

**ADAPTATION AND SURVIVAL STRATEGIES OF REFUGEE WOMEN WITH
DISABILITIES IN SASKATOON, CANADA.**

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In partial fulfillment of the Requirements for the Degree of Master of Arts
in the Women, Gender and Sexuality Studies Program
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By

Florence Osei Poku

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ABSTRACT

In their everyday lives, persons with disabilities are given the societal message that they are lesser human beings (Ingstad and White, 1995; Garland-Thompson, 2017). Although both men and women with disabilities experience different levels and variable forms of discrimination, disability disadvantages women more than men (Dossa, 2006; Dossa, 2009; El-Lahib & Wehbi, 2009). Women who have disabilities have fewer opportunities for education and work, and fewer chances of marriages compared to their male counterparts (Emmett & Alant, 2016; Prince, 2006; Siebers, 2013). These disadvantages are compounded for refugee women because a sense of belonging for refugee women with disabilities is determined by a complex interaction of personal characteristics, pre and post-migration experiences, and wider societal influences (Dossa, 2009). This research explored the experiences of refugee women with physical disabilities who have immigrated to Saskatoon. This thesis examines their stories to reflect on ways in which disability is understood and negotiated in the processes of immigration and re-settlement. The research also studied the needs and challenges refugee women with disability encounter settling and integrating into Saskatoon, and the coping strategies that they adopted. As the migration experience is gendered and affected by a number of factors, an intersectional analysis is employed to interrogate the various mediating factors in Canada. Feminist standpoint theory informs both the methodological approach and analysis of the experiences of integration of women with disabilities.

Keywords: disability, integration, resettlement, women refugees

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DEDICATION

I dedicate this thesis to my father John Opoku who passed away in 2009. Words cannot begin to express how much I miss his endearing and supportive ways. His love and guidance has provided me with the strength to move forward and he will always journey with me throughout my life.

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ACRONYMS

BVOR- Blended Visa Office-Referred

CIC-Citizenship and Immigration Canada

CNIB-Canadian National Institute for the Blind

GAR-Government-Assisted Refugees

GGP-Global Gathering Place

ICAP-In-Canada Asylum Program

ILP-Immigrant Loan support

PSR-Privately-Sponsored Refugees

RHRP-Refugee and Humanitarian Resettlement Program

SDHHS-Saskatchewan Deaf and Hard of Hearing Services

INTRODUCTION

Currently, 59.5 million people are displaced globally due to war, conflict or human rights violations; of these, 19.5 million are recognised as United Nations convention refugees¹. Another 1.8 million are asylum seekers waiting for refugee determination (Boyd, 2018). Displaced refugees are frequently hosted in refugee camps managed by humanitarian organisations and eighty percent are occasionally resettled in countries in the Global North (Shannon et al., 2014). As a signatory to the Geneva Convention, Canada has formally committed to sharing in the international responsibility of refugee protection (Simich, 2010). Survivors of persecution who seek refugee protection in Canada take on the daily, complex, and long-term challenge of rebuilding lives in their new locale (McGrath & McGrath, 2013).

Possibilities for refugees' successful settlement are shaped by events and conditions that precede their arrival in Canada including country of origin conditions and exit and migration trajectories (Hyndman, 2014). The settlement process can be as challenging as the pre-arrival experiences (Beiser, 2009). Despite the humanitarian nature of Canadian society, there are still many layers of systemic discrimination that hinder the process of adaptation by refugees (Hyndman, 2011). Studies carried out with refugee populations in different locations throughout Canada have concluded that the main difficulties experienced by refugees are related to housing, employment, social networks, and mental and physical health (Aberman, 2014; Anderman, 2014; Beiser, 2015; Doosa, 2009; Wiebe, 2013).

¹ The Convention relating to the status of refugees, also known as the 1951 Refugee Convention, is a United Nations multilateral treaty that defines who is a refugee, and sets out the rights of individuals who are granted asylum and the responsibilities of nations that grant asylum

Each refugee's possibilities for successful settlement are enabled and constrained by intersecting social inequalities (Beiser, 2009; Beiser, Puente-Duran & Hoe, 2015; Bevelander & Pendakur, 2014). Migration scholarship has demonstrated the ways that social inequalities around social, racial, ethnic, religious, cultural, educational and language background interact and compound each other (Chadwick & Collins, 2015; Francis & Hiebert, 2014; Mizra, 2010). For example, participants in one study described how they were impacted by compounded inequalities of racism and refugee status (Wilson, Murtaza & Shakya, 2010). One participant from Afghanistan explained how people in his community called him a terrorist after the incident of 9/11, which made it very difficult for him to go to the mosque. These occurrences limit their access to community support and foster isolation.

The research for this thesis focused on the experiences of refugee women² with physical disabilities who have migrated to Saskatoon; the study examined their stories in order to reflect on the ways in which disability is understood and negotiated through the processes of migration and re-settlement. The research also examined the needs and challenges refugee women with disability encounter in settling and integrating into their new home, Saskatoon. Their integration into Canadian society is difficult because few social services exist to enable either their particular settlement or accessibility needs (Dion & Dion, 2001; Dyck & McLaren, 2004; Marsh, 2012; Shabaik, 2018). Moreover, there is a misconception that refugees and immigrants do not have disabilities and, therefore, do not require access to these services (Dossa, 2008). The services that do exist in the disability sector have not specifically focused on supporting the multiple and specific needs that refugees/immigrants with disabilities might and do have (El-Lahib, 2016). The social service sectors tend to work in silos and need more opportunities to speak to the intersectional needs of affected populations (El-Lahib & Wehbi, 2009). Until these sectors work

hand-in-hand, refugee women with disabilities will still be unable to access supports as easily and readily as able-bodied women. For racialized refugee/immigrant women, the intersection of race, immigration status, disability and gender means that multiple systems of power and oppression constitute barriers and discrimination (Goggin, 2009).

Although there is considerable literature on disability and refugees as separate topics, little attention has been given to these positionalities when they intersect. The growing literature on disability barely refers to the life situations of immigrant/refugee women with disabilities (Dossa, 2009; Marsh, 2012). Similarly, the literature on disabilities has not focused much on racialised refugee women with disabilities. In view of these omissions, my research uses the narratives and voices of refugee women with disabilities in Saskatoon to explore the intersections among race, culture, gender, the acquisition of English as an additional language and disability through their lived experiences.

The study's research process was guided by qualitative methodology and standpoint theory. I examined each narrator's survival strategies after being resettled in Saskatoon, and their experiences with settlement organisations and disability services. In addition, the narrators told their stories of how they used local or international social networks to deal with their disabilities

The research addressed the following questions:

- How is a sense of belonging and integration conceptualized by refugee women with disabilities in Saskatoon, Canada?
- Do refugee women with disabilities use interlocking local or international social networks to deal with their disabilities? And if so, which ways?

- What are the refugee women's experiences with settlement organisations and disability services provided in Saskatoon?
- What are the needs and challenges refugee women face settling and integrating in Saskatoon, Canada?

Outline of Chapters

Chapter One explores relevant literature on the discussion of disability and gender, lived experiences of refugee women and intersectionality. In this chapter, I examine the relationship between disability and the gendering process; the second section focuses on various research on the diverse experiences (employment, adaptation strategies, access to health care, etc.) of refugee women across Canada. The last section considers intersectionality between refugees with disabilities and resettlement experiences.

Chapter Two describes the theoretical framework, which guides this study of refugee women with disabilities. The concepts of voice and women's agency are presented in relationship to feminist standpoint theory. This chapter explains the methodology employed in my interviews and the feminist research principles that were used in my analysis of findings.

Chapter Three presents relevant literature that situates refugees in the Canadian context. This chapter considers the migration policies and processes through which refugees come to Canada and their lived experiences.

Chapter Four presents the findings and observations from interviews conducted with four refugee women with disabilities and depicts their experiences of integration. Various themes are discussed in this section along with a synthesis of the major findings and themes from the interviews and

literature. This includes a discussion on the implications of this study for understanding the experiences of integration and adaptability of refugee women with disabilities in Saskatoon.

Chapter five entails a conclusive analysis of the research findings and its contributions to existing literature on refugee women with disabilities.

This research, however, is not without limitations. The findings were based on a small sample size; the participants were purposively chosen in accordance with specific predetermined criteria. As a result, the findings are not generalizable to the general population of refugee women with disabilities. There were many challenges in conducting this research. The refugee women who volunteered for this research study coincidentally came from Islamic countries so their standpoints might differ from refugee women with disabilities from non-Islamic countries.

The research on refugee women with disabilities needs to be expanded to include women from other ethnicities and religions to determine both the commonalities and differences between and among them, and to see what factors facilitate or pose barriers to their integration.

CHAPTER 1

1.0 LITERATURE REVIEW

The following section looks at relevant literature that has emerged on the subject of disability and gender, lived experiences of refugee women and intersectionality between refugees with disabilities and resettlement. The literature review offers insight into the complexity and interaction between gender, and refugee status and their impact on women with disabilities. The discussion is followed by an overview of the integration and adaptation experiences of refugee women in Canada after resettlement. Building from the viewpoint highlighted above is a review of the intersection of the experiences of refugees with disabilities in their resettled countries.

1.1 THEORIZING DISABILITY AND GENDER

Definitions of disability have changed over time and space (Brown, 2014; Mizra et al., 2014). As with most definitions, disability is fraught with epistemological imaginaries which affect what counts as disability, which subjects are subsumed under the label and the effects that are manifested and rehearsed as visible in their lives (Dossa, 2006; Garland-Thompson, 2005; Meekosha et al, 2013). Disability tends to be separated into physical, cognitive and learning, sensory, emotional and psychological, impairments often characterised by limitations or restrictions on activities and daily functioning for a short or a long-term period (Ginsburg & Rapp, 2013; Mizra, 2010). Relationships between cultural representation of bodies and people's experiences are fundamental to understanding the conditions that shape the lives of persons with disabilities (Forman et al., 2011; Goodley et al., 2012). This section explores literature on disabilities and its intersections with gender from a global perspective. Considering how disability affects the gendering process characterised by stigma, marginalisation and “othering”.

Bodies operate socially as canvasses on which gender is displayed and physically enacted (Soldatic & Meekosha, 2012). Gendered analysis of disability has been particularly valuable in demonstrating the web of social and biological factors that disable people, not just women (Siebers, 2012). The type of disability, its visibility, its severity, and whether it is physical or mental in origin, mediate the degree to which the body of the person with a disability is socially compromised (Garland-Thompson, 2011; Tefera & Van Engen, 2016). It is often assumed that gender has little bearing on disability, yet the image of disability may be intensified by gender (Brown, 2014). Gendered analysis addresses the process through which both femininity and masculinity are constituted (Gerschick, 2000). Persons with disabilities have often been described as without gender, asexual creatures or the “other” to the social “norm” (Garland-Thompson, 2012; Warner & Brown, 2011). Thus, the bodies of people with disabilities make them vulnerable to being denied recognition as women and men (Schaff, 2016). Not only does the relationship between gender and disability produce unique barriers to social resources and institutions, but also combine to shape the interpersonal experiences of women and men with disabilities (Goodley, Hughes & Davis, 2012). The gendered experience of disability reveals sustained patterns of difference between men and women (Hall, 2011).

Since disability is deeply gendered, bodies are central to achieving recognition as appropriately gendered beings (Goodley, Hughes & Davi, 2012; Hall, 2011). In order to enact gender, people with disabilities must be recognized by others as appropriately masculine or feminine (Mohamed & Shefer, 2015; Siebers, 2013). Much is at stake in this process, as one’s sense of self rests precariously on others’ validation or rejection of one’s gender performance (Shuttleworth, Wedgwood & Wilson, 2012). Successful enactment bestows status and acceptance while failure invites embarrassment and humiliation (Status of Women Canada & Roeher Institute,

2006). Women and men with disabilities share similar experiences of devaluation, isolation, marginalization and discrimination and their fortunes diverge in important ways (Siebers, 2017), but the ways in which these differences are expressed are gendered.

While the negative social constructions of disability and their implications for interpersonal relationships have deeply affected both men and women, the interpersonal and relational consequences have been particularly salient for women (Smith & Hutchison, 2004; Erevelles, 2011). Expectations for women is a sense of helplessness, for men a “corrupted” masculinity generated by enforced dependence (Gerschik, 2000; Kim, 2011; Stone, 2005). In order to contextualize the experiences of women with disabilities, the stigma assigned to disability and gender as an interactional process needs to be considered (Groce et al, 2009). To have a disability is not only a physical or mental condition; it is also a social and stigmatised one (Gerschik, 2000; Shuttleworth, Wedgwood & Wilson, 2012). Stigmatization is embedded in the daily interactions between people with disabilities and the able-bodied (Gibson et al., 2014).

Gender stereotypes interact with disability stereotypes to constitute a deep matrix of gendered disability in specific historical and cultural contexts (Mohammed & Shaffer, 2015). Stereotypes are artefacts of culture that can only be understood by exploring their relations to each other in the cultural system (Petersen, 2012). While language is the most analysed site for the examination of both gender and disability, those relations interact in many other cultural locations such as the cinema, television, fiction, clothing, body languages and gestures (Ginsburg & Rapp, 2013). Thus, cultures sustain the social relations of gendered disability in constant reiterations of stereotypes and expectations (Priestly, 2006; Shaw, Chan, & McMahon, 2012). Culturally ascribed roles compel both men and women to conform to certain gender norms in order to maintain “natural” gender differences and assume the power dynamics associated with them (Emmett,

2006). Ironically, conformity to stereotypes by one group can be used as the resistance to another stereotype by another (Schaff, 2016). For instance, women with disabilities may be perceived as inappropriate mothers and as receivers of care by others, so they resist these stereotypes by asserting a desire for a traditional female carer role in relation to their own children (Emmett & Alant, 2006; Lintvelt, 2015). Men with disabilities who are not able to behave in stereotypically competitive masculine ways may adapt to a variety of strategies to cope with the stigma they experience from others (Swartz, 2014; Shuttleworth, Wedgwood & Wilson, 2012).

Likewise, due to social construction of both gender and disability, one may choose to rely on one identity over another in order to improve their social standing (Hall, 2011). This strategy sometimes works for men who identify with their gender that allows them to be perceived as dominant and powerful; however, the stigma of disability is in tension with masculine privilege and renders the “patriarchal dividend” unstable (Meekosha, 2008; Forman et al., 2011). Men with disabilities may identify with hegemonic ideals of masculinity such as physical strength, independence and bravado, which places them in conflict with their marginalised status as persons with a disability (Shaw, Chan & McMahon, 2012). Likewise, men respond to the conflict with their masculinity by either relying on hegemonic masculine ideals, reformulating them or rejecting them; women do not have this option (Brown, 2014).

Gendering of people with disabilities is especially evident in sexuality and procreation (Moodley & Graham, 2015; Rhomer & Louvet, 2009). Although many women with disabilities care for small children, the medical system, friends and family often discourage such women an active sex life but encourage it for heterosexual men (Hall, 2011). As a result, intimate partner relationships between men with able-bodied women as confirmation of their masculinity are more prevalent than between women with disabilities and able-bodied men (Fitzgerald & Withers, 2013;

Swain et al., 2013). The view that women with disabilities are asexual creates an absence of sex education and reproductive health care. Gender may also play out differently for women with different impairment types (Meekosha, 2008). For example, it has been argued that for women with intellectual disabilities, which are usually lifelong, with expectations regarding conformity to dominant gender norms may be less than for other types of impairments. By contrast, women with physical disabilities such as paraplegia later in life may have already established gender practices and identities and will need to negotiate these in the context of their acquired disability (Swartz, 2014)

Because women with disabilities are frequently more dependent on partners or carers than non-disabled women, their experiences of violence can be more diverse (Garland-Thompson, 2012). Acts of abuse can include isolation, withholding medication or medical aids, the denial of necessities or simple neglect (Erevelles, 2011). Women with disabilities who require personal care are vulnerable to a range of forms of abuse, including verbal abuse and ridicule related to the impairment, physical abuse or threat of it, financial abuse, forced isolation and embarrassing situations for a long period (Groce et al., 2009). Common perceptions of women with disabilities also figure in efforts to understand the dynamics of the violence and abuse they can experience (Ruiz-Perez et al., 2018).

Although women with disabilities share some common experiences, gendered studies of disability in western industrial nations and the developing world reveal different patterns of experiences in the lives of women with disabilities (Kassah et al., 2014). In developing countries, poverty often hits harder on women with disabilities due to patriarchal property ownership over structures and few resources at their disposal while aid is less likely to reach women and girls with disabilities (Tefera et al., 2017). In addition, women with disabilities in developing countries are

generally more vulnerable than their western counterparts and have higher rates of murder, domestic violence and sexual abuse due to superstitious beliefs attached to disability (Tefera & Van, 2016). By contrast in industrialised countries, the sexual orientation, race, and class of women with disabilities mediates their experience of disability, and increasingly better resources are available, thus enabling a meaningful life for them.

1.2 LIVED EXPERIENCES OF REFUGEE WOMEN

Although all refugees have significant needs in resettlement, refugee women's experiences during war and flight, combined with the stressors they encounter in exile, result in their needs being qualitatively different from those of men (Adamuti-Trach, Anisef & Sweet, 2018; Newbold, Cho & Mckeary, 2013). If the provision of services that are aimed at refugee women in resettlement is to be maximally effective, it is essential to understand the gendered nature of women's experiences and the ways in which these experiences influence their particular needs (Hansen, Wilton & Newbold, 2017). It is also important to acknowledge that refugee women are not a homogenous group and their experiences vary according to country of origin, journey, health status before and after flight, culture and religion (Shabaik, 2018). This situation is partly due to the consequences of pre-migration experiences. For example, during war, and in the experience of flight women, they are at a greater risk of sexual assault and vulnerable to sexual exploitation by armed forces, border guards, and refugee camp officials (Delara, 2016). In refugee camps, women often have access to few health resources and may suffer disproportionately from health problems such as malnutrition and trauma. These experiences have implications for refugee women's mental and physical health (Lennett, Brough & Cox, 2013).

The traumatic experiences that many refugee women confront further affect their coping ability in a new culture in particular the realities of adjusting to a new country and its language combine with the stressors that result from the social and economic changes (Sutherland, 2017). Like men, refugee women may suffer from post-traumatic stress disorder (Chui, 2011; Patil et al., 2015). Both competence in the language of the host country and formal education have been found to facilitate refugees' successful adjustment to life in resettlement (Brown-Bowers et al., 2015). This transition, then, may be particularly difficult for women, who often have less formal education and weaker literacy skills in their own language (Higginbottom et al., 2014). Resettlement challenges can also be exacerbated by economic problems, such as difficulty in obtaining employment when refugees' skills do not transfer well to their host nations (Donkor, 2004; Lenntte, Brough & Cox, 2013).

Knowledge of the host country's language and acquisition of language instruction facilitate refugees' integration into their new country (Boyd & Pikkov, 2005; Dossa, 1988; Hogarth, 2012). However, access to language instruction has been shown to vary by gender, with refugee women enrolling in classes at a lower rate than men (Bevelander & Pendakur, 2014). Access to language instruction also varies by age. Younger refugees are more likely to receive training than older refugees, with refugees who are over the age of fifty being the least likely to be enrolled (Boyd, 2018). Older women are the least likely to receive language instruction in all categories of refugees; homebound women are particularly at risk in terms acquisition of the new language (Stewart et al., 2015). For those who remain at home, learning the language is a prime problem since they will have little opportunity to access and use it (Tastoglou, 2017). Barriers to women's access to language training include cultural constraints (the woman occupying the traditional female roles such as domestic work, childcare, etc. in the home) on women attending classes or otherwise

participating in activities that take place outside the house (O'Neill, Gidengil & Young, 2013). Practical problems, such as the need for childcare and transportation, also impede the ability of refugee women who want to enroll in classes to attend them. The design of some language training programs also may deter refugee women from acquiring the English language skills when programs are geared toward academic study (Suto, 2013). For women who have had no previous education, they require skills to adjust to their new culture, as formal education may be inappropriate. Problems with language acquisition often lead to isolation, with refugee women becoming housebound and dependent on their husbands and children (Adamuti-Trach, Anisef & Sweet, 2018).

