

https://dspace.org/

Exploring the strengths and adaptations of African women refugees displaced in inner city Johannesburg

Naicker, Pravilla

2016
http://hdl.handle.net/10539/19431

Downloaded from a DSpace repository. https://dspace.org/

Exploring the Strengths and Adaptations of African Women Refugees Displaced in Inner City Johannesburg

Pravilla Naicker

Student Number: 892158

Supervisor: Prof. Tanya Graham

University of the Witwatersrand

A research report submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Arts in Community-based Counselling Psychology.

University of the Witwatersrand, Johannesburg

Declaration

This work is submitted for the degree of Master of Arts in Community-based Counselling Psychology in the Faculty of Humanities – University of the Witwatersrand, Johannesburg.

I, Pravilla Naicker, do solemnly declare that this research report is my own work, and has not been submitted for any other degree at any other university.

Signature: _____ Date: _____

Pravilla Naicker

Acknowledgements

Thank you to the following people who have contributed to this research:

To all the participants who were interviewed, thank you for your honesty and openness during the interviews. Your input into this research is invaluable.

To the Bienvenu Shelter for allowing me access to the participants and for your warm hospitality during the interview process.

To my supervisor, Prof. Tanya Graham, for allowing me the space to follow my own thoughts, yet always available when I required assistance. Your continued guidance and support, even when you were on leave, is greatly appreciated.

To Dr. Malose Langa, for your helpful input into this research process.

To my husband, Denesh Naidoo, for taking on the role of both parents while I was busy with this research. A large part of this report would not have been possible without your unconditional love and strength.

To my two beautiful children, Deyasha and Shayuran, who continued to be my motivation when I felt I could not go on anymore.

To my parents, Daya and Pat Naicker, for their ongoing support especially in taking care of my children while I was busy.

To Eulinda Smith, for your encouragement and support. You are greatly appreciated.

Dedication

A special dedication to the women from all over the world, who have shown true championship in the face of their hardships.

List of Abbreviations

Abbreviation	Full Terminology
APA	American Psychological Association
CoRMSA	Consortium for Refugees and Migrants in South Africa
CCR	Canadian Council of Refugees
CSVR	Centre for the Study of Violence and Reconciliation
DRC	Democratic Republic of Congo
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
HIV/AIDS	Human Immuno-Deficiency Virus/ Acquired Immune Deficiency Syndrome
ICD-10	International Classification of Disease, 10th Revision
LHR	Lawyers for Human Rights
PTSD	Post Traumatic Stress Disorder
UNHCR	United Nations High Commission for Refugees

Abstract

A relatively large number of refugees from various African countries are currently residing in South Africa. Many of the people in this refugee population are women. This exploratory qualitative study investigated the strengths and adaptations of refugee women as well as the specific coping mechanisms that they employed. Ten voluntary participants were interviewed from the Bienvenu Shelter in Johannesburg. One-hour interviews were scheduled with each participant. The data was collected using a semi-structured interview schedule, which was designed to explore refugee experiences in Johannesburg. The interview focused particularly on the challenges that they faced and the mechanisms used to cope with their circumstances.

The findings of the study pointed to the resourceful nature of women refugees with regard to their coping and adaptation mechanisms. These included mechanisms such as being able to generate an income through informal trading, creating adequate support structures to provide them with a sense of identity and the development of new skills that created more opportunities to find work. However, the study also found that the women also experienced various challenges such as the acquisition of documentation and securing employment in the inner city. The findings revealed that despite the immense challenges faced by the participants, many of them were able to cope with the demands of everyday life by utilising resources such as NGO's and other social networks. While some of the participants were faced with much adversity upon arrival into the inner city, they now had a more positive view of life for themselves and their families. However, it was also noted that the reverse had occurred for other participants, where they initially felt optimistic but currently faced challenges that they found difficult to overcome especially with regard to persistent xenophobia.

Keywords*:* *Adaptation, Challenges, Coping Strategies, Forced Migration, Refugee Women, Resilience*

TABLE OF CONTENTS

CHAPTER 1: Orientation **1**

Reflexive Preface 1

Introduction 1

Aims of the Study 3

Rationale 3

Conceptual Framework 6

Structure of the Report 9

Conclusion 11

CHAPTER 2: Literature Review **12**

Utilising a Strengths Based Perspective 13

An Overview of the Concept Of Resilience 14

Understanding Refugee Trauma 26

Acculturation, Adaptation and Assimilation 32

Identity 33

Acculturation 34

The Influence of Cultural Mediators 40

The Role of Religion 42

The Challenges Of Changing Roles Experienced By Displaced Refugee Women 46

Migration in the South African Context 51

Overview of Literature 55

Gaps in the Literature 56

Conceptual Definitions 57

Conclusion 59

CHAPTER 3: Methodology 60

Research Questions 60

Research Design 61

Participant Selection 63

Procedures 64

Method Of Data Collection 65

Data Analysis 66

Self Reflexivity 67

Ethical Considerations 68

Conclusion 71

Chapter 4: Presentation Of Findings 72

Brief Historical Background Of Country Of Origin 72

Occupations Prior To Being Forced To Leave Their Countries Of Origin 76

Reasons for Forced Migration 79

Experiences of Life in South Africa 81

Challenges 82

Structural Challenges 87

Coping 88

Adaptation and Assimilation 103

Current Perspective Of Life In Johannesburg 105

The Changes that Refugee Women Would Like to See 108

Positive Perceptions Of South Africa 112

Conclusion 113

Chapter 5: Discussion and Conclusion 114

Introduction 114

Discussion of Findings 114

Interdependence of the various ecological systems 115

Strengths and Adaptations of Refugee Women 118

Process of Acculturation and Adaptation 119

Integration of Social Systems 121

Previous Educational Experience 122

Participants' Self Perceptions 123

Individual versus Collectivistic Orientations 124

Recommendations for Change 126

Directions For Future Research 128

Limitations Of The Study 129

Conclusion 130

References 133

Appendices 155

Appendix A: Interview Schedule 155

Appendix B: Information Sheet 159

Appendix C: Consent Form 160

Appendix D: Consent to Audiotape the Interview 161

Appendix E : Consent form for Organisations where study will take place 162

Appendix F: Scribe Confidentiality Agreement 163

Appendix G: Coding Frame 164

Appendix H: Clearance Certificate 167

CHAPTER 1

Orientation

Reflexive Preface

This exploratory research was borne out of my personal experience working as a counsellor, with refugee women in Johannesburg. I often felt in awe of them after encountering their stories of sheer desperation and helplessness. Yet, despite these challenges, many of the women somehow managed to find tiny threads of hope that was eventually weaved into a tapestry of survival, a colourful mixture of pain and hope, suffering and care. Their stories became personal to me as we struggled together to create meaning out of their shattered worlds. Being a mother myself, I was able to identify with some of their challenges, yet I found it extraordinary as to how they coped with the fight for survival in a foreign land while taking care of young children. I was left with several unanswered questions, which fuelled my interest and curiosity around the immense courage and strengths that refugee women display on a daily basis. I therefore decided to shed some light into the strengths and adaptations that they utilise in their everyday lives in order to survive.

Introduction

In the past few decades, large numbers of refugees and asylum seekers from Africa and other parts of the world have resettled in South Africa. Since the end of apartheid in 1994, South Africa was distinguished as one of the few African countries that encourage refugees to self-settle in urban areas (Landau, 2006). The city of Johannesburg, which was the context for the study, is the fastest growing city in South Africa. Johannesburg is also the

region's financial and transport hub making it an attractive destination to many people seeking to relocate (Landau, 2006). The city's population is expected to reach about 5.2 million by 2015 (Balbo & Marconi, 2005). This growth is largely attributed to international and local migration. It is estimated that 6.2% of the city's population are international immigrants (Balbo & Marconi, 2005). A recent report by the United Nations High Commission of refugees (UNHCR) suggests that by the end of 2011 about 220 000 asylum seekers were registered in South Africa. These asylum seekers were mainly from Bangladesh, the Democratic Republic of Congo (DRC), Ethiopia, Somalia and Zimbabwe (UNHCR, 2013). The high numbers of refugees entering and residing in South Africa calls for an increased need for research to be undertaken to understand the resilience and coping mechanisms of this marginalised group.

Over the past two decades, numerous acts of violence, tension and a total disregard of human rights, poverty as well as ecological degradation continue to feed refugee flows. The sudden uprooting of thousands of people has often become the focus of humanitarian assistance (UNHCR, 2013). A large number of these refugees are women and their dependents, many of them having lost husbands or fathers during their flight.

Although a large body of research has documented the challenges facing refugees, more especially refugee women, in their host countries (Kumari, 2012; Radan, 2007; Rugunanan & Smit, 2011; Sherwood & Liebling-Kalifani, 2012), much of this research tends to focus on the challenges experienced by refugees and the pathologies that result from their traumatic experiences. This subsequently leaves a gap in understanding the subjective experiences of resilience and adaptation mechanisms of refugee women in particular. There is a definite need for research to give more focus to the strengths, coping strategies and adaptation mechanisms employed by refugee women as they are faced with great challenges pre, post and during the migration process (Liebling-Kalifani, 2009). This research addresses

this gap by bringing in a more nuanced understanding of the particular strengths and adaptation strategies adopted by refugee women living in inner city Johannesburg in order to navigate their environments.

Aims of the Study

The aim of the study is to explore the mechanisms that foster resilience in refugee women. This focus includes understanding some of the adversities faced by refugee women in an urban context and their ability to navigate through these adversities. The study furthermore aims to identify the coping and adaptation mechanisms, employed by refugee women, to mitigate some of the challenges that they experience. This includes understanding their navigation through systems such as the health, employment and residential systems in Johannesburg.

By employing an ecological framework throughout the study, a nuanced understanding of the interactive nature of the social as well as environmental factors and the role they play in the fostering of resilience and coping of refugee women is highlighted. The use of an interpretive phenomenological paradigm allows for the subjective experiences of refugee women to be explored.

Rationale

Various studies exist that emphasise the negative sequealae of migration on refugees (Kumari, 2012; Radan, 2007; Rugunanan et al., 2011; Sherwood & Liebling-Kalifani, 2012). Several studies have also focussed on the effects of traumatic events on the physical and social well-being of refugee women and have shown how these effects are interconnected with psychological distress (Liebling-Kalifani, 2009). These effects are generally understood as symptoms of post-traumatic stress disorder (PTSD), and are often studied within a deficit

approach that is characteristic of the biomedical model. This perspective limits the understanding of any positive adaptation processes that occur following a traumatic event or situation of adversity. The biomedical lens can also impede understanding of the mechanisms that play a role in fostering resilience in refugees.

Recently, a number of researchers as well as psychologists have started to focus on positive human functioning or positive psychology (Bonnano, 2004; Sherwood & Liebling-Kalifani, 2012), as part of a mental health promotion perspective. Bonnano (2004) suggests that this approach of positive psychology recognises that there are large numbers of people who are able to manage the temporary upheaval of loss or potentially traumatic events relatively well, with no apparent disruption in their ability to function at work or close relationships. Although the concept of resilience has been widely studied, Sherwood and Liebling-Kalifani (2012), argue that there is a paucity of literature that addresses factors of resilience and growth in refugee populations, in majority world countries. Suffering has undeniably been an inseparable element of the experiences of refugees, in both women and men. This includes a range of various traumas such as pain, anguish, fear, loss and the destruction of a sense of a meaningful life (Kleinman, 1995). However, most refugees neither appeared nor considered themselves helpless or hopeless victims. Resilience, rather than trauma, was at the core of their survival (Gozdziak, 2005). In light of these varied perspectives, a more balanced approach that appreciates the challenges and their destructive psychological sequelae as well as a strengths based perspective can be taken into consideration when examining the experiences of refugees.

In addition to the relatively few studies that have addressed the resilience and growth in refugee populations, even fewer studies have addressed the unique migration experiences and challenges of men and women, which are an important but often overlooked consideration. Although the literature on migration expresses the fact that most refugees in

the world are women and children (UNHCR, 2009), there remains a gap in exploring how refugee women who have taken up residence in an urban context of a majority world country cope, especially where the competition for resources to meet basic needs is rife.

Gender plays an important role in the conceptualisation of the relational dimension of human activity and allows us to pay attention to the various roles those refugee women within the same society play in relation to various categories of men (Gozdziak, 2005). The various roles played by refugee women, their individual voices and personalities, the strategies they forged in relation to husbands, kinsmen and ritual practitioners, play a central role when looking at the role of gender in the forced migration process. The gendered discourse takes on a particular importance when designing programmes and services for refugee women (Gozdziak, 2005). Sherwood and Liebling-Kalifani (2012) highlight that women are extremely vulnerable to gender based discrimination, violence and can be seen 'at risk', both from the communities which they are fleeing as well as from their adopted homelands. Women also have to carry the increased burden of not only being responsible for the survival of their families, but to also maintain their cultural heritage (Kumari, 2012; Pavlish, 2012; Radan, 2007).

Making gender an integral part of the forced migration discourse allows the vulnerability and agency of refugee women to be identified (Gozdziak, 2005). There are several gender-specific vulnerabilities that exist in emergencies that render refugee women susceptible to different dangers than men, including sexual assault, and increased rates of mortality and morbidity (Radan, 2007; Rugunanan & Smit, 2011). However, these vulnerabilities do not stem solely from biological differences between women and men. They are also affected by social factors, such as positions that men and women occupy in society, as well as their differential access to services (Gozdziak, 2005). Although women refugees, including girls, experience increased vulnerabilities, they often display good moral, political,

and philosophical understandings of the events in their lives and worlds (Nordstrom, 1999). Refugee women often have to make important, life-and-death decisions at every stage of the migration process, but are rarely asked to be involved in political solutions or peace-building activities (Gozdziak, 2005). This research in part addresses these concerns to ascertain the extent of their participation in these activities.

A stronger focus on the factors that foster resilience and promote adaptation and coping mechanisms employed by refugee women can minimise their sense of helplessness and help them feel empowered. Consequently, this can make a valuable contribution towards women's rights and activism which is worthy of further theoretical development (Sherwood & Liebling-Kalifani, 2012). This study therefore explores the subjective experiences of refugee women that reside in inner city Johannesburg, with a focus on how they cope with their daily life stressors, factors that foster resilience and their ability to adapt in an ever-changing urban context.

Conceptual Framework

This study is theoretically located within a community psychology approach to understanding the experiences of refugee women as a socially marginalised group that faces several conditions of adversity associated with forced migration. The field of community psychology, and particularly what Kelly (1968) and Trickett (1997) have called the "ecological analogy" of community psychology, helps one to understand the resilient responses of people to human suffering (Harvey, 2007). From an ecological perspective, it becomes clear that as the structure of societal units change, ways of dealing or coping with these changes also shift. This in turn results in a change in the behaviour of people who form adaptive or maladaptive roles within a specific context. In simpler terms, an ecological perspective offers a useful framework for understanding the complex interactions among the

individual, event and environment that may contribute to the fostering of resiliency (Drumm, Pitman, & Perry, 2003; Harvey, 1996). Although the bio-medical or primary health care model has contributed immensely to the understanding of trauma and its effects on people, it is limited in terms of exploring factors that contribute to positive life experiences. The studies that have been undertaken in understanding the mental health sequelae of mass violence and migration, approach the concept of coping and resilience from a mostly biomedical, individualistic perspective (Thomas, Roberts, Luitel, Upadhya, & Tol, 2011). The application of this model does not necessarily take into account the context in which trauma occurs or the mechanisms that foster resilience in some survivors (Radan, 2007). Bracken, Giller & Summerfield (1997) suggest that this idea that people who have survived atrocities are 'survivors' rather than 'victims' is now being considered with more importance. This then increasingly challenges the use of a purely biomedical model. It rather calls for an ecological approach to resiliency and coping in refugees, which accounts for both direct and indirect influences of social and psychological factors (Radan, 2007). This research utilises an ecological conceptual framework to bring about a more nuanced understanding of the interactive nature of the social as well as environmental factors that play a role in the fostering of resilience, adaptation and coping in refugee women.

The ecological perspective places an emphasis on the interrelationships between individuals and the contexts in which they reside and the reciprocal, interactive processes occurring between multi-level contexts, which is coined the *ecosystem* (Bronfenbrenner, 1979; Harvey, 2007; Kelly, 1968). This focus makes this framework applicable in terms of this research as refugee women are constantly navigating systems and processes in their host countries in order to make ends meet for survival. An ecological understanding of human development requires one to look at the influence of community, subculture, and culture on basic psychological and interpersonal processes throughout the lifespan (Harney, 2007). An

example can be ascribed to the development of a young person who finds herself being shaped by various influences, which may include her family, community, as well her country. This model allows mutual influence to occur between the relational, familial, social and cultural contexts. Kelly (1968) speaks of the principle of 'cycling of resources', where the distribution of resources within specific contexts, are an important indicator of positive or negative adaptation. Bronfenbrenner's (1979), idea of 'environment' includes not just a person's immediate environment, but also contexts such as home, school, community and country. This framework is of vital importance especially when working within a multi-cultural context, where respect for diversity is highly valued.

According to Drumm et al. (2003), the ecological perspective suggests that the challenges a person experiences in her life can arise from any location in the person's environment, rather than stemming merely from personal pathology. This increases intervention opportunities by impacting levels and layers of a person's environment. Kelly (1968) also argues this point in his third principle that 'environment affects styles of adaptation'. This perspective thus contributes to gaining greater understanding of the complex nature of coping and survival strategies employed by refugees, especially in the context of a fluid multicultural environment. An examination of resilience through an ecological lens demonstrates that resilience is "transactional in nature, evident in qualities that are nurtured, shaped, and activated by a host of person-environment interactions" (Harvey, 2007, p. 17). From this, it is noted, that resilience is not just the result of biological traits, but also of people's intimate interactions in complex and dynamic contexts. These contexts also highlight the agency that is present in individuals, where they are quite able to negotiate and influence their environments and are not just passive recipients of environmental factors (Riger, 2001). Kelly (1968) thus refers to the 'succession principle' where an individual with high preferences for exploration is able to assume a more adaptive

role as an environment becomes less constant and more fluid. This means that depending on the extent to which an environment is approaching constancy or fluidity, changes within an individual will vary according to their coping preferences, which also influence their adaptive or maladaptive roles.

In light of the cultural contexts, which play a vital role in the lives of refugee women, the ecological perspective emphasises the embeddedness of culture, race and ethnicity in informing positive social interventions. Interventions that are initiated in order to foster resilience and increase coping and adaptation in minority cultural contexts must be alert to these diversities. Developing interventions that are ecologically relevant and effective requires one to not only focus and give attention to differences *between* but also to differences *within* racial, cultural, and ethnic groups, and consideration of the ways in which these differences are expressed, highlighted, concealed, and negotiated in various social contexts (Harvey 2007; Trickett, 1996). Therefore, the ecological perspective serves as a useful framework for understanding the mechanisms that foster resilience and thus contribute to the ability to cope and adapt in refugee women.

Structure of the Report

The current chapter provided an introduction to the report, and introduced the rationale behind the research and the aims of the study, in addition to detailing the structure of the report. This chapter also provided a brief synopsis of the reasons for the study and its intentions, as well as an overall understanding of the focus of this research to the reader.

Chapter two presents the relevant literature related to the concept of resilience, trauma and the experiences of refugee women. The purpose of this review is to provide an overview of existing knowledge, ideas and research related to the challenges, strengths and coping mechanisms, employed by refugee women from around the world. The chapter begins by

discussing resilience and the various understandings of this concept. It then discusses trauma theory and the challenges experienced by displaced refugee women. The literature also discusses factors that affect the acculturation and assimilation of refugee women in their new contexts. This is followed by refugee women's experiences in the South African context. The chapter concludes with an overview of the literature.

Chapter three presents the method section which includes the research questions undertaken by the study and the manner in which the analysis and interpretation were conducted. This chapter discusses the nature of the qualitative investigation and the specific method by which the research is analysed. Information regarding the sample, procedures followed and the use of thematic content analysis in understanding the results is provided. Following on from this, ethical considerations and ways in which these were managed are discussed. Finally, the chapter concludes with a discussion on the researcher's self-reflexivity, which is important in understanding the subjective nature of qualitative research.

Chapter four presents the results and discussion, which provides an overview regarding the emergent themes, as well as a discussion of the individual themes. These themes represent an understanding of the experiences of the refugee women that participated in the study in relation to strengths and adaptation to life in Johannesburg, South Africa. The themes illustrate a variety of different perceptions and lived experiences in relation to their current circumstances. The themes also demonstrate an idea of the mechanisms employed by refugee women to cope. The chapter also discusses possible suggestions as expressed by participants of how their conditions may be improved. Overall, this chapter provides a cohesive interpretation of the themes in relation to the theoretical framework employed in the research.

Chapter five provides an overview of the research findings, drawing from the themes that arose in the results and discussion, in the prior chapter. It also provides the strengths and weaknesses within the study, as well as recommendations for future research in relation to the

experiences of refugee women. The knowledge generated from the research fosters practical considerations in relation to interventions and means to improve the circumstances of refugee women in South Africa.

Conclusion

This chapter provided an overview of the aims and rationale of the research, as well as providing an overview of the report. The following chapter will discuss the existing literature relating to the challenges, strengths and coping mechanisms employed by refugee women, in order to identify trends and omissions in existing literature.

CHAPTER 2

Literature Review

This review aims to provide an understanding and overview of the relevant literature relating to the strengths and adaptation of refugee women. This chapter begins with a brief discussion of the strengths-based perspective, which is the overarching framework within which the literature and the study are framed. This is followed by an examination of the concept of resilience and its relevance to refugee women. A discussion on the origin of the concept of resilience, its application to the environment, distinguishing resilience from recovery and a developmental understanding of resilience is presented.

This is followed by a review of trauma theory in relation to refugee populations. This discussion provides evolutionary explanations for trauma experienced by refugee populations as well as diagnostic categorisations of trauma.

The challenges of the changing roles experienced by displaced refugee women are then discussed. The experience of loss of families, camp life, gender-based violence and parent child relationships are also presented. Following this, the maintenance of traditional culture and its impact on social systems is discussed. Acculturation and adaptation processes, which also play a key role in the lives of refugee women, are reviewed in terms of its impact on the lives of refugee women.

The review of the literature concludes with a look at the current South African context in terms of its refugee population as well as the importance of this particular study to the South African context.

Utilising a Strengths Based Perspective

Utilising a strengths based approach involves a method of working with and finding solutions to difficulties experienced by the particular individual (Hammond & Zimmerman, 2012). This does not mean that this approach ignores individual's problems and difficulties. Rather, there are attempts to recognise the positive foundations of the person's resources and strengths that can provide a basis to deal with the difficulties arising from the problems. Focusing on the strengths of an individual allows for a sense of how things can be and provides a basis from which to implement desired changes (Hammond & Zimmerman, 2012).

According to Masten (2009), the promotion of competency in people is likely to prevent future problems. Research by Bernard (2004) on efficient teaching in schools showed that teachers who recognised the strengths of their students and had high expectations of them were able to achieve better results from them (Bernard, 2004). Smith (2006) also asserts that when an individual recognises his or her own resilience this provides the pathway to an authentic self esteem. This also allows them to recognise their accomplishments and to discover how they have and can use their strengths (Smith, 2006). Bernard (2004) discusses four strengths that foster resilience. These are social competence, problem solving, autonomy and a sense of purpose. When supported, these strengths can provide meaningful opportunities for contribution (Bernard, 2004).

From the above discussion, it is clear that people not only present with challenges or deficits to their life experiences; they also present with strengths and capacities. By focusing on strengths, people who may have been labelled previously as 'broken victims' can be called 'resilient survivors' (O'Connell, 2006). In the present study, a strengths based perspective can be seen as one of many paths to resilience, however it should be noted that it does not create resilience. The strengths perspective presents an individual or community with the potential for resilience to exist (Bernard, 2004). Therefore, it is used as an overarching

framework within which the study is based. As there is a strong link between strengths and resilience, it is important to discuss the concept of resilience including the origin of the term as well as critical debates surrounding this concept.

An Overview of the Concept of Resilience

The construct of resilience has been studied from a multidisciplinary perspective, engaging the interest of researchers from various disciplines such as psychiatry, sociology, psychology as well as the natural sciences. According to McAslan (2010) the term is one that is attractive as it is indicative of the ability of something or someone to cope in the face of adversity. In other words, the term 'resilience' may refer to the recovery and return to normality after confronting an abnormal, alarming, and often unexpected threat. Resilience takes into account important concepts such as awareness, detection, communication, reaction (and if possible avoidance) and recovery. These concepts are integral features of the daily struggle for life, which are founded in our basic instinct for survival (McAslan, 2010). Another dimension of the term resilience is looking at the ability and willingness to adapt over time to a changing and potentially threatening environment (McAslan, 2010).

However, defining resilience has been a challenging task. Resilience is a contested term and critics argue that the concept is ambiguous, contradictory and at time raises unresolved questions. Before discussing the various facets of resilience, this section begins by giving a brief historical background regarding the origins of the concept of resilience.

Origins of Resilience.

The term *resilience* was introduced into the English language in the early 17th Century from the Latin verb *resilire,* which means to rebound or recoil (Concise Oxford Dictionary, Tenth Edition). There is no previous evidence of resilience being used in an academic manner until Tredgold (1818) introduced the term to describe a property of timber, and to explain

why some types of wood were able to accommodate sudden and severe loads without breaking (McAslen, 2010).

About forty years later, Robert Mallet further developed this concept of resilience as a means of measuring and comparing the strength of materials used in the construction of the Royal Navy's fighting ships (Mallet, 1856). Prior to this work, most vessels were built of wood, but with the advent of the steam engine much interest was garnered around the suitability of iron in the manufacture of such ships. Mallet (1856) developed a measure termed the *modulus of resilience* as a means of assessing the ability of materials to withstand severe conditions. The *modulus of resilience* still forms part of the design codes of civil and mechanical engineers, and naval architects (McAlsan, 2010) Thus, the concept was not originally applied to humans and social contexts. It was only much later that the term was introduced or applied to the experiences of people and social systems.

Resilience and the Environment.

There appears to be some consensus in the literature regarding the introduction of the concept of resilience to ecology and the environment. Holling (1973) promoted the use of systems theory and modelling, and is credited with the introduction of ecological economics, the adaptive cycle, panarchy (understanding transformations in human and natural systems) and resilience to ecology and evolution (McAslan, 2010). He defined the resilience of an ecosystem as the measure of its ability to absorb changes and still exist. Holling (1973) compared and contrasted the concept of resilience with the notion of stability (which he defined as the ability of a system to return to its equilibrium state after a temporary disturbance) that is, the more rapidly the system returns to its equilibrium, the more stable it is. Thus, he concluded that resilience and stability are two main aspects of an ecological

system. However, some ecologists, such as Klein (1998), have questioned the underlying assumptions of Holling's (1973) original concept of resilience.

Klein (1998) argues that ecosystems exist in an equilibrium state to which they can return after experiencing a given level of disturbance. It is also argued that ecosystems are dynamic and evolve continuously in response to external influences taking place over a period. Walker and Salt (2010) provide another definition of resilience related to ecology and environment. These authors define resilience as the capacity of a system to absorb disturbance and retain its basic function and structure (Walker & Salt, 2010). They argue that the response of any system to shock and disturbance depends on its particular context, its connections across scales, and its current state. Since not all situations are the same, the world is in the process of continuous change. Although change is sometimes slow, and sometimes rapid, Walker and Salt (2010) note that humans are usually good at responding to rapid change, but are less willing to acknowledge or respond to things which change slowly.

These authors further articulate that change, *per se*, is neither bad nor good; it can have desirable or undesirable outcomes. Walker and Salt (2010) also imply that resilience thinking embraces an approach that enables the management of natural resources that encompasses human and natural systems as complex systems that are continually adapting through cycles of change. Despite its lack of specificity, the concept of resilience continues to be useful in understanding human behaviour and improving the management of ecosystems (McAlsen, 2010). Since the concept of resilience appears to be a scientific term, it fits well within an ecological metaphor, as the ecological model is rooted in the natural sciences.

