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# TRAUMA-INFORMED EDUCATION-SUPPORT PROGRAM FOR REFUGEE SURVIVORS

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## Abstract

*This paper describes how various community partners collaborated to design and implement a student-centred, trauma-informed educational program that addresses the personal and systemic barriers identified by refugees who are survivors of trauma as obstacles to accessing higher education, and consequently social inclusion, in Canada. This 14-week program created a safe space where participants could rebuild identities, agency, and confidence and develop healthy relationships of trust and mutual respect. Measures of well-being and qualitative interviews conducted at entry, mid, and exit points showed statistically significant improvements on measures of self-esteem, resilience, and life satisfaction and overall satisfaction with the program.*

## Résumé

*Le présent article décrit une collaboration entre divers partenaires communautaires pour concevoir et mettre en œuvre un programme de formation tenant compte des traumatismes et axée sur la personne étudiante qui conçoit les barrières personnelles et systémiques, soulignées par des personnes réfugiées ayant vécu un traumatisme,*

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*comme obstacles à la formation supérieure, et donc à l'inclusion sociale, au Canada. Ce programme de 14 semaines a su créer un espace sécuritaire où les personnes participantes pouvaient retrouver leurs identités, leur agentivité et leur confiance tout en établissant des relations saines fondées sur la confiance et le respect mutuels. Les mesures du bien-être et les entretiens qualitatifs menés au début, au milieu et à la fin du projet révèlent une amélioration statistiquement significative en matière d'estime de soi, de résilience, de satisfaction générale dans la vie et de satisfaction globale avec le programme.*

Building from a larger community-based participatory research project conducted by George Brown College (GBC) in partnership with the Centre for Addiction and Mental Health (CAMH), the Canadian Centre for Victims of Torture (CCVT), and Wellesley Institute, this paper describes a supportive student-centred, trauma-informed educational model designed to address barriers to accessing higher education identified by refugee survivors (i.e., individuals who experienced traumatic events leading to resettlement).

Recent studies (e.g., Bartolomei, Eckert, & Pittaway, 2014; Crea, 2016) have advocated for a student-centred, customized education system that supports students' achievement and educational goals by acknowledging and addressing their unique needs, skills, barriers, and histories. This recommendation is crucially relevant to the refugee survivors whose experiences of violence, oppression, and marginalization complicate their access and aptitude to learning. There is also a growing recognition that the ongoing precarious global geopolitical situation (i.e., ripple effect of several armed conflicts, stressful and unstable economic realities, normalization of “illegal” migration) will most likely engender more experiences of trauma. These traumas might transfer transgenerationally and might not always be encoded in verbal form in the minds of some victims. Therefore, there is a call to act proactively by conceptualizing all school and learning spaces as, primarily, safe spaces of growth and healing. The responsibility of host countries such as Canada in leading this educational movement is paramount.

Canada does offer educational support systems designed to meet the needs of various vulnerable groups; however, evidence suggests that the specific needs of survivors of trauma are often misunderstood and poorly addressed. The Accessibility for Ontarians with Disabilities Act (AODA), for instance, mandates that Ontario colleges and universities accommodate students with disabilities and that the Ministry of Education prepare annual accessibility plans in consultation with the Accessibility Directorate of Ontario. However, it is not clear whether and how refugee trauma is classified as a disability, which in turn complicates refugee survivors' access to and use of these mandated accommodations.

In line with AODA and post-secondary health initiatives, this paper briefly identifies the barriers to accessing adult education, individual and systemic barriers, and participation challenges faced by refugee survivors who attempt to access higher education in Canada. We then document the prevalence of trauma and post-traumatic stress disorder (PTSD) in refugees with a special focus on its effects on their cognition and learning abilities. The paper then outlines a trauma-informed (Agic, 2012), supportive educational model designed to assist and support this group of refugees as they seek admission to tertiary education, thus maximizing their chances of success and upward social mobility in their new host country. The paper concludes with recommendations for educational practice and policy.

## Literature Review

### *The Nature of Barriers to Participation in Adult Education*

Adult education is the most reliable tool that facilitates individual and community access to the affordances of the new economy. However, several barriers impede some individuals' access to and participation in adult education, eventually leading to "permanent exclusion or marginalization of segments of the population and exacerbat[ion of] socioeconomic divisions" (Rubenson & Desjardins, 2009, p. 188). Due to the detrimental individual, social, and economic costs of this exclusion (e.g., economic stagnation, worsening living conditions, and mental and physical health issues), there is an increased interest in identifying and diagnosing the barriers to participation in adult education and a sustained effort to formulate a theoretical explanation of the dynamic interaction of these barriers (e.g., Cross's chain response model, 1981).

