Defining Resiliency, Constructing Equity

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Executive Summary

Resilience is often described as an individual attribute, but emerging research suggests that contextual and cultural factors are just as significant and can offer important insights for community mental health. In this report we examine the local understandings that have emerged about resilience related to refugee resettlement in three refugee communities in Toronto. This pilot research offers an important snapshot of the lives of forced migrants as they adapt to a new environment, bringing to the forefront some of the mechanisms that individuals and communities draw upon to begin to address trauma, instability and the challenges of rebuilding their lives in a new context.

Resilience emerges in two distinctive ways. One is deeply personal whereby resilience is shaped by personal attributes, experiences and histories. The other is informed more by the perceptions and expectations of the social world that surrounds refugees and forced migrants (including family, social networks and community). The personal characteristics that people identify as key markers of resilience are valuable in rebuilding individual lives but also in building community, whereas the more external characteristics of resilience help to create support networks within communities.

Participants identified some clear "tactical enablers" to support resilience locally, including supporting specialized services and local neighbourhood groups that can aid in meaningful settlement. Getting involved locally in settlement communities as well as wider communities were also highlighted as tools of resiliency, creating opportunities for people to take action on issues that matter to them.

Problematically, community supports are limited in their ability to address the social determinants of health. System-wide impediments such as racism and discrimination can act as barriers to both individual and collective forms of resilience.

Importantly, different migration histories may mean that there are distinctive needs and different forms of resilience available to refugees at different time points. Where migrant communities are not well established, many people demonstrate a willingness to adapt as needed, drawing on informal sources within the larger community.

The insights gathered in this report contribute to our understanding of the sources of health-promoting knowledge and practice across communities. Critically, this work may help us move towards crafting local solutions that are shaped by community members for issues that refugees face in resettlement.

Introduction

Forced migrants, or refugees, are among the most disadvantaged immigrants. The experiences of forced migration and resettlement have been associated with profound individual and community level trauma and suffering. Yet for numerous refugees, post-war resettlement can be understood as involving processes of dynamic adaptation, where people demonstrate active ways of coping with adversity. Here "resilience" defined as "health despite adversity" (Masten 2001) emerges as a core experience. Resilience is often described as an individual attribute, but emerging research suggests that contextual and cultural factors are equally salient and can offer important insights for community mental health.

This study sought to gain some understanding of the contextual and cultural factors as well as individual experiences and resources that may help forced migrants to stay healthy in the face of settlement stress with the ultimate goal of using this knowledge to inform community health initiatives. The insights gathered in this report contribute to our understanding of the sources of health-promoting knowledge and practice across communities.

Understandings of resilience may take different forms for refugees and forced migrants. In our study we found the strong presence of two complementary perspectives. One is deeply personal, where resilience is shaped by personal attributes, experiences, and histories. The other is informed more distinctly by perceptions and expectations of the social world that surrounds refugees and forced migrants (including family, social networks, and broader configurations of community). These ideas do not operate in stark opposition to one another, but instead highlight different aspects of resilience that may be situational or context-driven.

Distinctive forms of resilience may be drawn upon for differing purposes. In this report we examine the local understandings that have emerged about resilience related to refugee resettlement in three refugee communities in Toronto. This pilot research offers an important snapshot of the lives of forced migrants as they adapt to a new environment, bringing to the forefront some of the mechanisms that individuals and communities may draw upon to begin to address trauma and instability. Critically, this work may help us move towards crafting local solutions that are shaped by community members for issues that refugees face in resettlement.