Conceptualising Resilience.

The first theoretical distinction in defining resilience occurs mainly in conceptualising resilience as a personal trait as opposed to a dynamic process. Herrman, Stewart, Diaz-

Granados et al (2011) consider resilience as a personal trait that functions after a single brief traumatic event, as a narrow definition. Early research on resilience as a trait focused on specific strengths such as intellectual functioning that aided people in overcoming adversity (Herrman et al., 2011). Pioneering research in the area focussed primarily on the experience of childhood adversities (Herrman et al., 2011). Over time, the types of adversity that were researched were broadened to include negative life events such as poverty, homelessness, traumatic events, and violence. Later, researchers started to focus on systems such as families, groups and communities as contributors to coping with adversity (Cichetti, 2010). Thus, the definition of resilience began to expand to include the protective and vulnerability factors at various ecological levels, including culture, community, family and the individual (Herrman et al., 2011). Other researchers (e.g. Rutter, 2006) defined resilience more broadly as any protective factors or mechanisms that contributed to a positive outcome, despite stressful experiences that were shown to carry risk for developing psychopathology.

The two key concepts for clinical and public health work are the dynamic or interactive nature of resilience throughout the lifespan; and the interaction of resilience with major domains of life function, including intimate relations and attachments (Herman et al., 2011). Thomas et al. (2011) refer to a study undertaken in Kampala with urban refugees, where it was found that social support from both the local community and other urban refugees reinforced resilience. However, there remains an important need to better understand the various methods of coping and resilience that are adopted by refugees living in urban areas, which is not clearly identified in the literature.

Recovery vs. Resilience.

An important conceptual distinction is made in the literature between resilience and recovery. The term resilience has been used in psychology for many years in determining

how well individuals cope in traumatic situations. Earlier work by Garmezy (1971) and Rutter (1979) paid greater attention to the resilience of children. However, this concept has now been expanded to include the ability of adults to manage abnormal situations, particularly their involvement in war, disasters and even more 'routine' abnormal events such as major traffic accidents. The fact that most of the psychological knowledge regarding adult coping mechanisms is gained from individuals who have experienced psychological problems or sought out treatment, has led theorists working in this area, to underestimate or misunderstand the concept of resilience. For this reason, resilience has been viewed either as a pathological state or as something that is rare and seen only in healthy individuals (Bonanno, 2004). Bonanno (2004) challenges this notion by suggesting that resilience in the face of loss or trauma, takes on a different or distinct pathway in comparison to recovery where resilience may be more common than is recorded and that there may be multiple routes to resilience.

Bonnano (2004) states that the term *recovery*, points to a pathway where normal functioning temporarily allows for psychopathological symptoms to become more present, such as in cases of depression. This state persists for a short period, with the individual gradually returning to normal functioning. On the other hand, resilience points to an ability to maintain a stable equilibrium. Thus, it can be said that recovering individuals experience a sub-threshold symptom level whereas the resilient individual may experience brief uneasiness in normal functioning, but generally display with a stable approach to healthy functioning over time (Bonnano, 2004).

A Developmental Understanding of Resilience.

If one had to examine resilience from an ecological perspective, it can be seen as a contextual variable, which means that mechanisms of resilience should vary depending upon

the person-process-context under examination (Harney, 2007). Early research on resilience focussed on individual strengths, such as a high level of intellectual functioning, that helped people overcome adversity. Research has also examined the emergence of resilience in a variety of micro-level (eg. mother-child relationship and family environment), and macro-level (eg. cultural and national) contexts. Harney (2007) describes this as a psychological characteristic of the environment-dependent nature of resilience. For example, Liem, James, O'Toole and Boudewyn (1997) found that resilient childhood sexual abuse survivors encountered fewer family disruptions such as a divorce or major illness than non-resilient survivors did. Another study conducted by King, King, Foy, Keane and Fairbank (1999) demonstrated that relationships with fathers were related to resilience in male and female Vietnam veterans.

Various studies have also tried to answer questions relating to the early developmental processes that lead to resilience. Although there exists literature that focuses on the role of attachment and competence in resilient children (Main, 2000), this understanding of resilient children is often left aside in the studies of resilient adults (Harney, 2007). Research on childhood patterns of attachment has started to focus increasingly on the role that early attachment plays in the intervening response to trauma later in life. In addition, the impact of the caregiver's own history of trauma on their child may also be passed on inter-generationally through the caregiver-child attachment system. Thus, a trauma survivor's early relational context significantly shapes the degree to which s/he adapts to a traumatic event with resilience (Harney, 2007).

Early childhood experiences play a crucial role in the development and long-term outcomes. In a normal developmental process, the attachment system provides a safe container allowing children to cope with the large amounts of new experiences that they are confronted with on a daily basis. According to Schore (2001), children who experience safe

attachment systems are able to explore their surroundings and develop a number of skills. These include regulation of their bodies and emotions, developing an understanding of self and others and, over time, a more worldly set of competencies.

Various studies have examined the impact of parent behaviour, affective and behavioural responses from infants as well as the internal representations that develop as the infant grows (e.g. Ainsworth, 1967; Bowlby, 1969; Main, 2000). According to Main (2000) three organized attachment styles, (secure, avoidant and resistant-ambivalent) are associated with specific maternal behaviours. In contrast, the disorganised attachment style, also identified by Main (2000), emphasises the disoriented behaviours displayed by the child. There also appears to be increasing evidence that individuals with disorganised attachment styles in childhood are at larger risk for presenting with psychopathology (Hesse & Main, 2000). A disorganised style is thought to result from frightening experiences that an infant has of its primary caregiver (Hesse & Main, 2000). Although this includes caregivers who are apparently abusive, it is not limited to this particular group. It is also evident that caregivers who have histories of trauma may also influence infants by their own partially dissociated fear. Liotti (1992) also asserts that disorganised infants may also be more vulnerable to dissociative disorders when exposed to later trauma, while children with organised attachment styles were less likely to develop the symptoms of post-traumatic stress when exposed to trauma.

Resilience: Process or Outcome?

Although authors like Bonnano (2004) view resilience as an all-or-none phenomenon, other researchers, like Radan (2007), suggest that resilience can be viewed as a multi-dimensional phenomenon. Dimensional models maintain that levels of resilience and traumatic stress may exist on separate continuums. This implies that individuals can present

as traumatised yet resilient at the same time. An example of this multi-dimensional phenomenon can be seen in an immigrant who is able to escape her war-torn country, cross dangerous territories into South Africa, earn a decent living to send money back home to relatives, while suffering symptoms of PTSD and depression. Harvey (2007) argues that when resilience is defined as being multi-dimensional, trauma survivors can be seen "as simultaneously suffering and surviving... require the survivor to somehow access his or her resilient capacities" (2007, p. 15).

Debate as to whether or not resilience is an innate quality or dynamic process is evident in the literature on the topic. Werner and Smith (1982) state that early studies on resilience regarded individuals who overcame their adverse circumstances as "hardy," "invulnerable," or "invincible". These labels implied that these individuals possessed a unique set of qualities that enabled them to bounce back from adversities that they faced. However, there has been growing consensus among researchers that resilience is not some innate quality but rather a developmental process that incorporates the normative self-righting tendencies of individuals (Masten, 2001). In fact, Garmezy (1993) cautioned against the use of the term invulnerable because it implies that people are incapable of being wounded or injured. Researchers, such as Masten (2001), increasingly view resilience not as a fixed attribute but as an alterable set of processes that can be fostered and cultivated. The interactive processes between the individual and environment and between risk and protective factors are increasingly emphasised as the crucial underpinnings of developing resilience.

This perspective is reinforced by the ecological systems theory articulated by Brofenbrenner (1989) and Garmezy (1991), which foregrounded the interplay between individuals and their environments and the resulting impact upon the individual's development. Garmezy's (1991) triadic model of resilience provided a popular ecological

framework for understanding the resilience process. This model describes the dynamic interactions among risk and protective factors on three levels (individual, family, and environmental). The model also emphasized that resilience is a process that empowers individuals to shape their environment, and in turn to be shaped by it. The model further highlights the intersection of varying influences upon one's development and shows how risk and protective factors can interact to enhance or inhibit a person's resilience (Garmezy, 1991).

An implication in the concept of resilience as a dynamic process is an understanding that resilience can grow or decline over time depending on the interactions occurring between an individual and their environment, and between risk and protective factors in an individual's life (Werner & Smith, 1992). Therefore, an individual may be resilient at certain times - and not at others - depending upon the circumstances and relative strength of protective factors compared to risk factors at the given moment (Winfield, 1991). Masten (1994) also added the idea that resilience is a pattern that emerges over time and is characterised by good eventual adaptation despite risk, acute stressors, or chronic adversities. For the purposes of this study, resilience is viewed as a dynamic process with a focus on the interplay between certain characteristics of the individual and the broader environment, a balance between stress and the ability to cope, and a dynamic and developmental process that is important at life transitions (Masten, 1994).

A closer look at refugees and some of their historical background and reasons for being forced to migrate reveals that many of them have suffered some form of trauma. Thus far, much of the literature has focused on resilience in individuals. Working with diverse populations requires one to look at not just an individualistic perspective but to take into cognisance the collectivistic viewpoints that exist in order to distinguish the cultural perspectives of trauma and resilience.

Cultural Factors and Resilience.

The cultural interpretations that survivors of adversity assign to the events to which they have been exposed to, shape their personal understandings of these events (Tummala-Narra, 2007). Cultural groups may differ considerably in their definitions of what is and what is not considered resilient. When dealing with multi-cultural communities, it is important to note the various cultures' perceptions of resilience. Buse, Bernacchio and Burker (2013), provide a valuable set of factors that are associated with resilience within cultural contexts. This includes emotion regulation, somatisation, and locus of control, self-enhancement, dissociation, family/community support, and rituals/ceremonies. These factors are useful for researchers to bear in mind when working with diverse cultures that are different from their own.

Individualistic (emphasis on the individual) versus collectivistic (emphasis on the group) viewpoints must be addressed in order to adequately discern the diverse cultural perspectives of trauma and resilience (Buse et al., 2013). A clear sense of individual agency and autonomy is instilled in individualistic cultures whereas cultures that embrace a collectivistic orientation value conformity, social harmony and responsibility toward group goals (Green, Deschamps, & Paez, 2005). An individual's conceptualisation of a traumatic event and the appropriate resilient response is shaped by the priorities of the individualistic or collectivistic orientation with which the individual identifies (Buse et al., 2013).

Critical Debates Surrounding the Concept of Resilience.

Despite the advantages discussed previously, the concept of resilience has found itself on the receiving end of several criticisms. One of the most fundamental limitations of resilience for many social scientists is its inability to appropriately capture and reflect social dynamics and consider issues of agency and power (Davidson 2010; Hornborg 2009; Leach 2008). The

notion of agency is used to describe the autonomous nature of individuals. This inherently means that people have the freedom to negotiate their own lives (including their own resilience) in the face of adversity. However, in much of the debate on resilience and social-ecological systems, the agency of people is often overshadowed by the focus on the ability of the 'system' to recover from shocks (Berkes & Folke 1998; Folke 2006). Thus, there is little emphasis on the agency or freedom exercised by individuals within the system, who may, or may not, exert control over the processes by which resilience is shaped (Coulthard, 2012).

Folke (2006) also suggests that there are growing efforts to integrate the social dimension within resilience research, to help bridge social-ecological systems thinking and a re-centralisation of agency within resilience debates is an important contribution to these developments. Despite these advancements, Duit, Galaz and Eckerberg (2010) argue that the concept of resilience is an unwieldy concept for the social sciences, especially in reference to the resilience of social systems. These authors note that it is difficult to avoid clashes with other pertinent concepts such as power, democracy, and the right to self-determination when attempting to apply the concept of resilience to questions of politics and governance. Duit et al. (2010) suggest that the reason for this impasse is that, while some similarities can be identified, societies and ecosystems are fundamentally different in many ways.

It is also interesting to note that amongst the various definitions of resilience proposed in the literature, none of them mention the terms 'power' or 'agency'. Thus, it seems that the concerns raised that the utility of the term may be inadequate to handle issues of power and agency may be valid (Béné, Wood, Newsham, & Davies, 2012). Another issue of contestation that emerges from the literature on resilience is the tendency to conceal the 'negative' side of resilience. Resilience is still presented as an objective (an outcome) that should be aimed at, without recognising that it is in fact a neutral characteristic, which, in itself, is neither good nor bad.

With regard to its relation to individuals or communities, resilience is not necessarily positively correlated with wellbeing. For instance, some households may have managed to strengthen their resilience but only at the detriment of their own wellbeing or self-esteem (Bene et al., 2012). This relates to the issue of *adaptive preference,* which is the conscious or self-reflective process whereby people adjust their expectations and aspirations while trying to cope with the worsening aspects of their living conditions. Bene et al. (2012) argue that this issue of adaptive preference does not only relate to the discourse on wellbeing, but it also has some direct links with discourses on resilience. Specifically, it appears that strengthening resilience may occur simultaneously with adaptive preference. For example, in relation to refugee women, it would be when a decision is taken to move the entire family to another country in order to protect the family from the ongoing threats of war and violence. This results in great distress for the family as they leave behind all that is familiar, such as other family and friends, in order to escape the threatening situations that they face. However, they may encounter many challenges along the way, which may render them even more vulnerable to danger. By moving to a safer place, they may increase their ability to cope (what we would consider a sign of resilience), but at the detriment of some elements of the wellbeing of the family. Davidson (2010) and Coulthard (2012) discuss the existence of a potential trade-off between resilience and wellbeing, arguing that one can be very poor and unwell, but very resilient.

In addition to adaptive preference, it is also important to consider that the risk that often accompanies changes, may create distributional issues in relation to resilience. Bene et al., (2012) note that not all interventions may have a positive impact on every household's livelihood. In such cases, a community as a whole may become more resilient as a result of some interventions but it is equally evident that not all members of the community may benefit. In fact, some may be left even worse off than before the intervention. According to

Leach (2008) resilience is inherently a matter of social framing by role players with varied preferences and resources. Assessments of resilience in social–ecological systems should therefore not only consider the most general system level, but also take into account possible trade-offs and differences in resilience between groups and individuals within the same system. This is where differences in levels of power and agency may play a crucial role. In light of the above discussion, it is imperative that application of the resilience concept into social and political arenas requires careful reflection and critical engagement, as it may raise conceptual dilemmas. This may require further efforts to make the term resilience more systemically recognised, and to avoid romanticising the notion of resilience.

The current debates highlight the presence of resilience even when personal well being is compromised. Many refugees flee from their countries of origin to escape serious human rights abuses and ongoing physical and emotional distress (UNHCR, 2006). The Canadian Council for Refugees ([CCR], 2002) state that the basic rights of refugees are violated in many countries around the world, with a growing number of refugees being exposed to disasters, incidents of extreme trauma and ongoing physical, sexual and psychological oppression. Thus, the impact of trauma is an important area of discussion due to its pervasive presence in the lives of refugees.

Understanding Refugee Trauma

The experience of traumatic events is an integral part of the human experience. Whether discussed by religious organisations, depicted in visual arts, or spoken about in fiction, human suffering, at the hands of other fellow human beings or owing to a natural disaster, is an essential element of the human fabric (Beck & Sloan, 2012). A great amount of early knowledge and understanding of trauma outcomes is located within military history

archives (Herman, 2001). Work in this area, where attention was given to the symptomology that arises in an individual after a traumatic experience has since become quite sophisticated.

The effects of trauma on refugees are extensive, pervasive and shattering to both their internal and external beings (Steel, Silove, Brooks, Momartin, Alzuhairi, & Susljik, 2006). An example of such exposure to trauma can be seen in the Tamil refugees created by the Sri Lankan civil war. These refugees experienced and continue to experience extreme violence, the grievous loss of close family members, loss of identity, and poor health conditions because of the war (George, 2010). Refugees also face a lack of freedom in their host countries where they are virtually powerless and may be regarded as a threat by the powerful (Hyndman, 2000). Once again, there appears to be a paucity of literature on refugee trauma specifically in terms of expanding the knowledge base on its causes and symptoms, and on successful methods for delivering coordinated and consolidated services that meet the needs of refugees (George, 2010).

Trauma Theory provides evolutionary explanations for refugee trauma. According to Mollica (1999), trauma survivors have an inherent ability to heal themselves together with medical and psychological intervention. For Mollica (2006), there is a hidden healing power in all of us that is always striving for survival. Mollica (1999) has criticised doctors for their overreliance on medication in treating trauma. He also clearly articulates that it is of great importance that, in order for healing to occur, victims of violence should play an active role by not only telling, but also interpreting their trauma stories.

Mollica's (2006) Trauma Theory focuses on self-healing through spirituality, humour, physical exercise, relaxation techniques and good nutrition, rather than depending on long-term handouts. It is also important to note that traumatised individuals may also find the use of traditional medical intervention useful in their healing process. Furthermore, they can use their experiences to help deal with the tragedies of everyday life (Mollica, 2006). Mollica

(2006) further contends that through the application of this theoretical approach, trauma victims may transcend the most horrific events imaginable and go on to lead rich and meaningful lives. However, this transcendence may be a slow and difficult process for many traumatised refugees due to the nature and persistent occurrence in their daily lives even post-migration.

The nature of traumas experienced.

Many refugees experience various forms of trauma, which are often severe and continuous. These include traumas such as imprisonment, torture, witnessing directly or indirectly others including their loved ones, being killed and abused, living in refugee camps, loss of belongings and being at risk of losing their life (Buhmann, 2014). Childhood trauma is another factor that further complicates trauma reactions in traumatised refugees. Several have lived in and thus experienced terrifying conditions most of their lives, in their war-torn countries of origin as well as refugee camps (Buhmann, 2014). They are also just as prone to the kind of traumas observed in other members of the population such as sexual abuse and accidents. Early childhood trauma has been found to increase risk of PTSD after trauma.

In addition, to the war-related trauma that many refugees have experienced, they also suffer from the trauma of leaving their country (Buhmann, 2014). Many are forced to leave their friends and families behind, travel to new countries through dangerous terrain and spend time in asylum centres waiting for a residence permit, which is not always guaranteed. They experience continuous stress related to settling into a new culture, often living in isolation, poverty and encountering intolerance and racism on a regular basis (Buhmann, 2014). Research studies suggest that the type of trauma is linked with the development of PTSD (Steel, Chey, Silove, Marnane, Bryant, & Van Om, 2009). There is also evidence to suggest that intentional trauma such as war or physical attack is associated with a higher frequency of

PTSD than unintentional trauma such as natural disasters and traffic accidents (Santiago, Ursano, Gray, Pynoos, Spiegel, Lewis-Fernandez et al., 2013).

Psychological disorders that may arise from refugee trauma.

There are numerous disorders, which are related to trauma such as depression, anxiety disorders, somatisation, dissociative disorders, borderline personality disorder, as well as other personality disorders (Steel et al., 2009). There is also emerging evidence that psychosis and bipolar disorder can also be related to trauma (Daruy-Filho, Brietzke, Lafer, Grassi-Oliveira, 2011). The relationship between trauma and depression is most well known and has been observed in various samples of traumatised refugees (Blair, 2000; Carswell, Blackburn & Barker, 2011; Steel et al., 2009;).

Case studies (e.g Bendall, Hulbert, Alvarez-Jimenez, Allott, McGorry, & Jackson, 2013) describe how traumatised refugees experience psychotic symptoms without actually being diagnosed with a psychotic disorder. The understanding of the psychopathology becomes quite complex due to the challenges in distinguishing dissociative phenomena, such as flashbacks, hallucinations and paranoid delusions, from realistic fears (Buhmann, 2014). The culturally bound expressions of pain and suffering in traumatised refugees further complicate the understandings of psychopathology. As discussed, the link between refugee trauma and PTSD has been well established and documented (Steel et al., 2009) and PTSD is one of the only diagnoses in the International Classification of Disease, tenth edition (ICD-10) where the cause of the disorder is an integrated part of the diagnosis (Buhmann, 2014). The diagnosis of PTSD will be discussed further in the following sub section.

Post Traumatic Stress Disorder.

Although post-traumatic stress disorder (PTSD) is sometimes considered a relatively new diagnosis, as the name first appeared in 1980, the concept of the disorder has a very long history (Andreason, 2010). That history has been linked to the history of war, but the disorder has also been frequently described in civilian settings involving natural disasters, mass catastrophes, and serious accidental injuries (Andreason, 2010).

PTSD was formally introduced as a psychiatric diagnosis in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III, American Psychiatric Association [APA], 1980). The introduction of this diagnostic category was surrounded by controversy involving a number of issues, many of which continue as active concerns today (Beck & Sloan, 2012). One of the main controversies surrounding the diagnosis was regarding the Criterion A, whose definition has changed in successive editions of the DSM (Cougle, Kilpatrick & Resnick, 2012).

With the latest edition of the DSM-V (APA, 2013), the trauma diagnoses have been altered and a cluster of diagnoses relating to trauma have been collected and can be found in a separate chapter instead of being classified as an anxiety disorder. The PTSD diagnosis has largely remained the same with a few minor changes, but a new dissociative subtype with experiences of depersonalisation or derealisation has been added (APA, 2013).

The DSM V (APA, 2013) diagnostic classification system recognises PTSD as a condition presenting with typical symptoms, which follow the experiencing, or witnessing of an event that threatens physical safety, or life. The syndrome is described in terms of four main symptom clusters, namely, intrusive symptoms, avoidance symptoms, negative alterations in cognition and mood and symptoms of hyper arousal (APA, 2013). The concept

of PTSD has been applied effectively in the diagnosis and treatment of individuals exposed to a number of different trauma situations including war, torture, rape, natural disasters and industrial accidents (Friedman & Jaranson, 1994). However, the majority of research studies have been based on populations of Western countries (Roth & Fonagy, 1996). This has therefore led some authors such as Bracken (2001) to challenge the applicability of the concept to non-Western populations.

An important aspect regarding this criticism stems from the inclusion of certain symptoms within the construct of PTSD. Although similar symptoms may exist in different cultures, they may not necessarily have the same value or meaning (Zur, 1996). According to Zur (1996), an example can be seen in some cultures where dreams of the dead are viewed as positive and comforting. Similarly, cultures vary in their understanding of what constitutes 'normal' emotional expression. Zur's (1996) description of posttraumatic stress experienced by Quiche´ Mayan war widows in Guatemala, suggests that experiencing anger or sadness is seen as harmful, and expression of grief is only permitted during a 9-day funeral ritual. Kirmayer (1996) also discusses the various conscious or unconscious ways in which cultures are encouraged to deal with distress. Intrusive and avoidance symptoms may also vary in their perceived 'normality' across cultures (Nicholl & Thompson, 2004).

Watters (2001) further discusses criticisms of the use of the concept of PTSD in non-Western cultures. He suggests that the concept of PTSD serves to minimise the brutal reality of the refugee story by focussing on aspects that are clinically significant in terms of a diagnosis, thus ignoring the cultural and political implications of the story. The focus on the past trauma events as determining the current psychological difficulties may undermine the importance of the current situation and the ongoing stressors faced by refugees (Nicholl & Thompson, 2004). Bracken (2001) also argues that the PTSD concept is based on Western individualism. Relationships with others and the outside world may be perceived differently

in other cultures where interpersonal relationships or spiritual issues may be a greater area of focus. Furthermore, the types of trauma experienced by refugees may not only be directed at individuals but at entire ethnic groups through genocide and ethnic cleansing (Nicholl & Thompson, 2004). Despite the controversy surrounding PTSD as a universal concept, authors such as Friedman and Jaranson (1994) take cognisance that the concept is applicable to refugees, but advocate that wider cultural practices and beliefs should be constantly explored. Rather than seeking to prove the universality of PTSD, Zur (1996) suggests that it is important to look at how people make sense of their own worlds through cultural concepts such as acculturation, adaptation and assimilation. The next section explores these concepts in further detail.

Acculturation, Adaptation and Assimilation

The field of cross-cultural psychology makes important links between an individual's cultural context and their subsequent behavioural development (Berry, 1997). Given this particular relationship, cross-cultural research has progressively investigated what happens to individuals who have lived all their lives in a specific cultural context when they try to re-establish their lives in another one. The long-term psychological effects of this process of acculturation are quite varied and largely depends on social and personal variables that exist in their culture of origin, the culture of settlement, as well aspects that both exist prior to, and arise during, the course of acculturation (Berry, 1997). This section provides a brief definition of the construct of acculturation, adaptation and assimilation. It also takes into account important aspects such as identity, acculturative stress and the role of religion in coping and adaptation. All of these aspects play an important role in the acculturation process.

Identity.

Gupta and Ferguson (1997) view the relationship between space, people and culture as a social and historical creation, which tends to undermine the idea that there exists a 'natural' national identity that can bring about firm allegiance and offer genuine identity to people and communities. Often refugees find that with resettlement they have to reorganise themselves in ways that may bring about a shift among meaning, identity and place (Spitzer, 2007). This is further complicated by being confronted with new physical and social environments (Spitzer, 2007).

Identity can be seen as a "discursively constructed space to stand" (Spitzer, 2007, p.54) that connects individuals and where meanings are shared. Identity is not something that is fixed; rather it can be seen as being in a constant state of fluidity. Although identity is seen as a process and a resource that can be utilised, it is often defined by the social location, socio-economic status and cultural context that an individual finds themselves in (Spitzer, 2006). Gender, in the context of immigration, also plays a significant role in shaping identity, where a sense of belonging is informed by the migratory trajectory.

Migratory conditions may oppose the expected spatial organisations that underlie gender relations and identity formation (Spitzer, 2007). Moreover, Ehrkamp (2005) maintains that disruptions in spatial relations can lead to greater opportunities for people to create new patterns of socialisation with other members of society, which may lead to increased social cohesion and an adjusted identity construction. According Bhabha (1996), the travelling between various homelands can lead to an increased hybridisation of identities where various interpretations of self and community are constructed under unequal circumstances. Such an example can be seen in the study by Okeke-Ihejirika and Spitzer (2005) where they found that second generation women were able to successfully negotiate the gendered expectations

of their families and their desire to maintain a cultural identity, while at the same time being able to integrate some of the mainstream discourse of freedom and choice.

Acculturation.

Acculturation, in its simplest terms, can be defined as a culture learning process, that individuals who are exposed to a new culture or ethnic group experience (Balls-Organista, Marin & Chun, 2010). Immigrants experience this process of acculturation as they change their residences and are exposed to new cultures (Balls-Organista et al., 2010). The process of acculturation can occur over a long period, affecting various generations and is not just limited to immigrants. It also takes place among their children and grandchildren. Balls-Organista et al. (2010) remind us of the importance to bear in mind that individuals are constantly changing and learning new values, attitudes, and behaviours whenever two or more cultures come in contact with each other. Balls-Organista et al. (2010, p.105), provide a definition of acculturation as:

> a dynamic and multidimensional process of adaptation that occurs when distinct cultures come into sustained contact. It involves different degrees and instances of culture learning and maintenance that are contingent upon individual, group, and environmental factors. Acculturation is dynamic because it is a continuous and fluctuating process and it is multidimensional because it transpires across numerous indices of psychosocial functioning and can result in multiple adaptation outcomes.

This serves as a useful definition as it captures the fluidity of the acculturation process especially in a multicultural context like that of the refugee women population that were studied in this research. This definition also captures the dynamic process that occurs in different aspects of a person's life as well as the personal and social experiences of the individual who is going through the process of acculturation.

Berry (2003) has advocated for a comprehensive framework for understanding the process and changes implicit in the course of acculturation. While this framework may not be the only one available in the acculturation literature, it provides valuable ways of

understanding the variety of possible responses to the experience of new cultures. According to Berry (2003) due to the exposure to two or more cultures, an individual experiences at least two types of changes. One type of change involves behavioural shifts that impact the way the individual acts in diverse areas such as speech patterns, eating habits, clothing styles, or even self-identity. The other change covers acculturative stress that includes an individual's emotional reactions such as anxiety and depression (Sam & Berry, 2006), which is explored later on in this chapter.