Rubenson and Desjardins (2009) represented these barriers within a bounded agency model, wherein an individual's agency is shaped, conditioned, and, to a large extent, determined by the structural and political realities that they inhabit. The authors questioned the common distinction (Cross, 1981; Flynn, Brown, Johnson, & Rodger, 2011) between situational (e.g., constraints imposed by professional, financial, and/or family situation), institutional (e.g., admission requirements and type/number of programs available), and dispositional (e.g., lack of interest in participation, self-perception as a learner) barriers. They argued, instead, that dispositions are socially constructed, and therefore seemingly individual agentic stances are reflections of the limitations and/or affordances that are available to the individual. Building on Bourdieu's (1990) idea of the inevitable interaction between an individual's field (i.e., social context) and habitus (i.e., an individual's dispositions, unarticulated beliefs, and choices), Rubenson and Desjardins theorized that decisions and measures taken at the level of the welfare state impact the nature and severity of the institutional and situational barriers to participate as well as the individual's consciousness and their capabilities (and their perceptions of their capabilities) to overcome these barriers. The model is not deterministic, as it allows for feedback from the individual to the collective sphere (see also Evans, 2007).

In this regard, the decision to migrate or to seek asylum is "quintessentially about human agency" (Jasso, 2004, p. 340)—a decision that breaks with an existing, typically oppressive situation to radically change the course of one's life in the pursuit of better opportunities and social advancement. However, refugees' transition to a host country often introduces new challenges and barriers and requires that they strategize their actions to overcome a new set of institutional and situational barriers. Adamuti-Trache (2011) found that, often, this strategizing involves seeking some form of post-secondary education, especially among highly educated migrants. This transition is evidently more complex for refugee survivors who also have to overcome the effects of trauma and its effects on their learning aptitude.

### *Refugees' Trauma and Its Effect on Learning Aptitude*

The journey to safety that takes refugee survivors from war-torn and/or abusive situations to relatively safer host countries is fraught with danger, risk, and loss. Experiences of torture, oppression, material and familial loss, and physical and sexual abuse mark the three stages of the resettlement process (i.e., before, during, and after the arrival)

(e.g., Agic, 2012; Barowsky & McIntyre, 2010). Even after their arrival in the safety of the host country, refugees' feelings of uncertainty, fear for life, and anxiety persist for years and may transmit transgenerationally. Taylor (2017) stated that “some individuals may feel a sense of loneliness and loss of social support, discrimination, experiences of harassment from peers, adults or law enforcement, loss of social status, and fear of not fitting in. Language barriers can cause families to be isolated outside of their community and even within their own families” (p. 30). Bartolomei et al. (2014) agreed that the loss of family, connection, community, and “home” can be deeply felt during this stage. All these experiences that involve continued or prolonged exposure to stressors can result in a trauma that compromises a refugee's coping mechanisms (Cole et al., 2005).

Of particular importance to this paper are the effects of trauma on cognitive faculties, learning aptitude, and ability or drive to pursue educational opportunities in the host country. Tull (2017) argued that refugees with PTSD may have difficulties making connections and performing previously acquired skills in academic environments. Their capacity to focus or pay attention for extended periods in classrooms tends to decrease. They may experience heightened anxiety and a loss of confidence resulting from the persistent psychological stressors associated with the traumatic events preceding or coinciding with their resettlement attempts. Tull added that students with PTSD may experience signs of memory loss. Experiences of violence seem to have an effect on individuals' education and on their overall educational achievement (Horsman 1999; Mojab, 2000). For instance, using lifelong learning theory, Mojab (2000) found evidence of a relationship between Kurdish refugee women's experience of war-related violence and their learning aptitude, motivation, and intentions. Mojab explained that despite their adoption of varied informal learning strategies, these women were limited in their ability to access educational opportunities. The author concluded that barriers facing refugee survivors can only be overcome through individualized trauma-informed educational support mechanisms. The main features of such services and mechanisms are outlined in the following section.

### ***Trauma-Informed Support Services***

A growing body of literature has examined the principles guiding trauma-informed service delivery for specific groups of trauma-affected clients, including children who witnessed or experienced adverse events (e.g., Baker, Brown, Wilcox, Overstreet, & Arora, 2016; Whitworth, 2016), victims of intimate partner violence (e.g., Anyikwa, 2016), and ethnically diverse youth exposed to trauma (e.g., Ngo et al., 2008). Researchers agree that trauma-informed services aim to provide emotional scaffolding that mediates clients' self-regulation as they try to make sense of their past experiences, gain control over their symptoms, and ultimately overcome the feelings of powerlessness and disconnection typical of PTSD. Most of these trauma-responsive interventions work toward offering the clients a sense of safety anchored in new trusting and dependable relationships in which the client's agency and voice are respected. Ko et al. (2008), for instance, described nine “academically-grounded best practices” that informed the National Child Traumatic Stress Network congressional initiative. These practices involved maximizing the children's sense of safety; helping them understand and control their memories of the traumatic event and its effect on their self-perception, identity, and development; ensuring that different service providers collaborate in a coherent and consistent manner; and promoting positive and stable

