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"The lives of involuntary migrants around the world are stressors. Violent and involuntary uprooting make the need to redefine one's own identity and to adapt to new social, cultural and political values a painful process for ALL refugees regardless of their age, sex or social and educational backgrounds. There are, however; traumas and coping styles which are more specific to each human group. This session will examine some of the factors which determine or influence refugee women's abilities to assume their task in new community" (from a flyer announcing the May 1993 Volunteer Meeting at the Centre)

Dr. Anna Maria Barrenechea, a psychiatrist at Women's College Hospital and a member of the CCVT Medical Network, is herself a refugee woman. After escaping from Chile she spent six months in Mexico as an illegal alien before coming to Canada in 1974. Her own experience of the painful process of resettlement and her years of listening to women from many cultures lent passion and conviction to her presentation.

Among the factors affecting resettlement which Dr. Barrenechea enumerated were the values of the women's own communities, their experiences on the way to exile and the manner in which the host society views women exiles.

Where passivity and submissiveness in women are cultural values it is especially difficult for women to even recognize, let alone defend, their rights. Frequently it is family dislocation caused by the death or imprisonment of their partners that politicizes women and "turns them into real fighters", said Dr. Barrenechea. A woman pays a high price for political involvement: she experiences personal guilt and family criticism because of perceived neglect of her responsibility to support her fatherless family both financially and emotionally while searching for or visiting in prison and providing for her mate; regarded as a free spirit by her male political partners, she may experience sexual harassment from them; and sexual torture as a political tool is common to all repressive regimes.

"A woman who opts for political involvement", said Dr. Barrenechea, "lives in eternal doubt." This doubt persists in the country of resettlement in the form of "survivor's guilt". Refugees of both sexes commonly feel that adapting to a new culture is a form of "giving up", of "abandoning the fight", of betraying the comrades and the causes for which they have worked so hard and sacrificed so much. Women who already bear a double load of shame and guilt because of cultural victimization are especially prone to re-victimization and to self-punishing behaviours as they experience deep ambivalence about adapting to their host country.

Dr. Barrenechea stressed that it is not just the experiences that forced a woman into exile which affect her ability to resettle but the experiences she has had en route to the host country. Although the suffering of exiles in refugee camps is not to be minimized, women do often find there communal child care and mutual support which ease the psychological burden. It is families who have lived underground, in isolation, that tend to be most damaged.

Isolation continues to be a stumbling block for refugee women in Canadian society. By law, one member of the family, usually the male "bread-winner" is designated head of the household. It is he who is given access to language training, to information about labour and social resources and to interaction with the host community through his work outside the home. Children receive adaptation assistance in schools. Women frequently remain isolated in their homes, uninformed by husbands who have been socialized to expect women to be uninvolved in the public domain. Children who, like their parents, are processing their own loss and guilt find themselves as interpreters and escorts, often ashamed of their parents and their cultural values and increasingly in conflict, particularly during adolescence, with confused and terrified parents. The burden of family restructuring can be extremely traumatic for a woman whose sense of self-worth is determined by her family role.

During our current economic crisis the most frequent employment opportunities are menial jobs traditionally considered "woman's work". Release from isolation in her home, new-found financial power and the discovery from co-workers that in some households men share housekeeping and child rearing responsibilities create for women a new set of problems. An unemployed man feels disempowered. If he perceives his wife as the disempowering agent, she frequently becomes the victim of family violence.

Dr. Barrenechea is concerned that Canada provide for refugee women not only a physically safe environment but a healing environment. This will not happen if the retraumatization of victims continues because of ignorance, insensitivity of public policy.

CCVT's public education policy is pertinent to preventing the "fire" of re-victimization. A willingness to really listen to what refugees need and want is crucial. Dr. Barrenechea admitted that she once worked FOR refugees; now she works WITH them. "They finally got their message across to me," she said, "I'm trying to get it across to others." She encouraged the volunteers to try to be not saviours but peers, to promote not dependency but interdependency, and not to impose our own agenda but to act as aides and advocates in helping our sisters achieve the goals which THEY determine.

The discussion which followed Dr. Barrenechea's presentation indicated deep concern among the volunteers about the continuing fires besieging refugee women in Canada. Among the examples cited was the difficulty of language training when ESL classes begin at the time a mother is seeing her children to school and when adjacent day care is not available.

On a hopeful note, Dr. Barrenechea spoke of the successful history of the Somali Women's Group at CCVT which began as a support group and moved to action. Women can work and talk at the same time; in cooking or craft groups they can break through the isolation barrier and empower one another.

"Under many fires", refugee women will, at times, be overwhelmed by stressors and develop distress symptoms. At this point it is crucial that community resources, family and/or friends are available to provide the support necessary for successful coping. Dr. Barrenechea's presentation helped this volunteer appreciate more deeply the befriender's role in aiding successful resettlement and so enriching Canadian society.