An important contribution made by Berry (2003) to the study of acculturation has been his persistent need to consider the various types of responses that an individual can have to the process of acculturation. The terms that he utilises to describe this is "*acculturation strategies*" or "*acculturation modes*" (Berry, 2003). An individual's choice of a strategy is dependent on prior circumstances, such as level of involvement with each culture as well as specific preferred attitudinal and behavioural characteristics. This model takes into cognisance two distinct dimensions. The one reflects the individual's positive or negative attitude toward maintenance of the original culture and identity, while the second dimension categorises the individual in terms of the preferred level and type of interaction with another group.

Berry (2003) asserts that an individual's acculturation can be seen as approaching one of four different strategies that are the result of the interaction of the above dimensions. These are *assimilation,* which occurs when an individual has a desire to reduce the importance of their culture of origin and wishes to identify and interact largely with the other culture. This is typically the dominant culture if one comes from an ethnic minority group. *Separation* refers to instances when the individual wishes to hold on to the original culture and avoids interacting or learning about the other culture. *Marginalisation* occurs when individuals show little interest in maintaining their original culture or in learning about the other culture.

Lastly, *integration* occurs when a person shows an interest in maintaining the original culture, as well as learning and participating in the other culture (Berry, 2003). The degree to which an individual approaches the above-mentioned strategies also depends on the level of stress that the individual is currently experiencing.

Acculturative Stress.

The term acculturative stress refers to the challenges experienced by acculturating individuals (Balls-Organista et al., 2010). The number of demands to change combined with the presence of new external social and physical environmental conditions are postulated to result in stressful conditions for acculturating individuals. An ability to cope with these stressful conditions is linked to an overall sense of well-being, including having an impact on physical and mental health indicators (Balls-Organista et al., 2010).

Acculturative stress may also arise at a family level where different levels of acculturation experienced between parents and children increase the probability for parent-child conflict and marital problems. However, personal traits such as being a younger versus an older adult as well as abilities and skills such as having a high level of formal education may serve as protective or causal factors for acculturative stress. Acculturation strategies chosen such as integration versus marginalisation and goals and motives such as feeling drawn toward a host country due to better financial and educational opportunities versus being forced out of one's country of origin due to war, poverty and unemployment, can also have an impact on acculturative stress (Balls-Organista et al., 2010)

There are several variables that can affect levels of acculturative stress. Miranda and Matheny (2000) demonstrated that acculturative stress was linked to low levels of cohesion of the family and poor English language proficiency. Further research conducted by Rodriguez, Myers, Mira, Flores, and Garcia-Hernandez (2002) has demonstrated that

acculturative stress is linked to linguistic competence such as perceived pressures to learn a new language and speaking with an accent, pressures to assimilate, and pressures against acculturation such as being rejected by others for adopting majority cultural values. This study also found that the language competency has the most significant source of acculturative stress (Rodriguez et al., 2002).

Padilla and Perez (2003) assert that acculturation can be seen as very complicated for those individuals who are noticeably different from the majority group in terms of factors such as the colour of their skin and the language that they speak. For forced migrants, the knowledge that families and friends left behind are no longer a source of support can also be the product of acculturative stress. Similarly, a form of 'survivor guilt' may be associated with the acculturation process where stress is experienced when acculturating individuals become aware that their friends and families back home will not enjoy the experiences and opportunities that they are afforded in the new country (Padilla & Perez, 2003). Nevertheless, it should be noted that the acculturation process is not necessarily always stressful. Rogler, Cortes, and Malgady (1991) assert that acculturating individuals also have positive experiences, such as feeling safer and better off than those in their countries of origin. In addition, immigrants experience many positive instances in their new culture with new friends and may enjoy the exposure to new foods, entertainment, places of interest, and amenities that balance the impact of the acculturative stressors (Balls-Organista et al., 2010).

Although various studies have analysed how individuals learn a new culture and its related attitudes, values, and behaviours, it has been found that very little consideration has been given to the particular changes that are produced by these groups in their host societies (Balls-Organista et al., 2010). There appears to be an unspoken assumption that immigrants and their families do indeed learn the new culture of their host society, yet very little is

mentioned about the changes that they bring about in their new societies. Therefore, the present study also explored the impact of refugees on their current societies.

Assimilation.

The sociologist Milton Gordon (1964) suggested the need to distinguish between acculturation and structural assimilation. He posited that structural assimilation is defined as the inclusion of members of ethnic groups into primary relationships, such as marriage with individuals from the majority group. Gordon (1964) defined acculturation as the promotion of the cultural norms and behavioural patterns of the majority group or core culture. He considered this process as an essential component of the experiences of ethnic groups. Gordon (1964) also suggested that the changes implicit in the acculturation process occurred faster among external traits, such as dress and language, while the more intrinsic personal characteristics such as values, norms, or religious beliefs was a slower process to change if at all.

Having discussed acculturation and assimilation, the contrasting views related to these concepts should also be noted. In addition to the contributions of cross-cultural psychology, a critical evaluation of the utility of the construct of assimilation should be taken into account. For instance, Alba and Nee (1999) noted that assimilation has come to be viewed by social scientists as a tired and old theory that imposes ethnocentric and demeaning demands on minority people who struggle to maintain solidarity toward their culture and ethnicity. These authors view assimilation as a problematic term as it mistakenly assumes that minorities can be absorbed easily into the core cultures as they share a common basis (Alba & Nee, 1999).

Furthermore, anthropologist Nancy Foner (1999) argued that the traditional concept of assimilation does not offer an accurate description of the lives of immigrants and of those undergoing processes of culture learning. Foner (1999) posited that assimilation may be too

simplistic when examining the lives of people in relation to the dominant or core culture. Thus, this criticism of traditional ways of thinking of assimilation in the social sciences has given rise to the construct of 'segmented assimilation'. Portes (1999) stated that this term is more appropriate in defining the change processes that occur in social behaviour that take place during the acculturation process. Foner (1999) argues that with the process of segmented assimilation behavioural changes that reflect or resemble those of members of the majority (segmented assimilation), can be expected, although the individual may not have completely internalised their values or attitudes (acculturation). This differentiation is important in terms of understanding the processes that forced migrants and those of later generations go through as they learn new cultures.

Adaptation.

Adaptation, in a general sense, refers to changes that take place in individuals or groups in response to environmental demands (Berry, 1997). These adaptations can take place immediately, or they can be extended over a longer period. In some cases, changes that occur over a short period during the process of acculturation can sometimes be negative and often disruptive in nature (Berry, 1997). However, many acculturating individuals experience some long-term positive adaptation to their new cultural context over a period of time (Beiser, 1994). Taking into cognisance various factors, these adaptations can take many different forms. Sometimes there exists an increased 'fit' between the acculturating individual and their new context where integration strategies are pursued and accepted by the dominant society (Berry, 2003). In contrast, when this 'fit' is not achieved, such as in the cases of separation or marginalisation, a pattern of conflict emerges which results in acculturative stress or psychopathology (Berry, 2003).

A distinction has also been made between *psychological adaptation* and *socio-cultural adaptation* (Searle & Ward, 1990). Psychological adaptation refers to a group of internal psychological outcomes such as a positive sense of personal and cultural identity as well as good mental health. Socio-cultural adaptation refers to a group of external psychological outcomes that connect individuals to their context such as ability to deal with daily stressors, specifically in areas of family, work and school (Ward, 1996). Although the above-mentioned forms of adaptation are related, there are two reasons for keeping them distinct from each other. One of the reasons pertains to the factors that predict these forms of adaptation that are often different (Ward, 1996). The other reason is that psychological adaptation may preferably be analysed within a stress and psychopathology model or context while socio-cultural adaptation is preferably analysed within a social skills framework (Ward & Kennedy, 1993). A third adaptive outcome, that was later introduced, is the *economic adaptation* (Aycan & Berry, 1996). This outcome speaks to the degree to which work is obtained, is satisfying and is effective in the new culture.

The above subsections discussed some of the significant variables as well as concepts in relation to the acculturation of refugees in their host countries. Another important aspect that speaks at a cultural level to an individual's ability to respond to stressful situations can be seen in the impact of certain cultural mediators in their lives.

The Influence of Cultural Mediators

Trickett (1996) refers to a 'diversity of contexts' in recognition of the many and varied cultural contexts within which individuals develop and are socialised, and to 'contexts of diversity' in recognition of the fact that broad generalisations about race, class, and culture are not helpful. He instead speaks of phenomena such as ethnic identity, which is potentially fluid, which adjusts in various settings of importance, and "intimately connected to the

complex interdependence of cultural history, current circumstance and future aspiration" (Trickett, 1996, p. 218). In addition, Tummala-Narra (2007), notes that Western notions of agency and success influence prevailing views of resilience. These notions may not necessarily resonate across cultures and may not reflect culturally appropriate views of positive adaptations to experiences of adversity (Harvey, 2007).

In order to gain a fuller understanding of the resilience that refugees who have survived a trauma may bring to the challenge of trauma recovery, requires that particular attention be paid to the influence of cultural and contextual mediators of traumatic response (Tummala-Narra, 2007). While symptoms of PTSD have been found among trauma survivors of both genders, various ages and diverse racial, ethnic, and cultural groups, it is also true that particular traumatic events (e.g. incest, rape, or spousal abuse) and symptoms (e.g. dissociation and somatic complaints) may have quite different meanings in different cultural contexts (Radan, 2007).

It is important for interventions that are being designed to foster resilience in non-mainstream cultural contexts to be aware of these differences. A range of factors that influence the effectiveness of interventions in specific cultural contexts include the meaning that participants attach to these interventions, its relevance and appropriateness to participants and settings, which can also impact its durability over time (Trickett, 1996). These factors can then be argued to further affect the choice of coping strategies employed to deal with traumatic events.

Contrary to the above findings, Radan (2007) articulates that many Central American refugee women state that despite the obstacles faced, they are able to find new opportunities as well as personal safety in their new homeland. Their stories demonstrate how exile provides opportunity to get away from abusive partners and oppressive social systems in their country of origin. Likewise, women refugees that were interviewed by Rugunanan et al.

(2011) reported that despite their traumatic experiences in South Africa, they developed 'survival strategies' that enabled them to cope with the challenges of daily living. Some of the women engaged in informal trading, although many, even with tertiary education in their country of origin, found it very difficult to find consistent employment. However, cohabiting husbands and some of their older children played a role in making ends meet. Another interesting strategy adopted by women in this study speaks of the role of their persistence in appealing for help from either relief organisations or friends (Ragunanan et al., 2011). In addition to the above strategies, the role of religion in the lives of refugee women plays an important function in everyday coping and providing hope.

The Role of Religion

Over the centuries, various definitions of religion have come to exist. Religion is a socially constructed concept that can be seen as the human way of representing reality (Van den Heever, 2001, p. 4). It is therefore quite logical that there will be innumerable interpretations of what reality looks like. Gunn (2002) identifies three facets of religion, which may provide an important context for understanding religion. These include: a) Religion as a belief, b) Religion as identity and c) Religion as a way of life. The notion of religion as a belief system places emphasis on the convictions that people hold regarding such matters as God, truth, or doctrines of faith. This may include adherence to certain doctrines, such as a belief in the principle of *karma* or the five pillars of Islam (Gunn, 2010). Religion as *identity* emphasises alignment with a group, and as such is experienced as something similar to family, ethnicity, race, or nationality. Religion *as identity* is more likely to emphasise shared histories, cultures, ethnicity, and traditions rather than shared theological beliefs (Gunn, 2010). The third facet of religion, which is quite different from the other two,

is religion as a *way of life*. Here, religion is aligned with actions, rituals, customs, and traditions that may distinguish the believer from followers of other religions (Gunn, 2010).

Defining African traditional religion proves even more complex as it does not present itself as a single unified front of ideas and religions (Beyers, 2010). There is huge diversity in the continent of Africa with regard to religious and cultural practices (Maluleke, 2001). However, Mbiti (1990) argues that, although there are multiple religious expressions in Africa, the philosophy that underpins religious life is singular. Mbiti (1975) identifies five elements that are cornerstones of all religions. These include beliefs, practices (ceremonies and festivals), objects and places, values and morals, and religious officials. Religion, for Africans, is the normal way of looking at the world and experiencing it, for it is so much part of human existence that it is not seen as something separate (Beyers, 2010). Mbiti (1990) describes an African worldview as a religious worldview. An African understanding of religion emphasises a holistic approach to understanding unity and religion as the background against which social values should be understood (Beyers, 2010). Religion is expressed contextually according to local culture. As such, the concept of religion is understood differently according to different thought patterns and should not be solely understood in terms of Western thought patterns.

African Women and Religion.

Refugee women's engagement with religion is often different from the experiences of refugee men. Although refugee women do find peace and comfort in religious ritual, their relationship with organised religion is not as straightforward. Religion operates in varied ways as it shapes the experiences of refugee women, serving as a source of resiliency as it both facilitates and impedes integration processes (Gozdziak, 2005). Particular customs and traditions can render women powerless by insisting on conformity to conventional gender

roles. This may hinder their adaptation to the norms of a new society. Gozdziak (2005) highlights the contradictory nature of custom and tradition, where on the one hand, it can offer comfort to the powerless and an explanation for suffering, while at the same time can constrain women (and men) from seeking change. Often the suffering during a traumatic experience especially in the context of war, the loss of homes and family members and the challenges of adjusting to their host countries, poses a deep spiritual crisis for many forced migrants (Buse et al., 2013). The basic spiritual needs of hope and sense of meaning are challenged in the forced migration process. Unmet spiritual needs place refugee women's well-being and ability to integrate at risk. Supporting refugee women's faith is therefore important at every stage of the migration process (Gozdziak, 2005).

Understanding the social context of women is important when examining the place of women within traditional religion (Wangila, 2010), since different societies have different cultures and every culture has certain distinctions when it comes to gender. The socialisation process for males is quite different to that of females. Religious stories that are imparted during the socialisation process instil a social stereotype about and toward women, which in turn ensures that women maintain their conventional and often suppressed roles in society (Wangila, 2010). Patriarchal systems in African communities are often so complex that women tend to participate in it unconsciously by way of reinforcing it. Wangila (2010) states that the system is often legitimatised by religion which makes it that much more difficult to distinguish what is cultural from what is religious. Because in some African communities, patriarchy is justified by religion, attitudes toward women are not only influenced by the way they are treated by their families and society, but also by the way, women perceive themselves.

Wangila (2010) offers a critical analysis of factors responsible for the social status of African women which points to the role of religion. She explains that this influential system

whether implicit or explicit is what defines the place of women in Africa. It is also important to note that although steps have been put in place to improve the situation of African women, there remains much to be accomplished. Wangila (2010) argues that one of the main challenges facing African women is the need to regain their agency and to continue to voice their opinions around social injustices and oppression as it occurs. She also contends that attempts should be made toward transforming women's attitudes and to the pursuit of religious practices that violate their dignity. However, it is also important to recognise that some religious values are still useful in traditional communities. Attempts should be made to revive some of the values that promote cohesion in society, provided they are not harmful to any group or people in the community. Thus, it is important for African women to recognise their responsibility in deciding the religious values they choose to embrace.

Many religions offer not only a rationale for suffering, but they also provide a community context where suffering can become a dignified performance (Gozdziak, 2005). In some societies, healing and religion are inseparable. Medical procedures are intimately tied to ritual and theology (Fabrega, 1990). Clinical evidence grounds the positive relationship between religious beliefs and mental health (Buse et al., 2013).

A meta-analysis of 49 studies by Ano and Vasconcelles, (2005) that evaluated the relationship between religious coping strategies and stressful life events found that those who utilised positive religious coping strategies (e.g. seeking spiritual support and benevolent religious reappraisals) were more likely to demonstrate better outcomes, including stress-related growth, positive affect, and higher self-esteem. These findings highlight the link between religious beliefs and responses to trauma (Buse et al., 2013). Alternative approaches to working with trauma survivors may include religion into programmes rendering services to refugee women. The current study unpacks the role that culture and religion play in resilience and adaptation in the context of refugee women and their wellbeing in an urban context.

The Challenges of Changing Roles Experienced By Displaced Refugee Women

Dislocation has profound and unique effects on women. For many displaced women, the refugee experience entails an ongoing response to change that requires a need to cope with often traumatic new circumstances (Martin, 1991). Refugee women's experience of displacement and dislocation is fundamentally different to that of male refugees. In contexts of forced migration, their (female) gender often functions to their disadvantage and this is apparent in a number of ways, including the loss of their families, the transitions they experience when living in refugee camps, gender-based violence and the changing roles within their social systems that they are faced with. These challenges will be discussed in detail below.

Loss of Families.

Displacement affects family and community structures especially when movements are due to violence and abuse. Most refugees do not leave their country of origin because they want to create better lives, often they are forced to leave their countries, due to threats to their safety. Most decisions to move are sudden and are often the last resort for most families. The disintegration of families and community resources play an instrumental role in prompting the actual decision to flee. It is the realisation that everything of importance to them is lost and that there is little to keep them in their homes (Martin, 1991). When families become refugees, they are forced to deal with many new ways of living, such as the loss of one or more family members. Often, fathers and husbands may have died in the war or have joined military formations, leaving women as heads of households. Sometimes younger children and older family members die due to hunger and fatigue. Family members are also lost to epidemics that are pervasive in overcrowded refugee camps, especially during the initial

months of the crisis. Thus, traditional family patterns are thrown into turmoil, leaving refugees with disrupted families (Martin, 1991).

A study conducted with Burmese women in India found various hurdles that women must face post-migration from their countries of origin (Kumari, 2012). They are expected to carry out a dual responsibility of their traditional role as mother and wife, as well as becoming the breadwinners of their families in cases where husbands are imprisoned, killed or have disappeared (Kumari, 2012). Pavlish (2012) also exposes the unequal burdens faced by Rwandan women refugees, where besides the burden of work, women are also expected to ensure that overall family well being in terms of basic necessities are met.

Transitional Phases of Camp Life.

Refugees often find themselves living among strangers, once they arrive at a refugee camp. During this upsetting period, they have to adjust to living in large, overcrowded encampments as opposed to their previous small, stable villages. Martin (1991) states that a major challenge can be faced when members of different tribes and clans are expected to live cohesively, despite being traditional enemies. Life in an encampment is uncertain, with refugees not knowing how their stay will be or whether return to homes will ever be possible. Some are also transported thousands of miles away to other destinations with completely new cultures and languages. For those refugees that come from majority world countries, displacement means adapting to post-industrialised societies, as well as facing economic and social systems that are associated with development. For refugee women in particular, these changes in family and community life hold many consequences, such as increasing vulnerability to sexual and other forms of gender-based violence, as well as taking on different roles in relation to other members of the family unit.

Gender-Based Violence.

The intrinsic social and economic instability that the refugee condition presents increases the vulnerability of refugees to potential threats to their physical and emotional safety. However, the safety of women and their dependants is compromised. They often face rape and other forms of sexual violence prior to, during their flight, following their arrival in countries of asylum, and in some cases, even during repatriation operations and re-integration phases. The potential for abuse is further increased when women and children become separated from family members amidst the confusion of flight (Gozdziak, 2005; Radan, 2007).

In her narrative inquiry into the life experiences of Rwandan women living in a Rwandan refugee camp, Pavlish (2012) exposes their vulnerability and concerns regarding their sexual health. Gender-based violence is a major challenge facing migrant women. The link between rape and migration has become part of a common discourse of migrant women (Kumari, 2012). Women refugees report experiences of violent rape and sexual assault by militants patrolling villages or retaliation when family members are suspected of anti-government activities. Similarly, Radan's (2007) study of Central American women, exposes the multiple sexual abuses that they have had to endure pre- and post-migration to their host countries. The sexual abuse endured by so many of these migrant women is indicative of the values and norms that not only support a patriarchal society, but also emphasises the masculine power that reinforces the vulnerability of ethnic women (Kumari, 2012; Radan, 2007). The fact that these are often government-sanctioned acts has profound effects on a population (Radan, 2007).

In intact families, women have to deal with the distinction between female/male roles. Although women in camps continue being productive members of the family, men may find it more difficult to fulfil their traditional productive roles (Martin, 1991). In post-

industrialised societies, refugee families may find it difficult to sustain the family on a single income. As such, the women may enter into the labour market in order to ease the burden of financial constraints. Refugee men tend to find it difficult to accept the new role of their wife or their own inability to support their families. Thus, this loss of control may lead to domestic violence, depression or alcoholism (Martin, 1991).

Domestic violence is a common type of violence experienced by women refugees. Abuse of a female partner or spouse becomes an avenue for male refugees to regaining control and power. This especially occurs in situations where the male refugee had to endure his own negative experiences of war and has to deal with his 'failure' to protect his family (Radan, 2007). In the study conducted by Pavlish (2012), the women described experiencing lack of freedom, especially when relating with their husbands. The women also reported frequent episodes of sexually transmitted diseases and domestic violence (Pavlish, 2012).

Parent-Child Relationships.

Family disintegration and loss of identity adds to the hardship experienced by female refugees. Radan (2007) speaks of the agony of leaving behind children, family, homes and belongings. Relationships between parents and children also change because of uprooting. Often the younger members of the family are able to adjust faster to the new situation. Aspects such as new languages are picked up faster by younger people, which results in children, including older girls being able to take up economic roles that may be unavailable to their parents (Martin, 1991). They also become the channel for information and translators for their parents. As such, children may then take on a more parentified role, being the force for socialising their elders to their new environments and cultures. This may also result in intergenerational tension from these changes in roles, where a woman who speaks little of the

dominant language may feel that her children are ashamed of her, which is not something that she is used to (Martin, 1991).

Maintenance of Traditional Culture.

Refugee women often experience a new role as principal guardians of the traditional culture, such as the custom of purdah.[1]It is perhaps the most striking attempt in a refugee situation to preserve traditional values through the imposition of women (Martin, 1991). Often this role as preservers of culture creates intergenerational conflicts for women. In various situations, older women are expected to be the preservers of the traditional culture while the younger generation tries to cope and adapt to the new circumstances. As such, this division of roles can create tension between the older and younger generation of women, especially when the younger women are unwilling to assume traditional roles (Martin, 1991).

New Social Systems.

When given the opportunity, refugee women form effective new social systems, that provide the necessary support that is required for both family members, as well as the potential for helping others. In this sense, it can be said that one of the most outstanding features of refugee women is that they are resilient and innovative (Martin, 1991; Spitzer, 2007). In the face of often demanding changes and resultant limitations in their roles, numerous refugee women are able to form new communities and support systems. These include the Afghan women's centre in Peshawar, women's farming co-operatives in Somalia and women's self help groups in Uganda to name a few (Martin, 1991).

[1] Purdah is the Islamic practice that requires women to be secluded and kept separate from men to whom they are unrelated (Martin, 1991).

Migration in the South African Context

The end of apartheid in the early 1990's brought about profound changes around people's movement within and outside of South Africa. At this time, the Group Areas Act (Act No. 41 of 1950) was abolished, ending the restriction of movement of where people where allowed to live and work (Landau, 2006). During the post-apartheid period, South African citizens started searching for employment opportunities in city centres. The collapse of rural industry also contributed to the great influx of people from rural areas entering into the larger urban areas. Johannesburg, being the largest city and the region's financial and transport hub, can be seen as most visibly affected by these movements (Landau, 2006).

Migration throughout the country has increased immensely during South Africa's first decade of democracy far surpassing any preconceived expectations. According to the UNHCR (2013), South Africa remains the recipient of the highest number of asylum applications worldwide, with 106 904 applications in 2011. By the end of December 2011, about 63 000 people mainly from Angola, Burundi, the DRC, Rwanda and Somalia, had been given refugee status in South Africa (UNHCR, 2013).

Challenges Experienced by South African Refugees.

Legislation in South Africa is backed by the Constitution, which pledges to provide inalienable rights to all who live in the country, regardless of citizenship, nationality or country of birth (Landau, Ramjathan-Keogh, & Singh, 2005). Although the Refugees Act no. 130 of 1998 (DoHA, 1998, p. 6-8) was instituted to protect the rights of refugees, refugees still endure continual police harassment and discrimination (Jacobsen & Landau, 2004; Consortium for Refugees and Migrants in South Africa [CoRMSA], 2009). Despite the fact that gaining refugee status affords individuals the freedom of movement, permission to work and the right to access basic services, refugees continue to face many difficulties associated

with their formal documentation which makes it difficult for them to enjoy these rights fully. The challenges faced by refugees living in South Africa are further complicated by violent xenophobic attacks, which hinder their integration into the local communities. The fear of these attacks, particularly in the townships, forces refugees to live in more expensive inner city areas.

According to Landau and Jacobsen (2005), undocumented migrants are criminalised due to the Immigration Act no. 13 of 2002, making it possible for the arrest and deportation of people who are considered illegal immigrants. The challenges faced by refugees living in the urban contexts of South Africa, are further complicated by xenophobic attacks, which hinder their integration into the local communities. Particular groups and communities have been reported to subject refugees and economic migrants to violent xenophobic attacks. In May 2008, violent xenophobic incidents erupted all over South Africa. During these attacks, 62 people were killed and more than 17 000 people were displaced. The violent attacks started in Alexandra Township, north of Johannesburg and spread to other areas of Gauteng (Igglesdon, 2008). However, acts of intimidation, threats, looting of small shops, throwing people out of trains, rape, and murder continue on a daily basis. Reports of xenophobic attacks include Somali's, Ethiopians, Eritreans and Bangladeshi's being at the receiving end of these violent attacks in Duduza, a township outside of Nigel, which is situated approximately 60km from Johannesburg. This incident resulted in the looting of 72 foreign owned shops in this area (Sosibo, 2013). Foreigners living in Diepsloot, another township outside of Johannesburg have also been the target of similar xenophobic attacks. In April 2015, xenophobic attacks on foreign nationals erupted once again, leaving many injured and destitute. In particular, the case of Emmaunel Sithole, a Mozambican foreign national who was murdered by three South African men in Alexandra Township left many foreigners fearful of their lives (Oatway and Tromp, 2015). Foreign nationals and their families residing

in various parts of South Africa, particularly in Kwa-Zulu Natal and Johannesburg, were forced to flee their homes and seek refuge in refugee camps set up for their protection. This happens within a context that is already extremely violent, resulting in many communities being exposed to continuous traumatic stress. Studies conducted by Landau et al. (2005) and CoRMSA (2009) also suggest that one of the causes of xenophobia is the threat posed by foreigners to South Africans in terms of livelihood opportunities as well as access to social services. However, Landau, Polzer and Wa Kabwe-Segatti (2010) have disputed these suggestions. These authors argue that the root causes of these attacks stem from a lack of trusted conflict resolution methods, a culture of impunity among people who attack foreign nationals and a competition for community leadership, which can result in often violent means in order to attain this (Landau et al., 2010).

The study conducted by Landau and Jacobsen (2004) on Johannesburg neighbourhoods with high concentrations of refugees, demonstrated that 70% of South Africans interviewed, thought that crime had increased, and three quarters of this figure felt that foreigners were the main perpetrators. Research conducted by Leggett (2003) suggests that 81% of foreigners felt unsafe, compared to 38% of South Africans. Due to the large numbers of refugees residing in the Johannesburg Metropolitan area, as well as the ensuing challenges faced by refugee women, this area of research is thought to be useful in gaining greater understanding of the coping and adaptation experiences of this marginalised population.

Ragunanan and Smit (2011) suggest that women refugees in South Africa also face the difficulty of not being able to retain full-time employment or even attain employment at all. Feelings of insecurity were also a major concern to the women in the study (Ragunanan & Smit, 2011). Refugee women face unique problems when it comes to their resettlement to third countries. UNHCR promotes the resettlement of women-at-risk. This category

encompasses women who have protection problems, are single heads of families or are accompanied by an adult male who is unable to support and assume the role of the head of the family (UNHCR, 1997). However, this process can be a long and often re-traumatising experience for women refugees, as great personal detail has to be disclosed in the resettlement interview process. During the seemingly endless procedures at the various stages of appealing for asylum, which can sometimes last for several years, most asylum seekers live at refugee homes or private quarters and may not necessarily have access to the labour market.

