescence***

The most frequent worry reported was related to school (67%) and included issues like school life, school marks, and future expectations and life success.

The second most frequent worry was family and family life (14.7%) and included issues such as general family life and specific family problems like diseases and deaths. Social interactions came third (7.1%) and included boyfriends/girlfriends, friends, pets and social isolation/exclusion. Economic issues were the fourth most frequent worry (5%), including concerns about the economic recession, lack of money, parental unemployment, parental migration, and extreme deprivation (no home or food). Personal issues came in fifth (3.3%) and included body image, wellness and health, and *un-wellness* and potential health-compromising behaviors. The last worry was related to leisure activities (2.9%) such as sports practice dance/music, screen time, and having no free time.

### ***What Makes Adolescents Feel Well***

Concerning what really makes adolescents feel well (Table 2), social support was the most frequent answer (60.8%) and included friends, family, girlfriend/ boyfriends, and social support/affection in general. Leisure time activities were the second most reported (24%) including sports and artistic activities, screen time, having fun, having sex, eating, and drugs/alcohol consumption. Furthermore, they identified their own personal features as a source of well-being (10.7%). These included “feeling good”, body image, being successful, and sleeping. The least considered source of well-being was school (5.1%), which included school performance and school marks.

**Table 2** Current worries (*N* = 2471) and sources of well-being (*N* = 2365)

	N	%
<b>1-What are currently your greatest worries?</b>		
School and related matters	1655	67
Family and related matters	363	14.7
Friends/love and related matters	175	7.1
Economic/financial matters	124	5
Personal issues	82	3.3
Recreational/leisure issues	72	2.9
<b>2-What makes you feel well?</b>		
Peers, family’s social support	1439	60.8
Leisure activities	568	24
Personal features	237	10.7
School and related matters	121	5.1

**Table 3** Frequency and intensity of worries and their relation to perception of well-being

	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
Frequency of worries	2.377	0.118	0.364	20.085	0.001
Intensity of worries	1.202	0.118	0.184	10.158	0.001

$R^2 = 23.8\%$ ;  $F(2, 3240) = 507,135$ ,  $p < 0.001$  (dependent variable: well-being perception)

### ***Frequency and Intensity of Worries and Their Relation to Adolescents' Perception of Well-Being***

Finally, we tried to build a model for adolescents' perception of well-being, using KidScreen10 and the variables frequency and intensity of worries (used as Z scores). An adequate model was achieved ( $F(2, 3240) = 507,135$ ,  $p < 0.001$ ) that explained 23.8% of the variance of perception of well-being (KidScreen 10). As it is clear from Table 3, both intensity and frequency of worries were significantly associated with perception of well-being, although an inspection of the  $\beta$  values suggested that the frequency of worry had double the impact of the intensity of worry in the adolescents' perception of well-being; in other words, the number of worries is twice as influential as the intensity of worries in their perception of well-being.

## **Discussion**

Overall, most adolescents reported being happy with their lives. Nevertheless, about 14% of all adolescents reported being worried several times a day and about 16% reported worries so intense that they significantly interfered with their daily life, not allowing them to think or do anything else. Concerning the ways that they use in order to cope with worries, trying to solve the problem was the most frequent coping strategy (so a problem-solving strategy), closely followed by several emotion-focused strategies (doing something that they really like or that distracts them from problems), which seemed more frequent than seeking support from friends or asking for help.

Unlike previous studies (Matos et al., 2012, 2013) carried out with younger children and adolescents, and without a national representative sample, in the present study fixing the problem was one of the most popular ways to overcome worries. Previously, when addressing a younger sample (Matos et al., 2013), it seemed that children and adolescents' most popular strategy to overcome worries was distracting themselves; this older group of participants, however, were privileged, trying to solve problems or even seeking social support.

In our study, girls reported less happiness than boys, as well as worrying more frequently and feeling worries in a more intense way than boys. In addition, they reported more emotion-focused strategies than boys, which is in line with other studies (Low et al., 2012), thus suggesting that special attention should be dedicated to girls.



As for age differences, younger adolescents more frequently reported being happy, almost never worrying or worrying about nothing at all, and using an emotion-focused strategy (not thinking about their problems). This may be explained by the developmental stage they are in, as well as having less responsibility, especially in terms of academic work and performance. Brown et al. (2006) also pointed out that older teenagers seemed to better differentiate the strategies they should use according to the type of worry they were dealing with.

As for current worries, the greatest ones reported were school, family, and friends while regarding what really makes adolescents feel good, they rated friends and family in a high position and school as the least important source of well-being. School was always a worry and it was barely presented as a solution or a resource to deal with life worries.

Our results confirmed the study conducted by Weems et al. (2000) in which worries about school are concerned. In accordance with our results and literature, school and school success are part of adolescents' worries and never pointed out as a part of the solution. In fact, school tests (as a way to measure school success) are a source of worry and even anxiety for students and that anxiety is a cause of academic failure (Hassanzadeh, Ebrahimi, & Mahdinejad, 2012; Weems et al., 2000; Zeidner, 1998), leading to a seemingly endless cycle. Also considering that sometimes worries are apprehended as so intense that even prevent thinking and acting, it is quite troublesome that schools cannot find their way of helping adolescents dealing with life worries, solving daily life problems (school matters included) and even offering some guidance or support on how to manage facing and overcoming worries. Furthermore, poor academic achievement may be a risk factor for the development of problematic behaviors (Malinauskiene, Vosylisa, & Zukauskiene, 2011) leading to a poorer self-rated health (Page et al., 2009). With these aspects in mind, it would be positive if coping strategies and positive development were covered in schools.

Like in Brown, Teufel, Birch, and Kancherla's study (2006), talking to parents was a strategy to deal with worries although adolescents seem to have a broad spectrum of alternatives to deal with worries. Thus, social support seems to have a dubious role, being at the same time a source of worries, a source of well-being, and a strong resource to coping.

As it was pointed out earlier, recreational/leisure activities (distraction) seemed to be a key issue in adolescents' coping with worries, therefore being a useful point in education and health policies for young people; the same happened with family- and friends-related matters—social, peer, and family relationships (GTES, 2007; Matos & Sampaio, 2009; Matos et al., 2007).

Economic/financial concerns were the fourth most frequent worry stated in 2014. In previous studies conducted by our research team in 2010 (Matos et al., 2012, 2013), just before the beginning of the economic recession in Portugal, one of the most salient issues and sources of worries was economic and financial problems, suggesting that adolescents were already concerned and sensitive to socio-economic issues. This study showed that children and adolescents are even more concerned

about “money matters.” They mentioned parental unemployment; lack of money to access all they had before, including basics like educational material, and even lack of food at home (Matos et al., 2014). In addition, the study of Layne, Bernart, Victos and Bernstein (2008) also showed that children and teenagers may have concerns regarding their families’ financial situation, thus confirming our results.

So far as the frequency and the intensity of worries are concerned, both demonstrated to be relevant and negatively associated with adolescents’ perception of well-being; however, unlike previous studies (Weems et al., 2000), the frequency of worries was much stronger and more effective at undermining well-being than the intensity of worries. The most relevant feature in those analyses was confirming the status of extreme frequency or intensity of worries as a valid factor, strongly associated to adolescents’ perception of well-being.

## Implications

This research on worries should contribute both to demonstrate that developing adaptive strategies is a fundamental capability as a tool to find solutions related to one’s worries and as a competence to be developed throughout the different stages of human life as it helps in the promotion of well-being and interacts positively in quality of life. This study showed that worries are phenomenologically sound during adolescence, especially the ones related to school.

Human beings are born with an instinctive capacity for resilience, and that results when they respond to risk with properly functioning adaptation systems. The capacity to cope with risk successfully changes over time (particularly in young people who are experiencing developmental changes) and is enhanced by protective and promotive factors within the environment and the person, which means that coping strategies are enhanced throughout time, thus potentially becoming adaptive.

As long as the balance between risks and protective factors is manageable, people are able to adapt and cope adequately. To ensure the likelihood of positive adaptation, counteracting factors must be strengthened at the individual, family, and community levels. Therefore, exposure to moderate stressors, challenges, and risks can help children develop adaptive coping responses and resilience.

Today’s children are growing up in an increasingly stressful world. As everyone faces stress at some point, it is unrealistic to think that children can be shielded completely from experiencing stress and worries. For most students, stress stems from the pressure to succeed academically or in an extracurricular activity, or from worrying over how to deal with a demanding teacher or a difficult peer. Children and youth are more resilient when they live in safe and stable environments; have strong connections to families, schools, and communities; and are able to develop age-appropriate cognitive and social skills.

Early exposure to multiple risk factors increases the likelihood of adverse effects on healthy development; and the negative impact increases over time. Therefore, it is important to promote resilience in children as early as possible by implementing

the most effective interventions within the context of the child, family, school, and broader community.

Additionally, young people's perception about their lives, their worries, and their assets is a relevant health issue and should be given a special focus in mental health and well-being promotion programs in school settings, with a very special focus on females and older students. Consequently, school curricula would benefit from integrating an area where coping strategies are developed in a systematic approach. This area/subject would focus on mental health as a comprehensive subject as adaptive coping strategies may have a positive output in overall health-related issues.

School was the biggest source of worry and hardly ever identified as a solution or a support. Through a systematic approach, children and adolescents can be helped to increase their well-being and mental health at school by increasing their problem-solving abilities, their self-regulation abilities, and their ability to find and maintain an adequate positive social support as well as to use leisure time in a positive healthy way.

Although the worries adolescents revealed did not always seem to have fully developed strategies to cope with, they seemed to increase with age, as was shown by Arce-Medina and Flores-Allier (2012).

School success and future positive expectations are relevant issues related to adolescents' mental health and well-being. This can be especially relevant in times of recession (GTES, 2007; Matos, 2015; Matos & Sampaio, 2009; Matos et al., 2007; Simões et al., 2009) because an increasing number of adolescents wants to quit school (Matos & Social Adventure Team, 2015) as soon as it is legally possible. If school as an institution is able to promote academic success, as it should since it has the resources—human and material—to do so, then adolescents won't have to worry with such intensity about school success, and their future expectations may be adjusted as they won't feel severed by their academic success.

Schools should promote resilience and emotional literacy as a relevant part of mental health and its well-being programs, while simultaneously helping children and adolescents to achieve school success, and maintain positive expectations toward their future.

In this context, health education and health promotion at school gain renewed relevance. School is perhaps the best resource to improve adolescents' well-being and mental health, allowing a further increase in their resilience that can even buffer the effect of negative events on their mental health and well-being (Khanlou & Wray, 2014). All of these could be developed through a well-designed school program of mental health. As advocated by several authors (Armstrong, Galligan, & Critchley, 2011; Matos, 2015), this program should aim to increase emotional literacy (i.e., the ability to be aware and express in an appropriate way one's emotions so as to be able to regulate one's mental states), along with the ability to seek help and support in the social networks (family, peers, school, other structures), thus developing adaptive coping strategies. Resilient children and adolescents will cope better, be more capable of expressing and regulating their feelings and emotions, and seek help and social support, if needed.

A school office that encourages students to seek individual help with psychologists and other staff with specific training on these matters would be an important asset in terms of promoting mental health, as advocated by Matos, Sampaio, Baptista & Equipa Aventura Social (2013). In fact, Portuguese schools have been establishing these offices, but training is still needed for the staff to be able to respond to adolescents' needs.

Last, the relevance of considering adolescents as active participants is stressed in every study focusing on adolescents' health, education, or policy measures that intend to have an impact upon their lives. Having a voice in decisions may increase their engagement not only in the process but also in the final goal (Matos, 2015).

## Worries and Assets

*Today, I want to be in peace with my desires  
with my dreams*

*with what I feel*

*with what I see and*

*with what I have*

*Today, I want to feel that I really am*

*I want to feel that I am everything*

*that I am important*

*that I don't want to deceive anyone anymore,*

*I deceived me,*

*nothing but me,*

*myself, me*

*who wants peace*

*Today I want to feel that I can do everything*

*because reaching upwards makes me happy*

*Today I want to be happy being imperfect*

*today I want to be in peace*

*today I want to strive for perfection*

*Today I want it to be today, and always*

*Today I want to be everything*

*Today I just want to be me!*

*Anonymous*

March 30, 2016

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# Eating Disorders Among Second-Generation Canadian South Asian Female Youth: An Intersectionality Approach Toward Exploring Cultural Conflict, Dual-Identity, and Mental Health



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## Introduction

The South Asian (SA) community in Canada makes up approximately 5% of the total population, and includes individuals who have migrated from Afghanistan, Bangladesh, India, Pakistan, and Sri Lanka (Statistics Canada, 2015). Rapidly growing within two of Canada's largest cities – Toronto and Vancouver – the SA community has now become the largest visible minority group in the country (Statistics Canada, 2007). A substantive portion of this group is foreign-born, with more than half migrating relatively recently within the past decade. Interestingly, when compared to the total population in Canada, SAs have a larger younger populace, with 40% identifying as either children or young adults (Statistics Canada, 2007).

Health issues within the rising young SA generation are a growing concern in Canada, especially matters regarding youth sexual health, mental health, and health management (Canadian Mental Health Association, 2014). Specifically in regard to mental health, there is significant inequity affecting youth from this community. Migration, socioeconomic status, stigmatization, and discrimination have been identified as barriers to accessing support and services for SA youth (Canadian

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Mental Health Association, 2014). Migration, in specific, has been acknowledged as a determinant of mental health, which intertwines with issues of integration and culture conflict (Islam, Khanlou, & Tamim, 2014). Research has shown that migration and immigration may have stressful effects on youth and their mental health, in the form of depression, anxiety, and eating disorders (Frabutt, 2006; Mustafa, Zaidi, & Weaver, 2016).

### *Contesting Conceptualizations of Eating Disorders*

Many perspectives are used to conceptualize and understand eating disorder diagnosis, treatment, and management. Two of the broad frameworks applied in this area are biomedical discourses on eating disorder and more critical feminist approaches (LaMarre, Rice, & Bear, 2015). In Western health models, the biomedical framework has most commonly been used to define and categorize mental health issues. Eating disorders are understood based on particular physical and psychological symptoms, and are clinically diagnosed through medical professionals. Treatment and management is then prescribed based on the specific classification of eating disorder. Although this model is used in diagnosis and treatment, it has been criticized for being limiting and too individually focused (LaMarre et al., 2015).

Under this biomedical model, eating disorders are defined as a “persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning” (Diagnostic and Statistical Manual of Mental Disorders, 2013). Binge Eating Disorder, Anorexia Nervosa, and Bulimia Nervosa are the three most common eating disorders which affect adolescents and young women between the ages of 15 and 24 in Canada (National Eating Disorder Information Centre, 2011; Smink, Van Hoeken, & Hoek, 2012). According to the Diagnostic and Statistical Manual of Mental Disorders (2013), Binge Eating Disorders are defined as eating significantly larger proportions of food in short periods of time as compared to the amount most people would eat in a given time. This diagnosis is marked with a lack of control, and feelings of guilt and distress – which occur at least once a week over a period of 3 months. Anorexia Nervosa stems from a fear of gaining weight, and has been characterized by a distorted body image and excessive dieting by controlling food intake or the use of laxatives (Diagnostic and Statistical Manual of Mental Disorders, 2013). This disorder has the highest mortality rate of any psychological illness, with 10% of individuals passing away within 10 years of its onset (National Eating Disorder Information Centre, 2011). Bulimia Nervosa is cyclical in nature, with individuals exhibiting periods of binge eating followed by episodes of self-induced vomiting to lose weight (Diagnostic and Statistical Manual of Mental Disorders, 2013). Thoughts of being overweight and distorted perceptions of one’s body start at quite young ages, as almost half of the girls in grade nine and ten in Canada perceive themselves as too fat (Boyce, King, & Roche, 2007).

Research conducted in the United States and in the United Kingdom (UK) have shown the prevalence of eating disorders increasing among South Asian communi-

ties living in the West (Franko & George, 2009; Furnham & Adam-Saib, 2001; Iyer & Haslam, 2003; Pallan, Hiam, Duda, & Ada, 2011). In the UK, statistics show that distorted eating behavior and negative thoughts about one's body image are equally present, and in some cases more common among young South Asian school girls as compared to their Caucasian counterparts (Mumford, Whitehouse, & Platts, 1991). Not much research, however, has specifically studied the risk factors associated with eating disorder etiology in South Asian adolescents and women, especially within the Canadian context.

### *Theorizing Eating Disorders in Minority Groups*

Turning to more critical feminist approaches in eating disorder scholarship, the focus moves from the individual to factors within his/her sociocultural context, taking into consideration social, cultural, and media influences surrounding an individual (LaMarre et al., 2015). For example, researchers who have studied eating disorders among diverse cultural populations have suggested that young girls who immigrated to the West are influenced by “westernization” which puts greater emphasis on their physical appearance, body shape, and weight (Anderson-Fye, 2004; Martinez-Gonzalez et al., 2003). Western media has been identified as a risk factor that can affect the way individuals, especially adolescents, view themselves and their bodies. Teen magazines, for example, have been recognized as one of these factors, as frequent reading of such magazines has been shown to be linked to an increase in disordered eating behavior, and decline in mood and body satisfaction (Harper & Tiggemann, 2008; Martinez-Gonzalez et al., 2003).

Other researchers within this model have criticized this “westernization” view and have critiqued it for not taking into consideration broader cultural, social, and intrafamilial influences which shape the likelihood of the development of an eating disorder (McKnight Investigators, 2003; Tomiyama & Mann, 2008; Treasure, Claudino, & Zucker, 2010). Scholars within transcultural frameworks call for a deeper understanding of women's experiences of an eating disorder – which they suggest stem from social and cultural tension, family and parental conflict, as well as issues of acculturation (Katzman & Lee, 1997; McCourt & Waller, 1996). Acculturation in the literature has been defined as “the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members... sometimes these mutual adaptations take place rather easily...but they can also create culture conflict and acculturative stress during intercultural interactions” (Berry, 2005, p. 698–700). Such conceptualizations and models of acculturation, however, are limited as they largely ignore the gendered nature of acculturation and exclude the importance of prior historical relations between country of migration and country of settlement. This chapter therefore explores acculturation by engaging with both intersectionality scholarship and postcolonial theories to capture the gendered and historical components involved. Especially for South Asian youth, oftentimes, cultural strictness and strong parental dominance are prominent within families, which can cause acculturation issues as young women

attempt to adjust into Western society while maintaining cultural norms and values (Furnham & Adam-Saib, 2001). As traditional South Asian values and expectations may conflict with Western norms and understandings, youth may exhibit difficulty in balancing both worlds of East and West (Katzman & Lee, 1997). According to this view, second-generation immigrant youth may be more likely to develop mental health tension because of this clash, and therefore may exhibit episodes of depression, anxiety, and/or eating disorder behavior. This chapter applies the critical feminist view in exploring eating disorder experiences in South Asian female youth.

### *Intersectionality as a Critical Framework of Analysis*

Advancing this critical feminist approach further, this chapter aims to understand eating disorder etiology in South Asian youth using an intersectionality lens – analyzing risk factors based on the multiple intersecting identities of immigration status, gender, family, and mental health. In exploring the development of negative body image and eating disorder behavior in immigrant South Asian youth, it is essential to study and analyze the intersection of these social and cultural identities (Bowleg, 2012). An intersectionality perspective can be used to understand how culture, gender, age, and immigration status intersect to form the experiences of an eating disorder in South Asian immigrant youth, and how this in turn may affect how they seek help for, and treat, the condition. Intersectionality is an approach which analyzes “the complex, irreducible, varied, and variable effects which ensue when multiple axes of differentiation – economic, political cultural, psychic, subjective, and experiential – intersect...” (Brah & Phoenix, 2004, p. 76).

Originally coined by Kimberley Crenshaw, intersectionality aims to reveal lived experiences of black and other racialized women, focusing on power dynamics and intersections of gender, class, race, ethnicity, and other forms of marginalization (Mirza, 2009). Scholars have applied this theoretical lens within a postcolonial feminist framework as well to explore, understand, and analyze experiences of women from the Third World. The focus here is on situating the woman within her social, cultural, and historic context, particularly examining her experiences through a postcolonialist lens – which historically has reinforced patriarchal ideologies and practices (Ahmed, 1996). Focusing on empowerment and giving a voice to women who have been silenced due to a gendered history, this analysis provides a platform to identify heterogeneity among women from colonized regions of the world (Herr, 2014; Spivak, 1985). Postcolonial feminism also identifies ways in which women’s “selves” are constructed. It emphasizes that the gender inequalities and power dominance enforced by postcolonized men have redefined the bodies and minds of women as a means of preserving cultural traditions and values (Mishra, 2013). Due to this, some women from these countries may have a fractured sense of self that is constantly striving to construct an identity. The merge of postcolonial feminism with intersectionality provides a platform for women to find themselves and reconstruct their identity based on their social, cultural, and historic backgrounds (Ahmed, 1996; Mohanty, 1993).

The use of this framework therefore allows for an analysis deeply rooted in gender-based inequalities, but also explores how this identity is compounded by inequalities based on ethnicity, race, and class. The simultaneous effects of migration, racialized status, and gender have been previously examined using an intersectionality lens (Bastia, 2014). Analyzing these identities holistically may provide a better understanding of eating disorder risk factors, ideologies, and help-seeking behaviors in second-generation South Asian female youth.

### ***Study Objectives***

By applying an intersectionality perspective to the analysis, this study questions whether, and in what ways, social, cultural, and familial influences affect the likelihood of second-generation South Asian female youth developing distorted perceptions of themselves along with disordered eating behavior. The intersections of identity and culture are explored, specifically questioning how dual-cultural upbringings (South Asian values and Western norms), social tensions, and intergenerational conflict influence mental health of youth from this community. Eating disorder help-seeking behaviors and coping strategies are also analyzed using an intersectionality perspective to understand the barriers, challenges, and enabling factors which affect the youth of this cultural background at the community level.

### **Methods**

Eating disorder research has mostly been underlined by positivist underpinnings. For example, many researchers use measures such as the EAT-26 questionnaire, the Body Satisfaction Scale, and figure rating scales to identify eating habits and attitudes (Iyer & Haslam, 2003; Furnham & Adam-Saib, 2001; Pallan et al., 2011; Bush, Williams, Lean, & Anderson, 2001; Wardle, Haase, & Steptoe, 2006). However, exploring eating disorder etiology in minority youth through quantitative means does not entirely capture their experiences, feelings, and emotions. According to Katzman and Lee (1997) individuals who have lived experiences with an eating disorder should express themselves and speak their stories, as these narratives cannot be captured in closed-answer questionnaires. In order to fully understand issues of acculturation, culture clash, and familial conflict in regard to the rise of negative body images and disordered eating, it is necessary to speak with the youth themselves. This platform of narrating the experiences of an eating disorder opens a window into the lives of these women, and relays various factors involved in how they perceive the illness developed. It also shows how they identified and managed their conditions, revealing strong resilience from youth in this community. For these reasons, this study took on a qualitative approach – specifically face-to-face interviewing to understand social and cultural factors involved in the development of eating disorders.

## *Participants*

The study was approved by a University's Ethics Board in 2012, and a total of eight participants were recruited from the Greater Toronto Area. Women who participated in the study identified themselves as second-generation South Asian women, who have had a clinically diagnosed eating disorder. The term second generation was defined using Portes and Rumbaut's conceptualization (Portes & Rumbaut, 2005), either referring to an individual who was born in Canada and whose parents migrated to the country prior to the birth of the child, or a foreign-born individual who migrated to Canada before the age of adolescence. Four participants were born in Canada, three were born in India, and one was born in Pakistan.

All the participants were also of South Asian background – seven identified as being of Indian decent and one as Pakistani descent. All women were above the age of 18, with an average age of 25 across all participants. Five participants were diagnosed with Anorexia Nervosa, one participant had Bulimia Nervosa, and two participants exhibited Binge Eating. Purposive sampling, as well as snowball sampling, were carried out to recruit women for this study, with the help of key informants and eating disorder counsellors within the Greater Toronto Area. Interviews were semi-structured lasting approximately an hour to an hour and a half. Questions were asked in an informal-conversational manner for participants to feel comfortable and relaxed. The interview guide was structured around questions regarding the cultural background of the participant, family interactions and relations, immigration/acculturation issues, and details about the onset, duration, and health-seeking behavior in regard to the eating disorder (please see Appendix A). All participant information was kept confidential and anonymous for the remainder of the study. Also due to sensitivity of eating disorder research and mental health, all precautions and safeguards regarding participant data were taken to the fullest extent.

## *Data Analysis*

Participant interviews were organized and analyzed using interpretive interactionism, as outlined by Norman Denzin (1989), which explores individuals' identities through a holistic lens. Interpretive interactionism pays close attention to the influences which shape individuals' existence, explores how individuals perceive themselves and their identities, and aims to study how people come to understand themselves through social, cultural, biological, and historical experiences (Denzin, 1989). By using this interpretive methodology, the focus of the research remains on the lived experiences of the individual. Understanding social, cultural, and relational risk factors associated with the rise of an eating disorder in minority groups requires a holistic analysis of the individual, their family, and their background, which is captured using this interpretive process. The six phases of analysis were carried out – framing the question (narrowing objectives of the study),

deconstruction of the topic (through a review of the literature), capturing (collecting data through interviewing), bracketing (analyzing each individual participant data), construction (analysis of data holistically based on objectives of study), and contextualization (drawing conclusions based on past and present research findings).

Along with this methodology, an intersectionality framework was also applied while analyzing the interviews collectively. Analyzing how SA youth form their unique identities being raised in a Western culture and exploring how these dynamics affect their mental health and likeliness of developing an eating disorder from an intersectional stance revealed multiple intersecting factors that play a role. The use of interpretive interactionism grounded findings in the lived experiences of participants, and applying an intersectionality approach aided with analyzing the intersecting identities of youth from this community who had an eating disorder.

### ***Reflexivity***

Along with participants in the study, the researcher also influences, shapes, and impacts the research process. The importance of researcher reflexivity therefore plays an important role within the participant-researcher dynamic (Bourke, 2014). The principal researcher for this study, who also conducted all of the interviews, is a second-generation South Asian female. Being raised in Canada, yet holding on to strong South Asian values, beliefs, and traditions, the researcher faced culture conflict experiences in her adolescent years, similar to those faced by the participants in this study. This insider perspective allowed the researcher to delve into the interviews with prior experience of these issues, which created a comfortable environment for discussions to arise. Living similar experiences of identity negotiation, gendered relations, and cultural expectations was important for the researcher as it allowed for a better understanding of the intersectional lived experiences of participants. Yet as a researcher one is also an outsider. Therefore, the analyses and interpretations of the data are influenced also by the authors' disciplinary background (NM: Psychology/Health Studies; NK: Nursing/Mental Health Promotion) and interdisciplinary and multitheoretical orientation.

### **Main Body**

Findings from the interviews are grouped into four themes emerging from participant narratives and experiences. First, issues around youth dual-identity were discussed by women in the study, particularly in regard to culture conflict and acculturation challenges being raised in an SA family while living in a Western culture. This social and cultural dissonance was linked by participants to loneliness, isolation, anxiety, and negative self-image. The second theme emerged in regard to family relations and conflict, with tension, misunderstandings, and stress at home

associated with disordered eating behavior and negative thoughts about oneself. The third theme focuses on gender and cultural expectations put on South Asian female youth based on their upbringing. These gendered norms and values put emphasis on weight and physical appearance of women, which compound with issues of acculturation and cause further stress in young girls. Lastly, the fourth theme discusses difficulties and challenges faced by SA youth in regard to accessing and seeking mental health services in the community based on stigma and denial.

### *Dual-Identity Conflict*

Participants in this study had difficulty balancing both SA cultural values and expectations while living in a Western society. Women remembered being the only SA teenager in their school, and therefore felt different, alone, and withdrawn. Self-isolation was also an issue in social settings, especially at school, which caused further differentiation and seclusion. For example, participants had restrictions from parents that would not allow them to see friends very frequently, or to attend parties or social events. This caused distance for these young girls from peers at school. As one participant relayed,

... I was losing a lot of friendships too that way, a lot of my friends stopped... bothering to send me out, give me an invitation, so that was frustrating because everybody else would be talking about the party and I had no idea, you know, what they were discussing and I felt left out and I felt like I wasn't part of it. (P3)

Similarly, another participant spoke about how the strictness being raised within the SA culture influenced changes in her personality and views about herself. Not being allowed to be a part of social events shaped her way of being and experiencing the world around her. She says,

I am kind of an introvert, and I think partially because of that is because I was not allowed to do a lot of things. Growing up my parents were very strict... in terms of who I talk to and what I did, so now I'm starting to open up a little bit more and I think I'm a little bit of a later bloomer when it comes to that. (P4)

These personality changes, along with feelings of loneliness and not being able to relate to others especially during elementary and high school years, were associated with feelings of sadness and lower self-worth. Participants also felt that they could not relate to their parents because of cultural and generational gaps. Parents were more traditional, rooted in SA values and customs which limited their teenage girls from living more liberally within a Western culture. Having to balance both traditional values with more liberal views made the women in their youth feel further isolated. Participant 1 explains,

Like you know when you go home you do certain things with your family and you're okay with it and you have fun, but then you come to school the next day and then you question yourself again like why do I have to do it? And that's just one more thing that makes you different. And you don't want to be different from everybody else, you just want to fit in. (P1)

Participants narrated stories such as this to demonstrate the social tension they felt as youth being caught within two cultures – upholding traditional South Asian family and modesty values, while at the same time wanting to immerse themselves with their friends within a Canadian society. Participant 6 captures this feeling when she speaks about the culture clash with parents as being “...caught in limbo, where we’re trying to figure out our lives in both cultures, and you try to keep both cultures happy.” This tension within the home and the outside influenced stress levels, depression, and feelings of isolation. Dual-identity confusion and difficulties with acculturation during youth years were identified by participants as being factors affecting their self-worth, self-image, and satisfaction with themselves and their bodies. Women recall that these feelings were linked to unusual eating behavior in their youth, as this was a way to cope with the challenges of not fitting in and a result of being socially secluded.

### *Family Conflict*

Tension and intergenerational conflict within the family setting added to stresses of balancing a dual-identity. As participants were raised in traditional SA families, they had the responsibility to please their parents and follow rules within and outside of the home. During teenage years, participants had a sheltered and restricted lifestyle which led to one of two options – either blindly following parental restrictions because they feared voicing their opinions, or secretly rebelling against their parents. For those youth who followed rules and limitations, they recall feeling lonely and isolated from social settings, as well as having a lack of control in their lives which influenced their negative self-image. These participants recalled that they experienced an “internal rebellion” because of this, where they controlled food intake as a way of gaining control of their lives. Participant 1 explains,

We had a pretty restricted sort of lifestyle...I guess my internal rebellion, which I see it now, was not eating. And if I did it, it was going and throwing up, because it just ... that was my way of rebelling back. Like they can’t make me do it. But physically, I don’t think my parents would ever say I rebelled. I couldn’t fathom ever hurting them so, I just did it secretly and hurt myself instead. (P1)

The pressure to please their parents and to abide to the SA culture enforced at home began to take a toll on these teenagers’ physical and mental health through an internal fight back. Other youth instead of internally rebelling against parents were more outward, and externally rebelled by either sneaking out of the house or by engaging in behavior they would not be allowed to do. These rebellious acts, such as having a boyfriend who nobody knew about, were associated with these young girls’ stress levels as well as feelings of guilt. As participants 6 and 8 recall,

And I think I rebelled by controlling a lot of my habits...because I felt I needed control in my life, and I felt that if I controlled many aspects of my life, whatever they may be... I would feel that I did have a more of decision-making voice in my life. (P6)



But that's stressful as well to do because you're rebelling, but then you feel so guilty, but then you're kinda just taking a stand for what you want to do, but then keeping it hidden, and just everything like that is...its stressful. (P8)

Feelings of guilt and negative views of oneself in participants stemmed from issues of parental control, and from them not having power and voice in their own lives. Also, as participants recall when they were young, their values and opinions overlapped a great deal with those of their parents, but as they grew older into their teenage years, they became more liberal which caused clashes at home. Participant 2 speaks to this by explaining,

I think when I was younger... I would definitely think I have the same values and beliefs... I think your opinions and everything start to form when you start to have...the ability to think on your own, you're able to make your own decisions. I think around high school time is when you start to think that you know what, I can have an opinion that's different from my parents. I can believe in something that may be different than them. (P2)

When this change in opinions and values emerged around high school years, more conflict and clash began with parents which resulted in stress, anxiety, and depression in these youth. Again, food control was a way of regaining a sense of self as youth not only felt being caught between cultures but were also stressed and frustrated by parental restrictions. Not being able to voice their opinions and having to either internally or externally rebel harbored feelings of guilt and lower self-worth and image. Intersecting with family conflict at home were issues of gender roles and expectations put on SA female youth, which particularly influenced physical body image of the participants in this study.

### ***Gendered Roles and Expectations***

Participants felt being a female adolescent raised in an SA family influenced their self-image and self-dissatisfaction issues. In their youth years, these women felt pressure to look a certain way, as arranged marriage practices were enforced on them through family. Marriage was seen as an important ritual within these SA families, especially the marriage of young women. In order for a young woman to be chosen as a wife, there were physical and cultural expectations that parents imposed on participants – weight being the most important factor. Women were told in childhood and youth that if they were not slim, fair, or of a moderate height, no family would approach them for marriage. Constantly hearing this as they grew older fostered self-image issues and they began controlling their food as a way to maintain body size. Women recall feelings of low self-worth as they remember always being looked at as unattractive in their youth. The mental stress these expectations caused is captured as participants 2 and 3 explain,

I remember it's like 'oh you need to be tall, but not too tall, cuz your husband needs to be taller than you, you need to be slim...you need to be fair skinned, you need to have long, dark, thick, luscious hair' that's what it was...the last thing left was being slim and slender. I had control over that, so that's what I had to do next, to lose the weight to fit the image of what a good bride should be. (P2)

As time progressed, my parents were adamant – lose weight, exercise, if you don't look a certain weight, you're never going to get married. You know, beauty is being skinny. (P3)

To be slim was the perfect ideal of beauty enforced at home by parents and relatives. Along with other stresses of culture conflict and misunderstandings with parents, women in the study recall not being happy with their body weight due to pressures of ideal physical appearance. These factors compounded to create a lower self-image, and reinforced disordered eating thoughts and behaviors. Participant 7 recalls the effects of this on her self-image,

I think that the physical...the pressure of being a certain way physically adds a lot of pressure because, you know, your mom is always on your case to lose weight or not to eat too much, and then you go to different parties and stuff like that and social gatherings, and people make comments, and you can't help but feel really self-conscious. Umm, I don't know it's the guys in our culture necessarily feel that way, but the women definitely do. (P7)

These physical expectations and pressures were gendered in nature according to the participants, as they claim that men in their youth are not faced with such ideals. Low self-esteem and a negative self-concept compounded and influenced these women's behaviors around overeating or restricting food intake. Also, participants explain how being a young SA girl made them feel almost second-class, as they felt obliged to put the wants and needs of others (i.e., parents, siblings) before their own. This self-sacrificing nature made women ignore themselves and their issues, which also perpetuated their condition. They felt they were too busy trying to be the ideal daughter or sister that they neglected themselves adding to stress associated with the illness. They always wanted to be the best child, make their parents proud, and never be a cause of concern, that by living up to these standards they forgot about themselves. This gendered experience is captured when participant 2 recalls,

I was ... the daughter who had to do well at school, who had to get a good job, who just had to exceed all expectations. So because of that I felt that I had to be like the perfect Indian daughter, the perfect Indian child. (P2)

Because an eating disorder would be seen as imperfect within the household, many women hid their feelings and behavior because they feared they would dishonor and cause stress to their family. As a result, these thoughts and disordered eating patterns perpetuated, and participants began finding peace and comfort within their illness, more so than from people around them. Women hid and ignored their symptoms and feelings as youth, and therefore did not seek aid from a professional right away. Therefore, access to mental health services became a challenge for numerous reasons.

### *Access to Mental Health Care Services*

A number of factors limited access to mental health services for participants in this study, which delayed treatment and proper care. Firstly, the stigma within the SA culture made youth reluctant to identify and speak about their illness. Women recall

feeling ashamed and embarrassed about their eating behavior, and mostly kept to themselves during times of depression and anxiety. They feared speaking about it because they knew this would not be properly understood within their home. Youth were initially approached by friends or teachers at school about their eating behaviors, and it was through support from those outside of the SA community that participants began identifying their stresses and battle with food. Within the family, however, the illness was not spoken about – as a way to protect family members from the pain and embarrassment of the eating disorder. Participant 7 explains that it is not only the stigma within the community but also a lack of knowledge on mental health issues in general,

That sort of thing is just not spoken about in Indian households, in fact I don't even think my parents know what it is or what it means to be anorexic or to binge and purge, and so until now, I haven't openly spoken to them about the issue. I did seek professional help and I thought it was very cathartic to speak to a professional, someone who wouldn't judge me and didn't have that whole cultural, you know, those cultural stereotypes, and to just be open with them. (P7)

Along with the negative stereotyping that happens with mental illness within the SA community, there is also a lack of understanding about these issues. Therefore, youth who may have, or who may be exhibiting, symptoms of disordered eating and negative views of self feel that they do not have anyone to talk to within their family. Lack of support led youth to ignore their symptoms which caused the disorder to progress. Specifically in regard to parents, participant 6 recalls, “[my] parents have no idea what I went through, and they still don't know what I went through, they just thought I was thin...because I don't think that they would understand”. Not having the support at home became a barrier for these young women to identify, acknowledge, and seek access to mental health services.

Many participants encourage more mental health awareness at large, and specifically within the SA community. Participants felt that if SA parents become more familiar and comfortable with speaking about issues such as an eating disorder, it will be an immense support for those individuals who are living with it. Women suggested campaigns and public health initiatives should be tailored to this community particularly in order to support individuals and families. Lack of awareness was a significant barrier for youth to search and access mental health services, therefore this should be an initial step to help those in need. As participant 7 suggests, “I would want to change...to educate our parents or our elders to talk more about mental issues and not be so taboo and you know, typically become a little more open to them” (P7).

## Discussion

Applying an intersectionality framework to this analysis reveals the “...multiple aspects of personal identity [that] can impinge on health outcomes” (Seng, Lopez, Sperlrich, Hamama, & Meldrum, 2012, p. 2437–2438). Participants in this study

identified themselves as second-generation, Canadian, South Asian female youth at the time they had experienced an eating disorder. Within this dynamic, a number of intersecting cultural and social identities exist which influenced the mental health of these women. Identities of culture, gender, youth, and family role compounded to affect participants' views about themselves and influenced their eating behaviors. Power imbalances within the parent–youth relationship, for example control exhibited by parents over their daughters, created a restricted and gendered environment within the home. These factors also interlocked to create barriers in accessing treatment for these youth, specifically through issues of stigma and lack of mental health awareness within the SA community.

To gain an understanding of the lived experiences of individuals, it is essential to be aware of the ways in which gender and culture intersect. From an intersectionality perspective, an individual's experiences cannot be fully captured by analyzing gender or culture alone (Hallett, 2015). For participants in this study, not only did being a second-generation South Asian youth influence mental health due to cultural dissonance and issues of acculturation, but also being a female created unique intersecting experiences. South Asian women in this study spoke of having particular expectations, roles, and norms they had to follow within their homes as youth (i.e., restricted lifestyle, body weight/image expectations), which their brother(s) for example, did not have to follow. According to the participants, men in the culture are given more freedom, are allowed to spend as much time outside of the home as they want, and are given permission by parents to do what they wished as youth. Research conducted in the US has also identified these second-class gendered expectations, as a recent study found eating disorder prevalence to be more common among SA females due to a lack of self-worth associated with lower levels of family support, when compared with males (Chang, Perera, & Kupfermann, 2014). For youth in the current study, these gendered-cultural experiences influenced levels of acculturation, self-image and self-concept distortions, and impacted eating behavior. Previous research has also found links between lower levels of acculturation associated with unhealthy and pathological eating behavior (Jennings, Forbes, McDermott, Juniper, & Hulse, 2005). Additionally, a careful analysis of cultural history intersecting with patriarchal practices from a postcolonial feminist standpoint reveals how gendered inequalities have been infused within everyday social life (Weedon, 2007). In this study, remnants of these cultural expectations and regulations may be influencing sense of self and identity in the participants in combination with immigrant status.

Intersecting further with gender and culture is the mental health status of these youth. The stigma associated with eating disorders, particularly within the South Asian community, was repeatedly spoken of in the interviews. This fear of stigma felt by youth, as well as family stigma and shame in the broader cultural community due to mental illness, effected the willingness of youth to access timely treatment. Participants in the study did not identify symptoms of the illness, ignored emotions, feelings, and eating behaviors, as well as delayed treatment, as a way to protect themselves and their families from stigma. The effects of stigma on mental illness

have previously been associated with a negative self-perception and lowered self-esteem (Hallett, 2015; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001). These factors further prevent those who are experiencing mental health concerns from seeking appropriate help (Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007). As participants recall having lower self-esteem and negative self-perceptions as youth due to cultural conflicts, parental misunderstandings, control issues, and gendered experiences, this in combination with their mental health status restricted willingness and likelihood of seeking mental health services. The intersections of youths' multiple identities harbored and perpetuated the eating disorder, as well as restricted access to professional help due to fear of stigmatization of self and family.

An important concluding point to note is that participants' experiences in this study are unique to themselves and cannot be generalized to all youth from this community. Youth in this study felt compounding effects of culture conflict, immigrant status, female identity, and mental health stigma, which detrimentally influenced their health and well-being. However, not all youth exhibit the symptoms discussed in this chapter. Some youth adjust well to dual-cultural upbringings and show positive self-concepts and views of self (Khanlou & Hajdukowski-Ahmed, 1999). Also, youth from other cultural backgrounds exhibit lower levels of self-worth and show disordered eating patterns as well (Ma, 2007; Musaiger et al., 2013). Therefore, the findings from this study do not speak to the experiences of all South Asian female youth, nor do they underestimate the experiences of youth from various other cultural backgrounds who may have an eating disorder.

### *Limitations*

This study has gathered rich data on the experiences of eating disorders in Canadian South Asian female youth. However, there are limitations present. Firstly, the recruitment strategy was purposive; however, the majority of participants were recruited through snowball sampling. Many women were therefore referred by one another to take part in this research. Secondly, the majority of participants in the study were of an older age group who were in recovery, or who had recovered, from the eating disorder. Therefore, their experiences and narratives may be different from youth who are currently going through the illness. Also, this study focused on female youth within the South Asian community; however, future studies should also explore the experiences of male youth to determine impacts on their self-image. Despite these limitations, this study collected rich data from participants due in part to the positionality of the first author – who is a South Asian female herself. This greatly impacted the quality of data collected, as participants were comfortable with the researcher and openly shared their stories.

## Implications

Despite the delay in treatment and access of mental health services, participants of this study were extremely resilient, and within years of seeking professional counselling, they overcame anxiety, depression, and disordered eating behavior. Many of these women are now activists within the SA community raising awareness on mental illness and are working with organizations to provide tailored services that are culturally sensitive to this community. Issues of acculturation, cultural conflict, gendered restrictions, and family tension should be considered when understanding and counselling youth who are from an SA background. The following three recommendations are suggested for more tailored forms of care for SA youth at the community level, based on participant narratives and findings from this study.

Firstly, there is a strong need to reduce the silencing of mental illness, particularly eating disorders, within the South Asian community. This will help reduce stigma associated with the condition and will encourage youth to seek help in a supportive environment. *Cultural/gender-specific and appropriate mental health awareness campaigns* targeted specifically for youth and their families are extremely needed to increase knowledge on eating disorders within the SA community. Through this, family members will become better aware of the condition and will know how to identify early signs and symptoms.

Secondly, this study has identified a number of risk factors which influence the likelihood of eating disorders in SA female youth. It is important for mental health professionals, counsellors, and social support workers to be aware of these culturally and socially rooted factors that are unique to youth from this community. Therefore, *treatment programs and counselling methods* for eating disorders should be targeted at SA youth by being tailored around these specific risk factors – that is, cultural conflict issues, family tension, image expectations, and gendered nature of upbringing. Particularly, findings can contribute to feminist counselling approaches, with a specific focus on understanding, listening, empowering, and transitioning (Nielsen & Dewhurst, 2010).

Lastly, this study revealed that the mental health of SA youth is connected to their entire family. Young women tend to hide symptoms of mental illness out of a fear that they will be upsetting or shaming their family. Parents of women in the study were also not aware of eating disorders and did not know how to go about seeking help for their youth. It is therefore essential for counselling services to be targeted at both the individual and family unit level. *Family counselling, parenting programs on mental health, and online services or helplines* should be made available for SA parents – with culturally competent and multilingual staff. Targeting care at both the family and the individual youth would be beneficial as both forms of help will benefit one another. These recommendations, working hand-in-hand with the resiliency and strength of these women, are initial steps which should be taken to reduce stigma and increase access to mental health services for SA youth.

## **Appendix A Interview Guide (Mustafa, 2013)**

### ***A. Basic Questions***

1. At what age do you remember having your eating disorder begin?
2. Did you feel like you had a problem, or did somebody else tell you?
3. Were you in denial, or did you realize right away?
4. Has anyone else in your family suffered from an eating disorder? Friends?
5. What South Asian background are you?
6. What specific eating disorder did you, or do you, have?

### ***B. Arranged Marriage***

7. In your cultural background, is there a specific physical or temperamental image necessary for marriage?
8. Are your parents expecting you to get an arranged marriage? How do you feel about this?

### ***C. Family/Parents/Relationships***

9. Do you have siblings? If yes, what gender? Are you treated equally between parents? Is there a lot of competition between you and your siblings?
10. Do you have an open relationship with your parents? Do they have high expectations of you? Do you feel this is fair? Why?
11. Were you easily allowed to do what you wanted while growing up? Did you have to rebel against your parents to get what you wanted?
12. Were you sheltered, or were resources available to you when you needed?
13. Are your opinions similar to your parents or are they completely opposite?

### ***D. Food***

14. What is your typical meal? Breakfast, lunch, dinner? If you think it is unhealthy, what would you do to change it?

### ***E. Media Influences***

15. Do you feel Bollywood movies or actresses effect the ideal image of how a girl or boy should be? How much does this contribute to your thinking and the way you want to look?

## ***F. Culture Clash Issues***

16. Do you find it challenging living in a South Asian family, while growing in a Canadian society?
17. Has this clash been involved in the development of your illness?
18. Do you feel uncomfortable seeking help for this disorder, especially because you are South Asian?
19. What do you think can be done to prevent this disorder in the South Asian community? What advice would you give girls to prevent this disorder from happening, or to those seeking treatment?
20. Is there anything you would like to discuss or touch on that we have not already spoken about?

## **Response Section**

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One of the unfortunate things about eating disorders and mental illness is that we are only shown two extremes: those who die as a result of their illness, or those who recover and go on to live as success stories. But for some of us, recovery becomes a lifelong battle, and your illness becomes inseparable from a friend or foe.

Food has been an enemy, for as far back as I can remember. Every time I ate, it was accompanied with guilt and embarrassment. I felt as if everyone was watching me, judging me, and wishing that I would just stop eating. Thus I would eat either in complete silence in front of others, hoping they would not notice that I was even there, or in solitude, within my room, away from everyone. I ate when I was lonely, which was often, and I ate when I was sad, which was always... I just wished to fill the voids.

As I grew older, I started to practice what I considered to be self-discipline and self-restraint; I would have days where I overate to the point of feeling disgusted with myself and then, within the following days, I would restrict until I could feel the pangs of hunger again. It was within the days that I began to relish the feeling of emptiness and hunger – it was a euphoria, a high. Back then, I did not think much of it, I did not recognize that the feeling of emptiness in my stomach was the emptiness that I felt within me, every day of my life.

That was how I would spend my days; I would leave the house on an empty stomach and an empty heart, and would spend the day hungry and starving myself, only to come home and finally eat. When I did eat, it was to gorge on the food, to fill the void that had been deepening all day.

I was 20-years old the first time that I made myself throw up, and it was the most incredibly frightening and yet exhilarating feeling that I have ever experienced. It was after dinner one Friday night; I sat at the table and ate until I felt my stomach



hurt. Once I had finished, I went upstairs to my room and instead of crawling into bed, filled with self-loathing and misery, I went into the bathroom and used a toothbrush to make myself throw up. I sat there, for what seemed like hours and emptied my stomach until I was sure there was nothing left in it. When I had finished, I felt a numbness everywhere; my cheeks were swollen and my eyes were red and puffy. But the numbness in my mind was the greatest because at that moment I was convinced that I had found the one area of my life that I had control over. It felt like an ingenious idea, I would eat and then take it right out. I could control my body; I may not have been able to control my circumstances and those around me, but I could control myself.

I was so sure that I could make myself stop at any time, that I would know when it had been enough. I did not know that it would consume me, and manifest itself inside of me and destroy the imaginative girl that I once was.

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**Part III**  
**Hope**

# Public Numbers, Private Pain: What Is Hidden Behind the Disproportionate Removal of Black Children and Youth from Families by Ontario Child Welfare?



Jennifer Clarke, Sonia Mills Minster, and Leyland Gudge

## Introduction

In recent years, the issues of disproportionality and disparity of Black children in the care of the Ontario child welfare system have received considerable attention due primarily to the *Toronto Star's* investigative series on race and child welfare in the City of Toronto and due to the data released publicly by the Children's Aid Society of Toronto [CAST] (Children's Aid Society of Toronto, 2015; Contenta, Monsebraaten, & Rankin, 2014; Teklu, 2012). Despite calls from the Black community for the collection and publication of disaggregated race-based data on the numbers of Black children and youth in the care of Ontario's 47 private, non-profit child welfare agencies and the Minister of Children and Youth Services' public commitment to data collection, to date, the government has not mandated the collection and public disclosure of such data (Clarke, 2011, 2012; Monsebraaten, Contenta, & Rankin, 2016; Pon, Phillips, Clarke, & Abdillahi, 2017).

Racial disproportionalities and disparities in child welfare are not unique to Canada, and have been well-documented in the United States, Britain, and other jurisdictions, where Black populations are overrepresented in the child welfare systems (Costa, Dioum, & Yorath, 2015; Harker & Heath, 2014; Raimon, Weber, & Esenstad, 2015). In the US for instance, African-American children made up about 14% of the child population in 2012, they represented 26% of children in care

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(Raimon et al., 2015). In Britain, Black children made up approximately 5% of the child population, and 16% of them are in care (Costa et al., 2015; Harker & Heath, 2014). In this chapter, we use the terms Black, Afro-Caribbean, and African Canadian interchangeably.

The public data available on the numbers of Black children and youth (up to 18 years) in care of Ontario's child welfare system show persistent racial disproportionalities and disparities. At the provincial level, it is estimated that African-Canadian youth represent approximately 12% of youth in care while only 5% of Ontario's children population under age 18 (Monsebraaten, 2014). In the City of Toronto, African Canadians represent only 8% of the City's population but 41% of children and youth in care of the Children's Aid Society of Toronto [CAST], with some estimates as high as 65% (Children's Aid Society of Toronto, 2015; Pon, Gosine, & Phillips, 2011; Contenta, Monsebraaten, & Rankin, 2014). The disproportionality numbers provide one poignant snapshot of anti-Black racism (ABR) in Ontario's child welfare system. However, the numbers do not tell the whole story.

The term disproportionality refers to the rate of representation of Black children in the child welfare system compared to their representation in the general population in Ontario (Hill, 2006). Disparity, on the other hand, refers to the rate of representation of Black children in the child welfare system in comparison to children of other racial/ethnic groups in the child welfare population (Hill, 2006). In brief, disproportionality signifies an imbalance in the system, and disparity signals unequal treatment (Wells, Merritt, & Briggs, 2009).

This chapter focuses on two concerns that are hidden behind the disproportionality numbers. First are the factors that contribute to the removal of Black children and youth from families, and second is the profound pain and trauma that many Black children, youth, and families experience from sudden removal and placement in foster care or group home (Clarke, 2011, 2012; Clarke, Pon, Phillips, Abdillahi, & Benjamin, *forthcoming*; Pon et al., 2017; Contenta, Monsebraaten, & Rankin, 2015). We argue that these concerns are implicated in structural and social inequalities that arise from colonialism, White supremacy, sexism, classism, and anti-Black racism. To date, literature examining both concerns in Ontario, Canada remain sparse despite the growth of scholarship on child welfare (Clarke, 2011, 2012; Clarke et al., *forthcoming*; Pon et al., 2011, 2017). We draw on findings from a research study conducted by the first author that explored the experiences of Black mothers and youth with the child welfare system in Toronto (Clarke, 2011, 2012), research conducted in other jurisdictions, and our lived experiences as African Canadians, and combined four decades of professional frontline and management experiences in child welfare, private practice, and the non-profit sector working with Black children, youth, and families to offer a more nuanced understanding of these concerns.

In what follows, we present a brief historical context of child welfare in Ontario, which exposes the roots of Canada's settler colonial formation and history of slavery and anti-Black racism (Banakonda-Kish Bell, Sinclair, Carniol, & Baines, 2017; Benjamin, 2003; Blackstock, Brown, & Bennett, 2007; Clarke, 2011, 2012; Pon et al., 2011; Thobani, 2007). We discuss the theory of anti-Black racism (Benjamin, 2003), which provides the framework for analysis and for understanding how the child welfare

system in Ontario racially profiles and surveils Black families and disproportionately removes Black children and youth from them; and criminalizes, blames, shames, and pathologizes Black mothers (Clarke, 2011, 2012; Pon et al., 2017). We draw on anti-Black racism theory to discuss the roots and routes to Black family subjugation and the removal of Black children. We argue that the disproportionality and disparity in the child welfare system cannot be addressed without an understanding of the historic roots and routes to removal. Further, we argue that the experiences of removal are implicated in the mental health of Black families, particularly children and youth, who are the focus of this chapter (Clarke, 2011, 2012). We conclude with three recommendations that attend to structural and systemic change in Ontario's child welfare system.

## Main Body

### *Historical and Contemporary Roots and Theory: Behind the Disproportionality Numbers*

Canada as a White settler colonial nation has at its root a history of colonialism, slavery, White supremacy, and racism (Henry & Tator, 2010; Pon, Giwa & Razack, 2016; Simpson, James, & Mack, 2011). Canada has largely ignored its violent formation of colonization and genocide of Indigenous Peoples and the enslavement of Africans (Banakonda-Kish Bell et al., 2017; Benjamin, 2003; Blackstock et al., 2007; Pon et al., 2011; Roberts, 2002; Thobani, 2007). For its 100-year existence, child welfare has also ignored this history and the structural and systemic oppressions it produces, such as sexism, racism, poverty, inadequate housing, unemployment, child abuse, and neglect, and instead continues to reproduce discourses of deviance, deficiency, and criminality that have devastating consequences for Aboriginal and Black communities (Blackstock et al., 2007; Clarke, 2012; Esquao & Strega, 2015; Gosine & Pon, 2010; Landentinger, 2015; Miller, Cahn, Anderson-Nathe, Cause, & Bender, 2013; Pon et al., 2011, 2017).

Today's child welfare system is inseparable from this colonial history and from the racism, sexism, and classism that disenfranchised the Indigenous Peoples of Canada, and structures and maintains the disproportionate removal of Indigenous children from their families and communities (Banakonda-Kish Bell et al., 2017; Blackstock & Trocmé, 2004; Pon et al., 2011). In the 1960s, this history led to the "Sixties Scoop," where child welfare authorities removed large numbers of Indigenous children from their families and placed them in non-Indigenous families (Blackstock & Trocmé, 2004; Strega, 2007). Research shows that out of the 65,000 children in out-of-home care in Canada, 25,000 or approximately 38% were estimated to be Aboriginal children (Strega & Esquao, 2009). A 2011 National Household Survey showed that almost half (47%) of all children in foster care were Aboriginal children under the age of 14 even though they represented only 7% of children in Canada (Turner, 2016). Disaggregated provincial data showed that

although Aboriginal children make up only 5% of Canada's children population, they represented 80% of children in care in Manitoba and 14.4% in Ontario (Ontario Association of Children's Aid Societies, 2008; Trocmé, Knoke, & Blackstock, 2004). Currently, there are three times as many Aboriginal children in care than existed at the height of the Indian Residential Schools (Mandell, Clouston, Fine, & Blackstock, 2007). A similar plight exists for Black children and youth in Ontario, who are the focus of this chapter.

The present reality of African-Canadian children, youth, and families in the child welfare system must also be contextualized in Canada's history of colonization and genocide of Indigenous peoples and the enslavement of Africans, which was legalized for three centuries, as its legacy remains in major structures and systems (Cooper, 2006; Pon et al., 2017). Paul Gilroy (1993) describes this period of genocide, enslavement, domination, exploitation, the supremacy of Whiteness, and anti-Blackness as a period of Western racial terror. During slavery, Black women were not considered "mothers at all...they were breeders – animals, whose monetary value could be precisely calculated in terms of their ability to multiply their numbers" (Davis, 1983, p. 7). As "breeders" they had no legal claim over their children who could be sold to other slave owners "like calves from cows" (p. 7). Black women slaves were denied the right of motherhood and the dignity of mothering their children that was accorded to White women (Davis, 1983; Roberts, 2002). The child welfare system emerged out of this vile history and remains rooted in anti-Black racism and the practices and strategies of slavery aimed at the destruction of Black families through the devaluation of Black motherhood and the removal of Black children from them (Davis, 1983; Pon et al., 2017).

Pernicious forms of contemporary anti-Black racism have normalized the removal of Black children from their families and thus implicated in the overrepresentation of Black children and youth in care (Pon et al., 2017). An Anti-Oppression Roundtable (2009), which is comprised of child welfare agencies from across Ontario, reported that in an urban city, 65% of the children and youth in care were Black, even though they represented only 8% of that city's population. In 2014, the *Toronto Star* published data which revealed that 41% of the children in care of the Children's Aid Society of Toronto, Ontario's largest child welfare agency, were Black, even though they made up only 8% of the City's population (Contenta, Monsebraaten, & Rankin, 2014). A recent provincial survey of children in care for more than 1 year illustrated the magnitude of the disproportionality problem. It revealed that while children of African or Caribbean descent make up only about 5% of Ontario's children under age 18, they represented 12% of children in care (Contenta et al., 2014). Further disaggregation of the data showed that 8% of the children in care were of Caribbean descent, even though Caribbean children make up only 3.16% of children under age 18 in the province. This represents an overrepresentation of 2.5 times their percentage in the population. The data also showed that the majority of the children in care were of Jamaican heritage (Contenta et al., 2014). Similarly, children of African descent make up only 1.9% of children under age 18 in the province, yet 3.67% of Ontario's child welfare population. Given Canada's history and ongoing colonialism, White supremacy and anti-Black racism,



it is not surprising that the two groups that are overrepresented in the child welfare system are Aboriginal and Black children.

We draw upon the conceptual framework of anti-Black racism (ABR) to understand the roots and routes to child removal in Ontario's child welfare system. The ABR framework helps us understand a dialectic that involves "a particular form of systemic and structural racism in Canadian society, which historically has been perpetuated against Blacks" and the "resistance against dominant...systems of Whiteness and the building of agency and social transformation against racism and other forms of oppression" (Benjamin, 2003, p. ii). An ABR lens will guide us in examining anti-Black racism in Ontario child welfare and other systems with which it converges, such as education, criminal justice, and mental health (Clarke, Pon, Benjamin, & Bailey, 2015).

### ***Child Welfare-to-Prison Pipeline: Routes to Child Removal***

Informed by the historical legacy of slavery and contemporary anti-Black racism, our aim in this section is to make visible hidden factors and routes to the removal of Black children from their families by child welfare authorities (Clarke, 2011, 2012). These factors and routes need to be understood in complex and nuanced ways, as historically informed, socially produced, and linked to broader structural inequalities, which combine to undermine Black family autonomy and the removal of children (Clarke, 2012; Roberts, 2002). Anti-Black racism theory is an effective lens for seeing continuities between Black women as mothers under slavery and in contemporary child welfare (Clarke, 2011, 2012; Davis, 1983; Roberts, 2002). Drawing upon literature, findings of a previous study conducted by the first author (Clarke, 2011, 2012) with Black mothers and youth who were involved in the child welfare system in Toronto, and our professional experiences, we explicate seven routes to child removal: (1) "colour-blind" law and policies; (2) blaming Black mothers for structural problems; (3) shaming and humiliating Black mothers; (4) racial profiling and policing of Black families; (5) surveilling and controlling Black families; (6) criminalizing Black families; and (7) pathologizing Black mothers' resistance.