Study background

AIMS AND OBJECTIVES

According to the United Nations High Commissioner on Refugees, the number of people forcibly displaced globally is estimated at over 42 million, including refugees resettled outside their countries of origin. Refugees are people who have fled conflict and persecution, sometimes resettling in countries such as Canada, which accepts more than 30,000 refugees each year through sponsorship programs and overseas and inland selection processes. An array of physical, psychological and social issues have been identified specific to the health experiences of refugees, from the emergence of

conflict through the 'exile journey' and into resettlement (Burnett and Peel 2001). The physical and mental health issues that are related to conflict and forced migration can vary from the difficulties "routinely" associated with poverty and deprivation to the extreme(s) of war-related injuries, torture, and sexual violence. Much of the existing health research suggests that refugee populations are at an increased risk for poor physical and mental health in resettlement (Connelly and Schweiger 2000). Yet, most of the refugees admitted to Canada each year, the majority of which settle in Toronto, are healthy (Beiser 1999; 2005) despite facing ongoing challenges such as poverty, social exclusion and family separation that affect mental health.

For many refugees, post-traumatic stress disorder (PTSD) has become the particular lens with which their experiences are viewed (Clinton-Davis and Fassil 1992, Friedman and Jaranson 1994). But globally, less than 10 percent are diagnosed with PTSD and only 4-6 percent generally suffer from major depression (Fazel et al. 2005). Meta-analysis of global refugee mental health has found that measurable factors such as trauma exposure or socioeconomic status cannot account for variations in migrant health (Porter and Haslam 2005), which points to as yet unexamined cultural and contextual factors. Under-examined are the skills and strengths that people carry with them or develop in the face of adversity or the informal strategies that people employ as they move through new stages of adaptation in resettlement. Investigating resilience among forced migrants is a way to learn about what keeps people healthy in various contexts, and what local, cultural and informal social mechanisms are helpful in community mental health.

Specific objectives of this pilot study:

- To understand and compare how refugee community members and service providers define "resilience" conceptually and in practice;

- To describe how resilience is experienced in daily life, its perceived impact on individual and community health and its relationship to health equity;

- To develop educational resources to enhance the appropriateness and effectiveness of community mental health services.

This study's focus on resilience is an antidote to what many perceive as an over-emphasis on trauma and pathogenesis in refugee mental health research (Ingleby 2005) and can inform an alternative strengths-based approach to promoting community health. The qualitative approach may also make a methodological contribution by defining important health concepts across cultures.

WHAT IS RESILIENCY AMONG REFUGEES?

Resiliency has been a topic of interest in psychology since the 1980s. Many previous studies have focused on individuals — mostly children and youth — rather than cultural groups and social processes. However, they do provide a reasonable theoretical starting point, which may help us think about our pilot study findings. Marsella and colleagues (1994), who have studied refugee mental health, stated that there are several common characteristics of refugee coping and resiliency. These include extended family, employment, human rights organizations, self-help groups, small scale communities and settlements, cultural practices, and situational transcendence (the ability to frame an adverse situation differently and give them meaning, e.g. as part of cultural identity or history). Taking another approach, Walsh (1998, 2003) described a "family/community resiliency framework" as consisting of three key processes: first, belief systems (making meaning of adversity, having positive outlook, relying on spirituality); second, organizational patterns (flexibility, connectedness, social and economic resources); and third, communication processes (open emotional expression, collaborative problem solving). Dr. Richard Mollica, a Harvard psychiatrist and researcher who has worked with Southeast Asian refugees for many years, found that the three most important factors

in recovering from trauma are work, spirituality and altruism (Mollica 2006). What these scholars have learned has provided a foundation for our investigation and data analysis.

The assumption of our research was that it is worthwhile to recognize and emphasize the strengths of migrant communities by defining underlying sources of resilience and resilience mechanisms in greater conceptual and contextual depth. This nuanced perspective can help inform policy and build community capacity to counter causes of health inequities such as lack of social and economic opportunities, discrimination, stigma, barriers to existing services and lack of cultural competence in the formal health system. Investigating culturally diverse meanings of resilience also can help generally to expand our repertoire of health promotion strategies for human health and face future health challenges as a multicultural society.