Another pressing concern that refugee women face in urban South Africa, is the difficulty around access to healthcare services. Despite the policies and frameworks mentioned above, many refugees continue to face challenges in accessing health services (CoRMSA, 2009; Landau, 2006). A report by Veary (2011) suggests that frontline workers at various medical and mental health institutions, due to their own lack of understanding of documents being presented, turn refugees away. Veary (2011) also suggests that access to public health care presents a daily stressor due to the discrimination experienced, as well as the ongoing fear, shame and embarrassment of approaching healthcare providers.

Poor living conditions also pose a great challenge to refugee women in South Africa (Rugunanan & Smit, 2011). The high cost of renting rooms or apartments to refugees has forced women refugees to sublet their rooms to other refugees in order to ease the burden of high rentals. This results in a lack of privacy and a cramped living space.

Language barriers are another challenge faced by refugee women (Kumari, 2012; Radan, 2007; Rugunanan & Smit, 2011; Sherwood & Liebling-Kalifani, 2012). Language differences may prevent women and their families from being able to assimilate into their host communities. Not being able to speak or understand English may impede their ability to

communicate with others. Not being proficient in English can also prevent refugee women from accessing employment opportunities (Ragunanan & Smit, 2011).

Survival Strategies Employed by Refugee Women in South Africa.

Despite refugee women's traumatic experiences in South Africa, many of them have developed survival strategies that allowed them to deal with their challenges on a daily basis. In order to provide for basic needs such as accommodation and food, some of the refugee women in Rugunanan and Smit's (2011) study demonstrated an engagement in the informal work sector, petty trading or even hawking. The reliance on cohabiting husbands and, in some cases, older children, helped with easing the financial burden. Rugunanan and Smit's (2011) study also found that an interesting strategy used by the women was their persistence in seeking help. These included efforts made at gaining assistance from relief organisations and friends in the community. Apart from financial support, refugee women relied on friends and families to provide religious and emotional support (Rugunanan & Smit, 2011).

Overview of Literature

Migrating to another country can be fraught with both challenges and the potential for opportunities. Despite the immense challenges brought by social, political and other more immediate factors, refugee women are able to recreate meaning for themselves by forging new associations that permeate different activities with new meaning (Spitzer, 2007). Resilience was discussed as an interactive concept, referring to a relative resistance to environmental risk experiences or the overcoming of adversity (Herman et. al., 2011). Without discounting the advantages of outcome-focussed assessments of resilience, the review of literature in this area showed that a process based approach, which was utilised in this research that is sensitive to the challenges of different populations and circumstances has grown in popularity among researchers. It was established that attachment is an important

factor in relation to trauma. Attachment can be seen as a subjective, interpersonal feature in relation to psychological trauma. It can be viewed as an adjunct to psychological measures such as coping and personality styles, when investigating the possible effects of personality in relation to traumatic experiences and reactions (O' Connor & Elkit, 2008). The review also discussed the changing roles that refugee women face due to the migratory process. Here it was found that, despite the innumerable challenges that they are faced with, refugee women continue to find a way to survive and provide for their families displaying both resilience and innovation in their novel situations (Martin, 1991). Furthermore, disruptions in the usual spatial relations provided refugee women with more opportunities to create new social systems resulting in increased social solidarity (Spitzer, 2007). In addition, research shows that greater traditional and religious heritage, provided better resources for meaning making in refugee women (Ano & Vasconsencelles, 2005). Refugee women in the South African context faced similar challenges to those elsewhere in the world. This was compounded by South Africa's own battle with development, which results in disillusionment among many refugees who come with the expectation of a better life, only to be faced with often worse situations than those they experienced in their countries of origin. Yet despite this bleak picture, they somehow continue to provide for themselves and their dependents in whatever way they can.

Gaps in the Literature

While the lived experiences of refugees are documented in various literature (Radan, 2007; Ragunan & Smit, 2011; Sherwood & Liebling-Kalifani, 2012), there exists a paucity in research regarding the strengths and adaptation mechanisms employed by refugee women living in the inner-city of majority world countries. There appears to be a focus on the challenges experienced by this particular population such as with problems with

documentation (Ragunanan & Smit, 2011) poor access to health services (Veary, 2011) gender-based violence (Pavlish, 2012) and loss of income (Ragunanan & Smit, 2012). However, little information on the actual coping mechanisms and processes that take place on a daily basis in the lives of refugee women is documented.

Information on resilience in the refugee population was adequate (e.g. McAslen, 2010; Rutter, 2006) however, very few studies engaged with this concept in relation to refugee women and the factors that fostered resilience in these populations. Similarly, various literature (e.g. Mollica, 1996; Mollica, 2006; Zur, 1996) focused on the traumatic symptoms experienced by refugees, however these appeared quite limited in terms of its generalisabilty. Although studies by Steel et. al., (2006) does focus on experiences of refugee trauma, there continues to be a gap that requires bridging in terms of expanding the knowledge base on its causes and symptoms, and on successful methods for delivering coordinated and consolidated services that meet the needs of refugees (George, 2009). In addition, the impact on the daily functioning in the lives of refugee women post migration is limited and does not provide adequate understanding of practical methods that are employed to counter their challenges. T This study, therefore aimed to bridge this gap, by providing a more in-depth view of the particular strategies utilised by refugee women to cope in their everyday lives.

Conceptual Definitions

The terminology outlined below was utilised in this study and conceptual definitions have been provided to clarify the meanings of these terms.

Refugee – Refers to a person who has been forced to leave their country of origin in order to escape war, persecution or natural disaster.

Forced Migration – For the purposes of this research report, forced migrants are defined as persons who flee or are obliged to leave their homes or places of habitual residence because of events threatening to their lives or safety.

Adaptation – Refers to the process of change that refugee women undergo in order to be better suited to their environments.

Strengths – Refers to the capacity of a person to withstand great challenges.

Resilience – Refers to an individual's ability to properly adapt to stress and adversity. Stress and adversity can come in the shape of family or relationship problems, health problems, or workplace and financial stressors, among others.

Assimilation – Refers to the adaptation of one ethnic or social group – usually a minority – to another. Assimilation involves the subsuming of language, traditions, values, mores and behaviour or even fundamental vital interests.

Challenges –Refers to the difficulties or obstacles experienced by refugee women.

Coping Mechanisms – Refers to the specific efforts, both behavioural and psychological that are employed by refugee women to master, reduce or minimise stressful situations.

Conclusion

This literature review examined and discussed existing research and knowledge in relation to resilience, trauma, challenges facing refugee women in various parts of the world, process of acculturation and assimilation and refugee women's experiences in the South African context. Although there appears to be a vast amount of information regarding the challenges experienced by refugee women in majority world countries, there remains a lack of information on the strengths and coping mechanisms employed by refugee women in relation to their context. Overall, it was seen that more information on challenges was provided, however a more in depth understanding of the strengths and coping mechanisms could potentially be useful. The subsequent chapter presents the central research questions arising from the literature reviewed, and outlines the research method chosen to examine these questions in this study.

CHAPTER 3

Methodology

This chapter presents the research questions that have been drawn from the literature and provide a focus to the study. The chapter then proceeds to describe the research approach and methods that were employed to answer these questions. The use of the interpretive phenomenological paradigm as well as the qualitative research method utilised in this study is discussed. Thereafter, the chapter explains the sampling approach that was used and provides a brief outline of the participants. Following this, the procedures that were assumed in conducting the research interviews and the thematic content analysis of the data are investigated. This is followed by a discussion on the role of reflexivity in positioning the researcher and its implications for the analysis of the data. Finally, the chapter discusses the ethical concerns that emerged while conducting the study, and the manner in which these were addressed.

Research Questions

This study addressed the following research questions:

a) What are the challenges experienced by urban refugee women?

b) What are some of the strengths and mechanisms of adaptation employed by urban refugee women?

c) What are the factors that foster resilience in urban refugee women?

Research Design

A qualitative design was chosen for this study to allow for the in-depth exploration of the participants' experiences of resilience and to address the vacuum that exists in the data available on this topic. One of the goals of qualitative research is to understand the specific circumstances of a particular situation as well as to add to our knowledge of why and how things actually happen in a complex setting (Dilley, 2004). By making use of the interpretive phenomenological approach, a rich and subjective account of the experiences of refugee women living in Johannesburg was provided by the participants. This process also provided a better understanding of refugee women's perspectives of the main issues they faced and to gain access to information that may not have necessarily been elicited from a quantitative design. Interpretive Phenomenonological Analyses (IPA) are conducted on small sample sizes. The detailed case-by-case analysis of individual transcripts takes a long time, and the aim of the study is to give depth and detail about the perceptions and understandings of a particular group rather than make more generalised claims (Smith & Osborn, 2007). Interpretive Phenomenological Analysis (IPA) was used in the study as a data collection method. Phenomenology as a philosophy is seen as a way of returning to and exploring the reality of life and living (Dowling, 2007). It attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to trying to produce an objective account of an event or object being studied (Smith & Osborn, 2007). Since the aim of interpretive phenomenology is to explore a person or cohort's lived experience, it is important to be cognisant that people's realities are influenced by the world in which they live; the researcher also needs to understand that experiences are linked to social, cultural and political contexts (Flood, 2010). As such, this makes this method of data collection appropriate for the current study as the researcher sought to achieve this depth of understanding with a smaller cohort.

IPA also emphasizes that the research exercise is a dynamic process with an active role for the researcher in that process. Tuohy, Cooney, Dowling, Murphy and Sixmith (2013) discuss the process known as 'bracketing', where the aim of descriptive and interpretive phenomenonology is to set aside natural, everyday assumptions in order to get back to the 'pre-reflective' state. This process can then allow for a description of the phenomenon in its purest form, prior to prejudices and other factors influencing it. Although this idea of 'bracketing' can elicit numerous debates, as one can argue if it is possible for a person to actually set aside all their assumptions, Finlay (2008), helps us to get a clearer understanding of the concept. According to Finlay (2008), this process involves the researcher engaging in the world with a sense of openness to, while at the same time being aware of, our own pre-understandings. The way in which we as researchers manage these influences is quite relevant in interpretive phenomenology. In the current study, I will work closely with my supervisor in order to be more attuned and aware of my own biases and preconceived assumptions. These biases were also acknowledged and integrated into the research findings.

Semi-structured, in-depth interviews were used to collect comprehensive information from refugee women who had direct experiences of forced migration to South Africa, and are currently residing in Johannesburg. Qualitative methods focus on subjective feelings and experiences. This helps me as the researcher as well as the broader community; understand why people behave in a certain way. According to Ungar and Nichol (2002), qualitative research enables one to account for the cross-cultural diversity in individual contexts. This facilitates the generation of research findings that are authentic and present an honest reflection of the lives of people under study. Therefore, qualitative methods were appropriate to explore strengths and adaptive processes that are present in refugee women.

Participant Selection

The participants in the study comprised of women refugees who resided at the Bienvenu shelter in Bertrams due to forced migration. The study employed a non-probability sampling method where elements of convenience and purposive sampling were utilised. Convenience sampling refers to the technique where subjects are selected because of their convenient accessibility and proximity to the researcher. Although this method has limitations in terms of its generalisability of the results, it proved practical in the selection of participants (Babbie & Mouton, 2004).

As participants were selected on the basis that they met specific criteria, in order to achieve the aims of the study, elements of purposive sampling were also present. Purposive sampling involves the selection of respondents according to their ability to supply the necessary information (Padgett, 2008). Specific selection criteria are set, based on factors such as the primary aims of the research (Ritchie, Lewis, & Elam, 2003). This study explored the resiliency factors and mechanisms of adaptation that are present in refugee women's lives. Based on this, the participants met all of the following criteria in order to be included in the study:

i) female refugee from another country in Africa,
ii) resided in Johannesburg for a minimum of 2 years,
iii) experienced forced migration, not necessarily trauma
iv) aged 18 years and older
v) ability to converse in English so as to avoid any discrepancies through the use of a translator.

Potential participants that met the above study criteria were identified through the assistance of trained personnel at the Bienvenu Shelter. After doing the preliminary intake

and if clients met the criteria, the trained personnel, upon consent from the client, provided me with the necessary information to contact the participant.

Ten participants were included in this study. Although this sample size cannot be generalised to all refugee women residing in Johannesburg, it has allowed for an in-depth understanding of the participants' experiences, which is in line with the aims of qualitative research (Smith & Osborn, 2007).

All ten participants were forced to leave their countries of origin due to various reasons. They were all above the age of eighteen and were able to converse with me in English, which at times proved slightly challenging due to the various accents with which they presented. All the participants resided in Johannesburg for a minimum of two years with some having been in Johannesburg for about thirteen years at the time of the interviews. Participants' ages ranged from eighteen years to forty-three years of age. Of the ten participants that were interviewed, six were originally from the Democratic Republic of Congo (DRC), and one participant each was from Ethiopia, Burundi, Rwanda and Sudan, respectively. Six of the participants had been living in South Africa for four years and under, while four had been residing in South Africa for more than five years.

Procedure

Interviews were approximately 60 minutes in length. Each participant attended a once-off interview. This decision was taken into consideration as some participants were not readily available for multiple interviews. Possible reasons for non-availability of some of the participants who presented for interviews, were that they had part-time or full-time employment and could not get the necessary time off to attend the interviews. Some of the interviewees were also mothers and had other pressing responsibilities, which prevented them from attending further interview sessions. All interviews took place with permission from the

director of the Bienvenu Shelter. Suitable times, dependent on participants' availability were set up in order to conduct the interviews.

Method of Data Collection

Using interviews as a tool for data collection, is popular in the social sciences and can be seen as a favourite tool employed by qualitative researchers (Denzin & Lincoln, 2004). Interviews are seen as another method of collecting data from individuals through conversations. (Kajornboon, 2005). A semi-structured interview schedule was utilised to elicit participants' experiences based on the research aims. Semi-structured interviews are non-standardised and are often used in qualitative research. The advantages of utilising semi-structured interviews were that I was free to probe deeper into a particular situation as I was not obligated to follow a set format in my line of exploration of the particular topic. This particular type of interviews also allowed me to further explain or rephrase the questions if participants were uncertain about the questions (Kajornboon, 2005).

The use of open-ended questions encouraged participants to narrate experiences and views. It was imperative during the designing of the questions that careful attention was paid to the cultural milieu in order for the interview to be carried out in a culturally sensitive manner. My experience in working with forced migrants assisted in creating more awareness around cultural sensitivity, which was an important consideration.

Despite the use of semi-structured interviews as advantageous, it was important for me to consider some disadvantages, which included the time-consuming nature of this data collection method. Conducting each interview as well as the organisation of the raw data took a significant amount of time, as it involved large number of pages of interview transcripts (Lofland & Lofland, 1984). While attempts were made to conduct pilot interviews prior to commencement, this posed a challenge due to the unavailability of participants to engage in

this process. As this is an essential element in ensuring the quality of the study, every effort was made to clarify the experiences of participants in order to increase the internal validity of the data (Morse & Field, 1995).

Data Analysis

Thematic content analysis was used to analyse the interview data. This was the best-suited form of data analysis, as it provided both stability and flexibility, in examining and summarising the findings. The use of thematic analysis allowed me to categorise patterns of data presented by the participants within the study (Braun & Clarke, 2006). This form of analysis is free from specific theories and epistemologies; therefore it can be applied to provide a wide variety of data (Braun & Clarke, 2006). This was especially useful in the present study as it aimed to investigate participants' personal experiences. Thematic analysis was also appropriate for discovering the embedded themes and providing further interpretation of the findings. The themes that emerged also related to the aim and the questions of the study.

In order to perform a comprehensive analysis, the six phases outlined by Braun and Clarke (2006) were followed. These included: familiarising myself with my data, generating initial codes, searching for themes, receiving themes, defining and naming themes and producing the report (Braun & Clarke, 2006). Finally, due to the subjective nature of qualitative analysis, steps were taken to ensure the credibility of the results produced by the thematic content analysis. This meant that the results provided an accurate representation of the social world under study. In order to determine transferability, the original text of the research was described adequately so that judgements could be made (Lincoln & Guba, 1985). In this case, I immersed myself in the data, continually checked and rechecked the categories, and worked closely with my supervisor to ensure that any gaps in the analysis

were accounted for. I am also duly aware that my own biases whether political, personal or theoretical may have had an influence on the analysis of data and themes that emerged. Again working closely with my supervisor to understand these biases helped to not only get a fuller picture of the data, but to refine my understanding of the data as well. During this process, the self-reflexive journal data was utilised in order to provide deeper understanding of my biases and the possibility of the influence of this on the research (Lincoln & Guba, 1985).

Self Reflexivity

Reflecting on the process of one's research and trying to understand how one's own values and views may influence findings adds credibility to the research and should be part of any method of qualitative enquiry (Jootun, McGhee, & Marland, 2009). Parahoo (2006) defines reflexivity as the continuous process of reflection by the researcher on his or her values, preconceptions, behaviour or presence and those of the participants, which can affect the interpretation of responses. This process thus involved my ability to recognise that I was also a part of the social world under study.

Achieving complete objectivity was not possible and may be seen as undesirable in qualitative research. It was therefore crucial that any biases that had the potential to enter the research process were appropriately reflected upon, which included my own beliefs and subjective experiences. (Jootun, et al., 2009). Not sharing similar social and cultural backgrounds with the participants may have also resulted in a less in-depth understanding of their contexts. On the other hand, being a female and a mother myself, may have created an over-identification with other issues concerning female roles and taking care of children. Thus, this may have resulted in an emphasis on particular issues.

Not sharing the same social or cultural background with the participants, could have also contributed to a sense of distrust among them, which may have left them feeling

uncomfortable to discuss certain issues of a sensitive nature with me. However, due to my extensive prior experience in counselling refugee women at these particular sites, I was cognisant of this and was able to demonstrate sensitivity to these matters, as well as being vigilant about not imposing my worldviews or assumptions onto the participants. I was also very well aware of the challenges and vulnerabilities that this particular marginalised group face, and practiced utmost care both in the interviewing process as well as in the handling of the data. I conducted all the research interviews, so that a similar dynamic emerged.

My subjective meanings and understanding cannot be separated from the research as stated earlier in the discussion of the interpretive phenomenological approach. This may ultimately have had a bearing on the outcome of the research. Throughout the research, I was cognisant of my own construction of knowledge and was aware that the findings of the research are my own constructions (Tindall, 2001). This contributes to an increased level of trustworthiness of the outcomes. The use of direct quotations from participants' responses also contributed to the enhancement of the study. A reflective journal was utilised to aid the process of self-reflexivity mentioned above. Some of my reflections are incorporated into the data analysis in order to give a more holistic and interpretive picture of the process as it unfolded.

Ethical Considerations

Ethical approval was sought and received from the University of the Witwatersrand, prior to commencement, in order for the continuation of the research. As detailed above, permission was obtained from the Bienvenu Shelter in the form of a letter (Appendix E), from which the participants were sought. The letter outlined the rationale and aims of the research. In addition, permission was sought from the individual participants, which was obtained through a participant letter (Appendix B) that explained the intentions of the

research. The letters guaranteed confidentiality and requested consent to continue the research.

Once permission was gained from the various organisations, individuals were then approached to participate in the study. The individuals were accessed through the Bienvenu Shelter. All individuals were asked to complete informed consent forms to ensure that they were made aware of, and understood the nature and intention of the study. If participants confirmed their willingness to participate, consent was also obtained (Appendix D) for their interview to be audio-recorded. Permission was also gained from participants for their interviews to be transcribed by an independent scribe. Once a participant agreed to the above, the interview commenced at the Bienvenu Shelter.

Informed consent.

Several ethical considerations in the study, which related to consent are important to mention. Participation in the study was voluntary and informed consent was gained from the women prior to data collection. Participants were not advantaged or disadvantaged for choosing to participate in the study. This meant that agreeing to participate would not privilege them in obtaining better services at their particular service provider (Appendix B). Choosing not to participate did not prevent them from obtaining services from their service provider (Appendix B). Written signatures were obtained as part of the consent after the participant fully understood the terms of the consent. The participant information sheet was explained to the participants, if they did not fully understand the contents of what they were reading (see Appendix B, C, D).

Participants were briefed prior to the study on the aims and what was expected of them. They were also debriefed after the interview and were allowed space to ask questions or discuss concerns. My experience in working with refugee populations enhanced my

abilities to conduct the pre- and post interview briefings. The participants were also advised that should they require further psychological intervention, this could be arranged through the experienced clinicians at the Centre for the Study of Violence and Reconciliation (CSVR) at no cost to the participants. The CSVR works closely with the Bienvenu shelter, and agreed to assist with counselling services to participants, if required.

Informed consent was also obtained from the Bienvenu Shelter (see Appendix E), in order to:

i) Include participants that approached the Bienvenu Shelter for services.

ii) Allow for the interviews with participants to take place at this organisation.

Consent was obtained from the participants for recording of the interview for analytical purposes as well as for the accuracy of the data capturing (see Appendix D). Permission regarding the use of a scribe was also obtained from the participants. (Appendix B, C).

Confidentiality.

Anonymity could not be fully guaranteed as data collection took the form of individual interviews and the researcher is aware of the identity of the participants. However, confidentiality of participants' identifying details was maintained throughout the study. Participants were assigned with individual letters for identification purposes e.g. Participant A. A confidentiality clause was included in the informed consent sheet (see Appendix B and C). The participants were also made aware on the consent form that I was utilising the services of a scribe to transcribe the data. The scribe was asked to sign an agreement of confidentiality in order to maintain confidentiality of the participants' identities. (Appendix F).

Conclusion

This chapter on methods included the research questions and the practical components of the research, such as who the participants involved in the research were, and the procedure involved in obtaining both the data and the participants. An explanation of the manner in which data was obtained and the reasons supporting the choice of methods were provided. Furthermore, an understanding of the framework in which the research was conducted, as well as the self-reflexivity of the researcher was outlined. It also provided an overview of the ethical implications and the factors taken into consideration in order to protect participants' confidentiality within the research. Data collected in the manner presented above is presented in chapter 4.

CHAPTER 4

Presentation of Findings

This chapter presents the results of the present study as obtained via interview data and information from the researchers' self-reflexive journal. In accordance with the thematic content analysis, several themes and subthemes were identified as salient within the data. Extracts from the interview material is presented in order to substantiate the themes that arose. These themes where formed on the basis of the information and knowledge obtained through the participants. These themes will be discussed in the subsequent sections.

Prior to analysis of the data, a brief historical background to the participants' countries of origin is provided. This serves to create an awareness of the context of the participants.

Brief Historical Background of Participants' Country of Origin

The Democratic Republic of Congo (DRC).

The Democratic Republic of Congo (DRC) is located in the central part of Africa. It consists of a population of over 75 million people. It is characterised by a collapsed state, high levels of violence and human rights abuses, many international aid actors, limited funding and lack of the political will to alter the situation (UNHCR, 2012). An increase in artillery, pervasive banditry and crime has further aggravated the situation, especially in the eastern part of this vast and ethnically diverse country. The DRC presents with an enormous humanitarian crisis that has been described as one of the worst in the world, and is regularly referred to as 'forgotten' (UNHCR, 2012). Ethnic burdens and economic security, especially in areas that have an abundance of natural resources, have increased an inter-ethnic conflict that also involves international players. The continuous years of clashes have resulted in

grave consequences for the resident population (UNHCR, 2012). Poverty, aggravated by the conflict, has increased peoples' vulnerability on a massive scale. The disintegration of state infrastructure in health and other sectors, inflation and high levels of unemployment have further exacerbated the negative effects of the conflict. The fighting has led to immense levels of hunger, disease and death, and to countless abuses of human rights. Many thousands of people have become victims of sexual and gender-based violence, compounding the human impact of a conflict that has resulted in the death of more than 3.8 million civilians since 1998 (UNHCR, 2012). As a result, thousands of people are fleeing from the DRC to South Africa on a daily basis in order to seek refuge or asylum.

Ethiopia.

Democratic Republic of Ethiopia is a country located in the Horn of Africa. With about 87.9 million inhabitants, Ethiopia is the most populous landlocked country in the world, as well as the second-most populated nation on the African continent (UNHCR, 2009). Ethiopia is a predominantly rural society, where many peasants, eke out a meagre existence from agriculture. Through the ages, they have faced frequent natural disasters, armed conflict, and political repression, and in the process, they have suffered hunger, societal disruption, and death (Ofcansky & Berry, 1991). After assuming power in 1974, the military regime embarked on a programme to improve the condition of peasants, but famine and hunger continued, despite these efforts, which were supplemented by substantial foreign assistance (Ofcansky & Berry, 1991). Moreover, the escalation of the military campaign against the insurgent movements in Eritrea, Tigray and Ogaden, forced thousands of Ethiopians to flee into neighbouring countries (Ofcansky & Berry, 1991). Several factors were responsible for the refugee crisis in Ethiopia. The repressive Mengistu regime was ruthless in its treatment of both real and imagined opponents. During the so-called Red Terror

of 1977-78, government security forces killed thousands of students and urban professionals (Ofcansky & Berry, 1991). Because human rights violations have characterised the government's policy toward dissidents, there was a constant exodus of young and educated people. The regime also found itself engaged in continuous civil war with one or more of the insurgent groups, which had a devastating impact on the people, the land, and the economy (UNHCR, 2009). The fighting not only generated hundreds of thousands of refugees, but also displaced thousands of other people from their farms and villages. Famine has also contributed to Ethiopia's refugee crises (UNHCR, 2009). The 1984-85 famine resulted in the death or displacement of hundreds of thousands of people within Ethiopia and forced about 100,000 into Somalia, 10,000 into Djibouti, and more than 300,000 into Sudan (UNHCR, 2013).

South Sudan.

The Republic of South Sudan, or South Sudan for short, is a landlocked country situated in the north-eastern part of Africa. South Sudan has a population of about 11 million people. Despite its abundance of natural resources such as gold and silver, it remains one of the poorest countries in Africa with the second worst literacy rate in the world (UNHCR, 2009). After decades of brutal civil war that left two and a half million people dead, the devastated and vastly underdeveloped southern part of Sudan secured independence in 2011 amid great challenges. The withdrawal from Sudan marked greater opportunity for South Sudanese (UNHCR, 2013). However, considerable state corruption, political instability within the ruling party, the Sudan People's Liberation Movement, and continual tensions with Sudan over the sharing of oil revenues left South Sudan deeply exposed to more conflict (UNHCR, 2013). Increased tensions between factions loyal to President Salva Kiir, of the Dinka ethnic group, and those aligned with his former Vice President, Riek Machar, of the Nuer ethnic

group, resulted in conflict on the streets of Juba, the capital city. South Sudan's dramatic return to war has torn communities apart and left thousands dead (UNHCR, 2009). As of September 2013, 1.8 million people were still too afraid to return to their homes (UNHCR, 2013). Although humanitarians have given assistance to over 3.1 million people in South Sudan, they estimate that at least 2.2 million were still facing either crisis or emergency levels of food insecurity (UNHCR, 2013).

Rwanda.

Rwanda is a small landlocked country in central Africa. It has a population of about 11.4 million people (UNHCR, 2009). Rwanda has a history of political violence with the genocide in April 1994, creating great fear and upheaval among its population. The genocide is characterised by Rwanda's then-powerful Hutu tribe who carried out a systematic slaughter of the Tutsi people (UNHCR, 2009). This resulted in more than 800,000 people being killed in a short three-month period. Although Rwanda has rich natural resources, nearly sixty percent of its population live below the poverty line. Rwandans also face great challenges with regard to the HIV/AIDS pandemic with more than 170 000 people recorded living with the disease (UNHCR, 2009). Other diseases such as yellow fever and malaria also plague the population of Rwanda. Although there has been some progress since the genocide, Rwanda, continues to remain one of the most war torn countries in Africa. In addition, poor governance and corruption continue to rear the country apart (UNHCR, 2009). As a result, thousands of people have left Rwanda to seek refuge in neighbouring countries, including South Africa.

Burundi.