#### **"Color-Blind" Child Welfare Law and Policies**

The Child and Family Services Act (hereafter the "Act") is a major route to the removal of Black children and youth from their families in Ontario (Clarke, 2011). The Act sets the foundation for the removal of Black children and youth because it is devoid of explicit reference to race and, specifically, to anti-Black racism (Clarke, 2011, 2012). It ignores both the historical and contemporary experiences of African Canadians with structural and systemic racism. Further, by omitting the presence of African Canadians, and the legacy of slavery and racial oppression in Canada, the Act perpetuates anti-Black racism and maintains the devaluation of Black families in the child welfare system (Clarke, 2012).

The lack of attention to race, and specifically anti-Black racism, is also evident in the Act's weak language "to recognize that, wherever possible, services to children and families should be provided in a manner that respects cultural, religious and regional differences" (CFSA, 1990, p. 5). By ignoring race, the legislation is also not aligned with the Convention on the Rights of the Child (CRC) (2.0), which requires that "...when considering [alternative state care], due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background." The lack of attention to race in the Act also allows the 47 children's aid societies (CASs) in the province to refuse to collect and publicly report disaggregated race-based data on the number of Black children that are removed from families and placed in the Ontario child welfare system. To date, only one CAS – The Children's Aid Society of Toronto (CAST) has publicly released data on the number of Black children and youth in care (Children's Aid Society of Toronto, 2015). Further evidence of how the government and child welfare agencies continue to ignore race in child welfare is in the recent implementation of the \$122 million Child Protection Information Network (CPIN), a centralized information management system that aims to standardize work processes across all CASs in the province, with no directive to collect race-based data (Brennan, 2015; Clarke et al., *forthcoming*; Pon et al., 2017). In jurisdictions such as Britain and the US, where Black children are also overrepresented in child welfare, disaggregated race-based data has been collected, released, and used to monitor, measure, and reduce disproportionality (Harker & Heath, 2014; Roberts, 2008). The lack of data collection and reporting legitimize the removal of Black children and youth from their families, and perpetuate anti-Black racism.

### **Blaming Black Mothers for Structural Problems**

Another major route to the disproportionate removal of Black children from families is blaming Black mothers for structural problems, such as poverty, racism inadequate housing and childcare, substance use and abuse, mental health challenges, immigration stressors, and violence against women (Brook & McDonald, 2009; Clarke, 2011, 2012; Font & Warren, 2013; Marsh, Ryan, Choi, & Testa, 2006; Pon et al., 2011). Swift (1995) uses the term "mother blame" to refer to the child welfare practice of blaming mothers for the structural failings of government and for how children develop and behave. She also refers to this practice of blaming mothers for structural problems as "manufacturing bad mothers" (Swift, 1995). For example, although the literature is clear that child abuse and neglect flourish under poverty, child welfare workers shift the blame for structural inequalities from governments to parental deficits and pathologies (Clarke, 2011, 2012; Carniol, 2010; Strega & Esquao, 2009; Roberts, 2008). Rather than blaming governments for the failure to create meaningful employment opportunities for mothers to earn a living wage and to gain access to housing and child care to alleviate the structural conditions of poverty, workers sanction mothers for psychological assessments, parenting classes, anger management, and life skills classes that include budgeting

and nutrition (Clarke et al., [forthcoming](#)). Directing mothers toward psychological assessments and other therapeutic interventions that do not address structural inequalities serve to blame Black mothers, leaving them to feel a sense of failure (Briggs & McBeath, 2010; Clarke, 2012). Similarly, rather than challenging governments for the lack of child welfare resources dedicated to prevention; reunification; and support services, mothers are blamed, and resources are diverted to child protection; investigation; foster and group placement; and litigation (Clarke et al., [forthcoming](#)).

Both poverty and racism are identified as risk factors, although race is a stronger risk factor for removal, independent of poverty (Contenta et al., 2014; Hill, 2006; Teklu, 2012). In Canada, 24% of African Canadians live in poverty (Block & Galabuzi, 2011), and there is growing evidence of racialized poverty, especially in Toronto, Ontario (Clarke, 2012; Contenta et al., 2014; Hasford, 2015; Teklu, 2012). A *Toronto Star* report found that most children living in poverty are of African and Caribbean descent – 41% of southern and eastern African heritage, 25% from North Africa, and 26% of Caribbean descent (Contenta et al., 2014). The growing racialization of poverty is a risk factor for the removal of Black children from their families, and the racialization of the Ontario child welfare system (Clarke, 2012; Contenta et al., 2014; Hasford, 2015; Teklu, 2012).

These structural problems heighten poor Black mothers' visibility and vulnerability to a range of mandated reporters, and increase the risk for child welfare intervention and removal (Clarke, 2011, 2012; Clarke et al., under review; Hasford, 2015, Pon et al., 2011, 2017). A Black youth in Clarke's (2012) study provided a vivid image of the intersection of race and poverty in child welfare: "Being poor and involved with children's aid is no myth. The majority of kids in care come either from welfare, mothers allowance...the projects...Ontario housing, single parent families. Children's aid is set up to work with pauperized people" (p. 234). We contend that in the City of Toronto, the color of child welfare is Black.

### ***Shaming and Humiliating Black Mothers***

One of the main routes to the removal of Black children from their families is shaming and humiliating Black families, especially mothers (Clarke, 2011). The humiliation of Black mothers is a common strategy that the child welfare, education and criminal justice systems share with the institution of slavery (Clarke, 2011, 2012; Roberts, 2002). Child welfare workers engage in this practice by interviewing Black children at school without parental consent or removing and placing them in care without informing parents (Clarke et al., [forthcoming](#); Pon et al., 2017). One mother in Clarke's (2012) study recalled the humiliation she felt: "...from the very beginning when the school reported the incident to CAS (Children's Aid Society), neither the school nor the CAS called me to tell me they had my child" (p. 245). Some teachers also shame Black families and children by involving the police in disciplinary issues instead of a parent or a social worker (Clarke, 2012; Pon et al., 2017). Police officers

also humiliate Black children and youth by handcuffing them to address disciplinary issues and walking them through school hallways in handcuffs. These shaming practices intensify the education system's negative view of Black families, violates their rights, and degrades their parental authority (Clarke, 2012).

Child welfare workers and police officers also engage in anti-Black shamism by using various other strategies and tactics that shame and humiliate Black families to keep them in their place (Clarke, 2012; Pon et al., 2017). For example, a worker's decision to involve the police on home visits or closely monitor Black mothers' parenting skills and living arrangements is steeped in racial stereotypes of Black parental deficiency, criminality and dangerousness (Clarke, 2012). Police presence serves to intimidate and humiliate Black families and remind them of who is in control, and can also lead to arrests for matters unrelated to the original investigation (Clarke et al., forthcoming). Black mothers are also shamed by being arrested in the presence of their children (Clarke, 2011). Police officers, teachers, and child welfare workers, as mandated professionals, collude against Black families and are implicated in anti-Black racism and disproportionate removal of Black children and youth. Thus, child removal is accomplished by shaming and humiliating Black mothers.

### **Surveilling and Controlling Black Families**

Another route to the removal of Black children is the surveillance and control of Black families (Clarke, 2011, 2012). The term "surveillance" roughly translated as *watching from above* implies that the observer is in a position of dominance over the observed (Gilliom, 2001, p. 2–3). Los (2006) contends that surveillance operates with a totalizing gaze, "which is arbitrary and predicated on fear, aims not at normalisation but at an infinite malleability and obedience" (p. 76). Surveillance is a longstanding colonial strategy from the time of transatlantic slavery and plantation system used to identify and remove Black children from their families (Browne, 2015). According to Wrennall (2010), "surveillance is part of a general strategy of subjugation... expression of discipline" (p. 305). Contemporary tools such as the Child Protection Information Network (CPIN), a province-wide information management system which now connects all children's aid societies (CASs) across the province, provides workers with continuous surveillance of families – bringing them closer under the gaze of state power and control, and expanding the "surveillance state" (Parton, 2008).

Child welfare workers, foster parents, group home workers and police engage in several surveillance practices to monitor and control Black youth and families, and punish them for perceived deficiencies and deficits (Clarke, 2011). For instance, some workers visit schools to interview Black children without the knowledge and consent of their parents (Clarke et al., forthcoming). Others utilize police assistance during investigations to instill fear in families and "to send a message that they were in control" (Roberts, 2002, p. 236). Workers also conduct home visits to monitor parents' compliance to service plans, frequently "checking up on their whereabouts,"

and parents must comply or risk losing their children (Clarke, 2012, p. 242). For Black youth, “being under surveillance means that youth were held accountable for everything they did, good or bad and there were consequences” (Clarke, 2011, p. 279). Anti-Black racism and negative stereotypes of Black family criminality and dangerousness and more specifically mothers as “unfit” and “deficient” subjected them to greater surveillance and control (Clarke, 2011, 2012; Pon et al., 2017; Wrennall, 2010). These negative labels also bring Black families under the surveillance of benevolent workers who have authority to “save” children from deficient parents by removal (Pon et al., 2017). Both mandated and non-mandated referrers hyper-surveil Black families and make arbitrary referrals to child welfare for neglect and abuse investigations that are often rooted in anti-Black racism (Clarke, 2012; Pon et al., 2017). Once referred, cases against Black mothers are more likely to be substantiated due to deeply held negative stereotypes about Blackness and Black mothering, specifically Black maternal unfitnes (Clarke et al., forthcoming).

### **Racial Profiling and Policing of Black Families**

A major route to the removal of Black children from families is racial profiling and policing (Pon et al., 2017). The Ontario Human Rights Commission (OHRC, 2009) defines racial profiling as “any action undertaken for reasons of safety, security or public protection that relies on stereotypes about race, colour, ethnicity, ancestry, religion or place of origin rather than on reasonable suspicion” (p. 19). Racial profiling occurs when schools, daycare centers, police, child welfare, and other state authority single out and increase their scrutiny of Black children, youth and families based on race, ethnicity, height, or other characteristics rather than on evidence of criminal activity (Comak, 2012; Pon, et al., 2016a). The stereotypes underlying the practice of racial profiling have both material and psychological consequences for the Black children, youth and families being profiled (Giwa, James, Anucha & Schwartz, 2014).

Practices of racial profiling begins in kindergarten as early childhood educators, teachers and staff monitor Black children and make biased referrals to child welfare agencies based on stereotypes about Blackness and Black families (Clarke, 2011, 2012). Police presence in schools has intensified racial profiling and referral to child welfare agencies (Clarke, 2012). Today, police and schools are the largest referral sources to child welfare (Pon, et al., 2016b). The convergence of child welfare, police, and education systems expands the network of state power and control over Black families and fuels the child-welfare-to-prison pipeline (Clarke, 2012). Clarke’s (2012) research with Black youth shows how racial profiling fuels the carceral state, and destroys Black families, a practice shared with slavery (Roberts, 2002). The hyper-surveillance of Blackness and Black bodies meant that youth “were often followed, stopped and questioned by police on their way to and from the group home” (Clarke, 2011, p. 279). Whether in group home or foster care, Black youth were closely watched and “treated as suspects for anything that goes wrong” (Clarke, 2012, p. 246). Racial profiling ensures that Black youth in/out of care are criminalized and/or incarcerated (Clarke, 2012).

## **Criminalizing Black Families**

Another major route to the removal of Black children and youth is the criminalization of Black families (Clarke, 2011, 2012; Kumasa, M’Carty, Oba, & Gaasim, 2014; Walcott, Foster, Campbell, & Sealy, 2008). From the days of slavery, Black people were framed in terms of criminality and deviance, and hence various state interventions to control them (Roberts, 2002). These dominant discourses of slavery find their way into contemporary child welfare and continue to shape the experiences of Black mothers and children in the child welfare system (Clarke, 2011, 2012). For instance, the discourse of Black maternal unfitness continuously constructs Black women as “bad mothers” who are unfit to care for their children, resulting in the removal of Black children (Clarke, 2011, 2012). The discourses of Black crime and Black criminality in Toronto opinions the Jamaican as the face of crime in what has become known as the “Jamaicanization” of crime (Benjamin, 2003; James, 2002; Kumasa, Mfoafo-M’Carthy, Oba, & Gaasim, 2014, p. 251). It should not be a surprise then that most of the Black children in care are of Caribbean descent, primarily Jamaicans.

Research conducted by Clarke (2011, 2012) with Black mothers and youth in Toronto found that they were both criminalized by workers and police officers. Child welfare workers utilize police assistance during home visits or investigations with Black families because of deeply embedded anti-Black racist stereotypes about Black people, Black mothers’ physical aggression, or perceived violence in neighborhoods with large Black populations (Clarke, 2012). Police presence has increasingly led to Black mothers being charged with assault for physically disciplining their children (Clarke, 2012; Contenta et al., 2014; Teklu, 2012). While in foster care and group homes, Black youth were treated like criminals by police, social workers, foster parents, and group home staff (Clarke, 2011, 2012). As one youth recalled, “I could tell that they think we Black males are all criminals by how they watched me” (Clarke, 2011, p. 279). Another described how “foster parents watched their every move as if they were intruders about to steal things” (Clarke, 2011, p. 279). Youth reported that group home staff “carried out surveillance that made them feel like criminals or at least suspects” (Clarke, 2011, p. 279).

## **Pathologizing Black Mothers**

The pathologization of Black mothers is another route to the removal of Black children from families (Clarke, 2011, 2012). Pathologization relies on processes of labelling and stereotyping Black families, primarily mothers, as aggressive, lazy, and Jezebels (Andersen & Hill-Collins, 2015; Clarke, 2011, 2012). Contemporary processes of pathologization is reminiscent of how Black women and children were constructed and treated during slavery. Black people have always resisted racial oppression, White supremacy, colonialism, anti-Black

racism, and other social injustices from slavery to Jim Crowe, and their resistance has always been pathologized and criminalized (Alexander, 2012; Benjamin, 2003; Browne, 2015; Collins, 2000; hooks, 1984; Pon et al., 2011). Anti-Black racism scholar, Dr. Akua Benjamin (2003) contends that resistance is in the DNA of Black folks. Anti-Black racism makes the process of pathologizing Black families appear normal (Clarke et al., forthcoming). It relies upon pathologizing Black mothers' resistance and struggle against systemic anti-Black racism as expressed in their resentment and anger to child welfare intervention, as aggressive, uncooperative and even dangerous (Clarke, 2011, 2012; Pon et al., 2017). Given the anti-Black racism that Black families experience in the child welfare system, it is not surprising that they resist any form of child welfare intervention in their lives (Clarke et al., forthcoming).

Black families' resistance to their subjugation in child welfare, as expressed in their lack of compliance to worker expectation of Black submission is viewed as pathology, and could lead some workers to seek court orders to remove children, delay their return home, or impose additional controls and demands (Clarke et al., forthcoming; Roberts, 2002). Constructing Black mothers' resistance as pathology also means they are labelled deviant and non-compliant, rather than as humans with agency who can resist their oppression by expressing emotions such as anger (Clarke, 2012; Roberts, 2002). By framing Black mothers' resistance as pathology, child welfare workers ensured that their material needs are ignored and they are perceived as needing therapeutic interventions, such as counselling, anger management, or parenting classes (Clarke, 2011, 2012; Roberts, 2002).

### ***Mental Health Impact: The Private Pain of Child Removal***

The impact of removal on the mental health of children, youth, and families is well-documented along with explanations for this phenomenon (Balsells, Pastor, Mateos, Vaquero, & Urrea, 2015; Baum & Negbi, 2013; Clarke, 2011, 2012; Farmer & Wijedasa, 2013; Schofield et al., 2011). The literature on the impact of removal on the mental health of Black children, youth, and families is sparse (Clarke, 2011, 2012). Current literature shows that removal is a significant traumatic loss for both children and parents (Balsells et al., 2015; Clarke, 2011, 2012; Farmer & Wijedasa, 2013). While the dominant discourses of removal are "safety" and the "best interest" of the child, removal from family is associated with significant physical, emotional, and psychological risks, especially for young children (Corrado, Freedman, & Blatier, 2011). In our work, we see intense pain and suffering in families following the removal of children. Black families' mental health cannot be extricated from slavery and forms of contemporary anti-Black racism in the child welfare system, namely child removal. Below we focus on the impact of removal on children and youth.

## Impact of Removal on Children and Youth

The literature shows that removal from parents, families, and communities has serious psychological, emotional, and social consequences for children (Clarke, 2011, 2012; Eppler, 2008; Ferguson & Wolkow, 2012; Kim, Chenot, & Ji, 2011). Mitchell and Kuczynski (2010) found that children experienced removal as a sudden, traumatic event, which some equated to “being kidnapped” (p. 440). Removal from parents and placement in a new environment can create profound emotional turmoil and distress, including anxiety, depression, grief, and loss (Clarke, 2011; Leathers, 2003; Roberts, 2002). Removal from parents is considered the most significant loss for children and can bring severe stress and anxiety, especially for younger children (Eppler, 2008; Mitchell & Kuczynski, 2010). This is a significant loss because parents offer a protective role in children’s lives, and removal disrupts attachment (Mitchell & Kuczynski, 2010). From what we have seen in our practice, even the “best” foster care cannot compensate for the impact of removal on children’s well-being and mental health.

Removal also disrupts other significant relationships of children and youth (Mitchell & Kuczynski, 2010). Sibling relationships are often compromised by placement in separate foster care or group home (Mitchell & Kuczynski, 2010). Children also suffer the loss of peer and extended family relationships and supports, which can make them vulnerable to emotional and behavioural difficulties (Mitchell & Kuczynski, 2010). Placement disruption and instability further complicate relationships as children may move multiple times between foster care and group homes (Ryan & Gomez, 2016) and schools (Ferguson & Wolkow, 2012). The literature shows that the trauma of removal and multiple placements between foster care and schools (e.g., transfer and re-enrolment in new schools) put children at risk for academic difficulties and school failure (Ferguson & Wolkow, 2012). The trauma of removal affected children’s ability to concentrate on academic work, causing many to perform below grade level or to drop out of school (Ferguson & Wolkow, 2012; McRoy, 2005). Children also had to contend with the stigma of being in care and labelled “delinquent” by teachers and peers, with little support from foster parents, social workers, and other caring adults (Ferguson & Wolkow, 2012).

Multiple placement can compromise children’s psychological and social development and adult attachments (Fernandez, 2009). Placement instability also threatens children’s personal and physical development, including their sense of belonging and security (Corrado, Freedman, & Blatier, 2011; Grogan-Kaylor, Ruffolo, Ortega, & Clarke, 2008; Ryan & Testa, 2005). Studies found that children experience multiple placements as a “...sense of rejection, unworthiness, and negative labelling, whereby the child or youth may be considered “bad,” “difficult,” or “disruptive” (Grogan-Kaylor et al., 2008, cited in Corrado et al., 2011, p. 108). Multiple placement moves make it difficult for children and youth to create bonds, maintain friendships and connection or establish new ones, which can lead to other mental health issues (Cleaver, 2000; Corrado et al., 2011; Fernandez, 2009; Ryan & Gomez, 2016). Relationship was found to be significant in promoting children’s identity



development, sense of belonging, and resilience (Grogan-Kaylor et al., 2008). The trauma of removal and placement disruption can lead to failed reunification and re-entry into the child welfare system (Balsells et al., 2015; Farmer & Wijedasa, 2013) or involvement in the criminal justice system (Corrado et al., 2011; Courtney & Heuring, 2005; Fernandez, 2009; Lawrence, Carlson, & England, 2006; Ryan & Testa, 2005; Sweetman, Warburton, & Hertzman, 2007).

In a study conducted by Clarke (2011, 2012) with Black mothers and youth in Toronto, removal from family, friends, and community was associated with psychological trauma and distress, including loss, guilt, grief, anger, low self-esteem, disconnection, resentment, and stigma. Black youth described removal as a traumatic experience. They lamented the loss of relationships with family and friends. One youth expressed the pain of removal this way: "I cried and suffered the loss of my parents...and then my friends. I suffered multiple losses many times and I suffered a lot, which is why I believe I'm always so angry" (Clarke, 2011, p. 279). Youth lamented that whether removal is temporary or permanent, "It's a terrible thing for a child" (p. 279). One youth reflected: "It was probably best for them [child welfare workers] to take me away, because my mother was sick. She could not care for me properly. But I still have a lot of guilt, because she needed me too, and I wasn't there to help her" (Clarke, 2011, p. 279).

Removal from family and friends was made more difficult for Black youth who reported differential treatment by the adults who cared for them (Clarke, 2011). Their experiences were shaped and informed by anti-Black racism in foster care and group home (Clarke, 2011, 2012). As one youth recalled: "differential treatment created anger, low self-esteem, lack of feelings of belonging, and tensions among the youth in foster care" (Clarke, 2011, p. 279). The youth also expressed anger and frustration at being constantly watched and followed by foster parents, group home workers, and police during their time in care (Clarke, 2012). They were angry at group home staff for "working so closely with police to keep us under surveillance and control" (Clarke, 2011, p. 279). They expressed anger and resentment for being removed from their families and placed in White foster homes outside of their communities (Clarke, 2011). Black youth experienced removal as "the loss of the feeling of belonging and separation from older sibling" and as "the loss of culture and being surrounded by people who share their cultural heritage," which caused some to feel "out of place...and disconnected from family and culture" (Clarke, 2011, p. 279). For Black youth, race, culture, and connection to family and community are central to healthy identity development, and hence care should be taken to "place kids with people who share their culture, race, or nationality, so that the youth can grow up with self-worth and feelings of belonging and connection to their heritage" (Clarke, 2011, p. 279). Unfortunately, Black youth received little support to continue their relationships with parents or extended families (Clarke, 2011, 2012). However, once out of care, Black youth tried to re-establish connections to their culture, community, and relations with their families, especially siblings (Clarke, 2011).

## Limitations

The chapter has a few limitations. One limitation is the lack of rigorous research on disproportionality and disparity of Black families in Ontario's child welfare system. Only one small qualitative study was found that explored the experiences of Black mothers and youth with the child welfare system in Toronto, and fathers were not included. This study provided the themes for the chapter and impacted the discussion as findings might have been different if larger samples were used to obtain diverse perspectives. As such, the chapter provides an understanding of anti-Black racism in the child welfare system more from mothers' and youths' perspectives, and not fathers'.

Since the Canadian literature on Black families in the child welfare system is sparse, we drew on literature from other jurisdictions that examined the impact of removal on children and families. However, none of these studies focused on race or utilized an anti-Black racism lens. The few studies reviewed focused on the experiences of White parents, with little attention to the unique experiences of mothers or fathers separately, and even less attention is given to the experiences of Black parents as either mothers or fathers. These gender-“blind” and color-“blind” approaches in the literature suggest that critical race and feminist perspectives are needed if we are to understand the unique experiences of diverse parents with child removal, specifically how it intersects with race, gender, class, socioeconomic status, and other critical intersections (Baum, 2004; Baum & Negbi, 2013; Clarke, 2011, 2012).

Although few scholars have examined the manifestation of anti-Black racism in Ontario's child welfare system, little attention has been paid to the profound pain and trauma of child removal on Black children, youth and families and to the larger social and structural problems that impact mental health, such as anti-Black racism and sexism. This gap in the literature means that understandings of child removal and trauma, specific to the experiences of Black families in Toronto and across the province, remain limited. Finally, to complement the scant Canadian literature on anti-Black racism in the child welfare system and the trauma of child removal, we drew on our lived experiences as African-Canadian professionals who work with Black children, youth, and families in Ontario.

## Discussion

This chapter adds to the growing literature on racial disproportionality and disparity in child welfare. It centers on the experiences of African-Canadian children, youth, and families in the child welfare system, particularly in the Canadian context. It utilizes the experiences of Black mothers and youth from a previous study in Toronto

(Clarke, 2011, 2012) to illuminate the roots, routes, and factors that bring Black families to the attention of child welfare, factors that are often hidden due to anti-Black racism, including the impact of removal on mental health.

It offers the theory of anti-Black racism (ABR) as a framework to understand the historical and contemporary struggles and resistance against structural and systemic racism in Canadian society, and in institutions such as child welfare (Benjamin, 2003; Pon et al., 2017). This theory provides the lens through which to see how the removal of Black children and youth from their families is rooted in slavery and contemporary forms of anti-Black racism, sexism, classism, and other oppressions, which shape disproportionality and disparity outcomes (Clarke, 2011; Pon et al., 2017; Thobani, 2007). Anti-Black racism extends understanding of how child welfare diverts attention from structural factors, such as racism and poverty, to supposed Black maternal inadequacy, inferiority, aggression, and criminality (Clarke, 2012; Pon et al., 2017; Roberts, 2002; Savarese, 2015; Teklu, 2012). While there are varied explanations for racial disproportionality and disparity in child welfare, anti-Black racism heightens Black families' vulnerability to child removal by a range of state authorities who monitor, surveil, racially profile, blame, shame, humiliate, criminalize, and pathologize them (Clarke, 2011, 2012; Pon et al., 2017). Overall, the chapter emphasizes the centrality of anti-Black racism theory in understanding how the child welfare system and its policies and practices are implicated in the removal of Black children and the impact on mental health.

Finally, the two pressing concerns with which we began this discussion remain to be answered through rigorous research and scholarship. The gap in the Canadian literature with respect to disproportionality and disparity and the structural and systemic factors that are at the roots and routes to removal and the impact on mental health, highlight an urgent need for research with Black children, youth, and families (Clarke, 2011, 2012; Pon et al., 2017). Although the discussion highlights material and mental health consequences of removal, we know there remains much to be explored. The lack of disaggregated race-based data on the number of Black children and youth in Ontario's child welfare system creates a gap in current knowledge, policy, and practice. To date, research that focuses on race, specifically anti-Black racism in the child welfare system, remains sparse. As such, we know very little about the experiences of Black children, youth, and families in Ontario's child welfare system, and across other jurisdictions in Canada. We also have limited knowledge about racial trauma, specifically the trauma of removal that Black children, youth, and families experience as a result of child welfare intervention. It is imperative that research examines anti-Black racism in the child welfare system, particularly the day-to-day routine practices of child welfare workers, police officers, teachers, health professionals, and other mandated reporters who interact with Black children, youth, and families to understand how these systems converge to shape and influence racial disproportionality and racial trauma.

## **Implications: Where Do We Go from Here?**

In the light of the present racial disproportionality and disparity in child welfare and the profound trauma that comes with child removal, the current approach to child welfare which prioritizes child protection as removal from family must be challenged. Child removal needs to be contextualized in the history of colonialism, White supremacy, slavery, racism, sexism, and contemporary anti-Black racism (Clarke, 2011, 2012; Pon et al., 2011). From a review of the literature and our practice experiences with Black children, youth, and families, we propose three recommendations to dismantle the current organization of child welfare and disrupt the child welfare-to-prison pipeline. These recommendations suggest doing child welfare differently to prevent the unjust removal of Black children and youth from families, to reduce disparity and disproportionality, and to address the profound trauma that comes with child removal.

### ***Recommendation 1: The Establishment of a Black Children's Aid Society***

Given the persistent problem of anti-Black racism in Ontario's child welfare system and the disproportionately high numbers of Black children and youth in care, we echo the calls of other Black community members for the establishment of a Black Children's Aid Society (CAS) in Toronto (Monsebraaten, 2014; Pon et al., 2017). We argue that the color-"blind" approach to child welfare has failed to address historic and contemporary forms of anti-Black racism that removes Black children and annihilates Black family life (Clarke et al., forthcoming). The formation of a Black CAS is not a request for special treatment for Blacks, but falls within the current structure of what already exists for other groups, including Catholic, Jewish, and Native communities (Pon et al., 2017). It would function as a structure for advocacy and resistance against structural and systemic anti-Black racism and ensures that children's aid societies do not have control over the lives of Black families, or benefit from the lucrative financial incentives of child removal and Black family pain and suffering (Clarke et al., forthcoming; Daubs, 2013).

### ***Recommendation 2: African-Canadian Multi-service Delivery Model for Child Welfare***

We recommend the development of an African-Canadian multi-service model for child welfare in Ontario to radically transform the current residual model and to deliver culturally relevant and appropriate assessments and services to address the

complex needs of Black children, youth, and families. This community transformational model emphasizes prevention, advocacy, education, reunification, and capacity building to support families utilizing a network of community-based organizations and services to address the multiple factors that bring them to the attention of child welfare authorities. This transformational model would lie outside of the current child welfare system and addresses key child welfare decision points, such as intake, investigation, assessments, plan of care, placement, file review, supervised access, reunification with family and/or kin, or crown wardship, a last resort. If children are removed from families, services must be offered to mitigate the negative impact of removal on their well-being and prepare families for reunification.

### ***Recommendation 3: Development of an African-Canadian Mental Health Strategy***

Considering the impact of anti-Black racism on the mental health of Black children, youth, and families, we recommend the development of a comprehensive African-Canadian mental health strategy that prioritizes racial trauma as a service need in child welfare. We think it is imperative to create a mental health strategy that attends to both the individual pain and racial trauma that comes with removal and challenge the larger social and structural factors that contribute to removal, such as poverty, sanism, sexism and anti-Black racism. Rather than a focus on individual deficit and pathology as the current biomedical model proffers, this strategy would move beyond individual pain to address larger structural and systemic issues that contribute to removal, such as poverty, housing, criminalization, sexism, employment, anti-Black racism, and other societal deficits that have profound impact on mental health (Bonnie & Pon, 2015; Clarke, 2011, 2012; James et al., 2010). In addition, the government must make significant investments in prevention, promotion, and public education to challenge anti-Black racism in the mental health system in order to improve outcomes for Black children and youth. Partnership with African-Canadian service providers is the only way to ensure that Black children and youth receive adequate, timely, and culturally relevant mental health services and supports responsive to their unique needs.

## **Respondent**

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This chapter takes a bold step in going behind the disproportionality numbers to expose how the child welfare system in its policies, practices, and lack of research can, and do, hurt African-Canadian children, youth, and families. While I along with members of the African-Canadian community support the collection and publication of race-based data in the province of Ontario – as a strategy to identify gaps in services and address the issues of disparity and disproportionality – knowing the numbers of our children in State care only tell part of the story. An important part of the story that often gets lost in the discourse around numbers is the racial trauma that is historic and enduring in the lives of Black children and families and a significant factor in their involvement with the child welfare system.

While trauma knows no racial boundaries, there is increasing evidence that racism and ongoing victimization by racist incidents can negatively impact health and mental well-being (Qureshi, 2015). However, in Canada, and Ontario more specifically, research on mental health and racism is scant (Kafele, 2004), particularly in the child-welfare system with African-Canadian children in care who are experiencing inappropriate assessment, multiple placement breakdowns, and poor educational outcomes. It is my belief that there is great need for Canadian-based research that is targeted to examine systemic racism and the enduring impact of anti-Black racism on the mental health of people of African heritage. The traumatic experiences of having your child suddenly removed from your care is one area where research is urgently needed. It is worth noting that this call has been made since the 1980s by James Walker (1997) specifically as it relates to the impact of slavery on African Canadians. Others have called for an examination of the psychosocial and emotional residual effects of slavery on multi-generations of African people (Carten, 2015; DeGruy, 2005). Such research may provide insights into a myriad of issues related to disproportionality and disparity and the pervasive and overarching feelings of fear, distrust, and hopelessness of African-Canadian parents and children in dealing with child protection agencies. To date, there continues to be a paucity of research in this area.

As a practitioner with decades of child welfare experience from front-line to senior management, and as one of the architects of Harambee Child and Family Services, which was established to provide prevention and intervention services to African-Canadian children and families, I am aware of how mainstream child welfare agencies have failed to meet the needs of African-Canadian children and families. Beginning in the early 1970s and 1980s, when more African Canadians migrated to Canada, especially Ontario, often leaving their children behind due to racist immigration policies, the child welfare system changed the way it worked with children and families and failed to address the resultant trauma, fear, and helplessness experienced by parents with separation, loss, displacement, and destruction of their accustomed patterns of family life when their child(ren) were taken into the care of child protection agencies.

Child protection workers not only lacked the knowledge and skills in undertaking evidence-based, race-informed trauma approaches, but also failed to acknowledge the trauma experienced by African-Canadian children and families, and did not make it a priority in their conceptualization, assessment, and service plan – not even for

those children who were admitted to the care of child protection agencies. Similarly, rather than providing services and supports to assist mothers whose children were forcibly removed from their care and home, and placed either with some unknown family or unfamiliar facility, these African-Canadian women were labelled as unfit mothers, who lacked adequate parenting ability and skills, which continues, to date, to have a debilitating effect on their dignity, psyche, and socio-emotional functioning.

My own experience in facilitating group counselling sessions with African-Canadian adolescents and teens who were recently admitted to care revealed painful expressions that reflected a profound sense of loss of control over their lives following admission to care. In these group sessions, African-Canadian adolescents and teens often expressed a sense of hopelessness in merely not being able to plan and engage in leisure-time activities without having to negotiate permission and explain the minutiae of type, place, time, and duration of the desired activity. They expressed feelings of frustration and hopelessness that strangers in the roles of foster parents, group home staff, or social workers could exert such control over their lives.

It is time that a specific focus on the presence and effect of trauma on the psyche of African-Canadian children, youth, and families who are involved in the often intrusive and much-dreaded child welfare system be closely examined. As discussed throughout the chapter by my colleagues, the impact of sudden removal or separation of children from their families and communities can negatively impact children's mental health, regardless of how imperfect their home situation might be; the profound sense of loss, belonging, and attachment to parent(s), siblings, friends, and cultural community can intensify children's feelings of fear and hopelessness for the future. The three recommendations provided in the chapter offer hope for a different way forward for African-Canadian children, youth, and families involved with the child welfare system in Ontario.

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# SOS – Supporting Our Sisters: Narratives from the Margins



Karen Arthurton and Setareh (Tara) Farahani

## Introduction

I have had the privilege of working in collaboration with young women for over 25 years in relation to sexual violence and trauma. My work relied on transparency, authenticity, the development of longstanding relationships, and dare I say, love. Through venues such as providing one-to-one counseling, advocacy, referrals, facilitation of young women’s groups, and conferences, I was able to develop unyielding relationships with numerous participants in this research study. I contend that these existing connections were fundamental to providing a “safer” space, thus allowing young women to share their narratives without inducing further trauma. It is from this practice position that I center this discussion.

As a racialized woman and worker, I am acutely aware of how sexualized violence intersects with age, race, gender, and class. In the latter years of my work, a number of issues surrounding sexual violence became evident in relation to the experiences of racialized young women living in low socioeconomic neighborhoods. These early and ongoing accounts accompanying sexual violence sparked this research, initiating questions regarding what the day-to-day survival mechanisms that young racialized women employ, and what the long-term effects of witnessing or experiencing sexual violence are.

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While it is well documented that early exposure and experience of sexual violence impacts the physical, emotional, and spiritual wellbeing of young women (World Health Organization, 2013), we explore how this may be exacerbated by factors such as race, gender, age, and neighborhood. The purpose of this chapter is to explore both the impact of sexualized violence in the lives of racialized young women and the viability of accessing services post trauma. We briefly highlight the literature addressing these concerns and delve into research findings revealing young racialized women's narratives. In addition, this research explores the unfamiliarity and dissatisfaction with services experienced by young racialized women. Finally, we provide three recommendations towards enhancing service provision and policy adaptation.

## Definitions

For the purposes of this research, youth is defined as persons between the ages of 15 and 24 years (Youth Definition, UNESCO, 2016); however, we define youth as those between the ages of 18 and 24 years. This age range has been selected as it relates to informed consent to participants in research without parental/guardian permission and because of the intensity of conversations surrounding sexual violence. We wanted to ensure that the emotional and psychological wellbeing of participants was considered.

Galabuzi (2010) defines *racialization* as occurring when

the dominant group uses the process of group differentiation to impose a minority (inferior) status on the group that is rendered the 'other' and subordinates them. When race is the key factor of differentiation, a process of racialization is involved...it is these practices that are responsible for the differentiation in individual behaviour and institutional practices, policies, treatment and the emergence of hierarchical structures that privilege some and oppress other members of society... (p. 7).

A priority neighborhood (such as Jane Finch, Regent Park) is interpreted as vulnerable communities identified using some socioeconomic indicators, proximity to services, and the number of annual homicides (The Toronto Star, 2014).

## Review of the Literature

According to the World Health Organization (WHO) (2013), sexual violence is defined as

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work (p. 2).

Sexual violence thus exists on a continuum from obscene name-calling to rape and/or homicide, and includes online forms of sexual violence (e.g., Internet threats and harassment) and sexual exploitation (WHO).

Statistical evidence shows that sexual violence in the lives of young women is a pressing issue. The Canadian Women's Foundation (2015) notes that half of all women will experience at least one incident of sexual violence by the age of 16 years. While sexual violence affects girls and women of all demographics, racialized young women are at a particularly heightened risk of experiencing sexual violence compared with other groups (Baines, 2002). Another study showed that risk factors are not randomly allocated and include gender, racialization, being poor or in a low-income group, and living with a disability (Kennedy, Bybee, Kulkarni, & Archer, 2012).

The impacts of early sexual violence are well documented and include anger, depression, low self-esteem, eating disorders, isolation, lack of trust, and panic attacks (Dempsey, 2000 as cited in Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Kress, Trippany, & Nolan, 2003; Lalor & McElvancy, 2010; West, 2002). Studies have identified that survivors of sexual violence use a variety of coping strategies such as substance abuse and binge drinking, and some live with general anxiety (Bryant-Davis, Chung, & Tillman, 2009; Jasinski, Williams, & Siegel, 2000). Depression, substance abuse, attempted suicide, and post-traumatic stress disorder have also been documented, specifically for Black survivors (West, 2002). Increasingly, the interlocking of racism, sexism, and heterosexism is found to exacerbate these mental health risks (Singh, Garnett, & Williams, 2013).

While still limited and primarily within the European and American contexts, some authors argue that age, race, class, sexual orientation, disability, and gender are influential following trauma (Brown, 2008; Stewart, Ouimette, & Brown, 2002, as cited in Richmond, Geiger, & Reed, 2013). Thus, researchers have identified a need to better understand and explore how these factors influence whether young women might seek help (Singh et al., 2013). Furthermore, existing literature identifies barriers to services, emphasizing that without trust, a barrier exists for young women to discuss experiences of sexual assault (Suleman & McLarty, 1997). Distrust of the system, age discrimination, and fear of not being taken seriously or being treated with disrespect (Suleman & McLarty, 1997) are commonly indicated throughout the literature (Campbell et al., 2001, as cited in Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010). Recommendations, in turn, call for more outreach, more teen-oriented services, and increased awareness of staff with regard to the issue of sexual violence (Suleman & McLarty, 1997), thus leading to services that encourage members to feel empowered, heard, respected, and relevant (Jordan, 2013).

A wealth of research indicates racialized women experience higher rates of sexual violence compared to non-racialized women (Kennedy et al., 2012) and are less likely to receive adequate support from service providers and authorities (Galano, Hunter, Howell, Miller, & Graham-Bermann, 2013). Current research in the field of sexual violence experienced and/or witnessed by racialized urban young women in Toronto have exposed some gaps in the knowledge base (Baines, 2002). Namely, it speaks to the ways in which this population understands and experiences sexual

violence uniquely from other women, as well as their relationship with services and service providers.

Racialized young women are at a particular disadvantage when it comes to both accessing available services for sexual violence and the quality of care received (Price, Davidson, Ruggiero, Acierno, & Resnick, 2014). There are several reasons for this. First, studies have found that racialized women are less likely than other populations to access outside services for sexual violence care. Second, young women are at a particular disadvantage because of the fear of not being believed, a lack of knowledge of services available to them, and fear of further victimization by both their abuser and their communities (Stec, 2005). However, research seems to exclude the expertise of young women, which may in fact increase their accessibility as well as address discrimination.

The Canadian Women's Foundation (2015) found that many young racialized women confront poor quality of care including cultural insensitivity and racial slurs. Moreover, cultural stereotypes regarding communities assume that cultural groups take care of their own and that cultural privacy inhibits women from reaching out (Burman, Smailes, & Chanter, 2004). Furthermore, there is limited research addressing the mix of gender, race, neighborhood, and age, and how these barriers interact and create a particular environment for racialized young women. Therefore, examining the experiences of sexual violence of young, racialized women living in Toronto's "priority neighborhoods" is vital.

## Theoretical Approach

Black Feminist Theory (hooks, 2000; Hill-Collins, 2003) and the concept of intersectionality (Crenshaw, 1991) underpin this research. Black feminist theory according to Hill-Collins recognizes the power of Black women as agents of knowledge confronting race, gender, and class oppression. A distinguishing feature of the Black Feminist Theory is "insistence that both the changed consciousness of individuals and the social transformation of political and economic institutions constitute essential ingredients for social change. New knowledge is important for both dimensions to change" (p. 1). For women who may be "at risk," or rather "in risk," of further marginalization through gendered, racialized, and sexualized violence (Camper, 1994), it is important to contextualize the experiences through this critical lens.

Racialized young women are often silenced and dismissed within the feminist movement (hooks, 2000), therefore the Black Feminist Theory may offer engagement for those who are often displaced. If present epistemological assumptions are to be altered and social change is to ensue, it is crucial that the voices of young women are recognized as contributing to a new knowledge. Based on this premise, the expert contributions made by young women are seen as viable options.

Intersectionality aims to address the manner in which racism, patriarchy, class oppression, and other systems of discrimination create inequalities that structure the relative positions of women (Association for Women's Rights in Development, n.d.).

Intersectionality's fundamental assertion is that the social categories are often treated as separate axes of difference. Therefore categories such as gender, class, or race cannot be effectively separated, and Black identities are not detached but rather understood as being interlocking (Hill-Collins, 2003; Crenshaw, 1991). Interlocking identities amongst race, gender, class, and age will be explored later.

## Methodology

This study was guided by the idea that women with lived experience are best positioned to discuss the understandings and experiences of sexual violence, therefore qualitative research methods are best suited to this situation. "Qualitative inquiry emphasizes depth of understanding and deeper meaning of human experience; generally generates theoretically richer, yet more tentative conclusions than quantitative methods; results not easily reduced to numbers" (Rubin & Babbie, 2008: p. 1).

In order to illuminate the experiences of young racialized women, narrative inquiry was chosen. According to Fraser (2004) and Reissman and Quinney (2005), narrative is synonymous with a story that interrogates the "how" and "why" of events, bringing attention to the language for which stories are shaped. The narratives were: (1) audiotaped, allowing for stories and emotions to be expressed; (2) transcribed; (3) interpreted to identify themes and recommendations; (4) drafted into final findings and returned to participants for review; and, finally, (5) documented (Fraser). Narrative was selected as a way to capture the stories of young racialized women and to give credibility to their expert knowledge.

Ethical approval was sought from and granted by the Ethics Review Board (ERB) in order to include the narratives of young women amongst this research. Informed consent was explained prior to conducting the research and psychological wellbeing mitigated via referrals to counselling and debriefs with participants. The research team created and established ground rules, and co-facilitated the warm-up activities, focus groups, questioning, and closing/grounding exercises. They were also involved in transcription and review of the raw data.

## The Participants

Two focus groups and eight interviews were conducted with 25 participants. Two peer researchers and I interviewed racialized young women who had either experienced or witnessed sexual violence. The participants engaged in either one-on-one interviews, or as part of focus groups. Given the provocative nature of this study, numerous young women opted to participate in one-on-one interviews rather than in a group discussion.

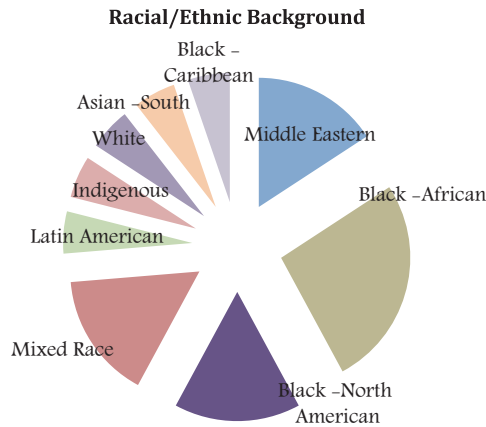
Recruitment employed purposive sampling designed to enhance understandings of individuals or groups experiences (Devers & Frankel, 2000). According to Rubin



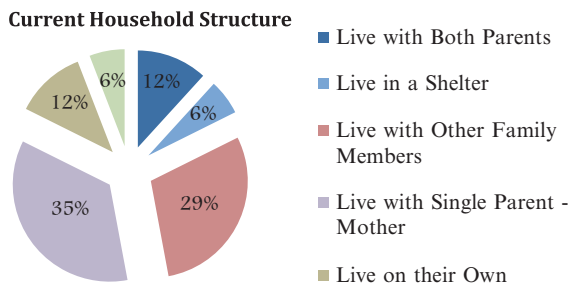
and Babbie (2005), purposive sampling is based on the researcher’s knowledge of the population, and on the study needs and purpose. Based on my knowledge, trust, and previous relationships, participants were invited to participate in the research.

An interview guide was used; however, participants guided the way that the interview/groups would unfold. The project was fully explained including the parameters of informed consent prior to commencing the research. Pseudonyms were used to preserve the confidentiality of each participant. A resource list was presented to all members at the closing of each interview/group in order to mitigate psychological/emotional impact. Each research participant expressed interest in having their voices heard and recorded, while appreciating portions of their narratives would be omitted. Following transcription, available participants reviewed their interviews and made appropriate edits.

Participants were asked to self-identify their gender, age, race/ethnicity, and living arrangements, demographics which were relevant to this discussion. The women ranged in age between 18 and 24 years, and described their ethno-racial identity as 41 % Black, 26 % Black African, 16 % Mixed Race, 16 % Middle Eastern, 6 % South Asian, 6 % Latin American, 5 % Indigenous, and 5 % Black Caribbean.



Current household structure involved 35 % living with a single parent, 29 % living with other family members, 12 % living on their own, 12 % living with both parents, and 12 % living in shelters or with foster parents.



Housing consisted of 29 % living in a house, 29 % living in co-ops, 24 % in an apartment, 12 % in social housing, and 6 % in shelters. Participants described their neighborhoods using terms such as “the hood,” “social housing,” and “the projects.”

## *Ethical Issues*

I assumed an insider/outsider role given my previous professional relationship with some of the research participants. Further, the peer researchers verified the importance of assuming an insider/outsider role, therefore their narratives are included amongst the findings. Pollack and Eldridge (2016) speak to the complexities of an insider/outsider position in research; however, they argue the importance of attending to their knowledge, academic training, and feminist antiracist politics. While the insider/outside role might bias the research findings, the provocative nature of the research topic relied on pre-existing relationships, brought forth richer narratives, and increased safety.

In order to interrogate this positioning, being reflexive proved advantageous. Hamdan (2010) recognizes that reflexivity throughout the research requires the researcher to pay close attention to his or her involvement in all aspects of the process, including self and personal beliefs in relation to the participants. We engaged in an ongoing reflection of our selves in and amongst the research via journals, ongoing check-ins, and debriefs.

## *The Narratives*

### **Definition of Sexual Violence**

Young racialized women living in low socioeconomic neighborhoods are generally unified in defining sexual violence within the continuum of everyday actions ranging from daily acts of sexual harassment to rape. Justice explains:

I would think of like, rape, or like, non-consensual touch or, non-consensual showing of private parts, or whatever, but I think sexual exploitation is more of like a mental, more of a mental manipulation (Justice).

Each participant had witnessed or experienced sexual violence at some point in their lives, with some reporting recurrent survivorship. Given the pervasiveness of these experiences in their lives, young racialized women spoke of experiences around mental health, and its implications within the realms of sexual violence. These narratives are explored via three sub-themes: (1) coping strategies; (2) harm associated with social stigma; and (3) self-worth, suicide, and self-harm.

## Coping Strategies

The vast majority of the participants reported a number of coping strategies. Ten participants spoke particularly about varied coping strategies amidst everyday survival. For Alessia, it means that girls suppress the memories. She explains:

... girls deal with that experience of sexual violence [in varied ways] ... some ways are rebelling, drinking, or using drugs so they don't have to feel or deal with those emotions.... girls don't actually deal with it, I think it's just put aside so that they can try and forget about it.

To further support this narrative, participants address methods such as “moving on,” denial, or ignoring sexual violence in order to cope. Sudden explains “A lot of them brush it off, and a lot of them just deal... and they go back as if nothing ever happened.”. Other participants confirm that suppression means burying the pain, and similar to Alessia using drugs and alcohol to numb the trauma, noting it is “a course of self-destruction.”

Justice explains:

You survive it day to day and you just, deal with it. You forget about it. You try to continue on like it never happened... eventually, the pain will go away, [but] you'll always remember, and you will always have that mistrust. But like, a lot of women such as myself, I like, did sleep around a lot, you know? ... after that sex wasn't a big deal. And so you try to do anything you can to cope with the pain so, like, drugs, alcohol, sex, you know, like boyfriends.....

*Erykah* introduces an additional element that amplifies day-to-day survival. She states:

You go through so much shit anyways that you feel like it's just another fucking tiger scar... We're used to being in the hood and going through this shit and used to seeing my mom struggle to pay the rent.

Sexual exploitation is secondary for *Erykah*: “[as it] doesn't feel the same, [compared] to all the oppression and fucked up shit we already went through.”

While coping strategies permeate their lives, Jade recognizes that “numbing is temporary and that eventually, turning your eye to it is not going to make it stop... you can file [rape, violation or exploitation] away for months or years or whatever, but it's always gonna come back...”. It is essential to note that day-to-day survival for racialized women is achieved without support.

## Social Stigma

A secondary sub-theme that arose throughout this research addresses the social stigma surrounding sexual violence, with emphasis on the issues of victim blaming and “slut shaming.” Alessia confirms, “They say, well, it's your fault...” Five participants experienced judgment, blame, and disregard when disclosing their experiences. For Lucy, years of flashbacks and familial blame and judgment meant that she: “... didn't tell anyone anymore. I feel like [workers are] gonna judge me.... and yeah.

It just, it gets overbearing.” Furthermore, Treasure expresses the inability to share her experiences with family, for fear of being blamed:

Like, at least for me like [...] given my background, my mom is very like ‘oh, you shouldn’t wear this, because that’s gonna lead to this,’ but she doesn’t really get that it doesn’t matter what I’m wearing....

Alessia further illustrates this point with phrases often used to disclaim and blame survivors of sexual violence such as: “you shouldn’t have done that,” “you’re such a slut,” “well, you were wearing this, so that’s your problem,” or, “you were out at this time, so that’s your fault.” She continues by expressing the helplessness of victim blaming, “[as] I think that a lot of times we blame the victim, [...] instead of actually dealing with the issue and what’s happened.”

### **Self-Worth, Suicide, and Self-Harm**

A third sub-theme indicated is young women’s experiences around self-worth and their experiences of self-harm, self-blame, and risk of suicide. Two participants shared their personal narratives surrounding suicide after years of being exposed to sexual harassment and trauma. While only two participants spoke specifically to this, many participants alluded to this amongst the interviews and focus groups. Erza sums this up by stating:

“I would say it leads to all that harm, and leading to suicidal thoughts. I’ve had it.” “I can’t date. I cannot even think of liking someone, anything like that. [...] I have had, like, you know, the suicidal thoughts; it’s been there for a long time [...] and stays there forever”.

Given the prevalence of sexual violence, how might age, gender, race, and neighborhood exacerbate their experiences? The following section provides insight.

### **Marginalization at Every Turn–Intersectionality**

I grew up in in an Iranian home, [and it was] hard to openly speak about sexuality and then on top of that, a sexually violent experience. [...] In a working class family [...] my mother had to support us, [and] she worked hard to give us a life, and then so her support was a bit absent for me, not by choice. [...] I think other figures don’t really take into consideration the other difficulties or challenges that come with that. [...] It can be a very lonely experience –Jane

Participants were asked to explore how age, race, and neighborhood impacted their lives and compounded their experiences of witnessing or experiencing sexual violence. While the question was posed in an intersectional manner, the majority of young women chose to answer the question singularly. All participants contend that all women are “in risk” regardless of age, while four participants identified that racialized young women are at an increased risk. Jade notes that age brings forth different vulnerabilities, it is a prime target for manipulation and grooming for human trafficking. Jade explains the beginning of the luring process:

...when you hit a girl whose like, in their early teens, like that is like, prime time to manipulate someone. Because, [...] there's certain things that she doesn't know. So if you could swoop in at the time, and just basically mold her mind to be what you want it to be [...] she's gonna be under your control, basically. It's like you're training a dog, or playing with a puppet.

In addition to age, six participants possessed very strong opinions about racism. Alessia articulated:

I think officers or some cops especially, just don't give a shit, and they're just like, 'you know what, forget it. You're [a person of] color, no, you don't really matter, so we're not gonna [...] take what you're saying seriously, or into action.

This contributes to the reasons why racialized young women oftentimes do not reach out to the police or other professionals. Additionally, Jade recognizes that Black girls are at a heightened risk, and interrogates this in the context of sexual exploitation as it relates to human trafficking in Nova Scotia. Jade believes:

I think it's more Black girls. Because of the generational thing of sexual exploitation. Umm, where, I think we're more likely to be around those people growing up. Those people who are going to exploit you. But umm, from the White side, like, I know a lot of White girls that I went to high school with, umm, they're now being sexually exploited. Umm, like pimping and in the game and stuff like that...

Treasure notes that Indigenous girls and young women are forgotten:

"Let's say, raping an Aboriginal woman. You don't really hear about that. And it's happened, but people don't pay attention to it... [Indigenous women] are very mistreated. So I guess they're stepped on and they just—no one cares". For Erza, cultural upbringing means that she can't speak of her survivorship. "I can't be—my parents, my mom doesn't know that I'm talking to my therapist about this issue. I've never talked to her about it, like, you know"?

Exploring risk in relation to certain "race"/ethnicity Sudden stresses that, "immigrants [...] don't know their rights and fear prosecution if they report." She considers the interlocking of race, age, and income amongst her narrative. For her, single parenting and subsequent diminished economic power create conditions that are:

harder to escape it. And so, I would say, young to mid aged women, umm, in marginalized communities, and people who are ethnic, I would say, like, people of South American, and Caribbean, and umm, Afro-African Canadian or African American. Umm, Latina, East Asian [make it challenging to] escape violence.

Of particular interest, neighborhood/income was considered the greatest "risk" factor. Thirteen participants contended that neighborhood played a substantial role in terms of addressing sexual violence and seeking support. For instance, Collexion Plate believes that "If you're coming from social housing you're dealing with an entirely different, you know, mum might not be there to tell you everything, you know cause she's too busy working.". Living in social housing and coming from "the hood" means therapy is a luxury.

[...] someone from Jane [Finch neighbourhood], they may hook them up with supports but they may not be as educated or as helpful. [...] Someone who is in a lower income neighborhood and is working in a lot of jobs just to make that money then they can't go and spend hundreds of dollars to get therapy, or for whatever reason. (Alessia)

Additionally, living in social housing equates to heightened surveillance, and risk of sexual violence. According to Erykah, young racialized women’s bodies are surveilled:

[...] the way you dress your body, it’s not supposed to be to turn somebody on, but [...] [and], depending on where your neighborhood, if you come from a neighborhood where, you know, people are in social housing, and like constantly drinking outside or like hanging out or whatever, the chances are you’re going to deal with people that are intoxicated.....

Sudden furthers this point and notes that interlocking of race, age, and neighborhood are contributing factors.

If you’re a 12-year-old and you’re a Black woman coming from a neighborhood [...] people are gonna harass you a little bit more, or holler at you... Like, she doesn’t have money and like, maybe she might need some money and like, maybe I can holler at her...

Collexion Plate imagines that this is amplified by:

“...barriers like money issues....oh wait, do I go and talk about my, the sexual assault that happened to me, or do I go and take care of my siblings because mom’s at work?” or something, you know? Cause there’s so many little things that you have to take into consideration”. Family breakdown, financial struggles, and greater responsibilities at a young age are aspects interconnected to living in ‘priority’ neighborhoods”.

Olivia encapsulates this by stating: “Girls from the ghetto are way more [likely] known to struggle in silence than girls from other neighborhoods.....”. It is evident that the interlocking of age, gender, race, and neighborhood contribute to risk factors surrounding sexual violence.

### ***“The System Doesn’t Do Anything” – Barriers to Services***

The issue of sexual violence is pervasive and requires specialized and specific resources that often do not exist amongst current services according to the participants. It is clear that without such, young women are “in risk” and will continue to not access services. With the exception of two participants, all participants agreed that young racialized women do not seek support primarily because they are not aware of services. Yasmin states:

I don’t think a lot of girls know about them. But then I also think, when girls might get the trust to tell their friend, or family, or someone they trust, umm, often the first question is “are you sure?”. You know, they get shut down.

Additionally, aspects such as: (a) unaccommodating professionals, (b) fear, and (c) judgment and stigma, create substantial barriers. With regard to whom young women speak to when they experience/witness sexual violence, this person is often a female friend who more often than not does not believe their disclosure. Young women also indicated that these conversations were unsupportive, leading to further “burying of their trauma” and resulting in coping strategies noted earlier. Although

young racialized women are not seeking support, they possess copious opinions to explain unmet needs. For instance, Jade believes:

I know all about vicarious trauma, but you have [to] really understand what you're doing, but you still have to deal with these people as they are. They're people. ... I think, by still maintaining boundaries and professionalism, you should deal with your client, especially if it's a female talking to a female you should deal with your client as you should want another service provider to deal with your daughter....

Workers for the most part are described as obstructive. They are someone who young women cannot relate to amongst unwelcoming environments. Personal experiences with staff reveal:

Staff who do not listen [and] when I think [of] respect I think, you hear but you are not just listening, but you also have to take into action...". Furthermore, participants "feel that the system doesn't do anything to protect them, all they can do is say he won't do anything to you". And it's not assuring enough, it's just, it doesn't, you're still uncomfortable cause now you're still looking over your shoulder every now and then..." Justice.

Further, workers lack education and according to Alessia: "they need to educate themselves more on those who have experienced, or have witnessed, sexual violence. A person can't be unraped so recognize the courage it took to even say anything....". Love/Beautiful explains the extents she will go to keep her secret:

"I'd rather have it be my secret, 'let me die with it' it's fucking bullshit. It's just crazy to me, you know? But I'm also, I come, you know, I come from a different place because I, I chose to be like, 'this is my sexual orientation' I'm gonna stick to this, you know? You don't love me for this? It's okay! Cause at the end of the day I wake up and see who in the mirror? Me, myself, and I. that's it. That's it. Crooked teeth or not, that's all I see, you know...?"

Fear is expressed by five participants who recognize this inhibits young racialized women from seeking support because "you don't know how the other person is gonna respond to you" ... "oh if you go, if you go talk to someone like I'll hurt you, I'll hurt one of your family members," which is very real, and it happens a lot... (Jade). Fright and silence may impact "newcomers, as they don't know how to access support. Umm, for some there may be a language barrier. There may be a cultural, umm, a cultural theme where you keep quiet—what happens in the home stays in the home. ..." (Sudden). Rejection or "[being] taken away from your family" (Jane) is also recognized. Additionally:

"Its umm, fear of what will happen if they do speak out, whether it's for their safety reasons or for their own mentality. Umm, the accessibility thing. Like, in Nova Scotia I don't even think any of this stuff. I don't think there's any of this types of supports, people more so don't talk about it.... Jade."

Finally, stigma creates inaccessible circumstances and three participants address this. Judgment leads to "burying the pain," which is amplified by racism for Justice who believes that:

"Depending on your race, then, you know, people could probably judge you and say, like, hey, you provoked it." Counselling is synonymous with the stigma and labelling of "crazy". While it could provide helpful services "there's just so much judgement around that.... and it sucks...".

### ***“You wanna help us...” – Creating Assessible Services***

Racialized and marginalized young women lamented that neither they (nor their friends) are accessing support and in most cases are not aware that specialized services exist. Overwhelmingly, the majority of young women echoed disbelief that services could meet their needs and that awareness of how race, neighborhood, age, and gender interlock must be infused within services.

Young women indicated that support services should be youth friendly, colorful, engaging and provide varied services. Young women find clinical settings alienating and propose that existing clinical services are housed amongst community setting. Further, a service that maintains confidentiality and “doesn’t gossip with their family” is suggested.

Second, remove time and age limitations. Lucy, who describes herself as a person with mental health “issues,” states: “I find it hard to find support when I’m over 19. Cause all the, all the respite programs, all the overnight like, all the help, is directed to people who are in high school sometimes”. Further, she notes:

That pain is not time limited and that you’re gonna be okay by the time you’re 20, or 21, and it’s not true. If you don’t have the support to help you get through it, then it’s gonna make it harder to adapt, to, to the changing options....

For the few young women who did access services, they stated that in most instances it was not beneficial. Reasons varied from feeling judged, that they were not able to connect to the worker, or that they were terminated because “the time was up” and because

You can’t put a timeline on treatment and especially not for something that has altered someone’s life, and something as serious as that. Like you can’t tell a girl, or anyone in general, that, listen, you can have three months with me, and in those three months you’re gonna feel better. Because people do have relapse.... –Alessia.