PARTICIPANTS IN THIS PILOT STUDY

Forced migrant groups are intrinsically rich, instructive case studies of resilience (Stake 2000). The communities of interest in this pilot study were diverse: Asian (Tamil), African (Sudanese) and American (Spanish-speaking Latin and Central American) refugees. We selected the study populations for three reasons: their importance in Canada's immigrant population profile; variation in immigration status on arrival, family structures, religion and role of identity in migration and settlement to underscore cultural variables; and prior research experience and ongoing ties with the communities.

Tamils are one of the largest recent immigrant groups in Toronto. The Toronto Tamil diaspora is the largest group of Tamil exiles in the world with a population of nearly a quarter million. Sri Lanka is ranked high among source countries for refugees landed in Canada. Most Tamils arrived as refugee claimants in Canada in the late 1980s and early 1990s at the height of persecution by the Sinhalese majority in Sri Lanka. They have grappled with unprecedented post-war and natural disaster rehabilitation efforts in their homeland and lack of access to appropriate mental health services and other challenges in Canada (Beiser et al 2003). Tamil mental health emphasizes the communal nature of suffering and resilience and cultural explanations, traditional therapies and rituals that are meaningful and supportive (Daniel 1997). Participant observation in Toronto-based distress relief efforts after the 2004 tsunami confirmed the important role of these social and cultural resources to support crisis responses in Toronto and in Sri Lanka (Simich et al. 2006a; Simich et. al 2006b).

In recent years, Sudan has also been among the top refugee-producing countries. The majority of Sudanese in Ontario are government-assisted refugees, most coming directly from refugee camps where they were selected by Canadian officials for resettlement in Canada. Over 25,000 Sudanese of diverse ethnicities now reside in Toronto and other Southern Ontario cities, based on extrapolation from immigration landings statistics and estimates from community organizations. Most Sudanese in Canada fled the brutal civil war in Southern Sudan, which killed more than two million people, and uprooted four million more with severe social and psychological impacts (Hutchinson and Jok 2002; Pardekooper et al 1999; Zutt 1994). Thousands of unaccompanied youths who survived the war by banding together to walk hundreds of miles to safety became known in the Western media as "lost boys." Several scholars have noted the centrality of peer support networks during and after refugee camp life (Goodman 2004; Simich et al. 2004).

Latin Americans are the fastest growing group of immigrants in Canada (Statistics Canada 2007). Forced migrants from Mexico and Central and Latin American countries have fled to Canada to escape political and criminal violence, persecution related to gender and sexual identity, and economic devastation. After 2004, Mexico became the top source country for refugee claims, up from 14th place a decade ago (CIC 2006). For many claimants and non-status migrants, mental distress is associated with the prolonged period of legal "limbo," but signs of resilience also appear in personal testimonies (Simich 2006).

STUDY METHODS

The research plan for this pilot study consisted of interrelated components: data collection; analysis and interpretation; and verification and communication. Data collection was primarily by in-depth interviews with key informants and community members. Formal and informal dialogue among team members helped interpret study findings.

Qualitative research methods enabled us to conduct a closer examination of the ways in which social and cultural worlds interact with and inform health and health-related practices across multiple levels (individual, family, ethnic or social group). These methods can provide important "insider" perspectives, highlighting the contextual elements that give shape to the mechanisms by which people find and create community, tackle the residual stressors of migration, and facilitate their adaptation to life in resettlement.

In community-based research, community researchers not only collect data, but also act as cultural ambassadors or brokers who help build rapport with study participants and interpret political, historical and cultural knowledge. All research team members, including the principle investigators and bilingual community research assistants were involved in conducting interviews. Community researchers contributed their expertise by interviewing, transcribing and also commenting on study findings.

Key informants and community participants were identified using purposeful sampling whereby investigators seek "information rich cases that will illuminate the question under study" (Lincoln and Guba, 1985. Particular attention was paid to ensure diversity of the sample by age, gender, occupation, length of residency in Canada, and varied experiences with forced migration and settlement. The following inclusion criteria were followed: All individuals were aged 18 or older and had lived in Toronto for more than one year. Lack of English proficiency did not exclude interesting cases. We aimed to conduct up to 40 semi-structured open-ended interviews, approximately 10 with key informants (e.g. settlement workers or health practitioners) and 10 from each study group (5 male, 5 female).