Although refugee women often face challenges in resettlement such as language difficulties, acculturation stress, societal prejudice, and loneliness that jeopardize integration, Stack and Iwaski (2009) argue that refugee women who belong to a community will more likely experience social bonding, decreased isolation and perceived support. Similarly, Suto's (2013) study of Afghan women suggests that some Afghan women who chose to be active in their communities are more likely to experience a place and roles for themselves and other Afghan people in their communities so that they can live and prosper together. Social support can reduce refugees' isolation and loneliness, and enhance their sense of belonging and life satisfaction (Simich, 2010). Social support is defined as interactions with family members, friends, peers, and professionals that communicate information, affirmation, practical aid, or understanding (Makwarimba et al, 2013). Having any form of social support can be a useful resource for coping with stressful situations (Lindsay & Almay, 2005; Stewart, 2014). Previous research has demonstrated that women who are able to rely on their social networks comprising family, friends, and acquaintances within their country of resettlement reported a greater sense of connectedness than those who were not reliant on networks

(Simich & Anderman, 2014). Refugee women can support one another by sharing social resources and by maintaining a shared interpretation of their collective experiences (Simich, et al, 2005).

The change in family roles is often accompanied by the loss of traditional support systems for women (Sammuel, 2009). Exile frequently entails the loss of traditional support systems upon which a woman refugee would normally rely (Simich & Hamilton, 2010). The absence of friends and extended family can be exceedingly painful. It also may disrupt the way the woman is accustomed to organizing her life (Makwarimba et al., 2013). For example, a woman, who has previously relied upon family members to care for her children while she is otherwise occupied, may find that without this support, opportunities in the resettlement country are diminished considerably (Newman, Nielsen, Smyth, 2018). The loss of neighbours and friends also can limit women's possibilities. It is not uncommon for refugees to come from closely-knit communities where neighbours provided both friendship and needed assistance. The loss of these intimate relationships is difficult for many women refugees, particularly when they are resettled in a community with a more impersonal concept of a neighbourhood (Simich et al., 2005).

Many refugees bring significant health problems with them to their host nations, including such lifestyle factors as smoking, unhealthy eating habits, and physical health concerns that are related to their experiences during war and flight (Meadows, Thurston, & Melton, 2001; Simich, & Hamilton, 2010). Physical health problems can be a significant impediment to refugees' adjustment in resettlement because illness and other health conditions may interfere with their employment and ability to effectively access resources such as language education (Chadwic & Collins, 2015; Delara, 2016). Refugee women who are not comfortable or familiar with the medical care available to them may rely on self-medication or folk remedies to avoid drawing on these services (Walsh et al., 2016).

Refugee women in Canada are two to three times more at risk than their Canadian counterparts for mental disorders and postpartum depression disorder because of the repeated exposures to extreme violence and trauma experienced during war and flight (Beiser, 2009; Patil et al., 2015). But they generally do not proactively seek help for postpartum depression (Delara, 2016; Hynie, 2018, Shannon et al., 2014). However, Hynie (2018) indicates that most refugees are at risk of mental illness not only because of prior traumatic exposures, but also post-migration social determinants of health. Hynie identifies the social determinants of refugee mental health as material variables such as access to safe environment, adequate food and housing, high quality health care and appropriate employment. Secondly, interpersonal variables such as experiences of social exclusion, discrimination and low social status also determine one's mental health after displacement. Research concludes that the variables that are consistently found to affect refugee and asylum seekers' mental health includes poverty, poor employment opportunities, inadequate housing, language barrier, loneliness and isolation, discrimination and exclusion. The post-migration social conditions of refugees often place them at the lower end of social gradient.

Refugee women often face challenges that are inherent in negotiating their new gender roles in resettlement (Sutherland, 2017). Gender roles in host countries are frequently different from what members of these communities are used to. In Canada, the value placed on gender equality may be at odds with more traditional patriarchal views in some countries. For some refugee women, resettlement might mean an increase in social mobility, economic independence and relative autonomy (Chappra & Chatterjee, 2009). New economic roles and new responsibilities affect spousal relationships, in some instances leading to considerable negotiations and alteration in marital power in the process (Endicott, 2017). Changes in gender roles can lead to a change in the distribution of power within the family, leading to greater authority and participation of the refugee

woman in household decision-making and control over family resources (El-Lhaib & Wehbi, 2009). Although these new gender roles may represent new opportunities for some women, for many it is difficult to negotiate their place within these new contexts because women may have been segregated into traditional female roles such as domestic work, childcare, etc in the home countries (Donker, 2004). Moreover, refugee women who have never worked outside the home may now need to learn how to balance employment with a full load of domestic responsibilities.

Refugee women often rely heavily on social service or settlement agencies for assistance in almost every aspect of their lives (Dossa, 2009). Social workers and settlement organizations provide invaluable support to both refugee men and women by assisting them to transition to their new home (Makwarimba et al., 2013). But refugee women face barriers in accessing these resources. Therefore, it is essential to gain a better understanding off both the particular needs of refugee women and the barriers they face in having their needs met (Delara, 2016). Many refugee women have reported a lack of awareness of services and a perceived lack of cultural awareness by their settlement service providers (Hyndman, 2011). Moreover, more refugee women than men apparently reported difficulty getting around and communicating (Hyndman, 2010). Such an understanding would improve the provision of services to these women and would facilitate their adjustment to life in resettlement by mitigating the impact of exile-related stressors on them (Hogarth, 2012).

1.3 INTERSECTIONALITY

Intersectionality was introduced as a concept and framework that would challenge a dominant form of feminist analysis that was seen to essentialise women's experiences, ignoring and rendering invisible certain other knowledge and realities (Crenshaw, 1989). Coined and elaborated by Kimberle Crenshaw in 1989, intersectionality enabled an analysis of multiple experiences without necessarily conceptualizing specific identities as inherent or static (Vivar, 2016). As an analytical perspective, it has enabled a more nuanced approach to conceptualizing the ways inequality, discrimination, and oppression intersect and overlap (Carbado et al., 2013). It also allows for a recognition of the limitations of any single analytical category or lens. Intersectionality highlighted the relationships among multiple dimensions and modalities of social relations and subject formations (Davis, 2008). Within a feminist intersectional framework, identity categories are understood as relational (Carastathis, 2014). They are based on historical contexts, social constructs, and power relations, with no one category carrying more importance at all times, though individual categories may be focused on at different moments, for different purposes (Davis, 2008). This type of approach allows us to understand the "constructness" of social identity categories and the process that produce and reproduce them (Valentine, 2007). Individuals who find themselves at the intersection of disability and refugee status have been described as "doubly vulnerable" to the impact of displacement yet minimal attention has been directed to disability-related issues in refugee and forced migration research (Reilly, 2008). Little is known about the experiences of refugees with disability after resettlement and their access to occupational participation opportunities (Mizra, 2010). Given the dearth of research specific to refugee women with disabilities in Canada, this literature review will consider the broader literature on the intersectionality between refugees with disabilities and their lived experiences in industrialised countries, followed by experiences of refugee women with disabilities.

Many refugees come from countries that lack basic social services, health care, and education for persons with disabilities (Mizra et al., 2014). Often government-assisted refugees arrive with complex health needs, which can include acute physical conditions, mental or emotional health issues, and family members with physical disabilities or impairments (Dossa, 2009). In some countries, there may not even be words to describe a disability. In others, having a disability carries a great deal of stigma so people may not feel comfortable identifying themselves as having a disability (Mizra, 2011). When refugees with disabilities arrive in Canada, they may be altogether unfamiliar with the concept of requesting and receiving assistance for their child or themselves (Dossa, 2008). Social service is complex and can be overwhelming. In many cases, not all services are provided by one person or agency, resulting in numerous social service providers involved with the family. This can be difficult for refugees who may feel uncomfortable talking about their disability (Mizra, 2012).

Recent disability studies and anthropological literature have fared slightly better in examining the experiences of refugees with disabilities. An example is Dossa's (2009) narrative ethnographic study with four Muslim women of color, three of whom arrived in Canada as refugees. In her research, Dossa (2009) situated each woman's narrative within immigration and asylum policies in Canada and Canadian nationalist discourse. Drawing upon the academic disciplines of disability studies and anti-racist feminism, the author highlighted how multiple negative markers of difference (gender, race, disability) intersect in ways that limited the life opportunities of disabled refugee women. Dossa's research revealed that the female narrators struggled with finding stable housing and means of livelihood, and with claiming citizenship entitlements while navigating the complex maze of social and health care services in Canada.

Results from surveys in Britain revealed multiple barriers restricting disabled refugees' participation in their adopted society (Amas & Lagnado, 2010; Harris, 2003; Harris & Roberts, 2004). These barriers include: lack of information on available services, inaccessibility of emergency accommodation. English language and job training courses, and lack of contact with local disability organizations (Harris, 2003). Studies commissioned by the Research and Consultancy Unit at the Refugee Support/Metropolitan Support Trust in London found a discrepancy between levels of support and knowledge of service providers (Harris & Roberts, 2004; Ward, Amas & Lagnado, 2008). While disabled refugees and asylum seekers were receiving considerable support from refugee organizations, service providers at these organizations lacked up-to-date knowledge on disability issues, rights, and entitlements. Mainstream disability organizations similarly lacked awareness about the needs of refugees and asylum seekers and the social services to which they were entitled (Roberts, 2003). As a result, cross-referrals between these organizations were minimal, and disabled refugees and asylum seekers were found to have very little information and contact with mainstream disability organizations. Refugees with disabilities also faced multiple barriers to accessing disability services (Amas & Lagnado, 2008). These problems included difficulties with language and appropriate interpreting services, immigration status-linked restrictions on support, lack of knowledge about rights and entitlements among both refugees with disabilities and service providers, and the stigma associated with disability among cultures of origin.

In another study conducted to examine the existing service systems in addressing the service needs and gaps among refugees with disabilities resettled in the United States, participants revealed that their disability related needs were either not adequately addressed after resettlement, or experienced differential access to resettlement resources on account of their disability (Mizra & Heinemann, 2012). In some cases, refugee participants were dealing with unmet needs because

their resettlement service providers did not accurately anticipate their disability-related needs during the resettlement process (Mizra, 2010). For example, the research highlighted that one participant who had a chronic heart condition and who experienced difficulty with ascending and descending the staircases was accommodated in a unit on the fourth floor of a building without an elevator. Even though the participant was resettled as a “medical case” and the resettlement agency was notified before her arrival, they still placed her in an inaccessible living environment. This housing arrangement made her confined to her building almost all the time, and she was unable to take advantage of English language classes, social and community engagement opportunities and other resources offered at her resettlement agency. In another case, a refugee participant with hearing impairments did not receive much information about the importance of learning American Sign language and the opportunities this skill would open up for him. Neither the agency that first settled him nor the local Cambodian community association where he was receiving supportive services encouraged him to pursue sign language training. As a result, despite being in the United States for more than twenty years, he engaged in limited communication with his family using informal home signs. He had no social contacts outside of his family.

This research study highlighted above reveal the shortcomings of resettlement services in addressing the needs of disabled refugees (Mizra & Heinemann, 2012). The resettlement service system was inadequate in responding to the needs of refugees with disabilities despite the good intentions of service providers. Service providers tended to view the needs of disabled refugees in reductive medical terms and prioritized their immediate needs over long term stability and integration. Consequently, they perceived their own services as being limited to referring refugees to the refugee health clinic rather than helping them with English language education and vocational opportunities, which was part of their general service mandate.

Limited awareness of disability rights and resources was also an issue within the local Cambodian community association that served as a long term source of support for the Cambodian refugees after their eligibility for resettlement services was exhausted (Dossa, 2009). Service providers at the Cambodian association were resourceful in connecting Cambodians with disabilities welfare supports, but were limited in referring these individuals for vocational training, disability advocacy and other supportive resources for people with disabilities. These service providers acknowledged their own lack of knowledge related to disability rights and resources.

Despite the presence of a large disability rights and service network in the city, connections between disability and refugee service systems were found to be tenuous. Resettlement service providers were reluctant to refer their clients with disabilities to disability services organizations, which may be due in part to their perception that refugee families were accustomed to having most of their needs met through a single settlement agency. Resettlement organizations also saw themselves to be better equipped than other service systems to support newly arrived refugees. This reluctance to trust disability service systems was also associated with a general perception that mainstream disability organizations were ill-equipped to cater for the cultural and linguistic differences that refugee population present. Although different in scope, collectively, the existing research focusing on disabled refugees provides strikingly consistent examples of the challenges they experience after displacement and resettlement.

The disability literature that exists within refugee research is positioned predominantly in the field of mental health. The World Health Organization (WHO) defines mental health as a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his own community (2001). Mental health is a significant and necessary component of overall good health

and quality of life. Good mental health is not only defined by the absence of mental disorders and problems, but also by the presence of various coping skills such as resilience, flexibility and balance (Beiser, 2009). Mental health status is associated with a variety of integration outcomes, including educational attainment, social networks and relationships, economic outcomes, and physical well-being (Delara, 2016). All of these factors can significantly impact a refugee's ability to adjust to life in Canada. Refugees may be exposed to a variety of stressors including pre-migration stressors that may put them in heightened health risk such as refugee camp internment and catastrophic experiences (Shannon et al., 2014). In addition, refugees may suffer from post-migration stressors including separation from family, unemployment, and poverty.

While all people with disabilities in resettled countries face barriers to social participation, refugees from non-English speaking countries face deeper forms of marginalization and cumulative disadvantage (Simich & Anderman, 2014). For instance, they are less likely to access government-funded disability support services. Support to continue learning English beyond the allocated 5-10 hours in the Adult Migrant Program is difficult for disabled refugees to access, particularly for those with intellectual disability, or those who are not appropriately identified, or are misidentified as requiring mental health services.

1.4 CONCLUSION

In this chapter, the review of the literature revealed that gender and disability constantly intersect, albeit in different ways, for women and men. As gendered beings, women with disabilities most often have their sexuality and reproductive rights interrogated, and as a result they are alternatively seen as “sexless” or vulnerable to sexual exploitation. Similarly, men with disabilities also face the question about their masculinity. Although women with disabilities have common experiences, their lives are shaped by the intersection of race and culture. In comparing

women with disabilities in developing to those in industrialised countries, the latter most often have increasingly better resources, which enable many of them to lead a meaningful life.

The literature review also provided insight into the experiences of refugee women in Canada. In most situations, integration after resettlement was fraught with many challenges for refugee women. Although language acquisition, securing a job, acquiring a Canadian education and adapting to the expectations of their host country is a determinant of successful settlement and independence, this goal was not achievable by refugee women with disabilities. As a result of persecution and civil strife, and their experiences of displacement and as victims of human rights abuses, many refugee women came to Canada with mental health challenges. Many have found adapting to their host country and new cultural expectations very challenging. Research on refugees in industrialised countries such as Canada, United Kingdom and United States of America indicate that the impairment needs of refugees are not well attended to mostly because settlement organisations are underfunded.

CHAPTER 2

2.0 METHODOLOGY

This chapter includes a detailed discussion of the methodological approach and the research methods that I used to gather and analyse the findings. To appreciate the experiences of refugee women with disabilities and the factors that contribute to their resettlement experiences and integration in Saskatoon, I employed the basic tenets of feminist standpoint theory as a methodology. Feminist standpoint theory is a tool to interpret women's experiences and argues that there are multiplicity of perspectives and standpoints from which knowledge is produced (Harding, 2004). Standpoint theory provides a logic of research that focuses on the needs and desires arising from the daily life of disadvantaged citizens of the globe and learning how feminist research impacts on their lives. In order to arrive at an in-depth understanding of the meaning that the narrators hold about their experiences, I adopted narrative inquiry as a research method. In analysing the data, I used the qualitative research software NVivo that has useful features for organising my data sets. Limitations of the research, ethical consideration, and brief descriptions of the research participants are discussed in this chapter.

2.1 STANDPOINT THEORY

In the not-too-distant past women were the objects of others' (male) knowledge and have less often been creators of knowledge. One of the early goals of the women's movement in the 1960s to 1970s was to produce knowledge by and for women (Smith, 1997). Standpoint theory represents a challenge to abstract notions of truth, scientific rationality and objectivity. Standpoint theory argues that knowledge claims are always socially situated, and the failure by dominant groups to critically and systematically interrogate their disadvantaged social position and the effect of such advantages on their beliefs leaves their social situation a scientifically and

epistemologically disadvantage for generating knowledge (Harding, 1986). Standpoint theory challenges the conventional view that feminism is just a political movement and politics that can only obstruct and damage the production of scientific knowledge (Hekman, 1997). It was proposed not just as an explanatory theory, but also as a method or theory of method (methodology) to guide future feminist research (Jaggar, 2004). Likewise, standpoint theory is presented as a way of empowering oppressed groups, valuing their experiences, and pointing towards a way to develop an oppositional consciousness (Harding, 1997). The theoretical exploration of experience, knowledge and identity are central analytic concern of feminist standpoint theory. Feminist standpoint theory generally hold that because knowledge is socially constructed, one's position in society informs one's understanding of that society. More importantly, structures of domination and exploitation are central to the dynamics of any society; those who experience forms of oppression will best understand those structures of domination and thus certain central dynamics of their society (Allen, 1996).

A standpoint is a social position from which certain features of reality come into prominence while other aspects of reality are obscured (Harding, 2004). From a particular social standing, one can see things more clearly than others can. Individuals have similar and different vantage points from which they see the world, and the vantage points are the result of a person's field of experience (Jaggar, 2004). One's standpoint reflects one's own unique experience and asserts membership in a community of those who understand shared experiences in mutually supportive ways (Walby, 2001). Standpoints involve a level of conscious awareness about a person's location in the social structure and that location's relationship to the person's lived experience (Collins, 1997). One's standpoint emerges from one's social position with regard to gender, culture, color, ethnicity, class and sexual orientation and how these factors interact and affect one's everyday

lives (Collins, 1997). Since its introduction, feminist standpoint theory has been productively challenged, modified and expanded. Feminist standpoint theory has encompassed several different but interrelated discourses. This section explores the central issues about the debate of standpoint while considering whether some social positions provide a privileged access to truth over others. In addition, the contested arguments about feminist standpoint theory, including the extent to which positionality and standpoint theory are bound up with each other, will be explored.

Whereas early standpoint theorists privileged class location in their analysis, more recent articulations have focused on the importance of race and gender (Hartsock, 1983; Smith, 2004). In addition, early formulations of standpoint theory defined all women as a grouping; however, feminist theorists particularly those of people of color argue that “women” as a group are not homogenous. Collins (1997) argues that the notion of a woman’s perspective ignores important differences among women and helps to perpetuate inequality among women. Collins maintains that black women share important experiences that have helped to foster the development of a group standpoint (Collins, 2004). Pluralising the term to feminist standpoints allows the recognition of difference particular, and context while also putting certain parameters on what can count as a feminist standpoint. These parameters do not entail some universal and timeless conception of feminism or femaleness; rather feminism is the product of ongoing political negotiation within and among various groups of women who theorise from the standpoint of their experiences of gender, race, class, and other oppressions. The materialist basis of feminist standpoint theory leads logically to the conclusion that differences in experience produce differences in standpoints; the pluralisation of feminist standpoints recognises difference among material experiences of women across history, race, class and culture.