Moreover, deep hurt is also eminent when a relationship has been established and services are terminated. With dependency, Lucy states:

Because I’ve been to six foster homes already. Umm, so I’ve been moved around different workers quite a bit. I’ve gotten used to the workers, some of the workers. I got attached to my therapist. She had to go on maternity leave, and the one that came when she came back, I couldn’t see her anymore ....

Third, increase knowledge of services. Three key reasons cited by all participants include: not knowing services existed, not knowing where services are located, and learning much later in life that supports were available.

Fourth, increase the proximity of services. Participants recommend that services be located in their respective neighborhoods. Three participants believe “the closer the better.” The location should be “somewhere open; easy to access and somewhere that you can blend in...”. It should be on the subway line or a short bus ride away as it cannot be taken for granted that one has the funds to travel to varied locations. Furthermore, Collexion Plate reminds us:



So its gotta be in a location where, you know imagine if I didn't have a single dollar, right? And something like this happens to me, and I need to seek help. And I know of this place, how would I get there? Who would help me....? You know what I mean? So it has to be reasonable, right...?

Finally, have relatable social workers, more specifically workers that are racialized and have lived experiences. This was reinforced by all participants including Jade who believes:

"[Have] a relatable worker having people like me who have gone through it, and like, have already coped with it, talk to women..." "you have to be in the right neighborhoods,.... I think it's also important for those supports to look like the people that they're supporting. Because race is intimidating, whether people want to admit it or not. Umm, I would rather talk to someone who's Black....".

## Discussion

The preceding sections addressed the multiple ways to increase accessibility for young racialized women from low-income neighborhoods. The results of this research provide a deeper understanding of sexualized violence from their perspectives. The purpose was to explore their understandings of sexual violence and the mental health impact. Further, this research examined whether services were being accessed and ways to increase accessibility.

Racialized young women have a concrete understanding of sexualized violence consistent with the Canadian's Women Foundation's (2015) report. In accordance with this, participants confirmed via narratives that sexual violence falls on a continuum and those at increased risk are those who are racialized, of low-income, or residing with one parent (Kennedy et al., 2012). Furthermore, according to the research, the mental health stressors including anger, depression, low self-esteem, and lack of trust (Kress, Trippany, & Nolan, 2003 and Dempsey, 2000, as cited in Bryant-Davis, Ullman, Tsong, Tillman & Smith, 2010; Lalor & McElvancy, 2010; West, 2002) are unmistakable. Participants of the study confirmed this and utilized various coping strategies such as drugs, alcohol, and sex. Self-harm, self-worth, and suicide (West, 2002) also evident.

The interlocking of racism, sexism, and heterosexism noted by Singh et al. (2013) was confirmed by participants, naming agism, classism, and racism, as major factors; however, the greatest emphasis was placed on class or neighborhood, with the vast majority of participants feeling that this contributed to being in risk and indicators for not seeking support.

The literature addressed a vast number of reasons for not seeking support. Despite experiencing higher rates of sexual violence (Kennedy et al., 2012) survivors are less likely to have these experiences adequately addressed by service providers and authorities (Galano et al., 2013; Price et al., 2014; The Canadian Women's Foundation, 2015). As previously noted, for the most part the participants did not access services and for those who did, ignorance, fear, and stigma created

the greatest barriers. Turning to friends for support rather than professionals verified cultural privacy ((Burman et al., 2004) and assured that silence was maintained. Distrust of the system (Campbell et al. 2001, as cited in Bryant-Davis, Ullman, Tsong, Tillman & Smith, 2010) amplified this. This was confirmed by all participants who believed that greater safety could be achieved by employing racialized workers with lived experiences.

Studies also found that racialized women are less likely than other populations to go to outside services for sexual violence care. Participants agreed and subsequently called for an integrated model of care that is close in proximity, recognizing that affordability is a factor. Secondly, the fear of not being believed, being further victimized, and a lack of knowledge of services available to them (Stec, 2005) was indeed verified. Ways to mitigate such factors include increasing the visibility of service providers and addressing discriminatory practices. Young women offered solutions to this by recommending that the “ideal” worker be a racialized woman who possesses lived experiences. This coupled with an emotional connection, more specifically love and compassion, deemed “inappropriate” is recommended by young women who lament that these components must be evident amongst our work.

The works of Hill-Collins (2003) and hooks (2000) offered a substantive way to facilitate empowerment and contribute to new knowledge, while validating the experiences of confronting race, gender, and oppression (Hill-Collins). By recognizing that Black women and, in this case, young racialized women are often excluded from feminist discourse (hooks, 2000), this inquiry contributed to the creation of new expertise. An interlocking approach was essential as it addressed the contours of interlocking oppressions (Hills-Collins, Crenshaw, 1991) in a collective fashion rather than through singular interrogation. The literature review recognized the dearth of research in areas combining age, gender, race, and neighborhood, and this study has accomplished that in part. The findings contribute to a growing body of literature from a Canadian perspective.

## Limitations

Several limitations of this study must be highlighted to contextualize the results. Due to the use of purposive sampling with a highly marginalized community and our small sample size, this study only speaks to the voices of the young women who chose to participate in this research project are therefore are not generalizable. In addition, because of our sampling method, the young women who participated in the interviews and focus groups were women who were directly or indirectly involved with partner agencies and therefore are more likely than other racialized young women to speak positively of services in general, whether they used sexual assault-specific services or otherwise. As well, because of our method of recruiting participants, we were unable to include a larger number of specific voices of women that we know disproportionately experience sexual violence such as young women living with disability(ies), 2LBTQ+ young women, and Indigenous young women in the

Greater Toronto Area (GTA). Finally, due to the locations of our focus groups and interviews within the partnering organizations, specific geographic areas were disproportionately represented and therefore this research cannot speak for the varied voices of racialized and marginalized young women from diverse neighborhoods throughout the GTA.

## Implications

Sexual violence permeates the lives of all young women (The Canadian Women's Foundation, 2015). It has been ascertained that race, age, gender, and class play a role in the ways that racialized young women are at a heightened risk for sexual violence and exploitation. In order to increase accessibility for racialized young women living in low socioeconomic neighborhoods, consideration of their numerous recommendations must be considered. The first recommendation is shift existing services towards an integrated model of care. Unanimously, participants felt that an integrated model of care was necessary to increase accessibility for young racialized women living in low-income neighborhoods. Simply put, house it within existing services, such as a community center that avoids using the words sexual assault in the signage as it "scares people." Further, the relationship between young women and staff is key. According to the participants, the staff are female, racialized, from the "hood," and possess lived experiences. This worker (a) infuses authenticity, love, relatable, genuineness, and empathy, (b) possesses lived knowledge rather than theoretical knowledge, (c) is non-judgmental and open-minded, and (d) is youth friendly and uses youth-friendly language. Emphasis is placed on relationship building, passion, and a commitment to long-term connections, keeping in mind: "Love us, love the relationship where it starts off really bad, and you build a bond".

The second recommendation recognizes an urgent need for enhanced sexual violence information for young folks, starting from very young, grade one to grade eight. Given the recent changes to the Toronto District School Board (TDSB) curriculum, the incorporation of sexual violence education could be infused throughout different years. It is paramount that these candid discussions move beyond "no means no" discourse in order to recognize consent in all its complexities.

The final recommendation is to participate in ongoing research that addresses the limitations of this study including greater representation of Indigenous young women, transgender young women, and young women living with disability(ies), from across the GTA. This would increase the representation of young women and validate the need for young women as researchers and expert knowers. Unanimously racialized young women do not feel that their voices are heard or recognized. In order to break the forbidden silence, young women as researchers and expert knowers must be respected. The emotional, psychological, and spiritual wellbeing of

young women is reliant on the recommendations noted above. We leave this chapter with a closing thought for consideration:

You have to show me love. I have to see some love. If I'm sitting there, and you're straight faced, the whole time, you're gonna make me feel like shit because I just opened up to you, and [like] a lot of the girls, like, for me, I don't open up. I don't like opening up, I don't like showing my vulnerability, I don't like you knowing that I'm hurt. So when I do show you I'm hurt, and you don't show me no love back, I'm gonna attack you and then I'm gonna leave and never want to do it again. –Laila

## Response Section

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I often feel the heavy burden of what it means to be a woman in our society. Throughout this research, I have to stop thinking about the day, the tasks I have ahead of me—and simply absorb the experience and understanding that sexual violence is an overwhelming and underscored problem. I think about how much and how little is given attention in investigating a sexually violent experience, and about the stories that weave differently in every case.

I reflect often on the statement, “you are not alone,” and that it doesn't entirely feel comforting in the context of sexual violence. I understand equally, that in a world where women are silenced, we choose to make room amongst ourselves to validate and encourage each other to move forward, and work with strength through our experiences, and not being alone is sometimes the best strength we have.

I ponder on the complexities of sexual violence that are often pushed to the shadows. The cruelty of a world that silences bodies deemed fat, ugly, and seemingly “unworthy” of assault, while disputing the experience of those who they consider inviting of it. I ponder, as a person of color, the struggle of remaining silent around experiences of sexual violence in homes that express disdain around premarital sex, particularly for women, or the way that technology has forced many into the re-traumatization of seeing their perpetrators over and over again.

It is through my own layered experiences that I approach work and research around sexual violence with other women. A job that is exhausting, and rarely forgiving—and somehow continually filled with passion, compassion, and love.

I continue to be inspired by the girls, women, non-binaries, and all who anchor themselves in this work and push the boundaries that keep people comfortable around womanhood and sexuality. Who despite many moments of defeat, fatigue, and resistance continue to push this work through, and I know constantly—that despite it all, we work for each other, with each other, and we will keep working until this job is done.

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# The Effect of a Music Intervention Program on Self-Esteem and Aggression in Korean Male Middle School Students with Maladjustment Problems



Hyun-Sil Kim, Hun-Soo Kim, and Cretien van Campen

## Introduction

Aggression and violent behavior among children and adolescents have become major public health and social issues in South Korea and elsewhere around the world. The level of violence may be especially high during adolescence, but the roots of aggression can be largely traced back to childhood (Kim and Kim, 2008). Thus, a great deal of attention has been devoted to understanding the factors that are relevant to aggressive and violent behavior in children and adolescents. On the one hand, many Korean children and adolescents experience psychological pressure due to the strict educational system and competitive school environment. Accumulated psychological stress may easily be converted to deviant behavior such as smoking, drinking alcohol, early sexual experimentation, running away, and indulging in Internet activities. To cope with school-related stresses, some adolescents indulge in computer games and online chatting, and they seek sensation through videos and movies that feature sex and violence. On the other hand, studies indicate that self-esteem plays an important role in developing and controlling the stress of students. Students who were more stressed were found to have lower self-esteem and less awareness of their health (Hudd et al., 2000). Research findings have indicated an

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inverse correlation between life stressors and self-esteem (Garber, Robinson, and Valentiner, 1997; Friedlander, Reid, Shupak, and Cribbie, 2007).

In particular, the link between self-esteem and aggression is currently being debated by researchers (Baumeister, Campbell, Krueger, and Vohs, 2003; Choi, Lee, and Lee, 2010; Chong and Kim, 2010) and in the popular media (Slater, 2002). Researchers on one side of the debate have argued that individuals with low self-esteem are prone to real-world externalizing problems such as delinquency and anti-social behavior (Fergusson and Horwood, 2002; Sprott and Doob, 2000). However, others have questioned this claim, noting that several studies have failed to find a relation between low self-esteem and externalizing problems (Graetz, Sawyer, Hazell, Arney, and Baghurst, 2001) or between low self-esteem and aggression (Twenge and Campbell, 2003). However, at least three distinct traditions in the social sciences posit a link between low self-esteem and externalizing problem behavior. Rosenberg (1965) suggested that low self-esteem weakens ties to society; according to social-bonding theory, weaker ties to society decrease conformity to social norms and increase delinquency (Hirschi, 1969). Humanistic psychologists such as Rogers (1961) have argued that a lack of unconditional positive self-regard is linked to psychological problems, including aggression. Finally, neo-Freudians also posit that low self-regard motivates aggression; for example, Horney (1950) and Adler (1956) theorized that aggression and antisocial behavior are motivated by feelings of inferiority rooted in early childhood experiences of rejection and humiliation. Thus, three separate theoretical perspectives posit that externalizing problem behaviors such as delinquency or school violence are motivated, in part, by low self-esteem.

Self-esteem also represents a motivational force that affects perceptions and coping behavior; it buffers stress by mitigating the perceived threat and by enhancing the selection and implementation of efficacious coping strategies (Donnellan, Trzesniewski, Robins, Moffitt, and Caspi, 2004). In response, many professionals working in this field have developed programs to manage the aggression of children and adolescents and encourage them to cope with their stress more effectively. However, related studies have yielded inconsistent results, and the data suggest that such programs may have only limited positive effects on aggression and stress among children and adolescents (Kim and Kim, 2008).

Meanwhile, the past few decades have seen increased interest in the use of music to achieve a diverse range of outcomes, such as reducing anxiety (Kain et al., 2004), stress (Lindblad, Hogmark, and Theorell, 2007), anger, and agitation (Sung and Chang, 2005), and improving mood states (Saarikallio and Erkkila, 2007). Music has also been used as a psychotherapeutic strategy under certain conditions and in various populations (Kim, Kverno, Lee, Park, Lee, and Kim, 2006). In particular, self-esteem and self-confidence are factors found to be improved with the application of music as a therapeutic tool (Sharma and Jagdev, 2012).

Within the literature there is a wide variety of examples of music helping to increase self-confidence and self-esteem with various types of individuals. Sausser and Waller (2006) concluded that music enhances self-expression and self-esteem



among students with emotional and behavioral disorders. Chong and Kim (2010) described music therapy as similar to traditional healing methods in its ability to support positive belief systems and enhance feelings of group support and individual self-esteem. Within a population of autistic children, King (2004) also argued that music therapy and adapted music lessons may both influence self-esteem.

Similarly, music has long been thought to influence emotions and emotional control (Moore, 2013), and music intervention has been proposed as an option for controlling aggression. Studies in adults have found that music can enhance an individual's sense of control over his/her emotions, especially aggression and anger, through emotional catharsis (Lippin and Micozzi, 2006; Wiesenthal, Hennessy, and Totten, 2003). Moreover, some studies in children (Montello and Coons, 1999) found that music intervention clients showed significant improvements on the aggression/hostility scale of Achenbach's Teacher's Report Form. This suggests that group music therapy could potentially facilitate self-expression and provide a channel through which children or adolescents can transform frustration, anger, and aggression into an experience of creativity and self-mastery.

The present investigation was undertaken to examine the effect of musical instrument performance on self-esteem and aggression in Korean male middle school students with maladjustment problems.

## Methods

### *Participants*

The present study was designed as a nonequivalent control group pre-test–post-test study. Our study participants were recruited from two middle schools located in D metropolitan city, South Korea. We advertised a 24-week group musical instrument performance program for the students with school maladjustment problem on the school on-line communities and were approached by a total of 104 families. Among them, 72 students were consecutively selected from a teacher-report screen for school maladjustment behavior.

“Socially maladjusted in school” had many different definitions. In our study, a student with a maladjustment problem in school meant a student who has a persistent pattern of violating societal norms with truancy, bullying, rebelliousness, poor academic achievement, substance abuse, a perpetual struggle with authority, is easily frustrated, impulsive, and manipulative, and so on (D. Conn., Oct. 24, 1990). If the student showed more than one school maladjustment problem behavior, he was placed into the research participant group. A total of 72 participants who met the inclusion criteria were invited and consented to participate in the study. The enrolled students were randomly assigned to two groups; an experimental group composed of 36 students and a control group composed of 36 students.

The participants were racially, culturally, and socioeconomically homogeneous. The participants met the following criteria: (a) the presence of at least one type of school maladjustment problem behavior reported by a teacher in charge or parents; (b) able to understand the content of questionnaires and experimental schedules; (c) able to understand the scoring system; (d) not currently performing either of the interventions on a routine basis, and having no previous music intervention experience; and (e) free of any hearing deficit. Of the 72 participants whose family consented, six participants in the experimental group and five participants in the control group dropped out due to moving and personal reasons within 2 weeks after commencement of the intervention. The remaining 61 participants (30 students in the experimental group; 31 students in the control group) successfully completed the questionnaires at the pre- and post-test points; this represents an attrition rate of 7.7 %. The sample size for this study was subjected to a power analysis according to the methods of Cohen (1988). A sample of 24 per group was needed for a power of .80 and a significance level of .05 with a medium effect size = 0.50. To protect against attrition, we increased this number by approximately 20 %, and enrolled 30 participants per group.

## *Procedures*

This research study was approved by the Institutional Review Board of the academic institution at which it was conducted. After receiving this approval, we contacted the directors of the middle schools via telephone and e-mail to explain the study and obtain permission to recruit participants from their school. After receiving this permission, we recruited participants through an advertisement in the school on-line communities. A semi-structured interview and scoring of school maladjustment criteria by the researcher and teachers for approximately 3 weeks was conducted for the selection of potential participants. The announcement instructed potential participants to contact the researcher or research assistants in order to obtain a full description of the study. Each potential participant was given a recruitment letter for the study and a consent form for their parents to complete by e-mail. Parents returned consent forms directly to their children's teachers or investigators collected the forms through return e-mail. Once parental consent was obtained, assent was obtained from each student at the music class or group counseling time. Only students for whom we had both assent and parental consent were included in the study. Participation was strictly voluntary, and a right to withdraw from the procedure at any time was included. The purpose of the study was disclosed to all participants, and they were assured that the information they provided would be kept confidential. They were also informed that completion of the survey would require about 40 minutes, and it would be given twice (before and after the intervention). The research took place in two middle schools located in D metropolitan city, which is affiliated with the participants. All of the students were provided with a snack or refreshment at each intervention session, and were compensated for their time. No adverse effects occurred during the experiments.

## ***Research Variables and Measurement***

### **Self-Esteem**

The term self-esteem is used to describe a person's overall sense of self-worth or personal value. Self-esteem is often seen as a personality **trait**, which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions, and behaviors (Hewitt, 2009). In this study, self-esteem was measured by the Self-Esteem Scale (SES) developed by Choi (1993) based on the Self-Esteem Inventory (Coopersmith, 1967). The SES consists of 50 items using a five-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree) and evaluates four self-esteem domains: general (26 items), social (eight items), family (eight items), and academic (eight items) self-esteem. In this study, validity and reliability data for the SES were appraised by internal-consistency and factor analysis methods. The Cronbach's  $\alpha$  values obtained for the four above-listed components in the present study were .971, .885, .819, and .817, respectively, and the total Cronbach's  $\alpha$  was .873. The total score for the questions used in the present study could range from 50 to 250; a higher score indicated a higher level of self-esteem.

### **Aggression**

Aggression refers to a range of behaviors that can result in physical and psychological harm to oneself, others, or objects in the environment. Aggression can be expressed in various ways, including verbally, mentally, and physically (Anderson and Bushman, 2002). Aggression was measured with 17 items selected from the Mental Health Questionnaire for Korean Adolescents (Kim and Kim, 2000), a standardized self-reporting questionnaire. These items were composed of four indicators; verbal aggression (five items), self-injurious aggression (four items), object-related aggression (four items), and person-related aggression (four items). Respondents were asked to indicate their agreement with these statements, using a 6-point Likert-type scale that ranged from 0 to 5. The Cronbach's  $\alpha$  values of these subscales in this study were 0.78, 0.89, 0.87, and 0.90, respectively, and the total Cronbach's  $\alpha$  was .861.

### ***Music Intervention***

The music intervention applied in the current study was a group music instrument performance class (here, the extra-curricular group flute class) in a middle school environment. In this quasi-experimental study, intervention sessions were provided over a 6-month period, from March to August 2014. The intervention protocol,

which was developed by the first author along with professionals working in this field, was used to ensure the consistency and reliability in pursuance of the intervention program. The Music Instrument Performance Class was performed by the authors plus three music teachers (specialized in woodwind) at the research site during weekdays for 24 weeks. The first author of this study is currently pursuing a Bachelor's degree in woodwind, musicology (majoring in the flute). Each musical instrument performance class took about 50 minutes, including a warm-up period, the main session, and a wrap-up period. A 24-week intervention period was chosen based on previous literatures (Lee, 2010; Shin, 2006), and to ensure that the participants had sufficient time to become accustomed to the intervention.

The experimental group was given a class for music instrument performance as an extracurricular activity with regular music class. The class consisted of three levels of courses—beginners', intermediate, and advanced levels—for students. The beginner's course for 7 weeks included an introduction and the history of the flute; how to handle a flute; how to perform tuning; embouchure, articulation, phrasing, tonguing, and fingering; and the practicing of low-pitched tones. The intermediate course for 8 weeks consisted of practicing of middle- and high-pitched tone, overblowing, accent, double, and triple tonguing. The advanced course for 8 weeks included practicing of various techniques, such as vibrato, staccato, trills, syncopation, and the performance in ensemble work. At each session, the students were given time to practice a children's song, Korean traditional folk song, sonata, or the flute part of an ensemble work. At the last 24th week, small groups of students (duets, trios, or quartets) performed in class with their teachers and parents.

The control group was given a weekly group counseling program provided by the school counselor on a regular basis. The researchers instructed students of the control group to avoid taking any other extracurricular music lesson during the research period. Control group students who were interested in the music intervention applied in this study were provided with a complimentary music intervention after the study was completed.

For the pretest, two groups were asked to complete the research questionnaire, which included items on demographic information, self-esteem, and aggression before the initiation of the music intervention and group counseling program. After the 24-week session ended, the two groups were again given the same research questionnaire by the principal investigator and two trained research assistants.

### *Statistical Analyses*

Homogeneity testing between the experimental and control groups was performed using a Chi-square test, Fisher's exact probability test, or a *t* test. Next, between- and within-group comparisons for examining the effects of the intervention were analyzed as the differences in the level of self-esteem and aggression before and after the intervention using a *t* test. Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS/WIN 15.0) software. Probability values of less than .05 were considered to indicate statistical significance.

## Results

### Homogeneity Testing

As measured by descriptive statistics, the two groups (experimental and control) did not differ significantly in their initial demographics. The mean age of the experimental group was 14.6 years (SD; 1.2), and that of the control group was 14.8 years (SD; 2.2). In the total of the both groups, 95.0 % of fathers and 88.3 % of mothers had graduated from college or university on average. The average number of siblings was 1.91, and the mean of their monthly household income was 2,980,000 KRW in the total of the both groups (Table 1).

Homogeneity testing on outcome variables revealed that at the pretest, the experimental and control groups scored 135.16 ( $\pm 11.92$ ) and 136.45 ( $\pm 12.19$ ), respectively, for total self-esteem, and 47.88 ( $\pm 5.62$ ) and 48.49 ( $\pm 6.08$ ), respectively, for total aggression (Table 2). There were no significant differences in these outcome variables between the two groups, indicating that the experimental and control groups in the pretest condition were homogeneous on the dependent variables as well as demographic characteristics.

**Table 1** Homogeneity testing for participants

Characteristics	Categories	Exp. (n = 30)	Cont. (n = 31)	$\chi^2$ or <i>t</i>	<i>P</i>
		<i>n</i> (%) or <i>M</i> ± <i>SD</i>	<i>n</i> (%) or <i>M</i> ± <i>SD</i>		
Age		14.6±1.2	14.8±2.2	1.223	.176
Grade <sup>a</sup>	7	14 (46.7)	12 (40.0)		.239
	8	14 (46.7)	15 (50.0)		
	9	2 ( 6.6)	3 (10.0)		
Education (father) <sup>a</sup>	≤High school	1 ( 3.3)	3 (10.0)		.574
	college<	29 (96.7)	27 (90.0)		
Education (mother)	≤High school	4 (13.3)	3 (10.0)	1.262	.342
	college<	26 (86.7)	27 (90.0)		
Number of siblings <sup>a</sup>	1	12 (40.0)	13 (43.4)		.369
	2-3	16 (53.3)	15 (50.0)		
	3<	2 ( 6.7)	2 ( 6.6)		
Household income (10,000KRW <sup>b</sup> )	<200	10 (33.3)	8 (26.7)	1.008	.992
	201–300	16 (53.3)	17 (56.6)		
	300<	4 ( 13.4)	5 (16.7)		
Academic performance <sup>a</sup>	Upper	1 ( 3.3)	0 ( 0)		.479
	Average	10 (33.3)	12 (40.0)		
	Low	19 (63.4)	18 (60.0)		

<sup>a</sup>Fisher’s exact test

<sup>b</sup>1 USD = approximately 1,105 KRW

**Table 2** Homogeneity testing for outcome variables

Variables	Experimental group ( <i>n</i> = 30)	Control group ( <i>n</i> = 31)	$\chi^2$ or <i>t</i>	<i>P</i>
	<i>M</i> ± <i>SD</i>	<i>M</i> ± <i>SD</i>		
General self-esteem	68.76 ± 11.22	66.88 ± 12.57	-0.209	.838
Social self-esteem	23.13 ± 5.24	24.39 ± 6.11	1.318	.241
Family self-esteem	21.42 ± 5.74	21.98 ± 4.78	0.098	.727
Academic self-esteem	21.75 ± 6.92	22.88 ± 7.41	-0.432	.128
Total self-esteem	135.16 ± 11.92	136.45 ± 12.19	-0.632	.128
Verbal aggression	16.44 ± 5.13	16.87 ± 4.72	-0.616	.786
Self-injurious aggression	8.93 ± 3.96	9.12 ± 4.64	0.112	.211
Object-related aggression	11.65 ± 4.45	11.21 ± 5.43	0.803	.353
Person-related aggression	10.79 ± 4.62	11.29 ± 5.68	0.912	.262
Total aggression	47.88 ± 5.62	48.49 ± 6.08	1.112	.524

### *Within- and Between-Groups Comparison*

T-test was used to compare changes in the levels of self-esteem (general, social, family, and academic self-esteem) and aggression (verbal, self-injurious, object-related, and person-related aggression) within and between the pre- and post-test scores of each group.

In the within-group comparison, as presented in Table 3, the levels of general, social, academic, and total self-esteem in the experimental group were significantly higher at the post-test than at the pretest, whereas the level of family self-esteem did not show a significant difference between the pre- and post-tests. The control group showed only statistically significant difference in the level of general self-esteem between the pre- and post-tests. In the within-group comparison for aggression, the level of verbal and self-injurious aggression in experimental group showed statistically significant differences between the pre- and post-tests, whereas the control group showed only a statistically significant difference in the level of verbal aggression between the pre- and post-tests.

The results of the between-groups comparison are also presented in Table 3. For the level of self-esteem, paired *t*-test showed that the mean differences in social ( $t = 1.485, p = .033$ ), academic ( $t = -0.517, p = .002$ ) and total self-esteem ( $t = -0.976, p = .037$ ) were statistically significant, whereas no statistically significant differences were observed in the mean differences in general and family self-esteem at the post-test. For the level of aggression, paired *t*-test showed that the mean difference in self-injurious aggression ( $t = 0.436, p = .038$ ) was only statistically significant, whereas no statistically significant differences were observed in the mean differences in verbal, object-related, person-related, and total aggression at the post-test. Collectively, these findings indicate that group music intervention used in this study was effective in enhancing self-esteem, but was not effective in reducing aggression among Korean male middle school students with maladjustment problem.

**Table 3** Within- and between-groups comparisons of outcome variables

Variables	Experimental group	Control group	<i>t</i>	<i>P</i>
	M ± SD	M±SD		
<b>General self-esteem</b>				
Pretest	68.76 ± 11.22 <sup>a</sup>	66.88 ± 12.57 <sup>a</sup>	-0.209	.838
Post-test	75.23 ± 7.11 <sup>b</sup>	76.21 ± 8.22 <sup>b</sup>	1.211	.465
	<i>a&lt;b*</i>	<i>a&lt;b**</i>		
<b>Social self-esteem</b>				
Pretest	23.13 ± 5.24 <sup>a</sup>	24.39 ± 6.11	1.318	.241
Post-test	27.22 ± 4.18 <sup>b</sup>	24.73 ± 5.21	1.485	.033
	<i>a&lt;b*</i>	<i>NS</i>		
<b>Family self-esteem</b>				
Pretest	21.42 ± 5.74	21.98 ± 4.78	0.098	.727
Post-test	22.58 ± 6.42	21.49 ± 6.19	0.546	.149
	<i>NS</i>	<i>NS</i>		
<b>Academic self-esteem</b>				
Pretest	21.75 ± 6.92 <sup>a</sup>	22.88 ± 7.41	-0.432	.128
Post-test	26.95 ± 3.89 <sup>b</sup>	23.11 ± 4.02	-0.517	.002
	<i>a&lt;b*</i>	<i>NS</i>		
<b>Total self-esteem</b>				
Pretest	135.16 ± 11.92 <sup>a</sup>	136.45 ± 12.19 <sup>a</sup>	-0.632	.128
Post-test	151.98 ± 9.84 <sup>b</sup>	139.54 ± 10.41 <sup>b</sup>	-0.976	.037
	<i>a&lt;b**</i>	<i>NS</i>		
<b>Verbal aggression</b>				
Pretest	16.44 ± 5.31 <sup>a</sup>	16.87 ± 4.72	-0.616	.786
Post-test	13.84 ± 4.84 <sup>b</sup>	12.88 ± 4.43	-0.150	.068
	<i>a&gt;b*</i>	<i>a&gt;b*</i>		
<b>Self-injurious aggression</b>				
Pretest	8.93 ± 3.96 <sup>a</sup>	9.12 ± 4.64	0.112	.476
Post-test	7.06 ± 3.84 <sup>b</sup>	9.46 ± 3.28	0.436	.038
	<i>a&gt;b*</i>	<i>NS</i>		
<b>Object-related aggression</b>				
Pretest	11.65 ± 4.45	11.21 ± 5.43	0.803	.353
Post-test	11.89 ± 4.56	11.96 ± 5.02	1.272	.208
	<i>NS</i>	<i>NS</i>		
<b>Person-related aggression</b>				
Pretest	10.79 ± 4.62	11.29 ± 5.68	0.912	.262
Post-test	10.82 ± 3.41	10.93 ± 4.01	1.103	.088
	<i>NS</i>	<i>NS</i>		
<b>Total aggression</b>				
Pretest	47.88 ± 5.62 <sup>a</sup>	48.49 ± 6.08	1.112	.524
Post-test	45.49 ± 6.23 <sup>b</sup>	46.23 ± 7.93	1.342	.081
	<i>NS</i>	<i>NS</i>		

\**p* < .05, \*\**p* < .01; \*\*\**p* < .001

## Discussion

The main objective of this study was to determine if music instrument performance program could increase self-esteem and decrease aggression among Korean male middle school students with maladjustment problems. The previous studies on music intervention (Baker and Ledger, 2007; Kim and Kim, 2004; Kim, Han, Park, Kim, and Kim, 2010; Standley, 2003) generally focused on the effect of passive or simple interventions, such as listening to music or singing songs to infants or elderly persons with physical or cognitive problems.

Thus, the present use of music instrument performance applied in this study as a music intervention could be considered to be a very innovative approach.

To examine the research question stated in this study, a two-sample *t*-test was used to compare mean differences in the response scores between the experimental and control groups. In the administered questionnaire, the first question asked the participants to indicate their current level of self-esteem. In comparison of their mean differences between pretest and post-test in the experimental group, the level of perceived general, social, academic, and total self-esteem showed statistical significance in a *t*-test. These findings are consistent with a previous research that level of self-esteem at the pretest in the experimental group showed significant improvement at the post-test compared with the control group (Choi, Lee, and Lee, 2010; Seo, 2009). However, the mean difference in the level of family self-esteem between pretest and post-test in the experimental group was not statistically significant. It may mean that family self-esteem rooted in family environment such as negative affective relationship between parent and child may not be less impacted by music intervention provided in a school environment. Although the control group also showed improvement of total self-esteem at the post-test, the difference between the pretest and post-test was not statistically significant. Consequently, we found that group music intervention was more effective than group counseling for the improvement of self-esteem in our target population. Needless to say, the specific way that the group is employed, its composition, the competence of the therapist, and the extent of the therapist's directiveness, maneuvering, and types of participation vary with the skill, experience, theoretical bias, and personality of the therapist. In group counseling run by an unsophisticated therapist, group problems such as resistance, conformity, or quarreling may occur verbally or behaviorally. Partly the reason for group counseling being less effective than group music intervention may be in the nature of the group therapy. We also found that some of the students involved in group counseling perceive their involvement as a stigma, as they may think that they are acknowledging that they have a behavioral problem by getting involved in group counseling. If that is the case, it means that this experience may not be very helpful in improving their self-esteem.

The second question of this study was to examine whether group music intervention can decrease the level of aggression among Korean male middle school students with maladjustment problems. Although the level of aggression at the post-test decreased to a level lower than that at the pretest, the experimental group did not



show a statistically significant decrement in their level of aggression. Similarly, the control group also did not show a statistically significant decrease in their level of aggression between the pre- and post-test.

In between-groups comparison, there was no evidence of a significant difference between the group music intervention group and group counseling group in the impact for reduction of aggression. Consequently, this may mean that music intervention is not effective in reduction of aggression in our target population. Interestingly, this finding was not consistent with some of the previous studies conducted in our country that reported the effects of music intervention on aggression (Choi, Lee, and Lee, 2010; Kim, 2009). On the one hand, the previous studies on aggression targeting the at-risk youth did not use music instrument performance alone as their intervention, but rather used music intervention including singing a song or playing a percussion instrument named NANTA—a world-famous Korean nonverbal percussion performance show—that helps to express inner anger or reduce negative emotions. On the other hand, the present study examined the impact of the musical instrument performance of classical music without any catharsis aid measure. Although some evidence suggests that music has potential as an emotional soothing agent, not all research has supported this (Kim et al., 2010; Nilsson, 2008). For instance, the meta-analyses of previous studies on the effect of music on anxiety have yielded inconsistent results (Koch, Kain, Ayoub, and Rosenbaum, 1998; Walther-Larsen, Deimar, and Valentin, 1998). Thus, considering that aggression may be seen as a kind of emotion like anxiety, we speculate that our intervention—probably, music itself—may not be a very effective means for decreasing aggression. Furthermore, our intervention involved teaching students how to play the flute, and then asking them to play the flute in an ensemble or small group performance. Thus, we now realize that the intervention used in this study could have been a stressful experience for some of the students who were less motivated or less interested in music. Such students may have experienced the intervention as a kind of learning experience rather than a therapeutic art-based intervention using music.

Similar to the experimental group receiving music intervention, the control group receiving group counseling also did not show any change in mean difference of the level of aggression in our study. In addition, similar to the effect of the music intervention on aggression, previous studies on the effect of group counseling on aggression have also shown inconsistent results (Ko, 2010; Girard, 2001). Despite the presence of substantial evidence supporting the benefit of music, it can be challenging to implement music appropriately and therapeutically within schools. It can also be difficult to predict which students may benefit from music intervention and to determine suitable music selections, the best methods of delivering music, and the optimal timing and sequencing for music interventions. Given the contextual nature of this study, its implications for intervention are tentative and future research is needed to fully inform any treatment recommendation. Nevertheless, our results seem to suggest that the targets and/or types of music intervention may need to differ to enable effective modulation of self-esteem and aggression.

The present study suffers from some limitations that call for careful consideration of the results. Firstly, all participants were recruited from only two middle schools (located in D metropolitan city and K province of South Korea) using a convenience sampling method; thus, they do not represent all middle school students residing in Korea. This highlights the need for further studies aimed at fully evaluating and comparing the effectiveness of music in more representative groups. Secondly, the data for all variables used in this study are based on the self-reports of students. Although we guaranteed each participant anonymity and confidentiality, it is possible that some students might not have answered all of the questions honestly. Future studies should include additional informants (e.g., teachers, families, or members of the peer group), as well as observational assessments by teachers or family members. Thirdly, school maladjustment problems as one of criteria for selecting research participants can be understood as the students' broad pattern of psychological or behavioral uneasiness in the school context, which can be caused by various factors. Thus, school maladjustment criteria used in this study seem to be somewhat vague. Fourthly, some of participants in both groups missed several group sessions due to personal reasons such as physical illness or previous hospital appointment. Although almost all group members attended every scheduled group intervention session, there were a few members who missed one or more sessions. Finally, although a rigorous process was used, conceptually and developmentally appropriate interventions must be further developed if we hope to precisely assess these sorts of research questions. The field of music intervention remains complex, and there are still ambiguities in the conceptualization, usefulness, and contextual nature of its application. Thus, future research is needed to address these issues.

## Implications

The results from this study have implications for practice, education, and policy recommendation. First of all, this research suggests that music intervention can be used effectively as a modality for intervention due to its potential benefit to mental health improvement for children and adolescents in school or community settings. Second, in the context of health education, it may be possible for faculties to teach music intervention for development of mental health care competency in their students with the aim of ensuring a transition from a hospital to a school environment to better manage problem behaviors among adolescents. Furthermore, it is important for health education programs to have a curriculum context including art-based intervention. Third, in terms of the policy recommendation, the outcomes of this study demonstrate the importance of music intervention for students with maladjustment in a school environment. However, most Korean students and their parents do not think music or art are priorities as they move into a senior year. One of the reasons is that music with another kind of art such as fine art or dance is not included in the Korean Scholastic Aptitude Test (SAT) and this means that these are

non-essential subjects. More seriously, some people still think that music education is only necessary for musically gifted children. Thus, the Korean government needs to institute education policies for encouragement of music activities by teachers specialized in music in school.

## Response

### *The Power of Music*

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The results from the study into the effects of a music program on self-esteem and aggression deserve wider applications than adolescent studies. Working with artists in elderly care projects this study inspired me to new approaches in the care for people with dementia in particular. In my book *The Proust Effect* (2014) I have described the power of music and other sensory stimulation in evoking meaningful memories in older persons. For instance, in musical projects where people with dementia were invited to sing and play old folk tunes from their youth, artists in collaboration with healthcare professionals have succeeded in activating people who were spending their days in passivity and loneliness. The artists and nurses inspired the older frail people to sing along, share stories with others, and swing their bodies. They came alive and suddenly found joy and pleasure in their boring and detached lives.

Dementia in its different forms and stages of development has horrible effects on people. They lose their sense of identity, change personality, suffer from mood swings, some become aggressive now and then, some become sad and feel lost and lonely. Their worlds are shattering and they feel they are losing grip. At least that is what can be observed and sometimes taken from personal interviews when they are cognitively in a temporary better state.

How can we enhance the quality of life of people with dementia? The effects of medicines and in particular good care is known and reported in scientific studies. But the medical approach has its limitations. What can we do to make people happier? I do not believe that drugging them into a state of oblivion is a good choice. I would look out to additional artistic approaches that can lift their well-being.

In this respect the study by Hyun-Sil Kim and Hun-Soo Kim inspired me. Their study shows that a musical intervention has a positive effect on the self-esteem of adolescents but no effect on their aggressive behavior. People with dementia also suffer from low self-esteem and aggressive behavior. I would encourage scientists to follow the approach by the authors and investigate the effects of musical interventions on positive and negative aspects of well-being in other populations. It would be highly appreciated if a follow-up study could be started in the growing popula-

tion of people with dementia. Not only for scientific reasons; there is a wide societal challenge to activate and inspire frail older persons to come alive.

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# Resistance in Relationship: Mothers' Armoring of Their Adolescent Daughters Living with Facial Difference



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## Introduction

Facial difference is an umbrella term used to signify multiple conditions that affect a person's facial structure and appearance, including those present at birth (cleft lip and palate, birthmark) and those acquired through accident or illness (Charkins, 1996). We favor this term over terminologies such as "disfigurement," "anomaly," and "deformity" commonly used in the literature, as the latter endorse a biomedical framing of bodily difference as deficiency and in need of repair. It is our belief that such terminologies inadvertently buttress negative social perceptions and exacerbate emotional challenges that many individuals experience as they move through the world. Thus, the selection and use of the term "difference" throughout this chapter is intentional, drawing attention to the prevalence and regularity of human variation across populations, and honoring the preferred label of individuals within the community we explored.

In the last half century, developmental and social psychologists have suggested that living with a facial difference reduces a person's quality of life. Research findings underscore poor self-confidence, low self-esteem, and adverse body image in those with facial differences, especially children and youth (Rumsey & Harcourt,

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2004; Turner, Thomas, Dowell, Rumsey, & Sandy, 1997). The literature also emphasizes adolescents' increased risk for developing psychosocial difficulties including depression and learning problems, and for being given psychiatric labels such as oppositional defiance and conduct "disorder" (Broder, Richman, & Matheson, 1998; Pope & Snyder, 2005; Tobiasen & Speltz, 1996).

A feminist disability studies lens reveals how this research is skewed by objectivist, individualist, and ablest biases. First, it shows how most studies, relying on quantitative analyses and on the production of reliable and generalizable findings, tend to oversimplify multifaceted experiences of individuals with facial differences. At present, little research uses qualitative methods to explore the varied, contradictory, and complex subjective experiences of those living with a difference. Second, researchers are predominantly concerned with identifying how people psychologically "adjust" to their difference, and assume that "fixing" the individual's perceived maladjustment is a more appropriate response than ameliorating the wider social networks and structures in which people are situated (Goodley & Lawthom, 2006). This is evident in prevailing discourses that posit certain personality attributes are effective "buffers" that counteract the negative impacts of facial difference (Meyerson, 2001), and that suggest clinical work should aim to bolster an individual's coping skills (Robinson, Rumsey, & Partridge, 1996). Finally, in designing their studies and conducting analyses, researchers tend to draw on ablest cultural assumptions about mind/body difference wholly as negative and "a problem in need of solution" (Rice, Chandler, Harrison, Liddiard, & Ferrari, 2015, p. 516), thus eliding the potentially beneficial effects of interpersonal relationships and wider difference-positive communities in enhancing people's self-development.

We suggest that psychological research might better benefit children and youth living with facial differences by shifting away from the deficit model of mind/body difference and focusing on their potential for positive psychological adjustment, including the ways in which they navigate and challenge society's disabling attitudes and barriers. To this end, we report on a study we conducted using a feminist, disability and intersectionality framework to qualitatively explore the mother-daughter relationship when the daughter is living with a facial difference. Critiquing reductive, individualist, ablest, and biomedical understandings of disability, we focus on relational experiences of embodied difference from the vantage points of multi-ethnic daughters (8 white, 1 Asian-Canadian and 1 Indigenous) with differences and their mothers (1 Asian-Canadian, 11 white). In keeping with our feminist disability studies approach, we confront and challenge entrenched sociocultural forces that imply disabled lives are unlivable, and amplify the voices of those whose experiences have been misrepresented and ignored, namely mothers and daughters with differences, by presenting them as vital sources of knowledge and understanding (Garland-Thomson, 2005). Drawing on our study's findings and using Black mothering research as an analytic framework, we argue that the mother-daughter relationship serves as a unique site of resistance for daughters as they transition through adolescence living with a physical difference.



## Main Body

### *Intersections of Femininity, Facial Difference, and the Developing Body*

Anglo-Western culture's valuing or devaluing of women's physical appearance, sexuality, and gender has profound impacts on their sense of bodily self (Reischer & Koo, 2004; Rice, 2014). Those coming of age in appearance-oriented cultures learn to judge themselves, and be judged by others, based on whether they embody capricious beauty ideals and body norms. Beyond the body beautiful, these cultures send powerfully negative messages about the "abject" disabled body, which instills fear and fascination because it reminds people of our shared vulnerability to disease and the facticity of death (Kristeva, 1982). As a result of these forceful messages, women with bodily differences often report that they exist at the intersection of at least two marginalized embodied identities, one based on gender and the other on disability (and more depending on their race, class, and other markers of power and difference). Many describe feeling unfeminine, undesirable and sexless, and struggling with intensified body image issues because their bodies often do not obey cultural dictates of symmetry and ability.

The transition to adolescence can be a particularly stressful and even traumatic time for young women of all races and socioeconomic backgrounds living with disabilities or physical differences, whose faces and/or bodies may not conform to standards of femininity and attractiveness at a time of culturally heightened pressure to do so (Rice, 2014). Clues to the cumulative impact of these intersecting forces—of pressures to conform to gendered beauty ideals and gendered ways of being, to evade ubiquitous judgments about disability and other difference, and to navigate these ablest, sexist, and racist gazes at a time when conformity to normative standards is intense—are present in the empirical literature. Young women of all classes and ethno-racial identities living with facial differences are said to report more mental, emotional, and social difficulties as well as dissatisfaction with their appearance. For instance, Leonard et al. (1991) found adolescent girls with facial differences had significantly lower self-esteem than their male counterparts, and Pope and Snyder (2005) found the former was twice as likely to score in the clinical range for social and thought problems. These findings contribute to a deficit discourse of disability. However, little attention is given to young women's resiliency, the ways they navigate cultural images of prescriptive femininity, and the relational contexts that support them in their efforts to do so.

### *Feminist Disability Discourses on Mothering*

Motherhood as a practice is said to be "valorized" in Anglo-Western culture; however, the discourses that construct it are multiple and often contradictory (McKeever & Miller, 2004). Child rearing and related care work are still unequally distributed

along gendered lines. Mothers more than fathers are expected to assume primary responsibility in caregiving for children (Traustadottir, 1991), yet such work continues to be afforded little economic value (Björnholt & McKay, 2014). Moreover, there exists a strong pressure for women to conform to traditional ideologies of care as mothers, and devote themselves entirely to the welfare of their children. As a result of this responsibility, mothers are often implicated in and considered responsible for their children's health and well-being, and this responsibility intensifies depending on other axes of difference.

Caring for a child with a difference or disability further complicates discourses around mothering. For instance, some disability rights researchers call into question whether non-disabled mothers are able to serve as appropriate role models or guides for their disabled children, as they may attempt to normalize or infantilize rather than accept and validate them (Lewiecki-Wilson & Cellio, 2011; Ryan & Runswick-Cole, 2008), thereby hindering their children's development of a positive sense of bodily self. Conversely, some suggest that research must consider that the birth of a child with a difference is an unfamiliar and profoundly stressful and anxious experience for mothers, given many have very little to no prior experience with disability (Greenspan, 1998; Middleton, 1999). Others still attune to the fact that mothers share in the stigma and marginalization of their children with mind/body differences (Brett, 2002) and have their own sense of self-worth and competence as a parent eroded as they come up against negative societal views of disability.

Despite deficient discourses surrounding motherhood and disability, some feminist scholars argue that mothers' greater responsibility for care work is what enables them to develop intimate understandings of the needs and interests of their children and to build closely attuned relationships with them (McKeever & Miller, 2004). Here, the mother-child bond can be conceptualized as a liminal space wherein bodily boundaries between self and other remain porous and open as a result of care work required (Lewiecki-Wilson & Cellio, 2011). Through this liminality, mothers develop embodied knowledge of their child's emotions and selfhood, creating an intra-corporeality that allows a mother to become intimately attuned to her child. Although not always experienced positively, these liminal relational spaces create the possibility for mutual resistance against damaging cultural scripts about difference to emerge. Such resistance is exemplified in Rice's (2014) narratives with women living with differences and disabilities, who appreciated their mothers' abilities to create and maintain spaces of love and affirmation, which shielded them from intersecting forces of sexism and ableism. It is also consistent with a feminist developmental perspective that theorizes mother-daughter relationships as critical to young women's positive development, particularly in adolescence when they are most in need of relational stability and trust (O'Reilly, 1998). Strong bonds with mothers and other adult women are said to facilitate "hardiness" in girls by shielding them from potentially destructive stressors and pressures foisted upon them in adolescence (Debold, Brown, Weseen, & Bookins, 1999).

**Black Mothering and Armoring** An account of the critical importance of maternal safeguarding from oppression is most fully developed in research on Black mothering. Black feminist scholars Bell and Nkomo (1998) have theorized that Black women require

a strong sense of personal power and networks of support to navigate and withstand various obstacles and barriers posed by sexism and racism (and other “isms”) in their lives. The researchers refer to this transfer of psychological power between mother and daughter as *armoring*: a form of socialization in which Black mothers teach their daughters various strategies to preserve a sense of dignity, self-esteem, and self-respect in the face of society’s constraining standards of beauty and negative constructions of blackness (Bell & Nkomo, 1998; Ridolfo, Chepp & Milkie, 2013; Townsend, 2008).

In their life-history study with 60 African-American women, Bell and Nkomo (1998) found that Black mothers afforded their daughters different types of armor: some mothers emphasized the importance of being respectable and of controlling one’s sexuality by monitoring their daughters’ clothing and intimate partner choices; others taught daughters to develop courage and “go boldly forth into the White world” (p. 289) to actualize their dreams; still others imparted lessons about self-reliance, such as being independent, high achieving, and financially secure; and finally, many taught the importance of being strong, even to the point of becoming “invincible” as a strategy to minimize anger, increase self-control, and offer hope when faced with pain and suffering. Lessons about courage, respectability, and strength were sometimes accompanied by selective exposure to affirming networks, particularly in middle-class families, where mothers purposefully exposed daughters to activities and contexts that allowed daughters to affirm positive bodily self-images mothers sought to instill.

From a critical race perspective, “race” as a category of difference has its own unique history rooted in Western colonialism, scientific theories of biological race, and discriminatory legal regimes, and race as a site of identity and axis of oppression/privilege also has continued sociopolitical significance and persisting material consequences. Garland-Thomson (1997) argues that “disability” is a constructed category of difference similarly infused with negative cultural value and that the history of disability—one in which the disabled body has been put on display or hidden away—persists today in ongoing practices of spectacle (including in medical theaters and on reality TV) and containment (such as institutional warehousing and the general removal of disability from the public eye). From a critical disability studies perspective, disability emerges as an axis of oppression with its own historical and cultural significance and enduring economic, social, and political effects; mind/body difference continues to be constructed as deviance, pathology, and lack, and those who embody disability to experience “othering” in the form of structural oppressions and relational micro-aggressions. And like other socially constructed divisions such as race, disability intersects with gender and class to shape people’s identities and access to power and resources (Erevelles & Minear, 2010). Any discussion of similarities between categories of race and disability is nuanced further by the conflated histories of these classifications in North America at the turn of the twentieth century (Ben-Moshe & Magana, 2014), in which scientists, lawmakers, and other leaders frequently framed racialized groups as disabled by virtue of their race, thus, justifying their treatment as not fully human. This conflation persists to the present day, exemplified throughout US public schools in the disproportionate labeling of poor Black and Hispanic children with learning disabilities and their subsequent placement in segregated classrooms (Blanchett, 2010).

Intersectionality theory teaches that intersecting oppressions such as discriminations based on disability, race, and gender are not usually additive (meaning that they do not necessarily doubly or triply disadvantage people); rather, colliding oppressions tend to overlap and co-mingle in ways that give rise to distinctive experiences of marginalization in the social world (Erevelles & Minear, 2010; Garry, 2011; Hirschmann, 2013). For example, just as Black women are subject to gendered racism wherein sexism shapes their experiences of racism, disabled women confront gendered disablism and experience disablism in unique ways as a result of sexism. While non-disabled Black mothers raising non-disabled Black daughters and ethnically diverse mothers raising ethnically diverse, facially different daughters do not confront the same structural or relational oppressions, they may employ similar strategies in helping their daughters respond to their different minoritized positionalities. Specifically, it is possible that multi-ethnic and white adolescent girls living with facial differences are provided psychological fortitude by their mothers to deal effectively with the pressures of interlocking forces of sexism and ableism so as to “raise themselves up and out into the world” (Bell & Nkomo, 1998, p. 285), just as non-disabled young Black women are socialized to confront and withstand the interacting effects of sexism and racism.

## *Methods*

The data summarized in this chapter originate from a Master’s thesis conducted at the University of Guelph in 2014. The project sought to answer four specific research questions: (a) what role do mothers play in helping their daughters navigate through the various experiences that are common in the lives of individuals with facial differences, including family adjustment, social interaction, and medicalization?; (b) in what ways do mothers influence their daughters’ development of a sense of self, body, and gender in adolescence?; (c) how has a daughter’s facial difference contributed to her sense of self and her relationship with her mother?; and (d) is there a difference in the experiences of the mother-daughter relationship when the mother is also living with a facial difference? The narratives presented and analyzed here relate specifically to the second question pertaining to girls’ adolescence. The project was funded in part by the H.H. Harshman Foundation and approved by the University of Guelph Research Ethics Board.

In total, 10 daughters, aged 13–22, living with a facial difference, and 12 mothers were interviewed in semi-structured format about their relationship. All who participated in interviews were members of and recruited through a Toronto-based support and information network for people with facial differences and their families. Ten mothers interviewed were biological mothers, and one mother was a step-mother. The 12th maternal interview was unaccompanied by a daughter interview as the daughter was overseas at the time of interviewing. The majority of women lived in Canada, with one mother residing in the United States. Almost all of the mothers and daughters identified as White or European, with the exception of one daughter who identified as Aboriginal-Caucasian and another mother-daughter pair who

identified as Asian-Canadian. All daughters had congenital facial differences save one who acquired a facial difference in early childhood. Three of the 12 mothers also lived with the same facial differences as their daughters.

Interviews were conducted by phone, via Skype, and in person, ranging from 25 minutes to 2 hours and 20 minutes in length. Mothers and daughters were interviewed separately to maximize both mothers' and daughters' comfort with disclosing personal information and attitudes. Both daughter and mother interviews addressed the same topics and posed the same questions. Interviews were transcribed by the student researcher and analyzed using thematic analysis outlined by Braun and Clarke (2006), so to identify and analyze patterns of meaning within the narratives of mothers and daughters.

### *Major Findings*

**“She looks to me”:** **Modeling, teaching, talking, and sharing** Mothers influenced their daughters' adolescent experiences in a multitude of ways, including through the following: direct modeling of preferred values and behaviors for navigating sexism and ableism; participating in explicit and indirect communications about sensitive subjects such as body image and sexuality; and sharing their own experiences of puberty and developing in a female-coded body.

Daughters were keenly aware of how their sense of self, values, and beliefs were shaped by their mothers' example. Avery, a white 15-year-old, mentioned that her mom espoused certain feminist values: “I think she believes that...women are just as good and maybe even better than men...her views on that kind of influenced me.” Amber, a white 17-year-old daughter, agreed: “I think that it's empowering that she has a career that's her own, and that she has her own hobbies and her own interests...that's kind of taught me to be an independent woman.”

Mothers similarly acknowledged their implicit influence. For instance, Lee, the Caucasian mother of a 15-year old said:

I'd like to think that she sort of looks to me as a person being able to cope. I like to think that I represent to her somebody who's like ‘Oh, this is not a great situation, but it is what it is. Let's move forward.’ ....As a woman, think I present a strong, independent thinker.

Saoirse, also white, who step-mothered a 14-year-old Indigenous daughter, revealed: “She's learned from me that girls don't have to fit into this tiny little pink category...they can like sports and they can like cars, and they can be fanatical about music.” Jane, who identified as white, spoke of her relationship with her 14-year-old daughter, reflecting:

That's the kind of role model I've been...I've changed my life to become more positive... maybe she sees that you can come out of that dark place, and there is a good place you can come to...I'm hoping that's what she sees; that there is goodness.

Mothers and daughters described participating in direct and indirect communications around sensitive issues such as sexuality, drugs, friendships, and puberty. Adina, who described herself as Romanian/European, explained how she tried to

raise these issues with her 14-year-old daughter: “We try to talk to her many, many times...about all the kinds of relationships she will have; with her friends, with boys...We try to talk to her about drugs...about sex.” Robin, the white mother of a 14-year-old girl, remarked: “We’ll see a young woman her age walking down the street looking like a girl of twenty going clubbing. And I’ll ask her, ‘Well, what do you think about how she looks?’ And we’ll open a dialogue and discuss it.” Fourteen-year-old Nessa, who also described herself as a white Canadian, noted: “If there is anything on the news, or anything that she hears about... she kind of makes me watch it and brings it to my attention and asks me what I think.”

Additionally, the majority of mothers used stories of their own teenage years to open dialogue on sensitive topics with their daughters. Beth, the white, biological mother of a 14-year-old Indigenous girl, drew on her experiences in school: “I’ve told her...how mean the girls could be sometimes...just to prepare her so she knows.” Saoirse also shared difficult stories with her daughter: “All my experiences with negative relationships. I really want her to get that...that she is not there to be the toy, or the punching bag of a man.” Amber recalled her mother talking about her own childhood: “When she was a teenager, her connection with her parents wasn’t really good, so she wants me to have all the things she didn’t...she wants me to feel positive and safe and supported.” Twenty-one year old Sabrina, also white, mentioned:

She does share a lot, I guess, about her upbringing, and just that she also felt left out...that she was kind of a wall-flower person too...she turned out okay I think...it kind of helped me to see that feeling awkward was, I guess, normal or like, okay.

**“Be who you are”:** Communicating validation and empowerment In all of the dyads, and across explicit and implicit modes of communication, one of the central affects imparted by mothers was validation. Many made efforts to help daughters feel that their adolescent experiences were typical, while highlighting the uniqueness of their embodied being and the importance of their self-definition/self-possession. Mothers emphasized that daughters needn’t be ashamed of, but instead should feel pride in, who they were and what they looked like. Amber emphasized how her mother repeatedly told her “not to worry too much about what other people think...not to let it stop you from doing what you want to do and being who you are.” Jordan, white and 21, also recalled that her mother “always said, ‘You’re beautiful...it’s not about what you look like and what you sound like, but it’s about who you are and your personality.’” Adina noted that she emphasized difference as valuable because “you stand out from the crowd and you’re not just one of them.” Robin sought to help her daughter be comfortable with her body “to help her develop the sense that her body and her body image...is natural; it’s something that is healthy, something to be proud of...to understand that her body is valuable because it’s part of her.” Saoirse stated that she has “tried really hard to make her [daughter] understand that she’s her own person...no matter what her body looks like, it’s hers.”

Additionally, mothers often used the mother-daughter bond to encourage and empower daughters. The majority felt they supported daughters in expressing their preferred gender identity, typically femininity, through encouraging their unique

sense of style. Ellen, a white mother, described how she encouraged self-expression in her 17-year-old daughter:

I've tried to encourage her to bring out her own personality...She wants make-up, let her have make-up. I'm encouraging her instead of stopping her...We have limits, but at the same time, allowing her to express herself with her clothing. I encourage her to go out and experiment with her clothes.

However, one area of silence in many mother-daughter dyads was sexuality, especially as it related to daughter's feelings of desire and of desirability. For those who did address sexuality, there existed conflictedness in their responses: some indicated that it was okay to be sexual though not at *too* young an age; and others, that there were limits to *how* sexual one could be before being read as "slutty." This dyadic silence may speak more broadly to the cultural silence around nascent female sexuality; it highlights that at present, there exists no language to discuss girls' processes of becoming sexual in nuanced ways, even for the most "normative" of female bodies (Rice & Watson, 2016). This ambiguity is further complicated by its intersection with disabling discourses in which compulsory asexuality is often imposed on those with mind/body differences (Rice, 2014).

Mothers actively promoted their daughters' success in school by aiding with homework, reinforcing their intellectual abilities, and encouraging education. Sabrina reflected: "I wanted to move away for university ... she let me try that." Liz, a white woman, celebrated her 21-year-old daughter's academic achievements by remarking: "I'm not trying to brag...she's smart. She's an A-plus student. She just found out...she got into her post-grad program...I said, 'Did you have any doubts, really?'" Like Liz, a number of mothers were extremely supportive of their daughters' current and future educational and professional aspirations, including career goals.

Moreover, mothers encouraged participation in various extra-curricular activities that were of interest to their daughters, supporting their involvement in a variety of ways. Jordan mentioned: "She's pretty much supported me in everything...I play a lot of sports, so that was a big, defining feature of my life, so anything I wanted to do, it was like, 'Go for it! You can do it!'" Twenty-two year old Cheyanne, who identified as Asian-Canadian, also commented:

I wanted to get into music, and I wanted to do violin...she was all in...that was a big thing for me. Another thing I could think of is involvement in high school...she was always my support behind all that...my mom was all for it.

Beth encouraged her daughter to "try what she's wanted" and introduced her to activities "that she can turn to, to keep herself entertained and enlightened." Alison said of her 13-year-old daughter: "I've encouraged her to follow her dreams...to keep up with what she wants to do," just as Ellen stated she was instrumental in getting her daughter "exposed to a lot of outside activities; showing her not to be afraid of trying new things, and that it's okay to fail."