Patton (2002) maintains that the primary purpose of qualitative interviewing is to provide a framework within which respondents can express their own understanding about a particular topic in their own terms. In essence, the process of interviewing allowed individuals to share stories and perceptions regarding resilience experiences. The interviewing technique was guided and interactive. We anticipated covering the following topics: Description of the greatest difficulties (events or ongoing struggles) before and after arrival in Canada; ways of overcoming these difficulties; ideas, people or practices perceived to help or provide strength during that time; who or what helped the person to go on at the time of the interview; and reflection on what had been learned. Above all, we sought to learn about the context and mechanisms under which people functioned and found ways to overcome challenges in the face of broader structural forces. We felt that this knowledge would provide important clues to aspects of resiliency that relate to the lives of refugees, and ultimately their mental health and health-related practices.

Interviews averaged 1.5 hours and were conducted in comfortable, confidential settings. Community participants received a $30 honorarium. All interviews were digitally recorded with permission, translated into English by the bilingual research assistants and transcribed for coding and analysis. Graduate Research Assistant Leigh Ayton performed the preliminary coding of interview transcripts based on common topics and patterns that emerged from interviews.

Multilevel interpretive analysis generally begins with qualitative description that is valuable in its own right (Sandelowski 2000) and moves to the development of mid-range theoretical frameworks using constant comparison methods and discovering patterns, themes and contradictions in the data (Miles and Huberman 1994; Strauss & Corbin 1990). The critical analyst further contextualizes data by considering beliefs, norms, and structural and situational constraints that shape experiences and behaviours (Lock and Scheper-Hughes 1996). In practice, the process of coding and analysis typically combines "directed" content analysis based on interview topics for comparative purposes across cases; "open" or in vivo coding to identify emic (insider's) perspectives (Ryan and Bernard

2000); and a higher, more abstract level of analysis to link common ideas to larger conceptual or contextual issues. Dialogue about coding and analysis among team members, particularly with community researchers who are knowledgeable about the cultures and shared experiences of the study groups, increases the trustworthiness of analysis.

Research plans were revised during the pilot study to manage some unanticipated events. One of these events was the heightened conflict in Sri Lanka in the spring of 2009, which compelled the attention of the Tamil community in Toronto and others around the world. Given the impact of the conflict and its salience for the topic of resiliency, we deemed it worthwhile to recruit a higher proportion of the study sample from the Tamil community. We felt that this would allow for an enriched description of how people cope with ongoing challenges to individual and community well-being. Therefore, almost half the sample is drawn from the Tamil community and our data and analysis reflect the somewhat greater emphasis given to this group.

STUDY FINDINGS

In our discussions with participants about how they overcame adversity, many tended to define their sense of resilience in personal terms, but they defined what is needed to promote resiliency in social terms. Interviewees described individual and cultural attributes that, in their view, gave them the strength to meet various challenges. These findings echo the literature on resilience, where individual characteristics or attributes — perseverance, hard work, determination and strength — are highlighted as invaluable in enabling people to adapt and move through stages of resettlement.

> The important thing is, we should never feel devastated when facing problems. We must face challenges with courage. And the other factor is hard working. Hard working is important in every aspect. (Tamil, community member)

> When something happens, you must be adapted to the new circumstances. (Latin American, community member)

> I think people don't really overcome this situation or the problems... people just calm down. They only surface ... they calm down the situation ; they really don't overcome it ... the reason is we sometimes may have something in you, but you have to think and say if I did this, I will lose this. (Sudanese, key informant)

Participants also described how personal qualities of resiliency were influenced by social factors after arrival and settlement in Canada. People were acutely aware of what supports both exist in the community and could exist and could offer additional support, potentially strengthening the ability of themselves, their families, and their communities to adapt to life in Canada.