First, we can easily think of cases where members of oppressed groups have an inaccurate view of the world either because they have internalised their own oppression or have lacked the educational resources useful for achieving certain kinds of knowledge. Second, it is difficult to see how oppressed groups would have an epistemic advantage in every epistemological context, as there are some areas of knowledge where the experiences one has by virtue of one's social position appear to be irrelevant to the content of the evidence at stake. Yet several contemporary standpoint theorists have worked to clarify these in ways that are distant from the problematic interpretations described above (Wylie 2013; Harding 2004; Crasnow 2009). Wylie argues that for standpoint theory to be viable it must not presuppose an essentialist definition of the social categories by which standpoints are characterised, and it must maintain that standpoints of the oppressed are automatically of epistemological advantaged (Wylie, 2013)

Another facet of feminist standpoint theory debate has been the difference between the individual and the group as units of analysis. According to Collins, the notion of a standpoint refers to a historically shared group based experience (Collins, 1997). Groups have a degree of permanence over time such that group realities transcend individual experiences. For example, African Americans as a stigmatized racial group existed long before she was born. While her individual experiences with institutionalised racism will be unique, the types of opportunities and constraints that she encounters on a daily basis will resemble those confronting African American as a group. However, standpoint theory places less emphasis on individual experience within socially constructed groups than on the social conditions that construct such groups. Collins stresses this difference between the individual and the group as units of analysis because using these two constructs as if they were interchangeable clouds understanding of a host of topics, in this case the notion of a group-based standpoint. In support of this claim, Hartsock (1997) argues

that a standpoint is not a perspective or a point of view which can vary from person to person, but it is rather an epistemology which must be shared between at least some members of a people and which is a function of political struggle with other people who are similarly placed vis-à-vis oppressive power relations.

A second feature of standpoint theory concerns the commonality of experiences and perspectives that emerge for groups differently arrayed within hierarchical power relations (Collins, 2004). If the group is theorised away there can be no common experiences or perspectives. Standpoint theory argues that groups who share common placement in hierarchical power relations also share common experiences in such power relations. Such shared angles of vision lead those in similar social locations to be predisposed to interpret these experiences in a comparable fashion (Stoetzler & Yuval-Davis, 2002). The existence of the group as the unit of analysis means neither that all individuals within the group have the same experiences nor that they interpret them in the same way. Using the group as the focal point provides space for individual agency. While these themes remain meritorious, they simply do not lie at the centre of standpoint theory as a theory of group power and the knowledge that group location and power generate. Unfortunately, the much-deserved attention to issues of individual agency and diversity often overshadows investigating the continued salience of group experience. For instance transcending markers of difference such as social class, region of residence, etc, all Black men must in the same way grapple with the actual or potential treatment by the criminal justice system. Whatever their racial/ethnic classification is, poor people as a group confront similar barriers for issues of basic survival.

While there is some merit to these criticisms, I would argue that feminist standpoint theory remains an insightful feminist theory, which has the potential to inform rich and diverse research

and continues to make significant contributions to understanding the differences in women's experiences along the lines of race, class, ethnicity, etc. While its shortcomings are not to be forgotten, it is also important to recognise the central strength in its insistence on voice. It is this recognition that makes it a central framework and methodology for my research on the resettlement experience of refugee women with disabilities.

2.2 RESEARCH METHODS

Methods are important and how we seek knowledge determines what knowledge we find (Charmaz & McMullen, 2011). The goal of this research is to understand the experiences of refugee women who live with disabilities. Qualitative methods are effective in illuminating experiences as it helps in understanding how individuals understand their experience within the context of their broader lives (Palinkas et al., 2011). Stories provide rich, thick, description of individual stories embedded within social context, place, and time and reveal the narrator's standpoint. Doing qualitative methods involves eliciting and documenting stories of individuals' lived experiences. Qualitative methods are based on the premise that we understand or make sense of our lives through narratives (Polkinghorne, 2007). Hopes, desires, memories, fantasies, intentions, representations of others, and time are all interwoven through narrative into a fabric that people experience and can tell a life history (Brett & Andrew, 2005). Stories are the linguistic form which connect human lived experience. Unfortunately, some researchers often do not move beyond telling a story, which has led critics to ask, "How can a story be research?"

A story can be research when it is interpreted in view of the literature of a field, a process which yields implications for practice, future research, or theory building (Braun & Clark, 2006).

Qualitative research seeks to understand people holistically, and at the same time, to capture the complexity of the social human phenomenon (Polkinghorne, 2007.) Qualitative methods examine the ways in which human beings experience the world (Andrews et al., 2013). Through narrative research, participants are recognized as “producers of context specific knowledge” (Dossa 2009:4). Although narratives may be found in written material such as clinical reports, in electronic communication such as text messages or in visual forms such as photo diaries or film (Lewis, 2015), this research relies heavily on oral narratives provided through interviews. The theoretical underpinning of telling stories is the belief that telling a story about oneself involves choice and action, both of which have integrally moral and ethical dimensions (Hollway & Jefferson, 2000).

Eliciting narrative may have the potential to transform the participant’s experiences through the processes of reflection and engagement with the audience’s reception of the story. The aim of qualitative methods is therefore not to find one generalizable truth but to ‘sing up many truths/narratives’ (Josselson, 2004). In an attempt to recognize story-telling as a creative activity, qualitative researchers have identified critical and reflexive perspectives. Connelly and Clandenin (1990) observe that if stories are listened to in an appropriate way, they have the potential to effect social change. People on the margins often resort to storytelling as a social act, even if “the stories may concern events that seemed to have singled out a person, isolated and privatized his or her experience” (Jackson, 2006 p.103 as cited in Dossa, 2006). The use of storytelling as a method of data collection has the potential not only to generate data about resistance, but also to frame the very research process as a tool of resistance. Stories can mobilize others into action for progressive social change. Josselson (2007) further notes that the point of view expressed through narrative is “that of a motivated actor who expresses intentions” (475). The use of qualitative research may

encourage some participants to recognize themselves as motivated, intentional actors, which could support and would certainly not detract from their agency in public space.

2.3 RESEARCH PARTICIPANTS

The narrators for this research are four refugee women with disabilities who live in Saskatoon, Canada. One of the women is blind, another partially blind; one has a hearing impairment, and the other has a speech impediment and is physically impaired. They all came to Saskatoon through the government-assisted sponsorship program. These women are between the ages of 30 and 67. Three of the women had previously lived in another country before coming to Canada. In their first asylum country (Turkey and Lebanon), they were considered as refugees. The other woman came from her home country Saudi Arabia. The total time lived in these countries varied considerably among these women, ranging from one to five years. Three of them were never employed due to their refugee status in the asylum country, the disability or cultural reasons; one worked as a hair stylist.

Their length of stay in Canada varied from six months to six and a half years. None of them was employed in Canada at the time of the interview. Three of them live with their spouses; one has five children while one was a single woman. With such an array of past and present experiences and circumstances, the women interviewed appeared to be in quite different stages in their integration into Canadian society and were adapting to their new life at different paces. Information on the refugee women with disabilities is summarized in Table I below followed by a summary of each participant's background. To protect the interest of the research, pseudonyms were given to each of the participants.

TABLE 2.1 SUMMARY INFORMATION OF REFUGEE WOMEN WITH DISABILITIES

Name	Country Of Birth	Country Of First Asylum	Disability (ies)	Marital Status/Children	Educational Level	Length of stay in Canada	Age
Nadia	Saudi Arabia	N/A	Deaf and chronic health diseases	Married/ five children	No formal education (vocational skill)	Six and half years	37
Ankita	Syria	Lebanon	Partially blind	Married/ no children	Basic education	2 years	35
Yumna	Syria	Lebanon	Blind	Single	Basic education	2 years	32
Aisha	Syria	Turkey	Physically impaired, speech problem and neurological problems.	Married/ seven children	Basic education	Six months	67

2.4 RECRUITMENT PROCESS

I accessed my participants through the Global Gathering Place (GGP), a settlement organisation that is the first point of call for immigrants and refugees in Saskatoon. The GGP is a non-profit drop-in Centre that provides services for immigrants and refugees in Saskatoon. The GGP helps newcomers adapt to life in Canada by offering support and skill development, acceptance, and a welcoming environment. The organisation works in partnership with community and immigrant-serving agencies (Immigration, Refugees, and Citizenship Canada, IRCC), and a wide network of private and government funders.

I recruited narrators for this study through snowball sampling² since refugee women with disability (ies) were otherwise difficult to reach. Through snowball sampling, a researcher collects

² Snowball sampling is a non-probability sampling technique through which samples are gathered in a process that does not give all individuals in the population equal chances of being selected (Handcock and Gile, 2011)

data on the few members of the target population that he or she can locate. The researcher then asks those individuals to provide information needed to locate other members of that population whom they know. For the purpose of this research, individual in-depth, face-to-face interviews were conducted with the narrators in a quiet and convenient location where participants indicated that they felt safe. An interview guide was developed that listed the questions or issues to be explored during the interview and included an informed consent form (see Appendix A).

In order to gain more clarification and understanding of the transcripts, I engaged in member-checking during the interview process; that is, I went back to the narrators on more than one occasion. Thus, the interview process lasted for three months. The interviews, however, would not have been possible without the assistance of translators. One was Nadia's daughter because she was the only one who could sign in Nadia's native language. While the other woman was a member of the Lebanese community at the University of Saskatchewan campus who volunteered to translate for the three narrators. The use of the translators had both its strengths and weaknesses as discussed below.

2.5 DATA ANALYSIS

Data analysis involves the process of developing answers to questions through the examination and interpretation of data (Gibbs, 2002). The process of data analysis involves piecing together data, making "the invisible" apparent, deciding what is significant and insignificant, and linking seemingly unrelated facets of experience together (Miles, 2013). Data analysis becomes a creative process of organising data so that the analytic scheme will be constructive (Bazeley & Jackson, 2013).

Although qualitative research uses many analytical approaches, this research uses narrative analysis, which takes the story of participants as the investigative focus. Narrative analyses is

conducted within two hermeneutic traditions, a hermeneutics of faith and a hermeneutics of suspicion (Josselson, 2007). From the point of view of a hermeneutics of faith, the first positioning aims at the restoration of a meaning addressed to the interpreter in the form of a message with as little distortion as possible. The interpreter tries to unearth and highlight meanings that are presented in the informant or participants' communication. A restoration perspective is characterised by a willingness to listen, to absorb as much as possible the message in its given form; this approach respects the symbol, understands as cultural mechanism for our apprehension of reality, as a place of revelation. The aim of a hermeneutics of faith is to re-present, explore and/or understand the subjective world of the participants and/ or the social and historical world they feel themselves to be living in. The interpretive effort is to examine the various messages inherent in an interview text, giving voice in various ways to the participant's experiences.

By contrast, a hermeneutics of suspicion may be approached as the demystification of meaning presented to the interpreter by the narrator (Josselson, 2007). This approach problematizes the participant's narratives and decodes meaning beyond the text. The researcher, for example, may be alert to various forms of self-deception that may be operating on the feelings and words that do not match. The interpretive effort is to examine the masks and illusions of consciousness, and to reveal the underlying social processes that are the foundation of material life. Analysis from a position of demystification (suspicion) may serve as pointers to what is unsaid or unsayable. Where a hermeneutics of faith may regard an interview or a report about life experience, a hermeneutics of suspicion regards the account as a construction of a particular story and the subordinating of others. Interpretive work involves paying attention to the way the story involved is constructed and how its part are ordered and juxtaposed, noticing the moments of silence and omission and focusing on contradictions and inconsistencies. Analysis and

interpretation involve reading between the lines for indirect references and for signs of unconscious processes. To justify the stance of a hermeneutics of suspicion, it is understood that the narratives do not fully make sense on their own terms, but require further interpretation.

In an effort to unearth the meanings inherent in the narratives we obtain, researchers should remain faithful to the intentions of the narrator. This approach is of paramount value when the aim of the research is to give voice to the marginalised or oppressed groups and to represent their experiences. Meanings may be assigned through consensus between the researcher and the narrator and understood to be co-constructed through conversations between them. Narrative analysis is aimed at constructing both the themes that unify the story and the disparate voices that carry, comment on, and disrupt the main themes. In narrative analysis, texts are analysed within their social, cultural, and historical contexts from many different perspectives. They are deconstructed in order to reveal powerful discourses, hierarchies, presuppositions, deliberate omissions and polar opposites (Denzin & Lincoln, 2000).

2.6 ANALYSING THE DATA

One of the most notable developments in qualitative research in recent years has been the development of computer software to facilitate the analysis of qualitative data. This research used NVivo, a qualitative data analysis computer software and a tool for managing qualitative research data (interview transcripts, videos, pictures and databases) to analyse the data. NVivo defines coding as a process of marking passages of text in a project's documents node (Bazeley & Jackson, 2013). Using NVivo during the analyses helped to manage the data by organising and keeping track of the many records. These included not just the raw data files from the interviews, but also the notes and ideas jotted into memos, information about the data sources, and conceptual maps of what is going on in the data. At the same time, NVivo assisted in querying the data by asking

simple or complex questions of the data, and having the program retrieve from its database information relevant to determining an answer to those questions. The final research findings were structured based on the themes and patterns identified in the interviews (See Appendix F for a list of codes). Analytic coding of transcripts was done while exploring how emerging themes were related to each other.

2.7 ETHICAL ISSUES

In line with Tri-Council policy (TCPS 2) 2010 on research involving human beings, I applied for ethics approval before proceeding to collect data (Kitchin, 2008) See Appendix A for the proposal. Before the interviews began, narrators were briefed about the research with the help of the translators and provided with a consent form to sign. Narrators had the opportunity to opt out of the interview or any of the questions at any time. All narrators were asked to give or provide a pseudonym to protect their privacy. Translators who assisted with the interviews also signed a confidentiality form to protect respondents' information. Data collected is safely secured with Dr. Lesley Biggs, my research supervisor. In situations where participants mentioned any information that are easily identifiable, that information was modified to protect their anonymity.

2.8 LIMITATIONS

Data were obtained from a very small snowball sample of refugee women with disabilities in Saskatoon, Canada. Accordingly, the findings cannot be generalised to other refugee groups or to other parts of Canada. This study was limited by language and cultural barriers. Since English was not the participants' first language, I had to work with interpreters. In the process of translation, whether consciously or unconsciously, the interpreters may have modified, censored, or otherwise interpreted the meaning of the participants' response. The direction of these biases are unknown.

2.9 CONCLUSION

Feminist standpoint theory remains an insightful feminist theory, which has the potential to inform rich and diverse research and continues to make significant contributions to understanding the differences in women's experiences and in this case the experiences of the refugee women with disabilities. Feminist standpoint theory makes the claim that the social position of a person (gender, class, race, ethnicity, etc) plays a role in structuring and shaping one's knowledge. Individuals have similar and different vantage points from which they see the world, and the vantage points are the result of a person's field of experience. One's standpoint reflects one's own unique experience and asserts membership in a community of those who understand shared experiences in mutually supportive ways. To explore the standpoints of the refugee women with disabilities, the use of qualitative methods was employed to understand their experiences holistically. In analyzing the data this research used NVivo, a qualitative data analysis computer software and a tool for managing qualitative research data (interview transcripts, videos, pictures and databases) to analyse the data.

CHAPTER 3

3.0 SITUATING REFUGEES IN THE CANADAIAN CONTEXT

While some of the data on refugees in Canada tend to be limited in scope and are often outdated, much of the focus among researchers has been on issues such as economic adaptation strategies, language acquisition, and service needs due to mental health, trauma, and social integration. Researchers have not investigated the experiences of refugee women with disabilities and their special needs. In addition, data collected on immigration and released for research purposes often do not often differentiate between refugees and other immigrants. Even when data sets do identify refugees, they are unlikely to differentiate between government-assisted refugees from privately sponsored refugees and blended visa office referred refugees. The following section begins with a general overview of refugees in Canada including their categories and the types of support and settlement services available. The last section covers the resettlement experiences of refugees in Canada while the third section focuses on the relevant literature on lived experiences of refugee women.

3.1 OVERVIEW OF REFUGEES IN CANADA

In keeping with its humanitarian traditions and international commitments, Canada has for years been a host to refugees brought in through a set of resettlement and asylum programs (Beiser & Hou, 2000). Since the year 2000, Canada has accepted an average of 27,000 refugees a year from a range of countries in Africa, the Middle East and South East Asia (Makwarimba, 2013). In 2013, Canada accepted a total 24,049 refugees (Sutherland, 2017). Over the years, Canada experienced several refugee waves. In the late 1970s, about 60,000 people from Vietnam arrived as

refugees (Wilkinson & Garcea, 2017). The 1980s saw an influx from Poland because of the political/economic crisis in that country (Wilkinson et al., 2017). In recent years, refugees came from Afghanistan, Iran, Iraq, and Syria to Canada. Roughly, half of these refugees are selected abroad for resettlement in Canada; the others are successful refugee claimants who arrive in Canada seeking protection and their refugee claims are approved by the Immigration and Refugee Board (Hyndman, Payne & Jimenez, 2017). These individuals have been forced to flee their home countries due to well-founded fears of persecution based on race, religion, nationality, political opinion, or membership in a particular group, risk of torture or cruel and unusual punishment in their home countries (UNHCR, 2015). Since the fall of 2015, resettlement has risen dramatically as the Canadian government expanded its commitment to resettlement, pledging to admit at least 25,000 Syrian refugees to Canada (Walsh et al., 2016).

Most refugees do not have the opportunity to choose their destination and are unaware of their destination when they depart their country of origin (Lan-Cox, 2012). They leave behind family and friends whom they may never see again, and with whom communication is sometimes difficult (Nourpanah, 2014). Refugees who come to Canada in many cases have had to live in refugee camps for many years and usually arrive in a country in which the culture is significantly different from their own (Brown-Bowers et al., 2015). In 1976, the Canadian Immigration Act established a refugee system that offers a range of pathways through which refugees arrive in the country (CIC, 2003). Canada has two major refugee programs: the first is the In-Canada Asylum Program (ICAP), which is designed for persons seeking asylum after they have entered Canada (Lenette, Brough & Cox, 2013). ICAP provides refugee status to claimants in Canada who have a well-founded fear of persecution, torture or cruel punishment should they return to their home country or habitual residence (Mizra et al, 2014). The second major program is the Refugee and

Humanitarian Resettlement Program (RHRP), which is designed for persons seeking admission as refugees from outside Canada (Wilkinson & Garcea, 2017). Persons under the RHRP may be resettled to Canada within one or two refugee classes (Simich & Anderman, 2014). The first is the Convention Refugees Abroad class, which includes people outside their country of origin who meet the internationally recognized definition of a refugee as someone with a well-founded fear of persecution or torture (Stewart, 2014). The second is the Country of Asylum class, which includes persons who are affected by armed conflicts or massive violations of human rights and who are identified by Canadian government as victims of persecution, but are not necessarily recognised by the United Nations High Commission for Refugees as such (Simich, 2010).