Many mothers sought to boost their girls' sense of self in intimate relationships in two interrelated ways: they conveyed that their daughters inherited and belonged to a proud history and family of strong, economically, and emotionally independent, and capable women, and as part of this legacy, that their daughters deserved partners

who treated them with respect and dignity. Robin confided: “We’ve said that any boy who’s really worried about your facial difference isn’t worth your time anyhow.” “I’ve always instilled in her that we are strong women and we can do anything,” Alison claimed. “Because of her,” Amber explained, “I want someone who will treat me well...it should be about what I want...to be with someone who is going to accept me and treat me well.” “My mom grew up believing that women always had a strong place in the world,” Nessa explained, “she’s always like, ‘I don’t care if you love the guy...if he’s rude or mean in anyway, he will be leaving this house.’ ...She wants the best for me.”

Overall, while as emotionally rich and varied as were the subjective experiences of mothers and daughters, their narratives were largely positive; in fact, most daughters had a hard time identifying ways in which their mothers were *not* helpful in supporting and guiding them through challenges. Most daughters considered the mother-daughter relationship a vital source of support, validation, and encouragement. Avery noted: “I think she loves me for who I am...It makes me feel so good... I really feel like there’s a safe place to land with her...it gives me more confidence.” Amber also claimed: “I always feel safe and accepted...she loves me and it doesn’t really matter...you feel accepted and you feel like you belong. It’s a good feeling just to feel safe and secure.” Cheyanne reflected:

She treats me like a normal kid...she tells me that I shine in other places, or she brings out the best in me in other perspectives...I really appreciate that, and I’m really grateful that she can do that for me...my mom would always reinforce the fact that I am beautiful in my own skin, and that a facial difference means nothing...I guess that empowers me to see how I shine in other perspectives, or bring out my best in other lights, and that my facial difference plays no part in what I do.

Almost all daughters confirmed that their mothers’ lessons helped them to feel confident in their emerging identities as young women, and afforded them the sense of self, strength, and capacity needed to face the challenges of becoming women with differences.

## **Discussion: Mother-Daughter Relationships as a Liminal Site of Resistance and Resilience**

Together, both the process and content of mother-daughter relationality served to foster a unique armor or hardiness in daughters. By holding close their mothers’ recognition and affirmation and by using these sensibilities to deflect others’ attempts at marginalization, daughters built a psychologically self-protective space in and around themselves. Mothers sought to reframe the intersecting challenges their daughters faced in becoming women, helping them to resist the erosion of self-imparted by negative perceptions of developing female bodies (messy, out of control, object of other’s scrutiny and judgment) and by negative perceptions of difference (unfamiliar, frightening, and the object of social curiosity).



The emergent theme of resistance aligns with feminist developmental theorization of the mother-daughter relationship, where strong bonds with mothers serve as vital sources of resiliency in the face of destructive adolescent pressures and stressors (Debold et al., 1999). Positive reflections on mother-daughter relationships are also consistent with the feminist disabilities studies view, where mothers attune themselves to their children in unique and mutually enhancing ways (McKeever & Miller, 2004). The relational processes documented here further conceptualize the mother-daughter relationship as a liminal space of embodied knowledge. The narratives highlight the fluidity of boundaries between daughters and mothers, the way mothers come to intimately understand their daughters' joys, convictions, pains, struggles, and needs, and how they actively mitigate disability stigma in daily conversations and activities with daughters. Just as Lewiecki-Wilson and Cellio (2011) suggest, it is within these liminal relational spaces that daughters learn to forge and foster resistance to damaging cultural scripts.

It is clear that many of the themes found in the interviews with mostly white mothers and their daughters living with facial difference resonate with those identified by Bell and Nkomo (1998) in speaking with non-disabled Black women about their experiences of being mothered and of mothering. In their work and in subsequent studies about armoring processes used to help young Black women navigate gendered and sexualized racism (Ridolfo et al., 2013; Townsend, 2008), Black mothers socialize their daughters to live, love, and fight in the face of intersecting racism and sexism. While we do not see these groups as synonymous, we do note that mothers in both groups seem to be acutely aware of intense discriminations impacting their daughters because of their embodied positionalities at the intersections of at least two minoritized identities. Non-disabled Black mothers and mostly white mothers of daughters with facial differences use affirming conversations, emotionally intimate exchanges, and modeling strategies to assist daughters in buffering themselves against harmful attitudes, expectations, and structures.

Specifically, through their lovingly protective expressions and their own stories of navigating adolescence, mothers of both groups communicate to daughters the importance of feeling proud of their bodies and support their daughters' sense of body style. Many show pride in daughters' academic successes. In sending messages that center on validation and empowerment, mothers also readily teach their daughters that they are capable of becoming strong and self-reliant. Finally, mothers encourage their daughters' involvement in diverse activities and communities, recognizing the ways that selective contexts aid in developing and maintaining daughters' positive sense of self. As demonstrated in the daughters' narratives, mothers' messages and lessons are taken in and used as protection in the face of stigma daughters regularly encounter because of their physical appearance and as they traverse the sometimes difficult terrain of becoming women. Therefore, we conclude that white and multi-ethnic women raising daughters with facial differences in an ablest world may engage in affirming and protective mothering practices akin to Black mothers' armoring of their non-disabled adolescent daughters in a racist one.

There are a few important distinctions to be made however. First, we acknowledge the unique cultural and material circumstances of Black communities in North

America, the ways Black families have cultivated distinct modes of resistance, and strategies of survival in response to specific histories of slavery, racialized and sexualized violence, institutionalized and interpersonal anti-Black racism, and the intergenerational legacies of such forces. We recognize the unique dynamics of Black mothers' armoring their non-disabled daughters' based on their own experiences as young Black women themselves, which might give them a keen understanding of the gendered racism that their daughters may be subjected to. Thus, the transmission of armor from mother to daughter in the Black community involves sharing the embodied knowledge of difference with "like others," a knowledge that may not always be present in other marginalized communities, families, and mother-daughter dyads, including multi-ethnic mother-daughter dyads touched by facial difference.

Not all mothers whose daughters identify as having a facial difference have lived experience with difference, and therefore, they do not always share the embodied experience of gendered disablism. As part of this study, three mothers with facial differences were interviewed, all of whom had the same difference as their daughter. One of the study's research purposes was to determine whether there was something unique about the armoring process if the mother, too, had a facial difference. Based on the collected responses, there appeared to be more similarities than differences in the two groups; however, the small sample size limited our ability to tease apart variations in the delivery or content of mothers' armoring. Whether mothers without facial differences encounter additional challenges or hurdles in arming their daughters than those who have a facial difference remains an open question. We can conclude that mothers effectively share embodied knowledge from their own well of experience as young women and that this is vital to their daughters' development, whether or not they share in their daughters' difference.

Second, while our results emphasize the benefits of both liminal relational spaces and armoring, we acknowledge the possibility that these processes and interactions can also be constraining and oppressive. Just as liminal spaces can be considered risky, intrusive and thus, not always experienced in a positive way (Lewiecki-Wilson & Cellio, 2011), the armoring messages communicated to daughters by mothers can be interpreted as somewhat limiting in their exclusive emphasis on individual adaptation to structural discrimination and in their promotion of respectable, sometimes heteronormative, femininities that may work to counter positive sexuality development or gender non-conformity in daughters (Rice, 2014).

Last, it is critical to recognize the social resources that mother-daughter dyads have available to them to facilitate armoring. Mothers and daughters in this study were part of a well-connected community, since all belonged to an organization that provided support and information for families with children living with facial differences. Many made reference to the ways that the organization served as a prime site of "selective exposure"; however, we recognize that access to similar difference-positive spaces may not be the case with other less-supported families. Moreover, the women interviewed were privileged by their heteronormative family configuration, their class privilege and/or by their whiteness. None of the women belonged to queer families; all were middle class and had sufficient resources and time to participate in the study; and only 3 of 22 young/adult women identified as racialized.

To write race into the conversation about one's experience mothering or navigating the world as a young, racialized woman with a facial difference would, we suspect, require a bigger sample of racialized participants and further complicate the process of armoring, its reception and effects.

Still, consistent with the empirical literature, both mothers and daughters interviewed describe how daughters face numerous obstacles due to perceptions of their appearance, and note the potential threat that these barriers pose to their sense of well-being and life possibility. By no means does *having* a facial difference put young women at risk for psychological problems. Instead, it is young women's confrontation with society's debilitating *attitudes* and *fears* that serve as a significant obstacle to the development of a sense of self and potential. It is clear that the mother-daughter relationships described here serve as both a secure base for daughters as they begin to explore who they are in a world that is rejecting of bodily difference, and as a vital source of self-acceptance and affirmation, upon which young women can draw in times of struggle.

## Implications

The outcomes of this study create opportunities for continued research with people living with facial differences and other mind/body differences. First, by drawing on critical race studies and the theory of armoring to explore how women raising young women with facial differences may mother their daughters, we have looked beyond discourses of maladjustment that characterize disability research in psychology. Instead, we have focused on the ways in which rejecting social attitudes can erode the mental health of mostly white adolescents living with physical differences, and discussed the potential for protective relationships to counter these effects. This shift toward critical, feminist theory is one we encourage in research as it creates space for young people to view themselves, their relationships, and their futures in new and expanded ways, rather than having to rely on starkly negative prescriptions of who they may be or become because of their embodiment. It may contribute to much-needed broader cultural changes in the representation of disability, such that society's attitudes may move from pity, fear, and exclusion toward respect, justice, and equality.

Second, the group described here are unique in their belonging to a difference-positive community organization. Given their connection to a national network, those interviewed benefit from access to programs and peers that aid them in navigating various developmental transitions and systems. In fact, many of the mothers and daughters made reference to the ways in which the organization had made a significant positive impact on their lives. However, other families do not have access to these types of communities, due to geographic and socioeconomic barriers, and therefore, may lack the supports and assurance necessary to facilitate their ability to parent and develop in this adaptive manner. We hope the affirming, relational, and developmental processes described here speak to the need for accessible, affordable,

and difference-positive services, resources, and communities so that individuals and families may experience a sense of belonging and be well-equipped to foster their own spaces of resistance in relationships.

Finally, on a theoretical level, we believe there exists substantial value in drawing on insights derived from empirical work within one population of marginalized peoples and exploring how the analyses and theories generated might apply to another. Our decision to consider Black mothers' armoring as a framework for multi-ethnic and white women's mothering of girls with facial differences was intended to highlight the shared psycho-emotional and relational implications of Anglo-Western culture's attitudes and prejudices toward bodily differences of various kinds. However untraditional this approach, we think that dismantling siloes between critical race and disability scholarship can enrich each field theoretically and methodologically. While it is essential that researchers honor the distinct histories and experiences of each group in their analyses and applications, this process may begin to bridge academic and social chasms, and identify commonalities between differently positioned communities. In so doing, we may enable important coalition building between marginalized groups in ways that allow individuals to collectively talk back to the prevailing discourses of "otherness" by which they are defined.

## Response

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As a mother of an almost 18-year-old girl with Treacher Collins syndrome, this chapter caused me to pause and reflect on many questions I have asked myself in the last few years. When my daughter and I were approached to take part in the study, we were excited at the prospect of speaking about our relationship and experiences. We also appreciated the authors' qualitative and contributinal approach, given it aimed to have our voices heard, rather than reducing our experiences to numbers and graphs. Our stories are not *all* or *always* terrible; we are bright, resilient, and doing the very best we can. I am proud of our evolving relationship. It is immensely validating to discover through reading about the other mother-daughter relationships, that our ways of being together are not only mutual, but *shared*; that we are not atypical, dysfunctional, or abnormal.

We appreciate the authors' insights about the outdatedness of the literature that describes us, especially the individualizing tendencies of existing research. Contrary to popular belief, we do not live in bubbles. I think that society's responses have more to do with how we feel than statistics let on; that the way Katie moves in the world, understands herself, and the way I move in response, are fueled largely by the way she is spoken about, looked at, and touched. As a community of mothers,

we are inundated with violating messages about how we should “fix” our children to “help” them, and our children are bombarded with messages about how they should *be* “fixed” to help themselves. These responses, both implicit and explicit, are mentally, psychologically, and emotionally draining on Katie and on me, but it often feels that there is no recourse. We have all internalized these messages to such an extent that even *within* our inclusive community, my daughter and I have noticed members making comparisons as to who is *more* affected; a theme that surprisingly did not arise in the narratives of other mothers and daughters, but can be as damaging as messages from those who do not have differences themselves.

Considering the implications of these messages has made me keenly aware of the role of the organization referenced in the chapter. As a family, we have been involved with this network since Katie was only a few years old, and I cannot speak more highly of the impact it has had on us as individuals and as a family. We have access to resources that address a variety of issues, a listening ear when we are struggling, and answers to complex questions when they arise. More importantly, we are reminded that we are not alone. We thus know the benefits that a difference-positive space can make in the lives of parents and young people. As such, we echo the authors’ call for increased access to affordable, appropriate, and accessible resources and services, so that everyone has the opportunity to feel armored in their lives and relationships.

Still, I think it is true that mothers *do* armor their girls by continually validating and empowering them. This is fundamental to their success, as it scaffolds the development of their sense of self. It also begs the question as to whether we, as mothers of affected daughters, differ from those whose daughters do *not* have a facial difference. In a way, the strategies are the same given our cultural obsession with beautiful bodies that threatens to damage *all* young people. As mothers, we encourage our daughters to try new things, pursue their interests, and dream big dreams. Don’t we all want to instill a sense of self-reliance and provide buffers against *any* negativity to protect our daughters from hurt? Sure. But at the same time, this need to armor is likely intensified in us; it starts much earlier and is called upon more frequently. We compulsively try to set the stage for success, or overthink situations with the intention of making our daughters’ outcomes the best they can be, mainly because when it comes to the self-actualizing principles of success, happiness, and self-love, our girls are sometimes a step behind (for reasons identified in the chapter).

What I had not previously considered was that there could be other mothers who feel this same pressure. I was struck by the similarities between my experiences and the experiences of Black mothers and daughters. I had not recognized how Black women and women of various ethnicities with facial differences are similarly marginalized, but this link connected me more than ever to other mothers who prioritize the construction and maintenance of their daughters’ self-worth, in a world that systematically discriminates against them and undermines their personhood. I agree with the authors’ recommendation to establish a wider community that brings together people classified according to racial, physical, or other difference. Categorical fractures do little to combat the divisive “othering” we have all been subjected to as parents and individuals living with a disability or difference. There is strength in recognizing our individuality while simultaneously being immersed in a powerful congregation of difference.

I also had not given much thought to the absence of sexuality-related discussions. In honesty, I have not spoken much about this topic with other mothers. When our daughters *do* have partners, we discuss it, but not in detail. We may not be comfortable broaching these topics with our girls, but we may also wonder, albeit silently, if our daughters will have intimate relationships due to their facial differences. When other mothers in our circle have mentioned that their daughters are dating, others rarely respond with shock, disbelief, or disapproval; rather, we are excited. Perhaps these feelings emerge out of relief that possibly our daughters, too, will not grow old without experiencing intimacies other than those we share as mothers and daughters.

As the authors note, many parents are uncertain about our role in the lives of our children with disabilities. I'd like to think that we *are* doing a good job, even in difficult circumstances. In that sense, the armoring process described here is reciprocal; to witness the experiences of daughters living with facial differences, whether mine or those of other mothers like me, validates and empowers me in knowing that this work, however challenging and emotionally charged, has positive effects. Through her recognition of the armor I help her to build, Katie helps me to build mine: her recognition of her own adaptation and successes becomes my validation; her strength and budding self-worth, my empowerment. To hear appreciation in her words, gives me gratitude.

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# Contested Integration: Class, Race and Education of Second- and Third-Generation Minority Youth, Through the Prism of Critical Pedagogy



Fernando Nunes, Esra Ari, Quentin VerCetty, and Benjamin Branco

## Introduction

Recent decades have witnessed a growing understanding of the impact which the social determinants of health can have upon the overall well-being of both young and old alike (Raphael, 2016). Such determinants as unequal income distribution, insufficient education, underemployment, poor working conditions, social exclusion, and racism can marginalize new arrivals to this country (immigrants, or *first generation*), as well as their *second-* and *third-generation* Canadian-born descendants.

In the Canadian context, two groups, Jamaican- and Portuguese-Canadians (or, Luso-Canadians), have been encountering longstanding problems in the realm of

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education and socioeconomic integration. Both originate from largely working-class communities and display persistent, disproportionate rates of academic underachievement, dropout, and low levels of entrance into post-secondary education. More significantly, both also suffer the effects of *systemically racist and classist* practices within the education system, in the form of streaming, disproportionate placement in special education, lack of representation of their cultures in the curriculum, lowered teachers' expectations and negative stereotyping (Dei & Kempf, 2013; Nunes, 2003; McLaren, 1986).

As this chapter will argue, the limited integration of both groups provides evidence of a *Segmented Assimilation* (Portes & Zhou, 1993), one which can be explained through the lens of *Critical Pedagogy*; an approach that spotlights the profoundly negative effects of capitalist societies on the schooling of working-class minorities (Freire, 1970; Giroux, 2013; McLaren, 1986). It will further illustrate the interwoven effects of social class and race in the integration of these two groups, particularly the salience of anti-Black racism, in the inclusion of Jamaican youth in Canada.

The first author is a scholar and activist within the Luso-Canadian community, who immigrated as a child from Portugal. The second, a PhD candidate who arrived from Turkey in 2011, is completing a dissertation on the integration of second-generation Jamaicans and Portuguese. The respondents, an artist and a post-secondary student, are youth from their respective communities.

## Context/Background

### *Jamaican-Canadians*

By the beginning of the twentieth century, Jamaica's history of colonization and slavery had left behind widespread poverty, a dependent economy and limited economic opportunities (Beckford & Witter, 1982; Stephens & Stephens, 1986). Simultaneously, Canada's white-leaning Canadian immigration policy categorized all non-Europeans as "non-preferred" (Hawkins, 1991) and restricted the entrance of Blacks, as they were regarded as "mentally, physically, and morally inferior and a potential social problem" (Calliste, 1993/1994; Plaza, 2001).

In 1955 an exception was made to allow 75 Jamaican women to enter Canada under the West Indian Domestic Program (Calliste, 1993/1994; Satzewich, 1990). Many of these were teachers, secretaries, or clerks in Jamaica (Plaza, 2001). Hence, the earliest Black Jamaican immigrants became the victims of a racialized immigration policy.

With the introduction of the point system in 1967, immigration from Jamaica to Canada increased significantly, peaking in the 1980s (Hinrichs, 2013, Plaza, 2001). In 2011, there were 256,915 people in Canada who claimed Jamaican nationality,

representing approximately 0.8% of Canada's population (Statistics Canada, [n.d.-a](#)). A substantial majority live in Toronto, where they make up 3.2% of all residents.

Having disproportionate working-class origins, Jamaican-Canadians are strongly affected by financial challenges (Abada & Lin, 2011). For example, they have lower levels of income, are less likely to be found in managerial and professional positions, and are more likely to be unemployed (11.4% vs. 7.8% national average) (Ornstein 2006a, Statistics Canada, [n.d.-b](#), [n.d.-c](#)). A disproportionate percentage of families are also headed by single mothers and live in poverty (20.1% vs. 14.9% for Canada) (Ornstein, 2006b; Statistics Canada, [n.d.-b](#)).

### ***Portuguese-Canadians***

Originating from poor and rural regions in the Azores and mainland Portugal, most Portuguese arrived in Canada between 1960 and 1980 and entered with education levels of 4 years or less (Anderson & Higgs, 1976; Higgs, 1982). Consequently, by 2000, their levels of university completion (6%) equaled those in Canada's Aboriginal population, thus limiting them to jobs in unskilled construction, manufacturing, service or farm-work (Anderson & Higgs, 1976; Matas & Valentine, 2000; Nunes, 1998).

Today, Luso-Canadians comprise 429,850 or 1.3% of Canada's population, with 60% living in Toronto and Montréal (Nunes, 1998; Statistics Canada, [n.d.-a](#)). Despite having limited education and below-average incomes, Luso-Canadians have traditionally displayed low levels of poverty and unemployment, as well as high levels of home ownership (Murdie & Teixeira, 2003; Nunes 1998, Ornstein 2006b; Statistics Canada, [n.d.-c](#)). Some feel this latter "immigrant project" has led many families to de-prioritize engagement with the education system (Noivo, 1997).

### **Theoretical Perspectives**

Traditional, straight-line *Assimilation Model* theorizes that, with increasing time in the host country, the socioeconomic characteristics, values, and behaviors of descendants of immigrants soon become indistinguishable from those of the host society (Alba and Nee 1997). However, *Segmented Assimilation Theory* suggests instead that the assimilation of second-generation youth may vary along one of three paths: A traditional linear assimilation, or disappearance, into the dominant society (e.g., those of northern-European origins); a downward assimilation into low-income status, racialization and poverty (e.g., Latinos in the United States); or selective assimilation, displaying upward mobility, while preserving one's ethnic values, social capital and institutions (e.g., Koreans, Jews) (Gans, 1992; Portes & Zhou, 1993; Zhou, 1997).

*Critical Pedagogy* is concerned with how schooling is interrelated historically and culturally with capitalist forces and the production of culture (Freire, 1970; Giroux, 2005/2016; McLaren, 1986). In this approach, schools are not only “racist” but also “classed” institutions which are constructed upon middle-class values (Bourdieu, 1986; Codjoe, 2001, 2006; James, 2010, 2011). Consequently, privileges will be attached in the classroom to the economic, as well as racial status, of differing populations. Thus, in this approach, schooling is a highly politically contested process, which reproduces and reinforces unequal relations of power between different societal groups.

Childhood is also a sensitive time of life, which is contested and constructed by social institutions, including corporate forces (Giroux, 2000a). Children learn identities and behaviors from not only school practices, but also from a wider culture, that is dominated by capitalist interests and where “...identities are constructed, desires mobilized and moral values shaped” (Giroux, 2000b, p. 132). Thus, the negotiation of culture in neoliberal societies provides the conceptual space in which identities are created and behaviors influenced, by both popular culture and corporate control of major cultural sites (Giroux, 2000a; Giroux, 2000b).

As we will illustrate, the integration patterns of both Jamaican and Portuguese youth appear to be consistent with the predictions of *Segmented Assimilation Theory*, while *Critical Pedagogy*, with its socioeconomic focus, provides a framework for understanding the mechanisms through which a hegemonic education system perpetuates the exclusion of both groups.

## Methods

The data for this chapter originates from two studies, conducted independently by Nunes in 2008 and Ari in 2016, supplemented by scholarly references.

The first study engaged with approximately 100 Portuguese-Canadians, aged 16–26, in five Canadian cities, in order to explore life experiences that impacted upon their educational decisions. Twenty-one meetings, based on Freire’s (1970) *culture circles*, were held in groups of three consecutive sessions in each city with the same participants (six in Toronto and Montreal), followed by 50 semi-structured interviews. Participants were selected utilizing purposeful/snowball sampling techniques (McNeill, 1990). Data was analyzed from the theoretical foundations of *Symbolic Interactionism* (Blumer, 1969) and *Critical Pedagogy* (Freire, 1970; Giroux, 2000a, 2000b).

The second study is utilizing semi-structured interviews toward a PhD dissertation with 23 and 20 second-generation Jamaicans and Portuguese in Toronto, in order to gauge the intersection of class and “race” on their integration. Purposive sampling was used to recruit individuals (Denzin and Lincoln, 1994), interviews were transcribed, and data was coded according to major themes, in order to determine similarities and differences between the groups.

## Findings and Discussion

### *Jamaican-Canadian Youth*

Although data regarding the education of Jamaican-Canadians is normally subsumed under figures for “Caribbean,” Jamaicans make up the majority of those who claim a Caribbean origin (Yau, O’Reilly, Rosolen, & Archer, 2011). Accordingly, the main problems of Black Caribbean youth in the Toronto District School Board (TDSB) are high dropout rates (40% for Black youth), underachievement, disengagement from school and streaming (Abada & Lin, 2011; Codjoe, 2001; Davis, 2012; James, 2011). Jamaican youth in working-class Toronto immigrant neighborhoods such as Jane-Finch also attend schools without adequate infrastructure, economic, and political resources (Hinrichs, 2013; James, 2010).

Jamaican students are affected by institutionalized racist practices, such as lowered expectations on the part of educators, insensitivity, lack of encouragement, differential treatment, and a Eurocentric curriculum (Codjoe, 2001). They are also disproportionately diagnosed with learning disabilities and behavioral problems, and are over-represented in special education, a situation which has been linked to Eurocentric teacher evaluations, inadequate assessment, and the ignoring of the unique context of Black lives (Brown & Parekh, 2010; Davis, 2012; James, 2011).

Jamaican youth of all classes who are in the labor market also report that they have problems entering and within the workforce due to discrimination. One female Jamaican youth from Jane-Finch described her experience:

... you would always get the Burger King job [...] the factory job. Once again you have to prove people, ‘no, I am not my address. I am not Jamaica.’ It was always this constant [...] trying to disprove the stereotype...

Consequently, it is a challenge for many Jamaican youth to make a better living than their parents. Jamaican second-generation, male youth have the lowest income among the children of immigrants from 26 countries, higher unemployment rates than children from Canadian-born parents and lower incomes than their immigrant fathers (Abada & Lin, 2011; Aydemir, Chen & Corak, 2008). Furthermore, in 2010, only 9.1% of Jamaicans aged 25–54 (vs. 12.2% of all others) worked in management (Statistics Canada, n.d.-b).

In summary, Jamaican youth make up a vulnerable group, whose members are exposed to racism at various levels, who feel deeply alienated within unresponsive schools and who endure inadequate levels of economic resources. The problem, as described by Jamaican youth, is more than access to a qualified education, but rather a form of systemic *violence* that is engrained within the education system.

Yet, anecdotal evidence from Ari’s study and from previous research suggests that Jamaican youth coming from middle-class families are more academically successful than their working-class peers. For example, many middle-class Black-Caribbean and African youth (especially better educated *Economic Class* immigrants) are finding educational success, despite racist attitudes and institutional

racism (Childs, Finnie & Mueller, 2015; Codjoe, 2001, 2006; Hou & Bonikowska, 2016; James, 2010; Picot, & Hou, 2011). This points to a significant social class influence on this phenomenon; one which can help these youth to mediate these barriers.

### *Portuguese-Canadian Youth*

For decades, Luso-Canadian youth have faced a number of obstacles to integration, in the form of lower academic achievement and a high representation in working-class jobs (Nunes, 2003, 2014; Ornstein, 2006b). They have performed at significantly lower academic levels, been disproportionately represented in Remedial Special Education programs, and have been dropping out of school in greater numbers than their peers (see Nunes, 2004 for a review of historical references). More recently, in the TDSB, they have displayed higher at-risk rates, lower enrollment in university-bound programs, and a 43% dropout rate in 2006, the highest among all language groups (Anisef, Brown, Sweet, & Walters, 2010; Anisef, et al., 2008; Brown, 2006, 2010; Brown, Newton, & Tam, 2015; Presley & Brown, 2011; TDSB, 2014). In 2006, only 17.5% of Portuguese-Canadians (25–34) had completed a university degree, the lowest level among all children of immigrants (35% average) (Abada, Hou & Ram, 2008). Disproportionate numbers are also entering the trades (35% vs. 26% for all groups); few are found in management (11%) and most sons are earning the same average salary as their immigrant fathers (Aydemir, et al., 2008; Statistics Canada, n.d.-c).

Thus, after over 50 years, Portuguese-Canadians continue to be at high risk of not graduating from high school or entering post-secondary education, a reality which led Ornstein (2000), to describe the Portuguese as being “of most concern” (p. 51) and as suffering “extreme [educational] disadvantage” (pp. 124–125).

In attempting to account for this problem, community members often accuse parents of failing to promote the value of education (Nunes, 1998, 2014). However, research has implicated a number of *systemically racist* educational practices in this phenomenon, such as the policy of streaming; the concentration of vocational schools in Portuguese neighborhoods; the use of culturally biased assessment tests; the lack of Portuguese-Canadian teachers; the devaluation of the Portuguese language and culture; lowered teacher’s expectations; the cultural irrelevance of the curriculum; stereotyping; and, in particular, the historical assignment of disproportionately high numbers of Portuguese children to Special Education (Cummins, 1996, McLaren, 1986; Nunes, 2003, 2014).

In summary, while many Luso-Canadians accuse prevailing community attitudes, scholarly research attributes this underachievement to systemic barriers, a fact which has led *Anti-Racism* scholars to name the Portuguese among those groups that are affected by systemically racist practices: “integrated schooling has profoundly failed many communities in this province, including African-Canadian, Aboriginal and Portuguese-Canadian students.” (Dei & Kempf, 2013, p. 85).

## *The Perspective of Critical Pedagogy*

Giroux (2005/2016) affirms that North-American schooling today is depoliticized, ahistorical, and unduly focused on technical knowledge (p. 214). According to Giroux, the purpose of this type of education is to promote neoliberal corporate interests, by discouraging critical citizenship, particularly among working-class and racialized youth. This form of schooling utilizes both classist, as well as racist, educational practices, in order to diminish the agency of working-class minority youth and maintain a system of wider world inequality. In Canadian schools, this happens through practices which invalidate the knowledge, language and world-views of minorities, prevent the formation of a critical consciousness, and structure their identities.

First among these practices is *banking education*, or the simple transmission of knowledge, without consideration of the lived realities of students (Cummins, 1996; Freire, 1970). McLaren (1986) documented how *banking education* served to silence, dominate, and ultimately reproduce Portuguese children in working-class roles, through the rituals, practices, and attitudes in one Toronto school. This institution was described as a “concrete and formica womb,” where students were reduced “to mere spectators” (p.117), “processed,” through a culture of pain, “like prisoners in iron cages,” (p.112), their identities denigrated and “primal conditions” stripped away in order to prepare them for the factory floor. Decades later, youth from the same Toronto neighborhood described similar experiences in Nunes’ study:

Facilitator: What do your teachers see you as?

Respondent (Male Other): A piece of meat.

Respondent (Male 2): ...yeah [...] if they don't teach us, they're still going to get paid

Respondent (Male 1): ... then, once you're done, you get the fuck out.

Banking education is perpetuated through a tendency to regard Portuguese and Jamaican youth as *culturally deprived* and needing to be rescued from the influence of their parents’ cultures (Codjoe, 2001; McLaren, 1986). The teachers in McLaren’s study saw their role as “...redeeming Azorean [Portuguese] students from the horror of their ‘mediaeval’ culture-forms, their ‘vagrant’ attitudes, and their ‘primitive’ raw being” (McLaren, 1986, p. 120). This attitude is further reinforced by a *lack of faith in the ability of these minority youth* to think and deal critically with their reality (Freire, 1970).

These mind-sets make possible *cultural negation and cultural invasion*, or the tendency to negate the knowledge of the economically and politically excluded, in order to enable the violent imposition of the world view of a dominant class, upon the dominated (Freire, 1970). Educators in working-class schools frequently regard as “irrelevant,” and even an impediment to learning, the histories, languages and cultures of Portuguese and Jamaican children (McLaren, 1986). One youth mentioned in Nunes’ study how they were rarely taught about Portugal’s role in European globalization: “it doesn’t seem like Portugal fits anywhere in the curriculum,” while

a Jamaican young man described to Ari how the influence of Africa and the Caribbean on world history was absent in the curriculum:

... But it was not until I came to university I learnt about the **Haitian** revolution. I was kind of shocked. I could not understand why they did teach American revolution, French revolution, ideals of egalitarianism and fraternity.... Here you have **Haiti** that is slave people under colonial rule, only successful slave rebellion revolution in all of the Transnational Slave Trade and inconveniently skip that, when there are direct implications for the themes to talk about fraternity, liberty and egalitarianism.... [emphasis added]

In this environment, the offering of Black and Portuguese History Months are examples of what Freire (1970) described as *tokenism* and *paternalism*, a practice that ensures these histories continue isolated from the regular curriculum. Similarly, no students reported being engaged by their primary or high schools in critical examinations of the situation of their communities within the Canadian context.

Freire (1970) further identified *marginalization* as another tactic of oppressive education. In Canadian schools, this is epitomized by exclusionary policies and practices, such as the *streaming* of working-class students into vocational levels of study, a practice that has been called a “social injustice” toward minority children (Radwanski, 1987). One Jamaican youth stated to Ari:

My teacher [...] wrote a letter saying that I should be in Special Ed. courses because I can't function in a normal course because of my behavior.... We felt the prejudice so we just acted to that... My guidance counsellor [...] called me in her office and asked why did you fill out all applied courses. She said 'you are a smart kid, I know this is not you....' She said 'it is going to be hard to get in university.' She ripped it up and she filled a new one, and she said 'you are going to all academic courses. You are smart, you can do it...' She was an advocate for all the troubled kids.

Widespread streaming of working-class students ultimately leads to *stereotyping* of being “at-risk.” Sarah (pseudonym) described this:

It was my first time being exposed to those stereotypes [...] You walk in there and teachers already have that idea of 'oh my God, a Jamaican....' you are almost expected to fail. [...] while I was there I was always expected that I would be delayed kid. [...] So it was always the thing of trying to keep up, because they think you are less than what you really are.

One Portuguese-Canadian youth, in Nunes' study, reported how her group is similarly negatively stereotyped in Toronto: “I think it's bad being Portuguese sometimes, because no one thinks you are worth anything. Even most of our teachers hate us and yell at us, call us stupid.”

A related tool of marginalization is *racialization*, or the attaching of significance to the cultural or physical differences (e.g., skin color) of subordinated groups, often to legitimize discriminatory treatment (James, 1999, p. 133). Jamaican youth report living lives of constant racialization based on their skin color. They are systemically labelled as “not being smart enough, lazy” females as being “loud,” males as “troublemakers, criminals, law breakers” and “violent” (Codjoe, 2001; Gaymes, 2006; James, 2010, 2011). Consequently, Black youth in the Toronto School Board are three times more likely than whites to be suspended (Rankin, Rushowy & Brown, 2013). Jamaican males further decried the practices of *racial profiling* and *police carding*, a practice where youth are stopped and questioned by police without justi-

fiable reason. Others mentioned being targeted by store security, or being the object of people's gazes on the bus or subway. Previous research shows that Black youth, in general, are targeted by security personnel more than other groups (Roberts & Doob, 1997; Henry & Tator, 2006).

Giroux (2013) has denounced such zero-tolerance, suspension, and surveillance practices as examples of increasing state violence over racial, ethnic, and working-class youth, the expressions of a new form of corporate "sovereignty" that are increasingly used to legitimate the concentrated power of the rich.

For their part, Portuguese-Canadian youth generally tend *not* to state that they experience *interpersonal* racism and mostly perceive themselves as white Europeans who sometimes benefit from *white privilege* (Nunes, 1998; Pacheco 2004; Toronto Star, 1985). However, many also report being racialized in specific situations, particularly within low-achieving schools and marginal occupations (Harney, 1990; McLaren, 1986; Morgado, 2009, Pacheco 2004). McLaren (1986) stated: "(Azorean students) are often feared by the generally white, middle-class instructors (Azoreans are dark, exotic, physical; they are gypsies, outlanders, relegated to a pariah status)" (p. 99).

One woman from Nunes' study in Winnipeg described being left out of groups "...because of my colour, and because, they don't think of me as White, even though I'm not exactly not White." Others in Halifax and Winnipeg described how they are frequently mistaken for Mexicans. Still another woman in Vancouver described how her degree of "whiteness" was tied to her family's occupation: "I think my parents are Canadianized because of their jobs really. Like my Mom's a banker [...] it's not a typical Portuguese job [...] like, they are 'white jobs,' to use the term loosely."

The cumulative effect of these disempowering practices is the creation of existentially painful schooling experiences for many Jamaican and Portuguese youth, with many Jamaican-Canadians often describing their dealings with the education system as *violent*. Paulo Freire (1970, p. 41) similarly characterized the failure of a society and its schools to treat others as subjective beings as a form of violence. As one Luso-Canadian remarked to McLaren (1986, p. 154): "I wouldn't mind learning so much if we could just feel good about living." The sentiment that schooling was hard and unpleasant was echoed by many in Nunes' study, including one university-bound male from Montreal:

I hated school. I started at 8, I couldn't wait till 2:30. I just wanted to get out of there... ..  
School was just not for me. I prefer a hammer and a nail than a book and a pencil

For some of the Portuguese-Canadian participants, these marginalizing factors have led to *self-deprecating beliefs* about themselves and their ethnicity. Luso-Canadian male dropouts in Toronto described themselves to Nunes as rude, conflictual, hard-headed and "much more violent" than Italian-Canadians. Others in Montreal saw their communities as closed and divided: "I love my culture, I go to Portugal, I don't want anything to do with the Portuguese." One young woman in Toronto stated: "To me, being Portuguese is to be a loser, being thought of as stupid. I think this is why people who go to school stop being Portuguese."

It should be cautioned that there were also many Portuguese-Canadian youth, across all cities, who conveyed positive views of themselves and their ethnicity. For



example, one youth in Halifax stated: “I am proud to be Portuguese. [...] it makes me feel like I am different [...] And it really helps me along.” Yet, the instances of self-deprecation were frequent enough, particularly in Toronto and Montreal, to constitute a discernable pattern.

Significantly, few Portuguese-Canadian youth attribute their schooling problems to the effects of systemic barriers, even when they recognize their existence. In not suffering much *interpersonal* racism, many of these youth attribute educational problems to their own failings, or to the “closed mentality” within the community (Noivo, 1997; Nunes, 1998). Even students in Nunes’ study, who were enduring personal difficulties and whose teachers had given up on them, tended to internalize responsibility, as did one young male in Toronto:

I was going through a rough time, at that time [...] parents getting divorced, grandfather dying... [...]. They understood when I missed class a few times. But I kind of went overboard and... they kind of stopped caring after a while. It was my own fault....

This sense of teachers having given up on them was a constant feature of the stories of many Luso-Canadian youth who had dropped out.

Freire (1970) described this tendency toward self-deprecation among the dominated as a natural reaction to the adoption of a *duality of consciousness* among the working-class: “they are at one and the same time themselves and the oppressors whose consciousness they have internalized” (p.32). In essence, in being taught to regard dominant groups as their *model of manhood* – “for them, to be men is to be [like the] oppressors” (p. 30) – minority working-class youth ultimately come to perceive themselves through the eyes of the dominant society. Emma (pseudonym), a 20-year-old Jamaican-Canadian in Ari’s study expressed her day-to-day problems thusly: “...I suffer with depression, one of my battles day-to-day.... insecurities, not feeling good enough in every aspect. I don’t feel pretty enough, I don’t feel smart enough.”

Jamaican youth mostly tended to critically evaluate their schools for not meeting their needs. As one male stated: “I felt very disconnected because they are only teaching certain portions of history that were not interesting to me. [...] I really did not feel that it was important to my life.” Having come from a culture that experienced slavery and colonization and experiencing much more interpersonal discrimination than their Portuguese counterparts, Jamaican youth can better recognize and name examples of *institutional* racism. Consequently, these youth are able to place responsibility on the school system for alienating and pushing them out. One Jamaican youth stated: “It did not make sense to me at being at school. Suspensions after suspensions. It made everything so much complicated, so I stopped going to school.”

Similarly, Jamaican and Portuguese youth whose families were middle class also anecdotally appeared better capable of navigating racist school barriers, compared to their working-class counterparts. For example, one middle-class Jamaican woman described her smooth path through schooling:

I went to private school for high school. [...] It was similar to Ivy League schools. Difficult to get in, but once you are in, easy to stay. Whereas in Catholic school (elementary school) my teachers pushed me a lot harder [...] It was not difficult. But in terms of academic performance, I responded more. [...] Last year of my school, I ended up perfect at the school.

The apparent success of Jamaicans and Portuguese from middle-class families does not mean that these youth are not affected by racist school practices. Rather, it suggests that they may be better equipped economically and socially to resist racist and classist barriers, as they themselves are also a part of that class (Allahar, 2010). Hill Collins (1993) mentions, that individual biographies are framed by multiple structures of race, class and gender. Moreover, as Freire (1970) explained: “The educated man is the adapted man, because he is a better ‘fit’ for the world” (p. 63). Thus, middle-class youth are better able to negotiate the class-based structures that their economic group has created (e.g., “classed” schools).

Ultimately, some working-class youth who are unable to relate to their schooling adopt an *oppositional identity*, one that embodies qualities that are antithetical to those perceived to be held by the dominant society. Studies with African-Canadians and African-Americans have described how achieving in school can be interpreted by many Black youth as a rejection of their Black identity (Ogbu & Simmons, 1998; Sharma, 2010). Similarly, Luso-Canadian males in Montreal described to Nunes a link between a Portuguese self-identity and working-class status – “Manual work is part of our culture” – some even justifying their decisions based on this belief: “The reason why I dropped out... ..is because pork-chops don’t go to school.” Within this context, even the promotion of educational success can be perceived negatively, as one Jamaican-Canadian stated to Ari:

... I think that is the problem in our community: we set the bar and celebrate the meritocracy; we celebrate things that we shouldn’t celebrate, like someone graduating from high school, or going to college or university. They should not be proud of that because you send the message to the people collectively that you be stereotyped and set more barriers. You don’t need to stop at high school, right?

Many Jamaican and Portuguese youth also attempt to regain a personal sense of agency that is denied them in schooling, by following traditional *folk theories of success*; career choices which allowed their predecessors, under oppressive situations, to achieve a dignified life (Ogbu & Simons, 1998). A number of Portuguese-Canadian males in Nunes’ study saw dropping out of school to enter manual labor, as a viable means of gaining independence and described with glee the ease with which they could secure a good-paying construction job. Others insisted there was little value in a post-secondary education. Still others turn to substance abuse and criminality, including gang behavior (Kingstone, 2003). Yet, in dropping out, as a way to regain a measure of control over their lives, many Jamaican- and Portuguese-Canadians perpetuate what Giroux (1981) states is the very goal of a hegemonic, unequal education system: “...the oppositional elements used by students to wrest power from the authority of the school do the work in bringing about the future that others have for them.” (p. 30).

In summary, Jamaican- and Portuguese-Canadian youth originate from predominantly working-class communities, suffer from ongoing high dropout rates, and are encountering difficulties in entering middle-class occupations. Both groups are affected by systemically racist and classist practices of the school system, which serve to limit their opportunities for advancement in a white-dominant and hegemonic capitalist

society. The interactions of Jamaican youth are also imbued with everyday experiences of interpersonal racism, occurring in varying institutions, the labor market, justice system, policing and media, while the Portuguese do not report similar experiences. In suffering more interpersonal racism, and having inherited the legacy of colonialism and slavery, Jamaican-Canadians are better able to perceive institutionalized racist practices than Portuguese-Canadians, who tend to internalize the blame for their underachievement within themselves and their community.

The example of these two groups illustrates how the intersection of race, class and historical antecedents, as well as the class location of individual families, creates differing responses to exclusionary educational barriers. In this respect, Critical Pedagogy can describe the mechanisms which lead some working-class and racialized minorities to remain within their excluded state.

## Implications

As we have argued above, the hegemonic practices of the Canadian school system are intimately tied to the continuation of a class-based, as well as racial inequality, between these communities and the dominant society. This points to the need to better address the schooling of working-class minority children.

First, there is a need to fully incorporate anti-oppression practice within the school system, by better incorporating the cultures of working-class, ethnoracial minorities within the curriculum, moving away from a Euro- and Anglo-Centric focus, allowing youth more agency over their education and training teachers to address multilayered levels of oppression. This includes opening up spaces for previously silent voices to be heard (Ng, 1994), by directly involving students from marginalized communities in developing the educational policies which affect them. As Giroux (2013) and Freire (1970) advocate, it is only by allowing oppressed youth to critically self-reflect and engage with their lived realities, that collective action on the situation of their lives, and their communities, can occur.

Secondly, there is a need to establish more school-based remediation programs, like the *Pathways to Education*, that target the effects of social class disadvantage (Oreopoulos, Brown & Lavecchia, 2015). This program has been found to increase school retention, through a combination of financial support and individualized one-on-one mentoring, in the low-income areas where it has been implemented. This last component is especially important, in light of our finding that individual teachers appear to be giving up on those youth who begin to disengage from school.

Finally, there is a need for more youth summer-employment programs, especially those that link working-class minority males to white-collar career paths. These programs are instrumental in countering the effects of systemic racial and class discrimination, by providing minority youth with employment opportunities in entry-level positions to which they would not normally have access.

Enacting these measures will help to counter systemic barriers that have been identified as contributing to diminished mental health among working-class and racialized youth, who occupy the most vulnerable positions in society (James & Jones, 2012).

## Limitations

The major limitation of this chapter is that the primary data originated from two research studies that were conducted in 2008 and 2016. In this respect, different questions were asked, which could have generated subtly different outcomes. Similarly, the responses of the cohorts could have differed according to extant social and political events (e.g., economic downturn in 2008). Lastly, while the information for Portuguese-Canadians arose from both projects, Jamaican-Canadians were only examined in the 2016 study. This meant that the primary data on this group was limited.

Despite these limitations, the authors found complementary findings between the two data-sets and which reinforced the findings of previously reported studies. This points to both the ongoing nature of this problem, as well as the suitability of *Critical Pedagogy* in explaining the forces that continue to assail the education of some minority youth.

## Responses

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*(Author's note: This response contains some usage of Jamaican vernacular).*

In 1995 Reggae/Dancehall artist Buju Banton created what was known as the “ghetto people’s anthem” with his two hit songs “Untold Stories” and “Not an Easy Road,” both talking about the poverty, violence, and struggle that plagues Jamaica and Jamaican communities. Over two decades later the sentiments of those songs are still evident in the struggle and optimism that swings as a double-edged sword for many Jamaican-Canadian youth of today. Jamaican youth at home and abroad are aware of the double standards, the barriers, and the hardship that loiters above their heads like a stubborn storm cloud. But progress is difficult for the many who are in poverty and can’t find access to resources or support to be able to obtain the right tools and weaponry, to fight for their goals or a chance at a prosperous future.

There are many studies about Jamaican youth that focus on the mishaps with and in the justice and prison systems, but writers will often negate to create a correlation between race and poverty to crime. Then there will be writings about poverty among Jamaicans communities without factoring the lack of financial literacy which relates to the quality of education that the so-called third world countries of majority people of African descent don’t have. For me, connections between Jamaican youth involved with the law and in poverty reflect on how tied the hands of the caregivers are. Whereas, as in my household and many others, Jamaican parents or guardians are often neither qualified, nor available or capable to teach their children, as they are caught up with “*styll tryna ting*”; in other words in the midst of trying to figure it (living situations in a new country) out themselves – which is a huge barrier. At the age of 20, I had taught my parents about a Tax Free Saving Account and how to

maximize on their RRSP and that they should not touch it no matter what. But even for parents or caregivers in commerce “*bock inna yawd*” (in Jamaica) and “*inna faryin*” (in Canada), statistics will also show the number of business owners and entrepreneurs to actual property owners is grossly disproportionate. This causes further constraints on businesses’ ability to thrive with soaring inflation and gentrification being a deadly assassin.

But this also takes a toll on the physiological level on the minds of Jamaican youth. How can they achieve something that they have never seen done before by someone who looks like them or hails from where they are – “it’s not an easy road,” Buju chants. And this is true especially when that despair transmutes into silent frustrations and high stress levels that moves like a virus as it gets transferred from parent to child and vice versa, especially with a lot of tension being built up and very few affordable outlets available. In my youth days as a student, that virus led to my disengagement in the classroom settings and desiring to just “*gwan hold a vibez*” and have fun. I thought to myself that, I had no use for school “*no need fi boddah with dem tings*,” because virtually my future was as visible as Jamaican business complexes existing in downtown Toronto – “*it gwan lyk wun duppy dream*” – a ghostly fantasy.

There’s a Jamaican proverb that says, “*if yuh see tukle pon post yuh fi ask em, ‘ah born yuh bawn suh or ah put dem put yuh suh?’*” In English it translates to “if you see a turtle on a post you should ask it, “is that how you were born, or did someone do something to make you become that way?”” The woes seen among the youth of Jamaican descent in Canadian society are very much an echo of this proverb. This means to question the source of other people’s distress because someone might have caused it.

In many ways, the Canadian education system and job/career pipeline were set up to make little to no efforts to support Black youth, especially if they are of Caribbean descent and are either new to Canada or are first- or second-generation born. My older siblings, cousins, and I can give numerous testimonies of how we experience barriers like racism, prejudice, and discrimination for looking the way we do and for talking funny or for not engaging with the school’s dogmatic styles of teaching the ways others do. I remember my mom taught me how to memorize speeches and bible texts through songs and movement. She told me that was how they were taught in school “*bock inna yawd* (Jamaica)” growing up. In school here we just sit still and try to just plainly read and repeat the static text until you can’t think of anything else.

When we talk about Jamaican youth in Canada, there is an unspoken culture shock that has stolen African people’s past that is often not taken into account – a very deep, unresolved generational trauma and wound that is struggling to heal. We are very much like lost sea turtles stuck on a post, but our optimistic souls continue to say every “*mickle makes ah muckle*,” which is a way of saying, every effort counts to help make improvement. The solution in my opinion is not about supporting conformity but about assisting with adaptability.

## Issues of Race and Class Among Luso-Canadians

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Within Canada's cultural mosaic, the notion of identity remains a sensitive topic. I have seen how some immigrant youth have fully assimilated into Anglo-Canadian culture, while others have preferred to cultivate a dual identity. The balance that the latter offers has allowed Canadian youth to live out their ancestral languages and traditions.

It was not until my late adolescent years when I considered how race or class could impact my identity as a Luso-Canadian individual. Personally, I find it tremendously important to discuss issues pertaining to race and class since these strongly impact how one is perceived by citizens of the host nation.

I believe that race and class are interconnected. Having grown up in a city where there was a strong Portuguese presence, there were opportunities for me to live my culture through my parish church, Portuguese school and the city's Portuguese club. Although I knew that the Portuguese language and traditions were recognized, I never felt that they were fully accepted by the wider community. Quite often I felt that others hinted that any Portuguese-related aspects of my life belonged in the home. Regardless, my ancestral language and family traditions brought me joy in my ability to cultivate two cultural identities. As for other Luso-Canadian youth, the option to assimilate seemed more accessible. If I or any of my classmates assumed Anglo-Canadian culture, it was simply to escape feelings of exclusion from non-Portuguese individuals.

Most of our parents and grandparents, having known only four years of basic education in Portugal, could not learn or speak fluent English. Thus, they could not access jobs in the professional or management sectors. Every Portuguese child can remember having translated for a parent or grandparent at one time or another! Students chose to assimilate at moments when they preferred speaking English over Portuguese. In hearing the language spoken, non-Portuguese people commonly inquired "*what is that language you are speaking... why are you speaking Portuguese?*" In moments such as these, Portuguese youth experienced an uncomfortable tension and rejection. Aside from language and class-background, there were also instances in which our traditional, family-oriented values, deemed as old-fashioned, would be considered strange by some teachers and classmates. Some examples included religious processions, having your grandparents live with you, *bifana* sandwiches for lunch and other perfectly acceptable cultural norms. It was always a problem trying to balance "old world" ideas about dating, sports activities, home obligations, and proper behavior with more liberal Canadian values. For many of my Luso-Canadian friends, it was much easier to integrate, rather than live in clashing realities.

Assimilation brings into question a lack of pride in one's culture originating from an inner sentiment of inferiority. Historically, for many newly arrived Portuguese immigrants, employment was found in childcare, construction, and factory work. These areas of employment continue to be dominated by descendants of working-class immigrants. Many mainstream Canadians falsely assume that Portuguese

people are limited to manual or skilled trade labor. Without a vast array of professional or artistic role models, it is hard to propel a generation of youth with new ideas. Other later waves of immigrants and other races have had more success than Portuguese immigrants in breaking into professional fields or entrepreneurship. Many of these later immigrants did not step into the working-class job sector, but focused on re-training, re-certifying, or other business opportunities. The city where I grew up had a large contingent of around 30,000 or more Portuguese immigrants. There were a handful of businesses operated by Portuguese owners, but there were no Portuguese restaurants, daycares, old age, or community hubs because historically there was no social cohesion.

Although I have seen an increase in Luso-Canadian youth enrolling in post-secondary programs, I feel that a negative stigma continues to pervade the Portuguese culture. There is an urgent identity crisis in our community which causes us to have the highest dropout rate of any immigrant group. It would be best to focus on positive role modeling to help Portuguese youth aspire to higher grounds. In my opinion, this reality reflects how the Canadian government has disregarded the socioeconomic concerns of different cultural communities.

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# **Part IV**

## **Power**

# Education Pathways: Policy Implications for Refugee Youth in Germany and Canada



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## Introduction

Refugee youth are widely identified as vulnerable and dependent by public and academic discourses (e.g., Shakya et al., 2010). These discourses shape policies that have consequences for youths' access to a critical element of integration and mental health, namely education. Refugee youth are active agents with resources and capabilities to inform their education pathways, but these pathways are shaped by the policy environment. Refugee youth are subject to general policies around education and child welfare, and on immigration, refugee resettlement and social integration. In both Germany and Canada, there are also policies in place that are specific to this population, recognizing their unique needs and vulnerabilities. Although these policies are intended to protect and support refugee youth, policy frameworks and institutional structures may actually lead to mechanisms of exclusion, even in situations where policies are intended to support integration (Gomolla & Radtke, 2009; Feagin & Feagin, 1986). The goal of this chapter is to highlight the link between mental health and education for refugee youth, identify the policies that influence refugee youths' access to education in two cities: Munich (Germany) and Toronto (Canada), report on key informants' assessments

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of how these policies help and hinder refugee youths' integration and well-being, and reflect on what can be learned by comparing the strengths and weaknesses of policies regarding refugee youth education between these two settings.

### ***Education, Well-Being, and Mental Health for Refugee Youth***

Refugee youth have been exposed to prolonged adversity, including witnessing and/or experiencing violence and conflict, hazardous living conditions, poverty, family separation, and the uncertainty of displacement. Although those with mental health issues are in the minority, increased exposure to these adversities has been associated with poorer mental health outcomes among refugee children and youth (Fazel, Reed, Panter-Brick, & Stein, 2011). Moreover, for asylum claimants, prolonged insecure legal status correlates with increased mental health risks (Carswell, Blackburn, & Barker, 2011; Gerlarch & Pietrowsky, 2012).

The well-being of refugee youth is consistently linked to their educational experiences in the settlement country. Refugee youth value academic success (Adam & Inal, 2013; Pastoor, 2015). Shakya et al. (2010) found that refugee youth from Afghanistan, Myanmar, and Sudan living in Canada were emphatic about the importance of education, identifying success in school as one of their most important responsibilities. In another Canadian study, the need for a good education was a core theme in how refugee youth defined health (Edge, Newbold, & McKeary, 2014).

Refugee youths' educational participation and successful integration into school have been linked to their mental health. In a longitudinal study of outcomes for refugee children in Denmark, those youth with fewer traumatic symptoms 9 years after their first assessment were more likely to be attending school or working than those with ongoing trauma symptoms (Montgomery, 2010). Vietnamese refugee youth in Canada reported that marginalization and difficulties in cultural adaptation to school were primary stressors in their lives (Hyman, Vu, & Beiser, 2000). Similarly, a study with 76 Somali refugee youth in the USA found that a strong sense of school belonging was independently associated with less depression and more self-efficacy, above and beyond exposure to adversities (Kia-Keating & Ellis, 2007).

Schools are also an ideal space for providing support to refugee youth (Edge et al., 2014; Sullivan & Simonson, 2015; Tyrer & Fazel, 2014). Weine et al. (2014) found that education support was one of the most active agents contributing to youth well-being and resilience for Somali refugee youth. However, educational systems may not be sufficiently adapted to these youths' needs (McBrien, 2005). Schools and teachers can be unaware of refugee youth histories and cultural expectations and thus misinterpret student behaviors or overlook student needs. Some refugee youth report experiences of isolation, exclusion, and bullying within their school context (Hynie, Canic, & Korn, 2014; Shakya et al., 2010). Research with refugee youth suggests these experiences of discrimination may have long-term negative consequences for health and well-being, becoming part of a process of exclusion (Correa-Velez, Gifford, & McMichael, 2015). Refugee youths' educational opportunities are thus not only preparation for successful employment and social integration but are also as a marker, vehicle, and opportunity for successful integration and, ultimately, mental health.

## Defining the Contextual Background of Educational Experiences in Toronto and Munich

Canada and Germany vary widely in terms of population size, immigration history, and geographical location, but both are a common destination for refugee resettlement. On a local level, Munich and Toronto are diverse, multicultural urban areas with a high percentage of young refugees. The *City of Munich* (pop. 1.5 million) had 17,594 refugee claimants in 2013. The Department of Migration and Housing in Munich reported approximately 2500 refugee claimants between 16 and 24 years living in Munich that year (Landeshauptstadt München Sozialreferat, 2014, p. 39). In 2012, a total of 30,712 refugee claimants were living in the *City of Toronto* (pop. 2.58 million), with 14.7% (approximately 4500) of all refugee claimants between the ages of 15 and 24 (Citizenship and Immigration Canada [CIC], 2013, p. 106,109; City of Toronto, 2013, p. 4).

In Germany, refugee status is usually requested in-country upon arrival. In Canada, there are two ways that refugees can gain permanent residency. One is through the humanitarian resettlement program, whereby refugees are screened by UNHCR overseas and then arrive in Canada as government-assisted refugees, privately sponsored refugees, or, less commonly, through a blended program (Blended Visa Office Referred). The second route is to arrive in Canada, typically by air, and to then request asylum. These individuals are identified as in-country refugee claimants (Immigration, Refugees and Citizenship Canada [IRCC], 2016). In this chapter on refugee youth, we refer to refugee claimants whenever we speak about youth who are still in the process of an in-country asylum claim either in Germany or in Canada. Resettled or sponsored refugees refer to those that arrive in Canada through the humanitarian resettlement program and have permanent residence status on arrival. The term “refugee youth” will be used to refer to all these subgroups.

Although refugee protection policies are implemented on a national scale and both countries have a public education system that offers free primary and secondary education to residents, education systems in Canada and Germany are administered at the provincial/state level (Toronto, Ontario and Munich, Bavaria). German states differ considerably in their school structures; Bavaria is one of the most conservative. Primary school in Bavaria includes the first four school years. Secondary schooling starts at age 10 in three different types of schools: (1) *Gymnasium*: providing prerequisites for tertiary education; (2) *Realschule*: an intermediate level that enables transition into a broad range of vocational education programs; and (3) *Mittelschule*: the lowest level mainly providing access to dual apprenticeship programs. Primary, secondary, and postsecondary trainings are free. In addition to the free academic training at universities and universities of applied sciences, there is a wide range of free vocational training options available (Schwippert, Klieme, Lehmann, & Neumann, 2007).

The *Canadian education system* varies less interprovincially than the *German education system*. In Ontario, compulsory education is from ages 6 to 18 (Crimu, 2013, p.18) and is free, although private (fee-paying) options also exist. Ontario students are separated from grade 10 (approximately at age 15) onwards into three

streams: academic, applied, and essential, with the essential stream having very low numbers of students (Sweet, Anisef, Brown, David, & Phytian, 2010, p. 26). The Toronto District School Board (TDSB) is the largest school board in Canada. The student population is highly diverse with 22% of students born outside Canada and over 120 languages spoken by students and their families (Toronto District School Board [TDSB], 2016c). Internationally, the TDSB is considered as one of the world leaders in equity policies (Rutkowski, 2009).

Postsecondary education in Canada is public and takes place mainly within community colleges and universities, both requiring entrance tuition, which can be costly (Standing Senate Committee on Social Affairs, Science, and Technology, 2012, p. 20 f.).

In Munich, there is a broad system of *child protection services* for unaccompanied youth up to age 18. Services provide living conditions that enable this subgroup to have better educational participation than refugee youth in families (Will, 2014). In *Ontario*, the mandate of the Children's Aid Societies is the welfare of children aged 16 and younger; for unaccompanied minors aged 16–18 years, access to these agencies is very limited (Ali, Taraban, & Kaur Gill, 2003, p. 28; Wegner-Lohin & Trocme, 2014).

### ***Current Knowledge on Education and Refugee Students in Germany and Canada***

In both national contexts, there is limited empirical evidence available about the educational participation of refugee youth and comparison studies have not been conducted (Access Alliance, 2011; Behrens & Westphal, 2009). The Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA) study provides some comparative data for voluntary migrants in Canada and Germany, but not for refugee students (Prenzel, Sälzer, Klieme, & Kölller, 2013). Canada is one of the few countries with similar results for native-born and immigrant students (OECD, 2011, p. 70); in Germany, native-born students outperform immigrant students (Prenzel et al., 2013, p. 280).