In defining resilience, there is a strong connection to informal mechanisms, at the individual, family or community-level experiences. These mechanisms are typically at the core of social and emotional support and include religious support, family support, cultural norms or traditions. The nature of migrant communities can also offer structure and a "connectedness" for people, this can be in the form of employment assistance, or social opportunities. Typically pre-existing migrant communities have informal but critical networks that help to pave the way for active or adaptive resettlement. Yet in discussion with our participants on how to promote and support resiliency, there is a marked emphasis on service responses: what are highlighted are tactical enablers, the structural or programmatic supports that are viewed as vital for successful resettlement, including settlement services.

We believe these observations have great relevance in outlining some of the personal, communal and more formal social resources that have helped refugees in Canada and what else is needed from society to promote resiliency and well-being.

DEFINITIONS OF RESILIENCY

Community members from the Tamil community described a number of personal attributes to define the concept of resiliency. In particular, they commonly reported that "hard work," "will power," "courage" and altruism (or doing things for others) were important characteristics that fostered resilience. Some also described the importance of being "confident" and goal-oriented, as well as actively making plans and tackling problems when they arise. For many, the concept of resilience evoked values such as recognizing the fundamental importance of how they were raised as children, acquiring morality, and a positive self-image. Meeting social obligations, especially obligations to children, or future generations, were highly salient ideas, as were notions of collective values and mutuality. For example, one Tamil study participant said:

> If the husband had been deported, the wife takes the whole responsibility of the family. She takes care of her children, does double shift to support the family until the husband comes back, and work very hard to raise the children as better citizens in the community. Her main concern would be the best interest of her children. No matter how much she suffers, she will try hard to provide her children a better future. Even I think that our children should never suffer as we did. (Tamil community member)

When they encountered problems, participants identified resiliency strategies such as trying to understand adversity as meaningful, changing one's focus of thinking, or using everyday routines to avoid excessive worry and to protect children from worries. Many talked about the motivation to "move on" or "move forward," and others said there was "no choice" but to do so.

Ethnic identity was particularly important to many Tamils, and as noted, a sense of collective social responsibility and duty to others is frequently expressed. The intensity of social ties to family and community is remarkable, where social obligations to others necessitate ongoing efforts. Some reported that they felt that they drew strength from the fact that suffering and survival are shared. This collective social view and context helps explain why resiliency and confidence in the future is associated with support of the community. Furthermore, for some, having survived traumatic events is not only good for individual health, but also a means of understanding how to help others. For some, a strong belief in fate is also associated with forbearance.

These descriptions are not surprising, given existing knowledge of resiliency factors. But in many respects, Tamil study participants described resiliency in especially strong terms, because of the forced migration experience. Many study respondents derived resiliency from an evaluation of their current situations, which contrasted with past war-time experiences and suggested that having survived war and violence has given them strength. Others adopted more forward-thinking, and in particular, linked resilience with their focus on and hopes for their children's future.

Another way that the refugee experience can shape definitions of resiliency is through the long process of adaptation that occurs simultaneously with recovery from adversity. Refugees are forced to start life over in a new place, and feelings about the break with the home country are mixed, even having fled conflict and persecution. As one key informant said, resiliency brings to mind "letting go of the old and re-establishing a new self-identity" in this new situation. Great importance is attached to "regaining" identity in symbolic and practical ways, such as obtaining a Canadian passport. Coping with time becomes an important mechanism of resiliency: many refugees tended to focus on the present and future, and try to relinquish memories of past events, if also striving to retain a sense of cultural history. Personal determination and social pressure to succeed in Canada, even while retaining former social obligations and values, meant that the process of building resiliency became a constant in many refugees' lives.

Sudanese and Latin American migrants echoed some of the themes expressed in interviews with Tamils, but also added new dimensions to the description of refugee resiliency perhaps related to their different migration histories. Latin American study participants also reported locating resiliency in imagining better futures for their children, and they attempted to re-frame challenges they

had overcome in meaningful ways.