Burundi is a landlocked country in sub Saharan Africa with a population of about 9.5 million people. Burundi is considered one of the top ten poorest countries on earth (UNHCR, 2013). Burundi, like the other war torn countries is also trying to rebuild itself after over a decade of conflict between the ethnic Hutu and Tutsi tribes which resulted in about 250 000 deaths and over 50 000 refugees (UNHCR, 2013). However, poor education and corruption has hindered the rebuilding process (UNHCR, 2009). In addition to corruption, poor governance also contributes to the already vulnerable economy. Diseases such as HIV/AIDS and malaria continue to be the main cause of death among the Burundian population (UNHCR, 2009).). Basic needs such as food, water and medical assistance remains a major problem in Burundi. Since most of the population live in rural areas, they get very little or no assistance from the government which renders them extremely vulnerable. Ongoing faction fighting is another major cause for Burundians to seek refuge in neighbouring countries (UNHCR, 2013).

The following section provides brief backgrounds to the participants' lives prior to being forced to flee their countries of origin. I discuss their occupations as this provides an idea if prior occupational or educational skills contributed to the ways in which they have coped with adversity in their transitional process as well as current situations.

Occupations Prior To Being Forced To Leave Their Countries of Origin

The participants demonstrated various levels of skill and education in their countries of origin. Seven of the ten participants had completed matric. Four of them held a tertiary qualification. One participant was in her matric year when she had to flee, while two of the women left school due to financial difficulties. Participant 2 described her qualifications and occupation:

I studied management. I was working in a school, like registering the people. I was also selling in the market, you know as it is difficult to get job when you just finished you have to try now to survive by yourself. That's why I was selling… And then I get a job, sometimes they do not pay you there at home things are not working really… but if you work you have a salary sometimes… sometimes you work and there is no salary…(Participant 2).

The above excerpt depicts not only the lack of job security in her country of origin, but also the flexibility that is required in order to sustain a living. Further accounts given by Participant 2 demonstrate that insecure working conditions presented as a major life challenge prior to her leaving the country. This finding is in line with studies by Sverke, Hellgren & Naswell (2002) which suggests that job insecurity is one of the most salient issues in working life and has brought the issue of insecure working conditions to the forefront.

While job security was an important aspect to consider, Participant 3 felt she did not have adequate opportunity to practice in her field of study.

> I have been graduate of my degree in Accounting. It was training after training that I did. But it was only one year of work and then I had to come. (Participant 3).

In further descriptions, it appeared that she felt that her accomplishments in relation to her level of education and skills that she could possibly offer, were gone unnoticed or even wasted, as she was unable to utilise these skills even after her arrival in South Africa.

Not being able to utilise the skills gained is a salient feature that was depicted in the interviews. It seemed that the rules and regulations governing certain employment positions, particularly professional positions are stringent and does not easily allow for people with foreign qualifications to find suitable work.

I also noted the frustration and hopeless of the participants in not being able to pursue their former careers in South Africa, which weighed down heavily on many of them. This may have also contributed to some of their feelings of worthlessness as they found it difficult to maintain a living. I also took note of the non-verbal language that many of the women

demonstrated when they spoke of their previous employment and qualifications. There seemed to be a sense of pride attached to this, however this was short-lived when they started to speak about their current situations. This can be seen in the following excerpt from the interview with Participant 6.

> In Ethiopia I'm working in the government department for housing and development. Now, nothing. I can't do that work. (Participant 6)

At times while listening to them speak about their occupations prior to their arrival in South Africa, I could not help but feel a great sense of loss for them, especially considering some of the high level positions that they held in their countries of origin.

For others, such as Participant 10, family commitments prevented her from pursuing her education. She got married prior to starting university to pursue further education in Law. However, she was not able to continue with her tertiary education.

> ...when I was there, I was about to start my university...after just getting married, but it was hard...I wanted to study law. (Participant 10).

While Participant 9 completed matric, she found employment as a cook at a nearby school. Participants 1, 4, 7 and 8 all began helping their families on their farms due to financial difficulties. Cultivation is a major source of income for most people living in the African countries (described above in the historical background of each of the countries of origin), and seems a natural role to fulfil for most of the women when they leave school. Thus, the participant's narratives show the tension that may arise in trying to maintain traditional duties while at the same time gaining an education or fulfilling alternative careers.

Although each of the participants appeared to have been involved in formal or informal forms of work, they each had particular reasons for being forced to leave their

countries of origin. These reasons, which included ongoing war and conflict, as well as political factors, are discussed below.

Reasons for Forced Migration

There appeared to be varied reasons for the participants to leave their countries of origin. The most prominent themes that arose out of the interviews were that of direct or indirect experiences of war, and direct or indirect involvement in political issues, which forced participants to flee their countries. As such, several of the participants were also exposed to various forms of trauma, which is important to take into account in analysing their coping strategies. The effects that trauma has on refugees are extensive, pervasive and shattering to both their internal and external beings (Steel et. al., 2006).

War and Ongoing Tribal Conflict.

As depicted in the brief historical background, all of the countries of origin of the participants are involved in ongoing conflict, which dates back decades. Many of the participants were either directly or indirectly, affected by war and conflict, which contributed to their decisions to leave their countries of origin. Participant 1 reported that she had no choice in the decision to leave her country. She described the ongoing atrocities that she experienced at the hands of the rebel groups, which forced her to leave the DRC.

> ..it's not that we decided to leave the DRC, it was because of war. We had to leave because of war. We are forced to leave and some of our family members they died, including my mom was killed, so it was just 2 of us, me and my sister and we had to run away. Ah the war in Congo, the one I say we run away from, is the war against my tribe, which started in 1996 when they were killing my tribe in, because of different reasons, and it was not my first time to run away to South Africa, this was my second time to run away to come in South Africa. (Participant 1).

Apart from the ongoing tribal conflicts evident in the above excerpt, some of the participants were also directly involved in politics, which threatened their safety in their countries of origin.

Political Factors.

Half of the participants were forced to leave their countries of origin due to political reasons. Participants 2 and 10 explained that it was due to their husbands' involvement in politics, that they were forced to leave.

> ...And my husband get involved in politics...that's why we get even insecure and we could not stay anymore. (Participant 2).

While Participant 2 was aware of her husband's political activities, Participant 10 had no idea of her husband's involvement in politics until they were forced to leave.

> I didn't understand then up until one of his friend he see him he say no, you know what, they already like, take him something like that. Say, how? Why? No there was, they did need some information and don't worry I'm going to take care of you. But which information, he said no this is work things and you remember what your husband was doing and I know he was working in the government, in the security, and some of the information in the government it is him he was giving and all that, but knowing that the rebels was in and taking for to get some information, I was not aware. (Participant 10).

Both participants 2 and 10 arrived in South Africa without their husbands as they were forced to escape separately. They had no idea if their husbands were still alive or of their whereabouts. Their husbands' involvement in politics and subsequent disappearance as with Participant 10, led to the disintegration of family systems. Moreover, not having their husbands as support systems would mean that these women had to adapt to changing roles within the spousal and family systems. This is in line with the literature that states that majority of refugees do not leave their country of origin because they want to create better lives, often they are forced to leave their countries due to threats to their safety (Martin,

1991). When families become refugees, they are forced to deal with many new ways of living, such as the loss of one or more family members, especially fathers and husbands who may have died in the war or have disappeared, leaving women as heads of households (Pavlish, 2012). This also leads to a disruption in traditional family patterns, which are thrown into turmoil, leaving refugees with disrupted families (Martin, 1991).

From the interview data, it seemed that all the participants had either directly or indirectly experienced the impact of violence and war, and as a result were forced to leave. For many of the participants, their survival depended on leaving their countries of origin. Most of them admitted that they did not choose to come to South Africa, and stated that they had little choice in the matter. Participant 5 discusses this below:

> I didn't choose South Africa. But eh, I can say I chose it because I didn't have any other choice because... in Tanzania they always say that ...I could not stay in Tanzania for some reason and Zimbabwe also. It was my easy target so I can handle, and there was also someone that was like uhm, ya the person could help take me here nicely... (Participant 5).

Participants also described various experiences in South Africa, which were broken down into salient themes. The following discussion begins with the challenges faced by the participants, which is followed by the mechanisms that have helped them to cope under their circumstances. This is further broken down into general coping styles, coping with external stressors, such as environmental stressors, and coping with emotional difficulties.

Experiences of Life in South Africa

The participants' general experiences of life in South Africa appeared to be quite mixed in terms of comprising both positive and negative responses. Although all the participants described difficult or negative experiences, many of them also described some positive experiences. Some of the negative experiences that emerged centred on material

aspects while their positive experiences emerged from the assistance received from various organisations and support structures.

It is important to note that there were various instances during the interview process where I felt that the women were trying to garner my sympathy. From my observations, it became clear that some of the women held a certain expectation that I would be able to offer them some reprieve from the challenges that they were experiencing in terms of material needs or faster service provision at certain organisations. As a result, some of the stories may have been slightly exaggerated. I found this to be very interesting as this was also observed in the study by Rugunanan and Smit (2011), where, as part of their survival strategy, refugee women used every opportunity available to them to get assistance. This strategy shed light on the fact that even in the face of such great adversity; they were still able to be resourceful and to make use of any opportunity for assistance that presented itself. Once I became aware of this pattern starting to emerge among a few of the participants, I gently reminded them that I had no affiliation to any particular service provider and that there were no benefits or costs attached to their participation in the interview, something that was also made clear before the interviews took place.

Challenges.

Before exploring the coping mechanisms employed by the participants, the challenges that they experienced are discussed, as this provides a backdrop to the issues that they deal with on a daily basis. The challenges experienced included unmet material needs, emotional and psychological needs and structural issues. These are discussed in detail below.

Material Needs.

Not being able to access basic material needs such as shelter, food and employment was a major challenge experienced by the participants. Participant 1 described the difficulties that she experienced upon her arrival.

> Being in South Africa, when we were, when we were still in Pretoria it was difficult for us, we couldn't have job, we couldn't have, do anything for us to survive, we just have to depend on JRS, when they don't pay rent then they will have to chase us from the flat, we have to sleep outside, it was difficult (*sigh)* it was so difficult even to find food for ourselves, it was so difficult. Cos we couldn't have a job. (Participant 1).

Basic material needs, which could not be met, such as food, shelter, financial and educational needs played a significant role in their lives. Similarly, for many of the other participants, unemployment, lack of shelter and food seemed to be priority material aspects with which they struggled. Not being able to access adequate medical care was another challenge faced by many of the participants, as well as having to deal with the prejudicial attitudes of medical staff.

> ... mmm, sometimes when you go like to Hillbrow clinic, just this time I'm here. I went there, past, past 12 maybe, past 1. She was shaking hot, then we go that side. They tell me ah, Congo Congo, Congo DR. We are tired of you here. (Participant 3).

Finding appropriate care for their children was another challenge that many of the women faced. Lack of available resources to care for children proved a major obstacle in seeking employment opportunities, as they had no place to leave their children. Participant 3 explained her situation, where she felt helpless in this regard.

> ...But the problem is crèche, is crèche for the kids and that is where my problem is and now I'm crazy I was asking that Organisation if it can help me, this Mother Teresa, Mother Teresa to take them for even one year I can work hard, so I can get money but I hear that if you don't have enough money they can't give you, you need to do adoption. And me I don't have a sister, I don't have a brother I never see them, mother or uncles I never see them, to give my children for adoption...

For Participant 3, not being able to access support in terms of childcare for her children, demonstrates the difficulties inherent in being a single parent with very little or no support structure. For many refugees especially single mothers, having appropriate support such as reliable family members is seen as an important resource in aiding with child rearing. It is not uncommon for members of the family to 'pitch in' and help with tasks such as parenting when the biological parents are unable to (Morrow, 1989). Many of them view this is as a family obligation (Morrow, 1989). The response elicited from Participant 3 also demonstrated the desperation that may be present in her life, so much so, that she was willing to give away her children for adoption in order to ease some of the burden. In many collectivistic cultures, this may be interpreted as sharing in the responsibilities and aiding in child rearing practices (Morrow, 1989). However, not having these kinds of support available exacerbates their circumstances in terms of gaining any form of employment due to inadequate resources available for childcare as described by Participants 2 and 6.

> Here if you have children you can't work because you have children. If you have no place to put them you just miss the job or you have to wait until find another... (Participant 2).

> Same father. Ya 2011 he stop, so everything is on me since I'm working I'm providing, so when I tell him he helping me start something, I must succeed. The one will have his relatives they are tired of me, so no one help me and more when I suffer, everybody is turning back, so no one provide me even bread or something for the kids, that's why I'm struggling now. (Participant 6).

The above excerpts demonstrate the compounded vulnerability faced by women due to childbearing and rearing responsibilities. As child rearing is thought to be the primary role of women, they are faced with challenges in terms of carrying out a dual responsibility of their traditional role as mothers and wives, as well as becoming the bread winners of their families in cases where husbands are imprisoned, killed or have disappeared (Kumari, 2012). As such, refugee women are faced with the unequal burden of not only trying to find work to meet

their basic needs, but to also ensure the overall well-being of the family (Pavlish, 2012). This is quite different in respect of role expectancy for men especially in patriarchal communities, where being the breadwinner is their sole responsibility (Pavlish, 2012)

Psychological and Emotional Needs.

Apart from material needs, participants also seemed to find it difficult to manage some of their emotional and psychological needs. It is also important to bear in mind, that majority of the participants have a history of experiencing traumatic events, which may have resulted in some symptoms of PTSD. These symptoms may have been exacerbated by their inability to access appropriate care at the time. As a result, unmet emotional and psychological needs may have created a challenge for them.

Unmet psychological and emotional needs are important factors to consider as these can contribute to negative ways of coping. They also shed light on why some of the women felt hopeless and helpless and found it challenging to recover from adverse situations. For example, Participant 1 described her experience of feeling sad and depressed, and the physical aspects that accompanied this desperate emotional state:

> No, Ya. After, after that, after I divorce the father of my what, my daughter; it was very tough. You don't have, you don't have a fixed salary yet..you don't know where to get money to feed that small child. This was a very very, I run crazy, I run crazy at that time. It was very bad. It was very bad for me... eish my hair was like eish. Very bad. Very bad. Very stress. Just by the first look, you see this one is very depressed. (Participant 1).

For Participant 6, a lack of social support also contributed to poor emotional and psychological functioning.

> ...here I feel so much alone ya... There's no family, you have to make another family like friends...you see, for most of the time is not easy. You can see someone you want to talk to him but it's look like, at the beginning it was not easy. (Participant 6).

For many of the women, being able to access support was a significant challenge. However, in a later theme, their mechanisms of coping with this challenge are elaborated. Participant 5 described her experience of domestic violence due to a lack of material resources.

> ... Yes (sigh). And I didn't know here but I did have some money because I did sell some of my stuff to come here...when you used to have money and there's no income, its only that money you have and I didn't know eh South African money or how much is the rent how much I have to spend for this and, it's the one who do everything with your money and when it finish, he start also abusing you and, I just have to get out like just that, you don't know where you are going, what you do. (Participant 5).

There appears to be a common thread that runs through many of these narratives which speaks to a sense of isolation experienced by the women. It appears that due to a lack of resources, the women felt that they had no safe place or person to turn to for them to express emotional needs adequately, which further compounds their vulnerability both physically and psychologically. Feelings of isolation are a common problem that many refugees face (Rosli, 2011). Some of the refugees come to the host country alone, or with other members of their family, and have very few and often no friends from their countries of origin. As such, they may frequently experience feelings of loneliness and isolation. Although some scholars assert that language is a predictor of feelings of isolation, others such as Bhugra, Craig & Bhui (2010) believe that the isolation is a result of refugees missing their families and routine activities of their countries of origin. This is an important example of acculturative stress that is experienced by refugee women in their host countries. In addition to this, structural challenges such as attacks of xenophobia and discrimination exacerbate these feelings of isolation and loneliness to such a degree that refugees may be afraid to trust anyone in their host countries.

Structural Challenges

The structural challenges that were experienced by the participants were important in the consideration of their abilities to cope. These structurally based challenges included issues such as xenophobic attacks, language barriers, issues with documentation, etc. Participant 6 discussed how negative factors such as xenophobia has affected her ability to trade informally, which was her main source of income. She also discussed how the Metro Police have raided her business and harassed her.

> ...South Africa mmm...before it's good to me, but now these years, it was many things so, no hope. Nothing, cos especially for 2008 when is starting, or the way he treat you the people is not good. Metro take my stuff, hit me, so no business, no money... (Participant 6).

Similarly as discussed above, accessing other services, proved challenging due to the xenophobic reactions received from service providers. Participants 2, 3, 4 and 9, also experienced similar situations where they discussed how their lives had deteriorated since their arrival. All five participants have been living in South Africa for more than 5 years, with Participant 2 having been here for thirteen years. Several of the women had experienced the spate of xenophobic attacks that were rife in Johannesburg in 2008, and as a result, had not been able to recover financially and psychologically from the aftermath of these attacks.

Language barriers also emerged as a salient theme that proved to be an obstacle for most of the participants. Participant 3 described her experience at a government hospital due to not being able to speak the language.

> Mhm. Ya. So like when you are new from somewhere, don't know the language, it's like, when they are talking, sometimes when you come and that time you go to the hospital, you don't know how to explain yourself. (Participant 3).

In addition, Participant 2 described how not being able to communicate in the dominant South African languages leads to discrimination.

> Yah they are still see you as a foreigner but not like if you don't communicate. If you don't communicate, it's like you make them angry. But at least if you communicate the level is small, but even themselves they know it's wrong but they know that it's your right they will serve you but at least they have to make you feel something...(Participant 2).

This participant explained that although she was able to communicate a little, she still felt discriminated against by the person from whom she sought assistance. Language barriers not only prevented the participants from receiving assistance, but it appeared that they also hindered them from seeking the assistance from others for fear of discrimination. Participant 8 described a situation at a local hospital that left her feeling quite vulnerable.

> ...because I think it is not only me, the other people can just be scared to go to hospital you can just dead, you scared to go to hospital because you know ah that hospital, anyone don't want to understand me because problem to them for the language. (Participant 8).

The above extract demonstrates Participant 8's feelings of shame and doubt about approaching people for assistance due to the ill treatment that she received from them.

Documentation was another issue that the participants found challenging. Participant 6 described her experience

> So the biggest problem for you right now is about having a status, a refugee status and documents to show that you are a refugee and you finding they preventing you from being able to get employment. (Participant 6).

The challenges discussed above seemed to be prevalent in many of the participants' daily lives. However, despite experiencing the above challenges, various coping mechanisms employed by the women were also established from the data, which are discussed below.

Coping

The participants described various mechanisms that contributed positively to the manner in which they coped with living in Johannesburg. Coping involves certain skills and

capacities that permit people to face and deal with life's problems to prevent and reduce stress related illness. The most broadly accepted definition is that of Lazarus and Folkman (1984) who viewed coping as continuously changing cognitive and behavioural efforts to handle specific external and/or internal demands which are seen as challenging or greater than the resources of an individual. In facing their challenges, individuals use personal or external coping resources as the significant factors that help minimise the undesirable effects of stress in overcoming difficulties (Straubb, 2003). Mobilisation of those resources leads to two important coping strategies, which are emotion-focused or problem-focused coping (Straubb, 2003). In emotion-focused coping, individuals try to decrease and adjust distressful emotions, such as by obtaining support from others, avoiding or minimising the problems. With problem-focused coping, individuals try to confront and ultimately find their own solutions directly by being proactive or reactive when it is assessed that the stressor can be changed. Instances where constructive action is possible can increase problem-focused coping whereas instances that may require acceptance are more likely to increase emotion-focused coping (Straubb, 2003).

The data demonstrated that the participants employed general coping skills in terms of dealing with everyday life problems. They also employed specific coping mechanisms when dealing with internal and external stressors. With regard to their general coping styles, the women described factors such as acceptance and finding a way to integrate with other cultures that helped them to cope with their daily life experiences.

Acceptance.

Participant 5 described being forced to accept her circumstances because of the presence her daughter, while Participant 10 described the fact that they had no choice, but to accept their circumstances.

> ... I had not find a job so, I just told myself to accept it and, to live with, ya because if I. I'm just putting her first cos if I didn't put her first maybe I could have give her away and felt to go back to my life and that is not what I wanted so that is why I'm in a shelter. (Participant 10).

Since most of the participants were single parents, they were forced to accept their circumstances and to find a way to survive. It appeared that their children also played a motivating role in terms of providing strength and courage to cope with their challenges. However, once again it seems that children present a burden to some of the women and the option of giving the child away seemed to rear its head frequently.

Internal and External Stressors.

The participants also attributed their levels of coping to the assistance of various NGO's in and around Johannesburg. Organisations such as the Jesuit Refugee Services ([JRS] an NGO in Pretoria that provides limited accommodation and assistance to asylum seekers and Refugees) and CSVR, an NGO in Braamfontein (Johannesburg) offering rehabilitation services to victims of trauma and torture, seemed to play a role in helping the participants to cope with both internal/emotion-focused as well as external/problem-focused stressors. Participant 1 described her experience of counselling at the CSVR:

> Yes, with emotional difficulties. Cos we could stay there and think that the whole world is on our shoulders but when we got to the counselling things would become easy for us then we can't think a lot like you were thinking, crying, we could sit inside the house crying but when we received the counselling then, we see things they are easy, ya. (Participant 1).

Similarly, Participants 7 and 10 described their positive experiences with counselling at CSVR and other forms of humanitarian assistance by JRS, Lawyers for Human Rights ([LHR] An NGO providing legal assistance to refugees and asylum seekers) and UNHCR.

> Ah, to cope with it here in South Africa. If I meet with someone like this, like counsellor, if I talk to JRS, if I talk to United Nations, if I talk to sister "D", cos sister "D" she knows me sometimes she see, she ask me "what is wrong?" she says, "no I know you" and then I go and

> talk to her she encourages me like a mother, encourage me like a mother and I feel good, Yah. (Participant 7).

> ...Yes. To be integrated to the new system to the new life the new beginning it was now CSVR. It was a big role for us because even when I can go to the clinic with the child, I don't even know how to start. (Participant 10).

The above extracts demonstrate the various ways in which assistance is viewed and the reasons for seeking such assistance. For participants 1 and 7, value was placed on the more personal contact that is received from the organisations providing them with assistance. This relates to the emotion-focused or internal coping or strategy, as described above. For Participant 10, the assistance that she receives is practical in terms of helping her with integration as well as directing her to other appropriate service providers such as clinics. This can be viewed as external or problem-focused coping.

Support Structures.

The establishment of **support structures** also emerged as having significance in the lives of the participants. Participant 1 described visits by a pastor that served as an important source of support during her time of distress.

> ...I didn't have friends in South Africa cos I was even scared to go out having friends, but, I had a pastor who use to come visit us, we use to go and talk to the pastor when we have some problem, but, she could help some of the time, some of the time she could even say ahh I can't help then we could try to go out looking for job but it can't, it can't help...

Participants 2 and 3 described the importance of the support of people who had been in South Africa for a while that had helped them to cope.

> ...moral support only because there was no one who would help you financially or give you material things, you know, moral support, people they were encouraging us, other people who came before they were telling us, no everything will be fine just be strong everything will be fine. (Participant 2).

> ...To get friends, when you come, you're a new comer, most of the time people they know this one is coming, they come and visit you. (Participant 3).

Apart from the assistance offered by the Bienvenu shelter, which contributed greatly to their positive experiences, it seemed that the women also benefited from the support of their communities. From the above excerpts, it appears that some of women either received or created the necessary social support that contributed positively to their ability to cope in the inner city. Social support can contribute to adaptive coping responses by increasing self-esteem, confidence and providing information and guidance in the host country (Pahud, Kirk, Gage, & Hornblow, 2009). For newly arrived refugees, social networks facilitate access to information and services in the host community and help to maintain the link with the country of origin (McMichael & Manderson, 2004). This represents 'social capital', which is useful in understanding how some refugees are able to resettle successfully (McMichael & Manderson, 2004).

On the other hand, migrants also face specific struggles in receiving social support in their host countries such as lack of social networks, increasing their challenges with integration (McMichael & Manderson, 2004). Although family relations and the host community may be generally supportive, their roles, expectations and conflicting values may tend to become onerous and isolating (McMichael & Manderson, 2004). Social support in conjunction with other variables such as locus of control and impact of culture are reflected in assumptions about acceptable support expressions and behaviours (Harvey, 2007), as well individual versus collectivistic orientations (Buse et al., 2013).

In my previous experience of working with refugee women, I found that those who were able to access social support seemed to cope better in terms of navigating their way around the inner city. They were also exposed to new information about various services, which minimised some of the isolation often felt by newly arrived refuges. However, I also

encountered refugee women, who did not have adequate social support, which often rendered them helpless and alone. They struggled to navigate their way around the inner city and found it challenging to access information regarding services offered.

Reluctance to accept support.

Apart from temporary accommodation at the Bienvenu shelter, some participants currently did not have much other support available to them. When asked about her support systems, Participant 6 described her situation and spoke of her lack of support, including from people from her country of origin.

> No... only this shelter here. (Pause) because me, I made a decision to come here is fine, my people who also here reject me...(Participant 6).

It seemed that her active involvement in politics and the consequent decision to leave had increased her suspicion of others. From my observations, it came across as if she felt afraid of being recognised by members of the oppositional party and the consequences that their rejection may have on her. It appeared that society's view of her might have contributed to her feeling afraid of accepting support.

Participant 5 also disclosed her perceptions of her community's view of her.

> And all that so I have to hide myself and when people saw you they will just like AAHH!! Even you you are here and back home you were like, and here we are walking all of us and I mean like, and like they will just say not nice thing about, just, making fun you know, making fun of you. Or maybe someone can say Ah look at this! Look at this one was like this and that now she's like this and all that. You get it? You get it and... (Participant 5).

The fact that she was a powerful and highly respected journalist in her country of origin and now faced with similar if not worse challenges (due to her past involvement in politics) has also contributed to her feeling stigmatised. Goffman (1963) defined a stigma as an aspect

that is deeply dishonouring. According to Goffman (1963), such an attribute can be anything from a physical defect, a flaw in one's personality or character, or a more ethnic stigma, which may be brought on by one's religion, race, or country. Moreover such an attribute may result in minimising the stigma-bearer's value in the eyes of the general public when the particular stigmatising attribute is brought to the forefront, and usually results in discriminative treatment toward the stigma-bearer. Individuals with a stigma may also face various challenges because of their stigmatisation, one of which may be their difficulty in creating or maintaining relationships with other non-stigmatised individuals who may prefer not to interact with people bearing such stigma due to becoming stigmatised themselves, which becomes a shameful attribute of its own (Corrigan & Miller, 2004).

It also seemed that some of the participants had chosen not to accept help or support from others for fear of betrayal, as described by Participant 4:

> ...Mhm. I don't have friends because friends are all betrayers. I have everybody just say "hi hi" like I said like I said I pretend that I'm fine, that I'm fine finish. But close friend where you share ideas, they are all betrayers. (Participant 4).

There appeared to be a great deal of mistrust in general among many of the participants. In the above extract, it appears that the participant would rather pretend that all is well with her than seek assistance. Further on in her interview she disclosed being a victim of rape and not being able to access adequate support which had left her feeling quite betrayed and vulnerable. She also described the stigma attached to being a rape victim, which rendered her even more helpless and afraid to seek out assistance. Participant 5 also described a similar experience when she discussed her perceptions of how others viewed her in terms of offering her support, as she was also a victim of rape.

> ...Not at all, not at all. They are there but they were feeling ashamed like, I don't know maybe, they were ashamed to be seen like my family or what I don't know. I don't know because some things happened was terrible and they have to show it, eh look at this one they find me somewhere… (Participant 5).

She went on to describe the stigma that is associated with being a victim of rape. She described how other people are afraid to be seen associating with her as they may be assumed to be her family members. The stigma attached to sexual violence such as in the case of Participant 5 seemed to be pervasive even in refugee circles. In addition, in many African cultures, the stigma that is attached to sexual violence is so great that when women came forward with a claim of sexual assault, they risked being blamed and punished for the occurrence of the assault. As a result, many women find it difficult to marry or remain married (Gozdziak, 2005). Therefore, women who experienced sexual violence were expected to keep it to themselves, lest they be ostracised by members of their community.