Research on refugee students in Canada indicates good educational outcomes in Canadian schools (Stermac, Brazeau, & Martin, 2008; Stermac, Clark, & Brown, 2013; Stermac, Elgie, Dunlap, & Kelly, 2010; Wilkinson, 2002). Programs and services supporting refugee youth in Canada within the education system have been found effective in facilitating overcoming common challenges faced in the learning environment (Young & Chan, 2014). However, not all refugee students perform successfully in the Canadian system. Some subgroups show higher high school (secondary) drop-out rates and higher enrollment in basic educational streams as well as consistent disadvantages in the transition into the workplace (Rousseau & Drapeau, 2000; Wilkinson, 2008; Wilkinson, Yan, Ka Tat Tsang, Sin, & Lauer, 2013). Moreover, studies focusing on the youth perspective show mixed results in accessing

education despite the high academic aspirations of refugee youth (Hynie, Guruge, & Shakya, 2012, p. 19; Kanu, 2008, p. 929).

In *Germany*, empirical evidence about the educational experiences of refugee youth is limited. There are few studies that focus on specific subgroups of refugee youth based on legal status and nationality (Barth & Guerrero Meneses, 2012; Gag & Schroeder, 2012; Müller, Nägele, & Petermann, 2014; Neumann, Niedrig, Schroeder, & Seukwa, 2003). These studies show the impact of legal and school structural barriers for educational pathways of refugee youth, especially restrictive asylum policies and the difficulties of accessing the formal educational system for youth after age 16 (Müller et al., 2014; Schwaiger & Neumann, 2014). Narratives from refugee youth refer to resiliency and “the Habitus of survival” (Seukwa, 2006). However, questions around the role of the children’s aid society for unaccompanied minors are the greater focus of the scientific community (Detemple, 2013).

## Methodology and Study Findings

### *Conducting Key Informant Interviews and Literature Review*

This chapter is based on the analysis of interviews with key informants in both countries and a literature review to identify and deepen understanding of the relevant policies in each setting. We apply an explorative and qualitative research frame (Corbin & Strauss, 2008) to ask: (1) How do policies in two different contexts refer to support systems and systemic barriers for refugee youth in educational settings? (2) How do these systems result in inclusion and exclusion of refugee youth in educational settings? (3) Are there transferable “Promising Practices” that may be implemented in both research sites?

Interviews were conducted in 2012 and 2013 with key informants in Toronto and Munich. The interviews were conducted as part of a broader research project focusing on educational participation of refugee youth in Toronto and Munich by the first author (Korntheuer, 2016). A total of 25 key informants were recruited. As Table 1 shows, the theoretical sample included professionals in different areas of education with a variety of professional backgrounds, working in distinct institutional settings with substantial experience working with refugee youth. The sampling strategy aimed for rich data from a broad range of interview partners in order to maximize dimensions, variations, and properties of the concepts that were developed in the analyzing process (Corbin & Strauss, 2008). Participants were recruited through snowball sampling, with initial interview participants identified through the first authors’ experiences working in the sector in both cities.

Interviews were conducted using a semistructured protocol in English, German, and Spanish. All interviews were recorded, summarized, and partly transcribed. The interview guide focused on general questions about barriers and support systems for refugee youth educational participation in the local context and areas for structural change. Probes aimed at seeking more specific information on institutional struc-



**Table 1** Sample description of key informants in Toronto and Munich

	Munich <i>N</i> = 12	Toronto <i>N</i> = 13	Total <i>N</i> = 25
Professional background			
Education	5	4	9
Social work	4	4	8
Other	3	2	5
Functional role			
Principal and management position	5	2	7
Settlement worker and social worker	3	4	7
Teacher	2	2	4
Other	2	4	6
Work experience with refugee youth			
Less than 5 years	2	3	5
5–10 years	3	1	4
More than 10 years	7	2	9
Personal immigration or refugee experience	1	7	8
Institutional setting			
School	3	6	9
Community organization	5	7	12
Other	2	0	2

\*Missing data in some categories

tures that might lead to exclusion as well as on the influence of living conditions on the educational participation of refugee youth. Interviews took approximately 45–80 minutes. Data collection and analysis was supervised and ethically approved by the Ludwig Maximilian University in Munich.

Data were analyzed using the methodology of structural content analysis (Mayring, 2008). Structural content analysis is based on a system of formal categories (close to a coding scheme) that structure the coding process. Subsequently, subcodes are inductively formed, with analysis proceeding sentence by sentence, sequence by sequence, and through comparing and contrasting in and between interview data sources. Results were reviewed and adjusted through a communicative validation process with academics and professionals in the field from Munich and Toronto.

## ***Findings: Policy Differences and Their Implications on Education Pathways***

### **Restrictive Asylum Policies**

*Asylum laws* form specific barriers that may result in the marginalization of young refugee claimants. In *Canada*, repayment of transportation loans for resettled refugees (Shakya et al., 2014) adds to financial barriers to tertiary education. In *Germany*, residency and place of living obligations, limited financial support, work

bans, and living conditions in refugee shelters are important structural barriers for educational participation of refugee youth (Barth & Guerrero Meneses, 2012; Müller et al., 2014; Neumann et al., 2003).

In *Munich*, living in refugee camps is obligatory for refugee claimants. The residence restrictions result in extremely difficult living situations that may make access to educational participation impossible for some youth, as highlighted in this interview sequence with a social worker in Munich:

...For sure this incredibly long time in the first refugee shelter (...) It should be only for three months. But I know a lot of youth that had to stay for a year or 10 months, some of them even for more than a year. Nothing happens and moves forward and the living conditions there [refugee shelter] really makes youth sick. (...) You know those places are totally overcrowded, I don't know my last information was that on 50 or 60 spaces 170 youth was living. Sometimes 7 or 8 youth sharing spaces, youth sleeping in the hallway. And of course some of them are youth with problems, and there are conflicts. The kitchen and washroom facilities are not equipped for so many people. It is really noisy and there are lots of conflicts. Suicide attempts happen from time to time. And of course that makes all of the youth feel really down. (Social worker, Specialized Schooling Project, Munich)

The legal uncertainty for refugee claimants during the asylum process is an emotionally destabilizing factor in *both cities*. Lack of permanent status in countries of asylum distracts youth and limits their capacity to invest in and concentrate on schooling. Stress from awaiting permanent status influences educational participation as well as mental health and well-being (cf. Correa-Velez, Gifford, & Barnett, 2010). Resulting networks and living conditions may also form barriers for school attendance as the following quote by a settlement worker in a Toronto high school reveals.

Especially when they go through this immigration hearing period, they need (---) their whole attention is on that more than school (...). Once the immigration process gets negative a certain process of losing hope kicks in. And that will show up in school or other aspects of life. And then they get into this semi (---) underground kind of life. Their work here is illegal. Their living here is illegal (Settlement worker, High school, Toronto).

These results show that even though the *school board* and the Ministry of Education in Ontario support school attendance of youth regardless of their legal status through “Don’t ask don’t tell policies,” the stress related to the legal processes of asylum application may interfere with successful educational participation of young refugee claimants.

In *Munich*, asylum laws may lead to work bans and exclusion from financial support systems, resulting in exclusion from vocational training, but allow legal status to be stabilized through apprenticeships. As a consequence, educational pathways of young refugees are constructed to fulfill legal status needs, and vocational education becomes the main option for refugee claimants.

### Unaccompanied Minors in Toronto and Munich

Few key informants in Toronto mentioned unaccompanied minors, while in Munich, key informants speak mainly about unaccompanied minors rather than about young refugees coming with their families. Thus, each site has its own “blind spots,” reflecting policy gaps and focuses in each site.

In the words of the key informant from the Bavarian Association for Refugees:

Generally speaking unaccompanied minors have clearly better living conditions than accompanied minors. And that's a tragic situation, that everybody is forgetting about this group, because the bigger part of refugee youth and children are coming in with their families (Staff member, Bavarian Association for Refugees, Munich)

Systems exist in Munich to protect and support these youth until age 18, ironically resulting in greater access to education for unaccompanied youth than for those with their families (Will, 2014). In contrast, unaccompanied minors age 16–18 in Toronto are vulnerable to bureaucratic hurdles and lack of institutional support, as highlighted by a key informant in Toronto:

This [Unaccompanied minors] is not a typical youth coming from a family being born here. And at the same time the emotional situation, loneliness, lack of social network for them and being poor (...) So that's the biggest challenge as I can see, in the school as students they are the primary caregivers for themselves and try to be high-school students at the same time. (...) There are sometimes forms you know that are given by the school, go and get it signed by your parents. Not thinking who in their class, they might have a student who doesn't have a parent, have a guardian for that matter. (Settlement worker; High school; Toronto)

The existence of policies around unaccompanied youth seemed to mirror the levels of concern and awareness in interview participants. In Munich, the recognition of these youth's vulnerability in policy was mirrored in the widespread awareness of their vulnerability by participants. In contrast, unaccompanied youth were largely missing from the discourse of interview participants in Toronto and overlooked in policy.

### **Inclusive and Specialized Schooling**

Educational policies that are intended to ensure access can create barriers to educational participation. *The Bavarian school system* homogenizes the student body through the *separation into different types of schools and migrant and refugee classes*. In Munich, secondary options for youth from age 16 on are limited to refugee preparatory courses in vocational schools, language courses, and school projects through nongovernmental organizations. Especially for young refugees with a solid educational background and high educational aspirations, this can lead to situations of extreme frustration because they are excluded from access to tertiary education. Trying to get access to higher secondary schooling after the regular transition at age 10 is extremely difficult (Barth & Guerrero Meneses, 2012; Müller et al., 2014; Schwaiger & Neumann, 2014). Exclusion from the formal schooling system is described as a significant barrier for educational participation of young refugees (Barth & Guerrero Meneses, 2012, p. 20; Neumann et al., 2003). A new policy implemented in 2012 grants refugees aged 16–21 years (with possibility of extension to 25 years), the right to 2-year attendance in specialized programs at vocational schools, which ensures some educational access for older youth, but remains limited to vocational training.

Key informants in Munich also stress *positive effects through specific support systems implemented in specialized school settings*. Restrictive asylum laws overlapping with educational pathways are addressed through extensive support from social workers. Youth identify with these programs because of positive and supportive school atmospheres, as highlighted by a social worker from a specialized schooling project:

I think they get better role models around here. At the Mittelschule [lowest level of secondary] the atmosphere in many cases is not good. Lots of students there feel like they are in the loser track of education. And well, in our school they see and experience that they can manage to graduate and that they are gonna be able to move forward to have a good life (Social worker, Specialized Schooling Project, Munich)

In *Toronto*, secondary school serves a diverse student body in terms of language, legal status, age, and prior schooling level. The *TDSB and the Ontario Ministry of Education* take progressive roles in implementing policies for immigrant students and English language learners. Within *equity and diversity strategies*, the TDSB promotes equal access of different social groups to placement and streaming. Supports such as education assessments, guidance departments, and robust English as a Second Language (ESL) system are identified as the tools that enable secondary schools to serve a diverse student body. Student reception, education assessment and reassessment, curriculum adaptation, and support systems such as ESL, Learning Enrichment and Acceleration Pathways (LEAP) Program, and Settlement Worker in Schools (SWIS), are standard strategies to accommodate newcomer youth within provincial and municipal school boards in Ontario (Ministry of Education Ontario, 2007, 2008; Toronto District School Board [TDSB], 2016a, 2016b).

While German informants emphasized specialization and separation for youth, in Toronto an awareness of ethnic and social diversity within a shared system was an important topic.

It's more trying to create a culture. Because we have students who need special attention for a variety of reasons, so there is, while it's drawn to the attention of teacher that we have students in this category [REFUGEE STUDENTS] I think that what we trying to do is to establish a culture that shows an understanding that for a variety of reasons students cannot always fulfill the institutional expectation without some flexibility and some support. We not targeting the refugee students any more than the students from the high poverty neighbourhoods, than the students with special education needs, or with English language development needs. We just trying to say that there are a students with a lot of different needs, that you need to be aware of in order to effectively educate them (Principal, High school, Toronto)

Key informants emphasize the importance of school–community networks for educational participation of refugee youth. The TDSB institutionalizes networks and programs in *cooperation with community partners* through obligatory student volunteering and youth peer mentoring programs. Newcomer groups, leadership programs, and orientation weeks are further examples of programs that may be established. Including young refugees in these programs contributes to empowerment, learning of self-efficacy, and may also lead to sense of belonging within school. Evidence of the effectiveness of educational structures can be concluded

through the achievement of similar academic results by young refugees and the overall student population (Rousseau & Drapeau, 2003; Shakya et al., 2010; Stermac et al., 2010, 2013; Wilkinson, 2002).

Yet separation of refugee youth with limited schooling and limited language knowledge happens within support systems such as the LEAP program and ESL system. This *streaming and placement practice* is criticized by key informants, as illustrated in this quote:

Absolutely I think they [ESL courses] are extremely negative in more cases than not. Because they, eh, they do put people behind. Because what you have to do is with ESL, there are different levels, uhm, that you have to pass. And you can't skip an ESL level. So for example if you in a certain (...) level, for example by the end of the school year, and then over the summer you make a bunch of friends who speak English and you practice your language skills with them. And you know when September comes maybe you could even skip one level, because of the new language skills you've acquired. But you cannot, the system will not allow you to skip. Now what you have to do in order to graduate, you have to do grade twelve English, uh, university or college level English. But you have to obtain that. (--) Now you can only obtain it after passing, going through, all the ESL levels. And you can't take them at the same time. So this is already couple of years. It's longer than the period you have to stay in high-school. (Peer Researcher, Community Organization, Toronto)

Although support systems such as ESL and the LEAP program are institutionalized as time-limited support systems, the manner in which these systems are applied may delay educational progress for youth who are otherwise qualified. In an evaluation of the Client Support Services program, a social support case management program for government-assisted refugees in Ontario, youth reported being streamed into nonacademic paths and expectations of poor performance by guidance counselors and teachers because they were newcomers and refugees (Hynie, 2014; Hynie, Canic, & Korn, 2014).

## Systemic Barriers and Institutional Constraints

Although systemic barriers and institutional constraints for young refugees can be observed in both sites, exclusion mechanisms in Munich are more obvious and direct than those present in Toronto. In *Toronto*, postsecondary education participation of refugee claimants, compared to resettled refugees, is constrained through international student fees and exclusion from access to student loans. Bureaucratic routines in the secondary school system may also be institutional barriers and lead to exclusion from secondary education for subgroups of refugee youth, such as youth without legal identification documents. This challenge emerges in this quote:

It is nice to have a policy on the paper, but how it applies when they come to the desk. Like you have to be really aware of what question. Because they are used to ask "Can I have your passport? Can I have your immigration paper?" That's what they used to ask (...) you know this institution has been here for about a hundred years. The same people have been doing their work for forty, fifty years, you know are about to retire. (Settlement worker, High School, Toronto)

Refugee youth experience disrupted educational pathways and thus often “age out” of high school before they have finished their studies. This results in losing access to many of the supports in provincial secondary schools that facilitate access to tertiary education. As a result, they are required to navigate the complex application system to tertiary education on their own, an experience that youth in the aforementioned Client Support Services program evaluation reported as complicated and intimidating (Hynie, 2014; Hynie, Canic & Korn, 2014).

A number of systemic factors also result in limited access to secondary schooling in *Munich* including: locating refugee preparation classes at vocational schools, lack of support systems, and access options to upper secondary education, bureaucratic routines, directive practices, and cultural bias. Access to secondary education is strongly related to age norms and language skills. Support programs for language learning are institutionalized only at the lowest level of secondary schools. Since the lowest level of secondary school (*Mittelschule*) faces challenges in maintaining student numbers, the inclusion of refugee and immigrant youth fulfills institutional needs for this type of schooling, as stated by one principal in Munich:

From an utilitarian point of view, it fills our schools with students (...) In Bavaria or generally speaking in Germany this is not a common thing to happen. You know that thing about the demographic change. For us this is a really wonderful thing to happen (Principal, *Mittelschule* - lowest level of secondary, Munich)

Furthermore, a more top-down directive approach to providing services may be based on cultural bias. Decision makers may feel sufficiently confident that they know what is best for refugee youth that they do not feel that they need to inquire about, or accommodate, the youths’ own ambitions, as the following quote reveals:

I have that feeling they [refugee youth] have a more practical oriented disposition. Of course I have lots more theoretical input at the university than at the universities of applied science or at upper technical schools. At this school types you have more practical experiences mixed with knowledge. And this, the way I see it, is what refugee children and youth need. (Social worker, Refugee shelter, Munich).

## Discussion and Implications

The barriers resettled refugee and refugee claimant youth face in accessing education are both direct, through policies that create barriers to academic aspirations; and indirect, with policies that are intended to benefit youth but may actually limit opportunities, or create pathways of exclusion (Bal, 2014). In Toronto, refugee youth benefit from progressive educational policies and the broad settlement sector that have been developed through a long history of government-controlled migration programs and policies of multiculturalism. They result in a broad range of secondary school options for refugee and immigrant youth and a more flexible educational system, at least in theory.

In Munich, a segregated educational system results in exclusion from more academic secondary and tertiary education for migrants and refugees, while new edu-

cation policies provide access to vocational schools for refugee youth from age 16. Vocational training may be a good option for refugee youth with limited prior schooling who desire a fast transition into the workplace. Unaccompanied minors age 16–18 years in Munich achieve better educational support than either accompanied youth in Munich or unaccompanied youth in Toronto, through policies granting access to child protection services.

Beside these differences, *commonalities* across both systems can be concluded. (1) Refugee youth in both Germany and Canada are a heterogeneous group, and legal status and dimensions of diversity result in differences in systemic barriers. (2) In both cities, refugee youth may be forced from school, or experience barriers to continuing to higher education, as a result of difficult economic situations. (3) In both contexts, refugee youth experience being streamed into less academic pathways, with school systems and actors often failing to recognize the specific nature of refugee youth academic experiences or ambitions.

School is the main social milieu for youth, and thus successful integration into the school system is de facto successful integration into the country of residence (Sullivan & Simonson, 2015). Thus, these policies may contribute to poorer mental health through increased exclusion while also undermining possible mechanisms for better mental health and well-being by reducing opportunities for inclusion and support.

Based on our results, we propose *three recommendations*:

1. More comparison of programmatic and systemic approaches to supporting refugee youth education in countries providing permanent resettlement can help improve strategies for increasing access to educational pathways, integration, and well-being. For example, there are a number of promising practices in the Ontario context that work to mitigate refugee youth exclusion from the education system, such as settlement workers in schools, and access to secondary school to age 21 for all youth. Similarly, successful strategies in one context can reveal silences in another, such as the availability of vocational options for youth in Munich, and the levels of support for unaccompanied youth, which reveal gaps in the Ontario system of support to refugee youth.
2. Ongoing evaluation of asylum and education policies that are intended to foster integration and success (e.g., streaming and specialized programs) is required. Our research indicated that policies at multiple levels (education, child welfare, and migration) shape educational pathways for refugee youth in sometimes unexpected and unintended ways. For example, policies intended to increase access to employment in Munich can limit educational, and thus employment, opportunities. Meanwhile, policies in Toronto that are intended to provide support for second language learning can hold youth back from progressing through the educational system. Continuous evaluation of these policies in the changing context of refugee migration is required to monitor successes, but also unintended consequences.
3. The diversity of refugee youth results in highly diverse needs, resiliencies, and vulnerabilities. There is little research identifying how different intersections of

gender, past experience, ethnicity, and context affect educational aspirations and challenges. More research into how different policies affect diverse refugee youth would help strengthen how we support them. The goal of both the asylum and the educational systems are to promote inclusion, integration, and success for individuals and society as a whole. We believe that we can improve our efforts to do so by looking closely at our effectiveness and learning from one another.

## Critical Response 1

Babstista Shimwe, BCom in Progress  
Carleton University,  
Ottawa, ON, Canada

I'm a refugee youth from Uganda. I came to Canada when I was 14 as a government-assisted refugee. When I arrived in Canada in September 2009 I received my permanent resident status. Two months later I was enrolled in high school. I graduated from High school in 2013. I'm currently in my third year of university. I'm pursuing a Bachelor's of Commerce, concentration in Accounting at Carleton University, Ottawa, Canada.

**Education system** In terms of education, I think the Ontario education system is structured in a way that gives students a chance and the ability to explore future careers before making a decision. As a new student coming into Canada, there were a lot of career options that do not exist in my home country. For example, in grade 9, I wanted to be a pilot. But eventually, I was introduced to a wide range of career options that I didn't know about. School staff, especially my guidance counselor and MLO (Multicultural Liaison Officer), encouraged me to explore as many career options as possible while also getting involved in school activities to make friends. The guidance counselor guided me in the process of choosing my career path. When I first arrived, I was placed in applied mathematics. I didn't know the difference between applied, academic, and essential courses because we have only one type of course in Uganda. After learning about my career interests, my guidance counselor switched me to academic courses in grade 10. I think guidance counselors play an important role when it comes to student success and career decisions. Unlike Germany, where most newcomers are restricted to vocational schools through policies, I was not restricted to a particular career path. Therefore, I think introducing a system that encompasses staff like MLOs and Settlement Workers in Schools to address the settlement and integration needs for immigrant and refugee youth in schools, eases newcomers' education processes.

**Finances** As an accompanied youth under the age of 18, I did not have to deal with the burden of a transportation loan repayment. As for tuition fees, personally,



I thought that high tuition fees were not a barrier because of availability of OSAP (Ontario Student Assistance Program).

**Competitive admission** was a big barrier to accessing postsecondary education, but I think it's important to maintain academic integrity. I personally saw it as a benchmark that helped me to work hard and attain the same level as the rest of Canadian students. Achieving this goal brings a sense of achievement and it's important to your mental well-being.

**ESL classes** Taking English as second language courses was not a barrier for me to access postsecondary education, but being an English language learner was. For me it was like a bridge to break down the barrier. Therefore, like getting a university admission offer, completing ESL classes, and starting to learn regular English evoked a sense of accomplishment. With help from the school and various nongovernmental organizations that helped with homework and assignments, I saw ESL classes as a process to access postsecondary education rather than a barrier.

## Critical Response 2

Lina Homa, BSc(Physics) in Progress  
Ludwig Maximilian University,  
Munich, Germany

My name is Lina Homa. On June 1, 2008, at the age of 17, I arrived in Germany as a refugee from Kabul, Afghanistan. I was underage and unaccompanied and thus eligible for programs from the Children's Aid Society. From September on, I participated in the Schlauf Schule, a specialized schooling project for unaccompanied refugee youth. First my language abilities were very limited, and I was streamed in the lowest level of the schooling project, but soon I made fast progress and could skip various levels. But even the highest course was too easy and demanded too little from me. With a lot of help from my teachers, the social worker and the principal from the schooling project and with support from two volunteers, I was able to convince a Gymnasium to give me a chance and try for the highest secondary diploma. Still I needed permission from my guardians. In contrast to the very supportive staff at the schooling project, my legal guardian opposed strongly against the change. It looked like I had to decide between higher education and the financial support, which I depended on. In the end, I was allowed to change, but they put a lot of pressure on me not to fail.

I was able to get my secondary diploma at the Gymnasium after two more years. I graduated with good marks. Since I couldn't meet admission requirements at the university, I decided to go for an apprenticeship as a dental assistant. While doing this apprenticeship, I realized that I was more interested in physics than in medical studies, which was my original study objective. Currently, I am studying physics (fifth semester) and I am planning on going for a Master after my Bachelor.

As a child, my father taught me that education is very valuable, and if you get the chance you need to accomplish and do the best you can. If you believe in yourself and don't give up, you are able to find support and make your way. Because of these experiences, I support nowadays newcomers to Germany as a volunteer German teacher. I think that young refugees can become a big asset for the German society and that they should be supported. At least, this is what I will keep on doing.

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# When Youth Get Mad Through a Critical Course on Mental Health



Jennifer M. Poole and Zachary Sera Grant

## Introduction

Mad is a political, reclaimed term (Reid, 2008) that is used by people who have experiences of mental distress, disconnection, diagnosis, and treatment. The Mad Movement (Diamond, 2013) is an international political entity composed of those who self-identify as Mad as well as those who may identify as patients, clients, survivors, and consumers of the mental health system seeking better care, support, and recognition. Growing out of this movement, Mad Studies (LeFrançois, Menzies, & Reaume, 2013) has become an academic field of scholarship that seeks alternatives to biomedical approaches to “mental health” by centering the knowledge, experience, analysis, and voice of the Mad, the patient, client, survivor, consumer, refuser, and user of the mental health system. In this, Mad Studies seeks to foreground Mad people’s stories, knowledge, and lived realities. It troubles taken-for-granted approaches to competence, reason, logic, and binaries of “well” and “ill.” It celebrates collective narratives and pushes for “patients” as researchers. It is altogether an unsettling of standard approaches to ontology and epistemology (Liegghio, 2013). In addition, to do Mad work may be to purposely upset the dominant process of the research article including the use of the so-called objective and passive voice, foregrounding of evidence-based literature and the “standard” presentation of findings.

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It follows that this chapter does the same, for this is not a research article or evaluative report on an intervention. It is not a theoretical piece that seeks to tease out an ontological loop hole or a methodological missive on a particular epistemological dilemma. Instead, it is a Mad narrative written by Mad people about a Mad-informed course cocreated with Mad-identified people for youth/young adult social work students who were primarily aged 19–29. This piece seeks to emote rather than remain remote. It seeks to problematize rather than randomize, and it seeks not to create “evidence” but to create connection and possibility for those who may be curious about the same. As is often the case in Mad work, this chapter begins with and centers the personal.

### ***What Do I Know About Youth and Mental Health?***

Shortly after my family moved to Canada, I have a distinct memory of pacing my room, crying my eyes out about war. With no prior experience of armed conflict (unlike my parents), I was literally feeling loss and pain move through my body—as if war was unfolding right there and then in Montreal. I was 9 years old.

Each year the intensity of my feelings grew, about everything, real and imagined. As an adolescent, I felt deeply with people, I felt with nature and inanimate objects. I also felt anger and would direct it at those who did me wrong, those who bullied me, and even those who were close. I could not calm myself down. I could not find peace, except when eating secretly and then restricting food publicly. I lied about it all—to cover the pain, the anger, the reality in which I lived and the eating. I lied about it to avoid scrutiny, retribution, and loneliness.

High school was like this, and then I moved away to university. There, I was left to my own devices, and the practices of self-harm took root. The breakthrough came at a peer support group held at a women’s center as well as volunteering on a crisis line. It also came from what journalist Jan Wong (2012) has called the “geographical cure,” from further education, from many long years of counseling and supports of all kinds.

Now, looking back on my adolescence and youth, I wonder what would have happened if we had not moved to Canada when we did. What would have happened if my parents had called the authorities, if I had not been able to perform academically, or if they had divorced? I would have faced so much more precarity if one/both of them had died, or if we had lived in more poverty or danger. It would have been a whole different kind of mental distress experience if I had come out, or been trans and if I had not been able to make new friends. It would also have been a whole other experience if I had faced racism every day, for I was protected by whiteness and living in a white supremacist society, with all the unearned privileges and passes that come with being in this white cis-gendered body.

All of these much more difficult scenarios are indeed common everyday experiences for youth in the classes I teach on social work practice, research, theory, and approaches to mental health and madness. There is too much being *done to the*

students for them not to react, to feel, to barrel between states, to be in pain and distress. I am thinking of the student who has had electroconvulsive therapy (“shock”) these last few months, of all those experiencing Islamophobia and Anti-Black Racism on their way to class and of the students who are parenting alone. How do folkx make it to class? How do they make ends meet? How do they deal with their anger and distress from the effects of racism, cissexism, classism, ageism, and heterosexism? How do any of these students keep going?

## **Main Body**

### ***Youth Mental Health***

Adolescence (ages 10–19) and emerging adulthood (ages 18–29) are considered the peak periods for the onset of mental ill-health with 75% of all adult diagnoses starting before the age of 25 years (Coughlan et al., 2013; Munsey, 2006; WHO, 2016). At least one in four to five youth (ages 15–24) will experience mental distress and ill-health in any given year (Watsford & Rickwood, 2013), and on most university campuses, the rates of mental distress are increasing every year (Mental Health Committee of Ryerson, 2016). Responses to this kind of distress are usually dominated by psychiatry, psychology, nursing, social work, and other professional problematization paradigms. The established therapeutic practice is to ask questions through examination, in order to identify the issues, diagnose, and treat the issues (Ward, 2012). When it comes to youth, there is an increasingly long list of issues to treat.

In Canada, these issues include extreme mental distress and suicidality in Aboriginal youth (Wieman, 2006), trauma, discrimination, and lack of equitable access to health care for immigrant and refugee youth (Guruge, 2015), substance use, and anxiety for youth who are not heterosexual (Ross et al., 2014), and internationally, “poor help seeking and engagement by young people in mental health services” (Coughlan et al., 2013, p. 103). Accordingly, calls have been made to focus more resources, research, and attention on youth mental health. Indeed, the new Youth Mental Health Movement continues to gain momentum (Scott, Connor, Smith, & Channen, 2014) and an International Declaration on Youth Mental Health has been launched in Europe and around the globe (Coughlan et al., 2013). Intriguingly, the declaration calls for a fundamental shift in thinking about and responding to the mental health needs of youth that includes fewer “paternalistic,” professional services and more youth-led alternatives that create broad systemic change.

However, given the historic reliance on “paternalistic” diagnosis and treatment, it follows that youth/young adults in my classrooms have been diagnosed with depression, anxiety, ADHD, bipolar disorder, borderline personality disorder, and schizophrenia. As they note in and out of class, they are taking medications, being “treated” in hospitals, as well as participating in professionally led groups, counseling, and others supports where and when they are able/accessible or safe.



Such processes of examination and “treatment” may begin early at “school,” where students who are not white, middle class, or docile are assessed as “behavioral,” problematic, disabled, or difficult (LeFrançois, 2013). Guardians are called, school social workers are involved, and case notes grow. Students may be removed from “regular” classrooms as part of this process, may be removed from homes, and often times will be treated with medication. As files grow, so do drop-out rates, disconnection, and visits to hospitals and specialists. Sometimes, the treatments work for a while, but 3/4 times (Ward, 2012), they do not and without alternatives, the teachers, youth, and parents begin the cycle again. For racialized youth, these cycles can lead to apprehension and prison (Abdillahi, Meerai, & Poole, 2017; Clarke, 2012; Meerai, Abdillahi, & Poole, 2016). For black youth, these cycles can lead to increasingly high rates of “schizophrenia” diagnosis (Fernando, 2012).

Given my aforementioned experience of mental distress and all that has transpired since, I am part of a movement that sees the mental health system as full of good intentions as well as a high possibility of iatrogenic injury. It is not that I am fully against diagnosis and “treatment” or medical model approaches to “mental health,” for I see the possibilities of strategic diagnosis in order to secure assistance or disability support for instance. I also know what it is to be so very desperate to have a “box,” a diagnosis, and a plan from which to work for safety and security. However, like those who have declared the international need for a fundamental rethink around youth mental health, I am more interested in making room for and perpetuating a different kind of conversation. This conversation sits under the umbrella of the research, writing, and radicalism known as critical mental health.

### *Critical Approaches to Mental Health*

By critical I am citing qualitative scholar Corinne Glesne (1999). According to her, to be critical is to bring to the center that which is unfair or inequitable or has blocked participation. It is to be interested, as Foucault (1980) was, in subjugated knowledge or knowledge that has been pushed aside and altogether disqualified by dominant or established discourses. For example, Indigenous knowledges were/are entirely disqualified by settler colonialism in this country (Lawrence & Dua, 2005). Mass disqualification has taken place through law, through residential schooling, through the criminalization of dissent and ceremony, through identity theft (Lavallée & Poole, 2010), through forced sterilization, electroconvulsive therapy, and the theft of land and resource, to name just a few avenues.

Nonpsychiatric forms of knowledge about “mental health” have been disqualified too. Kept at the margins of what counts as a “proper” or “rational” approach to mental wellbeing, this disqualification includes traditional Chinese medicine (TCM), healing practices such as reiki as well as meditation, body, political, protest, and antipoverty work. It is only when the dominant field/approach/discourse starts to “approve”/allow/benefit from the alternative approach/discourse that inroads are made (as well as co-options). It is “knowledge fascism” at its finest (Holmes,

Murray, Perron, & Rail, 2006) when only the medical/scientific approach to mental health is celebrated. So we are left with alternatives to psychiatry that are few and far between, or inaccessible, “doubtful” or scientifically unsanctioned. Most importantly, we are left with alternatives to psychiatry that are rarely as affordable in Canada as psychiatric processes of examination, incarceration, seclusion, medication, intervention, and assessment. Are we Mad to push for more, to ask for more for ourselves, our youth and the ways in which we teach notions of care and compassion? I think not.

## *Mad Studies*

As outlined in the Canadian Mad Studies reader entitled *Mad Matters* (LeFrançois et al., 2013), Mad Studies is the field of study and scholarship by Mad people. It is a reclaiming of a term used to hurt. It is the story of the “mental health” patient, the psychiatric survivor, the treatment refuser, and the person with the diagnosis of bipolar or borderline personality disorder. As David Reville (2010) makes clear in his teaching, psychiatry, psychology, and social work are the study of the same by the “professional,” not those who have lived it. Those who have lived it have been marginalized by fear, by ignorance, by oppressions such as racism, by collective loyalty to psychiatry, and by sanism.

As outlined by Birnbaum (1960) and Perlin (1992), sanism is the belief system and oppression that makes it not only possible but “normal” to treat those who are (suspected to be) Mad (or dealing with “disorder” or “mental illness”) poorly through neglect, microaggressions, exclusion, withdrawal, low expectations, seclusion, discrimination, rejection, silencing, and violence (Poole et al., 2012). It makes it “rational” to shoot on sight in the case of Andrew Loku in Toronto or to incarcerate involuntarily (Abdillahi et al., 2017). Sanism is perpetuated by all systems including education, criminal justice, social services, health services and politics (Meerai et al., 2016). It has become commonplace, common practice, and almost unquestionable. It has also made it almost impossible to mount critiques of sanism in research and practice.

However, Mad Studies, situated in the lived experience of sanism, seeks to center and make visible all that sanism has done. It seeks to trouble it, name it, problematize it, and make possible ways to care, respond, and be with each other that do not add to our suffering. Mad Studies, a deeply interdisciplinary field fed by over a hundred years of survivor and ex-patient resistance as well as scholarship in sociology, disability studies, literature, history, politics, critical approaches to social work, psychology and even critical psychiatry, is also spawning courses across the country that are attracting undergraduate students in large numbers. Intriguingly, these courses may be doing the kind of transformative education that the aforementioned International Declaration on Youth Mental Health is pushing for.

As outlined by Gillis (2015), “Mad studies is based on a simple idea: listen to Mad people and look at madness from their points of view.” Over a decade ago,

Ryerson University's School of Disability Studies and York University's graduate program in Critical Disability Studies started offering courses on Mad Studies including the ever-popular Mad People's History. Each looked at "different concepts of madness, surveying social, medical, political, economic, cultural and religious factors that influenced madness from ancient times to the present" (Gillis, 2015). Mad Studies seeks to show that psychiatry is not the only interpretation of human mental states, a perspective now common in courses at Simon Fraser, Memorial University, Queen's University, Trent University, the University of Winnipeg, as well as some universities in England, Scotland, and the Netherlands. It would appear that Mad Studies are in increasingly high demand.

### *Teaching Madness in Social Work*

Inspired by this and especially the Mad pedagogy of Dr.'s Reaume, LeFrançois, and Voronka, in 2013, we created an undergraduate course in the School of Social Work at Ryerson called Critical Approaches to Mental Health and Madness.

It was created in union with a group of Mad-identified folk called the Madvocates. This group formed as a result of pilot research (Poole et al., 2012; Reid & Poole, 2013) on the experiences of Mad students in social work. Those experiences were not altogether positive, despite the critical and antioppressive lenses so often espoused in social work. Students spoke to ignorance in the classroom, perpetuation of psychiatric labels, and the consequences of stigma and sanism. In response, the Madvocates then went on to do teaching in the academy and community, advocacy around human rights, social media work on Twitter through @Madvocates and the Pride in Madness blog, as well as peer support. We also published our process and analyses (Poole et al., 2012) including the need for a new course in social work. This would be for students who had already taken courses such as the history of madness and for those who wanted to delve into what this thinking means for/in social work practice. Consequently, ideas were generated, and a shape started to emerge.

It was decided that members of the Madvocates would teach key seminars. Simultaneously, a student in her early 20s, Paula Reid, with experience of both Anti-Black Racism (Benjamin, 2003) and sanism, was hired to vet and review possible readings and texts for the course. Reviewing other courses that included or were built on madness, Paula looked for what would "speak" to students new to madness in social work. What would build on the teachings in other courses? What would bore everyone to tears or drive them to action? Consequently, a particularly youth-driven focus took further shape.

Importantly, Paula also pushed us to hold on to the phrase "mental health" in the title and the course. Although this may have disappointed some in the Mad and survivor communities who see the term as "mainstream," "mental health" was retained. We believe that the term and identity of being Mad, although signifying a place of safety or resistance for some like me with white privilege, is not necessarily

going to be accessible or powerful for all. For instance, so great was the racism or colonialism that some students were facing in their lives that even showing up to a course on madness may have added too much vulnerability and too much more surveillance. We subsequently heard the same from students who came to the class interested in the issues but not able or willing to claim their Mad selves publicly for religious, spiritual, cultural, and legal reasons. It appeared that students already coping with racism on a daily basis could get behind sanism as an oppression they knew too well and one that always intersected with racism, but could not get behind the term “Mad” in the same way. So, to make things safer and a little more accessible for all, we decided on the course title of “Critical Approaches to Mental Health and Madness.”

### ***Broadening the Conversation***

Mad Studies thus became one of but not the only critical approach to “mental health” centered in the course. At the same time, we wanted to foreground antiracist, Anti-Black Racist, and anticolonial approaches. I began the course with an invitation to locate, learning that out of the class of more than 50 social work students, most were full-time, youth/young adults between the ages of 19–29 and in the second, third, or fourth year of the undergraduate Bachelor of Social Work program. They were diverse in terms of race, class, sexuality, and ability, but most identified as cis-gendered women. As the class progressed, later it emerged that most had personal experience with “mental health” and madness.

It also emerged that we needed to be kind to the self and others. This was not a neoliberal and white supremacist invocation to be “behaved” but came from the school’s elder at the time Banakonda Kennedy Kish (Bell) who had given a powerful teaching on the importance of kindness when being honest and sharing, and one that had a profound effect on students steeped in critique. We also drew on work connected to the social determinants of health, to homelessness, to poverty, to critical social work, to critical mental health, critical psychology and critical psychiatry, as well as classic antipsychiatry canons and more modern Mad takes. Our textbook was *Mad Matters* (LeFrancois et al., 2013), written for and by Mad people, psychiatric survivors, consumer/survivors, antipsychiatry advocates, antiracist activists, as well as historians and long-time leaders in the movement(s). However, the teachings were also oral, based in experience or advocacy and told as well as presented by a wide variety of teachers. Indeed, although I, Jennifer, was the “professor,” there were eight other “teachers” in the course, all speaking to a particular aspect of the work, which we felt would be relevant for Ryerson social work students. I paid each from my personal funds the equivalent of 1 hour of teaching time. It was not enough, but it was an appreciation of knowledge held and shared.

In addition, I made it known that *anyone* was welcome in the class. Students who had been unable to enroll in the course were welcome to participate. We had many visitors, including friends and family, and those who were just curious about a topic.

Paula even brought her baby to visit! Indeed, this practice was in keeping with an openness in Mad spaces as well my goal of creating as many access points to the learning as possible.

Given this push for breadth of participation, the teachings had to be wide-reaching too. Early on we had a talk on medications and the diagnostic and statistical manual (DSM) as told by a queer youth psychologist in training who was also Mad-identified. They spoke of their time in the hospital, why they had been admitted, and what was it like to be on the other side of the diagnostic table. In another class, Paula Reid narrated her experiences of youth homelessness, and Idil Abdillahi and Sonia Meerai introduced the class to Anti-Black Sanism (Abdillahi et al., 2017; Meerai et al., 2016), or the compounding of suffering experienced by Black and/or African people living with or accused of mental health issues. They spoke about what it feels like to be “read” as dangerous on sight, even before a diagnosis occurs and how dangerous those diagnoses can become when one is read as Black. This class, like no other, was an acknowledgment of the truth about the intersection of race and madness, an invitation to feel how sanism is visited so much more on Black bodies and an opening into a discussion about why racialized folks may not feel a “fit” with Mad communities, peoples, activism, and organizing. We learned together that the experience of racism and particularly Anti-Black Racism must be centered and acknowledged first before there can be any talk of how it relates to sanism. In this way, we tried to work against white supremacy and privilege in all things (ir)rational.

In addition, teachers from the Native Women’s Resource Center came to speak and story. Theirs was not a lecture or presentation about “madness,” but a conversation about family, connection, wellbeing, and care. Again, this was an invitation to move outside tight, white, neoliberal, and settler knowledge practices and how they relate to “mental health.” This was also an acknowledgment of settlers’ roles in so-called resistance discourses around mental health, including and not limited to Mad studies.

There were other teachers too, skilled and knowing folks sharing knowledge about restraints, history, non-Western approaches to wellbeing such as traditional Chinese medicine and about Mad pride and its organizing both in urban and rural areas. The idea was to make the learning and teaching experience a collective one, to demonstrate that the community cannot be represented by one person or voice, and that there are always and should be differences, fissures, disruptions, and discontinuities between ideas that sit under or close to the umbrella of critical approaches to mental health and madness. The idea was also to loosen the claim that one discipline or approach has to knowing and understanding “wellbeing” and to broaden the conversation to include multiple approaches, reactions, and responses to trying to be “ok” in the world.

Broadening the conversation also meant broadening the ways in which students were evaluated. Flexibility was at the heart of this practice. The class was purposely held in the afternoon to make it accessible to students working over-night shifts or dropping kids at daycare or dealing with the material effects of psychiatric



## Discussion

In my TEDX talk on sanism (Poole, 2013), I tried to do the same. I extolled folks to embrace their own madness, which I understand as emotion, behavior, and consciousness of all kinds. I extolled folks to allow themselves a new “normal” where a range of experiences and feelings was welcome in response to the ever-increasing and intersecting range of hurts, omissions, and oppressions visited on us in this world. This was easier for me to say out loud. I am a white, cis-gendered woman, a tenured academic, and one with the ability to carefully avoid psychiatric incarceration through various resources, supports, and stealth practices.

It is altogether a different story for youth/young adults in precarious situations coping with all of the stressors that come with ageism, racism, heterosexism, cissexism, ableism, sanism, and more often than not, poverty. Everything may be precarious when you are young, and everything may be unsecured. It follows that your mental wellbeing might be too.

And so, in this course, my goal was not as lofty. My goal was for students to start where they were/are with their “mental health” or “mental illness” (if that is how they understood it) or their “madness” or their “stuff” or their fear of the “stuff” or whatever they called it. I wanted them to hear from a group of folks, including their peers, that they were not alone in their positions, thoughts, questions, and concerns and that they had access to a treasure trove of possibility in creating more alternatives for themselves and others now in the mental health system. As social workers, I wanted them to think about how they could do better for each other, they could do “kinder” and bolder at exactly the same time. I hoped to be able to plant seeds or create microclimates (Fook, 2002) that would grow anti-sanist social workers. In this, I was hoping they would “get” active, feeling, loving, doing, forgiving, and closer. To me, this is the heart of “getting Mad.”

But did it happen? I am remembering the student who was working on an Assertive Community Treatment team and on the request of the “patient,” she was “forced” to take to the hospital, kindly had the ambulance stop at McDonalds so everyone could eat together first. I am remembering the reflections from students inspired by the Madvocates’ teaching or the students who audited the course week after week even though they were not officially registered. I am also remembering the difficult responses to Anti-Black Sanism and to the First Nations teachings that broke my heart a little more than usual, for they demonstrated both Anti-Black and Anti-Native racism and sanism are alive and well in the social work classroom. Indeed, there were some definitive “hits and misses” in the course and a number of things we would do differently.

According to Zac, who was a student in the course and writes about their experience in this piece, they longed for a different classroom and a more physically comfortable space. They would like to see a conversation about kindness on day one rather than as part of the learning later on and more small group discussions and “break-outs.” In addition, they would have preferred more creative activities such as the coloring one guest speaker suggested and a final assignment that encouraged more community making such as a Mad event or Mad art or a Mad discussion group.

For me, the list of what I would do differently is even longer. I would like to see smaller class sizes and a seminar with multiple sections. I would like to see more of a focus on practical skills such as Mad-friendly listening, counseling, and collaborative “assessments.” I would also like to see this course as mandatory for all social work students thinking about working in the mental health system. Finally, I would like to see an advanced graduate course that takes up some of the thornier issues we wrestled with such as whiteness in mental health and Mad spaces, colonialism, policing, antipsychiatry, and the deep advanced practice skills social workers need to be able to make deep change in practice.

Given this list of desired changes, we wonder, as per our chapter title, did students actually “get Mad” through this course? If the course made sense to them, provided release or renewal or another lens on their troubles, then perhaps they did. If it was still too unsafe to claim the madness on top of dealing with oppression, then perhaps they did not. If they longed for something more “Global North” and more clinical, then this course would have been a miss. If they longed for something different, then this course could have been a hit. In truth, I will never really know what the effects of introducing madness and critical approaches to mental health are for all the students in the class. What I do know is that “getting Mad” is not a requirement or a goal, it is simply another way of being in the world that is more or less accessible to folks depending on timing, support, interest, and privilege.

What I also know is that many students *enjoyed* the experience and wrote about that on their evaluations, completed anonymously at the end of the course. These include:

I have attended 4 different post-secondary institutions. This class was the best. [This prof] was enthusiastic, challenging, compassionate, and passionate.

Class content is challenging, but [prof] is always willing to explain and encourages conversations, debates, and questions.

I have never experienced a class where groups of students come together for hours afterwards to discuss the material.

I enjoyed the guest speakers, the involvement of the local community, and Jen’s ability to facilitate discussions between the class and speakers.

[We were] taught how it looks to centre marginalized knowledges. I loved learning through the guest speakers, I wish more classes were taught this way.

[This] was amazing! Encourage[ment] of multiple perspectives and ideas from everyone.

...So many different examples and theories of how mental health is treated and thought about in society.

Overall I love this class. This was the best class I have taken in 4 years.

I may be wrong, but what I read here is a positive response to the broadening of “mental health,” the many teachers, the challenge of the course content and to flexibility and accessibility. Perhaps youth/young adult university students want to be encouraged to debate and question, inspired to come together “for hours” after class to discuss what they are learning. Perhaps this kind of teaching makes more sense to youth living with, fearing and learning about “mental health” and madness. Perhaps a truly antisanist approach is all this; broad, fluid, multiple, personal, connecting, centering, listening, and entirely imperfect. I declare that this may be the future of “doing” mental health care in entirely different ways.



## Implications

In summary, we set out to create a particular kind of course that centered critical and Mad approaches to distress and wellbeing. We veered off the beaten path to do so, developing the course with youth/young adults for the same group, creating as many access points to the learning and teaching as possible. Clearly some of the participants embraced the experience, but we would make changes going forward including more creativity and more skill development. Indeed, we hope this article inspires adolescents, youth, and young adults worldwide as well as those working with the same folks to seek out the teachings we have cited as well as Mad Studies, the international Mad Pride movement and Mad positive spaces/organizations such as The Young Ones, the Mad Student Society, and The Dream Team in Toronto, for example. There is a wealth of experience and expertise out there on critical approaches to “mental health” that will never make it into a textbook or classroom and is readily accessible through social media sites, through oral and written histories and through arts-based work. In this way, there may be more reach to what it is we Mad folk seek to teach.

There are also a number of implications however, if Mad-informed pedagogy is going to be allowed to exist, to provide a space for youth to learn about multiple ways of knowing “mental health” and to ultimately thrive. We have tied these implications to three specific recommendations in relation to research, education, and youth mental health.

First, to allow Mad pedagogy to exist, risks need to be taken. Educators, researchers, and practitioners need to take the time to know madness, critical mental health, and Mad Studies. Policy makers need to do the same, understanding that this is an approach to ontology grounded in lived experience not dissimilar to and always intersecting that which fuels Queer Theory, Gender Studies, Disability Studies, and Anti-Racist scholarship, for example. All of these ways of knowing and doing are born out of oppression and a denial of being known as epistemic violence (Liegghio, 2013). Similarly, the teaching and course work grounded in Mad Studies is also a pedagogy of the oppressed. It is a long-overdue telling of what happened to the “patient” while in the hospital, in the “asylum,” in the court room, and in the interaction with police. Mad studies allows that telling, believes that telling and in this way, invites those youth who have had these same experiences, to tell as well.

Secondly, if madness, the Mad movement and Mad studies are to continue to provide youth with a space of freedom and expression around their “mental health,” these notions and communities need to be introduced earlier in the school system, in the mental health system, and in the many other systems that seek to “support” or “discipline” young people today. If I had known there was a community for me when I was 14, what would have been possible and what would have been prevented? If Zac, who responds to this piece, had known too, what might we have accomplished together?

Finally, if Mad pedagogy, practice and possibilities are to be allowed to thrive, we must rethink the paternalism that drives professional mental health interventions, research and “treatment.” Mad people have valid and highly valuable knowledge

about themselves, as do youth. Mad youth often know what they need and what they want. In my experience, Mad youth know when they are in distress and what may or may not help them. They can also advocate, educate, and collaborate in pedagogy-changing ways. Despite best intentions, maybe it is time to step aside, move over, and let our youth take the floor. After all, they have every right to be Mad.

## **Response: This Youth Got Mad**

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Jennifer Poole's chapter immediately transported me back to my own early years. The turmoil I lived with, the coping strategies. The privilege of moving away to university was my safe haven, but it was also what first officially introduced me to the mental health system in Canada. It was also where I received my first formal mental health diagnosis. Years later, in Jen's class, university became the place where I began to understand the impact of intersectionality on mental health.

I entered Jen's class out of pure desperation. I was at a point where I had to decide whether to accept the proposed hospitalized treatment for my eating disorder, continue with my self-harming coping mechanisms, or try something else. After meeting Jen purely by cosmic serendipity, I decided to try something else, Mad studies, or to be specific, *SWP-905, Critical Mental Health and Madness*. Many of the support people in my life were weary of my decision to put off traditional treatments to take a university course, which in their minds was preaching against the formal help so many people wanted me to accept. But as people began to see the incline in my health as directly correlated to registering and attempting to stay well enough to take this class, many of their concerns dwindled. By the time I finally made it to class, I was in most people's minds at a stable point in "recovery," which only seemed to increase week after week of class. It was here that I realized I was reacting to the chaos of the world around me. Where the realities of the poverty I had experienced, where my Queer Trans identity, my Madness, and the discrimination I faced due to them, coupled with precarious employment, student debts, family and health issues, led to reactions that were not always seen as "normal." It was also here where I finally gave myself permission and credit to legitimize all the alternative mental health treatments I had tried that worked for me but were so often discredited by my friends and formal mental health team.

Jen asks, "How do they [my students] make it to class? How do they make ends meet? How do they deal with their anger and distress? How do any of my students keep going?" My response is this, it was the one place that gave me hope. No matter what was said, we were talking about things we couldn't necessarily speak about with friends, family, or in other classes. It was a place where our intersection of identities met and were recognized and validated. It was the safest place I sat in, but it was also unsettling. Often the teachings did not always come in neat packages,

some were not Western, and I had to learn how to be kind as well as critical. But it was the difficult teachings that have stuck with me to this day. Many of us would meet for hours after class or on weekends to discuss and debate. We created a peer support group and a safe place where we knew we were not alone in our struggles, where we were supported, and people like us were creating knowledge that was being validated by the university. If we were open, the knowledge was relatable and relevant to our everyday lived experiences.

But I am privileged. I am white. I am able to afford university. My work provided me with paid hours to attend an afternoon class that was seen as relevant to my employment. I have safety to be able to speak my Madness aloud and avoid traditional biomedical mental health approaches because I have formal education and work in the mental health field.

Jen states that she “will never really know what the lasting effects of introducing madness and critical approaches to mental health are for the youth in the class.” While I do not know the lasting effects of this class on all my peers, I can speak to the lasting effect on myself and my practice. While I was no stranger to the Mad movement before this class, my involvement with it has multiplied. Having previously worked as a peer worker at a large mental health institution, I was used to critiquing the mental health system while working within it. Yet, I was often afraid of saying too much; I never knew when I would be told I was too emotional, too radical, or when I needed to remain silent. I was used to being discredited by social workers, occupational therapists, or psychiatrists, with years of valued clinical experience. My years of personal experience were just not held in the same regards without letters behind my name that weren’t psychiatric diagnoses.

Jen’s class gave me the confidence to speak aloud much of what I was frightened to say. Learning how to speak so that my experiences were listened to. It gave me skills to really listen to my clients and validate what they were saying. It gave me the skills to speak up in my agency meetings when I felt sanism was alive and well. It fostered conversations around the use of language.

Difficult conversations that started in class moved into my work life, and since then, many of my coworkers have recounted their own stories of teaching. One of my co-workers spoke to me about the concern she had over people in her yoga class using sanist pejoratives. We discussed how she could address this. Later, she shared that people were no longer using the same language, encouraging each other to say what they actually meant. These people are then taking their experiences and sharing with others in their lives. What started in one university class room has spread to multiple workplaces and beyond.

*Critical Mental Health and Madness* opened my eyes to the possibility of what social work could be. A place where everyone is both teacher and student, a place where all knowledge is regarded as valid. A place where people are believed and validated. A place of kindness.

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# Turning the Tide: An Ethnographic Study of Children's Experiences Following the Death of Their Father in Ouagadougou (Burkina Faso)



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## Introduction

Burkina Faso is one of the poorest countries and has one of the highest illiteracy rates in the world (Unicef, 2016). The economy of Burkina Faso is subsistence-based and relies on agriculture, which employs nearly 90% of the active population. Unemployment is increasing, especially in cities (World Bank, 2014). Although “Education for all” is the prerequisite to improving the living conditions of populations, it is still one of the biggest challenges in the country (Danhouno, 2014). In addition to socioeconomic challenges, parental death appears as one of the factors that could impede children’s schooling (Doku et al., 2015; Nyangara, 2004). In Sub-Saharan Africa, there are an estimated 56 million orphans, i.e., children who have lost at least one of their biological parents, of whom 15.1 million (26.7%) were orphaned by HIV/AIDS (Nabunya & Ssewamala, 2014). Maternal orphans are orphans who have lost their mothers, paternal orphans are those who have lost their fathers, and double orphans are those who have lost both parents (Case, Paxson, & Ableidinger, 2004). The 2010 Demographic and Health Survey (DHS) conducted in Burkina Faso indicates that 7% of the youth under 18 years of age were fatherless and/or motherless. In the event of the father’s death, only 32% of orphans live with their mothers (INSD, 2012).

Scholars have become increasingly concerned with childhood in sub-Saharan Africa, as the AIDS pandemic led to an increase in the number of orphans in many

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countries, particularly in eastern and southern Africa (Escueta et al., 2014; Govender et al., 2014; Harms et al., 2009). In Burkina Faso, where the AIDS pandemic is less severe, little is known about the living conditions of orphans (Danhouno, 2014). In most cases, orphans' residence is extremely unstable as they live with uncles and aunts for few days or weeks, cousins and nephews for a month, making it hard to determine accurately their household (Guillermet, 2008). Indeed, in sub-Saharan Africa, placing children in specialized institutions is an unusual practice. Families represent a type of social safety net for individuals in difficulty, thus making up for the absence of social programs and public institutions for orphaned youth. Parenting appears as a shared responsibility; children grow up with more than "one mother" and/or more than "one mother" (Lloyd & Blanc, 1996), and one of the channels used for this support is the practice of child fostering. According to Marcoux, Noubissi, and Zuberi (2010), fostering is the practice that consists in relocating children within the large circle of kin. Parental death is one of the reasons leading to the practice (Hien, 2010). Yet, recent decades have witnessed an extension and persistence of the social, economic, and political crises that have struck African societies, leading to an erosion of the mechanisms of solidarity (Alladatin, 2014).

Because Sahelian societies are mostly patriarchal, becoming fatherless has important implications on the well-being of children. We used direct observations and in-depth interviews with orphans and widows and apply Walker's and Salt's (2006) conceptualization of resilience to understand how orphaned girls re-establish a life with meaning after the loss of a father and more specifically their coping strategies in face of economic constraints, lack of family support, and need for education. To our knowledge, this is the first study examining the phenomenon in this region.

## Theoretical Approach

The loss of a parent leads children to specific challenges and produces a distinct family life course for orphans. The death of a father leads to the dislocation of the family environment and creates new conditions conducive to trauma and poor conditions to orphaned children (Danhouno, 2014; Guillermet, 2008; Marcoux et al., 2010). It affects the social determinants of the health of the child, exposing them to additional risk factors. Despite the significant psychosocial and economic challenges, some children over time emerge resilient. Most children with adequate community and social support and through protection of inclusive laws can grow into resilient youth and adults. For orphans who are in particularly dire economic conditions, the prospect of gaining some control over their own lives in contexts where the world of adults has failed to protect or provision them is self-affirming (Liebel, 2004). We apply Walker's and Salt's (2006) conceptualization of resilience to understand how orphaned girls cope with daily challenges after the passing of a father. Indeed, in common usage, resilience is referred to as the ability to bounce back despite challenges. The resilient child usually refers to the capacity of a child to get

back on with life after a shock or other disturbances. Walker and Salt (2006: 62) define resilience as “the capacity of a system to absorb, undergo change, and still retain essentially the same function, structure, and feedback – the same identity”. It is worth noting that resilience remains a relatively ambiguous and amorphous concept, raising more questions than answers (Kapucu, Hawkins, & Rivera, 2013). However, there is no doubt that the concept is multidimensional, relative to the context of concern, and an ongoing process (Khanlou & Wray, 2014).

This chapter adopts an interdisciplinary approach to account for the ability of orphaned girls to adjust to life after the passing of a father. We view death as a “total social fact,” i.e., an event that underscores multiple (social, cultural, political, economic, and institutional) dimensions of societies (Fassin, 2006). At the individual level of focus, resilience entails three main dimensions: time, personality, and agency (Kapucu et al., 2013). Time refers to process, i.e., interactions and steeling effects in the coping process (Masten, 2014) and what could appear to be a resilient response in the short term might increase vulnerability for future situations. There is also a personality or temperament dimension associated with resilience that includes consciousness and endeavor (Masten, 2014). Agency refers to the idea that resilience capacities are in some respects prestructured by the social order: social class, religion, race, ethnicity, gender, age, physical ability, and disability. Those factors, among others, contribute to differential vulnerability (Kapucu et al., 2013). Individuals to some extent can consciously overcome societally induced deficits and enhance their resilience capacities when enabling conditions are present (Walker & Salt, 2006). The three dimensions are interdependent. This suggests that the conceptualization and operationalization of the concept of resilience must be viewed as a complex task involving multidimensional analysis. Systems approaches to resilience also recognize the family, community, and broader societal context of child resilience.

To understand how orphaned girls adjust to their situations, it is important to understand how their beliefs, values, as well as social norms shape their attitudes over time and how their own or people's experiences help or hinder them in their adjustment. The feeling that they attached to the death event, the circumstances of the event, as well as the aftermath of the death are crucial to illuminate the choices that orphaned girls make and their readiness to navigate through the social, cultural, and economic barriers they face in attempting to pursue education.

## **Resilience Among Orphan Girls: Place, Gender, and Community Matter**

To understand the resilience strategy developed by orphaned girls, it is important to situate the concept of childhood in the economic, social, and cultural contexts in which they live, and the meaning of effort, courage, and endeavor in relation to the place children occupy in their society. Although human rights are universal, they are



not applied universally in all societies and must not be taken for granted when analyzing concepts such as childhood and orphans (James & Prout, 1990). The situation of orphaned girls can be understood only by linking it to the intertwined social, economic, and cultural variables in Burkina Faso.

## Methodology

This research took place in Burkina Faso in the area where the Demographic and Surveillance System of Ouagadougou was implemented. The Demographic and Surveillance System of Ouagadougou was created by the Higher Institute of Population Sciences of the University of Ouagadougou (Burkina Faso) in 2002, funded by Wellcome Trust. The Demographic and Surveillance System of Ouagadougou is a research and interventions platform, a member of the INDEPTH network, which was devised to design and test innovative health programs to promote the well-being of vulnerable urban populations. Since 2008, the OUAGA HDSS has been monitoring the inhabitants of five neighborhoods in the northern outskirts of the capital of Burkina Faso: three informal neighborhoods (Nioko 2, Nonghin, and Polesgo) with a total of 45,700 residents in 2012 and two incorporated neighborhoods (Kilwin and Tanghin) with 40,700 residents. Quantitative data on principal life events (birth, death, marriage, migration, and immigration) as well as health issues (risk factors for chronic illnesses, age demographics, risk factors for infectious diseases, etc.) concerning all the members of the households were collected every 7 months.