relationships in their lives. The authors insisted that the success of any initiative depends on the adoption of a holistic approach where different agencies serving traumatized children collaborate to enact these best practices. Whitworth (2016) made five recommendations to help adults recover from trauma. He insisted especially on framing any intervention to emphasize resiliency and recovery. The author explained that clients should be educated to understand their symptoms, but they should also be directed to believe in the possibility of recovery. In this regard, psycho-education, when offered early and consistently within positive, predictable, culturally adequate routines, can potentially help clients rectify their perceptions of themselves as broken individuals and redirect any misplaced blame or anger. Anyikwa (2016) described a trauma-informed care model developed by the Substance Abuse and Mental Health Services Administration (2014), based on four key assumptions (i.e., realization about trauma, recognizing symptoms of trauma, responses through trauma principles, and resisting trauma) and six principles: (1) ensuring that clients feel physically and emotionally safe in a serene environment that avoids potential stress triggers; (2) establishing a trustworthy, dependable, and transparent network of relationships around clients to help them rebuild a healthy social life following experiences of loss and betrayal; (3) promoting the interactive process of recovery by facilitating and capitalizing on peer support; (4) establishing reliable mechanisms for collaboration and mutuality between clients and providers and among providers from related services to ensure continuity and coherence; (5) focusing on building the clients' strength, restoring their sense of power and control, and respecting their choices; and (6) considering the effects of cultural, historical, and gender issues in complicating the trauma sequelae and adapting any intervention accordingly.

Walkey and Cox's (2013) five guidelines for the Multiplying Connections initiative in schools addressed the same priorities listed above but focused on the role and well-being of the service provider, who has to remain calm, especially when facing the typical "hypervigilant fight, flight, or freeze" reactions of trauma-affected clients. The authors explained that service providers have to stay "attuned" and learn to read non-verbal signals and interpret them in relation to the trauma. They stated that since trauma is experienced in the midbrain (not the neocortex), service providers should connect with clients "on the emotional, sensory level before moving to the cognitive level" (p. 124). They advised staff to show "presence" and commitment to each child, which will eventually help restore their confidence and trust. Finally, the authors insisted that service providers should be given the tools and continual support to monitor and manage their own emotions through the provision of "intensive training, supervision, ongoing technical assistance and continual staff development on subjects such as brain development and trauma" (p. 124).

Baker et al.'s (2016) review of the recent literature on trauma-informed care concluded that the promising work done so far is "blocked by the absence of psychometrically strong instruments to evaluate trauma-informed care" (p. 63). They noted, in particular, the lack of experimental studies that measure the effect of any interventions or care models on the behaviours or symptoms of the clients. To date, studies have relied on costly, time-consuming, and/or anecdotal data such as clients' accounts of symptoms and program-level metrics.

**From Margins to Centre: Identifying the Larger Project*****Objectives of the Project***

This study was derived from a larger two-year, three-phase community-based participatory research project involving GBC, Wellesley Institute, CAMH, and CCVT, which aimed to explore partnerships between post-secondary institutions and community groups to advance the educational goals and, by extension, the social inclusion of refugee survivors. Community-based participatory research is, by definition, collaborative and inclusive (Jones & Wells, 2007) geared toward conducting research that is informed by and designed to meet the needs of the community and affect social change that benefits its members (Freire, 1970). Considerable time and effort were put into developing a balanced, transparent, and open partnership between the stakeholders: GBC, Wellesley Institute, and CAMH contributed their research and evaluative competencies to the project, while CCVT and community members contributed cultural competency frameworks that ensured that the research was relevant to the lives of survivors. CCVT and its clients became the conscience of the research investigations, and the transparency of the process ensured that GBC, Wellesley Institute, and CAMH stayed on task (Freeman, Brugge, Bennett-Bradley, Levy, & Carrasco, 2006).

The collaboration aimed to address two research questions:

1. What are the barriers preventing refugee survivors from accessing higher education opportunities in Canada?
2. To what extent can a trauma-informed education-support program help refugee survivors address the identified barriers to higher education?

Figure 1 sketches the study design and the sequence of data collection procedures. In phase 1, we conducted focus groups with 10 CCVT service providers and interviewed 41 CCVT clients (i.e., refugee survivors of trauma) to explore the needs, barriers, and expectations of survivors who wish to pursue higher education in Canada. In phase 2, we outlined the elements of a trauma-informed education-support program based on the analysis and coding of the interviews and focus-group data, as well as a careful reading of the relevant literature. Phase 3 (shaded columns in Figure 1), which is the main focus of the present paper, included two concurrent processes:

1. We piloted the education-support program designed in phase 2. The program consisted of a 14-week course organized into weekly four-hour workshops that covered pertinent topics such as navigating the education system, understanding the Ontario Human Rights Code, and self-care.
2. We monitored the participants' (i.e., refugee survivors who registered for the course) responses to the course at entry point (week 1), mid-point (week 8), and exit point (week 14) through interviews using standardized scales to measure their self-esteem, psychological capital, life satisfaction, and level of participation in their respective communities. Collecting this data allowed us to monitor the possible impact of the program on different aspects of the participants' overall well-being.



Figure 1. Project design



### *Participants (Phase 3)*

Two cohorts of participants were registered in the pilot education-support program and completed the data collection procedures: 18 participants in cohort 1 and 23 participants in cohort 2. All participants were refugees who had experienced war and/or torture, were age 18 years or over ( $M = 29$ ), had completed high school or post-secondary education in their country of origin, and had interest in attaining higher education within Canada. Pseudonyms will be used when quoting participants below.