The RHRP is further divided into three major characteristics of sponsorship, which entail different levels and types of assistance (Suto, 2013). First, is the Government Assisted Refugees (GARs); they are largely members of the Convention Refugees Abroad class, and in a few instance, also members of the Country Asylum Class who have been identified as refugees with special needs (Bieser et al, 2015). According to CICC (2014), Canada accepted 5,790 government-assisted refugees in 2013. The resettlement of GARs is entirely supported by the government of Canada or Quebec, depending on where they settled, for up to one year from the date of arrival in Canada or until the refugees are able to support themselves (Nourpanah, 2014).

Significant shifts in priorities for the GAR resettlement program have contributed to the current refugee settlement landscape in Canada. Between 1976 and 2002, Canadian resettlement policies emphasized selection of the most adaptable (McGrath & McGrath, 2013). This emphasis reflected nation- and economy-building. Refugees selected for resettlement under these policies had the advantage of official language capacity, education, and employment histories (Hyndman et al., 2017). This approach was criticized on both principled and practical grounds. In principle,

refugee protection should be guided by humanitarian values, not economic or national expedience (Hynie & Hyndman, 2016). In practice, Canada was criticized for “cherry picking” the best, leaving the most vulnerable refugees in precarious, under-resourced countries of first asylum. After the implementation of the Immigration and Refugee Protection Act in 2002, the focus of the Canadian refugee selection process has been on those most in need of protection (Hyndman, 2011). Consequently, refugees arriving after 2002 face multiple challenges such as low literacy in their first language, low educational levels, large households, single parent homes as well as complex physical and mental health issues (Hyndman, 2012).

The second type of program is the Privately-Sponsored Refugees (PSR). In 2013, 6396 refugees entered the country as privately-sponsored refugees. Under this program, private individuals and organizations are responsible for receiving, orienting, and supporting refugees at all stages of the resettlement process (Stewart, 2014). Groups that perform such a sponsorship function are often faith-based, ethnic-based, or public organizations that have signed an agreement with either the federal or Quebec governments, although any group of five adults who meet the minimum support requirements may also sponsor a refugee (Bevelader & Pendakur, 2014). Refugees are identified for resettlement by sponsors rather than the federal government, although government authorities must approve the refugees’ application for settlement (Chapra & Chatterjee, 2009). The last type of sponsorship is the shared sponsorship programs. There are two shared government-private sponsorship programs: the Blended Visa Office-Referred (BVOR) and the Joint Assisted Sponsorship (JAS). BVOR refugees are identified by UNHCR and referred to private sponsors by federal government visa officers (Bieser Puente-Duran & Hou, 2015). The JAS program is designed to facilitate collaborative assistance between the federal government and private-sponsorship agreement holders in providing settlement support to government-assisted refugees

with special needs, such as trauma or medical disabilities. Responsibilities for these cases is thus shared between the government and sponsors (Beiser & Hou, 2000).

Financial settlement support for GARs includes the Immigrant Loan support (ILP). Under the ILP, GARs are eligible for travel loans, should they need them (Hyndman, Payne & Jimenez, 2017). The loans are designed to cover the costs of medical examination before departing for Canada, acquisition of travel documents such as passports, and transportation to Canada. The loans must be repaid within six years of arrival (Patil et al., 2015). Through the Interim Federal Health care program GARs, as well as other categories of refugees, are eligible for limited, temporary health care coverage, for which they may not otherwise be eligible under provincial or territorial public health insurance plans (Marsh, 2012). Within the scope of the refugee assisted program, refugees are eligible for income support and basic services which include reception upon arrival at the airport or port of entry, temporary accommodation, help in finding permanent accommodation, acquiring basic household items, and general orientation of life in Canada (Stewart, 2014). Refugees also are provided with assistance in finding employment and meeting other special needs, such as prenatal care or accommodations for a disability (Bieser et al, 2015). GARs receive income support for up to one year; if they have not been able to reach self-sufficiency after one year, they become eligible for social assistance provided by provincial and territorial governments (Dhital, 2015).

Research on the impact of the transportation loan repayment requirement on government-assisted refugees from Afghan and Sudan as well as service providers working with GARs in Toronto indicated that the burden of repaying the transportation loan is a major source of economic and mental stress for GARs (Garcea, 2016). Findings from this study suggest that GARs sign the loan agreement before coming to Canada with little or no choice and little understanding about the

impact the loan they may have (Beiser, 2009). Respondents in the study highlighted their vulnerable position when they sign the loan agreement and that they would want to sign any document just to come to Canada. The lack of informed choice makes GARs more vulnerable; they fear being sent back home and not be able to apply for Canadian Citizenship or face other consequences (Dhital, 2015). The transportation loan repayment requirement appears to directly undercut the already low levels of income or social assistance GARs receive, thereby worsening the poverty and economic risk they face, particularly in the first year of arrival (Citizenship and Immigration Canada, 2015). Generally refugees have even less money to cover basic expenses like rent, food, and clothing (Lenard, 2016).

Privately-sponsored refugees (PSRs) may access some of the same services and supports as GARs from the federal government such as transportation loans and interim federal health care (Dhital, 2015). They do not qualify for the specialized services and support available for the GARs within the scope of the federal RAP program. Consequently, PSRs are highly dependent on their sponsors for similar types of support (Hyndman, 2009). Sponsors are expected to provide support at the same level as refugees would receive from social services (Hyndman, 2009). However, there is no mandated minimum level, and the extent to which privately-sponsored refugees receive such services and supports from their sponsors varies; in other words, sponsors can do as much or as little as they wish in addition to what is required under the PSR agreement (Miller, 2017). Frequently sponsors will contribute significant extra time and financial resources to settling families. The notable exception is the minimum level of income support that must be provided by private sponsors, which is expected to be at least equal to the social assistance rates in the province where the refugee lives (Labman, 2016).

Another category of support consists of general settlement and integration programs that are available to all categories of refugees and are intended to facilitate social and economic integration (Lang-Cox et al, 2012). Such programs include informal and referral programs; orientation to Canada and the local community; language training for social, educational, and employment purposes; and employment-related programs that focus, among other things, on orientation to Canadian workplaces, job searches, work-related skill development, and job mentorship preparation and placement (Beiser, Puente-Duran & Hou, 2015). Information and orientation programs are the most frequently used, and almost one quarter of all clients who access these programs are refugees. Eligible refugees can, at least in theory, access most of these programs from the time they become permanent residents until they become Canadian citizens (Garcea, 2016). In practice, high demand for services, the need for childcare, and clashes between work schedules and services' hours likely limit the ability of some permanent residents to access services (Hyndman, 2011).

Refugees and their family members are eligible for various mainstream public services (Wilkinson & Garcea, 2017). These programs, which are available to the general public, are either completely free or subsidized to some extent by one or more levels of government (Immigration, Refugees and Citizenship Canada, 2016). They include various public education and health care programs that serve a broad cross-section of the Canadian public. For instance, programs that are available for children with autism are also available to refugees who need similar assistance (Endicott, 2017).

3.2 RESETTLEMENT EXPERIENCES OF REFUGEES IN CANADA

Migration involves three major sets of transitions: changes in personal ties and the reconstruction of social networks, the move from one socio-economic system to another, and the shift from one cultural system to the other (Agnew, 2009). The migration trajectory can be divided into three components; pre-migration, migration and post-migration resettlement. Integration is the ultimate goal of post migration/resettlement (Wilkinson et al, 2015). A successful integration is considered to be a two-sided process, where work is required by both the refugees as well as the host country (Beiser et al., 2015). A successful integration can be measured through different indicators such as labour force participation, income, house ownership, accumulation of wealth, residential segregation, language proficiency, educational attainment, social networks, cultural consumption patterns, physical and mental health, fertility, marital status, and various attitudes (Sutherland, 2017). Taking account of a multidimensionality of integration is important, not least because different sets of predictors are salient for different dimensions of integration (Patil et al, 2015). This section considers relevant literature on the resettlement experiences of privately-sponsored and government-sponsored refugees, although there is sparse research that explores the relative effectiveness of private versus government-sponsorship. The limited data that exist do not clearly delineate the differences between the programs, and studies do not follow refugees through these programs for long enough time to evaluate them. There is the need for research to identify which aspects of the different programs aids in successful integration.

Economic integration is the most frequently studied aspect of integration (Hynie & Hyndman, 2016). Existing evidence suggests that entering the labour market is a difficult task for most refugees (Sutherland, 2017; Dhital, 2015; Endicott, 2017). Refugees are more likely than any other newcomer group to arrive without job-ready skills suited to the Canadian labour market (McGrath

& McGrath, 2013). These findings are consistent for OECD countries including Canada (Bieser, 2009). Overall, refugees' unemployment rates remains higher than that of other immigrant groups in Canada even five years after arrival (Weibe, 2013). On average, it takes between 12 to 15 years for refugees to fully integrate into the Canadian labour market (Bevelander & Pendakur, 2014). According to the Western Canadian Settlement Survey, 82% percent of adult refugees found employment within their first five years in Canada, with males more likely than females to hold a job at some point during this time (Wilkinson & Garcea, 2017). The overall unemployment rate for refugees in the Western Canadian Settlement survey was 11 percent higher than for Canadians; refugees from Middle Eastern countries had the highest rate of unemployment among all refugee groups (Wilkinson & Garcea, 2017; Hydman, Payne, Jimenez, 2017).

The Western Canadian Settlement study also found that in Saskatchewan refugees had the highest unemployment rate five years after arrival (28%), followed by refugees in British Columbia (19%); those in Alberta had the lowest rate of all refugees in the study at (6%). Interestingly, the unemployment rate for refugees in Manitoba (11%) was lower than that of skilled Canadian workers who were selected for their labour-market integration potential; this result is likely due in part to the province's extensive experience resettling refugees (Hydman, Payne, Jimenez, 2017). While a correlation does exist between refugee unemployment rates and general economic conditions in these provinces, it is by no means a perfect correlation (Wilkinson & Garcea, 2017). These data suggests that refugee employment is influenced by factors that go beyond how well a particular provincial economy is performing or how many employment opportunities are available (Hydman, Payne, Jimenez, 2017).

Hyndman (2016) argues that most refugees find their first jobs through their networks, underlying the importance of successfully building social networks. Having social connections beyond one's co-ethnic community has been found to be particularly important in finding work because it increases the number of employment opportunities available. PSRs particularly benefit from a network of relationships with their sponsors that they can use to find employment (Bevelander & Pendakur, 2014). The built-in social connections that come with private sponsorship may create more opportunities for employment and facilitate access to first jobs for refugees. Some research suggest that although PSRs become self-sufficient more quickly than GARs, their long-term incomes are lower than GARs after eight years in Canada (Hynie, Korn & Tao, 2016). Data from Longitudinal Immigration Database shows that GARs are encouraged to take a full year to develop their language skills and so enter the job market with better English or French (Jackson & Bauder, 2013).

Compared with other immigrant groups, the income of refugees is middling (Hogarth, 2012). They do not earn as much as immigrants who enter Canada through the economic class, such as self-employed persons, skilled workers, and entrepreneurs. Of all immigrant classes, GARs had the lowest annual income levels at slightly more than CAD \$18,000 five years after arrival; PSRs did slightly better, earning nearly CAD \$24,000 per year after the same length of residence (Bieser, 2000; Jedwab & Wilkinson, 2016). Ten years after arrival, however, both groups were earning CAD \$27,000 per year on average, a figure that is still CAD \$14,000 below the average income of workers born in Canada. However, refugees earn as much as and sometimes even more than family-class immigrants (Hyndman, 2011). Researchers have suggested that one of the key factors that may account for the difference in income levels between refugees and family-class immigrants is that refugees are more likely to access language training and settlement services that help them

find employment in advance of their careers (DeVoretz, Pivnenko & Beiser, 2004; McGrath & McGrath, 2013). Refugees are also most likely among immigrant groups to collect some form of social assistance payments (Beiser, 2004; Wilkinson & Garcea, 2017). For example, they are twice as likely to collect social welfare payments relative to family-class immigrants, and they are more likely to collect employment insurance than other immigrant groups (Wilkinson & Garcea, 2017). According to IRCC, refugees make up a disproportionately large share of settlement services users, representing 21.9 percent of users despite being only 10.9 percent of all newcomers (CIC, 2015).

Refugees sponsored by private groups do better than government-assisted claimants with fewer of the former group relying on food banks and social assistance (Mckinlay, 2008; Wiebe, 2013). Some 65 percent of government-assisted refugees reported using food banks, compared to only 29 percent of their privately-sponsored counterparts (McGrath, Wood & Young, 2010). Through interviews and analysis of data, Hyndman (2012) also revealed that the level of income support in refugee assistance is inadequate, with more than half of government-sponsored refugees saying the money did not cover their essential needs. The majority of their income support goes to housing, leaving little for other necessities (Hydman, 2009; McGrath, Wood & Young, 2010). While it took government-assisted refugees an average of 3.7 weeks to secure permanent housing, it took more than twice that time for private-sponsored refugees (Beiser et al., 2015).

Language is one of the biggest predictors of labour market integration success among refugees (Bieser & Hou, 2000). Those who can speak English or French upon arrival or who quickly become language proficient are likely to enter the labour market sooner and with long-term success (Nakhie, 2018). About 80% of immigrants who enter the country through the economic class know one of Canada's official languages prior to arrival. In comparison, only 30 percent of refugees speak either English or French, and some are illiterate in their own language (Adamuti-Trache,

2013). It takes time to master a new language, particularly when language classes conflict with work schedules (Anisef et al., 2010). Refugees also may experience delays in accessing language classes needed to build proficiency as in some major Canadian cities waiting lists can be more than twelve months (Boyd, 2009).

Education also plays an important role in the economic integration of refugees. Like other immigrants, refugees also struggle with a lack of recognition of previous education, experience or training, and/ or inability to access jobs due to a lack of Canadian experience (Boyd, 2018). Findings from the Western Canadian Settlement Survey suggests that those refugees who successfully found work commensurate with their professional experience and qualifications tended to be university-educated or have acquired additional training in Canada, and they were also more likely to speak English or French upon arrival (Wilkinson & Gracea, 2017). Among young newcomers, those who had acquired a postsecondary education in Canada, were in the government-assisted class or had some knowledge of English and French on arrival were the most likely to be employed (Adamuti-Trache, 2013). Evidence indicates that recent GARs from Syria are far less likely than previous refugee cohorts to hold any type of postsecondary education or know English or French prior to arrival in Canada (Garcea, 2016). These differences suggest that their economic integration may be more difficult and take more time than for other groups of refugees (Francis & Hiebert, 2013). Among Syrian refugee adults, only 58 percent hold a high school diploma or higher degree. In the Canadian knowledge-based economy, the lack of education pose problems for some adults looking for work that pays a family-sustaining wage (Hansen, Wilson & Newbolt, 2017). Together, these factors put them in a precarious situation and may prolong their successful economic integration. On a positive note, however, research on Southeast Asian refugees in Toronto has

suggested that even the most illiterate and undereducated refugees can find work with decent pay within their first five years in Canada (Geert & Michael, 2011).

Researchers also have found that the economic outcomes of refugees, as well as other newcomers, are affected by whether an individual's education or credentials were earned in Canada or elsewhere (Beiser, 2004; Adamuti-Trach, Anisef & Sweet, 2018). Immigrants/refugees with foreign qualifications may find it difficult to have their credentials recognized by employers, but a credential recognition programs can mitigate these challenges. However, problems remain in the effective operation of such initiatives at scale, particularly as professions in Canada are largely self-regulating (Anisef et al., 2010). For example, each province has its own regulatory body of professional nurses, such as the College and Association of registered nurses of Alberta (Lennet, Brough & Cox, 2013). This body, in partnership with universities in the province, helps foreign-trained nurses identify gaps in their training, access with appropriate education, and become certified to practice in Alberta (El-Lahib, 2016). Recertification can be long and expensive, and would-be nurses often express frustration at the barriers they face when seeking to re-enter their profession (Dhital, 2015). Consequently, refugees often volunteer in areas related to their former training in order to acquire Canadian experience (Jackson & Bauder, 2014). Many refugees also have noted a preference among employers for Canadian work or educational experience, citing that as a significant barrier to employment (Jackson & Bauder, 2014).

Refugees face a unique set of barriers since they may not have documentation of their credentials: the educational institutions from which they were earned may no longer exist and records of their training may have been lost or destroyed (Jedwab & Wilkinson, 2016). Relatively few studies have examined the causal linkage between the type and extent of services accessed by refugees and their labour-market integration and economic outcomes (Bauder, 2005; Fuller, 2011).

This dearth of research is due, at least in part, to the difficulty of measuring the relationship between settlement services and integration outcomes (Hyndman, 2012). Outcomes are highly influenced by the characteristics of the individuals who access support services, making it difficult to determine what is or not attributable to program inputs. (Shabaik, 2018). Additionally, refugees may forget they accessed a particular service or what kind of help they received, leading to significant under-reporting of service use (Jackson & Bauder, 2013).

Research to date has, however, pointed to a number of common difficulties that prevent refugees from accessing the full benefits of the services that are available (Stack & Iwasaki, 2009; Lenard, 2016). These barriers can be attributed to the design and/or delivery of the program. One major problem is insufficient information about rights and availability of services (Lenard, 2016). Refugee respondents to various surveys have stated that they were not aware of many of the settlement services available to them, a problem experienced more often by PSRs than GARs (Hyndman, 2016). This lack of information occurs despite the efforts of governmental and non-profit agencies to provide all refugees with information on such matters to family members and friends (Wiebe, 2013; Hyndman, 2016). Recommendations received from these trusted personal sources, although they usually are provided in good faith and familiarity with the individual refugee's needs, are often based on limited, inaccurate, or outdated information (Lan-Cox et al., 2012). As a result, many settlement service providers report that some refugees experience significant problems accessing appropriate services because they are provided inaccurate information by those close to them (Simich, Stewart & Mwakkarimba, 2005; Statistics Canada, 2005; Garcea, 2016). Consequently, the integration of refugees may be delayed.

Lack of transportation is another barrier to integration (Dossa, 2009). Without a driver's license or access to a vehicle, many refugees rely on public transportation within the first year of

their arrival (Chapra & Chatterjee, 2009; Chui, 2011). In cities where public transportation is affordable and accessible, this is not a problem. However, refugees who settle in small municipalities may not have access to public transportation and therefore are unable to access services that may be far away (Beiser, 2004; Bauder, 2005; Agnew, 2009). In Saskatchewan, for example, services such as language class can be up to 100 kilometers or an hour's drive from where a refugee lives (McGrath, Wood & Young, 2010). Similarly, the lack of accessible and affordable transportation to places where employment opportunities are available can be a barrier for refugees seeking work (McGrath & McGrath, 2014). Increasing financial support for community service providers to cover the costs of transportation e.g. purchasing bulk bus and taxi passes, particularly where public transportation options are scarce, can enable more isolated refugees to access settlement services and employment opportunities (McGrath & McGrath, 2013).

Lack of capacity among service providers such as long waiting lists and other constraints also may hinder refugees from accessing the full benefits of the services that are available (Sutherland, 2017). Because many settlement services are overstretched and oversubscribed, long waiting lists are persistent problems (Jackson & Bauder, 2014). One-third of participants in the Western Canadian Settlement Survey and recently settled Syrian refugees in large urban centres both reported encountering such barriers (Hyndman, 2011). However, some refugees who access integration services have generally indicated they are relatively satisfied (Hyndman, 2010). The Western Canadian Settlement recorded that three out of four refugees testified that they were satisfied with the type, availability, and quality of service available to them (Holt & Laitsh, 2015). While many refugees' settlement services and integration programs have improved over time, economic integration is still relatively slow process, particularly when employment opportunities are constrained (Hyndman, 2010).