> When I think in my past I have asked to myself … How I have done everything? And I have understood that my strength has been mostly my daughter. (Latin American community member)

They did not tend to rely on shared ethnic identity or networks as a source of resiliency, but more frequently referred to faith in God as a source of strength. Most expressed optimism, talked of fulfilling dreams, and eagerly perceived future opportunities to work and contribute to Canadian society. They also described the necessity of being adaptable in the face of uncertainty. The apparent emphasis on hope, opportunity and comparative peace and stability in Canada is related to their recent arrival as refugee claimants who are waiting at the threshold of society.

Like the Tamils interviewed, many Sudanese study participants emphasized the importance of hard work to get ahead in Canada. They spoke frequently about responsibility to family and to the homeland. Their perceptions and definitions of resiliency have to be placed in the context of long-term stays in refugee camps, after which they have faced many years of additional adaptation and integration challenges in Canada. Most expressed the need to make long-term goals and emphasized the need to persevere. Having had less opportunity for formal education as a group, they frequently voiced determination to learn and to obtain higher education in Canada.

> Working. Go to school. Try to chase the dreams of Canada that everybody shares. Try to get better when I finish my school. That is all I am doing. (Sudanese community member)

Some described making conscious efforts to remain calm and take time to reflect and solve problems in the face of frustrations and challenges, and some seemed to describe suppressing bad memories in order to focus on positive thoughts. Others reported relying on a community of faith to explain their suffering and to support them in their struggles.

This complex mixture of individual and collective factors as central to local understandings of resilience is sometimes under-acknowledged in the literature, although there is a growing recognition of its importance. Michael Ungar (2010) offers a nuanced definition of resilience which incorporates both individual and collective features. Similar observations have been noted elsewhere. A recent study of unaccompanied minors in Ireland notes how some of the informal social resources within communities form a critical part of refugee resilience in post-conflict settings (Ni Raghallaigh and Gilligan2010). These ideas surface again in our discussions with participants about what promotes resilience in resettlement.

WHAT PROMOTES RESILIENCY IN CANADA

Study participants in all three refugee communities reported that social support from family, friends and social networks was the main factor that promoted resiliency during settlement and adaptation in Canada.

> I have reached community agencies for employment purposes. But when it comes to health and other issues it is my friends who helped me. (Tamil community member)

In addition, many younger interviewees expressed an intense commitment to formal education, which had been instilled by their parents, and which they perceived as worthwhile personally and socially. Valuing educational opportunities provided a strong sense of self-confidence and family responsibility as well as goals for the future in Canada, or for returning to the homeland. Many talked about the importance of making plans, usually involving educational aspirations. Ambitions and expectations seemed to carry over between generations and were often framed in terms of parental sacrifices and hopes of helping others with particular refugee migration or similar experiences.

Importantly, family and like-ethnic community members provided the most important sense of belonging and were a source of encouragement and support. Although study participants clearly relied on customary social supports for emotional and practical help — often maintaining contact with family not in Canada — most also described learning to actively seek information and other forms of help outside of familiar social networks.

> Mainly through the church we go, because there is a Hispanic group composed by Nicaraguans, Hondurans, Salvadorans, etc. and these people have meetings, and some of them have invited us to dinner, and this friendship has helped us to overcome our difficulties. We feel certain stability... (Latin American community member)

Some expressed appreciation for the level of help received in particular social agencies in Canada as compared to services in their countries of origin. Notably, some of the Latin American and Sudanese participants highlighted certain formal social agency services (shelter, counselling, legal services) that have helped them overcome particular challenges. These services are particularly noteworthy because they offer services that are appropriate for refugees. These services were perceived as "safe" and trustworthy, and offered in refugees' languages. For some, the skills they had acquired in the past, such as managing with very limited food or money, helped them to deal with the adversities of resettlement, with some participants reporting that coming from poor countries had actually prepared them to accept relative deprivation in Canada as normal. Others were more resigned to the notion of adversity and deprivation during resettlement, using cultural concepts such as "destiny" to explain their situations. These observations are striking as they bring to light some of the unarticulated challenges that refugees and forced migrants encounter in resettlement in Canada.