The above two participants describe a form of associative or 'courtesy' stigma which can be defined as arising from associating with someone who has a stigma attached to them already (Goffman, 1963). This means that people, who associate with another person who has been stigmatised, may experience similar difficulties as that person who was primarily stigmatised. This may result in 'normal' people suffering from the associative stigma and its resultant denunciation (Goffman, 1963). Therefore, people may not readily associate themselves with a stigmatised individual due to their own fears of associative stigma. It also appears that these participants may have also been 'blamed' in a way for their current circumstances, thus there appears to be a rejection from society. An interesting aspect that has emerged is that stigma is associated with sexual violence, which may warrant further investigation in the future.

Negative Coping.

Negative coping refers to the maladaptive ways in which an individual tries to cope with a stressful situation. Often, refugees experience acculturative stress during the process of adaptation, which arises at various levels in their social systems including their family system, which increases the probability for parent-child conflict (Berry, 1997). Many refugee parents, in adapting to their new environments experience high levels of stress and are unsure of how to cope with this. As such, they may tend to adopt negative coping strategies, which may relieve their stress symptoms in the short-term, but create more problems in the long term. Often the younger members of the family are able to adjust faster to the new situation and aspects such as new languages are picked up quickly, which means that children tend to act as translators for their parents (Martin, 1991). This may also result in intergenerational tension due to these role changes where mothers may feel inferior in relation to their children (Martin, 1991).

In terms of negative ways related to coping, only one of the participants described a maladaptive behaviour. Participant 9 described how she beats up her children due to the stress that she experiences:

> ... So I don't know what will happen ...even sometimes I am tired of my children the first thing I do...then sometimes I beat them because I don't want too much stress. (Participant 9).

Although none of the other participants had disclosed in the interviews that they beat up their children due to frustration, it is important to note that this may be happening and is a means of coping especially among the women who are single parents. This non-disclosure may have also stemmed from fear of how they may be perceived by me. There may have also been some anxiety around trust and that I may disclose information to the shelter, which may compromise their stay there. Although corporal punishment is used as a means of coping with

her stressful situation, the long-term negative impact that this may have on the child also requires attention.

Corporal punishment can be defined as the use of physical power with the purpose of causing a child to experience pain, but not injury, for the purpose of correcting or controlling a child's behaviour (Umubeyi & Harris, 2012). It has been found that mothers from low socio-economic backgrounds tend to use harsh or punitive disciplinary methods in order to control their children's behaviour and prevent them from getting involved in antisocial activities (Kelly, Power & Winbush, 1992). Moreover, the stress induced from economic deprivation may lead to increased tensions and arguments between parent and child (Kelly et al., 1992). Stressful life events such as death of family members can also increase the likelihood of the use of punitive measures of discipline among parents (Umubeyi & Harris, 2012). This can also result in a cycle of violence that is maintained through various generations. Another potential factor in the use of corporal punishment among refugee women is the lack of social support and isolation that they feel (Umubeyi & Harris, 2012). Parenting in a new environment with little support can be a very lonely experience. The isolation from extended family and the community is associated with physical abuse of the child and other maladaptive parenting styles, which eventually results in child conduct problems (Durrant, 2003).

Participant 7 described her wishes to be dead as a way of coping rather than face the challenges that she currently faces.

> ...Yah, sometimes when eh, something hurt me of if I'm upset or if I'm sad I just wish I just die without facing this problem. I just wish also to be dead to die like the other one, coz, maybe they are just, they are just relaxing where they are, Yah. That's what I'm thinking about when I'm sad. (Participant 7).

This was a sentiment also shared by Participants 8 and 9. In addition to experiencing ongoing trauma, these participants were also faced with poverty when they arrived in South Africa. This created greater challenges in terms of coping in their new environments. Some of the long-term effects of trauma include aspects such as fear, anxiety, depression, anger, hostility, risky sexual behaviour, poor self-esteem, and increased substance use (Evans, Spirito, & Celio, 2007). A link exists between individuals who have histories of trauma to an increased likelihood of suicidal behaviours across demographic groups and among a number of populations (Murray, Macdonald, & Fox, 2008).

Suicidal ideation among females tends to be overlooked due to lower rates of suicide among females relative to men (Canetto, 2009). However, taking into consideration morbidity and mortality together, females have the greatest risk of suicidality (Canetto, 2009). Although reports indicate that suicide rates among women to be much lower in Africa compared to various other parts of the world, newer reports indicate that suicide among women in Africa is increasing (Meel, 2009). Research conducted by Kizza, Knizek, Kinyanda, and Hjelmeland (2012) demonstrates that one of the main themes contributing to suicidal ideation among Ugandan women was not having control in one's life. This lack of control was reflected in four subthemes: distribution of labour and power, inability to fight, change of role in marriage, and health of self and children (Kizza et al., 2012). Another interesting contributing factor in the above-mentioned study included the perceived loss of love or care from those they valued. Moreover, the study pointed to feelings of hurt or pain, anger, fear, and feelings of betrayal as emotions underpinning the lack of control in life, while feelings of rejection, neglect, isolation, loneliness, jealousy, or abandonment are related to the lost love and care (Kizza et al., 2012). Some of these emotions can also be linked to the life circumstances of the participants in the current study, which may have contributed to their suicidal ideation.

Spirituality and religion.

Spirituality and religion emerged as an important component in the lives of the participants. All of the participants, except for Participant 9, discussed an aspect of spirituality or religion that has helped them, to cope with their circumstances. For example, participants 1, 7, and 10, described their belief that God had helped them overcome their challenges.

> ...Let me just don't give up. Yes and I know God will help me, no matter what. (Participant 10).

> ...Yah it makes me feel better when I'm busy praying for my God… I appreciate what God has done for me...Yah, I pray a lot. I do some fasting three days a week. (Participant 7).

> ...my sister, she was on diet, she was not eating all the food, so it was difficult, we have to do some piece work so we can find food, but God helped. We were sleeping with hunger ...someday we just eat porridge with hot pap and my sister she couldn't eat porridge so, it was very difficult but God helped, we survived, now we don't, we no more sleeping with hunger. (Participant 1).

The participants placed great emphasis on spirituality and often turned to prayer during times of need. This is an important aspect for consideration especially in the planning of future interventions. As discussed in the literature, religion or spirituality operates in varied ways as it shapes the experiences of refugee women, serving as a source of resiliency as it both facilitates and impedes integration processes (Gozdziak, 2005).

Retention of own culture.

Some of the participants discussed the importance and difficulty of retaining aspects of their own cultures while living in South Africa. Participant 3 described the influence of language on her children, while Participant 2 spoke about food from her own culture.

> Mhmm, yah they speak English, more time they speak Z-English just when we meet at home maybe they can, you speak to them Swahili, and then they respond. But when they are among themselves they are just speaking English. (Participant 3).

> I didn't change many things, I didn't change many because I feel like my culture is good sometimes I still even the eating, I always want to eat to look for my food. (Participant 2).

The above extracts demonstrate the ability of these participants to maintain continuity in the face of change. Participant 2 tried to maintain her mother tongue with her children while they were at home. Participant 3 tried to maintain some of the traditions of the food from her country of origin as this not only helped her to reconnect with aspects of her past, but she was also able to eat the cuisine that she obviously enjoyed. This is in line with the literature that states that along with resettlement, refugees often find that they have to reorganise themselves in a manner that may bring about a shift among meaning and identity which may be complicated by new physical and social environments (Spitzer, 2007).

The above extracts also show that identity is not fixed; but rather is in a constant state of fluidity. Although identity is seen as a process and a resource that can be utilised, it is often defined by the social location, socioeconomic status and cultural context that an individual finds themselves in (Spitzer, 2007). Thus, Ehrkamp (2005) maintains that disruptions in spatial relations can lead to greater opportunities for people to create new patterns of socialisation with other members of society, which may then lead to increased social cohesion and an adjusted identity construction.

According Bhabha (1996), the travelling between various homelands can lead to an increased hybridisation of identities where various interpretations of self and community are constructed under unequal circumstances. Such an example can be seen in the study by Okeke-Ihejirika and Spitzer (2005) where they found that second generation women were able to successfully negotiate the gendered expectations of their families and their desire to

maintain a cultural identity while at the same time being able to integrate some of the mainstream discourse of freedom and choice.

Generating an Income.

Being able to trade informally has helped a few of the women to cope with their external stressors by providing an income.

> I'm selling outside, that's how I start. Before I was working for one lady, selling for her, she was giving me R200 per week (Participant 3)

Participant 2 was the only participant who reported receiving some form of support from her boyfriend who lives at another shelter in Johannesburg.

> ...but my boyfriend was getting something a few thing was selling socks anything on the streets but I was as long as I was in the shelter they were giving us soap, all the basics. Yah so it keep me a little bit. (Participant 2).

However, many of them who did trade informally discussed the difficulties inherent in this due to the xenophobic attacks in 2008. Since then it has proven difficult for the participants to be able to move forward in terms of informal trading. This is in line with research conducted by Landau et al. (2005) and CoRMSA (2009) that suggest that one of the causes of xenophobia is the threat posed by foreigners to South Africans in terms of livelihood opportunities as well as access to social services. The exploitation of refugees by Johannesburg's police poses a great challenge for women who trade informally on the streets of Johannesburg (Landau, 2006). Many of the participants also disclosed their fear of harassment by the Metro police officers who regularly confiscated their goods as well as their identity documentation leaving them without documents. Landau and Jacobsen (2004) observed similar findings where they found that refugees also had to stoop to the level of

paying bribes in order to prevent possible arrests and deportation. This highlights the fragile context within which refugee women find themselves in with very little sense of safety and security in their lives.

While some of the participants traded informally, others such as Participant 3 turned to prostitution as a means to generate an income.

> ...You get money to feed your child. Like in my language they say the money, for money there's what? There's no smell or money. Whichever you get it from your job, whichever you prostitute, whichever you steal, whichever what what what what the money coming from, you can't tell. (Participant 3).

Turning to sex for survival has become a strategy that is used by many women in order to provide care for their families. Since many of the women are unable to find employment (Ragunanan & Smit, 2011)), this method of generating an income may be the only way to survive. Yet, this method of survival is accompanied by great risks to both themselves, as well as their families. High levels of victimisation, HIV transmission and assault of sex workers have been reported across the globe (Goodyear & Cusick, 2007). Yet, despite their knowledge of the risks involved, women are forced to turn to survival sex to make a living. The complex vulnerabilities of refugee women, which stem from a legacy of oppression and the multigenerational effects of social isolation, discrimination and entrenched poverty (Culhane, 2003) may also contribute to their decisions to turn to the sex trade as a means for survival.

Although some of the stories appeared slightly exaggerated, some of the participants were also weary of disclosing too much of information. While they openly discussed their current methods of income generation such as informal trading, others were not as clear as to what exactly they did that helped them to cope financially. This may have been attributed to a deep sense of mistrust as a result of the xenophobia and negative treatment that they had been exposed to. In addition, there may have been some shame attached to disclosing what they

did for a living. Moreover, having only met them once-off may have contributed to a sense of distrust among them. If the interviews were held over a few a few days, I may have gained a deeper sense of trust and gathered more in-depth information.

I also noted the humiliation that Participant 3 felt when narrating her story. She sobbed uncontrollably during the interview, to a point where I had to stop the interview in order for her to compose herself. This emotional reaction was significant in that it demonstrated the anger and disgust with which some of the women perceived themselves due to their methods of income generation, which may require further investigation. It was also challenging to maintain my neutrality as the room was filled with the heaviness of the participant's emotions. However, upon reflection, I interpreted the reactions and emotions in the room as the inner turmoil that the participant was experiencing at that time. This in itself highlights the highly tumultuous lives of refugee women and their struggle to survive.

Adaptation and Assimilation

Although several of the women talked about their struggles in making ends meet and their challenges with adjusting to a new environment, many of them also described aspects of themselves that they found had changed from the time that they had arrived in South Africa. For example, Participant 1 described the difference in the way she dresses since her arrival.

> ...ehm, I don't know what to say this but, is too different. Because the way I was in Congo is not the way I'm still here in South Africa. And they say the way I was dressing is not the way I'm, I was dressing, I'm dressing here in South Africa...(Participant 1).

Participant 1 described herself as adopting a more 'westernised' style of dress such as jeans and T-shirts whereas in her country of origin, she wore more traditional clothes. She also described how she felt more accepted and integrated when she dressed in a similar manner to many others around her. This also prevented her from standing out in a crowd.

Participant 2 described how being able to integrate and mix with others from different backgrounds proved to be an important factor that positively assisted her to cope. Being more culturally sensitive also seemed to help her with her acculturation process.

> ...Yah, I have adapted to live with different people, different people from different countries I come even to know some other behave of other people from other countries... I know how to live with them, how to be friend with them. Sometimes people they say leave that one, and I say no she is fine, she's fine, just if you understand her, she's fine is she is behaving like this according to her culture where is she is coming from yah...(Participant 2).

She further explained how this had created important networks for her in terms of support systems and navigating her way through Johannesburg. As discussed above, language plays an important role in facilitating acculturation, but can also hinder the process. However, the findings demonstrated that many of the participants had learned the local language, which had enabled them to seek assistance. Participant 3 described a situation where she was forced to learn the local language in order to access public transport.

> ...yesterday, the taxi there I asked them yesterday I was late for my taxi and then they told me I don't know how to ask and then they that's man told me I speak only Zulu. Then they tell me no no no if you want a taxi you must say so so so so, I say ok sharp. The next day I just come ngifuna ama taxi ese Joburg. (Participant 3).

From the above, it seemed that although conflict does exist between people from various ethnic backgrounds and cultures, being able to assimilate is an important aspect in coping.

Skills development.

Most of the participants gave accounts of the new skills that they had learned that had helped them to cope in the inner city. Although many of these skills were taught at the

shelter, the participants felt that they could utilise these skills to improve their life circumstances in the future. This is illustrated in the extracts below:

> ...I feel like now I can't do anything because now I'm in the shelter I'm training myself because here at the shelter they good to us, the woman he give some courses, for sewing course. When I learn the things maybe I will make something. I want to provide my kids little money (Participant 6).

> ... I can just go down to the place to help the teachers, to sing with the babies, to dish for them (Participant 8).

> ...Ya I do we use to go and plat the hair sometimes because that is my skill which I use a lot (Participant 9).

The varied skills that are learned provide a resource for some of the participants to cope under their difficult circumstances. This has important implications in an ecological context as it demonstrates the interactive nature between the participants and the environment. By utilising the skills obtained, they are not only improving their own lives, but are also contributing to the economy by providing a special skill in the form of human capital such as hairdressing or child minding. Moreover, this creates a more positive outcome for the participants in terms of improved self-esteem and sustainability.

Current Perspective of Life in Johannesburg

Apart from discussing their challenges and coping mechanisms, many of the participants also shared their views on their general perceptions of living in South Africa. Although there appeared to be varied views, some of the participants provided a positive general account of living here while others felt that they would prefer to go back to their own countries. Participants' experiences of living in South Africa varied in terms of the different periods or phases of life. For example, some of the participants described extreme difficulty in terms of meeting their basic needs, which eventually seemed to improve from when they

first arrived in South Africa. Others related a more positive experience upon arrival, with an eventual decline toward more negative experiences as they spent more time in the country.

> Haah, I would, I, I always like to give people hope, people who come they think that oh it's the end of the world, and say no there is always hope yah. I always encourage them when I look and I always tell my situation to people. Things were not fine, things were dark, you don't know where you are going really, you don't see the future but it worked (Participant 2).

Participant 2 has used her own experiences of life in Johannesburg to instil hope and to encourage other new refugees entering the city. Participant 2 can thus be seen to provide an important resource to other women in this regard, which can be interpreted as the cycling of resources. Similarly, Participants 1, 6 and 8 explained the change in their initial negative perceptions of the inner city.

> ... So I felt like South Africa is the worst, worst country I ever seen in my life. But now, its better, I 'm staying in shelter, I'm staying in a safe place. I don't think there's anyone who can find me here in this shelter. And we have a full protection. I don't feel anymore the way I used to. (Participant 1).

> Like I say now I'm better, when I came here I'm hatred, hopeless, darkness everything but now I see love somebody before I think of somebody he think about us. (Participant 6).

> One thing that it worked, my health, when I was at home I was sick but here its fine, my fine yah, everything is there, the hospital is there, the treatment, even the food and also like at home life was difficult, life was not easy yah. Everything is there, I see, ever since I came my health is stable. (Participant 8).

Similarly, for Participants 7 and 8, basic needs were not being met.

> And then I come with him to work here, ah, she didn't show me nice heart I see she start to change to me I was sick she didn't want to take me to hospital I didn't have permit. She told me here in South Africa you can't go to hospital if you don't have permit. She didn't want to take me anywhere to Home Affair she didn't do anything for me that time…(Participant 7)

Participant 8 described the material difficulty in gaining access to medical care**.** Further discussions with these participants showed the change in circumstances as their stay in South Africa progressed. Participant 1 described her perceptions of her current circumstances.

> Ya, that's what makes me feel different because out there (in Congo) I was not protected, I had no one who was supporting me. (*pause*) So here I feel protected. Ahh I'm a very different person. I'm not the same person. (Participant 1).

Participant 8 also gave a different picture to her initial negative perception of South Africa.

> Nice now because I am free. I am very happy now. I greet my mother everywhere. I go to hospital I'm very happy. (Participant 8).

The above excerpts demonstrate that although the participants initially felt unwelcome and mistreated in South Africa, their negative experiences tended to change as they spent more time in the country. They were able to access basic services and were able to overcome some of their initial challenges. Apart from the above two cases, three other participants also had similar experiences, of negativity upon arrival, which changed to a more positive response as they continued to live in South Africa.

Out of the 10 participants interviewed, three wished to go back to their countries of origin, as they felt unwelcome in South Africa. Participants 4 and 7 described their experiences:

> ...In South Africa totally it is wrong for me. There's poor communication with the people living around here. If you go, if you go to South Africa, in the, in the Home Affairs they shout, you go to the hospital they're shouting. There's no one who will welcome you like; Oh how are you, how is the baby, Oh how are you feeling, is there any feeling. Because the way they teaches people in the nursing course is different from here (Participant 4).

> ...What has not been good for me is to live with South African people as I have told you they are so rude, to the clinic, to the Home Affairs, JRS, everywhere, on our way in the bus if we don't speak their language it won't be easy to survive to live with them or to talk to them, coz if you talk to them in English they just talk to you in a South African, if you don't talk that language he will just shout you and insult you and just keep quiet, yah. That's the problem I have to leave those people in South Africa and go back home... (Participant 7).

The above extracts demonstrate the hopelessness that continues to remain with some of the participants. The fact that they were willing to go back to their homelands where they have to endure high levels of conflict even possibly putting their lives at greater risk, shows the overwhelming stress and unhappiness that they have experienced in South Africa. The difficulties that they have experienced in the acculturation and assimilation process contributed to their inability to cope with the demands of a new society. As discussed previously, feelings of isolation accompanied by high levels of mistrust may have also thwarted efforts at assimilation. In addition, the hostility that they have faced may have also contributed to their challenges in trying to assimilate with the host society.

I also noted the negativity that surrounded these participants. They seemed to be stuck in a cycle of pessimism and hopelessness. It was interesting to observe the fondness with which they referred to many of the things back home that they wished that they could access in South Africa. These feelings of longing for aspects of their lives that were now lost seemed to be all-consuming and as such there remained little space for them to accept or adapt to their new situations.

The Changes that Refugee Women Would Like to See

The participants were asked what changes they would like to see implemented that would improve their lives in Johannesburg. The emergent themes from the data demonstrated that documentation processes should be improved, that migrants and refugees should be made

to feel more welcome by South Africans, and that job and educational opportunities could help in improving their circumstances. These are discussed below in detail.

Documentation.

An important issue for consideration is the process of documentation and recognition of refugees and asylum seeker permits. Participant 1 described this situation, while Participant 9 recommended that the files be transferred from Musina to Pretoria for easier access.

> Here in South Africa? Ya, ah, there are many changes which I'd like to see. ahm. Like for, what can I say, how can I say it? I would like to see asylum seeker also going to look for job outside there and find job cos most of the time when we go look for job they ask us, ID? And we don't have ID. (Participant 1).

> Ah it's that and for us that like Asylum, like for us Asylum we are taking it to Musina, to transfer it from Musina to here. (Participant 9).

The challenges faced by refugees in relation to documentation seemed to be an increasing cause for serious concern. Home affairs continued to be a major obstacle for refugees. The Immigration Act no. 13 of 2002 makes it possible for the arrest and deportation of people without documentation as they are considered illegal immigrants. However, obtaining these documents from home affairs is a long and strenuous process. Being a foreigner dealing with Home Affairs is not only rife with challenges, but it also leaves them vulnerable to intimidation, bribery and corruption (Ragunanan & Smit, 2011). By being provided with proper documentation timeously, will increase their chances of employment and thus mitigate many of their challenges around material and healthcare needs.

Treatment by others.

Participant 2 described how she would like to be treated by other South Africans:

> ...Yes, I would like to see people more welcoming more friendly toward other people and to understand others, yah because they got also wrong and other people they got also wrong so eh to welcome others to mix with other people other culture is so nice. If you stay with only your culture you will you are missing a lot, if you come to discover other people what they are, what they do and what they can bring you, you will see that you will benefit a lot of thing… yah a lot. (Participant 2).

Participant 9 felt that better treatment by medical institutions could help to improve their situations.

> ...I can like to see also that when you go to the clinic they would welcome you like when they welcome their people but for us it's not easy foreigners. (Participant 9).

Refugees appeared to experience pervasive poor treatment across contexts, both interpersonally and institutionally. A continuous lack of tolerance toward the refugee community seemed to be a common and widely accepted practice among the South African populace. The difficulties inherent in accessing services due to the poor treatment received from service providers continues to be one of the biggest challenges faced by refugee women (Veary, 2011). Veary (2011) also suggests that access to public health care presents a daily stressor due to the discrimination experienced, as well as the ongoing fear, shame and embarrassment of approaching healthcare providers. Making service providers as well as South African citizens in general more aware of the circumstances of refugees, as well as the process of documentation, is imperative in alleviating some of the intolerance that they demonstrate towards refugees.

Education.

Education is considered as one of the most important basic rights of refugees and asylum seekers in South Africa. Education provides children with vital opportunities for cognitive, social and emotional development and the ability to develop their potentials that so that they can contribute to as well as face the challenges of the society. Article 26 of the Universal Declaration of Human Rights recognises and guarantees the right to education. The South

African Bill of Rights states that access to basic education is the right of every individual irrespective of nationality. Similarly article 27 (g) of the South African Refugee Act 130 of 1998 states that refugees are entitled to the same basic health services and basic primary education received by the inhabitants of the Republic from time to time. The South African Schools Act, 84 of 1996 also affirms that no individual should be refused admission to public school because they are unable to afford the predetermined school fees. This policy also provides that all schools must have an exemption policy in place in order to assist impoverished pupils, including refugees and asylum seekers, to meet their educational needs. Participant 3 described the importance of education in the lives of refugees:

> ...Yah I told you my life will be happy its Uh it will be changes. My kids when he gets good education, I'll be happy. (Participant 3).

However, in reality, there are major problems in achieving the right to basic education for all refugees, which further increases problems of integrating refugees and asylum seekers through educational institutions. These problems include rejection of refugees' children by some school heads, payment of school fees and provision of educational materials, xenophobia, ignorance of the rights of refugees and asylum seekers in the country and the problems of getting relevant documentation for accessing educational institutions in the country. The response from Participant 3 above demonstrates these difficulties in accessing education in South Africa. She went on to explain that some of reasons for not sending her children to school were the inability to pay the school fees and the provision of other educational support materials as she was unemployed. Although she and other participants seemed passionate about their children's education, they seemed to be faced with too many obstacles that prevent them from accessing this basic right. Preventing children from going to

school due to inability to pay fees can lead to detrimental effects not only on their families, but also to the society in general since education treasures the development of any society.

Positive Perceptions of South Africa

Apart from the above recommendations made by the participants, many of them also felt that that their perceptions of South Africa in general have changed since their arrival. Below are important positive aspects in terms of how they perceive their futures in Johannesburg.

> ...Ya we are thinking positively. Before I thought I will never have future, I thought no more future anymore, no more going to school no more, but now I think I'm still having future. In my future I might go back to school I might do my own things which I wish to do in future. (Participant 1).

> I am so happy, I am so happy to live in South Africa really, it's a really good experience of my life. When you sit we sit even with other people from my home. We always say ah if we go back we will be changed people (Laughter)… We will be different from people that we left at home coz we learn a lot, a new way of living, really, we are gonna really change. (Participant 2).

> ...Mhmmm, to me something, something I see was good to me is yes good in I'm happy because today hospital, I can talk about the hospital, and this house I'm staying. (Participant 8).

While many participants described positive experiences, some also described feeling ambivalent about their experiences. For example, Participant 7 explains below:

> ...Ah positive is eh because I meet those three organisations who encouraged me, if it wasn't like that I shouldn't be alive until today, Yah, coz yah this country is not good (Participant7)

> ...No matter, no matter, even the way we are working here, you will feel it. Yes... that is the big thing... Yes! I still find that, it's difficult. It's difficult...

Taking into consideration the above recommendations could greatly assist refugee women in better navigating their way in the inner city of Johannesburg.

Conclusion

This chapter presented the findings of the research as it was obtained via interview data and information from my reflexive journal. Overall, various factors were found to impact upon the coping and adaptation mechanisms employed by the research participants. The challenges experienced by the women provided an important backdrop to understanding the strengths required to cope and adapt to their new circumstances. Participants demonstrated various challenges that needed to be overcome in order to sustain not only their own well-being, but that of their children as well. The themes of how the women coped noted some of the salient processes of change that they underwent as well as the role-changes that occurred within the participants' families. The ability of the participants to fulfil these new roles and to manage the redefinition of the family was then identified to be mediated by how the participant had adjusted and coped with their new set of circumstances. The existence and importance of these interrelationships, and the possible deeper meanings behind them are discussed in the chapter that follows.

Chapter 5:

Discussion and Conclusion

Introduction

This discussion chapter focuses on enhancing the understanding of the findings of this study. It centres on the perceptions of the participants coping and adaptation processes employed by the participants. An ecological perspective is applied to the findings in order to provide a greater in depth understanding of the interrelationship between external environments and participants' internal methods of coping and adaptation. A synopsis of the study is provided following the above discussions as well as concluding comments. In addition to this, some of the limitations of the study are discussed, and areas for potential future research are identified.

Discussion of Findings

Challenges that occurred and that have been discussed by participants can be understood to be a result of an individual's reaction and interactions surrounding the problem, as well as their coping mechanisms utilised to cope with some of their difficulties such as material needs as well as internal and external stressors. As such, these interactions and reactions that occur can be understood in terms of an ecological model, which places emphasis on the interrelationships between the participants and the contexts in which they reside as well as the reciprocal, interactive processes occurring between multi-level contexts (Bronfenbrenner, 1979; Harvey, 2007; Kelly, 1968).

This study acknowledged the various factors that affected the way in which women refugees perceived their circumstances, especially exploring the factors that contributed to the

way in which they coped with their difficulties. Of these factors, the participants' ability to deal with their challenges experienced in the inner city of Johannesburg was noted to be a strong determining factor in their eventual ability to adapt and cope. This is in line with previous studies where resilient individuals demonstrated brief experiences of uneasiness in normal functioning, when faced with adversity but generally displayed with a stable approach to healthy functioning over time (Bonnano, 2004).

Interdependence of the various ecological systems.

An important aspect of this research was not only exploring the strengths and adaptations of refugee women, but to also understand their social environments and the interdependence of both on each other. An important idea deriving from the ecological perspective is that of the ‘‘goodness-of-fit’’ between individuals and their environments. This implies that environments that are more balanced provide the necessary resources, protection, and support at suitable times in suitable ways, whereas antagonistic environments hamper development and the ability to cope owing to a lack of suitable environmental supports (Greene, 1999). Thus, as a transactional setting, community structures can negatively and positively impact individual and collective results depending on the goodness-of-fit between the refugee women and their surrounding environment.

