



**ROA**

THE REFUGEE ORGANIZING IN ACTION NETWORK



## ROA Preliminary Report: Refugee Perspectives on Refugee Women’s Issues

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Prepared by  
The Refugee Organizing in Action (ROA) Network  
Leaders from the following communities provided the information in this report:

<u>Ethnicities</u>	<u>Approximate total # of refugees represented by participating refugee groups</u>
Darfur	95
Somali Bantu	23
Karen – Burma	500
Zo – Burma	250
Bhutanese	650
Burundi	35
<b>TOTAL</b>	<b>1553</b>

**The Refugee Organizing in Action (ROA) Network**, a project of Refugee Family Services and supported by the Office of Refugee Resettlement and the Catholic Campaign for Human Development (Atlanta), is a partnership of refugee and immigrant community-based organizations, their leaders and members. The working mission is to create a collaborative network that will increase resources and access to inform, build stronger organizations, and advocate for policies that support the successful integration of newcomers and the metro-Atlanta community.



## **Background**

The Refugee Organization in Action (ROA) Network prepared this report in order to contribute refugee perspectives to a presentation on services for refugee women at the October 2010 meeting of the Georgia Coalition of Refugee Stakeholders. To collect the information in this report, we conducted individual, or small group, in-person meetings with refugee leaders representing seven community organizations and six ethnic/cultural groups. Participants identified and prioritized their top concerns about women in their communities, and estimated how many women are impacted by each concern. In addition, participants identified whether they knew of services addressing their concerns, as well as the barriers to accessing services that women face. Most community leaders offered strategies to help women know about services that are available, and to ensure that those services effectively meet women's needs.

We consider this a preliminary report because it is far from comprehensive in all respects. A few notes about the findings:

- The data for this report was collected through separate, one-time interviews. Group discussions, data-driven research, and multiple points of information gathering are needed to ensure a well-rounded, detailed assessment of refugee women's priorities, concerns, recommendations, and the scope of women who are impacted by these issues.
- Information has been organized to identify those concerns and recommendations that affect refugee women generally, rather than women within specific cultures. Therefore, there may be an issue that is identified that is ranked as a relatively low priority by the leaders collectively, or identifying a relatively low number of women. However, further research should be done to determine the impact of that issue on the women of each culture. It may be, for example, that certain cultures have unique experiences – such as extreme trauma targeting women – that will make that issue a top priority for those women. Or, there may be services that are provided to some groups, but not to all, due to language/culture capacity of the service providers. Further, the number of groups that identify specific priorities was tallied after independent interviews with each group. If an effort were made to bring these groups together so that they could reach consensus on their priorities, some outcomes may be different.

## General Community Findings on Issues Impacting Women

- **Childcare and transportation are essential elements of service to women.** Where existing services are available and known to the refugee community, such as employment training and English as a Second Language (ESL) classes, the lack of childcare and transportation are often absolute barriers to women who need those services.
- **“Safe space” is essential to the provision of all services to women.** Almost every community identified a women-only environment to be the most significant factor in creating safe space, and pointed to multiple service experiences where women have not felt that they can participate, raise questions or get access to information that they need. However, a safe space was also defined as one that:
  - Builds confidence and incorporates practical strategies to prepare women to act independently;
  - Recognizes and addresses women’ fears and traumas, particularly as they impact womens’ abilities to seek and accept services;
  - Adapts to the education and experience levels of women, which are often different than those of their male counterparts within their own culture groups.
- **Services often fail to address the unique translation and interpretation needs, written and oral, of refugee women.** Many women had fewer opportunities to go to school than men and therefore do not speak, read or write the dominant language of their national group, which is often the language in which services are provided. Common examples are Somali Bantu women who do not speak Somali, Darfuri women who do not speak Arabic, and women from Burma who do not speak Burmese. Further, because women often have lower literacy levels, there is a significantly higher need for oral translation and education that is not being met.
- **Women often have a greater range of service needs than the men of their cultures, because they typically lack access to the informal networks of information and training that men in their cultures create for themselves.** For example, a man may help another man learn to drive and navigate the drivers’ exam process. At the same time, it’s possible that neither of them would consider teaching the women in their families to drive because they aren’t used to thinking that the women can actively participate in securing household self-sufficiency. Further, it’s more likely that there are men who can act as “teachers” in these informal networks, because the men have greater access to the knowledge in the first place.
- **Ensuring that women, and all other members of refugee communities, are aware of existing services is most likely if service providers can disseminate information at those meetings and gatherings that are organized by the refugee communities themselves.** For example, many community groups meet weekly or monthly, often on weekends and other times that are outside of regular 9-5, M-F work hours. Service providers can effectively “get the word out” by attending some of these self-organized community meetings, sharing information about their services, and letting people know how to access the services that are provided. Finding out about these meetings is often easy once service providers identify and establish relationships with community leaders.

## Specific Findings

### Priority #1 – Women’s employment readiness, training, placement and education regarding employment discrimination and the rights of women in the work place.

- **Percentage of groups identifying this as a top priority:** 100%.
- **Number of women estimated to have unmet needs regarding this priority:** 565.
- **Identified concerns:**
  - Not enough services available.
  - Services are not accessible without childcare.
  - Services are not accessible without transportation for women who have children with them.
  - Services are only effective when they provide a safe space – women only – for women to ask questions, address uniquely female issues such as hygiene, women’s health concerns and dress codes/style.
  - Women need programs that incorporate confidence building as a key goal, with specific strategies tied to that goal.
  - Most education on employment discrimination is too general and requires more detail, particularly about discrimination that targets women and how they can respond.
  - Because women face the barriers of no drivers’ license and lack of training, as well as child care problems, they have almost no choices other than to take the most menial jobs and to stay in them, even when they are qualified for or seeking other opportunities.
- **Some recommended programs/strategies for meeting women’s needs:**
  - Group sessions for women only.
  - Regular job training for jobs in which women are likely to be placed.
  - Increase education on employment discrimination, specifically as it impacts women (and women with disabilities) & how to respond.
  - Provide childcare and transportation for all services.

### Priority # 2 – Women’s reproductive health education and access to services, as well as general women’s health and dental health.

- **Percentage of groups identifying this as a top priority:** 100%.
- **Number of women estimated to have unmet needs regarding this priority:** 565.
- **Identified concerns:**
  - Almost no services are known to the community that exist independent of the immediate resettlement period, other than a limited amount of emergency health services. None of these services are known to address reproductive health, family planning, safe sex and routine care.
  - Many women have extremely limited exposure to health services, and many do not know what is even available in order to identify and advocate for their needs.
  - Many women have tremendous fears and are not initially prepared to trust those who provide services, particularly those that address reproductive health and unique women’s issues such as breast cancer. This issue must be acknowledged and factored into what creates a “safe space” for women, as well as the process of learning about and believing in opportunities for care.
- **Some recommended programs/strategies for meeting women’s needs:**
  - Women-led support groups and workshops in “safe environments” can provide women with the opportunity to learn about services, build confidence in advocating for their own access to

services, build trust in those services, and only then will women be prepared, in many cases, to seek out services.

### **Priority #3 – Women’s access to drivers licenses and the training needed to obtain licenses.**

- **Percentage of groups identifying this as a top priority:** 57%.
- **Number of women estimated to have unmet needs regarding this priority:** 250.
- **Identified concerns:**
  - No services available, and the informal networks that help men access this training/info are not only unavailable to women, but women are often actively discouraged from seeking them out.
  - Lack of driving ability is an extreme safety problem for women, because even when MARTA is available women are not safe commuting alone – particularly at the hours their work shifts demand.
  - Existing fee-for-service trainings are not accessible for women because of language barriers, literacy barriers, childcare barriers and the lack of priority and financial commitment that refugee cultures typically have for this women’s need.
  - Women need education and training designed for first time drivers and to boost confidence – preferably a women-only environment.
  - Women need education and training that is oral, as many are not highly literate in their native languages, and are significantly less likely to speak only local languages rather than the dominant language (Bantu, rather than Somali; local languages rather than Arabic or Burmese).
  - Women need childcare provided to access these services.
- **Some recommended programs/strategies for meeting women’s needs:**
  - Individual or group trainings, test preparation and hands-on learning programs for women only, in appropriate language and at appropriate literacy levels, with childcare.

### **Priority #4 – Women’s access to English as a Second Language (ESL).**

- **Percentage of groups identifying this as a top priority:** 28%.
- **Number of women estimated to have unmet needs regarding this priority:** 450.
- **Identified concerns:**
  - Though some services currently exist, few are available at times when women are not working.
  - Almost no services provide accessible childcare and transportation, at a time when women can access them.
- **Some recommended programs/strategies for meeting women’s needs:**
  - Make weekend ESL classes available, with transportation and childcare.
  - Provide transportation and childcare for existing services.

### **Priority #5 – Women’s access to services that address their trauma experiences**

- **Percentage of groups identifying this as a top priority:** 28%.
- **Number of women estimated to have unmet needs regarding this priority:** 115.
- **Identified concerns:**
  - Women who have experienced traumas and torture must have a way to address these issues in order to become self-sufficient.
  - Women are afraid to discuss these issues generally, and there are no “safe spaces” – often women only, but that’s not the only factor – for them to engage in this process.

- There are no services known to the communities that will help women understand the idea of trauma as an issue that can be addressed, rather than simply a characteristic of existence.
- There are no services known to the communities to address the issues of trauma when the women do identify them.
- **Some recommended programs/strategies for meeting women’s needs:**
  - Professionally facilitated, confidential gatherings that provide a “safe space” for women, incorporating both cultural considerations and language needs of the women.

**The following are additional priorities identified by particular cultural groups. This does not necessarily mean that a priority is unique to the group that identified it. As mentioned earlier, groups did not come together to share concerns and come to consensus about their priorities. In some cases, there may be services available to some culture groups due to language/cultural capacity of the providers, but not to all.**

- There are few employment opportunities or support services that are appropriate to women with English skills, education, and job skills.
- There are almost no opportunities for older women who are not working (55+) to engage productively in life outside of the home.
- There are not enough education opportunities for women to address domestic violence prevention and options for living violence-free lives in the home. There are also insufficient direct services for those families experiencing family violence. In some cases, there is a lack of confidentiality and a sense of safety for those women seeking services, and services are provided in close proximity to male employees who may be alerted to – and strongly disapprove of – a women’s attempt to get help.
- Women rarely have access to education or forums that address personal safety outside of the home, in part because families must often choose only one adult to attend due to family responsibilities, and that adult is almost always the man in the family. Community leaders recommend holding safety education meetings at the apartment complexes, and providing childcare, to help overcome this problem.
- Women have no resources when the men in their households engage in risky, negative behavior such as excessive gambling or drinking. Community leaders recommend men’s support services to address these issues, as well as women’s support groups that will help women to cope with and manage these challenges.
- Domestic responsibilities fall too harshly on the shoulders of women, many of whom are working at difficult outside-the-home jobs side-by-side with the men in their households. The need to address this imbalance is being successfully met through Healthy Families and Healthy Marriage support programs organized by JF&CS.
- Women are not able to access education and support to engage their children’s schools. While these needs were met for some groups, there are others that have no support. Community leaders recommend group school tours for parents, as well as parent workshops on schools and the American education system. These workshops should stand apart from other orientations on American life.