The Canadian settlement sector works hard to provide services in as many languages as possible (Dhital, 2015). However, research has shown that such services tend to be provided on pro-bono or ad hoc basis, with a lack of funding to provide adequate linguistic services for all refugees (Hyndman & Mclean, 2006; Hebert, 2009; Dhital, 2015). According to the Western Canadian Settlement Survey, refugees who do not speak English or French were less likely to use available services, in part because they were not aware or did not believe that translation services would be available (Hyndman, 2011). Another one-third of survey respondents were unsure of where to get help. This problem was more often experienced by GARs than PSRs, who may benefit from guidance from their sponsors (Dossa, 2009).

Despite the significant role that non-profit or resettlement organizations play in mediating refugee settlement, research has yet to explore the communication content of that mediation (Miller, 2017). In other words, as organizations seek to teach refugees “what life is” in resettled countries, and refugees attempt to rebuild their lives in a new place, issues of what counts as knowledge and how knowing is created, shared and (re)negotiated in these contexts are critical (Hyndman, 2011). Consequently, being aware of the ways in which knowledge, knowing, and expertise emerge in the interactions between staff and clients furthers our understanding of communication and knowing in non-profit organizations (Beiser et al., 2015). Having this knowledge, enhances practical understanding of how to make the resettlement transition for millions of refugees a safer, more meaningful and fulfilling experience (Garcea, 2016).

Research conducted on the negotiations between refugees and non-profit staff in refugee resettlement organizations in the United States reveal that these interactions were somewhat insufficient (Mizra & Heinemann, 2012; Miller, 2017). Participants expressed their appreciation for the communication that they received from organizational members to help them obtain knowledge

about material goods and services immediately necessary for everyday life in the United States. But they highlighted the need for practical information about how life is as a newcomer (Mizra & Heinemann, 2012). Refugee participants indicated that both language barriers and a lack of cultural competence by social workers and resettlement staff impeded communication. They expressed the need for staff to speak their native language (Miller, 2017). While the staff of the US based resettlement services staff may be expert on life in the US, refugees expressed a sense that they also needed to be solicited for their expertise particularly as they share how that knowledge fits their unique personal experiences and context (Mizra, 2012).

Refugee and immigrant groups who are connected, well-established and have a great community support network, such as the Chinese, Koreans, and Filipinos in host countries, help refugees to engage in meaningful leisure activities and support that helps in their adaptation process (Chadwick & Collins, 2015; Newman et al., 2018). For example, in a study that examined the role of leisure in the adaptation process among Afghan refugees after being resettled in Canada participants emphasized that meaningful, purposeful and enjoyable leisure was a way of helping them adapt to stressful life challenges (Stack & Iwasaki, 2009). Social connections and networks with Afghan families and friends, as well as with non-Afghan Canadian friends, provided opportunities for cultural celebration, problem-solving, learning and development (Neufeld et al., 2002; Iwasaki, 2007). These relationships enable Afghan refugees to draw on cultural strengths which help them survive and thrive during the stressful adaptation process (Simich, Beiser, Mwakarimba, 2005; Chadwick & Collins, 2015). It is evident that leisure activities provides immigrant/refugees with opportunities to socialise with others, celebrate their culture as well as discuss the ways that newcomers in their community deal with and adapt to challenges in life practically. Joining Canadian

leisure groups also offers refugees the opportunity to improve language skills through consistent interaction (Stewart, 2014).

On arrival, refugees often have a high incidence of infectious diseases such as tuberculosis, syphilis, hepatitis B, as well as mental health concerns (Vasilevska, Madan, & Simich, 2010 ;Boyd, 2018). Given the health challenges of refugees, timely access to appropriate health care is essential to physical and mental wellness, and the ability to settle successfully in Canada (Simich, 2010). Unfortunately, there are barriers to accessing health care for GARs at the system, individual, and provider levels (Anderman, 2014). GARs are eligible for basic provincial health care coverage on arrival in addition to one year of extended coverage through the Internal Federal Health program (Shanon et al, 2014). However, there are often delays in securing provincial coverage and difficulties with accessing services through the IFH program (Boyd, 2018). Individual level barriers to accessing care include difficulties with language, finances, transportation, mistrust of health care workers, perceived lack of access and lack of familiarity navigating the health care system (Sha-baik, 2018). At the provider level, feeling overwhelmed and a lack of training to deliver culturally appropriate care are additional barriers. These barriers often translate into decreases in the utilization of needed health care (Stewart, 2014).

Finally, seniors make up a smaller proportion of the refugee and immigrant population in the initial migration, sometimes arriving later to join the family (Beiser, Puente-Duran & Hou, 2015). Risk factors for psychological distress among newly arrived older immigrants include less education, unemployment, poor self-rated health, chronic diseases (diabetes, asthma, heart disease, etc), widowhood, divorce, and lack of social support or living alone (Agnew, 2009; Aberman, 2014). Seniors often encounter issues such as slower rates of learning the language of the host country

and acculturation; separations from extended family, peers, and familiar surroundings, and decreased social support and isolation. Because extended family and community networks are lost, seniors experience increased dependency, fewer opportunities and loss of status (Korn & Raphael, 2016).

3.2 CONCLUSION

This chapter explores the ways in which refugees arrive in Canada, such as through the In-Canada Asylum Program (ICAP) and the Refugee and Humanitarian Resettlement Program (RHRP). Due to the focus of this research, emphasis was placed on relevant literature that compared the lived experiences of privately-sponsored refugees and the government-assisted refugees who come to Canada through the RHRP programme. Both privately-sponsored and the government-assisted refugees experience difficulties in accessing full benefits and services in Canada that would enable them to settle successfully. Some of the barriers includes, insufficient information about available services, lack of education credentials that may have been lost during flight, low education levels, and having no or limited English/French language skills.

The privately-sponsored refugees in most cases, however, integrate faster than the government-assisted refugees. Privately-sponsored refugees usually benefit from a network of relationships among their sponsors who usually ensure they help facilitate their integration into the Canadian system before they redraw their support. In comparison, the government-assisted refugees are largely on their own to navigate refugee services, the school systems and find work. As a result, far more government-assisted have not integrated (as indicated by finding paid work) after one year of resettlement. The government-assisted refugees often rely solely on settlement organisations for integration, but they are underfunded and overwhelmed by large numbers of

refugees. As a result, government-assisted refugees do not access these services in a timely or consistent manner.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSION

The goal of this research has been to explore the lived experiences of refugee women with disabilities after resettlement in Saskatoon, Canada. Each refugee woman with a disability experiences a unique and complex pathway to and through resettlement, often produced through the efforts of multiple governing bodies, organizations and individuals working within and across international, national, provincial and municipal levels. In conversations with refugee women with disabilities and in keeping with lessons from the literature review, I organized the findings according to the following settlement stages: Pre-Arrival, Arrival and Settling in Saskatoon.

In this chapter, I explore the themes that emerged from my collected data analysis. The following pages provide a detailed description of the participants and highlight their experiences of integration and adaptation in the Canadian context, their access to resources supporting their integration, and their efforts in overcoming their challenges after resettlement. First, I begin by providing background information about the women whom I interviewed.

4.1 INDIVIDUAL INFORMATION ON THE PARTICIPANTS

Nadia

Nadia is a 37-year-old married woman with five children. Three of her children accompanied her when she came to Saskatoon; her children range in age between the 16 and four. Nadia is a Muslim woman from Jordan, Saudi Arabia. She and her husband, Mohammed are hearing impaired. Nadia became deaf when she was a year old due to a high fever. Before Nadia came to Canada, she was a hair stylist for thirteen years in Jordan, Saudi Arabia, but stopped working

because of unfavorable working conditions. Nadia and her family came to Saskatoon through the government-assisted sponsorship program in 2011.

Ankita

Ankita is a 30-year-old Muslim woman from Syria. Before she came to Canada, she was a refugee in Lebanon. She is married with no children. She came to Canada through the government-assisted sponsorship program with her mother and husband. She has a defective cornea, which has made her partially blind and she has fertility issues. She has been partially blind since she was a child, which she believes is due to a genetic condition. Ankita was not working while she was in her home country Syria because in her society women were not allowed to work outside the home. However, when they got to Lebanon, their first asylum country, her husband also could not work due to his refugee status.

Yumna

Yumna is a 31-year old single woman. She is of Syrian descent, but was a refugee in Lebanon before moving to Canada. She came to Canada through the government-assisted program with her mother. Yumna became blind at the age of eighteen when she did not get enough medical attention. She has been in Canada for two and a half years.

Aisha

Aisha is a 67-year-old woman originally from Syria, but was a refugee in Turkey. She had been in Saskatoon for six months at the time of the interview. She came to Canada with her eighty-year-old husband, her son and his family. She came to Canada through the government-assisted program, but the Catholic Church privately sponsored her son to come to Canada.

4.2 THE INTERVIEW PROCESS

The interview process was challenging; answers provided by the participants for most of the interview questions were not very detailed. During the interview process, they all demonstrated a lack of information about their transition to Canada and the organizations that worked to assist them in their asylum countries and their preparation to relocate to Canada. Moreover, they only knew the names of the settlement organizations, but not the disability organizations that have assisted them in Saskatoon. Each of them had to provide items given to them by the various disability organizations, in order to identify the names of these organizations. This lack of detail suggests that these refugees were, not surprisingly, traumatized by the events leading up to leaving their home countries, to the countries of asylum and finally to Canada. In addition, the lack of detail may reflect the problems of translating the questions and answers through a third party.

4.3 FINDINGS AND DISCUSSION

4.3.1. PRE-ARRIVAL

These refugees might have survived prolonged war or conflict, political violence, or other forms of persecution. During forced migration and in the countries of asylum, the narrators experienced further hardship including discrimination, extremely limited work opportunities, or inadequate health care. Exploring participants' lives in asylum countries/country of origin before resettlement in Canada provides an insight into their lived experiences before and after coming to Canada in relation to their disability needs and welfare. The "pre-arrival" section probes into the participants' life in their home country, first asylum country, and their experiences when transitioning to Canada.

4.3.2 LIFE IN THEIR HOME COUNTRY

Three of the refugee women in this study expressed that they were comfortable in their home countries. All four women emphasized the importance of living with their family and the support they received from other members of family was always helpful. Their husbands and family supported the women financially. However, all were dissatisfied with the welfare services they received in their home countries as persons with disabilities.

4.3.2.1 Financial Status

Two of the women were supported by their husbands financially in their home country. The circumstances, however, in the decision not to work outside the home were quite different for the two women. In Ankita's hometown in Syria there were strong prohibitions against women working outside the home. Ankita, therefore, was unable to work outside of the home and was dependent upon her husband for financial support. In comparison, Aisha, who also lived in Syria, had the option of working outside of the home, but her husband had a thriving business so she decided to stay at home, take care of her children, and attend to household chores. She stated: "Once my husband is able to provide all I needed I did not see it necessary to find a paying job out of the home. I was very comfortable in my home country as a house wife." In both cases, the women were socialized not to work outside the home. For the two other refugee women, they were unable to work outside of the home due to their disabilities. Because she was blind, Yumna's mother and brothers had to take care of her since "no one will hire a blind person in their country." Although Nadia was a hairstylist and had the opportunity to work, she stopped working due to unfavorable working conditions and her impairment. Nadia was a hairstylist for thirteen years in Saudi Arabia but she lamented: "I never enjoyed going to work. I was underpaid and not allowed to take any breaks during working hours, or go on vacations; I eventually stopped working and stayed at

home.” She believes she was treated this way because she has hearing and speech impairment and was exploited because she could not speak up for herself.

4.3.2.2 Social Welfare Services In Their Home Country

All the refugee women said they dissatisfied with the welfare services they received as persons with disability. But only two, Yumna and Nadia, provided any detailed information on this topic. Although their families provided for them financially, they needed some additional level of supports from social welfare services, but neither Yumna nor Nadia received government funding. Yumna, for example believed that if she had timely medical services she may not have lost her sight: “I was not born blind. But I believe if I had adequate attention to my eye problem it would not have developed into blindness.” Even when she became blind, she had hoped that the social services would provide her money monthly and paid for her hospital bills, but she never received that support. Likewise, Nadia also lamented that she had no support from her home government as a person with disability.

Persons with disability like myself did not receive any special attention. Life was difficult in my home country, because I had no means to meet my financial needs, which made it difficult to cater for my children and myself. Social services was never ready to assist me even though I was not able to work. I heard the government allocated monies to be given to us but I never received it.

Her family and friends supported her financially, which helped her to look after her children, but the money was not enough.

4.4 TRANSITIONING TO THE FIRST ASYLUM COUNTRY

Three of the women, Yumna, Ankita and Aisha fled Syria, their home country, to their first asylum country due to war and only one woman, Nadia, came directly to Canada from her home country, Saudi Arabia. However, two of them, Ankita and Aisha, did not provide details on how they left their home countries to their first asylum country and how long they stayed in the first asylum country. Their response was “it was a dreadful moment I wish I never experienced.” Their silence and short answers suggests that their experiences of war and their flight to their asylum country were deeply traumatic. They were unwilling or unable to talk about it. Yumna, who was comfortable with these questions, indicated that she took a taxi with her mother and brothers from Syria to Lebanon. They stayed in Lebanon for two years and eight months before coming to Canada. The United Nations gave each refugee at that time about \$45/month for foodstuffs. While in Lebanon, Yumna and her family lived in a hotel, which was home to seventy people per room. People from Kuwait and Saudi Arabia living in Lebanon paid for her rent (\$50) and donated clothes and bedding for all the refugees. Yumna reported that the living conditions in the hotel were awful. She lamented: “The hotel was not even in a good condition. We always had power outage, no water, and the bathrooms were always dirty. I really thank the generous people for their donations; if not my mum and I would not have survived”.

4.4.1 The Impact of Refugee Status on Their Husbands in First Asylum Countries.

While the husbands of the refugee women provided financially for them when they lived in their home country, the husbands were not able to do the same when the families went to their host country. Because they were refugees, their husbands were unable to get paid employment. Ankita and Nadia described the challenges their husbands faced in negotiating their refugee status in order to find a well-paying job. Ankita said, “life suddenly changed for us because my husband could not work. He was always sad he could not take care of me as he used to.” Likewise, Nadia’s

husband was a refugee in Saudi Arabia and deaf. These two identities were a big challenge for him because no one wanted to employ him. “This made life difficult for us” because he could not provide for his family. In Aisha’s case, her husband could not work because he is much older and did not have the strength to do the menial jobs that were available for refugee men.

4.4.2 Employment Opportunities

Generally, participants indicated that they did not find a meaningful job in their first asylum country due to their impairments and age. Ankita, for example, did not bother to find a job in her first asylum country, Lebanon, because she believed that her eye impairment would hinder her at work. Likewise, Yumna also could not work because she was blind and found it difficult to navigate her environment on her own. Nor could Aisha work because she is physically impaired (paralyzed) and old.

4.4.3 Support from Social Welfare Service

As persons with a disability, the refugees needed special medical services, as well as basic requirements for living. Having no employment, the refugee women in this study had to rely on social services of the host asylum. Both Ankita and Yumna found it difficult to pay for their medical bills. In both cases, the government of Lebanon did not provide the funds necessary to address their medical needs. Since Ankita, for example, found it difficult to pay for her hospital bills, and had little money, she minimized her visits to a health center and sought cheaper traditional medical alternatives. She indicated that she always looked forward to leaving Lebanon because she felt the government discriminated against her. She knew that citizens who had impairments had access to services whereas refugees with disabilities did not.

It was very difficult to pay for my hospital bills so I hardly visited any health center. I resorted to traditional medications whenever I was ill. Whenever I went to the social welfare office, they sent me away with the excuse of insufficient funds. This made me look forward to leave Lebanon because as a refugee I did not enjoy certain entitlements other women with disability who were citizens of Lebanon did (Ankita, 2018).

Yumna received much help from the people of Kuwait and Saudi while she was staying in Lebanon; however, she still believed that social welfare services in Lebanon should have helped her in paying for her medical bills.

4.5 MOVING TO CANADA

All four participants came to Canada with the assistance of the United Nations. They came through different pathways, and their reasons for coming to Canada varied. Three were contacted by the United Nations Relief and Works Agency for Palestine refugees (UNRWA) and invited to Canada. In Ankita's case, she approached the UNRWA to help her find medical solutions to her health issues (partial blindness and fertility problems); the organization asked her to choose between Argentina, Canada or Australia. She told them "I want a country where my health issues would get adequate attention, hence coming to Canada." Aisha indicated that she had run away from the war in Syria to Turkey, and the United Nations contacted them to move to Canada; "I knew this was an opportunity to flee from all the torture I went through," she added. In Nadia's case, she went to the social service office in Syria to ask them to relocate her, her husband and their children since they did not have money to support themselves. She did not really know how she got this offer, but the UN called her parents and they asked her if she would like to go to Canada and she said "yes." She admitted that she had no knowledge of Canada: "although I did

not know Canada and had never heard of this country, I had a feeling life would be better off there.” Yumna indicated that the UN contacted her mother in Syria and she came with her.

4.5.1 Knowledge and Expectations of Canada before Arrival

During their transition to Canada, the refugee women with disabilities described leaving their countries of first asylum with high hopes. Both Ankita and Yumna believed that their eyesight would be fixed if they came to Canada. Unfortunately, neither of them were able to have their sight restored (see page 74 for more information). Yumna stated, “I was told by the UN that if I come to Canada, my eyes will be operated and I could see again. But when I got to Canada, the doctors told me nothing could be done about my eyes because I am blind.” Similarly, Ankita stated that: “I was motivated to leave Lebanon because they told me once I get to Canada the doctors will attend to me immediately and I could see again. I got here and it took me some months to meet with a specialist and when I finally met the specialist I received the news that nothing can be done about my eyes”.

This study revealed that the pre-departure communications, both formal and informal, were not sufficient especially since these refugee women and their families were not provided with much information about their destination country (Canada). They all shared concerns about the inadequate information about Canada; nor were they clear about the terms and conditions of being accepted as a refugee. For example, Ankita, who is a government-assisted refugee, was worried about the transportation loan she received to go to Canada. She indicated that she did not receive much information about the loan that she signed and had not received any documents that would let her know whom to pay the loan to and how to go about it.

The Canadian Embassy told me that I would receive a receipt in my mail when I arrive in Canada to enable me pay for my flight fee monthly but I have not received it yet. They added that if I do not pay by one year, the loan will increase; but I do not know whom to ask for further information regarding my transportation loan. Even if I have to pay, I do not have the money (Ankita, 2018).

These concerns resonate with other research findings, which suggests that GARs sign loan agreement before coming to Canada with little or no choice and have little understanding about the impact of the loan they may have received.

4.5.2 Difficult Decisions

Moving to Canada was a difficult decision since all the women had to leave some of their families behind. Since three of them came to Canada from their first asylum country, they could only come with their immediate families who were with them and not those in their country of origin. Nadia left behind her aging parents while the other refugee women left their children and extended family members. The other participants did not give much information on why they could not come with other family members, but they created the impression that they did not have the financial resources to fund the travel and that they made it to Canada because of their peculiar cases (women with impairments). Aisha made the forced decision to leave some of her children behind because the United Nations could only fund her and her husband. Since these children were older, they were not recognized as dependents.

We could not come with the rest of our children because the UN did not fund them.

Although my son is also here with his wife and children, the Catholic Church brought him. I feel very bad because one of my daughters is very ill and am not

there to support her. My son is still in Syria and it not safe for him there (Aisha, 2018).