FURTHER PROMOTING RESILIENCY

When asked what else they need from society to maintain resiliency and achieve a sense of well-being in Canada, study respondents gave a variety of responses. Given the ongoing conflict in their homelands, some talked about needing assurance that their relatives there were safe. Others described a need for organizations in Canada to reach out to those who lack resources, that this outreach would need to be in the languages of the refugee communities, and that it should be targeted to the most underserved and dependent, such as seniors.

Several specifically said that mental health services must become more culturally competent to be helpful. One Tamil study participant noted that anti-racism and anti-discrimination training would be helpful for health and social service providers, and not only for mainstream providers. This respondent noted that inequalities exist within newcomer and refugee communities as well. The same respondent also suggested that more young medical doctors from refugee communities need to be trained, ensuring that they have sufficient knowledge of the heritage language. In other words, cultural competency needs to be promoted more widely as well as in the next generation of professionals.

Latin American and Sudanese respondents desired having more opportunities that would be enabling. One participant said, "people who have needs also have desires to overcome their needs." Others talked about the need to restore confidence and power and to be seen as "human" rather than as "failures." On a practical level, recommendations included opportunities to continue educations that have been disrupted, and to find employment and childcare so that parents might attend language classes. Several suggested that communities be encouraged and supported to help their own members. Others asked that more information about Canadian culture, how the system works and ways to interact with Canadians be offered. Latin American participants specifically mentioned that fairer, less prejudicial and more transparent legal processes are needed for refugee claimants.

Some respondents called for greater civic engagement as a means to help facilitate resilience. They

noted that community action has been a clear part of resettlement in refugee communities. In the Tamil community for example, practical actions around relief efforts were coordinated and quickly put into place to send to Sri Lanka in response to the 2004 tsunami, and political rallies in response to the re-emergence of conflict in 2009.

> We actually do something. Youth get together and do rallies, awareness events and all that so that's something that makes me more active and relaxed because I feel like I'm doing something for the people dying back home (Tamil, community member)

In refugee communities across Canada, resources have been mobilized locally to help adress new arrivals' practical needs and to advocate politically on their behalf. Study participants were quick to identify the linkages that they see between legal recognition (through citizenship and immigration processes), formal recognition of foreign credentials, and the opportunities that can emerge for mobilization and action across (and within) communities. This constitutes a distinct perspective on political and civic engagement, one that aligns it with resilience at the individual and community levels.

CONCLUSIONS

The experiences of refugees and forced migrants are often viewed through a lens of trauma and distress. Yet, more commonly, resettlement is marked by the ability to adapt and thrive despite adversity. Often depicted as an individual attribute in the literature, resilience is in fact more complex informed by social and cultural features that may enhance the ability of individuals or communities to adjust or adapt over time.

Through qualitative interviews with key informants and community members from the Tamil, Sudanese and Latin American communities in Toronto, we have considered some of the ways in which resilience is constructed and understood in everyday life. Each community reflects on resiliency in different ways, but also importantly demonstrate shared thinking about what informs (and can foster) both individual and community level experiences in resettlement.

Understandings of resilience vary most when contrasting current working definitions, and what are potential ways that it could be constructed. In defining resilience, the starting point for many is to frame it in terms of individual characteristics and attributes. Referencing cultural values people spoke of "hard work," "courage" and "strength" in character and beliefs as critical to informing an individual's ability to endure traumatic life events and move forward in a positive, proactive way.

When describing ways to support and promote resilience, however, understandings of resilience take on a more clearly social form. Informally this was through personals networks: friends, family, and other social networks in the community. More formally, health and social services were seen as having potential to promote or foster resilience for refugees and forced migrants in resettlement. Many of the informal supports identified are known contributors to successful resettlement and integration in a new society. Migrant communities have long been identified as helpful in bridging the experience for newcomers between their homeland and the new host society. Often migrant communities create and sustain an informal 'infrastructure' linking newcomers with job opportunities, religious resources, and cultural and social events.