The 14-week course was organized into 14 workshops directed by facilitators trained in delivering educational curriculum grounded in anti-oppressive principles and experienced in creating an interactive learning environment for diverse learners and working with trauma survivors within a trauma-informed framework. A great effort was made to ensure that the approach was consistent across the two cohorts.

A number of experts and collaborators were also invited to facilitate group activities or mini presentations. They included representatives of services from higher education institutions (e.g., registrar’s offices, financial resource aid, accessibility services, educators, and counsellors), credential assessment organizations, and human rights associations.

### *Course Design and Data Collection Procedures (Phase 3)*

The course design was informed by the insights gained from the refugee interviews conducted in phase 1, which identified the personal and systemic barriers and needs of the participants. These insights were further analyzed, coded, classified, and supplemented with the findings and recommendations of previous literature on mental health and trauma-informed service delivery, in particular. The course was offered in two consecutive sessions (September–December 2016 and January–April 2017). Each session included 56 hours of education-support programming over 14 weeks (four hours/week).

In weeks 1, 8, and 14 of the course, we interviewed the participants using standardized, widely used scales of life satisfaction and psychological capital. The instruments were administered by research assistants orally, at the convenience and in the preferred language of each participant. The interview protocol progressed as follows: Rosenberg self-esteem scale (Rosenberg, 1965), life satisfaction scale (Lee, Brekke, Yamada, & Chou, 2010), community integration scale (Aubry & Myner, 1996; Chavis, Hogge, McMillan, & Wandersman, 1986; Segal & Aviram, 1978), and psychological capital scale with a special focus on the efficacy, hope, and optimism constructs within that scale (i.e., PsyCap Efficacy, PsyCap Hope, PsyCap Optimism) (Luthans, Avolio, Avey, & Norman, 2007). The interviewers received extensive training focused especially on issues of cultural sensitivity and the need to avoid any behaviours, language, or situations that might potentially retraumatize the participants or trigger stressors. Participants were assured about the confidentiality of the entire research process.

## **The Education-Support Program: Conceptualization, Features, and Rationale**

### *Identification of Barriers*

As stated above, the course was designed to address the barriers preventing refugee survivors from accessing higher education opportunities in Canada. A systematic coding of the interviews revealed four main barriers:

1. Barriers related to aspects of the Canadian academic system or academic requirements: Participants reported a lack of understanding of the system, difficulty navigating the post-secondary education system, and a lack of accurate, reliable, and timely information, advice, and guidance to pursue higher education.
2. Barriers related to personal circumstances: These include age, financial concerns, and the need to secure employment. The participants considered that these factors restricted the amount of time and effort that they could otherwise allocate to the search for higher education opportunities.
3. Barriers related to trauma sequelae: Participants were never prompted to relate their past traumatic experiences; however, many described how emotions and stressors related to the war, torture, violence, and traumas experienced in the home countries or Canada affected their cognitive and social abilities/skills. They talked about experiences of dehumanization, violence, and/or harassment in the Canadian workplace, feelings related to their interrupted education, and the political oppression they suffered. They also complained about learning difficulties and cognitive impairment that they attributed to effects of stress and trauma (e.g., memory loss, inability to focus, lack of trust).
4. Barriers related to the resettlement process: These barriers were a direct result of being in Canada. Participants' answers revealed an awareness of a change in their perceived roles and identity loss following their resettlement. This change could be caused or exacerbated by a change in their career trajectory and socio-economic status. The confusion, uncertainty, and frustration caused by these changes burdened the participants and hindered their efforts to seek better education paths.

The participants also spoke at length about emotions and feelings associated with these barriers. An analysis of the nature of this association is beyond the scope of the present paper (see Bajwa et al., 2017 for a more detailed analysis); however, it is safe to posit that these emotions (e.g., discontentment, hopelessness, resentment, feelings of being stuck, isolation, or loneliness) denoted fragile mental health and may have hindered these participants in their quest to rebuild their lives in the host country.

### ***Overview of the 14-Week Program***

Table 1 presents the structure of the 14-week program, including the weekly modules and the barriers they were designed to address. The modules aimed to demystify and deconstruct the Canadian educational system to respond to the participants' expressed apprehension of navigating the application processes, securing funding, and ensuring academic success.

The prominent aspect of the program was, however, that it was delivered in a way that secured a sense of safety among the participants, promoted feelings of trustworthiness and transparency between the staff and the participants and among participants, maximized and capitalized on peer support, and gave voice, control, and choice to the participants. These principles of trauma-informed service delivery are illustrated in the following sections. We follow the presentation order of Anyikwa (2016).