Leaving children and/or parents behind was very stressful because they were unable to help or protect them. In one act of desperation, Nadia asked, “Is it possible you can assist me to bring my parents to Canada? I really miss them and they are getting old I wish I could be with them and care for them before they die”. I felt helpless. As a student on a study visa, I was in no position to help Nadia reunite with her family. But, I could understand how disturbing it was to be away from your loved ones and not have the opportunity to be with them.

4.6 ARRIVAL

This section explores the first impressions and experiences of the four refugee women when they arrived in Saskatoon and the resettlement process. Their experiences of those few months were mixed; some embraced their new home, while others felt a sense of loss, or in some cases both. For all, their first experiences of the winter and the snow were memorable. Successful integration was heavily dependent upon the support of settlement organizations—The Global Gathering Place and the Open Door Society. Through the provision of translators, these organizations assisted them with housing, connected them with other women through social activities, helped them navigate the bus system, and booked doctor’s appointments. Despite the assistance, the financial status of the women and their families was precarious. Although they received a government allowance, it often did not meet their basic expenses, forcing some to go to the food bank. Their financial instability was a worry for some of the women, but a few were grateful for the peaceful life in Saskatoon, which outweighed other concerns.

4.7 FIRST EXPERIENCES

Although all the refugee women looked forward to moving to Canada, they described their early days in Saskatoon as intensely emotional, confusing, exciting, and uncertain because of their unfamiliarity with Canadian systems and culture, and the uncertainty of their lives in Saskatoon. With a mixture of humor and embarrassment, the refugee women shared memories of mishaps during their first month of arrival. Aisha, for example, described her fear and anxiety of being in a new country and a sense of loss from her home country. Although Aisha experienced a sense of profound loss, her husband encouraged her to adopt a more positive attitude. She said:

When Open Door Society welcomed me at the airport, it then dawned on me that I am nowhere closer to home. I was very sad because I never thought I would ever leave my home country. Many wild thoughts run through my mind but my husband encouraged me to cheer up (Aisha, 2018).

In contrast, Nadia expressed a sense of belonging and hope for a better life and future upon arrival. She was happy to have arrived safely in Canada; all she had in mind was “a new life, new beginnings.” Similarly, when they were picked up from the airport of Saskatoon, Ankita and Yumna stated that they were very excited about new possibilities. Because Yumna anticipated that she would have her eyesight restored, that prospect overrode all other considerations: “the joy of having my eyesight retained prevented me from worrying of how my life will be in Saskatoon.”

All the women came from much warmer climates than Saskatoon, Canada. Thus, their first winter here was memorable particularly since they all arrived in winter. The women had to adapt

and quickly; three of them were very excited about experiencing these new weather conditions. Indeed, Ankita described her first winter as “an adventure,” but she admitted that coming from a much warmer country to -40 degree Celsius weather was difficult in her first three months. Nonetheless, Ankita adapted to the winter, and she learned to walk without falling. These accomplishments in a way, became the markers of integrating into the Canadian society.

I always like to share my first winter experience because it reminds me of how I have progressed in doing many things. I fell many times because I was not used to walking in the snow (giggles); however, I never stopped exploring new places. I must say it was fun (Ankita, 2018).

Although all the women described the weather as “unbearable” and “harsh,” Ankita and Nadia were excited to see snow for the first time and the changes in environment. They recalled the sudden need to change their clothing choices since they had to dress with layers of clothes before going out. In her first month in Saskatoon, Nadia, for example, would dress in three to four layers of clothes before she stepped outside. Yumna also expressed a desire to see snow, but she could only feel the snow because she was blind:

I always hear my fellow refugee women share their first snow experience, but I cannot say anything because am blind. But, whenever I step out with my mum she fetches snow and puts it in my hands so I feel it and I feel the chill and breeze; that is how I know Saskatoon is very cold (Yumna, 2018).

In comparison, Aisha found it difficult to adapt to the difficult weather conditions due to her age and illness. As a result, and in comparison to Ankita and Nadia, Aisha and her husband did not go

outside very often. Because Aisha was less mobile, she was unable to explore her new environment, making her integration less easy. Aisha's attitude was more fatalistic than positive; she had to accept her new situation, but she did not embrace it.

When we arrived in Saskatoon, my husband and I found it very difficult to step out of our apartment. We find it difficult to adjust to the weather because my husband and I are very old and having a sudden change of environment is not healthy for us. However, we do not have a choice than to stay (Aisha, 2018).

First encounters with the Canadian winter, and snow in particular, were memorable introductions to Canada. Their first winters seems to have been a marker of their adjustment to the Canadian climate, but also a measure of their integration into Canadian life. Adopting the "hardy" prairie attitude, these women, like other Saskatoonians, survived the cold winters. However, the refugees' acceptance of winter were mediated by the extent of their disabilities and their age. Those who were more mobile had a better chance of adapting than those whose mobility was restricted

4.8 RE-SETTLEMENT

Resettlement was the next step after refugees' arrival in host countries. The Open Door Society and the Global Gathering Place assisted the refugee women in their resettlement in Saskatoon. These organizations provided programs and supports designed to assist refugees to begin the resettlement process and to help them make the necessary adjustments to life in Canada. These organizations helped the women to find places to live, set them up with English language classes and taught them how to use the bus system, access services for persons with disabilities, find doctors, and book doctors' appointments. Each participant was assigned a supervisor who spoke her native

language, and whose job was assisting them with their citizenship application, filing taxes, applying for a health card, providing them with translators when they needed to see a doctor, and more generally, walking them through the expectations of life in Saskatoon.

Overall, the women greatly appreciated the services provided by the settlement agencies particularly because they did not have English language skills. All the participants praised the settlement organizations for assigning them to Arabic instructors and Arabic sign language instructor in the case of Nadia. This language service helped minimize communication barriers and allowed them to address all their complaints in their native tongue to the supervisors. Moreover, the women were very impressed with the warm reception that they received whenever they sought access from the settlement organizations. In addition to the services that the settlement organizations provided, the refugee women appreciated the acts of kindness that went above and beyond meeting their basic needs. For example, Nadia was touched by the generosity of the Open Door Society: “when we came to Saskatoon initially, Open Door Society apart from assisting us with our documents, always gave us donations especially during Christmas.” My family and I were very happy that there are people who cared about us and are always ready to assist us whenever we did not understand anything.” Despite the help that these refugee women received, they also faced challenges at each step as they navigated access to various services. Their disabilities were an on-going concern. To achieve an in-depth understanding of the challenges and the processes of settlement the women encountered in Saskatoon, these issues below were analyzed.

4.8.1 Access to Housing

The most pressing need upon arrival was housing. All the women stated that the Open Door Society and the Global Gathering Place were instrumental in assisting them to find apartments after their first three days in a hotel. However, the women found it very difficult to find affordable

housing because they were living in an unfamiliar city, had a limited budget, and had no English to communicate with landlords. Consequently, they had to settle for what was available in the few weeks of house-hunting. To complicate matters, these women were not familiar with all of the technology available to them in a Canadian home. Electrical appliances, central heating, and indoor plumbing were completely unknown to the refugee women. Although the refugee women found these appliances and technologies useful in their homes, it was difficult to adjust to them. However, after a few weeks in their apartments they gradually learned how to operate them.

4.8.2 Access to English Language Skills

The ability to learn quickly and function in a host country's official language is one of the major determinants of integration. The Global Gathering Place and the Open Door society assigned the refugee women to English classes within a few weeks after they arrived in Saskatoon. All were eager to develop their English language skills for everyday living, recognizing the importance of speaking English/signing in English was important for their successful integration. Only one of the participants, Aisha, could not attend English language classes unfortunately, nor could she be left alone, so her husband was unable to attend the English classes too. As a result, Aisha was not able to communicate in the English language, which she found frustrating and left her feeling isolated.

The other refugee women were glad to be enrolled in English classes. Nadia, who is deaf, found it difficult to communicate with any one since she could only sign in Arabic, which she found frustrating. When she went shopping, for example, Nadia usually had to point to the items that she wanted to buy in the grocery stores. Thus, the opportunity to learn English sign language changed Nadia and her husband's life. Nadia was able to connect with others and this allowed her to express her emotional experiences.

It a privilege for me to have access to English sign class and also learn a new sign language. My husband (also deaf) and I were enrolled in an English sign language class through Open Door society. Our tutors taught us how to sign basic English like greetings, sad, happy, sick, etc. With the little I have learned, I am able to use it (Nadia, 2018).

Similarly, Ankita was very happy to be enrolled in an English language class, and she has done well. Although she qualified to move to the next level, Ankita decided not to go because her current teacher makes her feel comfortable as a person with disability. She fears that the next teacher may not be as accommodating and patient with her learning process.

I take English language courses at the Global Gathering Place five times a week that is being sponsored by the government. The classes have helped me to express myself in English because I did not have much education and I don't know how to even write Arabic. My teachers are very good, patient and understand that I am partially blind. They have been telling me I qualify to go to an upper level but I do not want to because my current teacher understands my situation. When I got to the hospital and my translator comes in late I am able to speak to the receptionist so she knows am in for my appointment (Ankita, 2018).

Ankita understands that the ability to speak English will help her integration process faster, and learning the language has boosted her confidence when carrying out her day-to-day activities. In particular, having some language skills has enabled her to connect with others and move about the city: "everyone treats me well wherever I go. Even though I do not speak good English I still explore Saskatoon, I engage in almost all leisure activities organized by Global Gathering place. Having an impairment should not restrict me."

Learning English is a challenge for refugees at the best of times, but for these women learning English was a struggle partly due to their impairments and their literacy levels. For example, Yumna found it difficult to learn English due to her visual impairments. She found it difficult to understand what was being taught because the teacher referred to written texts and visual images: “I am never happy when I go to class because my colleagues can see what is written on the board and in our books.” Yumna believed that if she had audio teachings from Arabic to English and vice versa, this mode would facilitate her learning English. In Nadia’s case, she found it very difficult to learn to sign in American English; she was intimidated by the schooling process both because she was an older student and she was illiterate. The English classes were the first formal classes that she had ever attended. She felt that she was too old to learn. Moreover, Nadia was unable to devote her time fully to learning English since she has children and a home to care for.

This is my first time in a formal class and I must say it not easy learning how to sign in English. I am too old now to start learning something new but if I do not learn, I cannot communicate in Canada. I have stopped attending the English class, as it was difficult combining the care of my family and learning. Maybe if my children start schooling I will have time to learn (Nadia, 2018).

Ankita also stopped attending classes because her sight was getting bad. However, government social services sent her a letter asking her to go back to attend the classes or else she would not receive her monthly allowances: “I had no choice than to return to class if not how do I feed and take care of myself.” This incident reveals the urgency of the social service organization to get refugees settled as quickly as they can. As a result, the organization used the power of the purse to compel them to attend classes. The government’s expectation is that the refugee programs will support refugees for a year, and then they are supposed to be independent. If not, the refugees will

be forced to go on social welfare. For many refugees this goal would be hard enough to achieve, but it is especially difficult for refugees like Ankita who have disabilities.

The refugee women's comments echo research findings that language facility is central to successful settlement and integration (Bieser & Hou, 2000; Presse & Thompson, 2014). The women understood the importance of learning English and were happy to have access to these classes. Moreover, the settlement organizations and agencies that served persons with disabilities attempted as best as they could to provide these newcomers with specialized services. But the resources for these groups were limited and they could not accommodate all of the women due, it would seem, to the severity of the women's disabilities, or the competing demands on the women's time and energy by children and domestic responsibilities, as well as the women's own individual fears and insecurities.

4.8.3 Access to Translation Services

Early and on-going availability of interpretation and translation services were critical to these narrators in helping them meet health care needs, enroll children in school, and decipher official documents. Since the supervisors could speak their dialect, the women felt comfortable and trusted them with their documents. These services, however, were not always available. According to Ankita, "sometimes when I go to Open Door Society and the Global Gathering Place to see my supervisors about letters I have received and other government applications, they are sometimes busy or sick, but I need someone who is more committed." As a result, the women depended upon their children to serve as interpreters when other translators were not available. Nadia, for example, often relied on her daughter for translation services.

Since my daughter is able to speak English fluently and signs in Arabic, she helps me with translation and helps me book hospital appointments or goes with me to the doctor when the translator assigned to me cannot make it. There is just one translator who signs in Arabic so it becomes difficult to reach him most often (Nadia, 2018). The use of children as translators made them grow up a lot more quickly and the children had to assume adult roles. For example, Nadia's daughter who was sixteen years at the time of the interview had to learn quickly to advocate for her parents while searching for the right resources to assist in any need. She also coordinated very important meetings that her parents held with government officials for their citizenship procedures. In addition, she assisted her younger siblings in doing their school work. Because of the role of Nadia's daughter at home, power relations between the child and the parents might be affected.

4.8.4 Access to Disability Services

Since the refugee women had special needs due to their impairments, they found it necessary to be in touch with organizations that provide services to persons with disabilities in Saskatoon. The women believed that these organizations would be useful in their integration process because they provide devices and services that assist them in their everyday living. For example, the Saskatchewan Deaf and Hard of Hearing Services (SDHHS) helped Nadia to find a translator who could sign in Arabic, and they helped her apply for funds to support her as a person with disability. Nadia received \$200, but the money did not come in consistently, and at the time of the interview, she complained that she had not received the money in a long time. She never went to the SDHHS office to find out why since she was dependent upon her daughter to serve as a translator, but her daughter was mostly engaged in school activities.

The Global Gathering Place connected two of the women—Ankita and Yumna—with the Canadian National Institute for the Blind (CNIB). Ankita hoped that the CNIB would connect her with a doctor who would be able to restore her sight and resolve her fertility issues, which was her main motivation for leaving her first asylum country. Ankita was not satisfied with the prognoses from the various doctors provided by the settlement organizations. The medications did not restore her eyesight, and she continuously experienced excruciating pain in her eyes. Since there are a limited number of specialist doctors in Saskatoon, Ankita was on a very long waiting list for an ophthalmologist and it took her a year to see him. The Global Gathering Place also connected Yumna to the CNIB, which helped her fill out a government application for a private tutor and provided her with a free bus pass, a CD player and CD that helped her to learn English, and a sensor walking stick. Yumna was very appreciative of these items and services. Gradually she was able to become more independent; her sensor stick enabled her to walk around the neighborhood by herself and to overcome her fear of being taken advantage of when she was not with her mother. The provision of a bus pass enabled Yumna to get around and she no longer had to pay the monthly fee. As a result, she had a little more financial flexibility since this expense had to come out of her monthly stipend. Yumna was happy and confident about the “little progress” she had made, but most important, she was excited about having a private tutor who would visit her at home and at her convenience to teach her English. She was sure that she would learn English more quickly as a result.

4.8.5 Finding a Doctor

Since the women had disabilities of one kind or another, they needed to find a doctor or other health care providers to help them address their concerns. However, finding a doctor can be a

challenge for Canadian residents in places where there is a shortage of doctors, such as Saskatoon. Finding a doctor when you do not speak the language or are unfamiliar with the medical system can be particularly challenging for refugees. The refugee women were not familiar with the practice of calling a doctor to book an appointment because in their home countries they just walked to any available clinic to see a doctor. The refugee women found it frustrating when they had to find and book doctors' appointments. This task was very difficult for Ankita since she could not book an appointment over the phone because she did not speak English,

When I came initially I could not book my appointments with my doctor. I had to ask my supervisor at Open Door Society to assist me with that. I never had to do that in my home country/ country of asylum. However, recently I am able to use Google map so I took the bus to the clinic to book my appointments without the help of anyone. I know very soon when am able to express myself very well in English I will do that over the phone (Ankita, 2018).

Although Ankita was initially dependent upon her supervisor to book an appointment, she eventually was able to find a way to do so by herself. As a result of mastering this task, Ankita gained some confidence about her ability to be autonomous, which in turn led her to believe that she could learn enough English in the near future to be able to book a doctor's appointment over the phone. Success in learning the tasks necessary for everyday living seems to have empowered Ankita; they were measures in her progress toward independence and integration into Saskatoon society.

Having a family doctor provided some reassurance to the refugee women that their health needs would be attended to. Aisha, for example, was very happy about having a family doctor and the special attention that her doctor gives to her. She was appreciative of the transportation support she received from the Global Gathering Place to go to the doctor.

I like the attention I receive for my health needs. Most importantly, when I arrived I was immediately assigned a family doctor considering how critically ill I was. I am happy they always pick me up for my hospital and physiotherapy appointments because my husband and I cannot use the bus in this cold weather (Aisha, 2018).

The Global Gathering Place also connected Aisha with a physiotherapist immediately after her arrival in Saskatoon. The physiotherapist met with Aisha on a regular basis, and she is now able to move her legs after a few months of physiotherapy sessions. However, Aisha has not progressed much in her speech and her hand movements. Since she had received all the medical attention that she believes is possible, she believes that only “Allah can help her.” Aisha’s religious beliefs have been on-going source of comfort and gratitude for her.

Not only did the women find a family doctor, but they appreciated not having to pay for physician services since coverage was provided under special provisions under the government-sponsored refugee program. Yumna remarked, “I was very excited when I was assigned a family doctor with no special fees. Having access to great medical services is a privilege I will never forget.” In addition, Ankita and Nadia applauded how their family doctors attended to their medical needs patiently, attentively, and treated them with respect. Since their doctors could not communicate with the women, they provided translators for them (without additional charges) whenever their assigned translators could not make it for their doctors’ appointments. The attitude of these doctors went a long way to encourage the women to visit the doctor when needed and helped promote trust between the doctors and the individual women.

Not all of the refugee women's encounters with the health care system, however, were positive. For example, Nadia did not feel well received at a clinic, particularly when her translator was not present.

I usually feel discriminated when I go to the hospital. When I go to the hospital and my translator comes in late the health personnel do not treat me with respect especially when they realize I cannot write English or speak because I am deaf (Nadia, 2018).

She felt that the clinic receptionist was impatient (as indicated by her gestures) towards Nadia, and would rudely ask her to stand aside while the receptionist dealt with other patients. Nadia felt like she was a "burden and unaccepted."

4.8.6 Access to Bus Services and Other Technologies

Becoming mobile helped reduce the women's isolation, and enabled them to get to appointments, meet with other refugee women, and reduce their dependency on others. Three of the women, Aisha, Ankita and Yumna relied heavily on public transit to gain access to the grocery store, appointments and other settlement tasks. Aisha lamented that it was stressful for her husband to get on the bus in winter to get their groceries because he had to walk a distance to catch the bus. She also has to take the bus when she has physiotherapy sessions, which she said was quite hectic. Since her husband had difficulty in pushing her through the snow, she had to move without her wheel chair. Initially, someone (she was not sure if the person was working for the hospital) used to give them a ride to doctor's appointments but the person stopped coming. Likewise, Yumna indicated that she would be glad if there was someone who could drive her around because it was quite difficult for her to travel on the bus. During winter, the bus was often delayed, and she and her mum had to travel about 45 minutes almost every day on the bus to see her supervisors at the Global Gathering Place and the Canadian National Institute for the Blind.

In order to help them use the transit system more effectively, the Open Door Society and the Global Gathering Place assisted the refugee women by getting cell phones, which allowed them to access Google maps. The refugee women were given tutorials on how to use this app, but, not surprisingly, they found the technology difficult to use. In their home countries and the first country of asylum, they did not use any software application to get on buses since it was not necessary. Even with the app, the women found it difficult to navigate the bus system. In their first six months, the refugee women were frustrated and often confused in learning this new technology. Sometimes, some of them would miss their buses for doctor's appointments. As a result, they had to stand much longer in the cold until the next bus came along. Ankita was so frustrated that she sought help from the Global Gathering Place. In turn, they arranged for alternate transportation services: "I went to the Global Gathering Place to tell them, and they decided to pick me up for daily routines until I was comfortable using the Google map." Nadia did not find it easy to learn Google maps. Instead she devised other ways to find the right bus, but she was often unsuccessful. She lamented:

I never attempted to use the Google map because it was a bit complicated for me. I just memorized the bus number that goes to my home, not knowing that some of the buses had the same numbers with different destinations. Most often, I forgot the number so I will find myself on the wrong bus and at the other side of city. They were really crazy times for me because it was winter (Nadia, 2018).