Study households were selected based on the following criteria using database from the Demographic and Surveillance System: (1) being in the area of the Demographic and Surveillance System; (2) household with at least an orphan aged over 10 years. The first 20 households generated were selected, and 30 orphans and 10 widows were interviewed. The research was authorized by Laval University and the Ethics Committee for Health Research of the Ministry of Health of Burkina Faso prior to data collection. Only when informed consent was secured did the research team begin interviews and observations.

A qualitative research study, using ethnographic methods of semistructured in-depth interviews and direct observations, was conducted in houses (as the primary sources of data) from September to December 2012 with family members and orphans living in vulnerable conditions. The first author undertook the data collection, assisted by four research assistants (RAs) from the Graduate Institute of Population Studies of the University of Ouagadougou, who were instrumental in introducing him to households and in conducting interviews. We conducted semistructured interviews in 20 households. Most interviews lasted 1 hour and were carried out in Moré, a local language, and French. Observations were conducted in households, streets, building sites, markets, or social events (funerals, birthdays, etc.) for at least 2 hour per day in the study area. Observations were directed to gathering information on social dynamics between children and adults, the involvement of children in domestic and economic activities, and the rationale of those

activities. Interviews were recorded and organized around the following areas: the circumstances of parental death, family support to orphans, activities in which the orphans were involved, strategies from women family members and orphans to deal with the loss of a loved one, and hardships.

The transcribed interviews and field notes were analyzed through categorical content analysis using NVivo software (QSR International, version 9), which entailed reading transcripts line-by-line and reducing data to key statements that were coded and grouped under themes. Interviews were transcribed verbatim and analysis based on themes through an interactive process with all the members of the research team (Atkinson & Delamont, 2005). The four researchers that participated in the data collection read the transcripts and attained consensus on the emergent themes.

Combining interviews with direct observations permitted triangulation of the data to ensure the validity of findings. Moreover, triangulation enabled the team to consider contextual aspects that could affect the perspectives orphaned children and widows shared in their interviews. Furthermore, the research team was engaged in the field for a prolonged period of time that allowed for extensive observation and an in-depth contextual understanding.

## **Findings**

### ***Demographic Characteristics of Participants***

Fifty-three percent of participants were orphaned boys and 47% were orphaned girls. Sixteen percent of orphans were not enrolled in school. Thirty-three percent of orphans were enrolled in primary school, and 50% attended secondary school. Sixty percent of orphans were aged between 14 and 17, and 40% were aged between 10 and 13. A total of 60% of orphaned children lived with their mother, 23% lived with a member of their family, and 17% of orphans did not have a family tie with their household head. All widows who participated in the study were not educated. Sixty percent of widows lived in houses owned by their brother or father; only 15% of widows lived in houses owned by the deceased husband, and 15% of widows have been remarried to another man with whom they lived. Participants' economic activities are informal and include the commercialization of condiments, food, gravel, and rudimentary agriculture. Although participants reported experiencing dire economic conditions, they were not able to assess accurately their income.

### ***Main Themes Emerging from Participants***

Participants described the aftermath of the death of their father as a new journey in which they looked forward to each day as it came and viewed suffering as positive and likely to form character which they related to religious values. Most participants

reported not believing in the extended family support and argued that a close friend is better than a relative. Participants argued that orphans must be strong and resilient in the face of difficulties. These values were considered as part of the process of building up the spirit of competition of orphans. What is of particular note is the reference to education as the only mean to success.

### ***Looking Forward to Each Day as It Came***

Most children remember the circumstances of the passing of their father, recalling long-term diseases and hospitalization in some cases. Children highlighted that health expenditures put an economic strain on their households. While losing a father following a severe disease (versus a sudden death) was believed to reduce the shock, the aftermath of the death was described as a fuzzy life featured by family divisions, suspicions, needs, and moves. Participants quoted the last advice from their father and believe it to comfort them in hard times. One child stated: "Death is like a visitor. It comes without warning" (Orphaned child, 16 years old). It was also believed that death is impartial and unavoidable. A participant quoted a proverb: "Death is the ration from God to everyone. That ration is served to some people today while other people will receive it tomorrow" (Orphaned child, 17 years old). Knowing that each one has a turn in regard to death was believed to relieve the pain of loss. However, the children also highlighted the unstable circumstances and the need to look forward to each day as it came in the aftermath of the father's death.

### ***Religious Meaning in Suffering***

Participants described suffering as positive and believed it forms character and helps create a faithful disposition, quoting the Koran and Bible. Widows reported to use religious words as encouragements to their children. "God cuts the hay for the lame goat," "God removes the stones from the millet of the blind," "God cares for the orphans" were the most recurrent proverbs used by widows. While participants referred to God to stress the weakening of the family support to orphans, this must not be viewed as an encouragement to laziness or idleness. Indeed, participants reported that "God does not help those who are lazy; those who are not doing anything to help themselves out" and stressed the need for commitment. One participant shared her perspective: "If you want God's help to put a luggage on your head, you must first carry it alone to your knees. Lazy people must use God as an excuse. Of course, the hand of the one who asks is always longer than the hand of the one who gives" (Widow). This means that those in needs are in a lower position as they appear to request assistance from God and therefore need to demonstrate first their own effort to solve problems. Interestingly, this does not align with proverbs that are

commonly used in Burkina Faso implying that assistance must be complete to be valuable: "If you inform a blind person about the death of his mother you must lead him to the funeral," which is used along with "One does not bury a dead person leaving his feet out."

### *A Close Friend Is Better than a Relative*

Social support was described to be very important. Although the extended family is expected to provide support in critical moments, it is not always the case. An orphaned girl stated that "A close friend is better than a relative" (Orphaned child, 15 years old). It is believed making friends is a way to build resilience in hard times. Friends were reported to be particularly helpful in critical situations. One participant explained:

My son was chased out of school because I did not pay the tuition. I spoke with a friend from church who was friend with the headmaster of the school. Two days later, the headmaster brought my son back to school and I was able to pay the tuition gradually without pressure. That wouldn't have happened without my friend. (Widow)

For children who attended private schools, although opportunities for fee exemption were reported to be rare, it is believed to be particularly important. One participant explained:

Since two years, I have been exempted from school fee because my mother helps the wife of the headmaster of my school with domestic works. My mother told me that she met with that lady at her friend's place and then started helping her. When I was chased out of school two years ago for school fee, she spoke with the wife of the headmaster of the school where I go now. Then the lady spoke with her husband who agreed to enroll me in his school for free. (Orphaned child, 16 years old)

Friends were also reported to be instrumental in finding domestic works' opportunities for girls. One participant explained:

It is important for a girl to work in a safe household. In order to find where my daughter is working now, I talked to friends and they spoke with other friends. It took a long time to find a good place but I made it in the end. It took good connections. (Widow)

### **The Spirit of Competition**

Role model stories and the meaning of the father's surname are deemed sacred to orphaned girls. A widow highlighted that she recalls her daughters with their family name on a regular basis to sharpen their sense of courage, resilience, and spirit of competition: "You are Ouedraogo. You must be strong and the best in all you do" (Widow). Indeed, in their early age, children are educated with proverbs, and the

father's surname is a social identification item. In the country, family names are highly meaningful and are believed to build resilience in the face of rejections and hardships. Participants argued that the encouragement to the spirit of competition must not be viewed as an encouragement to jealousy or hatred and argued that it is quite the reverse. Noxious intentions and desires were meant to be strongly condemned. In addition, the promotion of the spirit of competition does not overshadow the awareness of social inequalities that participants considered as normal. One participant shared her perspective: "Fingers are not the same just as two equal cooking pots may not be able to cover each other efficiently" (Widow). In addition to promoting the spirit of competition, widows stressed the importance of helping their children not to mimic their peers whose parents are alive. One participant mentioned: "I always recall my children that they must not behave as children who have better conditions. They must want to live as other children. If they mimic other kids, they will fall short of reaching their goals because their conditions are different... There is a saying: those who try to fart like donkeys are likely to split their buttock" (Widow).

## **Developing Optimism Through Education**

Education was believed to create hope and change despite difficulties. Most orphans live with their mother or a member from their maternal family. Orphaned girls are less likely to be educated compared to orphaned boys and therefore achieve lower levels of schooling. In fact, the death of a father is associated with girls starting paid domestic work at an early age to help provide for boys' education. Most girls combine education with paid work in harsh conditions. Brothers and sisters of the widow provide an important support for the education of their nieces when belonging to a high socioeconomic status. In households where economic conditions are dire, orphaned girls are involved in domestic and paid activities, meaning that the strategy of fostering orphans to ensure their education is not always rewarded, and foster families would seek compensations. Orphaned girls aged 11–15 years are more likely to combine education and paid works. Interestingly, those aged over 15 years are likely to live in households headed by people with no family ties and thus are more likely to drop out of school or to take evening classes. What is of particular note is their effort to combine education and work. Girls living with their mothers seemed to benefit from a better protection at work. Indeed, widows are concerned about the well-being of their daughters and would seek for households where their children might be well treated. Households headed by older women are particularly desirable. However, according to orphaned girls, the most challenging experience is the rejection from family members described as their source of stress and the feeling of being uprooted.

## Discussion

### *Gender Barriers to Resilience*

In Burkina Faso, according to the traditional family rules, women appear as foreigners in their husband's family. They are not allowed to inherit from their spouses, contrary to the civil law of Burkina Faso. Yet, people in our study lived in slums and came from rural areas and were married traditionally and religiously. Thus, they were not recognized by the civil law. In most cases, the father's death reveals prior conflicts within families, and usually leads to conflicts that oppose widows to the family of their spouses. Those conflicts are driven by the desire to access the properties of the deceased and create tensions that undermine the support orphaned girls received from their paternal family. Consequently, most girls were found to live with their mothers or with their mother's relatives while children are deemed to belong to their father's family according to filiation rules.

The propensity to ensure boys' education when neglecting girls' education is based on the idea that women are likely to be supported by their husbands. Meanwhile, men would later bear the economic and financial burden of the household and thus need to be educated to get jobs. Indeed, social representations distinguish between women's and men's roles. Women's roles are limited to domestic duties such as caring for children and cooking, while men are expected to be in charge of family expenses such as rent, food, children's education, health, etc. In reality, a listing of social division of tasks is simplistic, and family relationships are far more complex. Admittedly, domestic chores and children's care are achieved by women, but their duties extend beyond these basic responsibilities (Adjamagbo, Antoine, Beguy & Dial, 2009; Danhoundo, 2014; Kpadonou, Adjamagbo & Gastineau, 2014).

Losing a father is a tragedy to children. Children orphaned by HIV/AIDS are particularly vulnerable as they may begin to suffer psychologically and emotionally since the disease of their father. The prolonged AIDS-related illnesses usually weigh heavily upon children and lead to the reversal of parent-child roles, with the child assuming the role of a caretaker in the household (Macintyre et al., 2013a; Ssewamala et al., 2009). In the aftermath of the passing of their father, children may experience stigma, changes in living in social and economic conditions, and a lack of support. Scholars argue that children orphaned by AIDS are at risk for emotional problems, behavioral difficulties, self-esteem, suicide ideation, anxiety, conduct problems, post-traumatic stress disorder, and delinquency problems (Doku et al., 2015). Despite scholars' interest of orphanhood, very limited studies have examined gender differences among orphaned children (Izugbara & Covan, 2014). Yet, parental loss affects boys and girls differently (Clarke & Pashang, 2015). In countries where the AIDS pandemic is severe, although all orphaned children may experience multiple hardships and stressors, orphaned girls are particularly at a disadvantage (Ssewamala et al., 2010). This happens because of social representations of gender relationships in sub-Saharan Africa (Clarke & Pashang, 2015; Macintyre et al., 2013a). In the aftermath of the passing of their father, girls are more likely to take

on additional household responsibilities, such as taking care of a surviving parent and young children or to engage in early sexual activity including early marriages (Bruce, 2007; Hallfors et al., 2015) and to drop out of school than boys (Ssewamala et al., 2010). Nabunya and Ssewamala (2014) argue that these early responsibilities affect negatively girls' education and psychological well-being. Other researches reveal that girls orphaned by HOV/AIDS are more likely to start school late and report feelings of being scared, while boys have proved to report determination to perform well following parental loss (Escueta et al., 2014; Govender et al., 2014). According to Nabunya and Ssewamala (2014), the loss of a mother engenders different family dynamics. They argue that following the death of a mother, close relatives may tend to step in to care for the orphaned children, and fathers tend to remarry, which may help reduce the impact of maternal loss on children. Given the likelihood of orphaned girls to take on caregiving responsibilities, Nabunya and Ssewamala (2014) argue that there is a need to provide additional psychosocial support to allow them to carry out their caregiving roles without adverse impact on their own well-being.

### *Economic Barriers to Resilience*

This research brings up the necessity to enlarge the definition of the extended family, i.e., the necessity to better define the concept of belonging to extended family. Beyond the filiation rules, the modes of orphans' fosterage and the social and economic conditions in which family relationships are embedded do play an important role (Marais et al., 2013, 2014). The capacity of extended families to care for orphans relies on two main conditions: the availability of economic and human resources as well as the readiness of family members. The dire economic condition ravaging Burkina Faso for many years now makes this task difficult. The exclusion of orphaned girls is not only related to family divisions but also to poverty (Nabunya & Ssewamala, 2014) and social norms (Pappin et al., 2015). Resilience literature can be informed by the findings of this study that have examined the complex relationships between orphaned children's resilience, gender, and family relations.

## **Implications**

### *Building Resilience Through Specialized Institutions*

In light of these findings, the classical approach promoted by NGOs that consists in systematically placing orphans in their paternal family is questionable. Living with relatives should not continue to be viewed as the only solution to the well-being of orphaned girls. It is worth promoting the placement of orphaned girls in formal institutions by ensuring their connection with family members. Future studies are needed

that can compare social, emotional, and economic outcomes of orphaned children placed in formal institutions versus the current tradition of placing them in family households. In addition, orphans' conditions are affected by the socioeconomic status of their mothers (Danhoundo, 2014). Therefore, improving the education of girls is critical for improving women's health. Addressing women's health in Africa is of utmost urgency, and the WHO MDGs link educating girls and empowering women with achieving health gains (Izugbara & Covan, 2014). It is well understood that girls who are educated are less likely to engage in sexual activity and marry as teenagers (Hallfors et al., 2015). Furthermore, girls are more likely to have a better economic future and better health, including protection from HIV and other sexually transmitted infections (Marais et al., 2014). There are positive effects of education that occur through changing attitudes about gender (Macintyre et al., 2013b).

### ***Social Protection for Orphans and Their Families***

Social protection for orphaned children and their families is important because these families are often poorer (Marcoux et al., 2010). Governments can tackle the increased risk of orphans' poverty with such social protection initiatives as cash transfer programs. A number of low-income countries have launched targeted social protection initiatives that include cash transfers specifically for orphans (Raphael et al., 2000; Ssewamala & Ismayilova, 2009; Subbarao & Coury, 2004). Monitoring and evaluating the transfers' effects on the health and educational attainment of orphans will be essential to make sure these programs achieve their objectives. In addition, governments must include specific budgeting, whereby governments set specific goals for orphans within integrated programs and allocate a sufficient portion of the available resources toward them. Our findings also suggest the need for effective access to services including education, health care to be provided free of charge, and in a manner that promotes the fullest possible social integration and individual development of orphans.

### ***Community-Based Rehabilitation***

Community-based projects to ensure orphaned children have equal access to services and opportunities relating to health, education, and livelihoods are needed. Those projects should be designed and run by local communities, with the active participation of orphans and their families (Sharp et al., 2014). Our findings also suggest the promotion of the formation of local support networks among the families of orphaned children with their communities. The formation of the network can be done through collaboration between researchers and NGOs.

Incorporating gender perspectives is vital. This could provide important information needed to facilitate effective and equitable service delivery for orphaned children. The focus must be on peer mentoring programs, i.e., interventions that



connect orphans to individuals who can help support and encourage them, connect them to peer support groups, and to recreational activities. Special attention should be paid to the orphaned girl child, since girls are more likely to take on the caregiving roles compared to boys (Nabunya & Ssewamala, 2014).

The objective of this research was to understand how orphaned girls re-establish a life with meaning after the loss of a father, and more specifically their coping strategies in face of economic constraints, lack of family support, and need for education. The findings reveal that context and gender matter in understanding resilience in orphanhood. Indeed, Ouagadougou is dominated by the Mossi ethnic group, known as patriarchal and highly hierarchical. In that context, becoming orphan especially fatherless has important implications on the well-being of children, i.e., losing a father often means, first and foremost, the loss of the main “breadwinner” and household head and the beginning of a new life. Orphaned girls were particularly at risk of descolarization because of gender barriers and also poverty that constrains households to be selective in children to enroll in school. In fact, the intra-household gender-based discrimination must not be viewed as a mere issue of education. Indeed, according to WHO (2009), “a fair start for all girls is critical for the health of all women” (p. xiii). This point is supported by a life course perspective which examines disparities in health outcomes experienced in later life being influenced by earlier life exposure to health stressors of least privileged statuses. Prolonged exposure to social inequities is linked to stressors as “the extent that people remain in disadvantaged statuses across time, the risk of their exposure to these kind of stressors also remains” (Pearlin et al., 2005, p. 214). In sum, the findings from our study indicate that to improve maternal child health, national and international efforts need to pay close attention to the intersections of parents’ gender with child health and social outcomes. Orphaned children worldwide are at higher risk of adversities. In developing countries, such risk is compounded by poverty in rural–urban divide, unequal gender roles and rights, limited institutional support, and regulation. However, in such settings, families and neighborhoods continue to play an important role in raising resilient orphan children and require the support of appropriate services across sectors.

## Response Section

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Support for orphaned children and particularly orphaned girls in Sub-Saharan Africa remains a major challenge for governments and child-focused international organizations. As shown in this chapter, a multitude of complex factors make the issue so complicated to be addressed. My experiences and observations as a

practitioner who facilitated the design and implementation of programs aimed at providing support for orphans in Africa particularly in the Democratic Republic of Congo and Zimbabwe allow me to confirm that the approach adopted by some NGOs which consists in placing orphaned children and mostly girls in households within their paternal family has not always yielded consistent results. At the same time, the systematic promotion of placing orphaned girls in specialized institutions as a solution to the problem does not appear to be realistic, or effective. In the current African contexts, many cultural and religious beliefs as well as institutional and political barriers are likely going to impede its implementation.

### *The Limits of NGOs' Approach*

The approach of placing orphaned girls in their deceased father's family adopted by most NGOs providing support to orphans is consistent with the desire to preserve family cohesion and to keep children in a family environment which they are already accustomed to. This approach also aligns with the desire to strengthening the family and social cohesion and cultural norms and practices. Indeed, one of the guiding principles for designing and implementing community development programs and projects by NGOs is to avoid disturbing or violating cultural norms and practices, unless such norms and practices are to hamper human and child rights and hinder the effectiveness of the planned actions. Interestingly, two types of problems have proved to affect the effectiveness of the approach. In the majority of cases, the physical, mental, and emotional well-being of orphaned girls placed in their paternal or maternal family is negatively impacted. For example, as a representative of Mennonite Central Committee in Zimbabwe, I got reports on physical and sexual abuse of girls by their own family members. Cases of sexual abuse on girls are so common in some countries at the point that individuals or religious institutions have set up organizations exclusively devoted to providing a variety of supports to those sexually abused girls by members of their own families. That is the case of Sandra Jones Centre in Bulawayo, Zimbabwe. In addition to these abuses, those girls are excessively subject to household strains. Consequently, in the case they have the chance to be enrolled in school, their academic performance is affected as they have no time for their school homework.

The second problem we always face is related to the jealousy aroused by the supports the orphans receive from NGOs. Some NGOs do not pay only school fees for orphans, but also provide them with school supplies including school uniforms and shoes. In host families with limited resources where parents cannot afford to do so for their own children, that creates the feeling that the orphans are more privileged, and it can be turned into open or veiled persecution or mistreatments toward them. This was noticed as one of the challenges faced by NGOs while implementing various programs designed to support orphaned children whose number has increased significantly following the epidemic of HIV/AIDS in southern Africa region. In Zimbabwe, for example, many orphans courageously reported to the

community-based organizations we partner with on verbal abuse they suffered as a result of the jealousy of their host family members because of the support they were getting from NGOs. In most cases, the NGOs in consultation with members of the extended family replace the children in other households within the family.

### ***Cultural and Religious Barriers to Placing Orphans in Formal Institutions in Africa***

Traditionally, in many sub-Saharan African countries, the care for orphans by the relatives of the deceased is perceived as a sacred duty. The brothers and sisters of the deceased would feel obliged to comply with this tradition because of cultural and religious beliefs. Indeed, in some communities, a deceased person is believed to have power to harm people. From another perspective, taking care of an orphan left by a deceased relative is believed to be a way of fulfilling the role of the family as a safety net. For that reason, placing an orphan in a formal institution is perceived as the denial of social norms and traditions and may be viewed as the inability of the family members to care for the orphan, which is disgraceful. This helps understand why people would prefer keeping orphans with close family members even if they cannot meet their basic needs. Few years ago, I witnessed in the Republic of Benin the refusal to place an orphaned child in a formal institution (SOS Village) by family members; for the resisting family, the other community members could view that as an inability to care for this orphan.

### ***Institutional and Political Barriers to Placing Orphaned Girls in Formal Institutions***

The promotion of placing systematically orphaned children in specialized institutions requires prerequisites that are hardly achievable in the current social and political contexts of African countries. The majority of the specialized institutions caring for orphans in Africa are owned by religious institutions or other charitable organizations with very limited accommodation capacity. Governments or other public entities need to invest in building specialized centers and provide continuously sufficient resources for them to keep running to allow the majority of orphans to be placed in formal institutions. In other words, there is a need for a strong political commitment that must result in designing informed and evidence-based policies that prioritize the well-being of orphans. Interestingly, orphans do not seem to be part of African countries' priorities. There is no doubt that African countries, except very few like Botswana, are unable to adequately meet the education needs of children in terms of adequate school infrastructure and qualified teaching staff. It goes

without saying that placing systematically orphans in specialized institutions is far from becoming a reality in Africa in the near future.

Providing support to orphaned children in Sub-Saharan Africa remains a crucial problem whose solution calls for profound cultural, social, political, and institutional changes. It requires a combination of efforts and a synergy of actions including research institutions, international NGOs, civil society organizations, and state actors aimed at correcting flaws in current practices and at the same time removing the barriers that hamper the promotion of specialized institutions.

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# **Part V**

## **Resilience**

# Suffering as “Symptom”: Psychiatry and Refugee Youth



Priyadarshani Raju, Debra Stein, and François Régis Dushimiyimana

## Introduction

Newcomer youth, and refugee youth in particular, face a double developmental challenge on arriving to Canada. Certainly, there is the work of settling in while contending with losses and the impact of difficult experiences back home. Also, and sometimes forgotten, is the task of growing up and reaching one’s potential in new environs. Imagining these youth, we see them as both vulnerable and robust, fragile and elastic.

Similarly, reviews of prevalence studies tend to show a wide range in reported rates of mental disorders in newcomer and refugee populations. Some studies show higher rates of mental health problems, some lower, or no difference compared to the general population (Bevan, 2000 as cited in Brough, Gorman, Ramirez, & Westoby, 2003; Colucci, Szwarc, Minas, Paxton, & Guerra, 2014). Given these varied reports on rates of mental illness/dysfunction in newcomers and refugees alongside descriptions of their wellness/resilience, we need to develop a position for psychiatry and for mental health practitioners in general that best meets these diverse needs (Hansson, Tuck, Lurie, & McKenzie, 2010).

Much of this chapter is applicable to the wider group of newcomer youth and their families; however, we have chosen to examine refugee mental health concerns more closely. For our purposes, the term “refugee” includes those youth who have been granted UN Convention Refugee status, as well as those who are in the midst

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of seeking asylum in Canada or who have had their claims rejected. Hence, our definition of “refugee youth” is not a legal one but an experiential one, encompassing any youth who have fled their country of origin because they feared persecution or political violence. This typically includes those youth who have sought safety in Canada but now live without any legal status here; unfortunately, a detailed discussion of their needs is beyond the scope of this chapter. As our respondent François Régis Dushimiyimana points out below, refugee youth have complex identities and experiences beyond their “refugeehood.” The label of “refugee youth” is only used here for the sake of expediency.

This chapter purports to challenge the increasingly powerful position of psychiatry as a first-line narrative for understanding refugee youth suffering. Now more than ever, the refugee experience risks being conflated with psychiatric disorder, through a largely unexamined assumption that most refugees arriving in Canada will need professional assistance in managing traumatic reactions to events in the country of origin. We will discuss this trend and argue for a model of community-based psychiatric case consultation that focuses on a systemic understanding of mental health, including sociopolitical oppression and its impacts.

## Refugees and Their Reception

We are currently witnessing an unprecedented degree of forced displacement globally due to political violence. The United Nations High Commission for Refugees (UNHCR) estimates that in 2014 there were 19.5 million refugees worldwide (UNHCR, 2015). A large number of refugees are coming from the current conflict in Syria, with almost 5 million people displaced outside the country at the time of publication (UNHCR, 2016). The 1951 Refugee Convention defines a refugee as someone 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, 2011). Therefore, by definition, the refugee experience is based on some experience of *fear*; and certainly many refugee narratives are marked by extreme violence and atrocities. Recent Canadian and American headlines from the Syrian conflict demonstrate our collective sense that these fear experiences will require the help of a professional, possibly because they go outside the realm of our everyday experience. Examples include: “*Syrian refugees plagued by high rates of PTSD*” (CTV news, November 25, 2015); “*Canada unprepared to deal with refugees' mental health issues, researcher says*” (Ottawa Citizen, November 25, 2015); “*Refugees go from surviving war to fighting PTSD*” (Aljazeera America, February 19, 2016); “*Syrian refugees will need lots of mental health treatment in America*” (Refugee Settlement Watch, February 10, 2016).

We have observed in our practices that while some refugee youth do experience debilitating emotional reactions that require treatment, others are better served through nonmedical avenues. More broadly, concepts of resilience promotion are crucial to addressing the complex issues these young people face.

## *Resilience*

“Resilience” has become a widely used term to describe the phenomenon of adaptation and coping in response to adversity. Since Garmezy’s work on the children of parents with schizophrenia in the early 1970s, North American social scientists and developmental scientists have generated a significant body of work on the subject (Pickren, 2014). Originally, research on resilience – focused essentially on the question of why some individuals rise beyond extreme adversity, while others fall apart – examined individual characteristics such as personality and cognitive ability. However, over the past 15–20 years, there has been an increasing focus on influences from family, peers, and school. Even more recently, there has been an interest in “ecosystemic” understandings of resilience, which look at the interplay between individuals and social systems (Barankin & Khanlou, 2007). With factors operating on “micro, meso and macro” levels, resilience is now conceptualized as the product of checks and balances, with “resilience challenging” and “resilience promoting” factors interacting to influence a particular youth’s level of coping (Khanlou & Wray, 2014, p. 69).

At first glance, this conceptualization is highly reminiscent of “risk” and “protective” factors discussed for psychiatric illness. However, as some authors point out, resilience is not synonymous with mental health, and the language of resilience should not divert attention away from mental health needs in this population (Betancourt & Khan, 2008). Indeed, “Resilience and mental health are interlinked, overlapping, bi-directional, such that a young person with a mental health problem can be resilient, or a resilient youth can develop a mental health problem” (Barankin & Khanlou, 2007 as cited in Khanlou & Wray, 2014, p. 70).

## *Challenges to Refugee Youth Resilience*

While many refugees may have experienced psychological trauma and extreme adversity in their countries of origin, research on resilience in children and youth has demonstrated that most can overcome such experiences as long as adaptive systems are intact (Montgomery, 2008). That said, these youth are facing social, cultural, political, and economic pressures that can generate high levels of mental distress/symptoms and overwhelm individual strategies for coping.

In our work in the local community supporting refugees, we have observed a number of “resilience challenging” factors at play for refugee youth adapting to life in Canada. We have witnessed a shifting immigration policy which periodically defunds settlement and support services as well as medical care for refugees, essentially removing refugee youth’s access to social and health programs in times of need. We have discerned racist and xenophobic refugee policies which criminalize asylum seekers (through the detention of “irregular” arrivals and potential “threats to national security”) and perpetuate trauma by putting youth through a

lengthy and confusing refugee claims process. We also note this country's history of nonrecognition of credentials and country-of-origin work experience, leading to significant downward socioeconomic drift for the refugee families we support. Our clients have described experiences of discrimination in social, academic, and employment spheres, a phenomenon frequently reported in the literature on refugee mental health (Edge & Newbold, 2013; Ellis, MacDonald, Lincoln, & Cabral, 2008; Fazel, Reed, Panter-Brick, & Stein, 2012; Guruge & Butt, 2015; Montgomery, 2008; Wilson, Murtaza, & Shakya, 2010).

Other resilience-challenging factors are at play in our clients' families, schools, and communities. In our practices, we encounter family-level challenges which include parental coping difficulties and preoccupation with settlement concerns, resulting in less support and supervision of youth. We also observe the widening intergenerational conflicts in families accentuated by youths' faster uptake of the new country's language and culture. At the level of the school, many youth are contending with the disruption of their education due to political violence in the country of origin and lengthy periods of transit before arrival in host country, which can make it doubly difficult to adapt to the challenges of a new language and curriculum. Gaining fluency in the host language can take upward of 8 years (Collier, 1995 as cited in Ellis, Miller, Baldwin, & Abdi, 2011). There are also cultural differences in education delivery/school rules and expectations which can be bewildering to some youth and their families. Finally, we hear about peer difficulties such as bullying or exclusion, as well as these youths' vulnerability to delinquent peer groups. As Rossiter and Rossiter (2009) point out, these youths' involvement in the Canadian criminal justice system can be viewed as a downstream effect of unmet social needs, including family poverty, poor access to affordable housing in safe communities, and sparse extra-curricular programming (in leadership, sports, arts, worship, etc.) with supervised, pro-social venues for youth to congregate.

### ***Mainstream Mental Health Service Use by Refugee Youth***

While high levels of distress generated by such stressors are understandable, there remains a paucity of research on mental-health service utilization in this population (Colucci, Szwarc, Minas, Paxton, & Guerra, 2014). There is some indication that refugee youth are less likely to seek support in the mental health system, compared to those in the majority (Ellis et al., 2011; Lustig et al., 2004; Measham, Rousseau, & Nadeau, 2005). It is commonly understood that "stigma" in newcomer communities poses a significant barrier; although we do indeed encounter this clinically, other barriers less discussed in the public realm include language and cultural factors, mistrust of authority, and, most significantly, the primacy of resettlement stressors (Ellis et al., 2011; Franks, Gawn, & Bowden, 2007).

Mainstream service providers often experience their clients' language and cultural needs as challenging. In our experience, there is a dearth of highly trained interpreters who can flexibly navigate the diverse language needs of families facing

mental health concerns. This relates to underfunding of this essential service, with most settlement and mental health agencies relying on volunteer interpretation. Agencies that do fund professional interpreters may not understand the need to work repeatedly with the same interpreter to build trust and maintain continuity of care. Further, expectations of cultural difference between clinicians and refugee youth can create anxiety for clinicians and serve as an additional barrier to youth and families seeking help. Concepts of “cultural competence” have been challenged and modified over recent years (Kirmayer, 2012; Kleinman & Benson, 2006), with an awareness of the dangers of acquiring blanket culture-specific knowledge about incoming populations that are in fact extremely diverse and perpetually in flux. As discussed later in this chapter, mainstream models of mental health have their own “culture,” and may not truly capture the struggles of refugee youth and families.

The refugee experience, more often than not, involves significant abuses of power by authority systems in the home country. These youth may have witnessed or directly experienced atrocities by those in authority, or may have learned that sharing personal details with others can have catastrophic consequences for themselves or their families. As Ellis et al. (2011) explain, “due to a history of being marginalized and a legacy of disempowerment in social, political and economic arenas, there may be a mistrust of service providers who represent a more socially empowered group” (p. 70). If the experience of marginalization has continued in the receiving country, or if the youth or their family have had negative encounters with child protection or legal systems here, mental health care providers may similarly be viewed with mistrust.

Finally, a critical barrier to refugee youth and their families seeking out mental health services is the primacy of settlement concerns (Ellis et al., 2011). In the early stages of arrival to the host country, refugee youth and families are understandably focused on securing food, housing, and income. Mental health services may be viewed as irrelevant alongside these more pressing concerns (Pain, Kanagaratnam, & Payne, 2014). Moreover, many researchers agree that these stressors are critical determinants of mental health and should actually be prioritized over (or at least alongside) more specific mental health interventions (Miller & Rasmussen, 2010; Rousseau, Pottie, Thombs, Munoz, & Jurcik, 2011; Tyrer & Fazel, 2014).

### *Models of Suffering*

Many societies have a predominant understanding of the location and source of suffering, only one example being the “psychological” model of suffering in the West (Kleinman, 1991). Laurence Kirmayer (2007) notes that “psychotherapy ... depends on implicit models of the self, which in turn, are based on cultural concepts of the person. The cultural concept of the person that underwrites most forms of psychotherapy is based on Euro-American values of individualism” (p. 232). This explanatory model treats suffering as a condition of the individual mind, bounded by individual perceptions of the world – a sense of self that is “egocentric.” Solutions

therefore involve discussing thoughts, feelings, and interpersonal relationships as the primary locus of change.

While Kirmayer reflects that self-awareness in its basic form is a universal feature of human life, he notes that there is tremendous societal variation in the form this takes. Contrasted to the egocentric self understood in the West, some of the youth immigrating to Canada may conceive of themselves as more sociocentric, ecocentric, or cosmocentric (Kirmayer, 2007). These distinctions are not rigid; indeed, most people access different models in different contexts, and have highly complex and flexible self-concepts (Tafarodi, Marshall, & Katsura, 2004). This said, there remains a disconnect between the predominantly individually oriented psychoemotional support services being offered in many host nations and the collectivist societies that are the homes of many refugee youth (Nadeau & Measham, 2006).

### *The Politics of Suffering*

While many describe the above models as reflecting “cultural” realities, the tendency in the West to view suffering on an individual (and particularly a medical) level has political and economic dimensions. Euro-American individualism goes hand in hand with models of human agency and responsibility, which in turn are linked to capitalist economic models (Summerfield, 2012). In such a perspective, the roots of emotional distress – and by implication, the locations of its solutions – are embodied in the individual, rather than in a systemic context (Fernando, 2014). Such a worldview has consequences for the individual as well as for societal notions of responsibility.

A detailed account of a society transferring socially based narratives of distress to more individually based ones is provided by Vieda Skultans, who discusses this shift in Latvian society in the post-Soviet era (Skultans, 2003). Historically, the expression of “nervi” was used to link emotional distress with negative outward circumstances that the person had survived, both temporally and socially. With the collapse of communism, the introduction of psychological frameworks and pharmaceutical marketing led to diagnoses of “depression” and an emphasis on individual conflicts and emotions. Skultans describes clinical examples of people living in deprived communities and inhumane work conditions, who now focus on their own perceived inability to contain their reactions. They have, in her words, “internalized the values of the enterprise culture and the responsibility for personal failure that goes with it” (Skultans, 2003, p. 2424).

The psychologist Derek Summerfield links this trend to capitalist lifestyles, including “the relentless rise in the medicalisation and professionalisation of everyday life” (Summerfield, 2012, p. 2). He questions the agenda behind trends of translating sociopolitically related suffering into individual medical pathology. Such language is supported by powerful international forces. In a recent series of high-level meetings co-hosted by the World Health Organization and the World Bank,

titled “Out of the Shadows: Making Mental Health a Global Development Priority,” these bodies aim to increase global investment in mental health care (WHO, 2016). Summerfield warns that “we should beware: the political and economic order benefits when distress or dysfunction that may connect with its policies and practices is relocated from socio-political space, a public and collective problem, to mental space, a private and individual problem” (Summerfield, 2012, p. 3). With psychiatry describing suffering as medical “symptoms,” states are absolved of their responsibility to act beyond providing individual “treatment.”

### ***The Politics of Psychiatry***

At best, the growing categorization of psychiatric diagnoses is accused of creating an ill, pill-using society (Michaels & Frances, 2013). Such a worldview undermines common concepts of natural human resilience, reflecting “a much thinner-skinned version of a person than previous generations would have recognised” (Summerfield, 2012, p. 3). It also devalues Indigenous approaches to suffering and healing (Fernando, 2014). By implying that community-based perspectives and solutions originate in superstition, ignorance or stigma, psychiatric narratives and interventions can be considered as neo-colonial in nature (Adams, Doblesb, Gómezc, Kurtışd, & Molina, 2015; Fernando, 2014).

At worst, psychiatric and psychological approaches can serve to uphold oppressive power structures. Nia Phillips and colleagues provide an analysis of various therapeutic approaches to show how each promotes continuation of the status quo (Phillips, Adams, & Salter, 2015). They criticize “emotional management strategies that emphasize denial or disengagement; problem-focused strategies that emphasize compensation, self-efficacy, or skills training; or collective strategies that emphasize [only] emotional support” (Phillips et al., 2015, p. 365). Such treatments are all aimed at assisting a person to tolerate a (presumably unquestionable or at least unchangeable) life situation.

The strategies above are clearest in supportive and often cognitive and behavioral therapies. In our observation, however, most psychotherapies do take an individualized approach that neglects wider social and political influences. If the above strategies are used in isolation, they can undermine a youth’s natural capacity and drive for agency, social change, and system transformation.

### ***Reorienting to Community-Based Mental Health Solutions***

In our clinical experience, refugee youth – even those who are struggling significantly – instinctively prefer support through nonmedical avenues that can better grasp their overall life context and address stressors in the “here and now.” This is reflected in the literature, which demonstrates higher engagement of these youth in

social programs and services, as opposed to initial contact with programs labeled as “mental health” (Brough et al., 2003; Ellis et al., 2011; Fazel, Garcia, & Stein, 2016). Schools, as the primary state-run point of contact for refugee children and youth, are critical facilitators of adaptation and emotional support (Rousseau & Guzder, 2008; Tyrer & Fazel, 2014), as are programs which foster social ties among youth (Betancourt & Khan, 2008; Brough et al., 2003; Colucci et al., 2014). Finally, any systemically informed approach to refugee youth must have links to programs that reduce socioeconomic disparity, particularly programs that reduce income gaps, create employment opportunities, and increase safe, affordable housing (Fazel et al., 2012; Miller & Rasmussen, 2010; Rossiter & Rossiter, 2009). This is a core component of support for refugee youth and families, whose trajectories are heavily determined by these factors.

### *The Role of Psychiatry*

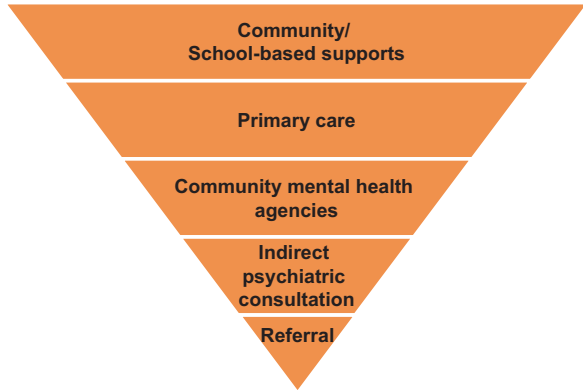
While service models that emphasize psychiatric intervention seem poorly suited to the needs and preferences of refugee youth, there is some role for psychiatry. In our experience, mental health professionals can effectively assist the adaptation of some youth.

First, psychiatrists can and should leverage their expertise and social privilege in order to advocate for their clients. One of the most relevant areas of advocacy is in the ability to conduct an assessment and write a report in support of a youth’s refugee claim – or to support this being done for a youth’s relative. Report writing is a skill in itself, and while it does not control the outcome, providing expertise that may influence a life-changing determination is one of the most therapeutically powerful interventions we have seen. Other areas of need include commenting on mental health needs related to housing, school accommodations, fair legal representation and court sentencing, and so on.

Beyond advocacy, indeed some youth do experience debilitating emotional reactions that benefit from psychiatric language and solutions. Most people working with refugee youth will agree that there do exist severe and persistent problems with coping, as well as serious mental illnesses. In some of these situations, medications can be a useful intervention. For psychiatrists trying to work responsibly with refugee youth, determining what versions of distress have biologically treatable components is the question, and must be done critically. We have also found basic containment and coping strategies (not requiring psychiatric expertise) to be invaluable in assisting refugee youth in distress. Beyond this, Western-origin psychotherapies can play a role, as discussed below. In our experience, they can be particularly helpful when promoting a youth’s narrative power, and affirming a youth’s perspective on the world including a sense of agency in the face of injustice.

The main point is that medications and individualized psychotherapies are not necessarily the “gold standard” solution. These interventions should not be privi-

**Fig. 1** The “funnel” of support for refugee youth. Our preferred intervention model for refugee youth, outlining important systems preceding direct referral to psychiatry. Psychiatrists and other professionals could also provide guidance at any layer (See Ellis et al., 2011 and Measham et al., 2014 for similar models)



leged without considering both the broader social context and the preferences of refugee youth as agents in their own healing.

### *An Emerging Service Model*

Our preferred pattern of intervention takes the form of an important emerging model, designed to minimize the medicalization of these youth and address their mental health needs both holistically and flexibly. This conceptualizes the delivery of mental health services in the form of a funnel (see Fig. 1). Community and school-based supports aimed at a large proportion of these youth, as well as primary care services, would be at the topmost layers before streaming downwards if more specialization is needed. Nonmedical supports at community mental health agencies aimed at a smaller number of youth in difficulty would be in the middle, and psychiatric consultation for the most complex and challenging concerns at the bottom (Ellis et al., 2011; Hodes, 2002; Measham et al., 2014). The situation of these supports within local community settings is paramount, as is the collaborative and indirect use of professionals throughout the system, where case consultations precede (and possibly prevent) the traditional “referral to psychiatry.”

One risk of implementing this level of collaboration is that it could unintentionally medicalize community-based services. This model should therefore be accompanied by a shift of the nature of psychiatric practice itself as applied to these youth in these settings.

### *An Emerging Psychiatric Model*

The first main shift that must occur for psychiatrists is a shift in perspective. Phillips et al. (2015) emphasize the “coloniality of knowledge” (Phillips et al., 2015, p. 366) of our professional paradigms. It is important that psychiatrists working with



refugee youth be aware that medical/scientific language does not necessarily represent objective truth, is the product of a particular global culture, and often represents a privileged position (Phillips et al., 2015). Such a perspective allows for a multiplicity of perspectives on issues facing refugee youth, and a multiplicity of solutions deemed desirable.

Professionals committed to “decolonizing” their own approaches must also acknowledge and discuss external oppressive realities, a shift that can be challenging to some (Martin-Baro, 1994). Instead of promoting unawareness of racism (as a solution to perceived paranoia), for example, one might name racism and encourage reasonable vigilance. This not only validates the experiences of refugee youth, but also reinforces their skills and resilience in navigating an unjust world (Adams et al., 2015). Citing Martin-Baro, Phillips et al. (2015) suggest addressing the daily patterns that youth no doubt notice. To critically discuss rates of deportation, racialized poverty, and other phenomena rather than having youth accept them as neutral fact is also to decolonize one’s work – and can be protective for clients (Phillips et al., 2015). Finally, professionals can promote community connections not simply with the goal of emotional support, but also aiming at collective action (Adams et al., 2015).

In terms of practical interventions, certain emerging psychotherapeutic approaches can promote creative and empowering responses to oppression. While narrative exposure therapy has emerged as an important intervention in refugee trauma (Robjant & Fazel, 2010), we are interested in its emphasis on the facilitation of the youth’s personal narrative, which the originators of the technique state might be used as “a tool for peace-building or educational purposes” (Schauer, Neuner, & Elbert, 2011, p. 56). Testimonial psychotherapy is more explicit in its use of trauma narratives for the purpose of education and advocacy (Cienfuegos & Monelli, 1983). Although its use with refugee youth has been limited (Lustig, Weine, Saxe, & Beardslee, 2004), the positive experiences of youth in Lustig’s study display its potential to engage youth in activism and social change, empowering rather than pathologizing. Other interventions with the potential to instill in youth an awareness of social realities and a sense of agency include dramatic and other expressive art therapies, in particular those which involve group efforts to transform experience (Rousseau et al., 2005; Salazar, 2010; Tinkler, 2006; Yohani, 2008).

## Discussion

Psychiatrists hoping to work with refugee youth are faced with a learning curve of appreciating and leveraging the resilience of this population, while understanding that this resilience may exist alongside real mental health vulnerabilities. Their work is affected by the fact that these youth may not seek or be able to access mental health services in the same way as the mainstream. From a cultural perspective, psychiatrists must appreciate the problems with using solely egocentric psychiatric models to understand the experience of their young refugee patients. These problems link to the larger economic and political problems of medical pathology

replacing more socially grounded explanations of suffering and resilience. Above all, psychiatrists must be aware that the youth themselves tend to gravitate to explanations and solutions beyond the biomedical.

We engage in a practice that acknowledges the value of psychiatric expertise, and leverages its social power, while also emphasizing its limits, and promoting attention to clients' social, cultural and political realities. We deliberately built our service in a community-based children's mental health agency in Toronto, and our work has evolved further because of a setting less oriented to medical treatment.

We accept referrals from colleagues (from disciplines including psychiatry, psychology, social work, expressive arts therapy, etc.) and review cases with them, without seeing the clients themselves. While we do offer the option to see a client directly if it seems a psychiatric assessment is truly relevant, it is telling that we (and our referring parties) have rarely found this to be necessary after the case consultation. When our sessions are attended by people working in powerful related systems (e.g., child welfare), our recommendations may change a broad gaze on a family.

When we first receive a referral from a colleague for case consultation, that colleague typically provides a brief orientation to the client's situation. From this early point, we promote exploration of the very important details of migration pathways, as well as to the client's current social and economic context. Referring colleagues now attend to these data more proactively in anticipation of consulting our service.

Through our consultations we share ideas gleaned from our own research and training, as elaborated in this chapter. We discuss the importance of the explanatory models carried by refugee youth and families as to their sense of the problem and its solutions. We encourage our referring colleagues not to simply explore the client's perspective only to proceed with a mainstream treatment plan; rather, we aim to increase appreciation that the client's autonomy and instincts may lead them to their own solutions outside of psychological paradigms. This involves a discussion of the cultural roots of mainstream mental health interventions. In fact, we encourage our colleagues to name this cultural context to their young clients. They can thus help youth see beyond the implied message that psychotherapeutic approaches are the "only" or "best" way to heal, allowing youth the chance to be selective about their own recovery path. As a final note on process, we encourage our colleagues to attend to (and even name) the power dynamics underscoring their clinical interactions with refugee youth. When they can openly explore their own positions in the room, they connect more authentically with their clients, and can better understand some of the choices the youth make. Thus, in our consultations we attempt to expose the workings behind Western mental health practice that may otherwise be assumed to be "universal," as described in the previous sections of this chapter, and as noted by our respondent below.

Our consultations also discuss the oppressive conditions facing refugee youth. Most of our colleagues understand the dynamics of racism, classism, adversarial immigration systems, etc., quite well; we simply assist with resources and evidence regarding these realities. This arms colleagues with the details needed to comfortably validate the youths' experience, which we encourage them to do. Above all, we

promote skills in advocacy to attempt to alter the youth's external situation. A tremendous contribution that mental health professionals can make is writing supporting documents for a refugee hearing, as discussed. Some of our consultations have focused exclusively on helping our colleagues negotiate the immigration system, collaborate with lawyers, build skills specific to report- and letter-writing in the legal context, and so on. We see these as essential therapeutic interventions that surpass any of our sophisticated techniques in their ability to change the life of a young refugee.

While outlining our community-based consultation process, we must acknowledge the tension between our critique of psychiatric power and our suggestion to spread it into broader spaces. Our hope is that such a plan – which brings psychiatrists closer to services that are more in touch with clients' daily needs – will actually lead to the evolution of the psychiatric lens to better address the complex needs of refugee youth.

## Implications

We believe that our practice – and that of colleagues working from a similar perspective – shows promising directions for mental health and psychiatric service delivery for refugee youth.

1. One implication is a need to embed mental health services for refugee youth (especially services involving psychiatrists) in community rather than medicalized settings. We support collaboration between psychiatry and schools, social service agencies, and other environments that reflect the multifactorial nature of issues facing refugee youth. In a case consultation model of service, expertise is shared between mental health professionals and the youth's primary community contacts. This reduces unnecessary direct assessment by psychiatrists, whose medical lens may not capture the daily social realities of refugees. The relevance of these social realities will also become clearer to a mental health professional who is located in community settings.
2. Our recommendation to spread psychiatric expertise into the community must be linked to our strong emphasis on the need to change the psychiatric theory applied. Psychiatrists need to leverage youth resilience, consider family narratives and solutions, and promote “decolonized” interventions wherever possible to address the real needs of these marginalized youth. This naturally leads to the development of advocacy skills as a core tool that must be taught to any mental health professional hoping to serve this population. Professionals do carry social power that can be aimed at the refugee determination process and broader social conditions affecting the lives of refugee youth and families.
3. The above changes relate to psychiatric and other mental health services. One final implication of the arguments in this chapter, however, is the fact that the

psychiatric lens can only be shifted and spread so far. Ultimately psychiatry is a particular ‘thing’ with particular roots, i.e., coming from a medical tradition that is gaining power globally. Greater resources must be directed to supports and changes that exist *beyond* this tradition. What we see as mental health issues are in fact complex phenomena that can be addressed via expertise that is not the domain of elite professionals. In host countries and on a global scale, we must move beyond psychiatry to support the healing and transformative power of those communities that naturally surround refugee youth.

## Response

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One of the first friends you may have when you arrive as a refugee in Canada is a psychiatrist or trauma counsellor. Actually... Scratch that! ONE of the people you will *\*have\** to meet in your first days here will include a psychiatrist or trauma counsellor. Willingly...? Hmm... NO. The refugee process is long and very complex. Frustration, loneliness, and even hopelessness are some of the emotions felt by many refugees in their first days in Canada.

The definition of a refugee being “a person who is forced to flee from persecution and who is located outside of their home country” (CCR – Refugees and Immigrants: A glossary), many of these young refugees faced injustices back home and are seeking safety. But what many of them don’t know is that arriving here in Canada and claiming asylum leads to a very long path before being deemed a convention refugee. “A convention refugee- a person who meets the refugee definition in the 1951 Geneva Convention relating to the status of refugees” (CCR – Refugees and Immigrants: A glossary).

### **“REFUGEE = TRAUMA” (The Burden of Proof)**

To be accepted as a convention refugee you must *prove* that you cannot return home, that even the idea terrifies you. You must *prove* that you are too traumatized to return, and sometimes the only way is to obtain letters of support from a psychiatrist stating that you are genuinely traumatized... hence “REFUGEE = Trauma.” Many young refugees who come to Canada are unaccompanied minors. For young refugees and newcomer youth in general it is tough to navigate this complex system that focuses on traumatized individuals. But I think it is also important to problematize the idea of a “Refugee” that this system creates: one who is considered deficient, a person who is defined by their Trauma and disease. Psychiatrists could always do more to advocate for refugees and contest their criminalization by a racist and oppressive system.

### **“Are You Seeing Someone?”**

After obtaining support letters validating your trauma, you must navigate the system. Often, the only help that you will get is from community centers. When I first came to Canada I was isolated and was not connected to any organization. I happened to meet someone at a community center who asked if I was refugee, and her next question was “are you seeing someone?” This question regularly comes up when meeting people from different organizations. I want to emphasize that by virtue of being a refugee you are supposed to be traumatized and therefore you should be seeing someone.

For many young refugees, including myself, entering the western medical system is a frustrating road which makes you question your own state of mind. We are encouraged by our guides (community centers and others) to seek mental health support. But how does a psychiatrist or counsellor convince someone that they have a problem when they do not recognize that there is indeed a problem? It is important that psychiatrists understand cultural differences in notions of personhood, beliefs about the origin of suffering. What Canadians call “trauma,” these young newcomers simply call “LIFE”. Being constantly told that there might be something wrong with you, and being part of a system that requires you to have a problem creates new, unfamiliar anxiety over your mental state.

I do not say that many refugees are not genuinely traumatized by horrific experiences, but what I am contesting is the way the concept of trauma is applied to refugees. One of the most important things to note is the feeling of your mind being tampered with, and a feeling of dependency on mental health professionals. Suddenly, you cannot resolve your own problems; you need to see someone for everything.

So, by what standard do you measure someone’s mental health? Are they “better” when they gain protected person status? Or maybe it’s when they learn English? How do you know that trauma is gone? What I am suggesting is taking a holistic perspective on mental health and considering that the spectrum of mental health issues and treatments needs to address more than just the trauma that happened back home. Everyday life here in Canada can also be deeply traumatic. Moving to a new country is not easy, but it is especially trying for youth, who often arrive alone.

### **Are They Equipped Enough?**

A friend of mine went to see a psychiatrist, and in the middle of a breakdown she was told “Sorry, our time is up.” When she kept crying, the doctor suggested she take sleeping pills. There is a great lack of sensitivity among some psychiatrists. Psychiatry is more than a simple profession; it is understanding and empathizing with someone. There is no overall formula for curing someone. What they often need is guidance and a listening ear. The “funnel” of care discussed in this article is an excellent model, and I was happy to see that the authors support reducing

medicalization. Medication should only be for individuals who seek help for their suffering, as it is unlikely to help someone who is unaware of their problem. The report notes that refugees rarely seek support, but this makes sense due to cultural differences. Many refugees have learned to accept these “traumas” as just another hardship. Youth may also wish to tell stories that include some cultural practices or concepts that may be scorned in the West, such as witchcraft. Psychiatrists should promote sensitivity toward newcomers while prioritizing and accepting patient narratives.

### **Patient and Psychiatrist Relationship Dynamic Based on Gender**

Although the report discussed class and race, areas of further research could include how gender affects the patient and psychiatrist relationship dynamic. Gender differences may create a barrier due to patient discomfort. This discomfort may affect individuals who have suffered domestic violence or abuse at the hands of the opposite gender. Although the report did touch on cultural differences, it is important to emphasize cultural notions of gender can impact their treatment experience. For example, organizations that provide counseling services may have staff that are mainly one gender, perhaps due to the feminization of the caring labor force. This can cause discomfort in individuals whose culture tells them not to disclose their feelings to the opposite gender. Based on my story and others I have heard, newcomers will often be given appointments without being asked which gender they prefer. Some might argue that well, this is Canada, get used to it! But does the system accept diverse cultures and try to accommodate them, or does it wait for them to get used to the idea of “getting used to it” before treating them? Do you help the person the way they need to be helped or do you help them the way you think they should be helped? Youth are often afraid to voice their needs due to the authority that their guides have, and the fear associated with being in a new country. I understand that this is not the sole responsibility of psychiatrists, but rather of the whole Canadian society, especially community centers and service providers, who generally form the first relationship with newcomers. This responsibility includes making this population feel comfortable and slowly teaching them Canadian values. The mental health sector is a support to equip them to navigate society, but psychiatrists could advocate more for a gender sensitive approach to the mental health of refugees.

### ***“NOT FITTING IN” (Precarious Status)***

Accessing various services is one of the biggest challenges among newcomers, as access often depends on their status. Newcomers will often find themselves in a period called “limbo,” a maddening period in which your status is undetermined. In this period, newcomers are unable to access most health and mental health services.

An example is a refugee whose claim is denied but pending appeal. While waiting to appeal, you're technically considered "not a refugee." They take your Refugee I.D which has the Interim Federal Health (IFH) coverage validity, and you have no right to social assistance. By name you are a refugee, but you have no identification, health coverage, or money. An example is my own experience when I was given an appointment with a psychiatrist at Toronto Western Hospital. Prior to the appointment date, immigration took my I.D and therefore my IFH coverage. When the appointment date arrived, they couldn't see me without IFH, although a few weeks before I was admitted to the hospital. Many young refugees have similar experiences. This returns to my previous question... when is the trauma truly gone? For someone who was undergoing treatment and is suddenly not eligible anymore, should treatment stop with your coverage? There are many clinics, health centers and hospitals with requirements that this population might not meet. Young newcomers who have lost their status are isolated and very restricted in terms of services they can access. They are also often reluctant to seek help because of the fear of deportation. More research and advocacy should be done on behalf of young newcomers who do not "*FIT IN*" and are therefore denied access to mental health supports.

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# Teaching English as an Additional Language (EAL) to Refugees: Trauma and Resilience



Soheila Pashang, Bahar Biazar, Donald E. Payne, and Zana Kaya

## Introduction

Studying English as an additional language (EAL), whether offered at public schools, community-based organizations, or at academic institutions, is one of the first platforms for many refugee youth to experience a host country's people and institutions. These classes, when informed by the premigration factors resulting in forced displacement, as well as the multifaceted barriers confronting refugee youth during their postmigration process, can become spaces that foster resilience and bridge their integration into the host country.

This chapter is informed by the authors' professional experiences and introspection while working with refugee and immigrant populations in Canada. As a social worker/therapist with over two decades of frontline work with a diverse population of immigrants and refugees, and in her role as a faculty, Soheila Pashang has come across many situations where English language has become a major barrier for refugee youth to navigate their needs or reach their potential at such tedious time of their lives. In her practice, she has further witnessed ways in which systemic shortcomings to accommodate language needs of refugee youth has made them more vulnerable to

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experience racism, discrimination, as well as other forms of exclusionary policies and practices. As an English language educator, Bahar Biazar has examined the potential of doing critical work in the EAL classroom and has come across barriers as well as experienced success. Her grounding in Marxist theory and dialectical framework of language education has been explored and developed within her work with newcomer activists, some of whom have been refugees. In his role as a psychiatrist concerned about human rights issues, Donald Payne has worked with refugee populations, including youth from more than 90 different countries, for over 35 years. During this time, he has been actively involved in the health care work of Amnesty International, and the Canadian Centre for Victims of Torture. He has a strong interest in the issues of diversity and ways in which individuals' resilience, regardless of their differences, help them to overcome challenges.

Our goal here is to engage the English Language Teaching (ELT) community with the field of migration to move beyond constructing language learning as a solution to positive integration. Although the term "newcomers" is used to refer to all new immigrants attending EAL classes, a vast diversity exists among and between this particular language learner populations. Most often, English language learners are homogenized as holding an "immigrant" identity. However, "immigrants" learners within EAL classes will consist of individuals from various sociopolitical and geographical locations, nationality, race, gender, age, class, ability, sexual orientation, as well as other cultural, social, and personal belief systems. These differences of experience and identities in addition to the host country's stereotypes, perceptions, and expectations impact the interaction of language learners with each other and with the ELT communities. The diversity of language learners within EAL classes further extends to the legally constructed immigration statuses such as those who are: (1) *Permanent Residence* (PR) or those who have entered Canada under the *Skilled Worker Class* program. (2) *Foreign International Students* (FIS) (3) *Refugees and Protected Persons* or individuals who, due to violence, war and torture, have found themselves with no option but to flee their countries of origin. In 2017, Canada plans to admit 40,000 refugees and protected persons including privately sponsored Syrian refugees (Government of Canada, 2017).

While the former two groups of English learners choose to migrate to Canada whether permanently (PR) or during the term of their visas (FIS), refugees have no option but to undergo refugee claimant process (unless they are sponsored by the government) set by the Immigration and Refugee Protection Board (IRB) in order to be accepted as Convention Refugees. This legalization process further sets apart refugees from other groups of language learners. In this context, the integration of refugee youth can be overlooked or ineffective if we merely view them within classrooms as "newcomers" or "language learners" without their history, which is embedded in "structural violence" (Farmer et al., 2004) and the "continuum of violence" (Scheper-Hughes & Bourgois, 2004), manifesting in their everyday interactions (Henry & Tator, 2010) while in the host country.

In this chapter, we adopt a dialectical conceptualization of the social world as articulated by Marxist theorists, Carpenter and Mojab (2011) and Bertell Ollman (2003). This conceptualization is relational, historical, and visionary. Relationally, we see the

social world as “organized human activity” (Carpenter & Mojab, p. 2) and a complex web of social relations where no phenomenon is occurring in isolation. Using a dialectical lens therefore means “looking at the social world as sets of relations between multiple phenomena occurring simultaneously at both local/particular and global/universal levels” (Carpenter & Mojab, p. 2). As such, we do not see “the EAL class,” EAL education, displacement, and trauma in isolation. These phenomena are related to other occurrences. For example, capitalism needs a cheap workforce, and this need influences the immigration policy, which in turn constructs different legal categories of newcomers who attend EAL education. Since the movement of migrants depends on the ever-changing need of the labor market, the population of language learners, our methods of language teaching, and the policies of receiving academic institutions are also changing. Although learning dominant languages can improve the livelihood and mental health outcomes of refugee youth, situating the discourse as an element of integration within the context of refugee trauma can lead to blaming refugee youth for barriers that interrupt their learning or hinder their integration.