In looking to identify opportunities for promoting resilience such informal "infrastructures" figure prominently. Complementing this, however, is a call for greater equity in terms of more formal service delivery options, namely within education and social support services. Participants identified a number of pragmatic services such as language training, employment assistance and childcare support, all of which could empower newcomers in immediate and enduring ways. Education was highlighted as both a preventitive technique (building resilience in youth in those communities) and a tactical method (enabling adults to maximize their pre-migration skills and training).

In health care, it is the nature of service delivery rather than the nature of services themselves that is identified most clearly as a point of opportunity. Effective, ongoing outreach to refugee communities

and the need for cultural competency surface as primary ways to reduce health inequities and promote active, meaningful engagement with the health care sector. These suggestions echo the observations in health research on the needs of migrants and new immigrants more broadly (Vasilevska and Simich 2010; Khanlou and Jackson 2010).

Through these mechanisms — whether at the individual level, the informal community infrastructure or across formal, mainstream services — what is articulated in this pilot sample of refugees and forced migrants is attentiveness to cultural needs and values. It is this recognition that enables a sense of coherence in the context of dramatic and traumatic changes, solidifying individual attributes and reinforcing the protective elements of family and social networks. Against this foundation, resilience emerges and is reinforced.

The more formal systems are seen as sites for the provision of skills training or an operational context for individual or community level resilience to emerge. For example, an important support function has been where local community services have provided the space and resources to host community groups. These can work as an important first point of contact for community members with health and social care providers, ensuring that key health promotion information is made available. There are some positive examples of support structures in Canada that bring together some of these ideas. For example "hub" models of health and social support that seek to build comprehensive initiatives at the community level to address the social determinants of health and to promote health equity.

Despite the promise of these opportunities participants noted that there are ongoing challenges that may impede resilience. Racism and discrimination continue to surface as issues for refugees and migrants in resettlement; reminiscent for some of the conditions they fled from. Logistical difficulties (including economic disadvantage and language barriers may limit the ability of individuals to tap into new migrant communities and access community-based services. The complexities of resettlement for refugees and forced migrants indicate that there is a need for a more nuanced understanding of how trauma and resiliency operate for different communities, and across multiples levels. Understandings of what it means to be resilient, to demonstrate resilience and ideas about how to foster or enhance resilience can differ by community. There are nonetheless some broad similarities that provide insight into the ways that individuals and communities understand and experience resilience in resettlement.

This pilot study has provided preliminary empirical evidence of resilience factors contributing to mental well-being among refugees in three communities. Building on this work will allow an opportunity to investigate similarities and differences in how other refugee groups define resiliency and what is needed to construct equity in Canadian society. A research grant from HRSDC[1], expanding the communities of interest to include Afghan, Colombian, Ethiopian and Karen/Burmese refugees and forced migrants has great potential to help inform social policy. As well, success in receiving additional funding from HRSDC in 2009 to conduct further research on this topic (please see Study Outcomes) took precedence over meeting the third original pilot study objective, which was to develop educational resources about refugee resiliency to enhance community mental health services. Using data from a larger study with additional communities, including Afghan, Colombian, Ethiopian and Karen (Burmese), enabled collaborative development of more diversified resources. The development of educational resources began in 2010 with funding from Citizenship and Immigration Canada (CIC).

1 Resilience, Acculturation and Integration of Adult Migrants: Understanding Cultural Strengths of Recent Refugees, 2010-2011 Human Resources and Skills Development Canada, L.Simich, Principal Investigator; Centre for Addiction and Mental Health; W. Pickren, Co-Principal Investigator, Department of Psychology, Ryerson University; M. Beiser, Co-Investigator, Department of Psychology, Ryerson University.

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