The app, however, was more than a navigation tool; it was also an indicator of Canada's advanced technological status. Yumna, for example, remembered that when the Open Door Society told her about Google maps, she thought to herself that "Canada must be a very complicated place to be as everything is computerized". Unfortunately, she did not learn to use Google maps because she was

blind. Similarly, Ankita also was impressed by the use of this technology to find out bus times: “I was astonished when Open Door Society told me I have to use Google map to tell the time the bus arrives.”

Although the refugee women had difficulty with the bus app, they saw their smart phones as a critically important tool because it connected them with family members back home, as well as providing them access to information more generally. In addition to the Google map app, the Global Gathering Place assisted the women to download other innovative and essential mobile applications, particularly the messaging apps (WhatsApp and Viber). These apps provided affordable communication with loved ones back home and within Canada. Nadia and her husband, for instance, relied heavily on WhatsApp video call for communicating with each other when they found themselves in separate locations: “Since we are both hearing impaired we are not able to do voice calls. The video calls have been very useful because we see each other when signing”. In addition, the Google translate App recorded and translated Ankita’s conversations from her native language to English when she had difficulty in communicating her needs in English Language. However, she was not always successful with this app. “I like this app but am still [not familiar] with it features”. Also, the weather App helped the women to check the weather and make informed choices about their outerwear before they stepped out of their homes. In most instances, Aisha said that she was often surprised when checking the weather updates because when she looked out of her window in the winter it was mostly sunny. However, the weather app showed her that the temperature had fallen: “It would have really been a disaster if I didn’t have access to this app because I would go out in light cloths thinking it’s sunny”.

The Open Door Society and the Global Gathering Place clearly played a critical role in helping these refugee women in settling down and adapting to life in Saskatoon. But the settlement

organizations could not meet all of their needs in a timely manner. The women in this study were appreciative of the services that the settlement organizations offered, but they were dependent upon them in the short and long term. The women became anxious when they were not able to reach supervisors who were responsible for their applications because they were working with many other refugees. Ankita lamented: “Sometimes when I go to Open Door to meet with my supervisor; she is very busy, so I have limited time to talk to her about issues bothering me. I really wish that problem could be solved.” Moreover, the participants were anxious about the settlement organizations’ expectations that they become self-reliant after their first year of resettlement.

The Open Door Society keeps telling me I have to be independent, but I tell them they have to help me until I die because I do not know who will provide me with the services I receive from them. They told me that after a year of staying here, I should be self-sufficient but although I have been here for a year and half I still cannot speak English or make enquiries on my own (Yumna, 2018).

The refugee women felt that this goal was not feasible for them because they could not speak English well enough.

4.9 SETTLING DOWN IN SASKATOON

4.9.1 The Role of Culture

Issues of culture are hard to untangle from religion and language. The women’s religion was a very integral part of their integration journey and a sense of identity. Moreover, the women’s resilience seemed in part due to the strength that they drew from their faith. Aisha for example always made reference to the belief in her religious faith to help her healing. In the midst of tremendous changes, the women tried to maintain connections with their own cultures through cooking

of traditional dishes (even though this activity was very challenging due to the unavailability and costs). The process of preparing, cooking, and eating food can conjure up happier times with family and friends. In the absence of these ties, some of the women were able to a community with members from their home countries, who spoke their language and who shared their religious beliefs clearly made the settlement process much easier. These connections were affirming, particularly since they did not have to think or work in another language. Much more could be communicated between newcomers and other members of their communities since they would not have to make explicit what is often implicit and taken-for-granted in day-to-day conversations. Their “foreignness,” as signaled by dress and language was not on display in these settings as it would be in navigating Canadian institutions and in public spaces.

The women did not indicate that they felt discriminated as a result of wearing the hijab, a symbol of their religious identity. They observed that Saskatoon was a multi-cultural city, and seemed to accept the view that Saskatoon/Canada is a welcoming society. Although learning English was both practical and necessary for survival, they also recognized that learning the language was an important way of connecting to Canadians. Even learning a few words gave a sense of accomplishment and made them feel connected to Canadian culture. The main challenge that they faced was having enough money to live on.

4.9.2 Financial Matters

Since the refugee women in this study came to Canada through the government-assisted sponsorship, the government gave them monthly allowances for their living expenses. Although they were grateful to the government for sponsoring them, they complained that the money was not enough to cover their expenses such as rent and electricity bills, transportation costs, and food. The participants had to manage efficiently the monies they received from the government in order not to

accumulate debt at the end of the month. According to Aisha, the government gave her and her husband a stipend of \$1,480 a month. From that allowance, they had to pay half of the rent, which was \$650, electricity, water, and phone bills. Aisha's son was not able to help his parents because he had a wife and five children and no job. Refugees with children received an additional monthly allowance for each child. Since Nadia had five children, she was entitled to child support from the government. Although her future financial status was uncertain, she was thankful for this money, which would be available until her children turned eighteen.

The government gives my husband and me \$1,200 a month. Considering I have five children this money is not enough, we have to pay our rent (\$800) and bills from the money we receive and buy school supplies with the same money. Fortunately, I also receive child support for my kids, which has supported our expenses. My fear is that after my children turn eighteen, I will not be eligible for this money (Nadia, 2018).

Since they could not pay all of their bills, two of the participants, Ankita and Yumna had to rely on the food bank for food items. They often visited the food bank weekly or when they needed food items. Nonetheless, compared to living in Lebanon, Ankita felt that she was still better off in Canada because the welfare benefits she receives from social services in Saskatoon equip her to have a decent life:

I am comfortable here; welfare gives me paycheck every month and pays my rent, which was not the situation in Lebanon. What am not happy about is, I have to go to the food bank for some ingredients and food items so that we can save up some money. Although I do not enjoy the foods at the food bank, I do not really have a choice (Ankita, 2018).

Coming to Canada offered Ankita and her husband security and freedom from conflict. Clearly, Ankita placed a great value on the peace that they enjoyed: “They were comfortable here [Canada] and she was not penniless.” But, compared to many Canadians, Ankita and her husband were living at the poverty level and reliant on the food bank. Under these circumstances, they are neither able to make ends meet; nor able to accumulate any savings.

Food often plays a major part in an individual’s identity, but often foods to which the refugees were used to having in their country of origin were too expensive. Although there were some individuals from Lebanon who sold the ingredients that Ankita desired, she could not afford these products. At the food bank, the food choices are extremely limited since the organization is dependent primarily upon donations. Since the food bank buys in bulk and provides only the most basic of food items, it is not possible to provide particular foods to meet the preferences of individual ethnic groups. As a result, Ankita was often disappointed that she could not access her ethnic food preferences. This situation reminded Ankita of her home country where her food choices were readily available, leading to feelings of loss and longing.

4.9.3 The Necessity of Social Support

Family support was very essential in the lives of the women. Three of the women relied on their family for financial support, disability-related assistance, help with their daily activities, etc. For instance, even though Aisha’s husband is very old, he takes care of her daily needs by cooking for her, doing the laundry, getting groceries, taking her to the hospital for routine checkups, and purchasing her medicine. Aisha’s husband is always willing to help because his wife would have done the same for him if he were in the similar condition. Yumna, in comparison, relies on her mother to assist her with all her needs. Her mother helps Yumna with household chores and whatever else she needs to do. Her mother also escorts her wherever she needs to go since she is still learning to

use her walking aid. However, Yumna believes she needs a husband who would satisfy her emotional needs and support if her mother should die. In Nadia's case, her eldest daughter and husband are the ones who assist her. Nadia's husband drives her everywhere she needs to be and supports her financially. Her daughter, who is fluent in English language, assists her with all documents, books doctors' appointments sometimes for her, assists her in the care of her siblings, and does household chores. Although these women have benefited from the help of family, Ankita is self-reliant. She is able to cook, get her groceries, visit the food bank, and visit any of the settlement organizations on her own. Ankita hopes when her husband finds a job in the near future, he would be able to provide for her. But, she added, she does not want her impairment to limit her movement.

4.9.4 Isolation

Given that they have fled their homes and left everything that is familiar to them, isolation is not unusual for refugees (Letcher & Perlow, 2009; Aberman, 2014). Two of the refugee women felt isolated and lonely due partly to their impairments, which impede their mobility, and partly to the lack of a social network. Aisha, for example, heard that Saskatoon is a beautiful place with a beautiful river, but she has never had the opportunity to visit these sites because she cannot go visit without assistance. She also misses her home country because of the sense of belonging she always had as her neighbors could come visit her regularly and assist her with any need. To minimize feelings of social isolation, Aisha hopes that participating in some community activities would be a great way to help her create support networks and friendships.

I am always at home, until I have to go for my doctors' appointments I do not go out. My husband does not have the energy to push me around all the time. Even though my grandchildren live next door, I barely see them because of school. There is no communal living

here like Syria, I wish someone will visit us regularly and show us around. I know if I could walk I would enjoy my stay in Saskatoon because I can go anywhere I desire (Aisha, 2018).

In Nadia's case, she would rather spend more time with her family than be making new friends even though she admits it is important to socialize. Nadia does not go out much because once she tried to take a stroll in her neighborhood by herself she was almost sexually harassed by some men. This situation terrified Nadia, and as a result she stays mostly at home with her family. In contrast, although Yumna has difficulty walking without assistance, she does not let that discourage her from going out: "My daily routine is to visit the food bank, the settlement organizations or the disability institution and doctors' appointment." She added that her iPad and mum usually keep her company.

The settlement organizations provided opportunities for the refugee women to have social interactions with other women by sending them to indoor games activities such as bowling and ice hockey competitions and other cultural programs (music and dance forums). These occasions gave the women spaces to share their experiences and encourage each other. Aisha, for example, found these times to interact with other women very helpful because she felt very isolated when they first arrived in Saskatoon. Unfortunately, Aisha and her husband had to stop attending these events: "The Open Door previously picked us to attend some senior classes to spend time and learn a bit of English, but we stopped attending because I am not well. I liked it because we met other seniors and we would have great interactions." These moments of engagement with other women were also important to Ankita because they had a significant impact on her social life. Not only was she delighted and entertained by the "adorable Canadian games", but the changes in her environment and activities distracted her from and helped overcome post trauma immigration distress: "staying

at home most of the time and just visiting the settlement organizations to assist me with my applications was getting quite boring. These lonely moments reminded me of the tough times I have been through due to my displacement from my home country.”

Although women of colour, and especially women who wear a hijab often experience discrimination, these women did not report in our conversations, with some important exceptions, gender discrimination. The women felt accepted, and as a result, they did not attend to gender issues. Well aware of her status as a refugee woman with disabilities and as Muslim woman, Ankita appreciated the respect that she always has had from the people in Saskatoon. Even though she heard some of the refugee women at the settlement organization discuss their fear of being tagged as “dangerous people” because they wore the hijab, Ankita was confident that Saskatoon accommodates diversity in people. The reasons that these women may not have experienced discrimination are twofold. First, due to their impairments and the challenges of settling in they did not interact with many people on a daily basis. As the experience of Nadia and Yumna indicated, the more “out,” they were (walking along the street and the doctor’s office), the more likely it seems that they may encounter overt forms of discrimination. Second, refugees, especially the recent arrival of Syrian refugees, may command more sympathy from Saskatoonians since the images of the war, and particularly the iconic image of Aylan Kurdi, the three year old Kurdish boy found dead on the beach,³ have galvanized many Canadians to support refugees. Whether or not this support will persist over time is unclear.

³ <https://www.theguardian.com/world/2015/sep/03/refugee-crisis-syrian-boy-washed-up-on-beach-turkey-trying-to-reach-canada>

4.9.5 Sense of Community

One source of community for the refugee women was people and organizations of the same ethnic group, many of whom also had immigrated to Canada. Although she had not done so yet, Nadia, for example, was looking forward to connecting with members of the Jordanian community: “I will be very glad to join any community network of people from Jordan, it will bring me so much joy.” For Nadia, sharing a common culture and speaking the same language gave her a sense of security and acceptance. In contrast, Yumna did not seem that interested in a community network. Having her mum with her was enough because she provided much support. But she worried about the future. If her mum died, she had no one to rely on. Yumna hopes to find a husband who will fill her mum’s place when she is no longer alive.

Two of the women had received help from the Islamic community. Ankita received assistance from the Islamic community to pay for half of her medications, but she stopped going there because of the rigorous process involved in order to receive the money. She commented that:

No I am not part of any community. But if you know of any please inform me. Initially when I moved here I went to the mosque to assist me to pay for my medications, which they paid half but they take me through a lot of procedures and paperwork before they help me. I think I cannot go there all the time. I would wish they always allocated money for my bills without taking me through all these procedures (Ankita, 2018).

In contrast, Nadia’s husband was offered a job by a mosque, which provided another source of income for which she was grateful.

The mosque offered my husband a job because he could not find any. He goes to the mosque at the west side from Monday to Friday to clean for 500 dollars a month (Nadia, 2018).

Although it not a lucrative job, Nadia believes that is the best her husband will be able to get because he has a hearing impairment and cannot write or sign in English. The mosque provided a sense of community for the refugee women's husbands rather than for the women. Two of the women's husbands always visited the mosque to pray so they had established social networks; hence one was able to secure a job. The women preferred to pray at home because going to the mosque was not convenient for them due to its distance from home.

Research indicates that refugees who are connected, well-established, and have a great community support network in their host countries integrate much faster into the host country than those who do not have these supports (Gottlieb & Bergen, 2010; Makwarimba et al, 2013). Some of the women already had connection to the ethnic communities to which they belonged. But even those who had not envisioned being a part of such community support network strongly believed that having a community support network would create opportunities for peer support and help them develop a sense of belonging even though they are no longer in their home country.

Conclusion

Discussions with the four refugee women with disabilities in this study shed light on the complex interaction of the multiple challenges that these women encountered in their transition to their first asylum country and then to Saskatoon. Not surprisingly, these women, as is true of other refugees, were traumatized by their experiences of war and conflict or living in a refugee camp in their first country of asylum. When they arrived in Canada, the women faced numerous pressures to settle

in as soon as possible; they had to secure housing, learn English, access health care, and adopt survival strategies for successful settlement. The settlement organizations, as well as organizations dedicated to serving individuals with disabilities, provided enormous assistance to these refugee women, but there were limits to what these organizations could offer due to lack of resources. Collectively, the women experienced a longing for their country of origin, loneliness, isolation, and financial insecurity, but they also demonstrated in some cases resiliency and a determination to make the best of their new lives. These attitudes seem to be mediated by the nature of their impairments, particularly their ability to move about independently, support from their families, and their ability to connect to members of their own ethnic community.

CHAPTER 5

CONCLUSION

Although considerable literature exists on the experiences of immigrant and refugee women, only a limited number of studies focus on the experiences of refugee women with disabilities in Canada (Mizra, 2014; Dossa, 2009; Simich et al., 2005). This research study examined the experiences of four refugee women with disabilities in Saskatoon who came to Canada through the government-assisted refugee program. The women told powerful stories about how they were actively rebuilding their lives and creating new identities as they navigate a new culture and attempt to integrate into Canadian society while also addressing the immediate concerns of their disabilities. The aim of the research was to identify factors that facilitated the initial stages of settlement into Canadian society, the challenges that they faced during the resettlement process, and the survival strategies that the participants adopted.

All four women had experienced the trauma of war and conflict. Some came to Canada because they knew that Canada provided health and social services to its citizens; others had no idea where Canada was located, but they hoped for a better and promising future. Upon arrival in Saskatoon, Canada, the women were received by two settlement organizations, the Global Gathering Place (GGP) and the Open Door Society (OPD). Among many services, the GGP and the OPD provided the women with necessary information and orientation about life expectations in Canada. Although the women were grateful and had received adequate information for successful settlement, they still encountered some challenges especially economic integration due to their impairments. In this final chapter, I examine the findings of this study, their relationship to the literature, and the policy implications. If Canada is going to welcome refugees, it needs to invest more in the

settlement processes generally while addressing the specific concerns of those with disabilities. The process of integration for refugee women with disabilities is multi-faceted and successful integration, as this study shows, varies according to the nature of their disability, individual biographies, family support, and the existence of immigrants/refugees from their home countries now living in Canada, and/or religious communities.

The study findings resonate with some of the findings in the more general literature on the integration of immigrants and refugees into Canadian Society (Endicott, 2017; Dossa, 2009; Makwarimba et al, 2013). Since these women did not speak English, they had difficulty in communicating effectively with others about their basic needs for living including finding housing, medical care, transportation and financing. As a result, the women relied heavily on settlement organisations such as the Open Door Society and The Global Gathering Place. These organizations helped facilitate their integration by providing them with English language classes and translators (Merry et al., 2011; Makwarimba et al., 2013). In addition, these organizations helped these women apply for funds when needed. In some cases, the supervisors went above and beyond their jobs and assisted the women, for example, with transportation needs since they had difficulty navigating the bus system when they arrived. The women appreciated these gestures. Echoing the broader literature, at the same time, the women reported not having enough time with their respective supervisors since they had many refugees to support in their settlement process (Hyndman, 2010). Not surprisingly, the women were frustrated with this situation since some of their needs required immediate attention and more timely interventions.

While most immigration and refugee literature in Canada recognises barriers such as acquisition of the host country's language, financial independence, employment and education as determinant of successful integration outcome (Beiser & Hou, 2000; Boyd & Cao, 2009; Wilkinson &

Garcea, 2017; Encott, 2017), this research found that the women's impairments had a great impact on their integration and slowed down the process (Dossa, 2009; Mansha & Allen, 2012). Although their integration was partly affected by lack of English language skills and education, their individual impairments led three of the women to drop out of their English language classes. Similarly, like other refugees, the women in this study faced economic instability (Dossa, 2009; Mizra, 2010; Miza et al., 2014). But as refugee women with disabilities none of the women was gainfully employed so they relied on monthly government stipends, and in one case, child and disability allowances. Moreover, their husbands were not able to find meaningful employment in this first year. As a result, these families did not have enough money to meet their daily needs and pay the costs of rent and utilities; the women were living in poverty, and some of them relied on the food bank to supplement their food budget (McGrath, Wood & Young, 2010). The assumption of government policy is that all refugees will integrate into Canadian society, but this case study the government needs develop programs that provide adequate income to live meaningful lives, rather than being confined to poverty.

Although the women had not achieved economic integration, some had achieved social integration. In part, this situation was made possible when the women were able to become physically mobile, particularly when they were no longer dependent upon others to take them into public spaces. Mastering public transit or using an electronic stick allowed the women to explore their neighbourhoods, get to appointments, and go shopping. The women also built social networks while they engaged with programmes at the settlement organisations. Even learning basic English language enabled the women to have conversations with other people in public spaces. In some cases, the women were able to make social connections with people that they met at the settlement organizations or through religious-cultural institutions like the mosque.