Furthermore, being dialectical is looking at any given phenomenon historically. That is, in order to understand the present, which constructs one as a “refugee,” we must look at how the present, in this case a refugee, came to be. What were the preconditions (historical roots of refugees’ displacement) that lead to the present (refugee category)? We are thus further encouraged to look at the development of EAL education as a profession and investigate it historically. Furthermore, by looking at any phenomenon (in this case English language learning of refugees) historically, we are then forced to look at the present as a moment in passing. Another component of having a dialectical framework is the view that nothing is stagnant; everything is always changing. By looking at the present in this way, the future is no longer predetermined; we are encouraged to be visionary. By seeing the past as a precondition of the present, we see the present as the precondition of the future. Thus, by acting and intervening in the present, we can affect change in the future. That way nothing is just accepted as a given; we are agents of change. It is by practicing this agency that we review literature on integration, violence, and trauma as it relates to language learning. The chapter will present a number of creative initiatives explored by practitioners and language educators in working with refugee youth, and further make three recommendations.

## **Main Argument**

### ***Refugee Youth and the Discourse of Integration***

Zahraei (2015) points to the importance of exploring the impact of trauma on refugee youth from a multilevel framework. The multilevel trauma framework contextualizes historic and structural trauma while recognizing that the everyday experience of refugee youth with their families, communities, and broader institutions in a host country are relational. As such, the response to trauma is complex. Most research on refugee response trauma individualizes the trauma to encompass physical and

mental health symptoms (Zahraei, 2015). These individualized reactions are considered to impact language learning and the integration process.

In Canada, integration is perceived as a desirable outcome by which new immigrants are expected to become productive members of the host country (Hiebert, 2016; Allen, 2006; Li, 2003). Within this context, integration is presented as a two-way relationship that requires new immigrants and refugees to adopt and adhere to dominant values while encouraging the host country to tolerate cultural diversity (Li, 2003). Ager and Strang (2008) have identified four key domains of integration: (1) achievement and access to employment, housing, education and health; (2) assumptions and practice from citizenship to rights; (3) social connection within and between various communities in the host country; and (4) structural barriers to such connection related to language, culture, and the local environment. In particular, Guruge et al. (2009) imply that English language proficiency helps shape the integration process of new immigrants. This places language at the core and as a precondition for meaningful integration where refugees can be equipped with a means to navigate daily life activities and secure future success (Simpson, 2016).

Learning a dominant language is an important element of the integration of refugee youth, and recent political discourses as argued by Rosi Sole (2014) and Mallows (2014) link the barriers to integration to poor language skills and low literacy. Building on Li (2003) and Allen (2006), Simpson (2016) also sees the ideological rhetoric beneath such assumption, interlaced with other beliefs that refugee youth are obligated to learn and speak a dominant language. Duncan and Schwab (2015) further point to the discourse of the “deficit model,” which is based on stereotypes and low ability, with potential to lead to disengagement and sociopolitical disadvantages. The guiding principles for the use of terminology in literacy according to Duncan and Schwab (2015) equate literacy skills as the “problem” of the “low-skilled population.” Those falling under such binary terms are labeled as having “poor literacy” or being “illiterate,” and are associated with being ignorant (Duncan & Schwab, 2015). Stereotypes, as Henry and Tator (2010) remind us, can confront refugees in all their interactions within and outside of the educational system, where they are blamed for their lack of achievements not only in terms of competency in a dominant language, but in their ability to integrate fully. Rosi Sole (2014) further challenges the discourse by suggesting language proficiency is the *result*, rather than a *cause* of integration through which access to a better job, education, or social mobility increases. Mallows (2014), however, sees language beyond literacy skills to include learning about, and adapting to the culture of a host country. This extends from social practices required to support oneself in order to move on with daily life activities and engage with a host country on emotional, functional, economic, and political levels (Mallows, 2014).

We advocate that refugees coming to Canada learn a dominant language. However, as forced migration, violence, and displacement is becoming a reality for much of the world’s refugee population, we must take into account that learning is impacted by the trauma caused by premigration conditions (structural violence) and postmigration experiences (continuum of violence), manifested in their everyday individual, cultural, and institutional interactions. Failing to see learning and

violence as relational can diminish the resilience and empowering potential of learning. We also agree that language learning has a strong reciprocal relationship with positive integration (Hiebert, 2016; Allen, 2006; Li, 2003). Language learning and successful integration can hold the potential of enhancing a refugee's mental health outcome, which in turn improves their integration process into the Canadian society. To facilitate this process, English as an additional language (EAL) teachers play a vital role by connecting the impact of pre- and postmigration violence on learning in order to foster integration.

### ***Forced Migration and Refugee Youth: Structural Violence***

While the term “refugee” is a social and legal construct, the protection of refugees by national and international communities is a multifaceted process. This extends from ensuring their safety to respecting their basic human rights and securing long-term solutions to refugee crises (UNHCR, n.d.). One basic element of refugee rights includes access to education, which is often compromised in times of conflict, displacement, and during migration. In light of this, the international response to refugee crises has been paradoxical, with most developed nations implementing border control policies while developing nations hosting 86% of all forcibly displaced persons (Pashang & Gruner, 2015). Rather than theorizing displacement as an expression and outcome of structural violence in the form of militarism, development projects, free trade agreements, environmental degradation and socioeconomic inequities, developed nations have relied on racist and anti-immigrant rhetoric to stigmatize refugees as illegal border crossers (Gruner, 2015). Equally problematic is the ideological discourse that makes no linkages to the structural violence engrained in a capitalist economic system as a root of refugee trauma and a possible cause of their displacement.

Farmer (2005) consider structural violence, whether in a form of development project, political and armed conflict, or socioeconomic inequities, responsible for human rights violations. Structural violence therefore prevents individuals from remaining in or returning to their places of origin, leaving them with migration as the only means of survival. As such, many refugees, including refugee youth, live as internally displaced persons trapped in conflict zones for long periods of time with little chance of obtaining education or access to meaningful employment (UNHCR, July 2015). Others have fled leaving their family members behind or have witnessed the sufferings of their loved ones while escaping violence.

Regardless of the purpose or roots and routes of their migration, some refugee youth are likely to arrive in their host country without their immediate family members. Some were separated during the process of displacement or throughout the migratory process (Payne, 2015). Others have endured multiple losses. These direct and indirect experiences and their impacts are referred to as “trauma.” Trauma, as a “wound” or “shock” is understood both in terms of sociopolitical context (structural violence) as well as through medical diagnostic system of “Post Traumatic Stress

Disorder” or PTSD (Zahraei, 2015). The criteria for establishing PTSD are outlined in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-V, 2013). According to a meta-analysis of PTSD studies, about 1 in 10 refugees living in resettlement countries suffer from PTSD, with those experiencing torture or war showing a higher incidence of PTSD symptoms (Fazel, Wheeler, & Danesh, 2005).

In the presence of human rights violations and trauma, refugee youth on the one hand negotiate their needs to reach safety and on the other, face the host country’s ideological discourses that label them as “illegal” and “illiterate.” Within the context of the educational system, these forms of assumptions can cause social exclusion both in terms of the learning environment as well as the learning process (Henry & Tator, 2010).

### ***Continuum of Violence: Barriers to Integration***

Refugee youth are a diverse group with multidimensional needs and experiences. Currently, there are about 75 million international migrant youth under the age of 29 (UN World Youth Report, 2013). In 2013 alone, migrant youth accounted for 9.1% of the total youth population in developed countries, with 84% of them enrolling in educational institutions (UN World Youth Report, 2013). As the signatory to the *Convention relating to the Status of Refugees* (1951), many countries including Canada are obligated to offer protection and address the settlement and integration needs of refugees. This includes access to education and language classes.

Pre- and postmigration stresses jeopardize mental health while personal and social resources not only enhance mental health directly, but also buffer the effects of stress (Beiser, 2014). However, upon arrival in a host country, refugees are faced with practical problems related to the social determinants of health in their everyday interactions in a host country (Xavier et al., 2015; World Health Organization, 2008).

Zahraei (2015) relies on Scheper-Hughes and Bourgois’ (2004) theory of a “continuum of violence” to explain the experiences of social exclusion, dehumanization and the denial of human care, social support and access toward refugees upon their arrival, and while integrating in a host country. This is what Henry and Tator (2010) refer to as systemic, cultural, and individual oppression. Continuum of violence in a host country explores how refugee youth on the one hand grapple to perform within education and language classes and on the other, overcome settlement and integration barriers. These include, but are not limited to, stressors caused by poverty, social and cultural adaptation, family role reversal (Morse, 2005), discrimination, and a complex immigration system.

Pottie, Ng, Spitzer, Mohammed, and Glazier (2008) have found an association between newcomers’ level of language proficiency and self-reported health disparities. In particular, those who have to seek “convention refugee status” (accepted refugee status in Canada) have increased stress relieving their traumatic

experiences in preparing for and in testifying at their Refugee Determination Hearings (Payne, 2015). Their sense of safety and security is jeopardized for not knowing whether they would be allowed to remain in Canada or be deported to face further trauma or even death (Payne, 2015). Mossallanejad (2015) uses the term “life in limbo” to refer to refugees waiting to be legalized in Canada. More often, refugee youth have to live with fear of deportation, or carry the burden of discussing details of their past trauma to immigration lawyers, counselors, interpreters, and more importantly, to the members of Immigration and Refugee Board (IRB), who may or may not believe their stories (Payne, 2015; Pashang, 2015). As a psychiatrist working with refugee claimants for many decades, the third author of this article (Donald Payne) is familiar with such suffering. Over the years, he has met refugees revealing that they would prefer suicide to the fate that would await them if they were deported. Being a refugee therefore is not only a term or identity. Refugee status causes enormous stress and affects the physical and mental health of refugee youth, increasing their vulnerability to various forms of abuses (Payne, 2015; Pashang, 2015).

Although refugee youth may have suffered greatly, they can also have strong resilience in dealing with their traumatic experiences. Beiser (2014) attests that only a minority of refugees face severe mental health problem despite premigration assaults and the challenges of resettlement in a strange country. *Immigrant* youth with limited English language proficiency in general will rely on their resilience and eventually outperform their counterparts, though this is not the case for *refugee* youth (Hou and Bonikowska, 2016; Wilkinson et al., 2012; Shakya et al., 2012; Corak, 2005). This could be the result of the structural and continuum of violence that refugees have struggled with, as distinct from the general experiences of immigrant youth. The lower academic success rate among refugee youth is partly related to the impact of structural violence as mentioned previously, and in part to socioeconomic class, refugee status, and language proficiency of refugee families (Hou and Bonikowska, 2016; Corak, 2005). Studies further suggest that a refugee youth’s ability to learn language correlates with their age at migration and years of stay in a host country (Güven and Islam, 2015; Corak, 2011).

According to a Statistics Canada report, only 49% of refugees pursue language classes between 7 and 24 months after their arrival in Canada (Schellenberg & Maheux, 2007). However, the existing knowledge about the academic success of refugee youth varies. By conducting a community-based research, Shakya et al. (2012) found that refugee youth have strong aspirations to obtain higher education. In examining their educational experiences and achievements, Stermac et al. (2009) also confirm that refugee youth perform as well and at times surpass other immigrant and nonimmigrant counterparts. Wilkinson et al. (2012) suggest refugee youth have a higher rate of high school dropout in comparison to other groups of immigrant youth (Wilkinson et al., 2012). However, whether the reality behind the “drop out” or as Katz (1999) puts it, “push out” rate is a conscious choice on the part of refugees, or a pedagogical or practical one including insufficient infrastructure, the outcome is alarming. This sheds light on further layers of complexity to the discourse of language learning as a mode of integration.



## ***Multilevel Barriers to Integration***

Although an inclusive educational system can foster integration, Dei and Rummens (2016) further point to the discourse of identity, identification, and marginalization as integral elements of immigrant, refugee, and racialized youth's inclusion and exclusion. These individual and social identities impact youth's learning processes, ways in which they perceive themselves or are perceived by their teachers, educators and peers, as well as the ways they engage with the educational system and form knowledge. Shakaya et al. (2009) is equally concerned about refugee youth having to overcome the hurdle of fitting in and peer pressure. Language barriers along with social class and discrimination play a major role in peer relationship and a sense of belonging (Wilson-Forsberg, 2012).

In addition, other factors from employment, discrimination to the devaluation of credentials, deskilling, and volunteerism (Low & Ziramba, 2016; Teelucksingh & Galabuzi, 2007) confront refugee youth. Rossiter & Rossiter (2009) point to the fact that refugee youth are compelled to hold precarious employment in order to support themselves or contribute to the income of their families. Galabuzi (2006) has documented extensively the pattern of employment inequity and racialized income gap in Canada. He found that barriers to employment push marginalized members to a segregated housing market, which further lowers their social determinants of health and the overall quality of their life. According to the Organization for Economic Co-operation and Development (OECD, 2012), while Canada is ranked highly in terms of growth, it also has one of the worst reputations among developing nations for its widening income gap (World Bank Group, 2012). Refugee youth, in particular, live under the poverty line. The unemployment rate of youth, between the ages of 15 and 24, ranges from 13.5% to 14.5%, with Ontario standing at 17% (Geobey, 2013). In particular, due to systemic discrimination and racism, racialized youth have lower rates of labor market participation.

Although language classes can become a site for refugee youth to overcome their past trauma as well as barriers to integration through new opportunities, they are not always the solution. Potvin and Leclercq (2014) found that academic institutions, practices, policies, and rules can jeopardize the equity and success of youth and may fall short in meeting their psychological, pedagogical, socio-educational, and linguistic needs. This reminds us of the importance of teaching EAL to youth not solely in terms of language proficiency and accuracy, but in creating a space for healing and resiliency. On the positive side, learning English can bolster self-esteem through offering the experience of mastering something difficult and regaining control over multiple losses. Being in an English class has a mental health benefit in providing socialization, increasing social networks, and regaining a personal voice as active citizens. It is this aspect of English language learning that we are focusing on. In order for the English language class to be a space with mental health benefits for refugee youth, a rethinking of trauma and its relation to learning is required.

## ***Trauma and Learning***

Trauma is often understood within the criteria of PTSD (DSM-V, 2013); however, in working with refugees, community approach to trauma is found to be more effective (Mossallanejad, 2015; Payne, 2015). Although we cannot ignore the impact of trauma on health and memory, viewing refugee youth within the PTSD diagnostic model may also perpetuate a stereotypical perception of refugees as a “traumatized” population and undermine their resilience to learn.

## ***Post-traumatic Stress Disorder***

Most of the literature on refugees focuses on PTSD and its impact on learning (Payne, 2015). As such, trauma, rather than the continuum of violence, becomes the defining feature of the refugee experience, such as barriers to schooling and the integration implications of trauma (Mathews, 2008). Trauma, however, does not impact all youth in the same way. The level of vulnerability to trauma is tied to gender, class, age, religion, ethnicity, sexual orientation, political affiliation, and physical ability throughout the process of flight and resettlement (Payne, 2015). It also depends on the postmigration living conditions, support and social networking, access to inclusive education, and opportunities as discussed previously.

From the PTSD diagnostic perspective, trauma and the stress of adapting to a new culture can cause anxiety, low self-esteem, depression and grief over losses, which may adversely affect memory and one’s cognitive ability to learn English (Payne, 2015). Although we cannot ignore the impact of trauma on health and memory, viewing refugee youth within the PTSD diagnostic model may also perpetuate a stereotypical perception of refugees as a “traumatized” population and undermine their resilience to learn. Betancourt and Khan (2008) argue that focusing on trauma alone gives us a false perception about factors associated with resilient mental health outcomes. Veer (1999) explores the work of mental health professionals with communities affected by armed conflict, finding that “they do not seem too impressed by Western views on trauma counseling” (Veer, 1999 cited in Brough et al., 2003). This group of mental health professionals has focused on rebuilding their communities and mobilizing their resources, rather than focusing on individual treatment.

## ***Critical EAL: Transformation Inside and Outside of the Class***

The relationship between learning the English language, trauma, and resilience is complex. Knowledge about PTSD provides professionals and adult educators with the tools necessary to understand and make sense of certain reactions and behaviors

exhibited by students in the classroom and why some refugee students show interest in certain topics or are triggered by others (when asked about their childhood, family, etc.). Knowledge of PTSD and its impact on traumatized refugees also provides English instructors with pedagogical tools and material for curriculum and modes of teaching. Burstow (2003) argues, however, that by confining trauma within the limits of PTSD symptoms as a form of “disorder,” we individualize trauma and dismiss human resilience in responding to adversity. As such, refugees are framed as an apolitical group in need of (western) altruism. We would therefore be ignoring the social relations that have led to the individual’s experience. Burstow (2003) further argues that by considering trauma as something that has happened in the “past,” we may ignore its occurrence in the present day. These direct and indirect forms of trauma impact learning (Zahraei, 2015).

The first to theorize the effects of violence on learning were educational practitioners who worked with literacy learners who were new arrivals in their host countries (Osborne, 2008). Jenny Horsman’s *Too Scared to Learn* (1999) is one of the most important works on the topic of violence and learning. Horsman points to the perils of individualizing violence and blaming survivors “for failing to cope with normal life.” (p. 55) By conceptualizing trauma without structural oppression, trauma is seen to be internal and its remedy contained within an individual’s capacity. In fact, as Horsman rightly asserts, this individualized model of trauma obscures “an issue which must be addressed by social change” (p. 42). Increasingly, refugees have initiated and participated en masse to mobilize for social and political change, and influenced policy reform. This activism directly stems from their experiences of injustice and inequities, and political participation can be an action that emerges from these experiences. By failing to see the social context of trauma, we are missing an important opportunity for social change, for it is within the realm of social change and struggle for social change that we can address the root causes of trauma. Wilbur (2015) states that “if we as instructors, do not look at the context from which our students come as well as their current situations, we perpetuate the social injustices that may have caused the trauma in the first place” (p. 40). Thus, a necessary first step for transformation (both inside and outside of the EAL classroom) is to rethink and reconceptualize trauma. As thought and action are dialectically related, the action or teaching and learning founded on a social relations conceptualization of trauma will also change. The action that may result from this understanding of trauma can potentially be revolutionary as opposed to reproductive (Allman, 1999). Paula Allman distinguishes revolutionary praxis from reproductive/limited praxis (1999, 2007). Reproductive/limited praxis serves to reproduce the world as it is. It emerges from a mode of thinking that is partial and fragmented; in this case an individualized view of trauma. Once we have grasped reality as such, our actions too become fragmented and partial, or as Allman calls, reproductive. However, we are not helpless; we are resilient beings. We can uncover the social relations that have led to experience. This opens up the possibility for revolutionary praxis (Allman, 1999, 2007); that is critical, relational reflection from which action for transformation emerges.

It is very important for English instructors to have knowledge about ways in which trauma will interfere with learning and the learning environment, and many do. In fact, there are courses within TESL degree programs and sessions within short-term intensive TESL certificates allotted to the social context of language learning. *Innovations in English Language Teaching for Migrants and Refugees* (Mallows, 2012) is one example of a collection of inventive EAL educators' creativity. Moreover, *Beyond Trauma: Language learning strategies for new Canadians living with trauma* (Jeffries & Wilbur, 2016) is a useful resource that provides approaches, strategies, and language goals. This resource provides teacher's guide as well as classroom material to support those working with EAL learners who have experienced trauma. Anea Wilbur's (2015) work on the experience of LINC instructors as they work with learners who have experienced trauma provides a comprehensive background on the connection between language learning and trauma.

Wilbur urges us to move away from the individualized or medical model of trauma and pay closer attention to social structures and histories. Individualized trauma is what Martin Baro (1994) calls "a limited conception of human beings" and "such a conception of existence denies their existence as historical beings whose life is developed and fulfilled in a complex web of social relations" (p. 109). To ignore this history, or worse to silence it for the purpose of language education and Canadianization, language education becomes another tool within the social reproduction of oppression; what was earlier called reproductive/limited praxis. By situating trauma within its social relations, our pedagogical choices too will change. We will move from practical changes such as leaving the classroom door open, room set up, gathering learner input for classroom space to creating a learning environment that fosters resilience. In a qualitative research, the second author of this article (Biazar, 2015) found that some refugees who are present in EAL classes have fled repressive regimes as a result of their activism. These activist refugees bring with them a wealth of political knowledge, which has at times gone unnoticed. And these examples show the attention currently being paid to refugees and trauma; however, there is more, much more that can be done.

Biazar has developed the Dialectical Method of teaching English language. At the core of this method is a mode of thinking and analysis about social issues, which drives language learning. Rather than focusing on transferring content or grammar rules and linguistic structures, with this method, educators facilitate a historical, relational, and visionary mode of thinking. Learners are guided to explore social issues with a mode of questioning aimed at finding the historical origins of the issue, exposing the seemingly unrelated phenomena causing and caused by the issue, as well as exploring action for changing the issue. Avenues for taking action for self-transformation, realization, and social transformation are embedded in learners' exploration. While learners are exploring the social world to find information to help them grasp the social issue, they are also encouraged to look within by creating simple works of art and taking part in popular drama activities. Students present their findings and their artistic creations to the class and their academic institution several times throughout the session. Most importantly, every presentation and all

lessons include searching for opportunities for change, exploring what organizations already exist that are doing work on this issue, and how one can get involved with them. This method is aimed at guiding learners to move from analysis to action, thus from being objects to being subjects of their own destiny. What can be more resilient?

## Discussion

### *Resilience and ESL Education*

A small but spirited group of education theorists are committed to building resilience within the EAL classroom and have made pedagogical choices that reflect this. According to Gharoie Ahangar (2010), the concept of resiliency is particularly relevant when discussing an individual's ability to successfully adapt during the process of disengaging from one home and re-engaging with new surroundings, despite risks and adversities. Khanlou and Wray (2014) defines resilience as the ability to overcome social circumstances and traumatic life events. Resilience is a continued process that can transform adversity into positive adaptation with a "whole community approach," and a host of protective factors (Khanlou & Wray, 2014). Thus, the EAL class is not the only space where refugee youth are to be reconnected with their resilience. This space does not exist in isolation, we need a systemic, "whole community approach" to resilience. The EAL class can be one space where refugee youth can resist and thrive. Khanlou and Pilkington (2015) see resistance and resilience as interconnected. In order to survive, one must resist, and in order to thrive, one must be resilient.

### *Resilience Through Arts*

Visual art is used as a means of communication, whether as an expression of emotion, idea, connection to a particular community, or rejection of ideology and imposed political and social policies. In its modernity, art as entertainment or as a field of inquiry, as well as its purposes, have evolved. Art serves multifaceted uses from reinforcing the neoliberal agenda and capitalist system to mobilizing for social change *against* such a system. This has subsequently impacted modes of education and freedom of experiential learning, including art-informed practices as pedagogy by honoring narratives, healing from the trauma of marginalization, and mobilizing for sociopolitical change. The value of art-informed education cannot be established in a vacuum; it requires critical analysis of power in a classroom setting in relation to structural violence. Art therefore is not merely an expression but a counter-hegemonic tool to challenge power, oppression, and social injustice.

Using art as pedagogy demands transformation of the educational curriculum and classroom activities where students are considered experts of their lives and praxes, so that they place art at the center of their analysis in order to walk through the journey of learning, healing, and mobilizing for sociopolitical equity. The journey and skills acquired through this circulative process will equip students with the epistemological and practical knowledge required to learn a new language. In her Migration and Trauma course, Pashang (the first author), uses arts-informed methods such as painting, drawing, sculpture, drama, storytelling, dance, performance, and other artistic creations to teach theory, methodology, and praxis. To increase public consciousness and decontextualize the perceived portrait of the “traumatized refugee”, these students, many of them racialized and refugees themselves, host an annual event to show their resilience and agency through their arts and performances. Students then sell their art works to raise scholarship funds. Art therefore is used as a mode of collective resistance, and the artwork as a means of collective resilience, healing, and transformation. Art also depersonalizes trauma within the classroom setting, first to avoid re-traumatization, and second to prepare students for their role as Social Service Workers as they enter the workforce. Osborne (2008) uses learners’ own memoir and narrative as instructive text to facilitate English language learning and to mitigate the effects of trauma in women who have experienced violence in the form of torture and imprisonment. Cock and Dix (2012) use drama and arts to improve English language use of newly arrived refugee youth. Through a fictional persona in a fictional world, this creative framework allows refugee youth to explore sensitive issues ensuring that the creative world keeps the material at a safe distance. The *Reflect* method involves discussion of a key issue in the learners’ lives, generating vocabulary that is relevant and practical. Then role-play is introduced to give learners the opportunity to rehearse real situations. Upon discussion, reflection, and analysis of each issue, learners identify courses of action and decide what they can do as a group or individually to improve their situation. Participatory and dialogic approaches have yielded very creative and interesting activities. Frye (1999) and Rivera (1999) explore ESL programs that use collaborative research projects on local issues to raise awareness as well as be used as language learning practice. Ullman (1999) traces the development of an ESL curriculum in which learners and teachers create a textbook on immigrant rights. In the process, learners’ deep understanding of issues as well as language learning occurs. Dei and Rummerns (2016) argues for *Trialectic Space* to create dialogue with an epistemic community where learners are encouraged to openly utilize the body, mind, and spirit/soul interface in critical dialogues about their existence. This space, according to the author, is centered on the teaching of hope, healing, transforming, and belonging. Furthermore, Brutt-Griffler and Samimy (1999) use diary writing to encourage learners to reflect on their histories and social locations as non-native speakers. Other innovative methods are reading circles, class blogs, college clubs, and language buddies.

As evident, the pedagogical concern for these ESL educators is learning the art of working with learners. The educator therefore needs to create a stimulating environment to allow students’ creativities to evolve. There are enough tools at our

disposal to create a framework with guiding principles for facilitating language learning while empowering learners to live in the present as resilient citizens. That is the same resilience that allowed them to overcome the arduous path of migration and that can help them to succeed in the present.

## Implications

The crisis within Syria and the plight of Syrian refugees has brought renewed interest into the exploration of refugees' needs, namely, language learning. For instance, the *TESL Canada Journal's* special issue of 2016 is for the first time based on the topic of language learning and refugees. However, this population has always been present in our classes. Refugees, immigrants, visitors, international students have been grouped together as "newcomers." This does not address the unique needs of each of these groups, especially refugees. We close this chapter by making three recommendations for change in the field of English language education in order to be more sensitive to the needs of refugee students. Our three recommendations are not distinct from one another; they are changes in the areas of teacher training, language acquisition research, and English language curriculum design. It is by focusing on these three core areas of the field of English language education that we hope a shift in the field can be made. The changes that we propose go beyond exposing the refugee population to ELT. What we propose is that the refugee population enters the field of EAL research and practice in a way that transforms the field.

Our first recommendation is for language education professionals to continue engaging in the field of migration and mental health in addition to their training to teach English through professional development opportunities. Therefore, a direct implication of our work is to impact teacher education by situating trauma, mental health, and resilience at the center of English language education. As discussed in this chapter, refugee youth's ability to learn English language is impacted by structural violence during their premigration process, as well as continuum of violence, as they strive to integrate into the host country. If teachers do not have the training to deal with the fall out of pre- and postmigration trauma, they may be at a loss when a student shares a story of past violence. Learners too are at times perplexed when teachers silence them when they want to talk about their past (Biazar, 2015). The language teacher training, which we recommend and envision, equips teachers with the knowledge of structural violence and the social relations of trauma and their impact on language learning. This is not meant as a mere add-on, meaning a course within a degree, but a holistic change that places mental health at the center of EAL research and teaching. This flexibility is already being administered in several programs. We believe that when the focus of language learning incorporates mental health, teachers will have the tools to create learning environments that foster resilience.

Our second recommendation is in the area of research. Currently, much of the research in the field of ELT has ignored the important area of mental health. Many

of the claims are founded mainly on research of privileged learners. Lourdes Ortega (2005) made this an ethical issue when she stated, “Why are certain populations prominent in our research while others are invisible?” (p. 433). Therefore, we recommend that research in the field of second language acquisition take on a multidisciplinary approach, a paradigm shift, a movement that broadens the scope of research beyond linguistics and cognitive psychology to areas that engage with mental health for the purpose of resilience and empowerment. Thus, we recommend further research into the experience of refugee students as they approach academic institutions and take part in EAL classes. We also need research into factors that refugee students perceive to enhance resilience. In this regard, we can explore various institutions that are already doing the important work of providing language instruction for refugees. Further research can be done on resilience as it relates to language learning. Environments that foster resilience can be explored as sites of healing, with language learning as a by-product.

Our third recommendation is in the area of curriculum development. As previously mentioned, there are activities through which learners depersonalize past events in theatrical production. There are projects allowing learners to explore global events and place themselves within them in order to better understand their present location. Arts-informed learning provides a channel where learners create, learn, and heal. However, there are few textbooks and classroom material readily at the disposal of teachers, which are based on arts-informed methods. We recommend textbooks written by multidisciplinary experts of language acquisition and mental health for the purpose of resilience and empowerment. The classroom environment for refugee youth requires creative activities to provide a safe, healing space for learners. Activities and content need to be relevant to this population’s experience and needs. We need reading material that resonates with the experience of refugees. There is particularly a great need for such material at the beginner level of language acquisition.

## Respondent

Zana Kaya  
Canada

Hello, I am currently a first-year student! When I recall my past experiences as a sponsored immigrant, I remember my mother repeatedly telling me about the good future that was waiting for my brother and myself. I remember the day we arrived in Canada like yesterday, and I am grateful to the old lady in the airplane who taught me my first English word, which was “no”. My father was the first of my family to settle in Canada. After he received his Permanent Residence, he was eligible to sponsor his wife and two eager kids who were dying to see him and this brilliant country. In 2005, we arrived in Canada safely. I mistook my father for one of my uncles because I was very young at that time and had never seen him. We ended the



night with a delicious meal from McDonalds. By the second week in Canada, my dad had already begun registering us for elementary school and purchasing our school needs. I remember my first time seeing such beautiful printed school supplies, things that I had never seen before in my life! I enjoyed every bright colored item that stood out without knowing what it was used for. Everything in Canada was new to me; the weather, the language, the different and beautiful unique people, and the delicious foods. I fell in love with this country at first glance.

My worst days as a new immigrant in Canada began in the fifth grade. My English was very weak, I couldn't develop any friendships, I couldn't understand anyone, and I couldn't go into an ordinary classroom along with other students. I was put into an ESL classroom, which consisted of four other students who just like me had no English experience. I was often bullied by other students who had the privilege of speaking exceptional English. I felt like an outcast and unwelcome to the school. By grade 7, my ESL teachers labeled me, a student with a learning disability. This was perhaps because of my challenge in understanding and speaking essential English.

My parents tried to be very supportive of me, sending me to an after-school ESL program in my community so that my English writing and speaking skills would improve. What amazed me about this ESL program was that the teachers were very supportive when I felt stressed or confused. They supported me with their friendly and encouraging words. To make them feel very proud of me, I began purchasing books from The Dollar Store, and watched a very interesting kid's cartoon show in English every morning and night. Although, my elementary school's ESL classroom helped me in reading, writing, grammar and spelling, I recommend such a brilliant after-school community center to every newcomer.

Where I came from, my freedom of expressing my language and culture was and still is oppressed and marginalized. People of my minority had the choice of either conforming to the policies of the state against our minority or rejecting it. Rejecting it meant being involved in a revolution, which leads to violence, deaths, arrests, and war. To escape both sides, my parents did what was best for us, and with all their hard work they managed to bring us to the safe land, away from violence and war. We, as a community, are very advantaged because we can come together to reflect on our history, our culture, and our language, and to remember the discrimination against us. Whereas, in the country I come from, I wouldn't have such freedom of expression.

There are many reasons why I enjoy taking part in our cultural community center because not only do they keep our culture active, but they also work to advocate for newcomers by providing them with English learning classes! I experienced many positive benefits of becoming a part of this community. I became less antisocial, and less depressed. Every morning, when I walked to my school, it would feel like going to prison and another day of humiliation, but at this center there were people who understood me. I didn't struggle as much in high school because I was removed from IEP and ESL. Now I could be a part of a big classroom, which made me feel very nervous at first because I was afraid that I would end up humiliating myself in front of other students! I began to effectively communicate with other students and

developed many friendships. At times, I think about my friends and my childhood memories that I left behind, and it makes me feel like a stranger in this country. I couldn't make friends, and I couldn't communicate with others when I needed something.

One thing I love doing in Canada is drawing and painting. I draw memories of my friends back home. I draw my memories of bomb explosion and of the beautiful flowers that grew around my handmade mud house. When I remember those days, I smile and cry. In my small village, I knew every family and I greeted anyone walking down the street with a "Hello", but in Canada I learned that people were different and they don't hold this value. I feel that it was not easy for my parents to go through a change like this and it wasn't easy for us either. But I put their hard work and determination in my mind, remembering that what they're doing now is for us to have a better education and better opportunities in life.

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# Hip Hop and NGOs: Rwandan Youth Building Sites of Resilience and Resistance



Anna Ainsworth and Innocent Katabazi

## Introduction

Based upon my primary fieldwork conducted between 2011 and 2015 among those who identify as part of the Rwandan diaspora in the Greater Toronto Area (GTA), this chapter investigates the ways in which Rwandan youth in the GTA must contend with both the tyranny of trauma and find belonging in a larger society that subjects them to racialization. Despite the multiple burdens that they face, many have found ways to build purposeful lives. Their coping strategies range from learning to speak of the trauma and the memories that continue to haunt them, to joining a Rwandan youth group and creating a community, to post-migration appropriating African American cultural codes, such as hip-hop, in an effort to engage in a space of resistance, and to establishing aid organizations to send help to those living in Rwanda. These strategies are individual attempts to piece together a fractured past and to build a meaningful future. This chapter tracks the strategies that these youth have adopted and proposes that thriving after trauma requires new understandings of self and one's community.

This chapter reports the findings from a larger study of Rwandans in the GTA, who were studied through in-depth qualitative interviews, observation, and analysis of textual and visual sources, which was conducted under the supervision of York University's Research Ethics Board. I conducted in-depth interviews with 31 individuals who identified as Rwandan and lived in the GTA and in some cases, the nearby city of Hamilton, though the majority lived in Toronto, Scarborough, Mississauga, Etobicoke, and North York. I recruited my participants primarily

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through the snowball technique, including through recommendations from leaders of the organizations that spoke on behalf of the supposed community. I sought to find a representative sample, but primarily those who identified as Tutsi were willing to be interviewed. From those who chose to speak to me, I sought to find as balanced a sample as I could, seeking out equal numbers of men and women, and speaking to young, middle aged, and the elderly individuals. The findings articulated in this chapter are drawn from the discussions with youth.

As a young white woman of Polish ethnicity, but now carrying an Anglo name, I was cognizant of my white privilege and anticipated that I might have a hard time gaining the trust of the community. However, I learned that my gender, my youthful appearance, and my migrant status worked in my favor to make me appear sympathetic and nonthreatening. Of course, the former two factors were also obstacles in particular moments, as people often perceived me to be much younger than I was and therefore less deserving of notice and respect. During community events, I was hypervisible as one of very few White people in a space dominated by people who were racialized as black. Yet, I realized that unlike those whom I was getting to know, my visibility did not occasion hostility; rather, I was noticed, but welcomed. Rwandans usually made an effort to smile at me and extend a welcome to me. Nonetheless, I was aware that my facial expressions and gestures would be noticed and remarked, because I was visibly different. The other non-black people at the events, there in a variety of roles—journalists, partners, friends—perhaps unconsciously, sought me out in the crowd and made eye contact. We never spoke to one another, as we were all there with our Rwandan friends and contacts, yet that eye contact was involuntary. It seemed that we needed that symbolic connection to counter the discomfort of becoming visible in a world that had, wrongly and unjustly, belonged to us by virtue of our whiteness. In those moments, I was given a glimpse of simultaneous belonging and non-belonging, the central dynamic of this study.

All names are pseudonyms and when there is a risk of identification by linking a pseudonym with, for example, a profession, the individual will be referred to as participant, not by her pseudonym. In some cases, I have intentionally withheld information, as, for instance, the names of nongovernmental organizations within the community, to protect identities. Though most of those with whom I spoke had not participated in research before, there was a general sense of mistrust and caution about academic research and, probably, about a white researcher in particular. This wary attitude is not surprising, given the history of genocide and the role that pseudo-academic theories played in its justification (Malkki, 1995; Mamdani, 2001; Prunier, 1995). Indeed, the fact that my participants were willing to trust me at all is surprising and deserves recognition.

The interviews averaged 1.5 hour in length, with some as long as 5 hour, and though there were open-ended questions on particular topics—on memories of and connections to Rwanda, life in Canada, the community here, and self-identification—often the discussion would range into topics that the participants wished to discuss. In order to mitigate, as best as I can, the unavoidable tendency in academic discourse for the author to speak for someone, especially as a White women studying

a racialized community, I have made an effort to “speak *with*, or *beside*, rather than *for*” those who shared their stories with me (Creese, 2011, p. 15). This means that, while I was attuned to themes that were specific to the dynamics that I was interested in, I also listened to what my participants emphasized and highlighted, and sought to replicate their emphasis.

## Main Argument

Rwandan youth carry the burden of the genocide as they suffer from individual and cultural trauma among their family, and in gatherings of their community. The weight of these traumas echoes through their lives; nonetheless, those who participated in this research have found paths to resilience. Survivors may never fully leave behind the shadows as the genocide continues to live within them, but they refuse to submit to its tyranny and get up every day, move forward, and in so many cases, reach out to others and build community. Those who were born outside of Rwanda or after the genocide are also haunted by it as they confront intergenerational trauma and larger cultural trauma.

The Rwandan genocide has become a cultural trauma for Rwandans. According to Alexander, “cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (Alexander, 2004, p. 1) This means that in thinking themselves Rwandan, members of this group daily contend with death as it is constitutive of the very category of Rwandan, and thus becomes part of the everyday. In seeing themselves as Rwandan, Rwandans in the diaspora invoke the temporal space of the genocide in order to make sense of the present. There is no Rwandan, Tutsi, or Hutu identity without the violence.

Cultural trauma differs from individual trauma in the scope of its impact and in the manner in which it violates individuals and, most significantly, groups. Erikson explains that individual trauma is a “blow to the psyche that breaks through one’s defenses so suddenly and with such brutal force that one cannot react to it effectively,” and this form of trauma reverberates through the community. Erikson clarifies that collective trauma is an injury to the bonds that tie people together and it culminates in the realization that the “community no longer exists as an effective source of support” (Erikson as cited in Alexander, 2004, p. 4). The Rwandan genocide was an individual trauma because it shattered people’s sense of self, and a cultural trauma because it also shattered their place in the world. At the end of this study in mid-2015, 21 years after the genocide, many of those who survived the genocide and were participants in this study were still so deeply traumatized by the violence that they could not speak of it and lived cautious, closed-off, fearful lives. Those who had found their way to speaking of the trauma expressed that they coped better with it than others, but they too displayed and cited the continuing impact of the trauma upon their lives (Hynie et al., 2015). Many spoke of lapsing



into a deep depression during the month of April, and others said that they avoided commemorations for fear of resurrecting the pain. Their individual worlds were driven by the violence and it may take generations for this memory to cease having such destructive power.

In contemporary Rwanda, silence, especially about the violence, serves both to protect the survivors, and is understood to be appropriate behavior. As Burnet explains:

Silence was a culturally appropriate coping mechanism for managing their violent memories. Rwandan children are taught that crying (or even complaining) to strangers is futile because only the family members can understand and be truly sympathetic to a child's suffering (Mironko and Cook 1996). Thus, sharing their painful memories, especially memories that could provoke them to cry, with a relative newcomer in their lives was not a culturally appropriate form of expression. (Burnet, 2012, p. 116)

To share memories of the violence with others, especially those who are not close family members, is perceived as gauche and poorly received. The survivor who needs to express these memories in order to quell the pressure, is punished for this need, further silencing the person. Burnet, who conducted continuing fieldwork in Rwanda from 1997 to 2011, found that "few survivors were willing (or able) to recount their stories as detailed narratives" (Burnet, 2012, p. 79). Though, as Burnet explains and I also observed during interviews, the trauma is expressed in many nonverbal ways, such as symptoms of illness, shaking hands, tears, a catch in the voice, and avoidance of eye contact, among many others.

Even as Rwandans in the GTA contended with cultural and individual trauma, they were racialized as black and subject to exclusion and, at times, overt discrimination in their communities in the GTA. Multiculturalism, the policy and ideology in which they placed their hopes for belonging, posited them as outside the imagination of the Canadian nation as, to paraphrase Rinaldo Walcott, to be black in Canada is to be aware of one's simultaneous belonging and non-belonging (2003, p. 50). To identify as Rwandan in the GTA is to be racialized as black in a dominant white society. Racialization refers "to the process, and the structures that accompany such a process, that produce and construct the meaning of race" (Agnew, 2009, p. 8). It classifies and marginalizes individual people, but also refers to "specific traits and attributes as, for example, accent, diet, name, beliefs and practices, and places of origin," which are interpreted as "abnormal and of less worth" than the dominant culture (Agnew, 2009, p. 8). As Philomena Essed has argued, racialization (though she uses the term racism) "is routinely created and reinforced through everyday practices" (1991, p. 2). This process plays out in institutionalized practices, like a segregated labor market, underrepresentation in political institutions, and a lack of recognition of the contributions of minority groups in the national history, as well as on an individual level, when in day to day interactions individuals remind the person who is racialized that she is presumed to be in some way inferior. Racialization is the process whereby people's bodies are inscribed with meaning and consequently placed hierarchically (Johnson & Enomoto, 2007; Murji & Solomos, 2005; Teelucksingh, 2006).

Thus, when we hear an individual account of someone being called by a racial epithet, it is an example of racialization/racism because it is part of a larger system of inequitable access to social resources and is an example of one group enacting power over another, played out in one symbolic interaction. Everyday racialization/racism is “the integration of racism into everyday situations through practices (cognitive and behavioural) that activate underlying power relations,” and through these practices, racism becomes “part of the expected, of the unquestionable, and of what is seen as normal by the dominant group” (Essed, 1991, p. 50). The other side of racism, often obscured, is the privilege that the dominant group exercises precisely because it is able to dominate other groups. Thus, in Canada, whiteness has been and continues to be read as normative and those who are racialized as white are granted privilege, such as being born to belonging and never having one’s right to that belonging questioned. It also manifests as a greater access to institutionalized privilege in domains such as education, the labor market, political office, and seats of financial power (Nelson & Nelson, 2004; Wise, 2011). Those who are racialized as other than white are subject to scrutiny, surveillance, over-attention, avoidance, marginalization, and neglect.

Those who identify as Rwandans are racialized as black, which, in the GTA, carries specific assumptions of criminality, immorality, vulgarity, loudness, and visibility (Henry, 1994). They are also racialized as black African, which is associated with primitivism, violence, tribalism, and a general backwardness (Mudimbe, 1988). These cognitive frames preexisted the Rwandan community in the GTA, yet those who were part of this community found themselves read, measured and, often, found lacking, according to those yardsticks. Young Rwandan men and women, though subject to the same ideas about who they were based on how they looked, experienced racialization in specifically gendered and age-specific ways. Young men discussed being perceived to be “black youth” and thus subject to police surveillance, and overt and coercive performances of authority from figures of authority, like school principals. Unlike their partners, brothers, and sons, women were less likely to be assumed to be criminal, but they faced sexualization, surveillance, oversight, and disregard. Women discussed being ignored in classrooms, being overlooked for placement or promotions in workplaces, and having their sexuality surveilled, commented upon and judged.

Nonetheless, Rwandan youth in the GTA have found constructive ways to cope with their double burden of trauma and racialization, as they build new communities, connect with one another, and engage their legacy of loss. Patrice, a young Rwandan man who was a survivor of the genocide, explained the subtle and persistent ways that trauma shaped the survivors’ social paradigm, even in the diaspora:

If you go to a party, you heard that someone is from there and there, you don’t want to see that person. Cause there might be more background and maybe someone from their family did something ... You see that person, and things messed up, because again you link and you don’t enjoy the party, you may even leave early because you don’t want to have to talk to them, or share anything with them, you know? ... Of course, because who they are, that person never did anything, a family member, someone in his family, but he’s not, he’s linked to that and you have a bad perception of that ... You never tell nobody, I saw that person in

the room and I had to leave. And that's when that person is organizing another party—"who's coming?" "Who's going to be there? Okay, I'll let you know after".

Patrice's point here is that there was no escape from the time of violence. Among the community, because it was so small, there were inevitably going to be people who were connected to others who may have contributed to a survivor's trauma; thus the survivor learned to cope by being increasingly cautious about social interactions and screening who would be present at social events. To fail to do so was to risk sleepless nights followed by stressful, anxious days, without respite, as the trauma would rear up in the midst of daily life.

Even as the survivor seeks to build or sustain a community, the threat of re-traumatization lingers and determines the array of available choices. The cultural norm of silence, learned in Rwanda long before the genocide, still conditioned many people's ability to come to terms with their trauma. Patrice was very forthright with me, but explained that he would be unable to talk to another community member about coping with trauma because in Rwandese culture "we do not really talk about personal things." Interestingly, the very fact that I was an outsider allowed him to discuss his anxiety and depression with me, yet he found himself unable to do the same within the community. Thus, the silence was a loud silence, broken by moments of revelation. Those who chose to break the silence and speak to me about their memories and the ways in which the time of violence continued to mark their days, did so with difficulty. They clearly wanted to express and verbalize what living with this kind of trauma meant, day to day, yet, they were visibly stressed while doing so. The physical manifestations of breaking that silence were shaking hands, tears just held back, a cracked or lowered voice, and long pauses. Despite the visible distress, Patrice, and many others who spoke of the silences, expressed a desire for the community to break through these boundaries and learn to speak of the trauma, because the silence was too costly. Too many survivors were struggling alone, and, because of the risks associated with interacting with the community, they were unable to reach out. So they boarded themselves up and locked their doors.

Even as Patrice struggled to function through his trauma, he also faced the burden of being overtly racialized in his new homeland. Like so many others, he experienced both subtle and overt racialization, and, also like many others, he internalized it and assumed that if he could avoid presenting himself in particular ways, he would be spared the disciplinary gaze. The internalization of racism is a fairly common response among young black men who face daily discrimination, but it comes with a great cost as it negatively affects physical and psychological well-being (Pierre & Mahalik, 2005). Patrice expressed internalized racism in discussing the ubiquitous hoodie, which is a piece of clothing that is twinned in racist mythology with criminal and deviant black bodies. His interpretation of this piece of clothing is very revealing:

And also, you know how they say a black guy wearing a hoodie is bad? I mean is it wearing the hoodie, or the way you behaving yourself wearing that hoodie? [... ] I wear a hoodie every day and I don't feel rejected. But a brother of mine who's wearing a hoodie behaved differently, being rejected. Maybe he didn't wanna come in a Starbucks like this wearing a hoodie, cause he felt like he would be rejected or labeled, being from a gang member, or

something like that. [Laughs] I don't care! I know who I am, I know what I do and who I am, so I'm going to wear it because it's cold. Cause I don't wanna bring like a big jacket, so, I think it's about self and how you understand it. And that's when you end up being rejected, by taking yourself out of the world because of the way you see it (Patrice).

Patrice clearly had been exposed to the racist mythology as he was well aware that "they say a black guy wearing a hoodie is bad," yet, rather than interrogate who "they" are, and what the consequences of this narrative are, he framed the matter as a personal choice as "it's about self and how you understand it. And that's when you end up being rejected, by taking yourself out of the world because of the way you see it." This individualization of a racist mythology that pathologizes black male bodies is a defense mechanism as it allows Patrice to perceive that he has agency and he can avoid being racialized. Yet, its final consequence is to submit to the racialization by taking on the injury and internalizing it; thus, if Patrice, acting as he does, is then rejected or marginalized, he cannot point to a system of structural racism and can only look inward and blame himself for this imagined failure.

Another defensive move practiced by young Rwandan Black men is to assimilate/appropriate the cultural codes of African American youth, in particular hip-hop culture, and therefore to join a collectivity that has made a space of resistance to normative mythologies (though, admittedly, this space has been appropriated and colonized by dominant discourses). As Ibrahim argues, "once in North America, continental African youth enter a social imaginary: a discursive or symbolic space in which they are already constructed, imagined, and positioned, and thus treated by the hegemonic discourses and dominant groups, respectively, as Blacks." (2004, p. 278) Their appropriation of hip-hop culture is an "articulation of the youth desire to belong to a location, a politics, a memory, a history, and hence, a representation." (Ibrahim, 2004, p. 280) In Ibrahim's research, his young subjects analyzed their own relationship to hip-hop culture as "a search for identification [...] for someone who reflects you, with whom you have something in common." (2004, p. 287) Francesca D'Amico proposes that black Canadians have appropriated American rap/hip-hop cultural codes and applied them to a Canadian context of exclusion and invisibility, as an active strategy of creating a place in the nation (2015).

This pattern of consciously seeking out hip-hop culture as an alternative to dominant discourses was also evident among the young Rwandan men I encountered, though not all chose to seek belonging by identifying with this subculture. Mathieu recalled that during his adolescent years:

I was heavily influenced by hip hop culture, so I mean that's also another thing that I was really connected with fellow black students. So I know, a lot of times, the way I would dress, the way I spoke, when we were together, we went around together, and a lot of times there was somewhat of a negative perception by authorities, not so much peers our age, or even our parents, more so authorities. I remember getting questioned a few times by police, never for really doing anything. I'm not even going to say that each case was racial profiling, because that would be unfair, but there is, there was scenarios, that I did, you know we were questioned. And I'm not surprised because we were in a large group, and you know, whether it be late at night, or whatever, that was kind of a perception, we did feel, especially from authority figures (Mathieu).

Mathieu's recollection is interesting for two reasons: firstly, he is cognizant of his choice to join/appropriate this subculture and its linguistic/stylistic modes as a means of connecting with other black youth; secondly, he acknowledges that there was greater scrutiny upon him as a black man, but he attributes this to the supposed negative perception of hip-hop culture. His self-aware choice to participate in this subculture demonstrates the degree to which young men consciously negotiate discursive framings of themselves as black men and actively seek to mediate spaces of community and belonging to counter their racialization. Yet, even as Mathieu sought to resist these framings, the disciplinary gaze of police and other authority figures reinforced the racialization of young black men as criminal to the point that Mathieu, in recalling this phase, expressed that "I'm not going to say that each case was racial profiling because that would be unfair," and that he was not surprised "because we were in a large group." This statement is interesting because it reveals both a recognition that the moment could be read as racial profiling, but he is choosing *not* to read it so, and suggesting that *because* they were in a large group, the questioning may have been justified. He is slipping between resistance to racialization and internalization of racialization, never fully comfortable on either ground. Indeed, his further statement that "there was a few instances [...] in my primary years, a few times in my secondary years, not a lot, but the majority of the times I was quiet, I never had any issues with police, never anything like that, or, umm, but like I said, there was a few times the perception from authority figures, as well as other students who unfortunately were a bit ignorant [called him the "n" word]" (Mathieu), reveals that he avoided further disciplining because *he* was quiet. Again, the agency is flipped and the assumption that if he stays quiet, he will not face trouble, fails to recognize the additional burden placed upon him because he is a young black man and must therefore strive to avoid the disciplinary gaze as it is always watching. Further, Mathieu excuses his classmates for using the most obliterating racial epithet in North American dialect on the grounds of ignorance. Yet, by definition, one uses such an epithet correctly because one knows whom to call the "n" word—its very usage is an example of knowledge of racist mythologies, not ignorance. But Mathieu, like Patrice, needs to sustain the idea that racism is an anomaly, an aberration, in order to be able to create a space of belonging.

Rwandan women also had to contend with day to day racialization as their bodies were daily misread as black women's bodies and thus cruelly adorned with either neglect or dismissal, or sexualized and subjected to blunt surveillance. A common refrain that emerged from a number of participants was that in day to day interactions they were silenced, neglected and made invisible, while simultaneously becoming visible against a backdrop of whiteness. Marie, a young woman, experienced this dynamic when she attended a postsecondary institution. She recalled that she was the only black student in the class, thus making her hypervisible; yet, as she was made visible, her presence was simultaneously erased because she was silenced. She recalled an incident when, in a group activity:

Marie: they asked for ideas to bring and I had an idea from my own book, from group discussion and I brought an idea, an idea forward. And there were like 5 students. And I strongly believe that my idea was right, but one of the kids, you know, the young kids,

didn't seem to believe me, you know? They believed the other, the guy's, idea, and I knew it was wrong, which it turned out to be wrong.

Interviewer: Right, because he was a young man...

Marie: [chuckles] male, white....so he has the right answer.

Interviewer: right, and you as a black woman...?

Marie: I have the wrong answer.

Marie further explained that she often felt that professors were less likely to call on her to answer a question than on her classmates, especially if the classmate was a white male. It is worth noting that young women who had grown up in the GTA and thus had a regional accent perceived that they did not face this kind of racism.

The visibility that black women are ascribed differs from the visibility of black men because black men are pathologized as criminals, while black women are deemed to be sexually immoral. In the GTA, the largest group of those racialized as black is of the Caribbean descent and many participants in the study indicated that they were often presumed to be Caribbean, which they often found troubling as this assumption carried moral weight. Caribbean women are likely to be single mothers in a continuation of familial patterns after migration and, in the new economic reality, they are often subsequently economically marginalized because of the lack of two breadwinners. This familial pattern, the consequence of colonialism, migration, and economic inequality, is read as "pathological or deviant by professionals who interact with Blacks." (Henry, 1994, p. 99) This interpretation shapes the discursive framing of black Caribbean women as immoral, especially if they are single mothers. Rwandan women, like many black women in the GTA (see Henry, 1994), are often assumed to be Caribbean and thus judged as morally inferior to the dominant white society, my participants told me. Marie, as a single divorced mother, found herself interpreted and assessed by her work colleagues as such:

Marie: Here there is also the stigma of uhh, you know, your race, your income is low, low-income, poverty...

Interviewer: Especially as a woman?

Marie: Yeah, poverty, and a woman of colour, you know, you like to have children, is the assumption.

Interviewer: I see, so it is the presumption that you are not as moral as others, because you are black?

Marie: Exactly! [very emphatic]

Interviewer: Where do you encounter this?

Marie: You know, at work, colleagues, you know?

Interviewer: How do you know that that's what they are thinking? How do they show you that that's what they are thinking?

Marie: They made comments. Oh they'll say, 'oh, aren't you having another child? I thought you guys liked to have many children' you know?

Interviewer: That's pretty clear that that's what they presume.

Marie: [laughs] You know? They don't look at the individual person!

"You guys," used by Marie's colleagues, here means Caribbean black women and becomes a code word signifying a foreign, different, and marginal presence within the dominant society. It implies that those who are thus labeled, behave and think differently—they are not "we" or "us" but "you guys"—distant cognitively and emotionally, and, by implication, inferior, in this case, in normative morality.

## Discussion

As Rwandan youth face both trauma and racialization, many have sought to build community with one another. Thus, one of the coping strategies employed by Rwandan youth in the GTA has been to establish links with one another, through the Canadian Association of Rwandan Youth (CARY). This organization, though it had emerged as part of the Rwandan state's efforts to constitute a diaspora, has become a space where young people navigate their own sense of themselves as Rwandans. There were three regional chapters as of June 2013: one in Montreal, one in Ottawa, and one in Toronto. The inspiration for CARY began at a series of summer camps hosted in Ottawa by the Rwandan High Commission with the intent to connect young people to their ostensible culture and to each other. In this instance, the Rwandan state was explicitly and very intentionally training young people in a national cosmology. Yet, those who were drawn to CARY were motivated by their own needs and desires, and, in particular, their desire to make sense of their inheritance of loss.

Yet, young people who had migrated recently expressed that they intentionally sought out ethnic and national diversity in their social group because experiencing ethnic diversity was one of the benefits of living in Canada. Thus, individuals like Patrice rarely joined organizations like CARY because, as he explained, he did not move to Canada to only associate with other Rwandans. Ironically, the youth who grew up or were born in Canada, lamented that those who had recently migrated were unwilling to join CARY with them. So, the membership of CARY was largely made up of those who did not have a living memory of Rwanda, yet had grown up haunted by the ghosts of the recent past. Their knowledge of their Rwandaness came from stories that they had been told, or through a few visits (most families were unable to visit regularly as airfare was very expensive, but nearly all had gone back at least once). Their understanding of the place that many imagined to be a homeland was mediated through the memories and understandings of their parents. These served to create a longing and desire for the homeland and concurrently created an emotional and intellectual distance from the object of desire. In seeking out other Rwandan youth, they were seeking to fulfill a desire for belonging and to make sense of their inheritance of loss.

This desire to make sense of the inherited history was evident in the gala held to launch CARY in June 2013. The evening was joyful, playful and boisterous, as the cultural strictures of reserve and silence were loosened and community members enjoyed themselves. It was also an opportunity to perform Rwandaness through song and national dance. The members of CARY performed songs and danced. There was an interesting duality to the performances—the songs were Western (a Beyoncé song was sung and another performer sang his original R&B tracks), but the dance was “Rwandan” national dance. To hear a Beyoncé song and R&B music at an event celebrating the launch of a Rwandan youth cultural association spoke of the cultural hybridity of the younger generation who perceived themselves as Rwandese, but also, simultaneously, carried and performed multiple identities—

Canadian, African-Canadian/American, hip-hop, among many others. Yet, they also expressed their desire for Rwandaness in explicit ways. One of these ways was through dance. In the mid-2000s, a Rwandan dance troupe was formed by some of the women in the community. They taught their daughters Rwandan dances, mainly *Ushashaja*, the dance traditionally performed by Rwandan women, which the young women regularly performed at communal events. This dance is made up of a gentle swaying motion originating from the hips, followed by an undulation of the upper body, conducted by a line of dancers who move in formation. It is very repetitive and rhythmic. The dance troupe also performs at churches and social events outside of the community to demonstrate Rwandan culture.

When these traditional dances were performed by local youth, they, intentionally or not, fused contemporary hip-hop moves with the traditional dance, thus inscribing their own hybridity onto the dances. As one of the dancers, Louise, explained: “most of the songs say are traditional songs, then we really have to figure it out by ourselves. And if it’s just other dances, sometimes we can learn from Youtube, also sometimes we have to really figure it out ourselves [...] there’s no expert. We just sit down together and like, okay guys, let’s do something, let’s find out something.” The dance troupe is, in effect, reinventing the dances and reinterpreting them as a uniquely localized expression of their own version of Rwandaness. This newly introduced hybridity is borne out of necessity, but is also an act of creative resistance to trauma and loss.

Another coping strategy among Rwandan youth has been to form NGOs aimed at offering development support to Rwandans in Rwanda. *Shelter Them*, one such NGO, worked to offer shelter, food, and education to orphans in Rwanda. As the brainchild of two genocide survivors, this type of grassroots intervention served to appease the survivor’s guilt by utilizing the energies and resources in the new homeland to help build “Rwanda’s bright future.” The fact that the mission statement of the organization pointed out that it was “birthed in the hearts of Rwandan genocide survivors” inextricably connected the emotional needs of the survivors with the activities of the organization. Thus, even as the organization sought to engage on the ground in Rwanda, it served to meet the emotional needs of Rwandans in the GTA by making them feel (rightfully) that they were potent and able to affect change in the lives of those who lived in the remembered homeland. By creating this type of NGO, those in the diaspora community in the GTA were actively working to alter their own narratives as survivors of genocide and migrants in a new homeland. Their ability to transcend borders and generate a “transnational social field” (Mahler, 2009, p. 75) altered their self-perception as Rwandans, and specifically, as Rwandans who survived the genocide, while also altering how they were received in Canada. The creation of an NGO could be read as positing them as global citizens within the domestic order of Canada and demanding that they be seen as potent and globally engaged, rather than as victims and passive interlocutors within the national imaginary of the Canadian state.



## Implications

The findings related in this chapter point to the persistent effects of extreme political violence and its intergenerational transmission. Rwandan youth, whether they experienced the genocide or not, are subject to the trauma of that event. Yet none of the participants in the study indicated that they had sought out psychological counseling to cope with the trauma. Rather, the means of coping have been to stay silent and bear the burdens individually. Rwandan youth are seeking to change these patterns by reaching out to each other and establishing networks where they can speak, dance, and perform their Rwandaness as part of making sense of their inheritance. For both theorists and practitioners, this implication has significance as it invites us to reimagine how recovery from trauma can take place, and invites us to widen the scope of our analysis to include sites we would not have considered.

