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RESETTLEMENT FOLLOWING GENOCIDE: PERCEIVED EXPERIENCES OF RWANDAN REFUGEES IN TORONTO

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Genocidal events have a devastating impact on the overall well-being of survivors, as well as their home and resettlement communities. The combination of the impact of genocide, displacement and migration remains largely unexplored. This article presents the findings of a qualitative study conducted with Rwandan refugees in Toronto. The study findings indicate that social isolation in the new society, conditions of being a refugee, and deep grief of lost loved ones contribute to a shrinking sense of self and broken community relationships that are difficult to overcome. Policy and practice implications are discussed.

In 1994, an estimated 800,000 Rwandan Tutsi, along with a number of moderate Hutu, were murdered by their neighbours in a state-sponsored genocide. For over two decades, a significant number of Rwandans have scattered across the globe seeking places of refuge, far from the haunting memories of the genocide. Unfortunately, the combination of the legacy of personal and socio-political memories of Rwanda, the process of displacement, life in refugee camps, and the challenges of resettling in new societies do not necessary provide the desired relief; social and emotional well-being continue to be elusive.

Post-migration risk factors and problems have been extensively studied. Research indicates that, for many refugees, lack of social support, prolonged separation from families, and poverty constitute important risk factors for refugee mental health problems (McKenzie, Tuck, and Agic, 2014, 184-5). Other barriers to overall well-being after resettlement include language barriers (Colic-Peisker and Walker, 2003, 349), complex immigration processes, a sense of up-rootedness, racism, marginalization, and unemployment or underemployment (Lacroix, 2004, 157-162). Refugee claimants are often re-traumatized by being forced to testify at hearings in which they face the challenge of proving that their lives would be in danger if they were returned to their country of origin (Rousseau, Crépeau, Foxen, and Houle, 2002, 47).

The actual life experiences of refugees trying to find their place in a new society are largely understudied. This is particularly true in the case of refugees groups that are small in number and unable to establish or join an existing cultural community in their host country. Researchers have a tendency to lump together refugees from different nationalities and backgrounds (Detzner, 2004, 9) making it difficult to identify issues that may be unique to specific groups. This paper presents the findings of a pilot study that explored the sources of distress among Rwandan refugees in Toronto.

RWANDAN REFUGEES IN CANADA

The majority of Rwandan refugees in Canada are scattered around the major metropolitan cities of Toronto, Montreal and Vancouver. By 2006, there were 3,975 Rwandan refugees who had a permanent residence in Canada (Statistics Canada,

2006). This group had diverse socio-political experiences and personal histories that included: *1)* Tutsi genocide survivors (many of whom had lost their entire families during the genocide), *2)* Hutus, including those who perpetrated the genocide and fled Rwanda toward the end of the genocide and, *3)* the descendants of Tutsi exiles who left Rwanda in the early 1960s because of ethnic cleansing pogroms following the country's independence. Each of these groups brought to Canada these different identities and social histories. In addition, unlike other refugee groups, many Rwandans who resettled in Canada arrived alone as refugees or refugee claimants, without the benefit of a pre-existing supportive community.

Various studies suggest that African refugees experience resettlement in Western countries in unique ways because of the pronounced racism they experience. An Australian study compared 150 different migrant groups, and found that racism was more of an issue for Africans (56%) compared to ex-Yugoslavs (32%) and Middle Easterners (34%) (Fozdar and Torezani, 2008, 41). The Canadian literature contends that African immigrants and refugees do not have ways to escape marginalization (Mensah and Williams, 2014, 6) and racism because of their skin colour. There are no studies that have examined the interaction of resettlement factors and genocide effects for racialized groups.

STUDY OBJECTIVES & METHODOLOGY

The objective of this qualitative study was to elicit the major mental health needs of Rwandan refugees in Toronto. It was exploratory in nature and included: *a)* individual interviews with practitioners who had provided services to Rwandan refugees in Toronto, along with *b)* focus group discussions with different members of the Rwandan community in Toronto. Ethics approval was obtained from the Centre for Addiction and Mental Health, where I was conducting post-doctoral work. Recruitment was facilitated through existing community connections, face-to-face meetings, emails, and phone calls. I conducted individual semi-structured interviews with 10 services providers. I also led three focus groups with a total of 11 members of the Rwandan community: one for youth and young adults and two groups with adult women and men respectively. One participant who could not attend the focus group was interviewed individually. Thematic analysis (Riessman 2008, 53-55) was used to analyze data from each group, first separately and then together.

RESULTS

The results presented in this paper focus on three intertwined yet significant issues facing Rwandan refugees in Toronto and the associated risk factors: social isolation, loneliness and grief. One practitioner attributed social isolation to unemployment and racism: "When their credentials are not considered the same way,… their world, their perception, their sense of self-worth starts getting smaller because they are in a society that places them in a disadvantaged position for economic opportunities. And … because of one's race, … it is a gradual process of shrinkage, self-questioning, the next thing you know you adopt the stigma assigned" (Practitioner Participant 1).

Another practitioner associated the isolation among Rwandan refugees with the genocide event and related traumatic consequences: "Other trauma survivors, once helped they want to move on. The survivors of genocide cannot just move on. There are constant reminders, annual commemorations, issues of justice … How can they leave all that behind?" (Practitioner Participant 2)

A Rwandan participant reiterated social isolation that emanates from the genocide and related loss of relationships. She jokingly used an example of what happened to her when she accompanied a Congolese friend to a funeral. She explained that the funeral included a ritual, during which the mourners and their friends lined up to send farewells to the deceased. As they each said their goodbyes, they also sent greetings to loved ones who passed on before. However, the Rwandan woman could not participate in this ritual. She became confused and later deeply grieved alone. Her confusion came from the challenge of selecting who among her many deceased family members she could name and whom she could leave out. They were all killed in a very short period and she was unable to bury them in an effort to save her own life. She concluded: "Others (refugees) can count their dead and mourn for them. How can we count? …you just keep quiet, our dead are uncountable!" (Rwandan Participant 1) She decided to never attend events that reminded her of her losses. As a consequence, she has not been able to participate in annual genocide commemorations that bring together Rwandans and their allies in Toronto.

Another practitioner added a different dimension to the combination of social isolation and traumatic grief that he had observed among his clients: "Other refugees also suffer, but the perpetrator is separated from the victims. What happened to Rwandans is like internal bleeding, with neighbors attacking neighbors. This kind of self-inflicting pain will be hard to heal" (Practitioner Participant 3).

When these socio-historical wounds are combined with post-migration issues, such as the immigration process, family separation and resettlement difficulties, along with the inability to process grief, refugees can feel lost and vulnerable to complex physical and psychosocial problems. One practitioner gave an example of a Rwandan client she counseled. During sessions, she focused on helping the client deal with her separation from her surviving children. One day this client developed pneumonia because she did not have a bed or a blanket to keep her warm during winter. She had never mentioned not being able to meet the basic necessities of life; her children mattered more than anything else. She was spending her social assistance money on international calling cards. Without her children, life was meaningless and she did not care about her own well-being. The immigration review board did not consider the profound impact that her young children (she had imagined dead) were now living with strangers in another country. She could not leave Canada without immigration papers and she had to wait for the slow legal process to finally end.

The combination of personal and political struggles during resettlement in a new society renders refugee survivors of genocide very vulnerable to health and social problems. A practitioner, who is also Rwandan, explained the complexity of the issues at hand in these words: "The more time they [Rwandans] spend here, their world shrinks,…to have the social fabric broken is so delicate and it lasts forever, to me, that's the continuation of violence" (Practitioner Participant 4).

DISCUSSION

The metaphor of "shrinkage" was commonly used to describe the psychological, physical and social status of many Rwandan refugees in Toronto. The identity of refugee survivors is damaged not only by the genocide event, but also by the conditions of "refugee-ness", which further exhausts the resources they may need to heal and adapt to new life. People who cannot redefine themselves in the new society may be prone to complex physical, social and mental health problems. Researchers have commented on the narrow nature of medico-therapeutic conceptions of suffering and interventions that fail to engage the refugees' realities (Summerfield, 2004, 243-4). Practitioner participants in this study suggested that beyond the counseling sessions and professional support, there is a need for the broader community and policy makers to help address the consequences of genocide, and create culturally and sensitive programs that accompany refugee survivors through their grief and social adjustment.

Research suggests that immigrant and refugee groups often receive social support from co-ethnic communities (Hynie, Crooks, and Barragan, 2011, 39). Rwandan refugees in Toronto do not have this important resource as they are the first generation in Canada. In addition, they are not a unified group because of their past histories. Rwandan participants expressed the wish to have a physical space in which to deal with their differences, heal the emotional wounds of the genocide, and build trust and social relations. They made reference to a "Rwandan house,' a place that was once used to welcome newcomers and bring together the Rwandan community. Unfortunately, the community did not have the means to maintain the program and facility. Most importantly, participants advocated for programs that could support refugee survivors of genocide to rebuild community and create a sense of belonging to the host society.

This study is one of the first to examine the unique challenges that survivors of the Rwandan genocide face when they become refugees in Toronto. Social isolation is a key issue. However, it means more than simply being excluded from the broader social world of Canada. It is also about the difficulty of reconnecting with self and community in a new society after an event that intentionally aimed to wipe out their very existence.

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