This research points to the importance of place in the implementation of refugee policies. Most of the studies have been conducted on the experiences of refugees living in major cities, which have well-established and diverse ethnic communities that can facilitate the integration of newly arrived refugees. The problem of social isolation may be less difficult to address in larger cities like Toronto, Montreal, and Vancouver. Given the large and diverse immigrant and refugee populations in these metropolitan areas, the resettlement and integration processes may be different from the experiences of refugees in Saskatoon. In these larger cities, many refugees are able to connect with individuals and communities from their homelands who speak their language and may help them navigate the culture, traditions and practices of Canadian society. These relationships help refugees to feel connected and thereby increase their sense of belonging.

In comparison, Saskatoon, although increasingly diverse, is smaller and home to fewer ethnic groups as Saskatoon not a major destination point for refugees. Thus, refugees may have greater difficulty in connecting with people and communities from their homelands. Although some refugees belong to larger, well-established communities (such as Afghan and Somali communities) where they can benefit from information and support, other refugees that are “fewer and newer” can find themselves socially isolated (Simich, 2003; Hyndman et al.,2017). This was the case with the refugee women with disabilities. All the women reported not knowing any one from their home communities, who they believed, would have supported their integration during the initial phases of settlement.

Saskatoon resettlement agencies also may have less experience than metropolitan cities in dealing with refugees, particularly when they have arrived in large numbers as they did during the Syrian crisis. Saskatoon resettlement agencies also have fewer social service organizations to rely on to help assist refugees who have disabilities. As a result, the social isolation of the women in

this study seemed to be more acute due to their impairments. Due to the nature of their disabilities, age, and understandable fear, some of the women were confined to their homes, and found it difficult to go out. Ironically, their confinement to the home tended to protect them from overt forms of racism. One strategy that might address the social isolation of refugees is for the service agencies to reach out to various ethnic communities and to develop a list of individuals and/or organizations who would act as “point” persons or cultural mediators who liaise between social services agencies and newly arrived refugees. These individuals and groups would function in much the same way as the support networks for privately-assisted refugees.

The stories and experiences shared by the study participants made it clear that refugee women cannot be assumed to be a homogenous group. They came from different countries, spoke different languages, and belonged to different ethnic/religious groups, and they had a range of disabilities. While all were glad to leave war and conflict behind and missed their families, the women expressed a range of responses to settling in Canada. The women in many cases demonstrated resiliency in their journey from their home countries through to settling in Saskatoon. In some cases, the women were optimistic despite their hardships; in other cases, they accepted their fate but were uncertain about their future. Although integrating was a challenge, the women strived to go through all the required procedures and recommendations suggested for successful settlement. They attended their English classes even when it was difficult to grasp what was being taught and when their disabilities became an obstacle to their learning process. These attitudinal differences can in part be attributed to their experiences prior to coming to Canada, the nature of their disabilities, their relationships with their families, and if they had dependents. The status “refugee” therefore can glide over these differences when their diverse individual experiences and needs are not recognized, especially since women with disabilities require specialised services. For example,

given the nature of their impairments, language classes that rely heavily on visual materials are not appropriate for individuals who are blind. This type of analysis is lacking in much of the information on immigrant and refugee literature.

Research findings of immigrant and refugees' integration and settlement clearly reveal that labour market attachment and language acquisition are the core areas for successful settlement (Hyndman, 2012; Lang-Cox et al., 2012). There are a range of employment programs developed by the settlement organisations in Saskatoon to address immigrant and refugee employment issues and needs. The programs are tailored to give counselling on career planning, resume writing, job-search, interview skills, and inter cultural awareness, among others. These programs are based on the assumption that newcomers will become more independent through training and development. However, there is no such tailored training for refugees with disabilities leaving them with no choice but to survive on just government stipends. For example, since one of the women had vocational training and others expressed interest if the opportunity was made available, better coordination of training opportunities with organisations that work with people with disabilities would be very helpful. Given the tremendous diversity among the refugee population and the variations in their settlement experiences, there is the need for research to identify which aspects of the vocational programs are most relevant for successful integration.

One of the roles of the settlement organisations is to identify and dialogue with government around integration problems faced by refugees. With respect to this group of women, the settlement organizations tried to help address their unique, but legitimate, needs. For example, the GGP was able to secure funding for a private tutor for one of the refugee women who was blind and had little or no progress in her English language class. Settlement organisations, however, are very often underfunded, making it difficult to meet the needs of refugees generally, but particularly

those with disabilities. Since settlement organizations need to be cost-effective and deal with complex multilevel government structures, they are forced to prioritize their services that will benefit the majority of refugees while the needs of the minority, like refugee women with disabilities, become low priority.

Settlement services are available only for one year after arrival, after which the federal government expects refugees to be self-sufficient. This goal is daunting for many refugees, but it is particularly problematic for refugees with disabilities. Unlike immigrants whose entrance into Canada is in part determined by their health status, refugees are not subject to such regulations. Indeed, since refugees are fleeing some form of conflict, the likelihood of sustaining some form of permanent injury is quite high, in addition to disabilities that they might have had before the conflict. Given the unique nature under which refugees come to Canada, it is highly likely that some subset of this group may never be able to be gainfully employed due to a disability. This reality is at odds with government policy. According to Garcea (2016), the federal government's policies are generally not effective in economically integrating refugees because the government does not have a coordinated plan to ensure that refugees secure employment upon their arrival to Canada. Instead, the federal government delegates the responsibility for refugee employment to local employment agencies that are already inundated with high numbers of clients (Citizenship Immigration Canada, 2016; Garcea, 2016; Krahn et al, 2000).

Privately-sponsored refugees who enjoy the support of a local community have much higher rates of achieving integration after a year, but this situation is most often not the case for government sponsored refugees who are almost solely dependent on settlement organizations for their success (Garcea, 2016). The relative success of privately sponsored refugees is bolstered in part by the stability and guidance of sponsorship group until integration is fully achieved (Hyndman et

al., 2017). Janet Dench, executive director of the Canadian Council of Refugees, has also observed that privately sponsored refugees also usually have family members for support and are often not selected based on vulnerability (Boyd, 2018). As a result, privately-sponsored refugees rarely rely on social assistance/food banks after their first year of settlement. In contrast, the women who participated in this study still relied on social assistance after a year, and two of them visited the food bank frequently during the week for some food items.

One of the problems in doing this research was finding refugee women with disabilities. In part, this problem may be the result of this group of women's reluctance to self-identify because they may feel stigmatized by their disability. In part this problem may be a result of the way in which the settlement organizations define "disability." To be sure, many refugees coming through their doors suffer from the physical and emotional effects of the conflict situations from which they have escaped. There is little doubt that settlement organizations have a challenging task in addressing these injuries but, as a result, other kinds of disabilities may be overlooked, especially those that are invisible. There is a need for documenting the number of refugees with disabilities who have resettled in Saskatoon and the types of impairments they have. Despite their good intentions, this analysis revealed that the resettlement service system (as opposed to individuals) was inadequate in responding to the needs of refugee women with impairments. The settlement services treated this group of women like other refugees, until the women reported their special needs. Once having this information, the settlement organizations were scrambling to find services that would meet the women's particular needs. Minimally, there should be an inventory of specialised programs and recognition for refugees with disabilities.

There is also the need for more collaboration, dialogue, and networking between settlement organisations and the various mainstream disability service providers in Saskatoon. These groups

could join forces to advocate for more funding for refugees with disabilities and build disability-related programs that will facilitate the successful integration of refugee women (and men) with disabilities. Although the Global Gathering Place played an important role by connecting these women to mainstream disability services, some of the women did not benefit much from them because of the distance they had to travel and in some case language barrier. Some of the women even stopped accessing the disability services when there was no follow up. Sustained efforts in this area will go a long way in helping refugees with disabilities to integrate successfully. The findings of this research confirm past studies that have demonstrated repeatedly that services for refugees are underfunded, staff are overwhelmed with the number of clients and the diversity of their needs. The federal and provincial governments need to provide additional funding if Canada is going to welcome refugees in a meaningful way.

Finding affordable housing is one of the primary concerns for newcomers and is necessary to provide a solid foundation for integrating into Canadian society. This research has pointed to a virtual absence of services that address the housing needs of the refugees in general, and women with disabilities in particular. Minimally, a roster of available housing should be developed. The settlement services should also provide better information on how to search for housing and provide tutorials in the form of video sessions on how to navigate Canadian homes (such as the heating system, etc.). The settlement services also should provide more education about existing laws regarding landlord-tenant issues and translate basic housing documents into the refugees' home languages. The main challenge, however, for refugees to get adequate housing in Saskatoon is its affordability. The government allowance for housing should be increased in recognition of market pricing of rental units while enabling refugees a great choice of housing. In addition, the government need to provide incentives to social housing providers and private rental landlords to address

the particular needs of refugees with disabilities that might include ramps, alterations to bathrooms, etc.

This research, however, is not without limitations. The findings were based on a small sample size; the participants were purposively chosen in accordance with specific predetermined criteria. As a result, the findings are not generalizable to the general population of refugee women with disabilities. There were many challenges in conducting this research. The refugee women who volunteered for this research study coincidentally came from Islamic countries so their standpoints might differ from refugee women with disabilities from non-Islamic countries. The research on refugee women with disabilities need to be expanded to include women from other ethnicities and religions to determine both the commonalities and differences between and among them, and to see what factors facilitate or pose barriers to their integration. Since the participants had limited English language skills, the use of translators was necessary in order to understand their views and experiences of settlement in Canada. Much can get lost in translation; translators may, for a variety reasons, change the meaning of some of the information provided. Moreover, at some point in the interviews, all of the women were silent about some of the issues being discussed. As a non-native speaker, I was unable to coax or probe for more information. Moreover, it is difficult to interpret silence, although it was clear at times that the questions were emotionally troubling—which is not surprising given the traumatic experiences that the participants had undergone. As a result, some of the answers were not comparable. More generally, however, the richness and nuances of these women's experiences may not have been captured. Therefore, future research should be conducted by researchers who speak the refugees' mother tongue.

Second, despite the similarity in focus, most of the literature on disability studies in Canada do not fully cover the experiences of refugee women with disabilities. Parin Dossa's book *Radicalized Bodies, Disabling Worlds: Storied Lives of Immigrant Women* is an important exception and provides great insight for my research. Drawing on culture, religion and gender experiences of four South Asian and Iranian women with disabilities in Vancouver, Canada, Dossa examines the ways in which structures of exclusion and oppression impacted the women, but Dossa found that these women adopted strategies to rework such forces. Through their own agency and active participation, the women with disabilities carved out their own space within the mainstream, shedding the stigma associated with their identities and transforming their experiences. A number of the women described how their religious identities and associations with Muslim communities became sources of empowerment. The findings of this study suggest that the women who participated in this study were resilient and determined to improve their lives despite the challenges that they faced. However, the women in Dossa's study were more privileged and possessed more economic and social capital (they were wealthy and versant with English). These findings were not the case for the refugee women with disabilities in my study. Comparing the findings of the two studies reinforces the view that refugees and immigrants are not homogeneous, and that their class status is a significant factor in contributing to successful integration.

Although the experiences of refugee women with disabilities requires more research, the experiences and needs of refugee men with disabilities should also be taken into account. Their experiences of surviving conflict, the journey to Canada, the resettlement process, in combination with their disabilities, would probably represent a significant challenge to their masculine identities. In general, the research on the oppression of North American and European men with disabilities demonstrates that the identities, image and reality conflict with Western, heterosexual and

white hegemonic cultural belief about men's bodies and physicality (Gibson et al., 2014; Shuttleworth et al., 2012; Dossa, 2009). Since men's bodies allow them to demonstrate toughness, competitiveness, and ability, they are able to translate these physical characteristics into status and prestige. As often, racialized men from non-Christian, non-Anglo-European backgrounds, refugee men with disabilities do not necessarily conform to these ideals. How they navigate their masculine status both within and outside their families may provide insight into their integration (or not) into Canadian society.

In the last few years, Canada has indicated to the world that it is willing and able to accept refugees. The Canadian government has signaled that accepting refugees is the right and just thing to do. As Prime Minister Justin Trudeau stated in a speech at Canada House in London, England, "we have a responsibility to ourselves and to the world to show that inclusive diversity is a strength and a force that can vanquish intolerance, radicalism and hate." He also took to his social media handle on Twitter that "welcoming refugees is enriching and building our communities" (2017). If Canada is going to take this position, it is very necessary to attend to the needs of the diversity of the refugee populations that they receive.

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Appendix A

Participant Consent Form

Project Title: Adaptation and Survival Strategies of Refugee Women with Disability (ies) In Saskatoon, Canada

Researcher: Florence Osei Poku

Graduate Student, Women, Gender and Sexualities Studies

Email: flo231@mail.usask.ca

Ph: [306 966-7893](tel:3069667893)

Supervisor: C. Lesley Biggs

Associate Professor,

Department of History

University of Saskatchewan

9 Campus Dr.

Saskatoon, SK. S7N 5A5

Ph: 306-966-1645

Email: Lesley.biggs@usask.ca

Purpose(s) and Objective(s) of the Research:

This research focuses on the experiences of immigrant and refugee women with disabilities who have immigrated to Saskatoon. The project examines their stories to provide insight into the ways in which disability is understood and negotiated through the process of immigration and settlement. At the present time, few social services are available to immigrants and refugees who also have disability (ies). This study will explore the intersection between race/culture, gender, and disability through the lived experiences of immigrant women with disabilities. The research will help raise awareness about their unique situation. In particular, settlement organizations have expressed strong interest in the results of this project since this research may help them in refining their programming to include the needs of immigrants and refugees to Canada.

Procedures: Preamble

- I will be interviewing you about your experiences of immigration. I would like to get some background information about you, your sense of belonging and integration into Canadian society, employment opportunities, and availability of services since you moved to Saskatoon, Canada.
- An interpreter will help facilitate the interview. The interpreter will sign a confidentiality form signifying all information shared will not be disclosed to anyone.
- Only myself and my supervisor (Lesley Biggs) will have access to the data.

- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- There may be some emotional risk since the experiences of coming to Canada may be traumatic, and you may feel stigmatized by having an impairment (s). I will provide you with a list of contacts of the settlement organizations (Open Door Society, the Global gathering place and The International Women of Saskatoon) if you would like further counseling.
- **Potential Benefits:**
I believe this research will provide new information about your unique experiences. I hope that this study will raise awareness about the challenges faced by, immigrants and refugees who also have a disability (ies).

Right to Withdraw:

Before we begin the interview, I would like to assure you that as a research informant you have important rights.

- Your participation in this project is entirely voluntary.
- You may answer only those questions with which you are comfortable
- If you wish to have the tape off at any time, please let me know.
- Whether you choose to participate or not will have no effect on your position, e.g. employment, class standing, access to services or how you will be treated
- Your right to withdraw data from the study will apply until the results have been disseminated; that is, made available to academic or public audiences. After this time, it may not be possible to withdraw information.

Confidentiality:

- Interviews will remain strictly confidential. To protect your confidentiality, I will ask you to choose a pseudonym. If any parts of the interview are included in publication or conference presentation, all identifying characteristics will be removed.

Compensation:

- I will provide you with a \$10 gift card from Tim Horton's.

Long-term Storage

The tapes and transcripts of the interview will be stored in a locked cabinet in my supervisor's (Dr. Lesley Biggs) office for five years.

Follow up:

I would be pleased to send you a summary and any publications that result from this research.

Questions or Concerns:

If you have any questions or concerns, you may contact me by email at flo231@mail.usask.ca, or by telephone 306-202-9012 or you may contact my supervisor, Lesley Biggs, at Lesley.biggs@usask.ca or by phone at 306-966-1645.

This project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics office, ethic.office@usask.ca (306) 966-2975.

SIGNED CONSENT

Your signature below indicates that you have read and understand the description provided.

I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	

Researcher's Signature *Date*

Consent to Audiotape

Your signature below indicates that you are willing to have this interview audiotaped.

I agree to have this interview audiotaped. Yes No

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	

Researcher's Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix B

Interview Guide

Preamble: Since I am an immigrant woman (from Ghana), I do appreciate and have some understanding of what it is like to be a newcomer in Canada. What I do not have experience of is the combination of having an impairment and being an immigrant or refugee woman. Your story is important because it will create awareness of your experiences that might be otherwise invisible to other residents of Canada. First, I would like to get some background information about yourself.

Background

- How long have you been in Saskatoon?
- Where did you come from?
- Did you come with your family?
- Why did you come to Saskatoon?
- Has the transition to Saskatoon been smooth?
- What do you/do not like about Saskatoon
- Have you had issues integrating into the Canadian society?
- Do you get help/services from settlement organisations?
- Do you have access to English language courses

Disability Experience

- As you know, I am interested in how immigrants/refugee women with disability(s) have adjusted to the Canadian society. I would like to know;
 - How long have you had your impairment?
 - Have you had any difficulty in getting access to services or support with your disability?
 - What kind of help do you get from settlement organisation with respect to your disability?
 - Are you satisfied with this help?
 - Did you need a family member in order to get access to services?
 - What services would be helpful in the future?

Appendix C

Translator Confidentiality Form

Project Title: Adaptation and Survival Strategies Refugee Women with Disability (ies) In Saskatoon, Canada

Researcher: Florence Osei Poku
Graduate Student, Women, Gender and Sexualities Studies
Ph: 306-202-9012
Email: flo231@mail.usask.ca

Supervisor: C. Lesley Biggs
Associate Professor,
Department of History
University of Saskatchewan
9 Campus Dr.
Saskatoon, SK. S7N 5A5
Ph: 306-966-1645
Email: Lesley.biggs@usask.ca

Purpose(s) and Objective(s) of the Research:

This research focuses on the experiences of immigrant and refugee women with disabilities who have immigrated to Saskatoon. The project examines their stories to provide insight into the ways in which disability is understood and negotiated through the process of immigration and settlement. At the present time, few social services are available to immigrants and refugees who also have disability(ies). This study will explore the intersection between race/culture, gender, and disability through the lived experiences of immigrant women with disabilities. The research will help raise awareness about their unique situation. In particular, settlement organizations have expressed strong interest in the results of this project since this research may help them in refining their programming to include the needs of immigrants and refugees to Canada

Procedures:

- I (the researcher) will be interviewing immigrant and refugee women about their experiences of immigration. I will be asking them to provide background information about themselves, their sense of belonging and integration into a Canadian society, employment opportunities, and availability of services since they moved to Saskatoon, Canada.
- Given their nature of disability and that English is not their first language, I will need the services of a translator.
- As the translator you will help facilitate the interview by translating as accurately as possible, the words and views of the respondent.
- As a result, I ask that you respect the confidentiality of the respondent, and that you will not disclose any information that is revealed in this interview to anyone other than myself.
- Only myself and my supervisor (Lesley Biggs) will have access to the data.

- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Right to Withdraw:

Before we begin the interview, I would like to assure you that as a translator you have important rights.

- Your participation in this project is entirely voluntary.
- You can decide to withdraw your services at any time.

Questions or Concerns:

If you have any questions or concerns, you may contact me by email at flo231@mail.usask.ca, or by telephone 306-202-9012, or you may contact my supervisor, Lesley Biggs, at Lesley.biggs@usask.ca or by phone at 306-966-1645.

This project has been approved by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics office, ethic.office@usask.ca (306) 966-2975.

SIGNED CONFIDENTIALITY

Your signature below indicates that you have read and understand the description of the study provided. My role is to translate, to the best of my ability, the words and views of the respondent.

I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project and will keep all information confidential. A copy of this Confidentiality Form has been given to me for my records.

<i>Name of Translator</i>	<i>Signature</i>	<i>Date</i>
<i>Researcher's Signature</i>	<i>Date</i>	

A copy of this confidentiality will be left with you, and a copy will be taken by the researcher.