Some of the participants reported that learning new skills such as attending sewing courses, learning how to care for young children and hairstyling, had a positive impact on their current circumstances. This forms an important part of the interactive process that occurs between the women and their environments, wherein the new skills that are learned allow them to contribute to the environment or community. This in turn can have a positive impact on the economy. In addition, this can then address some of the material needs

discussed by the participants such as providing food, shelter and education for themselves and their families.

From an ecological perspective this can be viewed as a human environment system which is characterised by equally overlapping transactions wherein refugee women adjust to (i.e., situationally constraining or promotive), and in turn, endeavour to modify the environment in an effort to further these goals (Stokols et al., 2013). This can be seen in the various ways by which they earn a living such as informal trading, which allows them to educate their children, who in turn may contribute to the system in the future. Resilient systems exist when both processes of adaptation and modification are positive and mutually support the overall goals leading to a more productive and sustainable outcome (Stokols et al., 2013). This was evident in the participants' current perspectives of life in Johannesburg where they found that their lives started to improve with time. As a result, they were able to serve as a source of encouragement to other refugee women who newly arrived to the city. This then creates a system wherein, refugee women are not only supported by their host communities, but are able to use this support to adapt to their circumstances and eventually contribute back to society.

The women also engaged with patterns of environment–behaviour (E–B) transactions where changes in the environment brought about a variety of responses (individual, organisational, or societal). Some of the women, who can be seen as part of resilient systems, where the environmental changes encourage them to make various changes in their socio-physical environment, are thought to enhance the level of fit between themselves and their surroundings (Stokols et al., 2013). These modifications in turn induce subsequent behavioural changes, which can bring about even higher levels of human–environment fit. These environment behaviour responses is evident in some of the experiences of the participants wherein some of them described changing their dressing and eating habits as well

as learning a new language in order to maintain a close fit between themselves and their environments. These transactions involve more than simply observable behaviour but also include subjective understandings and perceptions of the situation. These interactional cycles of mutual influence between environments and the behaviour result in a pattern of continually developing and mutually adaptive transactions (Stokols et al., 2013).

Thus, in looking at the various systems within which refugee women interact, a dual process of adaptive transactions seem to occur. By developing new skills and utilising these skills, they are both improving their own lives, while at the same time contributing to the economy by providing a special skill in the form of human capital such as hairdressing or child minding. In addition, refugee women also brought with them an array of traditional and cultural aspects, such as the loyalty and care that they share with their families and friends and the introduction of their rich traditional histories to their host communities. This impacts on the host community, which in turn, starts to adapt to and incorporate the new traditions and cultures that are introduced to the system creating a new, more holistic system which enhances the human-environment fit as discussed above.

The findings of the present study also demonstrated that the communities wherein refugee women find themselves are frequently antagonistic environments where they are forced to deal with negative life situations, such as crime, poverty, unemployment, xenophobia, and social isolation. Thus, not all outcomes were positive due to the hostility and above-mentioned challenges in their host community, which in turn has led to less contribution due to the sense of hopelessness that they felt. Here, an antagonistic system starts to develop, wherein, there are no mutual benefits or gains that are experienced within the system, which then adds to the cycle of continued hostility and hopelessness, creating an unhealthy and unbalanced system. Thus, this leads to an important discussion surrounding the dynamic process of coping and adaptation.

Strengths and Adaptations of Refugee Women.

From an ecological perspective, it becomes clear that as the structure of societal units change, ways of dealing or coping with these changes also shift. This then results in a change in the behaviour of people who form adaptive or maladaptive roles within a specific context (Drumm et. al. 2003). The results of the present study indicate that participants' mechanisms of coping and adaptation altered when faced with various circumstances. Whereas some of the participants faced great challenges at their initial entry into the city, this seemed to change as they learned how to navigate their way around the various systems in place. However, for others, a positive initial experience of the inner city slowly turned into an unhappy one. This may be attributed to the way in which specific contexts are perceived especially when challenges and difficulties in meeting basic needs go unmet. Still other participants displayed patterns of being able to cope and adapt while at the same time also displaying psychological vulnerabilities, such as depressive symptoms.

This is in line with research that states that the concept of resilience can be viewed as a dynamic process with an understanding that resilience can grow or decline over time depending on the interactions occurring between an individual and their environment and between risk and protective factors in an individual's life (Werner & Smith, 1992). Therefore, as seen from the results of the study, the women presented as resilient at certain times - and not at others - depending upon the circumstances and relative strength of protective factors compared to risk factors at the given moment (Winfield, 1991). Some of the participants were able to maintain a positive attitude when they could utilise their skills to generate incomes, yet when their circumstances turned negative, such as when the Metro Police raided their businesses, they were left feeling very helpless. However, in time, they were also able to move from the helplessness to find other means of generating an income. This process of

moving from growth to decline and then growth again formed a large part of the women's experiences. Thus, the resilience that was demonstrated by the participants can be viewed as a dynamic process with a focus on the interplay between certain individual characteristics and the broader environment, a balance between stress and the ability to cope, and a dynamic and developmental process that is important at life transitions (Masten, 1994).

Process of Acculturation and Adaptation.

The process of acculturation and its relation to the environment is another important aspect to consider in the exploration of the participants' ability to cope. From the results, it can be seen that some of the participants found themselves changing certain aspects of themselves such as their style of dressing and learning the local languages in order to adapt to their environments. This can be interpreted as a socio-cultural adaptation wherein a group of external psychological outcomes connects the participants to their context such as the ability to deal with daily stressors, e.g. language barriers (Ward, 1996). A third adaptive outcome which was later introduced, is the *economic adaptation* (Aycan & Berry, 1996). This outcome speaks to the degree to which work was obtained, was satisfying and was effective in the new culture.

While for some of the participants, this seemed to occur naturally, for others it proved to be more difficult in terms of giving up traditional ways of doing things in order to accommodate their new environments. This corroborates with Berry's (2007) model of acculturative stress, which suggests that stress reactions can lead to symptoms such as anxiety and depression, which in turn can influence an individual's psychological and socio-cultural adaptation.

Other factors such as age, gender, religion, and educational level were also found to be important in the course of the process of acculturation for the participants, as they tended

to promote or hinder their adaptation, with social support being one of the most obvious. The results of the study demonstrated that younger participants seemed to adapt more easily than their older counterparts did. However, it was also seen that a few of the older participants (who have also spent a longer period in the inner city), also presented with strong characteristics representative of their host environment such as knowledge of where to go for assistance and adaptation of general lifestyles. Social support, in addition to its effects on well being, also served the function of protective buffering against the negative psychological effects or stressful life events experienced by the participants (Renner et al., 2012). This can be interpreted as psychological adaptation, which speaks to a group of internal psychological outcomes such as a positive sense of personal and cultural identity as well as good mental health (Ward, 1996).

Kelly's (1968) succession principle speaks of an individual's preferences for exploration, which enables them to assume more adaptive roles as the environment becomes less constant and more fluid. Thus, depending on the extent to which an environment is approaching constancy or fluidity, changes within the participants varied according to the coping preferences, which also influenced their adaptive or maladaptive roles. The study highlights that participants who demonstrated an interest in exploring new ways of coping and who presented with a general positive outlook on their lives found the process of adaptation easier than those with perspectives that are more negative. This meant that some of the participants could incorporate role changes that called for temporary abandonment of previous traditional roles such as homemakers and taking on new roles such as that of breadwinners. The results also demonstrated another important role change where some of the participants who previously held high-ranking official positions with very little financial difficulties in their countries of origin, now had to take on roles such as mothers or caregivers in order to sustain their families' needs. This is in line with previous studies conducted where

acceptance and adapting to new roles seem to part of the natural process of transition in their new societies (Gozdziak, 2005; Radan, 2007).

Maladaptive coping styles were also acknowledged in the results, where some of the participants turned to abusing their children as an outlet for coping, while others preferred to be 'dead' than to face their current circumstances. These particular participants also demonstrated low levels of motivation and did not have adequate support structures in place. This may also have resulted from the stress associated with role changes which accompany migration.

Integration of Social Systems.

Migrating to another country is filled with both challenges and potential opportunities. In this research, the experiences of women from four different countries, brought together by forced migration was explored. The findings indicated that the women drew on both personal and community resources and that the women have tried to reconfigure their social support networks, identities and sense of belonging in South Africa. Despite severe challenges, wrought by social, political and other, immediate forces, some of these refugee women were able to recreate meaning for themselves by creating new linkages and imbuing different activities with new meaning. A loss of kin networks meant that there was a significant loss of status. However, some of them had created new social networks as well as meeting others in prayer services, activities that resonate with their homelands while in South Africa.

Broader social and institutional forces controlled the ways in which the women reconfigured their lives. Generally, they were restricted to low socio-economic status conditions, precipitated by lack of recognition of their qualifications and knowledge. In addition, the loss of family members had significant repercussions for women in terms of support and forced them to redefine gender roles. However, despite these obstacles, they were

able to make sense of their new contexts, to forge new relationships with others around hybrid identities and places of belonging. Moreover, the presence of the refugee women started to bring about an integration of two different social systems, where each system influenced and was influenced by the other. These influences can be seen in laws passed down that protect the rights of refugees on a national level to the basic skills being passed down at a more grassroots level.

Previous Educational Experience.

In contrast to other studies such as Renner et al. (2012), previous educational experience did not seem to play a significant role in the coping and adaptation mechanisms employed by the participants. Majority of the women with previous tertiary education seemed to react similarly to their new environments to those with less educational experience. It may also be suggested that some of the participants who had prior tertiary qualifications and held high-ranking positions pre-migration, may have found it even more difficult to adapt to their new environments due to the lower status that they now held. Adapting to this new way of life that appeared rife with challenges seemed to place all of the women, despite educational levels, in positions of vulnerability. An important driving force for the participants was to ensure their own as well as their families' survival. This meant sometimes placing themselves in vulnerable situations, such as turning to prostitution, to ensure this survival. As such, the high moral codes that many of them held in their previous positions of power, in their countries of origin, had to be abandoned. This may have also contributed to the internal conflicts in accepting their new circumstances.

Participants' Self Perceptions.

The participants' perceptions of themselves also appeared to play a vital role in the mechanisms that they employed to cope with their circumstances especially within cultural and religious contexts. Understanding the social context of women is important when examining the place of women within traditional religion (Wangila, 2010), since different societies have different cultures and every culture has certain distinctions when it comes to gender. Thus, since in many societies, patriarchy is justified by religion, attitudes toward women are not only influenced by the way they are treated by their families and society, but also by the way, women perceive themselves. Many of the participants in the study, although initially demonstrated resistance in seeking out employment or other means of securing monetary assistance, were able to overcome this by actively taking charge of their lives. Their initial perceptions regarding gender roles that may have been influenced by particular societal and cultural norms were altered in a manner that would be more beneficial to them in their new environments. However, many of the women also managed to maintain some of their traditional characteristics such as food and prayer, which helped them to cope under difficult circumstances. Thus, the importance of the way in which the participants perceived themselves and the role that they played in society influenced the way in which they were able to adapt to their new society. Positive perceptions of themselves and their futures may contribute to positive adaptation mechanisms while negative perceptions of self may appear less favourable leading to challenges in their adaptation. These perceptions are greatly influenced by their environments and the impact that this has on them. Furthermore the extent to which the participants make an impact on their environments also influences the way in which they view themselves, either in a more positive or negative manner.

Similarly, self-efficacy theory explains the importance of an individual's self-judgment about their capacity to organise and perform the tasks that are necessary to achieve desired goals (Bandura, 1989). Thus, participants who perceive themselves as unable to perform certain tasks may see their difficulties as overwhelming and may avoid problem-solving activities, even though they may possess the necessary skills to address challenges (Bandura, 1989). In the study, although they were faced with various challenges, many of the women demonstrated an ability to use problem-solving techniques to address their challenges.

Individual versus Collectivistic Orientations.

According to Green et al. (2005), a clear sense of individual agency and autonomy can be seen in individualistic cultures. In cultures that embrace a collectivistic orientation, value conformity, social harmony and responsibility toward group goals are instilled. Thus, the women's conceptualisation of a traumatic event and appropriate resilient response is controlled by the priorities of the individualistic or collectivistic orientation with which they identify (Buse et al., 2013). The results of this study point to a move toward a more individualistic way of being in the world. For some of the participants, the collectivistic nature in which they once embraced their worlds did not seem to be highlighted in the results.

Many of them seemed to resist support and were in fact distrustful of others from their own cultural groups. In addition, many of the participants reported that they had minimal or no contact with their relatives in their home countries. This resulted in fewer opportunities to make meaningful connections with particular supportive networks due to the high levels of distrust that was present. If support was sought out, it came from external associations such as NGO's and religious organisations and not from their own social support networks. As such, this would have meant that more emphasis might have been placed on the

individualistic rather than collectivistic viewpoints that they held regarding their own positions in society. This is important to note especially in relation to the acculturation process and the formation of new identities, as they started to gain more agency over their lives and were not solely reliable on past traditional and cultural expectations placed on them. This can also be seen in some of the participants' openness to counselling which is seen as a predominantly Western intervention. This demonstrates the interactive nature and influence of the environment on the individual.

Radan's (2007) study demonstrates how forced migration provided opportunities to escape from abusive partners and oppressive social systems in their country of origin. Similarly, refugee women that were interviewed by Rugunanan and Smit (2011) reported that despite their traumatic experiences in South Africa, they developed 'survival strategies' that enabled them to cope with the challenges of daily living. The present study corroborates some of these findings in that the women experienced opportunities for growth and skills development, as well as personal safety which otherwise may not have been provided for, had they remained in their previous social systems in their countries of origin. However, it should also be noted that despite these positive experiences, several participants presented with some ambivalence about living in Johannesburg.

From an ecological perspective, it can be noted that various facets of the environment influences and is influenced by the interactional process that takes place. In terms of the influence that refugees have over their environments, this can be seen in the various ways in which participants bring their own characteristic skills which can contribute to a more diverse and rich culture given the opportunity. According to Jacobsen (2004), urban refugees often bring with them new or different skills, more business experience than their local counterparts and knowledge of markets in their countries. However, difficulties in accessing formal employment opportunities mean that many of the participants are willing to take

financial risks to run their own businesses whose income can be unpredictable. In addition, xenophobic attitudes on the part of others also affected the women as they traded on the streets of Johannesburg.

Recommendations for Change

It was clear from the study that this group of refugee women faced ongoing challenges on a daily basis. Nearly all of the participants highlighted material needs, such as food, income, employment and education. Although they had some contact with service providers, participants described this as minimal or inadequate especially with regard to meeting their material needs. In addition, the discrimination experienced by many of the participants could not go by unnoticed as it greatly affected their ability to adapt and adjust in their new circumstances. Below, I will briefly address some of the implications of these findings for policy and practices with regard to refugees in South Africa.

Humanitarian and psychological services.

The results of the study demonstrate that after receiving psychological assistance, many of the participants were able communicate the effects of their experiences and found wider resources that would help them to cope. However, despite being able to deal psychologically with their challenges, the women go back to homes that do not promote the maintenance of their mental health needs. They often go back to environments that are constantly challenging their sense of self and competence, which further creates a cycle of deprivation and helplessness. It appears that there are not enough humanitarian services available to refugee women in the inner city and it would be beneficial if more of these services were provided. It is suggested that special programmes be set up where refugee

women themselves can be trained to offer such assistance to others as they are better placed to understand the context of other refugee women.

It is also recommended that in light of the important role that these organisations play in the lives of refugee women, they should be provided with the necessary financial as well as human resources that will allow them to continue supporting the basic needs of the refugee communities. Creating awareness on the plight of refugee women living in the inner city could help garner much needed local as well as international support for these organisations such as the Bienvenu Shelter where majority of the participants were temporarily residing.

Employment.

Many of the participants discussed the lack of sensitivity to refugee processes demonstrated by prospective employers. It would be beneficial to create more awareness, sensitise, and educate employers as well as the public on the rights of refugees, especially their rights to work in South Africa. Furthermore, some of the women interviewed discussed the lack of support in terms of both material as well as educational resources that are offered to their children. By providing them with a source of income – either through government grants through parental employment, the challenges that many of the women face with regard to these basic needs such as food and shelter could be mitigated.

Education.

As mentioned above, education for themselves and their children was another important priority for the participants. Although refugee children are accepted into mainstream South African educational systems, it would be beneficial for those parents, who are unable to pay the school fees to receive discounted rates. In addition, awareness campaigns should be created in schools that will allow refugee children to enjoy the right to

an education without being discriminated and stigmatised. By the same token, if refugee women are allowed similar rights to education and offered bursaries that can make this possible, this could help them create mutual positive impact on their environments, which in turn would help to sustain them both financially and psychologically.

Xenophobia.

By creating awareness regarding the refugee's rights to health, education and shelter, which should be directed at schools, hospitals and other official institutions that encounter the refugee population, sensitivity to their challenges can be increased. It is also important for laws that protect the rights of refugees to be strictly enforced, as these can enhance the ways in which they adapt to and maintain a sense of belonging in the community.

Directions for Future Research

This study explored an area of research that is often overlooked, but can contribute significantly to the understanding of the specific contexts of refugee women in their host countries. In addition to further research on refugee women, it may be useful to determine if similar mechanisms of coping are utilised by women from other countries and contexts. While some basic background and history of participants was collected in this study, a more detailed clinical history would be useful in determining the role of childhood experiences in relation to strengths and adaptation processes that occur later on in life. This material can then be utilised to understand the participants' physical and emotional reactions to the forced migration process and the potential positive or negative impact early experiences may have on their lives.

The use of a case study approach could also provide a more complex understanding of an individual's experience by exploring particular meanings attached to the refugee experience.

Possible future research can also look into the integration of the two social systems that are brought together with forced migration and the implications this may have in forming a more hybrid society.

Limitations of the Study

Although this research attempted to take the view of the strengths of the refugee women, the large number of challenges that they experienced was evident in the data analysis and presentation of the findings. This may be indicative of the pervasive challenges that are experienced by refugee women in various societies (Ragunanan & Smit, 2011; Pavlish, Veary, 2011).

Several methodological limitations are evident in the current study. This study made use of a small sample of participants in order to gain a more nuanced understanding of their experiences and as such, the results cannot be generalised beyond the sample studied. However, the in-depth nature of the data obtained is in line with a qualitative approach. In addition to this, the sample cannot be seen as representative of all refugee women living in South Africa, which provided some homogeneity in the way they processed their experiences. As the majority of participants were from specific war-torn African countries, experiences may well differ in other African countries.

One of the major limitations of the study relates to the language differences between myself and the participants, which restricted the depth of engagement or expression of the participants with the interview questions. In addition, I may have interpreted certain expressions in a different manner to what was intended by the participants, which may have

contributed to some bias in the analysis of the data. The once-off interviews, which were used, may have also prevented me from looking at shifts over time.

In terms of the use of interviews, information was self-reported in nature, which meant that the data collected was highly subjective in nature. Although this is in line with qualitative research methods, it limits objectivity in the study. A wish to appear socially desirable may have also influenced the manner in which participants responded to questions. This may be related to the convenience sampling method employed. Since the sample consisted of women from the Bienvenu shelter, there may have been some fear of not receiving services if they did not paint the shelter in a positive light. As such, all the participants spoke positively about the shelter.

Since the interviews were semi-structured as opposed to fully structured, interviews were conducted slightly differently with all participants. These differences may also have affected the results. Barriball and White (1994) suggest that bias may be introduced if questions are asked in different ways. This occurred to some extent in this study, as I attempted to respond to the various needs of each participant. Interpretation of non-verbal signals may have also introduced bias into the study, as this is extremely subjective and I belonged to a different cultural group to the participants. However, the engagement with this small group of refugee women about their lives and in particular the mechanisms utilised to adapt and cope with their situation has shed light on some of the important areas for consideration in improving policies and practices as discussed in the recommendations above.

Conclusion

Refugee women are often described as vulnerable, passive, and helpless victims. Many African women suffered harsh life events such as trauma, abuse, rape, and shame in their efforts to escape violence. In doing this, they have demonstrated incredible power and

fortitude in the face of great hardships and are a tribute to the strength and resilience of otherwise ordinary women. The present study attempted to present a balanced view of African women as survivors in their efforts to negotiate the stages of the refugee process.

The purpose of this study was to explore the mechanism of coping and adaptation employed by refugee women in relation to the challenges that they experience in the inner city of Johannesburg. This report provides some insight, albeit based on a very small sample of refugee women. In addition to their current challenges faced, the report also highlights some of the reasons for their forced migration from the countries of origin, which appears to be a mixture of both political and economic reasons.

The study highlighted the role that language plays in the lives of the women refugees in assisting them in navigating through the various systems that are in place in Johannesburg. Being able to learn and understand basic South African languages has improved their chances of assistance; however, there is little evidence to show that it also prevented them from being discriminated.

The research report points to the role of the acculturative process in the lives of the women. The findings suggest that the women, in the process of acculturation tend toward a more individualised way of coping. Although, there is evidence of association to specific support networks, for many of the participants, they also preferred to isolate themselves against the ongoing fear and tribal conflicts that seem to persist even outside the borders of their countries of origin. In this way, they seem to adopt both collectivistic as well as individualistic orientations in their methods of coping depending on the particular situation in which they find themselves.

Refugee women's interactions with local South Africans may also have an impact on their lives in terms of the expansion of social networks. As discussed, if more South Africans are made aware of the rights of refugees, then some of the xenophobic attitudes that they

display can be mitigated. Another advantage is the resources in the form of skills and knowledge that refugee women can add to the South African economy.

Finally, the findings from this exploratory study suggest the immense resources that refugee women have, however the context within which they find themselves does not allow for them to practice their skills freely. By providing them with the social support and means that will encourage them to develop their skills further, will not only build their confidence but also create a context of mutual benefit for both the refugees themselves as well as the South African communities within which they find themselves.

References

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore, MD: Johns Hopkins University Press.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders: DSM III – R (*3rd ed., Revised). Washington: American Psychiatric Association.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-V* (5th ed.). Washington, DC: American Psychiatric Association.

Ano, G. G., & Vasconcelles, E. D. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology, 61(4),* 461-480.

Aycan, Z., & Berry, J.W. (1996). Impact of employment-related experiences on immigrants' well-being and adaptation to Canada. *Canadian Journal* of *Behavioural Science, 28,* 240-251.

Babbie, E., & Mouton, J. (2004). *The practice of social research*. Cape Town: Oxford.

Balbo, M., & Marconi, G. (2005). Governing international migration in the city of the South. *Global Migration Perspectives, 38.* Geneva: Global Commission for International Migration.

Balls Organista, P., Marin, G., & Chun, K. M. (2010). The psychology of ethnic groups in the United States. University of San Francisco: Sage Publications. Retrieved on 02 March 2014 from www.sagepub.com/upm-data/30900_Chapter4.pdf.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman & Company.

Bariball, K. L., & White, A. (1994). Collecting data using semi-structured interview: A discussion paper. *Journal of Advanced Nursing, 19* (2), 328-335

Beck, J. G., & Sloan, D. M. (2012). Traumatic stress disorders: Historical context and current focus. In J.G. Beck and D. M. Sloan (Eds.), *The Oxford Handbook of Traumatic Stress Disorders (*pp 3-7). Oxford University Press: New York.

Bendall, S., Hulbert, C. A., Alvarez-Jimenez, M., Allott, K., McGorry, P. D., & Jackson, H. J. (2013). Testing a model of the relationship between childhood sexual abuse and psychosis in a first-episode psychosis group: The role of hallucinations and delusions, posttraumatic intrusions, and selective attention. *The Journal of Nervous and Mental Disease, 201*(11), 941-947.

Béné, C., Godfrey-Wood, R., Newsham, A., & Davies, M. (2012). Resilience: New utopia or new tyranny? Reflection about the potentials and limits of the concept of resilience in relation to vulnerability-reduction programme. *Institute of Development Studies*. Retrieved on 08 January 2015 from: www.ids.ac.uk/research-teams/vulnerability-and-poverty-reduction-team/publications/vpr-workingpaper- series.

Bernard, B. (2004). *Resiliency: What we have learned*. San Francisco, CA: WestEd.

Beiser, M. (1994). *Longitudinal study of Vietnamese refugee adaptation.* Toronto: Clarke Institute of Psychiatry.

Berry, J. W. (1997). Immigration, adaptation and acculturation. *International Association of Applied Psychology, 46* (1), 5-68.

Berry, J. W. (2003). Conceptual approaches to acculturation. In K. M. Chun, P. Balls Organista, & G. Marín (Eds.), *Acculturation: Advances in theory, measurement, and applied research* (pp. 17–37). Washington, DC: American Psychological Association

Beyers, J. (2010). What is religion? An African understanding. *HTS Teologiese Studies/ Theological Studies 66* (1), 341-345.

Bhabha, H. 1996. Cultures in-between. In S. Hall & P. Du Gay (Eds.), *Questions of Cultural Identity* (pp 53-60). London: Sage Publicatons.

Bhugra, D., Craig, T., & Bhui, K. (2010). *Mental health of refugees and asylum seekers*. Oxford: University Press.

Blair, R. G. (2000). Risk factors associated with PTSD and major depression among Cambodian refugees in Utah. *Health and Social Work. 25*(1), 23-30.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59* (1), 20-28.

Bowlby, J. (1969). *Attachment and loss, vol. I: Attachment*. London: Hogarth Press.

Bracken, P., Giller, J., & Summerfield, D. (1997). Rethinking mental health work with survivors of wartime violence and refugees. *Journal of Refugee Studies, 10,* 431-442.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3* (2), 77–101.

Bronfenbrenner, U. (1979). *Ecology of human development*. Cambridge, MA: Harvard University Press.

Buhmann, C. B. (2014). Traumatised refugees: Morbidity, treatment and predictors of outcome. *Danish Medical Journal, 61* (8), 1-29.

Buse, N. A., Burker, E. J., & Bernacchio, C. (2013). Cultural variation in resilience as a response to traumatic experience. *Journal of Rehabilitation, 79* (2), 15-23.

Canetto, S. S. (2009). Prevention of suicidal behaviour in females: Opportunities and obstacles. In D. Wasserman, & C. Wasserman (Eds.), *Oxford textbook of suicidology and suicide prevention: A global perspective* (pp. 241-247). Oxford: Oxford University Press.

Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry, 57* (2), 107-19.

Cicchetti, D. (2010). Resilience under conditions of extreme stress: a multilevel perspective. *World Psychiatry*, *9,* 145-154.

Conger, R. D., Conger, K. L., Elder, G. H., Lorenze, F. O., Simons, R. L., & Whitbeck, L. B. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development*, *63,* 526-554.

Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health, 13*, 537–548.

Cougle, J. R., Kilaptrick, D. G., & Resnick, H. (2012). Defining traumatic events: Research findings and controversies. In J.G. Beck & D. M. Sloan (Eds.), *The Oxford Handbook Of Traumatic Stress Disorders (* pp 15-40). Oxford University Press: New York.

Cousin, G. (2005). Case study research. *Journal of Geography in Higher Education, 29* (3), 421-427.

Culhane, D. (2003). Their spirits live within us: aboriginal women in Downtown Eastside Vancouver emerging into visibility. *American Indian Quarterly*, *27*(4), 593- 601.

Davidson, D. J. (2010). The applicability of the concept of resilience to social systems: Some sources of optimism and nagging doubts. *Society & Natural Resources, 23(*12) 1135-1149

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2004). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage Publications.

Dilley, P. (2004). Interviews and the philosophy of qualitative research. *The Journal of Higher Education, 75* (1), 127-132.

Donnelly, M., & Straus, M. A. (2005). *Corporal punishment of children in theoretical perspective*. New Haven, CT: Yale University Press.

Dowling, M. (2007). From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies, 44* (1), 131-142.

Duit, A., Galaz, V., & Eckerberg, K. (2010). Governance, complexity, and resilience. *Global Environmental Change, 20* (3), 363-368

Durrant, J. (2005). Corporal punishment: Prevalence, predictors and implications for children behaviour and development. In J. Durrant (Ed.), *Eliminating Corporal Punishment: The Way Forward to Constructive Child Discipline* (pp. 49-89).Paris: United Nations Educational, Scientific and Cultural Organization.