Another implication is that as a migrant group, Rwandans also face the secondary burden of overt and subtle forms of racialization in the GTA and the emotional and psychological effects that these entail. Those discussed above teeter between resistance and internalization of racist discourses. They are aware of the instances of racism that they face, but struggle to fully acknowledge them as to do so would be to deny their own agency. So their resistance carries with it echoes of internalized racism. In seeking to understand resilience, we need to be aware that some of the mechanisms by which individuals survive and recover may have negative undercurrents, as the example of internalized racism indicates.

Finally, the chapter identifies the ways in which young migrants, living away from their ostensible homeland, build communities and spaces of resistance. Communities do not exist just because there is a group of individuals who identify similarly; they are crafted and constructed by those who participate actively and passively. Investigating the ways in which communities are formed allows us to both better understand these mechanisms and to work to strengthen the networks of existing communities.

## Critical Response from CARY

Innocent Katabazi

The Canadian Association for Rwandan Youth (CARY), Ottawa, ON, Canada

My existence was not formally recognized by a nation state until the age of two when my parents and I became landed immigrants in 1989. Prior to this I was viewed as a stateless being, without any roots to lay claim to. This experience shaped how I viewed my identity in a negative way. The genocide against the Tutsis in Rwanda in 1994 occurred at a time in my development when I was beginning to ask questions like “where did I come from?”. The first images I saw of this imagined homeland were on BBC when stories outlining the horrific events of the genocide

would appear as breaking news features on television. At a young age I was faced with the understanding that there were people in this world that wanted to kill me simply because of who I was. Not fully understanding the roots of the violence and being saddened by the images that I saw, I became ashamed of who I was and where I was from.

Growing up in Toronto what I found challenging at times was balancing how society viewed my existence and how I saw myself. I was neither a victim nor a survivor of genocide, but those events also had a lasting and deepening effect on how I felt about myself. Apart from my parents who tried to explain what was occurring, I did not have many resources to turn to for information. It was not until I was in university that I had an opportunity to seek out my own answers so that I could understand the roots of the violence, and in turn form a different narrative about the history of genocide in Rwanda that was not a part of any media coverage of the genocide. CARY Toronto has allowed me to reclaim my identity from that of a victim, to that of a leader, in a community that is changing both here in Toronto and in our ancestral homeland. Rwanda's development over the last 22 years has rejuvenated our sense of pride and has instilled a sense of dignity that was lost for a time. It has also changed the way the world views Rwanda, and I would hope that my involvement within CARY Toronto could help to change the way in which we are viewed within Canadian society. CARY Toronto is one outlet that has allowed me to reclaim my identity away from the Hollywood narrative of Hotel Rwanda that is so often linked to us in our daily interactions.

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# Youth Resilience and Social Capital in a Disadvantaged Neighborhood: A Constructionist Interpretive Approach



Nancy E. Johnston, F. Beryl Pilkington, Nazilla Khanlou,  
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## Introduction

Youth growing up in disadvantaged neighborhoods face a multiplicity of adversities and challenges, including social exclusion on the basis of social class, race, and ethnicity (Galabuzi, 2006). They need to be resilient in order to negotiate the persistent adversities in their daily lives. Traditional approaches to the study of resilience rely upon objective measures of risk and pre-given understandings of “adaptive” coping strategies. However, such approaches neglect the perspectives and behaviors of marginalized youth in the context of the maturational tasks and contextual challenges that they must navigate. Instead, their perspectives and behaviors may be labeled as problematic and antisocial without showing how they can serve normative maturational and developmental functions in contexts of disadvantage (Spencer, Fegley, & Harpalani, 2003). Our purpose in this study was to understand what resilience means from the perspective of disadvantaged youth themselves. It was our assumption that health, well-being, and resilience are interrelated phenomena. Moreover, given that resilience cannot be separated from risk and that risk cannot be separated from context and maturational tasks, how resilience is conceptualized is central to designing relevant resilience-building interventions.

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Resilience has been traditionally defined as “bouncing back” or adapting well in the face of difficult experiences and a process of positive adaptation when confronted by adversity, stress, trauma, tragedy, or threats (American Psychological Association, n.d.). However, definitions of resilience and their undergirding theory have been subjected to intense scrutiny over the years. This has led to conceptual developments in resilience theory and the call for multidimensional approaches and other theoretical approaches in order to further our understanding of resilience (Khanlou & Wray, 2014). The following is an overview of conceptual developments in resilience theory, including the lenses that shaped this inquiry: social constructionism and social capital theory.

### ***Conceptual Developments in Resilience Theory***

The first wave of research on resilience utilized quantitative approaches and a positivist lens (Khanlou & Wray, 2014; Masten, 2007). These discourses and approaches focused on the identification of “at risk” children for whom resilience meant good outcomes in the face of serious threat and adversity (Luthar, 2003). Aimed at producing generalizable results, these approaches were vigorously critiqued for their fixed notions of resilience, cultural hegemony, and implicit individualistic, Western values (Bottrell, 2009; Ungar, 2004). Post-positivist critique found these discourses to be blind to the structural issues that produce the inequities experienced by individuals when navigating their way to health-enhancing resources (Ungar, 2004, 2006). Moreover, by failing to follow subjective accounts of the *ongoing* process of adaptation and by analyzing findings without attention to cultural realities, maturational tasks, and the ways socioeconomic factors constrain the accomplishment of such tasks, such discourses run the risk of obscuring the potential of young people and re-producing the disadvantages they face (Ginwright, Cammarota, & Noguera, 2005; Spencer, Harpalani, Dell-Angelo, 2002). At issue here is the way that behavior is influenced by and expresses structural features, how knowledge is generated, and the uses that are made of such knowledge.

### ***Social Constructionism and Resilience***

In contemplating youth resilience, we were attracted to social constructionism, the main goal of which is to understand the world of lived experience from the perspective of those who live in it (Andrews, 2012). We concur with Ungar (2004) that resilience research based in positivism “is simply unable to accommodate the plurality of meanings individuals negotiate in their self-constructions as resilient” (p. 345). In contrast, social constructionism supports the critical deconstruction of dominant health discourses by being open to “a plurality of different contextually relevant definitions of health” (Ungar, p. 345), and by enabling diverse expressions of the way resilience is nurtured and maintained. In the context of our research, social

constructionism provided a lens whereby contextually relevant definitions of health and resilience given by individuals themselves were allowed to emerge. Our goal was a deeper understanding of the kinds of alternative pathways to health and well-being that become available to individuals and how these pathways and expressions of health-seeking behaviors are shaped by disadvantage and marginality.

Our search for a nuanced understanding of the meaning of resilience in the context of disadvantage and marginality led to a study done by Bottrell (2009). This study reveals an unconventional route taken by girls living in public housing in Australia, whereby peer networks enable girls to amass the social capital essential for navigating the complexities of their social world. However, these peer networks can also introduce girls to risk by potentiating their association with “trouble” through relationships with individuals involved in delinquency and other social “problems.” Exposure to risk, loyalty to peer group members, and a sense of belonging are all phenomena associated with resilience, and all are accompanied by both benefit and danger. Thus, resilience can be understood to be a multidimensional, often paradoxical process, which, when arising in a context of disadvantage, can necessitate navigating an alternative course through territory not charted using conventional maps (Ungar, 2004, 2011). In such a region, the contours of resilience are shaped by a particular set of obstacles as well as a dynamic interplay of specific, competing priorities and structurally-induced, countervailing forces (Bottrell, 2007).

As a supplement to social constructionism, social capital theory enabled us to delve deeper into the question of how disadvantaged youth characterize resilience by focusing attention on the social resources they draw upon when plotting a course through extreme challenges. Furthermore, social capital theory points to the social and political realities which constrain, perpetuate, and demand expressions of resilience; in so doing, it addresses the critique that resilience research fails to expose structural inequities, thereby perpetuating the valorization of resilience of individuals while obscuring and reproducing social disadvantage. A brief overview of social capital theory follows.

### *Social Capital Theory in the Context of Disadvantage*

The term *social capital* was coined in 1916 (Ostrom & Ahn, 2003). Since then, economists, sociologists, and political scientists have integrated the concept into theory and policy development to explain and find solutions for many problems including crime, poverty, and social disengagement (Holland, 2008; Quillian & Redd, 2006). Types of social capital have been categorized as *bonding*, *bridging*, or *linking* (Narayan, 1999; Woolcock, 1998). *Bonding* social capital involves networks (such as family, friends, and neighbors) where individuals know each other, and where trust and reciprocity matter and can provide safety nets. *Bridging* social capital enables the capacity to gain access to other groups because of overlapping membership, thereby providing enhanced opportunities. Finally, *linking* social capital enables access to resources and the capacity to leverage power through social relations with hierarchical authority (Stone, 2003).

Whether social capital is best understood as a resource of the individual, the community, or both, has been contested. We concur with the perspective that emphasizes both social networks and the action taken by individuals (Lin, 1999). With regard to the accumulation of, and access to social capital, there are two contrasting traditions: One addresses collective action and integration, while the other focuses on social justice and inequality. For example, some scholars address how a cohesive society is built via the reinforcement of social values, solidarity, and consensus building, while others explore the absence of resources in the production and reproduction of inequality (Bottrell, 2007; Holland, 2008). Social capital has also been said to consist of two dimensions: (1) social networks and connections/relationships, and (2) sociability (Bourdieu, 1986). Accordingly, the acquisition of social capital requires certain relational skills. Individuals must not only have relationships with others, but they must also possess insight into how these relationships may be accessed, cultivated, and utilized. In this way, the role and skills of the individual actor are also acknowledged (Holland, 2008).

Informed by social constructionism and social capital theory, this study addressed the following questions: How do youth from a marginalized and racialized community understand resilience? What challenges do individuals face in a context of marginalization and racialization? And, how do they navigate among these risks and obstacles?

## *Methodology*

This qualitative interpretive study (Schwandt, 1994) was conducted in a marginalized, outer city neighborhood in Toronto, Canada's largest metropolis. More than 40% of residents in the neighborhood fall below the poverty line, based on socioeconomic data from the 2006 Census (Statistics Canada, 2006). The neighborhood is home to many recent newcomers to Canada, and 70.6% of residents belong to a racialized group, including "Black" (20.2%), South Asian (18.2%), Latin American (9%), Southeast Asian (8.5%), Chinese (4.7%), and others. Compared to the rest of the city, it has a higher proportion of lone-parent families (28.2% vs. 20.3%), unemployment, and apartment housing, and residents have a lower level of education (Statistics Canada, 2006). There is a dense concentration of aging and poorly maintained public housing and limited access to public transit.

The neighborhood of interest faces serious inequities that require action. The City of Toronto designed a composite measure of equity based on criteria such as employment, high school graduation rates, mortality, social development, health, and participation in decision making, in which the maximum score is 100 and a score lower than the benchmark of 42.89 indicates a neighborhood facing serious inequities (Social Policy Analysis and Research, City of Toronto, 2014; Staff Report for Action on the Toronto Strong Neighborhoods Strategy 2020, n.d.). This neigh-

neighborhood had a score more than 20 points below this benchmark, providing compelling evidence of the need to redress social imbalances.

Through the authors' involvement with various community organizations, we know that safety and schooling constitute areas of serious concern for residents in this neighborhood. Between 2007 and 2013, there were 10 homicides of youth under 19—twice as many as in any other community in the city (Pagliaro, 2013). The area is frequently portrayed by the media as a dangerous place to grow up because of gang-related violence. However, residents often decry the portrayal of their community in this way since such headlines fail to capture its strengths, instead adding to the problem by reinforcing the stigma of living in the area. In the attempt to enhance security, police patrol the streets and security guards maintain a high profile in stores and malls. Moreover, it has often been reported in the media and by community-based organizations that Black youth are often stopped by police for no apparent reason and hassled by security guards. Moreover, suspension from school is not uncommon, especially among Black youth.

Focus groups were used to explore shared perspectives and experiences related to resilience. In order to access perspectives reflecting gender, two separate focus groups were held: one with male youth, and one with female youth. Ethics approval was obtained from the Office of Research Ethics at York University, where the researchers are located. Participants were recruited with the assistance of staff at a university-affiliated community center using flyers and word of mouth. To participate, individuals had to speak English, live in the local community, and be between 16 and 20 years of age. The focus groups were held at the community center and were facilitated by a youth research assistant (RA). The two RAs, a male and a female, were both from a minority ethnocultural background, and they facilitated the group matching their gender. The coauthors each attended one focus group to provide support to the RA facilitator and to take notes.

Before starting the focus group, an explanation of the study and expectations around participation were provided and informed consent was obtained. In case the word *resilience* was not familiar to participants, it was briefly defined as overcoming difficulties and challenges in life. Open-ended questions developed by Ungar and Liebenberg (2011) were used (with their permission) to invite conversation and elicit participants' understanding of what it means to "grow up well" (i.e., be/become resilient) in this community, the kinds of difficulties and challenges faced, what participants do in the face of difficulties, what it means to be healthy, and what people do to keep healthy—mentally, physically, emotionally, and spiritually. The focus groups lasted between 1 and 2 hour and were audio-recorded and transcribed verbatim.

A demographic profile of study participants is presented in Table 1. A total of 16 youth (8 males and 8 females) participated. The male youth ranged in age from 15 to 19 years (mean = 17.6), and the females ranged from 18 to 20 years (mean = 18.8). As in the neighborhood at large, the ethnocultural background of participants was very diverse, with the predominant background being Jamaican ( $n = 4$  female youth;



**Table 1** Demographic profile of participants

	Female youth	Male youth
Number	8	8
Age		
Range	18–20	15–19
Mean	18.75	17.63
Enrolled in school		
Yes	7	7
No	1	1
Country of birth		
Canada	6	6
Elsewhere	2	2
Ethnic/cultural background		
Jamaican	4	5
Other <sup>a</sup>	4	3
Lives with		
Parents/parents & siblings	2	5
Mother	3	2
Grandparent	0	1
Other <sup>b</sup>	3	0

<sup>a</sup>Black/West Indian, Cambodian, Chinese/Vietnamese, Guyanese, Indian, South Asian/Pakistani, Sri Lankan

<sup>b</sup>Siblings, alone, another youth

$n = 5$  male youth). The majority (6 males and 6 females) were born in Canada. Most ( $n = 7$ ) lived with both parents, while the rest lived with a single mother ( $n = 5$ ), a grandparent ( $n = 1$ ), someone else ( $n = 2$ ), or alone (one female). All but two of the youth (one male and one female) were currently enrolled in school.

### ***Limitations***

This study was based on two focus groups that each met at one point in time. This approach helped to generate insight into how perspectives on resilience come to be constructed in the context of disadvantage and marginality. However, while the study revealed some gender differences in perspectives, the methodology did not offer the opportunity to study the extent to which perspectives endured or varied over time, nor the influence of structural inequities on perspectives or access to different forms of social capital. Another limitation is that the brief contact between participants and the researchers may have influenced participants to generally share information of a “safe” nature rather than to explore experiences and perspectives of a more sensitive or controversial nature. In addition, the study design did not allow for recruitment of a representative sample; consequently, the views and experiences of this culturally diverse community may not be represented adequately.

Despite these limitations, the study did give voice to the individualized perspectives and experiences of youth from a marginalized and racialized community concerning the meaning of resilience and the social forces that influence their views and constrain their actions. The findings reveal some conceptualizations of resilience that are clearly situated in and particular to a context of disadvantage and marginality. Examined against the backdrop of social capital theory, these conceptions invite further study and development of strategies aimed at not only “beating the odds” but disrupting the social and political forces that reproduce social stratification and marginality.

## Findings

The study findings depict the meanings of being/becoming resilient in a marginalized and disadvantaged neighborhood in terms of challenges and strategies, grouped under two dimensions: *individual–relational* and *social–environmental*. The individual–relational dimension comprises personal challenges and the attributes and behaviors deemed effective in relationships with family, friends, and important others in the neighborhood, while the social–environmental dimension encompasses the neighborhood environment and the social structures, institutions, and resources within the neighborhood. These dimensions and themes are elaborated upon below, highlighting the similarities and differences across the male and female groups.

### *Individual–Relational Challenges and Strategies*

With respect to the challenges that arise in navigating the complexity of relationships in the context of their neighborhood, participants identified frequent exposure to negative peer, parental, and school influences. They also emphasized the importance of close friends, peer acceptance, supportive family relationships, and role models in confronting these challenges, buffering adversity, cultivating resiliency, and learning to grow up well.

Both male and female youth raised negative peer influence and a “negative environment” as significant challenges in their neighborhood. For example, one male youth commented, “If you have some bad friends, boy, that’s not good! They’ll make you do the wrong things.” The male youth also mentioned experiencing a negative environment at school; for example, “when a teacher just screams and yells all the time.” In the female youth group, participants spoke about growing up in a negative family environment where there is “abuse” and “everyone is always yelling, just like not positive.” With respect to challenges at school, a participant described the negative effects of being ostracized by peers as follows: “If you’re in a class and...everybody hates you, everybody is rude to you, you’re not going to want to go to class.”

In the context of such relational challenges, the importance of supportive relationships for resilience stood out clearly in both groups, although the female youth provided greater detail, emphasizing the importance of “trusting relationships” as sources of love, support, and positive influence. It was also noted that the absence of such relationships and the isolation that ensues can make one feel like “throwing in the towel.” Participants in both groups variously described people they found supportive as “empathetic,” “compassionate,” “sensitive,” “caring,” and “respectful.” Identified sources of support included family, relatives, friends, school counselors, and social workers. Only the male participants mentioned relationships with teachers, including negative and positive aspects. In positive terms, one participant suggested it was helpful to have “a nice, calm teacher who helps you with work.”

Both groups identified family as important to growing up well. In particular, participants thought it important to have a “stable family” (female youth), and a “bond” with your family (male youth). Also seen as important were positive role models and mentors. Role models were described as those “who you can look up to that you want to base your life off of,” while mentors were seen as “someone that pushes you” (female youth) and who “helps others with goals” (male youth).

In both groups, friends were described in terms of their potential to influence, both positively and negatively. As one female youth said, “[To grow up well here] you need like good friends. You need to choose your friends wisely so you don’t go into the wrong crowd.” Friends were described as providing companionship and enjoyment in life and were important when facing difficulties. In this regard, the male youth commented that “if you have good friends you can make it,” and that it helps to “talk it out” with someone. In addition, they suggested that “socializing” helps one feel more “energetic” and “comfortable,” and “builds character.” One female youth elaborated on the importance of close friends as follows:

Yeah, whenever there’s something that’s bothering me at least they [friends] would be one person that knows about it.... We’re talking about depression at school and we’re talking about how suicides happen because they can’t express themselves enough. So it’s like a security thing. The more people that know about your problems, the more they can help you, then the more they understand you.

### ***Social–Environmental Challenges and Strategies***

Social–environmental challenges to being/becoming resilient in a marginalized neighborhood included the lack of access to resources for living, negative stereotypes and stigma, and living with neighborhood violence. Strategies for dealing with such challenges included cultivating a range of personal attributes, engaging in community practices aimed at building cohesion, and speaking out about the need for equitable access to resources.

The lack of access to resources for living associated with poverty was discussed by both groups. In particular, the female youth stressed how poverty limits access to education. As one participant said,

Basically this whole world revolves around money so if you don't have it, you can't reach anywhere.... Everybody stresses the importance of education, especially of tertiary education. How can I afford that when I need some sort of financial aid in order to get that?

Similarly, one of the male youth astutely noted, “[money] is hard to get,” and yet, “people around us have money.” The male youth linked this dilemma to a lack of employment opportunities, which, in their view, was “because of stereotypes. You won't get the job because where you're from.” Furthermore, they posited a gender bias in employment opportunities due to stereotyping:

Speaking of that [stereotypes], I know this a real.... It's true! A girl walks into the telemarketing place and she'll get the job.... If a guy goes in there: 'Where do you live? You ever been arrested?' So this comes up.

In addition to the lack of access to resources, both groups spoke about the impact of racism on their lives. The female youth spoke about feeling like they didn't belong, because of having “different looks, like black, Indian, [different from] the majority of them white people.” One participant cited the racist stereotype that, “Oh, all black people [in this neighbourhood] are bad. They're in crime.” Another stated,

... maybe to an extent you can feel helpless...like having the feeling that you want to do something but you're part of the minority and it's like...it's going to be harder to make the difference when your voices are not being heard over the majority of the people that don't really care.

In discussing stereotypes, the male youth emphasized police harassment, racial stereotyping, and being discriminated against on the basis of address, as this exchange shows:

They [police] just harass you. Harass you because of where you're from. They're always staring at you. And the media too./They're bothering you whether you're black or white./ No, to be honest I think its skin colour./You know, it could be, but it's mostly [the] stereotype of where you're living./Yeah, they beat you down.

Moreover, participants in both groups described ongoing paranoia, stress, frustration, embarrassment, helplessness, and despondency due to “living where there is crime,” and their shock and fear when there were incidents of violence. They also spoke about how it felt “personal” when something bad happened to someone they knew, and how they felt “sad” and “sorry for the parents” of the victim.

In discussing what it takes to grow up well (i.e., be/become resilient) in the face of these social and environmental challenges, participants in both groups described a range of personal attributes, community practices, and the need for access to resources. Personal attributes included having a positive outlook, self-confidence, determination, a goal orientation, flexibility, balance, stability, and a healthy lifestyle. The importance of cultivating a positive outlook was indicated with comments like “meditating on the positive” (a male youth), and believing that “when you hit bottom that things will get better” (a female youth). Male youth spoke about being “confident and comfortable,” “having pride in yourself,” and “being at the same level or surpassing others,” while female youth spoke about the need for motivation, determination, and will power.

Both groups described someone who does well as being “goal-oriented;” however, while the male youth emphasized action and achievement, the female youth stressed having the “motivation to do well” and the “will power to push through the hard times”, and how “struggle leads to determination.” Both male and female youth spoke about being “flexible” and “open-minded,” while “balance” and “stability” were explicitly mentioned only by the female youth. Strategies used to achieve flexibility, balance, and stability included venting and crying, although the male youth expressed less approval of crying. In addition, participants in both groups seemed to place a high importance on having a relationship with God and religious practices like praying, reading the Bible, and going to church. The female youth talked about dealing with stress by listening to music, dancing, singing, baking, reading, journaling, sports, exercising, socializing, and various self-care activities. In contrast, the male youth commented only briefly on dealing with stress. However, commenting on what it takes to feel safe in their neighborhood, several male participants talked about their responses when someone tried to fight them; for example: “I try to handle it myself,” “train and try to become stronger,” “fly [hit them],” and “buy a gun.”

In relation to how the community responds to the challenges that confront it, participants in both groups discussed how difficulties can “bring the community together,” using words like “synergy,” “collective action,” “helping each other,” and “taking responsibility” to describe how to create a more cohesive community. A female participant related her own experience in witnessing the benefits of collective action in dealing with adversity and loss as follows:

...during that whole time I felt the community pull together, more as one. They pulled up a barbeque—that would have just never happened ... if they just did it out of the blue. I feel that it brought the community closer together and it was like everybody was there for each other.... It made more groups stop the violence and stuff like that.

In addition to personal practices and community responses aimed at building cohesion, both groups also agreed on the need for concrete resources for living, including income, employment, education, and community programs and services. However, neither group mentioned specific programs and services such as those for youth, single mothers, or the needy, or the role of governments in ensuring access to resources for living in this neighborhood. In the female group, participants spoke about the need for financial support in order to meet basic needs (e.g., food, shelter, and clothing) and to pursue opportunities like higher education, while in the male group, participants discussed how, with education, “you can achieve bigger and better things.” They also identified the need for “money,” jobs, and access to “outreach programs.”

## Discussion

The meanings of resilience presented above represent what it means to *grow up well* (i.e., be/become resilient) from the perspective of youth living in this particular neighborhood. The findings reveal conventional understandings about resilience as

well as particularized, unique meanings and social practices that are inseparable from context. Conventional understandings discussed by both male and female youth included having a positive outlook, self-confidence, determination, a goal orientation, and flexibility, and investing in healthy lifestyle. These attributes are personal qualities that we interpreted as the permeation of the values of wider society through the personal internalization of its prescriptive and normative ways of coping. As such, this set of values is compatible with—rather than resistant to, or in conflict with—societal norms and expectations.

Where the perspectives of male and female youth differed, this may reflect normative gender roles as well as their racialized identities. For example, in discussing the importance of being “goal-oriented,” the male youth emphasized action, achievement, and external indicators of success, while the female youth emphasized internal processes like motivation and will power. Moreover, while both groups discussed the negative impact of racism, the male youth emphasized how negative stereotypes about male youth, in particular, hindered their employment opportunities. These examples illustrate how societal gender norms as well as racialization shape people’s identities (Alcoff, 2006).

Our findings echo those of a study with youth who leave school prior to graduation in the United States (America’s Promise Alliance, 2014) with regard to the negative impact of toxic environments, the importance of supportive connections, and the recognition that youth need more support and guidance in order to thrive. Moreover, the social constructionist lens enabled some very distinctive, setting-specific meanings and practices to emerge, which have implications for social change. By suspending pre-given definitions of resilience, attending to context, and comparing perspectives from male and female youth, alternative perspectives on health and well-being began to emerge. One example includes the discussions of what it takes to manage stress while living in this neighborhood, wherein both groups described an array of self-care practices; however, a distinctive pattern emerged for male youth. Well beyond the primary aim of developing a socially desirable appearance common to many youth across multiple settings, training, being fit, and projecting an image of self-confidence takes on a particular meaning for male youth in this neighborhood; in particular, physical fitness is understood as a strategy aimed at personal safety. In a neighborhood where personal security as a determinant of health cannot be assumed, fighting, violence, and carrying a gun may be seen by male youth as rational, “health” promoting responses indicative of resilience. When these responses are considered against the background of other challenges encountered by male youth, such as police harassment and unemployment, and when the discussion related to stigma and stereotyping is considered for both groups, the limited range of choices for male and female youth emerges clearly. However, for male youth, particularly, the constraints seem to be accentuated. The particular vulnerability of youth of color has also been documented in research done in the United States (Rich et al., 2009).

This study invites further reflection on the implications for social policy and community programming with respect to responding to the link between social inequality and “problematic” behavior. Specifically, it compels further thought

about how to respond effectively to the steep gradient of gender-related risk relative to behavior, which is itself shaped by stigma, stereotyping, and physical danger (Rich et al., 2009). Moreover, the study makes a contribution to the literature, which invites consideration of the long-term effects of conceptualizing certain behaviors as evidence of resilience in the face of constraint rather than deviance arising from the failure to internalize dominant societal values (Ginwright et al., 2005; TeRiele, 2006; Ungar, 2011).

Guided by social capital theory, we considered perspectives of male and female youth on the role that friendships, peer networks, teachers, mentors, and others play in bolstering resilience and acquiring the skills to grow up well. Both groups conveyed the complexities involved in navigating friendships, while at the same time avoiding the centrifugal force of negative spheres of influence. Against the backdrop of the precarious nature of everyday life, the integral nature of trusting relationships as sources of support and positive influence seemed to come through strongly. In terms of types of social capital referred to, both the male and female youth described use of *bonding* capital in detail, while few references to *bridging* capital were made. These findings mirror those of other researchers (Bottrell, 2009; Ungar, 2011) who found that marginalized youth are most likely to rely on close friendships, family supports, and youth networks comprised of individuals from backgrounds similar to their own for their everyday needs. It is not that youth lack a vision for how life could be different, nor do they lack appreciation for the efforts that teachers or mentors make; rather, such visions seem abstract and unattainable and such individuals are well-meaning but peripheral in the ongoing struggle of youth to meet their basic needs.

In considering the third form of social capital—*linking* capital, which enables access to resources and the capacity to leverage power through social relations with hierarchical authority (Stone, 2003)—we noted the absence of mention of the ways in which local authorities and government could and should respond to community needs. On the other hand, both male and female youth provided a sharp critique based on their acute awareness of systemic inequities in resources as seen from the vantage point of their own situated and geographical reality. The youth also alluded to the social and political potential of the community, given its capacity to pull together and support each other during a time of great difficulty. Despite the lack of discussion around leveraging power and community social relations, it can be concluded that awareness among youth in this study of marginalization, oppression, and unfair economic conditions provides some basis for orienting youth toward a different vision of reality wherein marginalizing structures should be overcome. Drawing on their work with Indigenous and sexual minority youth, Wexler, DiFluvio and Burke (2009) contend that group identity—as expressed through affiliation with an oppressed group—can itself prompt meaningful role-based action and contribute to resilience, when personal difficulty is reconceptualized as a politicized collective struggle and a platform for ideological commitment and resistance (p. 565).

## **Implications**

Based on the findings of this study, we offer the following recommendations in relation to policy, practice, and scholarship.

### ***Recommendation One***

Given that youth in this study were acutely aware of their marginalization and oppression, as well as the social and political potential of the community, interventions aimed at resilience building should seek to engage this awareness to empower youth to take meaningful action aimed at overcoming marginalizing structures. Participants described engaging in community practices aimed at building cohesion and speaking out about the need for equitable access to resources as effective strategies for dealing with the challenges experienced. As Wexler et al. (2009) suggest, reframing personal difficulty as a collective struggle may foster ideological commitment and resistance along with a positive sense of identity and thus, resilience.

### ***Recommendation Two***

Youth residing in marginalized communities must be provided with access to community programming aimed at overcoming the challenges they experience. This programming must be based on solid evidence of providing youth with concrete and tangible assistance in cultivating and maintaining sustainable links to social networks that offer enhanced opportunities. Examples of such programming include initiatives that support students to successfully transition from elementary to secondary school, and those that provide youth with access to networks (e.g., peers, mentors, teachers, and community leaders) that are likely to promote success in secondary and post-secondary education. Moreover, such programs should be given high priority in resource allocation by governments at all levels because they are more likely to lead to youth resilience and societal flourishing than the policy of pouring ever more resources into police and penal systems in an effort to curb and control “deviance” among racialized and marginalized youth.

### ***Recommendation Three***

Further research is needed to further explore gender differences in the meaning of resilience for male and female youth residing in marginalized or disadvantaged areas, utilizing methodologies that allow for studying the extent to which these



perspectives endure over time. In addition, further research should examine the influence of structural inequities on access to different forms of social capital among youth living in contexts of disadvantage and marginality. Finally, future research should employ study designs that produce representative samples in order that the views and experiences of culturally diverse communities are represented.

## Community Member Response

Wanda MacNevin  
Jane/Finch Neighbourhood,  
Toronto, ON, Canada

I was a young single mother with three children, surviving horrific domestic violence and living in poverty in a marginalized community. Given that I grew up in a mainstream two-parent family, I was able to draw from my own resilience; with mentoring by a Children's Aid Society worker and support from the community around me, I was able to secure employment and move forward with my life. As part of my early employment, I facilitated a group of teenage mothers called *Teen Moms on the Move* (TMM) for many years and later I initiated and supported a successful program called *Women Moving Forward* (WMF) that focused on breaking the cycle of poverty.

I was not surprised to learn that the information gleaned from the focus groups in this study is not different from my own experience and from the experience of women who participated in the Teen Moms or the WMF program. Both groups had young women who thrived in a group where there was trust, where they could access resources and share their difficulties and challenges. Women from both groups had frequent exposure to negativity, lacked trusting relationships, and perhaps had chosen friends from the "wrong crowds." They all lived in marginalized communities where resources were limited and, in most cases, where expectations were low both at home and at school.

In 2008, I interviewed 22 women who were "graduates" of the TMM program between the period of 1992 and 2002. I was interested in hearing their points of view many years later. When they had attended the program, all were marginalized, living in poverty and in precarious housing situations. Many were either racialized or in a mixed-race relationship. It was clear from the interviews that being part of a group, having a sense of belonging, and being treated with respect and accepted was important to their maturation process. Information was also important to them so that they could make informed decisions.

When they were asked to respond to the statement, "I wish I had waited," one of the women stated, "I wished I knew more about sex and birth-control. I would have stayed in school and taken education more seriously." Another said that she would do the same thing over again; "I had a nasty temper before my baby, but I had to learn to control my temper. At 17, when I was 6½ months pregnant, I was in jail for attempted murder but charges got dropped. I stayed in school because of the child."

In some cases, the child turned the young mom around but that is a lot of responsibility for a child, something that is clearly not their role. Society would have served this mother better had she been supported in a stable environment, at home, attending school, and living in her community. All the young women expressed that it was important to protect themselves by educating themselves about sex and sexuality. They expressed that the school system, through health education, did not delve into this topic to the degree that it should. They expressed the need for learning life skills-related subjects, learning about where to access information and support in overcoming their difficulties and challenges (MacNevin, 2008).

The Women Moving Forward (WMF) program further proved the importance of being in a group, and having a sense of belonging. After 2 years of prior research, including a literature review and focus groups with young women, the program was developed to include Life Skills, Career Planning, Citizen Participation, English Language Arts, and Group Counselling. To get into the program, women (ages 20–29) had to go through an intake process. Barriers routinely identified were housing, family conflict, mental health, indebtedness, abuse (past and/or current), lack of support, and drug and/or alcohol abuse. The program was 10 months long. During the period of 2005–2010, WMF worked with 106 women where the retention rate was 75.5%. Five years into the program, after an extensive evaluation, we found that over 70% had improved their readiness to access resources independently; all the women had an action plan (goal oriented); 90% knew and understood their rights better and were better prepared to access social/government services; 83% felt more in control of their life and 94% felt more capable of dealing with life's difficulties; and 83% of all women reported an increase in their financial knowledge and skills.

Both of the above programs (TMM, WMF) resonate with the definition of social capital theory in this paper. Women became part of a community where individuals got to know each other and where trust was developed (bonding); they learned about opportunities and gained access to other groups (bridging); and they gained access to resources and developed the capacity to leverage those resources (linking).

I strongly agree with the recommendations in this paper. Youth have a perspective based on their lived experiences. Their experiences need to be heard along with their ideas for overcoming marginalizing forces. Programs, with input from marginalized and racialized youth, must be developed with that input and must provide the needed support for them to participate (e.g., paid public transit fares to get to a program and childcare, if needed). Programs must have a focus on action and change, life skills, and leadership skills so that youth can experience their own transition within a reasonable amount of time.

Sustainable and secure funding is needed for programs that meaningfully benefit marginalized and racialized youth. TMM no longer exists due to a lack of funding and adequate resources to support the program. Likewise, the WMF program (not operating at this time) is on hold until adequate funding can be secured to run the program. There are programs like this in the City that have demonstrated evidence for providing youth with concrete and tangible assistance, but secure and adequate funding continues to be a challenge.

Education, skills training, well-paid jobs, and volunteer opportunities need to be a part of any youth program development. Longer-term research is needed so that we can further explore the impact of successful programs. This research needs to follow youth from their entry into a program, for the duration of the program, and then they should be interviewed 5–10 years later to fully understand the impact of successful programs on youth.

The issues young people face, particularly racialized youth living in low-income communities, are not new. We only need to implement recommendations from successful programs, have them adequately funded and appropriately researched for further learning.

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# Using PhotoVoice to Understand the Neighbourhood Impact on Immigrant Youth's Mental Health and Well-Being



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## Introduction and Overview

More so than other, older countries, Canada depends largely on immigration to support its economy and population growth. In 2006, immigrants accounted for about two-thirds of Canada's population growth. By 2030, immigration will be the only source of growth for the Canadian population (Statistics Canada, 2008).

Major Canadian cities such as Vancouver, Toronto and Montreal tend to lure the largest share of immigrants who aspire to decent jobs and a better standard of living than their home countries. Almost half of all immigrants choose Toronto, the economic capital of Canada, as their home (Statistics Canada, 2009) settling initially in

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poorer, older neighbourhoods as they seek to establish themselves (Carter, 2005). Immigrants often arrive healthy and their mental health tends to be better than that of the general population in Canada. However, this “healthy immigrant effect” is rapidly eroded due to the challenges associated with finding stable employment and acculturation (Barozzino, 2010; Zhao, Xue, & Gilkinson, 2010). After only 2 years, the health of immigrants has often fallen below that of their Canadian peers (Chen, Ng, & Wilkins, 1996; Ng, Wilkins, Gendron, & Berthelot, 2005).

## **Immigrant Youth as a Neglected Group**

In 2012, approximately 260,000 immigrants became permanent residents of Canada, of whom about 85,000 (33%) were children and youth from 0–24 years of age (Pottie, Dahal, Hanvey, & Marcotte, 2015). Three-quarters of these immigrant children and youth belonged to a visible minority, with the most common being South Asian, Chinese and Black (Pottie et al., 2015).

Research on youth immigrant health tends to be contradictory; some suggest that the health of immigrant youth is better than that of Canadian youth (Beiser, Hou, Hyman, & Tousignant, 1998), others say that it is the reverse. Immigrant youth can experience unique challenges to their health and well-being, such as cross-cultural and intergenerational tensions at a time when they are developmentally vulnerable and trying to assert their identities (Khanlou et al., 2002). Settlement, adaptation and integration can pose challenges for youth yet are often overlooked in studies on immigrant health (Seat, 2000).

Much research on youth health focuses on a biomedical view of health (Simoes, Batista-Foguet, Matos, & Calmeiro, 2008; Sjöberg, Holm, Ullén, & Brandberg, 2004). Yet, broader social and economic factors, such as poverty, employment, language proficiency and cultural differences, have the strongest impact on population health (WHO, 2008).

Geographic location has been linked to health disparities in Canada (Glazier et al., 2012; Health Disparities Task Group, 2004). In Canada, residents of “stressed” neighbourhoods were found to have higher levels of depression than residents of less “stressed” neighbourhoods (Matheson et al., 2006). Visible minorities have been found to be over-represented in neighbourhoods with high poverty rates (Kazemipur & Halli, 2000). Immigrant youth living in neighbourhoods with high poverty rates are more likely to be exposed to family stressors, such as under- and unemployment, inadequate income, strain on familial relationships, parental depression and increased potential for family dysfunction (Ahmed, 2005).

## **Poverty, Racial Diversity and Cultural Adaptation**

Low-income neighbourhoods, which are dominated by visible minorities, tend to have fewer accessible and poorer quality spaces, such as parks and community centres (Coen & Ross, 2006; Haque & Eng, 2011; Wolch, 2005). Such neighbourhoods are

usually characterized by low levels of social support and social capital, creating fears about one's safety and security, a finding that can be linked to low participation in recreational programs (Coen & Ross, 2006; Daoud et al., 2016; Oliver & Hayes, 2008). New immigrants tend to move to more affluent neighbourhoods as their circumstances improve, a trend that can undermine social support and social capital, in turn negatively affecting youth health and well-being. Mixed racial neighbourhoods have been associated with smaller social networks and lower reported optimism among youth regarding their future opportunities (Kingston, Huizinga, & Elliott, 2009).

Finally, cultural adaptation can be particularly challenging for immigrant youth who come from cultures whose values are very different from Canada. These youth are forced to negotiate dual cultures and to become familiar with a new culture, possibly a new language, cultural norms and behaviours. Parents may be too busy trying to adjust to a new culture themselves and have little time or energy to provide sufficient guidance to their children (Seat, 2000).

While recent work has begun to unravel the unique needs of immigrant youth, more exploration is needed. This study sought to address the gap in understanding around how immigrant youth perceive their health and mental well-being with respect to the urban neighbourhood in which they live.

## Study Goals and Objectives

There were two main goals of this project – research and community development – and four objectives. Within the research goal, the objectives were to:

1. Understand youth perceptions of the neighbourhood and their implications for health and well-being
2. Explore whether gender differences existed in youth perceptions

Within the community development goal, the objectives were to:

3. Engage multicultural youth in a meaningful way; and
4. Contribute towards youth leadership and skills development.

## Methods

### *Study Site*

The study took place in an immigrant-receiving urban, inner-city low-income neighbourhood (IRN) of Toronto, of which 64% of its residents were immigrants and 26% had arrived in Canada within the last 5 years. Residents came from a broad range of cultural backgrounds, including Filipino, Chinese, Indian, Sri Lankan, Pakistani, Korean, Bangladeshi, Indian, Nepali, Ethiopian, Somali and Eastern European communities (Statistics Canada, 2001).

IRN is described as a “vertical community” in which a large number of residents (approximately 15,000) live in just 18 aging high-rise rental apartment buildings, representing one of the most diverse and densely populated neighbourhoods in Canada (Statistics Canada, 2006). Half of the households in IRN fall below Statistics Canada’s low income cut-off compared with just 18% in all of Toronto (Statistics Canada, 2006). The neighbourhood’s buildings and parks are poorly maintained, garbage is commonplace and housing structures are in ongoing need of major repairs (Haque & Eng, 2011). In spite of these drawbacks, IRN’s downtown location puts it within walking distance of public transportation and there are schools, stores and community services within the neighbourhood.

### ***The PhotoVoice Method***

Using the principles of community-based participatory research (CBPR), a qualitative technique which gives value to and draws from people’s lived experiences (Bryant, Raphael, & Travers, 2007), we asked youth to identify, represent and communicate specific issues of their neighbourhood through photography and storytelling. Such an approach, PhotoVoice, is an established arts-based method within CBPR, whose value lies in its transfer of power from researcher to participants, to identify, represent and communicate specific issues of their community (Wang, Cash, & Powers, 2000).

Through building the capacity of participants, PhotoVoice acts as an agent for social change, enabling participants to engage in a critical dialogue about their knowledge and experiences with policy and decision makers at community forums, exhibits and dialogues. Such research, done by and for participants, whose benefits accrue to them (Wang, 1999) is particularly valuable for marginalized individuals and communities (Wang, 2006; Wang & Redwood-Jones, 2001). This method has been used successfully among multicultural youth around the world.

### **Sampling, Selection and Descriptive Statistics**

Three youth from the neighbourhood were hired as summer interns and trained over two summers. The training focused on developing their leadership and research skills so that they could take an active role in the research and dissemination process. The three youth were given the additional responsibility for taking a lead role in many of the planning and implementation processes of the youth PhotoVoice project. They were engaged in recruiting, managing the youth participants by assisting in organizing workshops, collecting and developing photos and following up with participants.

Both purposive and snowball sampling were used to select youth from the neighbourhood who were of mixed gender, culturally diverse, between the ages of 18–20 years, interested in the project and had a wide social network in the community. The project was supported by the neighbourhood community centre, several neighbourhood organizations and the community advisory group for the project. Through word of mouth and flyers posted in the community centre, 21 (11 males

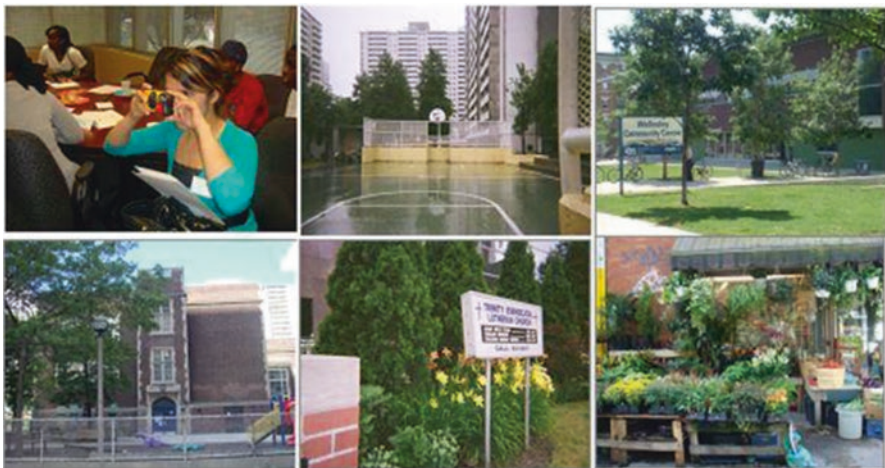


and 10 females) multicultural youth residents were recruited. Participants' median age was 18. At recruitment, participants were explained about the project and about their role and responsibilities. They were also provided with a copy of the informed consent form. They were asked to read the form, sign and return the form to one of the lead youth. Permission to use the project pictures in publications, community forums and reports were also sought in the consent form.

Participants attended a workshop at the beginning (Fig. 1a) and end of the project. In the first workshop, they were given a comprehensive introduction to the project (e.g., definitions of key terms, ethics, roles and expectations). In the second workshop, participants discussed the themes that emerged from their research in order to arrive at a consensus. Each participant was given a small monetary compensation, a thank you card and a certificate of participation.

Participants were provided with disposable cameras and given 2 weeks to take photographs of neighbourhood attributes they perceived to be important for their health and mental well-being. They were asked to take a minimum of eight pictures to capture a range of ideas. The cameras were collected by the three lead youth and the films were developed, numbered and entered into a database. Participants were asked to select three of their best photos for story writing.

Through this process 59 photo-stories were collected and analysed. The interns and two researchers working on the project first read the photo-stories separately to identify the key themes and then met to discuss and reach consensus on any differences. Attention was paid to any gender differences in the ways in which the health and neighbourhood were experienced. These themes and sub-themes were later reviewed with the participants during the final workshop and feedback was requested to confirm or rectify the conclusions reached.



**Fig. 1** Pictures taken by PhotoVoice participants portraying youth involvement and attributes of neighbourhood quality. Starting from the left corner: (a) youth attending training workshop, (b) importance of parks and public spaces, (c) need for more recreational spaces, (d) neighbourhood school with well-maintained park, (e) religious facility, (f) aesthetic look of community: flowers and plants

The youth constituted a self-selected group, thus introducing some selection bias. However, the culturally diverse background of these youth strengthens the representativeness of the findings. While the processes and procedures described in this chapter can be repeated, the results are likely to change over time and may differ across contexts and populations.

## Results

The results of the PhotoVoice process are categorized under two broad categories: (1) Health in IRN and (2) Suggestions for improvement.

Table 1 presents the themes and sub-themes identified within the first category.

Within the second category, suggestions for improvement were made with respect to the macro-structural level (what governments and policy-makers could do to effect meaningful change) and at the community level (what local residents could do to make a difference).

The following section explores the results of the PhotoVoice process according to the three themes and sub-themes outlined in Table 1.

### *Neighbourhood Quality: Health in IRN*

#### **Parks and Green Spaces**

Parks and green spaces were highly valued by youth who saw them as places to socialize, have fun and relax for people of all age groups and cultural backgrounds:

**Table 1** Health in IRN: Themes and Sub-themes

Themes	Sub-themes
Neighbourhood quality	Parks and green spaces
	Recreational facilities
	Places of worship
	School
	Plants and flowers
	Diversity
Physical factors	Park maintenance
	Building maintenance
	Overcrowding
	Garbage
Social factors	Community
	Violence and crime
	Security
	Homelessness
	Economic environment

Parks and public spaces contribute to social wealth... During lunch time when the kids have [a] break, they all go to the playgrounds and make a lot of noise and they are having a lot of fun. This park is also a place where you will meet other people and gain friends with different backgrounds and cultures. Relaxation takes place ...and most of the women are doing some small business in their own apartment and they also bring some stuff in the park to sell them. (DK, female).

The basketball court was particularly appreciated by many of the male youth because it helped them stay off the streets and engage in sports in a safe environment (Fig. 1b):

In a community school field, picture [taken] shows a number of children playing soccer on a summer day. It reflects back to my life as it was a school I used to attend and school field I used to play on as well. These activities are strengths in our community as children are kept away from trouble. It should be part of any child's childhood memory as they spend their summer days having fun, rather than getting into trouble (Figure 1d). (SP, male)

### Recreational Facilities

The [local] Community Centre offered opportunities for the community to engage in different activities in a safe environment (Fig. 1c). Pools, gyms and weight rooms were specifically mentioned by youth as important health-promoting features of their neighbourhood, often at no cost.

...The gym shelters people from the streets, giving them a place to play under the supervision of staff members. If a fight is ever sparked, it is easily broken. If a dispute ever arises, it is easily put down. The programs in the Community Centre allow people to stay in shape or have a place to exercise. The best thing about the centre is that it is absolutely free. (SO, male)

However, youth mentioned that the size of the community warranted either longer opening hours for the centre and/or more facilities. Another limitation was safety due to the physical location of the recreational facility.

### Places of Worship and School

Youth cited a range of different services that were offered out of the church and how it helped to create a warm and inviting atmosphere for everyone, regardless of religious affiliation:

In the church they have an ESL class for the newcomers to help them to communicate with people.....In the week-end, I see a lot of people are going to pray.... It relates to our life because there are so many good things happening in the church..... (DK, female)

Similarly, youth praised the neighbourhood school, not only for the education it provided but also for its [playing] field, which was well-maintained and enjoyed by residents of all ages and ethnic backgrounds:

This is a photo of [our] public school, the only actual school in [this neighbourhood]. This park is [a] very popular with children and its huge soccer field is also a very common place for everyone (Figure 1d). (SS, male)

## **Plants, Flowers and the Diversity of the Neighbourhood**

Youth greatly appreciated the few plants and flowers that dotted the landscape and felt that their presence improved their mood and well-being, providing a welcome respite from the many concrete buildings in the vicinity:

This image [flowers] gives the neighbourhood a vibrant, peaceful and beautiful effect. It also relates to our lives because it is said, flowers can help ease tension and mellow the mind. A reason that these flowers are related to health apart from the calming aspect is that it also increases plant life, breeds new ecosystems, and reduces some of the harmful gasses in our atmosphere. This is a good thing and [is] also [a] strength of the community because it helps the overall appearance of IRN. (OS, male)

The highly culturally diverse nature of the neighbourhood was also a source of pride. At least one participant used the metaphor of different flowers blooming to represent the different cultures living together:

The final picture I chose was a wide assortment of flowers outside one of the buildings in [IRN]. I think a metaphor for these flowers could be the diversity that it represents in our community, and the different but appealing nature of each culture...on a sunny afternoon you would be amazed to see all the people from different backgrounds, age groups coming together...from around the world to be part of Canadian society. (DK, female)

## ***Physical Factors***

### **Park and Building Maintenance, Overcrowding and Garbage**

A number of sub-themes under “physical factors” emerged, many youth participants cited problems with maintaining parks and buildings, overcrowding and garbage:

The picture I chose...may look like an ordinary park sign located at B Street. However, the sign doesn't even have the park's name on it... this is the only park in the neighbourhood that has swings and swings are usually the most popular things in a park.... I know my little cousins love this park but aren't allowed to step foot in it because of all the negativity around it. This park relates to our health in a bad way due to the fact that it is dirty and there has been things such as needles found on [the] playground which is unsafe for both kids and everyone else (Figure-2a). (SM, female)

Participants noted that frequent elevator breakdowns led to stress, over-crowding and the possibility of disease transmission:

The only thing that's more clustered than the neighbourhood buildings and the apartments are the [broken] elevators. The long elevator waits usually stress out the residents, and stress usually leads to many diseases and depression...The alternative solution ... is [to use] the stairs, but the stairs are very dirty, filled with garbage and urine....a couple of years ago someone was shot and killed in the stairwell, there were no cameras in the stairwell unlike the elevators so it's not as trusted as the elevators (Figure-2b). (SR, male)

Youth expressed their frustration at the development of new condominiums, describing them as unwanted intrusions in an already very built-up area:



**Fig. 2** The first row of pictures portrays the theme “physical factors”. The second row portrays the social factors. The top row starting from left to right – (a) Poorly maintained parks, (b) non-functioning elevators, (c) new construction adding to concrete crowding. The second row starting from left: (d) overflowing garbage, (e) picture depicting gun violence in community, (f) poor maintenance of public spaces creating security issues

The community already has too many housing complex and they are planning to make more. ....The community already is overflowing with people of all ages and yet they are still building a 32-storey building. This is not good for this area due to the limited sources and services (Figure 2c). (IM, male)

Littering and limited recycling were mentioned repeatedly as both unattractive and as symbolizing a lack of care and concern for the environment with health-damaging effects:

As a community, we should know better than to litter at all, especially on school property, near playgrounds and basketball courts. This would be a great picture to inform the community on this increasing issue. As time goes by, the garbage will only continue to pile [up] unless we step up and make a difference to make it clear to everyone that school yards aren’t garbage sites (Figure-2d). (SP, male)

## ***Social Factors***

### **Community, Violence, Crime and Security**

Youth felt a strong sense of community spirit and believed that their neighbourhood was welcoming and provided a sense of belonging:

The joy of [this place] is that everyone knows one another and it doesn’t matter what age you are or what background you come from, because at the end of the day, we are one community. (SS, male)

However, poor maintenance of public spaces created a sense of vulnerability, leading youth to avoid going out and generally having a negative impact on community safety:

This is a photo behind S. station, it is another way to enter and leave S. station. This little alleyway has scared me ever since I was little. The fact that it is dirty and deserted and mostly scary in the dark (Figure-2f). (N, male)

Security systems were felt to be inadequate:

The picture shows a memorial of a resident whose life was robbed of him last year due to gun violence. The person who murdered “Juice” is yet to be found. It just goes to show that more security is needed in the area (Figure 2e). (SR, male)

### **Homelessness and the Broader Economic Environment**

Some youth, particularly from poorer countries, were shocked to see homeless people and expressed compassion for them. Other youth cited concerns about the homeless people linking their presence to possible safety concerns:

The [picture] I chose was of a homeless man and possibly a drug addict around the [neighbourhood]..... Sometimes these people can be a source of crimes and .....Often these people leave behind trash and other drug-related items lying around on the streets. This can affect the mental well-being of the society, especially of little children who grow up with these images. (OS, male)

While youth may not have made the connection between the overall education levels of the residents and their much lower incomes compared to the rest of the city, they were aware of the health-damaging impacts of a limited income:

The big issues around in this area are about money, including the cost of living, income and employment. Money also leads to better access to health. Most people do not have money to go to the doctor and ...to pay their rent. The money earned by some people is not even enough to properly feed them. (SM, female)

## **Discussion**

The PhotoVoice was a powerful method for effectively engaging youth. Youth shared a rich collection of photos, uncovering the assets and barriers that they perceived to exist in achieving positive health and well-being. Each picture told a different story; however, the themes and sub-themes that emerged showed the ways in which the built and social environments influenced youth’s choices, the risks and opportunities they were exposed to and the quality and accessibility of physical and social resources. With the support of community partners and youth leaders, youth held a community forum towards the end of the project to showcase their photo-stories.

Parks and recreational facilities were widely valued as public spaces – they were low to no cost, offered a range of activities and provided opportunities for socializ-

ing, strengthening social bonds and de-stressing. Research confirms the importance of urban green spaces in attracting diverse groups of people and promoting inter-ethnic relationships (Seeland, Sabine, & Hansmann, 2009). These can, in turn, foster a sense of attachment and community belonging through the development of positive experiences and memories (Cattell, Dines, Gesler, & Curtis, 2008). Social capital, social support and factors in the local environment can affect depression and are more acutely experienced by visible minorities (Daoud et al., 2016; Stafford, Newbold, & Ross, 2011), so creating opportunities to strengthen them is important in promoting mental well-being and reducing mental distress.

Parks and recreational facilities also facilitated youth's physical activity and fitness, a finding supported by research (Grow et al., 2008). Youth described exercise and sports as being an important part of their recreational activities with friends, and they consistently praised parks, churches, the community centre and the school for contributing to their active lifestyles.

The quality of youth's homes and surrounding areas were cited as important health-promoting or limiting features of their environment. Youth described how the lack of maintenance and safety of these facilities could expose them to unnecessary health risks and distress. Some participants said that the fear of walking through neighbourhood parks at night limited their activities. Exposure to crime, violence and stress is known to create fear and mistrust and youth in neglected neighbourhoods have been shown to take precautionary actions when going out at night (Williams, Singh, & Singh, 1994). Youth's age and gender influenced perceptions of fear with younger and female adolescents feeling more insecure. Females are known to express greater fears about crime and victimization (Bayley & Anderson, 2006; Jackson & Stafford, 2009).

These findings show that there are multiple and inter-connecting neighbourhood factors influencing immigrant youth's health and well-being. The photo-stories revealed how youth were directly impacted by the availability, quantity and quality of neighbourhood resources and infrastructures available to them in their community and indirectly impacted by systemic barriers that impeded the integration of newcomers in the new culture and formal labour market. Fostering a sense of place and belonging and improving youth residents' experiences of place within IRN were found to be intricately connected to the residents' physical and mental health.

## Implications

The implications of these findings can be categorized into policy, service and practice and research domains.

**Policy** The PhotoVoice process successfully engaged a diverse group of youth in sharing their perspectives on the social determinants of mental health in their community. The study shed light on the community features considered important to this group. As this sub-population continues to grow, it is important to understand what constitutes a

desirable living environment conducive for their optimal growth and development. Policy strategies for incorporating youth-friendly features in the city require engaging youth representing different cultures in community development initiatives. Additionally, identifying immigrant youth as a distinct sub-group in Health Equity Impact Assessments can ensure that the potential impacts of any new and existing policies are taken into account so that possible inequities are minimized.

**Service and Practice** Many of the issues highlighted by immigrant youth require an inter-sectoral approach to address them effectively. The themes youth identified in this study fall under the broad fields of public health and health promotion and the more specific fields of mental health and environmental health. Existing and new youth and mental health services should explicitly identify immigrant youth as a distinct sub-population whose needs may differ from the broader youth population. Program planning may benefit by using PhotoVoice to understand the service needs of immigrant youth and by including them in policy and service development.

**Research** PhotoVoice is a participatory and empowering research method; however, the study findings are limited to this particular context. Future studies can triangulate this method with other quantitative methods to increase the validity of the study and to broaden the generalizability of the findings to a larger cohort.

## Response 1

Shinta Martina

Wellesley Institute, Toronto, ON, Canada

Toronto Public Library, Toronto, ON, Canada

“I came to Toronto as a new immigrant in 2004, speaking little English and it was difficult to express myself because I’m new to Toronto. I joined the program called Immigrant Woman Integration Program from Toronto Centre for Community Learning and Development. This program offers immigrant women a leadership development opportunity to prepare for work or for volunteering in the social service and community based sector.

At the end of this program, we have to do internship that is based on the community we live on. I had a chance to do my placement with Wellesley Institute, which used the PhotoVoice method to help gain unheard voices that reflect on their experience and their communities’ condition, both positive and negative.

Photography is fun and creative, the opportunity to create art can be a powerful and fulfilling experience, and can lead to viewing oneself in a different and more positive light. In addition, for many people, it opens the door to talent they didn’t know they had. Plus, basic photography is easy to learn and accessible to almost everyone.



As an immigrant, using PhotoVoice method is easy to express my concerns about the communities. I used PhotoVoice project for [IRN] community. By using this method I realized the assets and the needs at [IRN] community, far better than outsiders.

This project helped me to engage more with my community, by capturing pictures from [IRN] community; those pictures tell a thousand stories. The benefit from this project is that I developed good team work skills and raised awareness of resources and problems IRN have and empowered other immigrant residents in the future to raise their concerns through PhotoVoice.

I believe since the PhotoVoice project has ended, some changes have taken place in the community. Example: the community centre will build a new pool, since the old pool wasn't working anymore. More people speak up about drugs and prostitution that are happening in the area. A new playground has been built behind Rose Avenue School. Positive changes are slowly starting. Hopefully more to come." [young immigrant mother of two small children, who was trained as an accountant in Indonesia].

## Response 2

Sailaivasan Vettivelu

Wellesley Institute, Toronto, ON, Canada

"This exceptional health and wellness research project in the neighbourhood showed promising data in the early stages, many people from [IRN] community realized that it could be an eye-opener and assist the policy makers to make informed decisions. The potential impacts of the research from Wellesley Institute and positive outcome of the project motivated me and others to contribute our efforts and thoughts.

Initial impression of using the PhotoVoice approach was well received among participants. Once again, the PhotoVoice proved that pictures are worth a thousand words. It helped people to imagine better and brainstorm ideas in the subject matter that can be emotional and sensitive as it's related to health issues. I noticed that participants found story-telling via PhotoVoice to be a unique interactive experience.

My understanding and appreciation for the importance of mental and physical health amplified as the project progressed. I became more aware of mental well-being and both the positive and negative impacts that it could have on people. It's vital to educate and inform the residents about mental well-being, so that they can contribute to the society and be active citizens. The project had a positive influence on many people around me. It helped us to remain active and approach challenges related to well-being with vigilance. I developed a strong desire to work with concerned parties to assist in building a resilient neighbourhood where opportunities and tools would be available to impact positively in the well-being of residents. I was part of an action group in the community that visited various sites in the neighbourhood and captured people's views on health and wellness related issues. The results were presented to not-for-profit organizations and other public agencies to further explore the concerns and take steps to improve the locality.

The community has changed over the years and continues to change, but various concerns related to mental and physical health remain an issue as highlighted from the PhotoVoice project. It takes concerted effort from everyone to provide support to vulnerable people and continue to work towards improving the neighbourhood.” [Sail joined the project as a summer youth intern, he is a resident of IRN].

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