**Table 1:** Course Structure

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
<b>Content</b>	<ul style="list-style-type: none"> <li>• Meet and greet</li> <li>• Course expectations</li> <li>• Supports available at CCVT</li> </ul>	<ul style="list-style-type: none"> <li>• Course overview</li> <li>• Writing group guidelines</li> <li>• Tutorial on goal setting</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural and academic aspects of Canadian education</li> <li>• Activity on learning styles and multiple intelligence</li> <li>• Feedback on individual concerns and strategizing for approaching a Canadian learning environment</li> </ul>	<ul style="list-style-type: none"> <li>• Exploring and reflecting on the post-secondary environment</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding and practising learning strategies</li> <li>• Reflecting on commitments and personal barriers</li> <li>• Accessing academic supports</li> </ul>	<ul style="list-style-type: none"> <li>• Activity on self-exploration</li> <li>• Skills inventory</li> <li>• Personality dimensions</li> </ul>	<ul style="list-style-type: none"> <li>• Exploring resources and tools to understand career paths</li> </ul>
<b>Barriers addressed</b>			Canadian education, personal circumstances, trauma sequelae	Canadian education	Canadian education, personal circumstances, trauma sequelae	Personal circumstances, trauma sequelae	Canadian education

	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14
<b>Content</b>	<ul style="list-style-type: none"> <li>• Mid-point evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Navigating the education system</li> <li>• Bridging programs, OSAP, and other bursary programs</li> <li>• How to locate information</li> </ul>	<ul style="list-style-type: none"> <li>• Navigating the job market</li> </ul>	<ul style="list-style-type: none"> <li>• Self-advocacy; knowing your rights (workplace/education rights), and systems advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Networking day</li> </ul>	<ul style="list-style-type: none"> <li>• Self-care</li> </ul>	<ul style="list-style-type: none"> <li>• Wrap-up, celebration</li> <li>• End-point evaluations</li> </ul>
<b>Barriers addressed</b>		Canadian education	Canadian education/job market	Personal circumstances, trauma sequelae, resettlement	Canadian education	Personal circumstances, trauma sequelae	

**1. Safety.** Great effort was put into ensuring participants felt physically and emotionally safe by eliminating all environmental stimuli that could trigger stress. A decision was taken early on in the project to not ask participants to disclose details related to their trauma, for instance, to avoid retraumatization, but also to convey the message that they would not be defined by their traumas during/in the space of the program. The first meeting (week 1) was used to give participants space to “meet and greet” in a relaxed atmosphere, with refreshments provided. This session set the tone for the following sessions where participants brought in important resources, and lateral power sharing happened. Ground rules were collaboratively agreed upon to create a sense of safety with one another and a sense of accountability to allow for mutual respect and care for each other in the group.

**2. Trustworthiness and transparency.** The program worked toward establishing dependable routines and predictable patterns of participation and interaction. Most of the staff were from CCVT, familiar to the participants from previous visits. Every class meeting followed the same structure: a 15-minute check-in/icebreaker to welcome the participants back into the class. Then, facilitator and/or guest speakers introduced the module, followed by a breakout activity where students worked in small groups/pairs or individually to reflect on and react to the topic of the week. The class then reconvened for a group discussion followed by a final synthesis or a reflective activity. This consistency and predictability are important in encouraging feelings of trust and safety in clients who have experienced extreme oppression from authority figures and betrayals from friends and family.

The first two sessions were devoted to establishing relationships between the staff and participants and among participants. Facilitators explained the course expectations and listed all the support services available at CCVT. They then helped the participants write a class charter that detailed a code of behaviour as well as goals and outcomes of the course. These foundational introductory activities were essential for the creation of a community with shared goals and values within the class. Classmates became fellow citizens in the space of the CCVT class; they did not know each other’s histories but they could trust that they wanted to work together to achieve the same goals by the end of the 14-week program.

The feeling of trustworthiness was also important for the success of all the activities, since every class included some group/pair work tasks, which became a space for participants to share common challenges but also showcase expertise and leadership, obtain and provide support, and ultimately break the isolation that they lamented in the interviews.

Furthermore, by demystifying the Canadian educational system, the program also aimed to help the participants see and interpret the structure and pattern of the system that they were about to access. For instance, in week 3, the participants received a general overview of the unique cultural and academic aspects of Canadian education, with a special focus on typical instructional designs and pedagogical approaches and expectations of students’ academic participation and engagement. Research shows that all these aspects are highly culture-specific and might pose a major obstacle to students trained in other pedagogical paradigms that expect and encourage teacher-centred, knowledge-transmission models of classroom discourse and management. Following the overview, participants had the opportunity to share their personal concerns with approaching the Canadian learning environment and received feedback from the guest facilitators and from other peers.

**3. Peer support.** Peer support was a crucial element of the trauma-informed program design. First, as mentioned earlier, it was part of the process of building a community rooted in feelings of trust and shared goals. In this sense, peer support was both a tool and

an outcome. Instructors purposefully planned tasks that required peer collaboration and exchange of expertise, which in turn reinforced a collegial culture during the 14 weeks. In these instances, peer support was a tool for class management and knowledge creation. These supportive interactions in class were also intended to help clients start weaving a bigger social network of new acquaintances they could refer to in the future for support—a long-term outcome of the program.