Drumm, R. D., Pittman, S. W., & Perry, S. (2003). Social work interventions in refugee camps: An ecosystems approach. *Journal of Social Service Research, 30* (2), 67-92.

Ehrkamp, P . (2005). Placing Identities: Transnational attachments of Turkish immigrants in Germany. *Journal of Ethnic and Migration Studies, 31* (2), 354–364.

Evans, A. S., Spirito, A., & Celio, M. (2007). The relation of substance use to trauma and conduct disorder in an adolescent psychiatric population. *Journal of Child and Adolescent Substance Abuse, 17* (1), 29−49.

Fabrega, H. (1990). An ethnomedical perspective on medical ethics. *Journal of Medical Philosophy, 15*, 592-627.

Feagin, J., Orum, A., & Sjoberg, G. (Eds.). (1991). *A case for case study*. Chapel Hill, NC: University of North Carolina Press.

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the phenomenological psychological attitude. *Journal of Phenomenological Psychology, 39* (1), 1-32.

Flood, A. (2010). Understanding phenomenology. *Nurse Researcher, 17* (2), 7-15.

Folke, C. (2006). Resilience: The Emergence of a Perspective for Social-ecological Systems Analyses. *Global Environmental Change, 16* (3), 253-267

Friedman, M., & Jaranson, J. (1994). The applicability of the posttraumatic stress disorder concept to refugees. In A. J. Marsella, T. Bornemann, S. Ekbland, & J. Orley (Eds.), *Amidst peril and pain: The mental health and wellbeing of the world's refugees.* Washington DC: American Psychological Association.

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioural Scientist, 34*, 416-430.

George, M. (2009). A theoretical understanding of refugee trauma. *Clinical Social Work Journal, 38*, 379-387.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York: Simon & Schuster

Goodyear, M., & Cusick, L. (2007). Protection of sex workers. *British Medical Journal*, *334*, 52-53.

Gozdziak, E. M. (2005). Refugee women's psychological response to forced migration: Limitations of the trauma concept. Retrieved on March 01, 2014 from http://issuu.com/georgetownsfs/docs/emg_2005_refugee_women.

Green, E. G. T., Deschamps, J., & Paez, D. (2005). Variation of individualism and collectivism within and between 20 countries. *Journal of Cross-Cultural Psychology, 36* (3), 321-339.

Green, M. (2013). The need for cushions: Trauma and resilience in the life of a refugee. *International Journal of Psychoanalytic Self Psychology, 8* (2), 133–144.

Gupta, A., & Ferguson, J. (1997). Culture, power, place: Ethnography at the end of an era. In A. Gupta and J. Ferguson (Eds.), *Culture, Power, Place: Explorations in Critical Anthropology* . Durham, NC: Duke University Press.

Harney, P. A. (2007). Resilience processes in context: Contributions and implications of Bronfenbrenner's person-process-context model. *Journal of Aggression, Maltreatment & Trauma, 14* (3), 73-87.

Harvey, R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research and practice. *Journal of Aggression, Maltreatment & Trauma, 14* (1), 9-32.

Herrman, H., Stewart, D. E., Diaz-Granados, N., Berger, E. L., Jackson, B., & Yuen, T. (2011). What is resilience? *Canadian Journal of Psychiatry, 56* (5), 258-265.

Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in behavioural and attentional strategies. *Journal of American Psychoanalytic Association, 48* (4), 1097-1127.

Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: A prospective study of Native American women. *American Journal of Community Psychology, 30* (6), 853-871.

Holling, C. S. (1973). Resilience and stability of ecological systems. *Annual Review of Ecology and Systematics, 4*, 1-23.

Hornborg, A. (2009). Zero-sum World: Challenges in conceptualizing environmental load displacement and ecologically unequal exchange in the world-system. *International Journal of Comparative Sociology, (50),* 237-262.

Hussain, D., & Bhushan, B. (2011). Cultural factors promoting coping among Tibetan refugees: A qualitative investigation. *Mental Health, Religion & Culture, 14* (6), 575-587.

Hyndman, J. (2000). Managing differences: Gender and culture in humanitarian emergencies. In J. Hyndman (Ed.), *Managing displacement: Refugees and the politics of humanitarianism* (pp 80-90). Minneapolis: University of Minnesota Press.

Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard, 23* (23), 42-46.

Kajornboon, A. (2005). Using interviews as research instruments. Retrieved on November 08, 2014 from: http://www.culi.chula.ac.th/e-Journalt/index.htm.

Kelley, M. L., Power, T. G., & Winbush, D. D. (1992). Determinants of disciplinary practices in low-income black mothers. *Child Development, 63*, 573 – 582.

Kelly, J. G. (1968). Towards an ecological conception of preventive intervention. In J.W. Carter (Ed.), *Research contributions from psychology to community mental health* (pp. 3-57). New York: Behavioural Publications.

King, D. W., King, L. A., Foy, D. W., Keane, T. M., & Fairbank, J. A. (1999). Posttraumatic stress disorder in a national sample of female and male Vietnam veterans: Risk factors, war-zone stressors, and resilience-recovery variables. *Journal of Abnormal Psychology, 108*(1), 164-170.

Kirmayer, L. J. (1996). Confusion of the senses: Implications of ethnocultural variations in somatoform and dissociative disorders for PTSD. In A. J. Marsella, M. J. Friedman, E. T. Gerrity, & R. M. Scurfield (Eds.), *Ethnocultural aspects of posttraumatic stress disorder: Issues, research and clinical applications.* Washington, DC: American Psychological Association.

Kizza, D., Knizek, B. L., Kinyanda, E., & Hjelmeland, H. (2012). An escape from agony: A qualitative psychological autopsy study of women's suicide in a post-conflict Northern Uganda. *International Journal of Qualitative Studies on Health & Well-Being,(7)* 18-63.

Kleinman, A. (1995). *Writing at the margin: Discourse between anthropology and medicine.* Berkeley: University of California Press.

Klein, R. J. T., Nicholls, R. J., & Thomalla, F. (2004). Resilience to natural hazards: How useful is this concept? *Global Environmental Change Part B: Environmental Hazards, 5 (1-2),* 35-45.

Knox, S., & Burkard, A. W. (2009). Qualitative research interviews. *Psychotherapy Research, 19* (4-5), 566-575.

Kolar, K. (2011). Resilience: Revisiting the concept and its utility for social research. *International Journal of Mental Health & Addiction, 9* (4), 421-433.

Kumari, S. (2012). Burmese refugee women in India: Victims and agents of empowerment. *South Asian Journal of Peacebuilding, 4 (*1), Retrieved on December 05, 2013 from http://www.wiscomp.org/peaceprints.htm

Landau, L. (2006). Protection and dignity in Johannesburg: Shortcomings of South Africa's urban refugee policy. *Journal of Refugee Studies, 19* (3), 308-327.

Landau, L., Ramjathan-Keogh, K., & Singh, G. (2005). Xenophobia in South Africa and problems related to it. *Forced Migration Working Paper Series, 13*. Johannesburg: Forced Migration Studies Programme, University of the Witwatersrand.

Landau, L. B. & Jacobsen, K. (2004). Refugees in the new Johannesburg. *Forced Migration Review, 19*, 44-56.

Leach, M. (2008) *Re-framing Resilience: A Symposium Report*, STEPS Working Paper 13, Brighton: IDS

Leggett, T. (2003) *Rainbow tenement: Crime and policing in inner Johannesburg*. Monograph 78. Pretoria: Institute for Security Studies.

Liebling-Kalifani, H. (2009). *A gendered analysis of the experiences of Ugandan women war survivors.* Germany: VDM Verlag.

Liem, J. H., James, J. B., O'Toole, J. G., & Boudewyn, A. C. (1997). Assessing resilience in adults with histories of childhood sexual abuse. *American Journal of Orthopsychiatry, 67*(4), 594-606.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park: Sage Publications.

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17* (1), 11-21.

Liotti, G. (1992). Disorganized/disoriented attachment in the aetiology of dissociative disorders. *Dissociation, 4*, 196-204.

Lofland, J., & Lofland, L. H. (1984). *Analyzing social settings*. Belmont, CA: Wadsworth Publishing Company, Inc.

Main, M. (2000). The organized categories of infant, child, and adult attachment: Flexible vs. Inflexible attention under attachment-related stress. *Journal of the American Psychoanalytic Association, 48*(4), 1056-1096.

Mallet, M. (1856). *The physical conditions involved in the construction of artillery: An investigation of the relative and absolute values of the materials principally employed and of some hitherto unexplained causes of the destruction of the canon in service.* London: Longman, Brown, Green, Longmans & Roberts.

Martin, S. F. (2004). *Refugee Women*. Lanham, MD: Lexington Books.

Masten, A. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M.C. Wang & E.W. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3-25). Hillsdale, NY: Lawrence Erlbaum.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425-441.

McAslan, A. (2010). *The concept of resilience: Understanding its origins, meaning and utility*. Adelaide, Australia: Torrens Resilience Institute.

Meel, B. L. (2009). Incidence of suicide among teenagers and young adults in Transkei, South Africa. *African Journal of Primary Health Care & Family Medicine*, *1*(1), 1-5.

Miranda, A. O., & Matheny, K. B. (2000). Socio-psychological predictors of acculturative stress among Latino adults. *Journal of Mental Health Counselling, 22* (4), 306-317.

Mollica, R. F. (1999). The trauma and reconstruction of societies devastated by mass violence. *Institute for Development Anthropology*, *17* (1/2), 8-20.

Mollica, R. F. (2006). Healing invisible wounds: Paths to hope and recovery in a violent world. New York: Harcourt Books.

Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage Publications

Murray, C. D., Macdonald, S., & Fox, J. (2008). Body satisfaction, eating disorders and suicide ideation in an Internet sample of self-harmers reporting and not reporting childhood sexual abuse. *Psychology, Health, & Medicine*, *13* (1), 29−42.

Nicholl, C., & Thomspon, A. (2004). The psychological treatment of post-traumatic stress disorder (PTSD) in adult refugees: A review of the current state of psychological therapies. *Journal of Mental Health, 13* (4), 351 – 362.

Nordstrom, C. (1999). Girls and war zones. In D. Indra (Ed.), *Engendering forced migration.* New York & Oxford: Berghan Books.

O' Connell, D. (2006). Brief literature review on strength-based teaching and counselling. Retrieved on January 29, 2015 from: www.metrac.org/resources/downloads/strength.based.learning.lit.review.pdf.

Oatway, J., & Tromp, B. (2015, April 19). The brutal death of Emmanuel Sithole. Retrieved on May 01, 2015 from: http://www.timeslive.co.za/local/2015/04/19/the-brutal-death-off emmanuel-sithole1

Ofcansky, T. P., & Berry, L. (1991). *Ethiopia: A country study.* Washington DC: Federal Research Division, Library of Congress

Okeke-Ihejirika, P., & Spitzer, D. (2005). South African youth in a Canadian Context. In W. Tettey & K. Puplampu (Eds.), *The African Diaspora in Canada: Analyses of race, identity, and integration* (pp. 205-224). Calgary: University of Calgary Press.

Overland, G. (2011). Generating theory, biographical accounts and translation: A study of trauma and resilience. *International Journal of Social Research Methodology*, *14* (1), 61-75.

Padgett, D. (2008). *Qualitative methods in social work research*. Los Angeles: Sage Publications.

Padilla, A. M., & Perez, W. (2003). Acculturation, social identity, and social cognition: A new perspective. *Hispanic Journal of Behavioural Sciences, 25* (1), 35-55.

Pahud, M., Kirk, R., Gage, J. D., & Hornblow, A. R. (2009). The coping processes of adult refugees resettled in New Zealand. *UNHCR Policy Development and Evaluation Service.* Retrieved on 02 February 2014 from www.unhcr.org/4b167d769.html

Pavlish, C. C. (2007). Narrative inquiry into life experiences of refugee women and men. *International Nursing Review, 54* (1), 28-34.

Radan, A. (2007). Exposure to violence and expressions of resilience in Central American women survivors of war. *Journal of Aggression, Maltreatment & Trauma, 14* (1), 147-164.

Thomas, F. C., Roberts, B., Luitel, N. P., Upadhaya, N., & Tol, W. A. (2011). Resilience of refugees displaced in the developing world: A qualitative analysis of strengths and struggles of urban refugees in Nepal. *Conflict & Health, 5* (1), 20-30.

Riger, S. (2001). Transforming community psychology. *American Journal of Community Psychology, 29* (1), 69-81.

Ritchie, J., Lewis, J., & Elam, G. (2003) Qualitative research practice: A guide for social science students and researchers. In J. Ritchie & J. Lewis (Eds.), *Qualitative research*

practice: A guide for social science students and researchers. Thousand Oaks, CA: Sage Publications

Rodriguez, N., Myers, H. F., Mira, C. B., Flores, T., & Garcia-Hernandez, L. (2002). Development of the multidimensional acculturative stress inventory for adults of Mexican origin. *Psychological Assessment, 14* (4), 451-461.

Rugunanan, P., & Smit, R. (2011). Seeking refuge in South Africa: Challenges facing a group of Congolese and Burundian refugees. *Development Southern Africa, 28* (5), 705-718.

Rutter, M., & Madge, N. (1990). *Cycles of disadvantage.* London: Heinemann

Saleebey, D. (Ed.). (2009). *The strengths perspective in social work practice* (5th ed.). Boston, MA: Pearson Education.

Sam, D. L., & Berry, J. W. (Eds.). (2006). *The Cambridge handbook of acculturation psychology.* Cambridge, UK: Cambridge University Press.

Santiago, P. N., Ursano, Gray, R. J., Pynoos, C. J., Spiegel, R. S., Lewis-Fernandez, R, et al. (2013). A systematic review of PTSD prevalence and trajectories in DSM-5 defined trauma exposed populations: Intentional and non-intentional traumatic events. *Public Library of Science, 8* (4) 59-86.

Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation and infant mental health. *Infant Mental Health Journal, 22* (1-2), 201-269).

Searle, W., & Ward, C. (1990). The prediction of psychological and socio-cultural adjustment during cross-cultural transitions. *International Journal of Intercultural Relations, 14* **(**4), 49-64.

Sherwood, K., & Liebling-Kalifani, H. (2012). A grounded theory investigation into the experiences of African women refugees: Effects on resilience and identity and implications for service provision. *Journal of International Women's Studies, 13* (1), 86-108.

Smith, E. (2006). The strength-based counselling model. *The Counselling Psychologist, 4* (1), 13-79.

Smith, J.A., & Osborn, M. (2007). Interpretative phenomenological analysis. Retrieved on February 27, 2014 from http://is.muni.cz/el/1423/jaro2013/PSY474/um/39845121/IPA-chapter_4.pdf.

Sosibo, K. (2013, September 20). Attacks on shops in Duduza 'not random'. *Mail & Guardian*. Retrieved on March 08, 2014 from http:// mg.co.za/article/2013-09-20-00 attacks-on-shops-in-duduza-not-random.

Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., & Susljik, I. (2006). Impact of immigration detention and temporary protection on the mental health of refugees. *British Journal of Psychiatry, 188,* 58–64.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., van OM. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *Journal of the American Medical Association*, *302* (5), 537-49.

Straubb, R. O. (2003). *Health Psychology* (2nd ed.), New York: Worth Publishers

Sverke, M., Hellgren, J., & Naswell, K. (2002). No security: a meta-analysis and review of job insecurity and its consequences. *Journal of Occupational Health Psychology*, *7*(1) 242-264.

Tellis, W. (1997). Introduction to case study. *The Qualitative Report* [On-line serial], *3* (2). Retrieved on December 12, 2014 from: http://www.nova.edu/ssss/QR/QR3-2/tellis1.html.

The Refugees Act, No. 130. Government Gazette. Retrieved on October 11, 2013 from www.dha.gov.za/PDF/Acts/Refugees%20Act130.pdf

Tindall, C. (2001). Issues of evaluation. In P. Banister, E. Burman, I. Parker, M. Taylor, & C. Tindall (Eds.), *Qualitative methods in psychology: A research guide* (pp. 142-159). Buckingham: Open University Press.

Tuohy D., Cooney, A., Dowling, M., Murphy, K., & Sixmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher, 20* (6), 17-20.

Trickett, E. J. (1996). A future for community psychology: The contexts of diversity and the diversity of contexts. *American Journal of Community Psychology, 24* (2), 209-234.

Trickett, E. J. (1997). Ecology and primary prevention: Reflections on a meta-analysis. *American Journal of Community Psychology*, *25* (2), 197-206.

Tummala-Narra, P. (2007). Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective. *Journal of Aggression, Maltreatment & Trauma, 14* (1-2), 33-53.

Ungar, M., & Nichol, G. (2002). The harmony of resistance: Qualitative research and ethical practice in social work. *Walking the tightrope: Ethical issues for qualitative researchers* (pp. 137-151). Toronto: University of Toronto Press.

United Nations Higher Commission on Refugees (2009). *2008 Global trends: Refugees, asylum seekers, returnees, internally displaced and stateless persons*. Geneva: United Nations.

United Nations Higher Commission on Refugees (2013). *2013 UNHCR country operations profile – South Africa*. Retrieved on October 09, 2013 from http://www.unhcr.org/pages/49e485aa6.html

Vearey, J. (2011). Exploring the psychosocial and health rights of forced migrants in Johannesburg. Retrieved on March 19, 2014 from: http://www.migration.org.za/publication/report/2011/exploring-psychosocial-health-rights-forced-migrants-johannesburg.

Walker, B. H., & Salt, D. (2005). *Resilience thinking: Sustaining ecosystems and people in a changing world.* Washington: Island Press.

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science and Medicine, 52*, 1709-1718.

Werner, E. E., & Smith R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. Ithaca, NY: Cornell University Press.

Winfield, L. F. (1991). Resilience, schooling, and development in African-American youth: A conceptual framework. *Education and Urban Society*, *24*, 5-14.

Wild, N. D., & Pavio, C. (2003). Psychological adjustment, coping and emotion regulation as predictors of posttraumatic growth. *Journal of Aggression, Maltreatment & Trauma, 8* (4), 97-119.

Yehuda, R. (2004). Risk and resilience in posttraumatic stress disorder. *Journal of Clinical Psychiatry, 65* (1), 29-36.

Yin, R. (1994). *Case study research: Design and methods* (2nd ed.). Beverly Hills, CA: Sage Publications.

Zur, J. (1996). From PTSD to voices in context from an ‘‘experience-far’’ to an ‘‘experience-near’’ understanding of responses to war and atrocity across cultures. *International Journal of Social Psychiatry*, *42* (4), 305 – 317.

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
(SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4524 • Fax: 011 717 4556 • E-mail: umthombo.SHCD@wits.ac.za

Appendix A: Interview Schedule

Introduction

Hello, my name is Pravilla and I would like to start by thanking you for taking part in my research. My research involves exploring the various ways in which African women refugees who live in the inner city of Johannesburg cope with everyday stressors. I would also like to find out what were some of the factors, either within your personality or in the environment that made it possible for you to be able to continue living in Johannesburg. This means that I would like to find out how you have coped in South Africa and what you have done (if any) that has helped you deal with some of the challenges that you have/are experiencing. **(Explanation of consent forms and ensuring understanding of all the information will also be done here. Points of clarity and questions raised will also be answered and accommodated prior to the start of the interview).**

- What is your age?
- Which country were you born?
- What did you do there?
- Why did you leave?
- Why did you choose to come to South Africa?
- How long have you been here?

Exploring Challenges

- What has it been like for you being in South Africa, in general?
- What are some of the challenges that you experienced in Johannesburg?

Exploring Coping

- How would you say you have coped living in South Africa? (either positive or negative or both)

- How would you say you have coped with external stressors or difficulties in your life (not related to family)?
- How did you deal with any family related stressors or difficulties?
- How have you dealt with emotional difficulties? Eg. when you felt sad or lonely
- Do you have any supports available to you? (expand if yes)

Adaptation:

- What do you do when you feel like you are unable to cope?
- Are there any special rituals or activities that you partake in?
- Are there ways in which you find yourself changing something about yourself or your behaviour to suit, your new environment (like dressing differently for different occasions)?

Exploring Resilience

- What in your opinion has worked for you and what has not worked?
- Why do you think the above has worked or not worked?
- Are there any changes (either yourself or external) that you would like to see that could help you deal with your circumstances better?

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
(SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4524 • Fax: 011 717 4556 • E-mail: umthombo.SHCD@wits.ac.za

Appendix B: Information Sheet

Hello,

My name is Pravilla Naicker and I am doing research for my Master's degree in Community-based Counselling Psychology at the University of the Witwatersrand. The aim of my research is to understand some of your experiences as a refugee woman living in Johannesburg. These experiences can be good or bad or even both. I would like to invite you to participate in my study.

If you agree to take part in this study, you will be interviewed by me. The interview will take about one hour. If you agree, the interview will be voice recorded. You can still be interviewed even if you decide that you do not want to be voice recorded. You can choose not to answer questions if you do not want to. Only my supervisor, the scribe (person who will be writing up the information from the tapes), and I will have access to the voice recording and the written information from the interview. This information will be kept safely in a password protected computer both during and after the research process. If you agree, I may use quotations from the interview for the research report; but all information that identifies you will be removed, making sure that you cannot be identified in any way. You may ask to destroy the recording from the study at any time. The voice recordings and the transcripts will be destroyed after the report is written up. This research study will be written up in the form of a research report and may also be published in a journal article. If you would like feedback on the research, I will give you a one page summary of the findings of this study, which will also be made available at the organisation you are attending.

No risks or benefits are expected from participating in this research. You may choose not to take part in the study at any time without any effect on you. Taking part in the study has no change on the services that you receive at the organisation. If you choose not to take part this will not be held against you in any way. This means that the organisation from which you receive services will not take away or stop services from you if you choose not to take part in the study. If you do choose to be interviewed by me, your participation will not change the type of services that you may receive there. If you feel that you may need counselling after the interview, this can be arranged for you through the CSVR at no extra cost to you.

If you choose to take part in the study, you will need to tear and keep this sheet. You are also asked to read and sign the informed consent forms on the next two pages. If you do not understand some of the information in this form or the consent forms, please ask me so that I can explain fully what they mean. These forms will be kept in a sealed envelope with my supervisor.

If you need more information or you would like to ask a question about the study, please feel free to contact either myself or my supervisor. Our contact details appear in the signature below.

Sincerely

_____ _____

Pravilla Naicker

082 788 9274

pravilla.n@gmail.com

Ms Tanya Graham

011 717 8330

Tanya.Graham@wits.ac.za

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
(SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4524 • Fax: 011 717 4556 • E-mail: umthombo.SHCD@wits.ac.za

Appendix C: Consent Form

I _____ agree to be interviewed by Pravilla Naicker in her research on coping and adaptation of refugee women living in Johannesburg. I have read the information sheet and I understand what is asked of me if I participate in this study. I understand that:

- I can choose if I want to participate in the study or not. I will also be able to leave the study at any time
- I can choose not to answer any questions if I do not want to
- None of my personal information will be used when the study is written up.
- I understand the reasons for the research
- The interview transcripts will be destroyed after the study is completed
- No effects are expected from participating in the research
- Some of the things that I say may be used in the research. I may be called by another name when my words are used in the report.
- I am aware that the voice recordings will be transcribed by another person who has signed an agreement not to disclose my personal details.

Signed: _____

Date: _____

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
(SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4524 • Fax: 011 717 4556 • E-mail: umthombo.SHCD@wits.ac.za

Appendix D: Consent to Audiotape the Interview

I _____ agree that my interview with Pravilla Naicker will be voice recorded. I have read and I understand what this involves as set out in the information sheet. I understand that:

- Only the researcher (Pravilla Naicker), her supervisor (Tanya Graham) and the scribe will be able to hear the interview recording
- None of my personal details will appear in the research report or publications
- The audio recording will be kept safely in a password protected file throughout the research process
- The audio recording will be destroyed after the research has been written up
- I may ask to destroy the recording from the study at any time.
- I agree for the voice recordings to be transcribed by another person who will sign an agreement not to disclose any of my personal information.

Signed: _____

Date: _____

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
(SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4524 • Fax: 011 717 4556 • E-mail: umthombo.SHCD@wits.ac.za

Appendix E : Consent form for Organisations where study will take place

I _____ manager at _____ agrees that Pravilla Naicker, a Masters in Community Counselling Psychology student at the University of the Witwatersrand, will conduct a research study at my organisation to explore the factors influencing resiliency and mechanisms of adaptation employed by refugee women living in Johannesburg.

As the manager at the _____, I have read the information sheet and allow this research study to take place at our organisation. In the study, refugee women will be asked to voluntarily participate in individual interviews. The interviews are estimated to take about 60 minutes in length and will be conducted with approximately 8-12 refugee women. These will be once off interviews held with each participant. The interviews will be conducted at my organisation in _____.

I am aware that I may withdraw my organisation from the study at any time and it will not be held against my organisation or the participants in any way. Participation in this research is entirely voluntary and no information that may identify the participants will be included in the research report. I give consent for my organisation to be identified in the research report.

I hereby consent for my organisation to participate in this research project.

Name of Organisation: _____

Date: _____

Manager's signature: _____

THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
(SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4524 • Fax: 011 717 4556 • E-mail: umthombo.SHCD@wits.ac.za

Appendix F: Scribe Confidentiality Agreement

I _____ agree to keep all information disclosed in the audio recordings confidential.

I understand that:

Anything discussed in the audio recordings is to be used for research purposes only and therefore I will not disclose any of the information with regard to

- The personal information about participants
- The content of the audio recordings

Name: _____

Date: _____

Signed: _____

Appendix G: Coding Frame

1. C1 – Challenges – refers to circumstances that are encountered in daily life, which is also experienced as subjectively difficult by the participant. Specific mention is made of the difficulty by the participant in dealing with or understanding the situation.

2. C2 – Coping – refers to the expending of conscious effort to solve personal and interpersonal problems, and seeking to master, minimise or tolerate stress or conflict.

3. C3 – Support Structure – refers to the assistance received from other people, and that one is part of a supportive social network . These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g. personal advice)

4. C4 – Acculturation - defined acculturation as the promotion of the cultural norms and behavioural patterns of the majority group or core culture. Gordon (1964) This process is considered as an essential component of the experiences of ethnic groups.

5. C5 – Recommendations for change – possible suggestions that the participant feels can contribute to improved living conditions in South Africa.

C1 – CHALLENGES – includes the following:

1. MATERIAL
    a. Food
    b. Shelter
    c. Crèche for children
    d. Medical care

e. Financial

f. Education

2. EMOTIONAL AND PSYCHOLOGICAL

a. Lack of Support

b. Family related

c. Sexual Harassment

3. STRUCTURAL

a. Employment

b. Language Barriers

c. Xenophobia

d. Insecurity

e. Ethnicity (discrimination)

f. Documentation

g. Police Harassment

C2 – COPING – Includes the following:

1. GENERAL COPING

a. Integration with others

b. Acceptance

c. Employment

e. Shelter

f. NGO's

g. Religious organisations

h. Children

2. EXTERNAL STRESSORS

    a. Counselling

    b. Support structure

    c. Informal trading

    d. Frustration (negative coping)

3. INTERNAL STRESSORS (emotional)

    a. Counselling

    b. Shelter staff

    c. Spirituality

C4 – ACCULTURATION

1. Dress
2. Language
3. New Skills

C5 – RECOMMENDATIONS FOR CHANGE

1. Attitudes
2. Education
3. Documentation Process
4. Medical Assistance
5. Language/Communication

Appendix H: Clearance Certificate

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Naicker

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H14/04/13**
PROJECT TITLE	Exploring the Strengths and Adaptations of African Women Refugees Displaced in the inner city of Johannesburg
INVESTIGATOR(S)	Ms P Naicker
SCHOOL/DEPARTMENT	Human and Community Development/Psychology
DATE CONSIDERED	25 April 2014
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	03/06/2016

DATE 04/06/2014 **CHAIRPERSON** E.M. Tahane pp (Professor T Milani)

cc: Supervisor : T Graham

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES