

(EN)GENDERING VULNERABILITY: IMMIGRANT SERVICE PROVIDERS' PERCEPTIONS OF NEEDS, POLICIES, AND PRACTICES RELATED TO GENDER AND WOMEN REFUGEE CLAIMANTS IN ATLANTIC CANADA

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Abstract

As part of a multi-phased study exploring the experiences of refugee claimants in Atlantic Canada, this article focuses on the experiences and perceptions of immigrant service providers in relation to gender and women refugee claimants. Given the paucity of research on refugees in Atlantic Canada and on the particular perspectives of service providers, we have located this part of our research in the intersection of state policies and civil society practices, in particular service providers' and NGO practices vis-à-vis refugees and refugee claimants. To contextualize our study we briefly trace global and national trends in migration and refugee issues, specifically increasing refugee deterrence policies that restrict claimants' access to protection and settlement services. Findings highlight the recognition of gender-specific needs but also the lack of a gendered analysis of women refugee claimants, uneven accessibility to support services across the Atlantic region, challenges in navigating services, low cultural competence of institutional social and health service providers, and the rise of a punitive deterrence culture.

Résumé

Dans le cadre d'une étude en plusieurs phases explorant les expériences des demandeurs d'asile dans les provinces maritimes du Canada, cet article se penche sur les expériences et les perceptions des employés des services de l'immigration en relation avec l'appartenance sexuelle et les femmes demandeuses d'asile. Étant donné la pauvreté des recherches sur les réfugiés dans ces régions, et sur les perceptions de ces employés, cette étape de la recherche se concentre sur l'interaction entre les politiques d'État et les pratiques de la société civile, particulièrement les pratiques de ces employés et des ONG à l'égard des réfugiés et des demandeurs d'asile. Afin de mettre la question en contexte, on considère les tendances nationales et internationales dans le domaine de la migration et de l'asile, et plus particulièrement des stratégies croissantes visant à restreindre l'accès des demandeurs d'asile aux services de protection et d'établissement. Les résultats mettent en lumière les besoins spécifiques liés à l'appartenance sexuelle, mais également le manque d'études sur les besoins particuliers des femmes demandeuses d'asile, l'inégalité de l'accès aux services de soutien dans la région atlantique, les difficultés de s'orienter dans les différents services, le manque de

compétences culturelles des employés des différents services sociaux et de santé, ainsi que l'essor d'une culture de dissuasion punitive.

Introduction

Migration is not gender-neutral,¹ yet little focus has historically been placed on the gendered aspects of migration,² particularly in relation to refugee claimants' experiences.³ As part of a multi-phased project on the experiences of refugee claimants, this facet of our study analyzes immigrant service-providers' experiences and perceptions related to gender and women refugee claimants. We locate our research in the intersection of state policies and civil society, in particular, service providers' and NGO practices vis-à-vis refugees and refugee claimants. Our research participants are service providers from Atlantic Canada, who shared their learning experiences as well as their perspectives on refugee claimant needs and the policies in which their practices are embedded. Most specifically, they described their struggles to meet refugee claimant needs and ensure their human rights in an increasingly exclusionary neo-liberal political context, which is steadily exacerbating the vulnerability of refugee claimants. We begin by briefly tracing global and national trends in migration issues, with a focus on increased deterrence policies that restrict refugee claimants' access to protection and settlement services. We conclude by offering policy recommendations toward improving the experiences of refugee claimants, with particular attention to gendered needs.

Migration Trends and Refugee Issues

Global and National Context

The numbers of refugees, internally displaced, stateless persons, and those being trafficked are on the increase. In fact, 2013 is estimated to be one of the worst years for forced migration in over twenty years.⁴ By the end of 2012, over forty-three million people were forcibly displaced.⁵ Among this population, over fifteen million were refugees and almost one million were people seeking asylum.⁶ The 2013 UNHCR report on forced migration suggests that 46 per cent of refugees are women and girls and that this number has been consistent for the past ten years.

In relation to refugees, Canada has an ambivalent history. While Canada turned away Jewish refugees during the Second World War—which, for most of them, led to their death—the country became exemplary in receiving refugees from the 1970s to the 1990s. During this time, refugees made up 15–21 per cent of the annual inflow of immigrants to Canada.⁷ Since the 1980s, the flow of refugees and protected persons to Canada has been steadily sliding, while that of economic immigrants has been climbing: from 23.2

per cent in 1986 (and 37.9 per cent economic immigrants in the same year),⁸ to 20 per cent in 1988 (and 51.4 per cent economic immigrants in the same year),⁹ to 9.1 per cent in 2012 (and 65.4 per cent economic immigrants in the same year).¹⁰ Since the early 2000s and the entrenchment of neo-liberal ideology in Canada, this represents a significant shift toward “designer immigrants” selected for their economic potential.¹¹ The majority of immigrants continue to fall within the “economic class”¹² whose principal applicants were 51 per cent male and 49 per cent female in 2012.¹³ In addition, the escalating securitization of migration stemming from the events of 9/11 resulted in harsh impacts on refugee claimants.¹⁴

While the literature exploring refugees in Canada is growing, there is not always a distinction made between refugee classifications, contributing to an invisibility of refugee claimants.¹⁵ The term *refugee* is a highly complex one that masks the heterogeneity of this grouping. Indeed, “the refugee label contributes to a portrait of refugees that is far too simplistic and therefore problematic.”¹⁶ Szczepanikova suggests that the word *refugee* is a politicized label, often associated with dependency on others for assistance, which “is not only stigmatising but also easily convertible into refugeehood being perceived as potentially threatening ‘otherness’ and uncomfortable neediness.”¹⁷ This construction of refugee is often used by governments when enacting restrictive policies. Furthermore, the literature on refugees often relies on a state-centric migration framework of refugeehood. In this frame, forced migration or refugeehood is an exceptional problem and an aberration from a state-based conception of citizenship, in which refugees are persons deprived of their state's protection.

An alternative framework that has given rise to a vibrant and growing body of literature is the human rights approach. By contrast to the state-centredness of the migration framework, human rights derive from the human being, and protection of the human being is our obligation to humanity, which is greater than our obligation to a sovereign state. Refugee rights are a subset of human rights. Nyers¹⁸ proposes a different conception of “refugee” than the Cold War-based concept. In his conception, all people are considered in a state of being or becoming refugees and the latter are not speechless and passive recipients of the benevolent kindness of states, but active agents of their own destinies, negotiating challenging circumstances. Service providers and NGOs, in this approach, are typically trying to ensure refugees' human rights are being met.

From a legal and policy point of view, refugees in Canada are typically considered in two categories: (1) overseas refugees, who have been determined by the UNHCR to be convention refugees (with their claims processed outside of Canada) and who may be government assisted or privately

sponsored; and (2) in-land refugees. In-land refugees are termed asylum seekers or refugee claimants. They arrive in Canada seeking protection and then submit their claim for determination.¹⁹ Increasingly, Canada is punitive toward refugee claimants, penalizing them for “illegal entry.”²⁰ Once in Canada, refugee claimants share common experiences with refugees and other immigrants, yet their lack of status and lack of access to funded services create distinct vulnerabilities.²¹ While the experience may vary, based on culture, race, gender, education, religion, and marital status,²² this study explores their gendered realities, as understood by service providers in Atlantic Canada.

Regional Context

Atlantic Canada consists of four eastern provinces: Prince Edward Island, New Brunswick, Nova Scotia, and Newfoundland and Labrador, which are largely rural, with small urban areas. Outmigration, high unemployment, particularly in rural areas, minimal economic growth, an aging population, and low birth rates have led to provincial government efforts to increase immigration, although numbers remain low overall.²³ While 20.6 per cent of all Canadians were immigrants in 2011—the highest proportion among the G8 countries,²⁴—a much smaller percentage of the population in Atlantic Canada are immigrants—only 3.5 per cent.²⁵ Refugee claimant applications are also spread unevenly. Ontario receives 60 per cent of refugee claimant applications and British Columbia receives 5 per cent, with the remaining spread throughout Canada.²⁶ The annual number of refugee claimants in Atlantic Canada over the last ten years has ranged from 91 to 168.²⁷ In 2012, there were 134 refugee claimants in Atlantic Canada (67 in Nova Scotia, 42 in New Brunswick, 24 in Newfoundland, and 1 in Prince Edward Island).²⁸ This study will show that these relatively small numbers affect the infrastructure, practices, and perceptions of policy by service providers.

Gender, Vulnerability, and Refugeehood

Gender is a social institution that is created, maintained, and enforced through daily interpersonal interactions.²⁹ A gender analysis in migration takes into account how gender organizes migration patterns and how it “facilitate[s] and constrain[s]” migration and settlement experiences.³⁰ It accounts for the diversity of experiences, the differences in social and cultural capital, as well as the responses of state and civil society.³¹ At the same time, the reality of gender diversity erodes binary oppositional categories of male/female. In everyday discourse, gender is a process “wherein gender identities, relations, and ideologies are fluid, not fixed.”³²

Women are overrepresented in refugee and internally displaced communities as well as disproportionately bearing

the familial and communal care responsibilities during disasters and war.³³ Given a global context where women have less social and legal status, they often have less access to capital, social goods, and legal means to protect themselves. In general, “unauthorized migrants and immigrants face a wide array of interrelated health vulnerabilities—some tangible and other intangible; some structural and other experiential—whose accumulation yields powerful biological and subjective effects.”³⁴ Furthermore, in crises, hyper-masculinity can become a compensatory function for the social and economic losses of men that intensifies women’s insecurity. Further, in addition to economic, educational, labour, social, and geographic vulnerability, there are physical vulnerabilities from the loss of community protection, sexual violence, domestic abuse, police targeting, and sexual manipulation as they flee and seek refugee status. These vulnerabilities often become embodied in the search for asylum.

Nevertheless, we resist an essentialist concept of vulnerability—and women—that suggests the latter are weak, passive, and unable to protect themselves from violence, particularly the violence of men. Rather, women have the right to be free from assault. They do defend and provide for themselves and their families, are resilient and resourceful, and resist gendered oppression in multiple ways. Vulnerability is part of the human condition³⁵ and, as a consequence, part of social and state responsibility. Yet, at the same time, vulnerability is gendered. The broader context of structural patterns of global gender inequality and discrimination must be considered and state responses should not exacerbate vulnerability, but facilitate recovery from trauma.

The victimization and silencing of refugees is a recognized political trope.³⁶ This is more exaggerated for female refugees and ties in with gender stereotyping. Canadian immigration and refugee policies devalue women, create dependency, and promote gendered power imbalances.³⁷ For example, female refugees are required to meet the same requirements as men in order to enter Canada for resettlement (convention refugee status in addition to the general criteria of admissibility). But since women in general receive fewer educational opportunities as a result of gender stratification in many countries, they are less likely to be accepted in Canada. Female refugees and claimants are also typically stereotyped as a vulnerable population at risk of prostitution and trafficking, further reducing acceptability.³⁸ Immigrant and refugee women often experience a loss of voice due to trauma, loss of financial capacity, or social status.³⁹

In 1993, Canada was the first country to implement a gender policy for refugee claimants through the Women Refugee Claimants Fearing Gender-Related Persecution guidelines.⁴⁰ The guidelines state, “Although gender is not specifically enumerated as one of the grounds for

establishing Convention refugee status, the definition of Convention refugee may properly be interpreted as providing protection for women who demonstrate a well-founded fear of gender-related persecution by reason of any one, or a combination of, the enumerated grounds.⁴¹ The guidelines name forms of persecution that are most likely perpetrated toward women, including “sexual abuse, forcible abortion, female genital mutilation, and forced marriage ... and compulsory sterilization.”⁴² These guidelines were progressive and necessary, but according to LaViolette,⁴³ still failed to adequately define gender from a social constructivist perspective, considering a range of “gender-specific factors” in the context of persecution.

There are no implementation standards for the Gender-Related Persecution guidelines. For example, women-only hearings were considered but they were never implemented.⁴⁴ Additionally, the onus is on the claimant to prove a well-founded fear of persecution. Considering that “physical and sexual violence against women tends to be under-reported at all levels”⁴⁵ and that access to corroborating information from the country of origin can be challenging, the existence of gender-based policy does not guarantee actualization.

The case of rape illustrates the gaps and problems in the interpretation of gender-based persecution in assessing refugee claims. Rape is a power relation emanating from patriarchy. It is often framed as “private” violence rather than recognized as sex- and gender-based systemic sexual violence.⁴⁶ Macklin,⁴⁷ a former member of the Immigrant and Refugee Board of Canada (IRB), describes a particular U.S.A. case where sexual harassment and threats of rape were not considered forms of persecution but rather elements of sexual attraction. Macklin argues that this outcome “demonstrates an ignorance of the power dynamics of sexual harassment, and the ways in which sex is deliberately used as a weapon of domination, abuse and humiliation,”⁴⁸ underlining the importance of a gender analysis.

Gender-based persecution is a human rights violation against women, according to the Convention on the Elimination of All Forms of Discrimination against Women,⁴⁹ the 1979 treaty that is considered the international bill of rights for women, which Canada has both signed and ratified. However, even though law and policy exist, implementation may neither occur nor be effective. One reason for the uneven impact of global norms for gender-specific persecutions has often been a frame representing women refugees as vulnerable victims and a respective failure to take into account the underlying gendered relations of power.⁵⁰

Service Providers and Civil Society

Our research explores an under-examined area in the refugee literature, which is the perspective of people who

work on the front lines as service providers with non-government organizations (NGOs) and community and civic immigrant settlement agencies. This sector is part of civil society—a term that is used generally to refer to a “third system” of self-organized groups of citizens, as opposed to government or profit-seeking organizations.⁵¹ Service providers function as part of a “shadow state,” which involves “relational interaction” between government agencies and non-profit organizations extending and consolidating state influence.⁵² In Canada, decreased financial sustainability and short-sighted policies are incompatible with the ability of service providers to ensure that the rights of refugees and immigrants are being respected.⁵³ Given the increased competition among NGOs and community agencies for funding, the federal government’s discourse that associates refugees with criminality and advocacy with a lack of patriotism, opportunities for immigrant serving organizations to inform public policy on migration and settlement issues are shrinking.

Research Design: A Critical Feminist Framework

Our research methodology is grounded in a critical and feminist intersectional framework. Employing a critical perspective, we interrogate the idea that all refugee claimants have similar migration experiences and frame the research by challenging dominant ideologies with the intent to make positive societal changes. Our feminist analysis enables us to identify the complexity and embeddedness of patriarchy in society.⁵⁴ A critical feminist framework considers how gender “is saturated with meanings and is evident in relations that are not static nor by any means universal.”⁵⁵ A gender-based analysis considers policy-making as not gender-neutral and examines how socially constructed gendered norms are reflected in policies and practices. A gender-based analysis examines the assumptions of socially acceptable roles for men, women, and transgendered people, inherent in policies, practices, and institutions.⁵⁶

Research began with a literature review on refugees and refugee claimants, followed by in-depth individual and focus group interviews with fourteen participants who work for immigrant service organizations in Atlantic Canada. This research project explores the experiences of refugee claimants in Atlantic Canada. Service providers were selected as the participants for the first stage of this project because they had front-line experience with changing policies and practices.

In-depth interviews and focus groups were selected to allow for insight into the perceptions, experiences, and meaning-making processes⁵⁷ of service providers as well as their understanding of the vulnerabilities, challenges, and needs of refugee claimants; the specific services and policies that affect claimants; and a special emphasis on

gender-based experiences. All interviews were recorded and transcribed. A transcript analysis was conducted using the software NUDIST, which helped to identify themes, including commonalities and variations.

All immigration and settlement organizations in each of the four provinces were invited to participate by letter and by phone. The participants had been working in migration and settlement services for three and a half to thirty years, with an average of eleven years. Participant jobs ranged from settlement and legal support to senior leadership in NGOs. Three participants were male and eleven were female. Two participants worked in Prince Edward Island, four in Newfoundland and Labrador, two in New Brunswick, and six in Nova Scotia.

Research Findings and Discussion

Uneven Accessibility and Challenges in the Navigation of Services: The Gender Dimension

Across provinces, all participants identified the greatest need of claimants as basic settlement services. Common priority needs included housing, access to language courses, and navigation of services. Other needs included access to income, legal representation, and community orientation.

Participants discussed refugee claimants' limited eligibility for services. They reflected how past funding policies allowed organizations to offer services to claimants, but now with increased federal restrictions and funding cuts, claimants are eligible for fewer services. They also noted how numbers of claimants are decreasing as a result of policy changes such as the Safe Third Country policy⁵⁸ (as seen in Newfoundland and Labrador). One participant works in an organization that offers "officially nothing because they are not eligible" for funded services, although claimants could participate in volunteer-driven services such as language support.

A comparison of government services across the Atlantic region reveals uneven accessibility. For instance, free legal support is provided to claimants in Newfoundland and Labrador through Legal Aid, and provincial health care is provided to claimants in PEI once they secure a work permit, which usually takes three months, but these services are not available in other provinces. Yet all claimants have access to support from each provincial Department of Community Services to support basic living needs. One participant discussed how small numbers of claimants can be a strength as services can be tailored, but it can also be a weakness because "we don't have a critical mass to make changes.... there is a big difference in the services provided in Ontario for refugees and immigrants in general."

In most regions of Atlantic Canada, only basic legal support is provided, and often it is legal counsel with limited knowledge or experience in refugee law. Furthermore,

claimants typically receive insufficient legal support to properly prepare for hearings, whether the support is provided by government staff or volunteers. The Halifax Refugee Clinic is an exception in relation to insufficient legal support. Legal support is the primary mandate of the non-profit organization, and preparation for hearings, for example, are built into the structure of support.

Services for women refugee claimants, especially for special categories of women, are particularly scant. Participants highlighted the gendered nature of accessing housing: "There are special needs for women who come with children, because there's very little shelter, if any, in Halifax that will accept women and children if they don't have money for an apartment. And they usually end up in somewhere like Adsum House for abused partners, because there isn't anywhere else for women and children. There are at least shelters for men to go to."⁵⁹

Thus, the intersection between shelter needs and care responsibilities is especially difficult for women refugee claimants to navigate, as are dominant stereotypes.

So trying to find a place to live, trying to get a job, there's not a lot of day-care availability. And that whole issue of, which comes first, the job or the day care? Can't afford the day care without the job, can't get the job because you don't have the day care. So I think that's a big issue.⁶⁰

It actually can be quite difficult for families or women with children. I find a lot of landlords will ... make excuses and we know it's about the kids really, because—well actually I've heard very direct comments that, you know, these people don't really know how to control their children, they'll be running around and creating a lot of noise. And so off the bat, we've had clients with kids just rejected because of the composition of the family, not for any other reason. So that's a barrier for families or for single moms with kids.⁶¹

Apart from the availability of services, there are the issues of mobility. Here, again, women have greater difficulty in accessing appropriate services related to gendered cultural factors, such as sense of voice and language ability, as well as their mobility restrictions due to gender-based family care.

The most vulnerable is women, and of course ... minors. Basically because they don't have the same ability to go out and reach out, and get access to information, and network with other refugees and service agencies. There's a big constraint due to cultural considerations that prevent most of them to be able to freely go around asking questions and developing a network so they can have all the support that they need—as opposed to the male counterpart that is more mobile and has more access to places and government buildings, and so on. For women, that's even harder.⁶²

I would say probably about 90 per cent of out of maybe fifty clients would have been men. So ... I don't know if it's just typically what happens ... But the women who were like couples who came, only the men came through for services. Maybe the women again, not feeling like they know a lot, not having a lot of language, maybe more prone to cultural elements—of looking after the children, staying at home, things like that, not really having a good understanding of the opportunities they could have.⁶³

In the past when we've had women with small children, they can't avail of any day-care subsidies. So therefore the women tend to be still staying at home. And the spouse will get to get out and go to a language class or something like that.⁶⁴

Furthermore, all research participants described navigating the systems and services available for refugee claimants in Atlantic Canada as an excruciating experience. Challenges included navigating two levels of systems and bureaucratic inefficiencies. Lack of intergovernmental communication resulted in different policies and practices but also contradictions and gaps. Participants from all four provinces shared that they need to regularly educate provincial and federal personnel on policy-related issues: "The onus always comes back on us to make sure that other agencies make sure that clients' needs are being met. And it shouldn't be that way."⁶⁵

This complexity of navigating two sets of services is evident in the community. Health and language services for refugees in Canada are federally funded but accessed through provincial systems. However, the majority of this funding support is not accessible to claimants. Another example of contradictory policies are medical personnel who, generally reimbursed provincially, often refuse to provide service to refugee claimants because personnel are unfamiliar with the federal health program. Medical providers struggle to be reimbursed for services covered, adding to their reluctance to accept claimants as patients. Further, the federal government modified this program in 2011 to exclude most forms of coverage for claimants. With regard to the severely reduced medical services, an interviewee stated, "It means that people have no coverage for dental, eye, mobility aids, medications, or anything beyond what an MSI [basic provincial medical coverage in Nova Scotia] card gives you. And if refugee claimants are not eligible for an MSI card, which they never are, they will have nothing, except for emergency health care. If they're sort of dying, I think they can go to the hospital."⁶⁶

Although the participants did not feel that the changes to the IFHP [Interim Federal Health Program] coverage would have significant gender impact, they did express concern about the lack of prenatal health care for pregnant women: "A pregnant woman would have more difficulties

when it comes to accessing health care, and then [there are] the challenges with getting coverage for the baby after the birth."⁶⁷

In three of the Atlantic Provinces, the ineffective interactions and gaps between the two systems is observable in the lack of health coverage for babies born to refugee claimants. One participant described this as "a bureaucratic nightmare. It's really frustrating." The federal government claims the provinces are responsible for health care because the baby is born in Canada, while many of the provinces, including PEI, New Brunswick, and Newfoundland and Labrador suggest that the federal government is responsible for health coverage because the parent does not have resident status.⁶⁸ This intergovernmental gap leaves some of the newest Canadian-born without health coverage in many regions in Canada.

The participants ultimately reflected that if they themselves were struggling to navigate these systems in their own country where they speak the language, the challenges are multi-fold for newcomers who may not know their rights and responsibilities. Such challenges are even greater because of gender role cultural constraints. "Women are often more isolated than men would be, right within the same cultural circles as well."⁶⁹

Perceptions of Needs and Vulnerabilities of Refugee Claimants by Gender

From a gendered perspective, most service providers felt that needs and supports were identified by "humanity not sex." They suggested needs were more closely connected to family composition rather than gender. Women with children and families were identified as having needs different from those of single individuals, largely as the result of limited shelter and child-care options in this region. As well, women fleeing violence, pregnant women, and women requiring female medical practitioners were identified as having distinctive needs. In other cases, male claimants were seen as having greater challenges: "Sometimes I notice increased barriers for our male clients, perhaps because they're the most stigmatized, so-called 'queue-jumping bogus criminals.'"⁷⁰ "With the men when they come, it's an extreme struggle to find housing for them because with the women, we do have places that they can go. There's no men's shelters in Charlottetown that you can have refugee claimants stay at."⁷¹ Thus, single males can be regarded with more suspicion and be the recipient of deterrence. As well there is less infrastructure overall in the Atlantic region to support refugee claimants.

Participants emphasized that needs vary from individual to individual. One participant stated that supports "depend on the person and personality ... sometimes people

are more willing to help women ... there seems to be more compassion.⁷² Another participant identified gender-based needs based on the cultural background and countries of origin.⁷³ Several participants also stated with few claimants in the region, categorical responses to needs were challenging. Participants from PEI, New Brunswick, and Newfoundland and Labrador were particularly reluctant to generalize responses because there were few claimants in these provinces.

When asked who is most vulnerable within the claimant population, one participant stated that they are “all vulnerable for different reasons.”⁷⁴ Women service providers were especially reluctant to identify a need for gendered services or to say that women were more vulnerable, illustrating an unwillingness to construct needs utilizing a gendered analysis. Rather they favoured individually tailoring services, repeatedly emphasizing the difficulty of generalizing about gender, given low numbers.

Paradoxically, when the discussion revolved around specific needs, they did identify unique needs of women claimants. When probed to provide more detail, participants highlighted care responsibilities as key in rendering women more vulnerable. Women were described as vulnerable because “women always put their children first”⁷⁵ and because of higher levels of fear. These responses reveal a gendered analysis: “It is harder for women if they are by themselves; worse if they are single mothers. The process is harsher and the times are harder for them, and the process of finding and getting proof of their claims is harder for a woman than it is for a man.”⁷⁶ Additionally, this participant cautioned that women have more to fear from traffickers: “As I say, women maybe, because of the potential for trafficking into prostitution ... probably with the only female we’ve dealt with recently ... I felt that there was a vulnerability there that was rooted in a fear, that I hadn’t quite experienced in other stuff that I’ve done.”⁷⁷

Cultural barriers and past experiences of women were also identified as contributing vulnerability, resulting in less access to services and voicelessness related to trauma.

[Decreased time to prepare for hearings] certainly may be more harmful to female claimants, because if they’ve been through a situation of sexual abuse or rape or something like that, that’s very difficult to talk about ... in such a short period of time. Although not to say that there aren’t men ... that have experienced violence or other traumatic situations too, but that particular female sexual abuse, or female genital mutilation, or ... fleeing forced marriages and violence within their own family ... so dealing with some of those issues in such a short period of time before they’ve had time to build up a trust with the people they’re working with [is a problem].⁷⁸

Interviewees indicated that not only do refugee claimants have limited access to mental health services but the refugee process may further exacerbate their mental duress (e.g., by being required to speak about experiences of physical and sexual violence to a stranger so soon after arrival and possibly to a person of the opposite sex). Even when mental health services are available, this may be a culturally alien process. As Miller and Rasco express it, “Most refugees, the majority of whom come from non-Western societies ... bring with them culturally specific ways of understanding and responding to psychological distress.”⁷⁹ Additionally, the women may feel more vulnerable and isolated as the result of separation from families and friends and coping with the idea they may never see them again.⁸⁰

Strang and Ager⁸¹ utilize the concept of social capital to understand refugee integration, noting that bonding relationships are critical for refugees, establishing trust as soon as possible to avoid fearfulness and isolation. The refugee determination process is affected when trust has not been established. Interviewees explained that women could be coming from “a culture where dealing with the government is even more dangerous than dealing with the illegal armies or guerrillas ... so having to deal with a government official through the phone for women is going to be even more scarier. It’s going to pose a threat in her heart, and it’s going to make her really uneasy. And oftentimes, the interpreter is a male, which constrains even more their ability to express.”⁸²

Ultimately, however, gendered norms influence behaviours that are assumed to be masculine or feminine. Such norms render people vulnerable, as our participants explain. One participant described enhanced vulnerability as being connected to women “not used to being outspoken.” Yet men are also vulnerable to gendered norms:

Differences between male and female refugee claimants? ... sometimes a male claimant won’t even access a service or ask for it because of perhaps there’s that pride, or not wanting to ask for charity. [Then] they become more vulnerable because they aren’t getting certain services that they need, or that they could use really to help them settle.⁸³

Sometimes it’s even more difficult to get the men to open up about those things [such as sexual violence], because men aren’t supposed to be vulnerable, and they’re not supposed to be victims, and they’re not supposed to be crying, and things like that.⁸⁴

In sum, there was a discrepancy between participants’ initial statements—claiming no differences between male and female refugee claimants in terms of needs and vulnerabilities—yet later statements identified important differences. The participants may have wanted to avoid stereotyping

women refugee claimants as victims or as a group requiring special treatment and resources (pejoratively constructed as more burdensome by the current federal government). Interestingly, and as a consequence, the interviewees emphasized both women's resilience men's vulnerability. "When it comes to housing and food and just being able to navigate the system, I haven't noticed too many differences [between men and women]. But then again, we've had some incredibly strong and resilient female clients, so maybe that's also just a bias in the sample we see here. I've been always really impressed by our female clients, as a lot have been, I've noticed they've been better able to cope, and it might be due to their backgrounds and that's just a coincidence."⁸⁵ The denial of gender differences might have also been a consequence of a hegemonic neo-liberal ideology emphasizing individual experience rather than recognizing the commonalities of categories and groups.

Overall, the small numbers of refugee claimants dictate against overgeneralization of vulnerabilities or categorical responses to needs. However, higher levels of fear, family composition in terms of dependent children, and psychological trauma related to sexual violence all create unique needs for women refugee claimants. As described below, small numbers also mean there are fewer service arrangements to address gendered needs of refugee claimants.

Low Cultural Competence in Health and Social Services

According to immigrant service providers, there is a lack of culturally competent practitioners in institutional health and social services available in the Atlantic Provinces. Medical services and ineffective interpretation services were identified as significant gaps, negatively affecting refugee claimants and further constructing vulnerability. In two examples, ineffective interpretation nearly resulted in a negative refugee status determination. Furthermore, as one participant observed, "When it comes to cultural differences and cultural customs, there's a huge difference from one region to another [within one country of origin]." Just because two people speak the same language, cultural nuances may be lost in translation, resulting in serious consequences for the claimant. Issues of cultural competency were also described in relation to health services. Participants revealed many examples of clients attempting to access health services where health professionals demonstrated a lack of respect for the cultural or religious practices of the client.

Participants stated that they did not offer gender-based services but rather a general intake process, which resulted in individually tailored services, such as securing female medical practitioners for female claimants or seeking an alternative shelter for men where no institutional housing

service existed. Yet interviewees identified cultural sensitivities by gender that were not addressed in policy development, implementation, or settlement services that gravely affect women's ability to access services: "There are a number of cultural sensitivities that are not addressed ... where women cannot be allowed or their culture won't allow them to go out without female company, and so many other constraints. Even if they are Latin American that has no religious or cultural constraints, the lack of social support and the lack of social skills will prevent them to efficiently access the services that may be available for somebody that is more outgoing."⁸⁶

Thus, gender norms and state services are constructed culturally, and these constructions are transferred to the new country. In terms of health services, interviewees underscored not only cultural insensitivity among health professionals but lack of access to female doctors, given coverage provisions: "It is harder for female refugee claimants who need a female doctor, to find appropriate care or to get access. Yeah, we refer all of our clients initially to a male general practitioner who we know will accept the coverage. And then when we get a female client who is not comfortable with a male doctor, we have to look for a female GP [general practitioner] who accepts IFHP, and they are few and far between. Then there's a whole other level of challenge or difficulties when it comes to specialists."⁸⁷

Increasing Deterrence Policies

Participants described a "hardening" of migration policies, particularly for refugee claimants, and a shifting public ideology that increasingly dehumanizes claimants. This is in agreement with other research findings from Atlantic Canada underscoring a securitization of migration.⁸⁸ The participants perceived that federal funding cuts and policy changes now focus on deterrence and lack the humanitarian approach originally inscribed in the Geneva Convention, with significant negative impacts on refugee claimants in Canada.

The participants described the changes as regressing from policies designed to protect refugees. "We've totally lost the thread about protection and about what refugee protection is, and now it's all putting up barriers, timelines, deterrents, punitive measures and not at all the core of the matter."⁸⁹ Others added, "We're going back to pre-2002." "When it comes to the federal government, we all know that the previous four governments, it doesn't matter which political party they belong, the refugee process is being reduced and it's being converted into a very hard process for people to come along."⁹⁰ Importantly, the participants discussed the changes as violating human rights, preventing family reunification, which has been a Canadian

priority in the past, detaining people seeking protection (including children), and prioritizing national interests over refugee protection.

Mandatory detention was cited as an area of greatest concern for refugee claimants. One participant observed that detention will greatly increase separation of families and stated, “It will be five years before they are allowed to get their permanent residence ... if you can’t get your permanent residence for up to five years, then they can’t start the process of applying for their family members until they get their permanent residence. And that could take another three years, so you could be looking at families separated for like eight years.”⁹¹

Some saw the new legislation as “harsh on women’s rights” with a greater impact on women, not only in potential detainment but also in the impacts of the reduced time allotted to prepare claims. While participants suggested that change to the timeframe was necessary, its significant reduction was an increased barrier for claimants who had experienced trauma, particularly women. “If they sit down within three to six weeks with a government official, and try to tell their story, I think that the trauma they’re still holding is going to make that very difficult. And a lot of claimants may end up losing their claims because they haven’t given full disclosure. And the reason they haven’t given full disclosure is they’re probably going to be too terrified within that short period of time.”⁹²

Further time required to access corroborating documentation for cases from all regions of the world is not acknowledged. In Newfoundland and Labrador, refugee board hearings are often held over the phone, resulting in increased cultural barriers for some women communicating with male judges about their experiences of sexual violence and persecution: “They [Newfoundlanders and Labradorians] are absolutely helpful and would do everything for the claimant ... the problem is the constraints that the legal system presents ... they have a better chance somewhere else.”⁹³

In sum, all interviewees noted decreased funding for services to refugee claimants and enhanced monitoring systems as part of a punitive deterrence culture around refugee claimants.

Conclusion and Recommendations

Our findings show that service providers in Atlantic Canada are aware of and understand shifting migration policies, particularly policies and funding correlated to working with refugee claimants. Despite their varying levels of awareness of specific refugee policy, our findings show service providers perceive that shifting public policy—marred by contradictions between federal and provincial levels,

bureaucratic inefficiency, and lack of effective communication—has negatively affected claimants in Atlantic Canada, resulting in decreased services, difficulty in accessing services, increased complexity in navigating government systems, and increased deterrence for people seeking asylum.

While our interviewees initially suggested that a gender-based analysis was not a primary factor in determining needs and identifying vulnerabilities of refugee claimants in Atlantic Canada, gender differences were clearly acknowledged, the gender-based differential impact was discussed, and differences in service provision were described. We assume that the initial reaction might have been due to (1) a desire to avoid stereotyping women as victims (thus contributing to pejorative constructions of female refugee claimants as a social burden or denying their agency); (2) a desire to recognize the diversity among this highly vulnerable population and vulnerability across gender lines; and (3) hegemonic neo-liberal ideology emphasizing individual experience rather than recognizing the commonalities of categories and groups. Further research is needed to assess these hypotheses.

For two-way integration to occur, the service providers identified that more Canadians need to value immigration and refugees and understand the benefits of a diverse population. One participant declared a need “to create an entire ideological shift with the government and with the sort of general population that would see refugees and immigrants of all categories as assets rather than liabilities.”⁹⁴ Current neo-liberal political discourse on immigration and the dehumanizing of refugees in mainstream media were highlighted as barriers to more progressive changes in social policy and public attitudes. Opportunities for refugee claimants to share their experiences and to dialogue with Canadians and other immigrants could challenge current political discourse.

Clearly immigrant service providers are working with a diverse group of individuals with varying degrees of vulnerabilities and needs, whose voices are often ignored by an inattentive state that treats refugee claimants as non-persons.⁹⁵ While our article highlights refugee claimants in the Atlantic region, it also centres the voices of immigrant service providers—who are often overlooked in the literature about refugee claimants, particularly in Atlantic Canada. Their role is critical for the health, well-being, security, and protection of refugee claimants. While our participants experience satisfaction through assisting people in need, they are also frequently discouraged and frustrated at restrictive or misunderstood policies, and decreasing funding.

We conclude with a few major recommendations. First, more research should be conducted to explore the complexity of service providers’ work, so that their roles, concerns,

and educational/training needs are better understood and addressed. A gendered analysis of such research would bring to light the gendered aspects of this work, including the hidden and emotional labour of this work. Second, more resources need to be earmarked for supporting refugee claimants in the region, and in particular female claimants who have experienced physical and sexual violence. This is not only in keeping with Canada's humanitarian tradition but also with a realistic recognition of Atlantic Canada's demographic and economic realities. Finally, our research especially underscores the need for culturally sensitive services.

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