**4. Empowerment, voice, and choice.** The participants' expertise, strengths, and right to choose were an integral part of the program design. First, the modules were designed in response to the participants' interviews in which they identified the barriers they struggled to overcome and the types of assistance they needed. The three-point data collection design (entry-, mid-, and exit-point interviews) was another vehicle for the participants' voices to be heard and to continue to inform the program design. In addition, every class session was organized around the participants' opinions and experiences. As explained above, small group work and individual reflections generated further class instructional content/material and helped contextualize and validate the general information prepared by the instructors. In other words, the participants' voices were the thread that held the program together.

The program was also designed to empower clients by equipping them with tools, knowledge, and strategies they needed to navigate the education system in Canada. For instance, in week 3, participants learned about strategies to recognize their learning style as a strength, or an asset. Since the notion of multiple intelligences might be new or unfamiliar to some groups, it was important to show participants that there are various ways of approaching learning and, eventually, for succeeding. This was further reinforced in week 5 when participants had the opportunity to further explore and practise different learning strategies, and then again in week 6 when they discussed self-exploration. Within a module entitled "Who you are matters" (week 6), they completed tasks to identify their own interests, strengths, personal attributes, skills, and values. They were also encouraged to rethink and reassign new values to their past experiences and to think of how to use their identified strengths in strategic ways during their future educational and career journeys.

Other tasks were designed to empower the participants by making them aware of their rights and how to access them and advocate for themselves (weeks 11 and 13). Participants learned about the Ontario Human Rights Code and workplace and education rights. They also had a workshop on de-stressing through mindfulness and the connection between self-care and cognitive aptitude and preparedness. Therefore, even though past trauma experiences were not discussed openly, participants were still introduced to some strategies, tools, and practices that can help them manage their stress triggers and symptoms. These new tools could give them more control over the trauma sequelae.

**Participants’ Response to the Program**

Table 2 presents the participants’ mean entry, mid, and exit measures on the survivors’ self-esteem, life satisfaction, community participation, efficacy, hope, resilience, and optimism scales. The results show statistically significant improvement on the measures of self-esteem, resilience, and life satisfaction (reflecting clear improvement), and statistically insignificant improvements on all other measures. Psychological capital showed improvement, but it was not statistically significant. While it is not possible to establish a direct causal relationship between the participants’ involvement in the program and these improved measures (i.e., other intervening variables may have contributed to this improvement), the interview data suggest that the program offered promising practice and may in fact have played a role in these positive changes for many participants. In fact, during the third and final interviews, 98% of the participants seemed to have a clear vision of their educational plans and goals that they would like to pursue. For instance, S.M. left the program empowered and inspired by the close and refreshingly positive interactions she had with the program staff. She redefined her past traumatic experience as an asset or a strong point that she will be able to capitalize on to advance her selected career:

At the beginning of the program...I was not sure what route to take... but the program [has] enabled me to focus, to believe [studying] human rights is realistic, it’s very fundamental...If it [wasn’t for] this program, I would never be at George Brown College anyway. So, [now] I feel I can go to school. I can pursue my career. I can do much, much more...I am actually so inspired. I feel like [I’ve become] close to more professors. [They are] much better people than those I’ve been exposed to [before]. And, I intend to focus on

**Table 2:** Mean Measures at Entry, Mid, and Exit Points and Effect Size

<b>Construct measured</b>	<b>Entry-point mean (SD)</b>	<b>Mid-point mean (SD)</b>	<b>Exit-point mean (SD)</b>	<b>P</b>	<b>F</b>	<b>Effect size (<math>\eta^2</math>)</b>
Self-esteem	18.66 (4.79)	21.68 (4.56)	21.90 (4.97)	.004	5.910	0.09
Life satisfaction	47.92 (12.81)	54.29 (10.78)	56.53 (11.59)	.003	5.91	0.7
Community participation	34.32 (5.32)	36.00 (4.91)	36.66 (5.20)	.109	2.257	0.04
PsyCap Efficacy	27.92 (4.36)	27.60 (4.39)	29.41 (4.19)	.13	2.04	0.3
PsyCap Hope	27 (6.14)	27.09 (5.84)	29.48 (4.84)	.81	2.55	0.4
PsyCap Resilience	24.70 (5)	24.75 (5.17)	27.56 (1.86)	.014	4.41	0.7
PsyCap Optimism	24.58 (1.93)	25.41 (4.58)	27.07 (4.57)	.61	2.85	0.7

human rights...Because I feel I've gone through what other refugees are going through; I know, I know how they feel. I know what they're thinking...I know how to stand [up] for them. I know what they face. So, I think I'm in a better position of advocacy. (S.M., Cohort 1, exit interview)

Ninety percent of the participants acknowledged a change in their overall disposition, attitude, and sense of self. G.K. saw this change as a "growth" or maturity. He pinpointed the specific knowledge he gained from the course and seems to have appropriated the language of self-care presented in week 13:

I've become [a] more positive [person]. The program matured me in a sense that [I've come to] know my learning abilities. I've come to know that there are many beautiful things deep inside me that I can unleash and live a very productive life. (G.K., Cohort 1, exit interview)

Similarly, K.J. recognized a "big" positive change in his confidence and motivation: I noticed a big change in myself, that I become more confident...more self-motivated. (K.J., Cohort 2, exit interview)

Eighty-five percent of the participants attributed this renewed motivation to the accessibility of the support system afforded by the program structure and staff. They recognized and acknowledged the instructors'/facilitators' dependable support, openness, and understanding of their needs and sensitivities. S.W., for instance, explained how he felt supported, cared for, and respected by the staff of the program. He was aware that support was available but that it would be offered only when and if he was ready to request and receive it. This respect for his agency put him in a position of power whereby he was no longer a passive recipient of help but a customer who chose and decided what services to request.

He was also aware of the role of the staff as possible mediators (advocates) between him and other service providers:

I found everyone [who was] running this program to be very nice, caring, and supportive. They were understanding of my situation, especially when things were happening in my life outside of the classroom. They supported me, advocated for me, and were there for me when I needed them. I am so touched by [the] kindness they showed me. (S.W., Cohort 2, exit interview)

Participants also valued the knowledge, expertise, and dependability of the information/advice and services provided by the program staff. This, in turn, reinforced their trust in the staff. One participant noted that in the beginning she was not able to trust anyone outside of her immediate family, as she had experienced political violence and betrayal by friends in her home country. In the entry-point interview, she stated, "I always had to check my surroundings and constantly watch my back." However, by the end of the pilot program she had made strong connections with both the facilitator and other refugees in the program, and commented, "I understood how to trust and make connections again."

To illustrate the success of the program in affecting direct change on different dimensions of participants' psychological capital, life satisfaction, and self-esteem, we present two brief



vignettes about two different participants and trace evidence of this change over time (from entry point to exit point).

**Vignette 1: G.M., Cohort 1.** G.M., 30, escaped domestic violence and persecution in Somalia to make a risky journey to Canada, leaving her children and other loved ones behind. Longing for and worrying about the safety of her children and the constant fear of being deported from Canada before obtaining her Protected Person status caused her tremendous stress. She was seen crying but never discussed her issues openly. Many times during the program, she excused herself and left the session because she “[couldn’t] focus on anything” or “there is a lot that’s happening for [her].”

At the beginning of the program, she shared,

From all Canadian standards I may be a young woman but I feel so old. Despite the fact that I like studying, I can’t remember anything. These repeated thoughts in my head of bad stuff that happened and bad stuff that could still happen keep distracting me. Sometimes, I feel it has paralyzed me.

In subsequent interviews, she talked about her emotionally positive experience in the program and her appreciation of the staff’s respect for her pace, space, and choices. For instance, she recalled how one staff member checked on her after she left the class because she “became very emotional,” but did not pressure her to share her concerns or justify her decision to leave the class. She pointed out,

I just wanted to be alone for some time. She [staff member] heard that and gave me that space and that was so important. I would have left if I felt pressured to talk. But I realized that I was noticed. I am not invisible; I have control, no one is forcing me to talk. I came back to the class to finish it.

In the following quotation, she talked about the positive effect of the program and especially the sense of community and the content of some modules on her evolving perception of her own value and importance as an individual. She indicated that the program facilitated her transition from a marginal survival mode to a full, more rewarding lifestyle where she is at the centre of attention:

I had never felt important my whole life. I had always felt less than—people not caring what happened to me. People not caring what I wanted, people not thinking what I wanted or what was important as I am a woman. But in the program, I felt with others in the program that I was someone and I mattered. To others this may be little or not even important, but to me this was so valuable. In the program, I began to value myself. I actually learned that I have rights as well. I had never even thought about this as important for me. I just wanted to be safe—for myself and for my children.

In a different interview, she spoke eloquently about the benefits she gained from the program:

Being in the program gave me not only the tools to be able to go to college, but it gave me the strength to succeed despite all what is happening in my

life. I don't want to settle down anymore, not for me and not for anyone. I want to give myself a chance in life. I now feel hopeful about myself that no matter what, I will be okay.

Despite her very chaotic life outside the program, staff noted that she had a very strong presence and was a strong team worker. By the end of the program, she had taken her first step to enroll in the post-secondary education program as a means to enter the Early Childhood Education program at GBC.

**Vignette 2: N.R., Cohort 1.** N.R., 21, had to interrupt her studies in psychology and flee the war in Syria to resettle in Canada. Staff noted that she was timid and graceful but seemed confused and overwhelmed by what she had witnessed as a young adult. She reported feeling exhausted, pedaling in space and with no clear direction. While in the program, she felt she was part of a community, with friends and people who appreciated her for who she is. She stated that she applied to many colleges in the Greater Toronto Area, but was rejected by all. However, she intended to continue to accrue the credits before she is able to pursue her degree in psychology at a university. In an interview to the *Toronto Star* at her graduation on December 21, 2016, she stated,

We came here to learn about how to go to post-secondary but we ended up learning about life in Canada. I used to feel like I was floating on the ocean, but this program and everyone who participated in it helped me get on land. (as cited in Keung, 2016)

Her statement highlights the sense of community created during the program and the value of defining goals. Assistance from staff and classmates supported her as she gained confidence and as her trust in others grew to replace feelings of exhaustion and disorientation.

### **Discussion and Recommendations: Proposed Model of Education**

The community-partnership project described in this paper was designed to address a flagrant lack of tailored services and support programs that address the unique and complex needs of refugee survivors who seek to pursue higher education in Canada. As noted above, generic services addressed to newcomers fail to consider the effects of trauma sequelae on refugee survivors' ability to access information and to muster the courage, financial/physical capability, and cognitive faculties to initiate and persist in pursuing educational opportunities.

To address this gap, the project designed a trauma-informed 14-week program that responded to the barriers and needs expressed by two groups of trauma-affected adults.

To successfully implement such a trauma-informed model, there needs to be extensive and intensive training and coaching of faculty to increase their capacity to use trauma-informed strategies (Fixsen, Blase, Naoom, & Wallace, 2009; Metz, Naoom, Halle, & Bartley, 2015). For this research, extensive training was provided to the staff/educators to raise their awareness of the effects of trauma on survivors. The facilitators did not have to be therapists but they had to be able to recognize the symptoms of previous traumatic experiences, be non-judgmental, and see beyond the participants' symptoms and possible limitation to recognize and capitalize on signs of resilience and strengths (Frisman, Ford, & Lin, 2008). They communicated warmth, respect, and genuine interest in each participant's aspirations

and were careful not to retraumatize, pathologize, or essentialize their past experiences. Being a facilitator required them to be insightful, calm, and patient with the participants, able to provide information and feedback, and able to monitor the emotional and physical safety of the group (Courtois, 2004). They provided pertinent factual information (e.g., available bursaries) but invited the clients to ask questions, discuss concepts, and reflect on ways to make this information immediately relevant to them. Throughout the program, clients were positioned as active agents in their own learning experiences, not mere passive recipients of information.

This effort was recognized and valued by the participants as evidenced by the multiple testimonies shared above. The quotations and vignettes presented here emphasize the rapport and the sense of growing self-worth and confidence experienced by the participants. The fact that this progress or development was not reflected in the quantitative data may be due to several reasons. It is possible that the participants' scores in the entry-point interviews were atypically high, thus creating a ceiling effect. Participants in this project voluntarily responded to a call for participation in the program, which shows a high level of confidence and social adjustment that may not be typical of the refugee survivor population. It is also possible that a longer, more consistent program should be put in place before quantitative results can be registered.

It is important to emphasize that the pilot project is the result of an extended partnership between mental health institutions and higher education establishments, and between experienced therapists and seasoned educators. It drew on the partners' expertise, but it also benefitted from reliable sources of funding and different forms of structural and material amenities (e.g., welcoming physical space to host the class, simplified logistics to invite guest speakers). As such, it capitalized on extraordinary resources that may not be readily available in other contexts. In this regard, we emphasize that it is the combination of resources that matters. Without this mutuality, dedicated educators with a strong understanding of the trauma-informed pedagogy will be limited in their ability to mobilize the resources and other forms of supports needed to help their students. On the other hand, institutional efforts to provide mental health supports (e.g., welcoming centres) will also have a minimal impact if these services are not widely advertised and destigmatized. In fact, for this kind of trauma-informed strength-based program to have any significant impact on the larger population of refugee survivors, there needs to be profound systemic changes that include all the stakeholders such as the ministries of labour and education, faculties of education and registrar's offices, human rights advocates and accessibility services. Partnership between these stakeholders should focus on creating inclusive infrastructure to accommodate refugee-friendly services and train staff to affect attitudinal changes. Based on this pilot study/project, we recommend that the administrators in higher education institutions be educated in challenging the multilayered barriers that trauma-affected students experience and their effect on students' academic performance and behaviour in general. This education can be provided internally by hired specialists (trauma specialists, psychologists, therapists, social workers) whose role would be to advise and supervise the application and admission process. It can also be part of a close and sustained collaboration between higher education institutions and specialized organizations such as CCVT. Such collaboration would facilitate the sharing of expertise and resources between these partners and result in a coherent, holistic trauma-informed strategy. We also recommend the creation of centres and active workshops within higher education institutions that

specialize in refugee survivor experiences. In fact, resources for students with disabilities, such as mental health or English and writing centres, may not be able to address the specific circumstances of refugee survivors. Survivors should be able to access all the services through one localized centre that can understand their unique challenges. This centre can hold workshops for refugees accepted to the university or one-term classes, where students can easily participate. The aim of these workshops or classes should be to create a safe platform for refugee survivors to explore their experiences while also building a trusting relationship with the instructors and the institution. These classes can also help students access the resources they need for academic success. Having a smaller group in a class that is professionally designed to cater to their needs can promote a sense of belonging and trust that is essential for refugee survivors' success in an academic institution. In addition, it can promote a sense of connection among students and between the student and the instructor and other support people, which is a key element in student engagement and feelings of safety and belonging. Having similar experiences and taking on the challenge together promotes a feeling of unity and solidarity among student survivors and helps them to feel less isolated. As refugee survivor students engage and show interest in each other, the potential for success and community inclusion increases. In this regard, Quartaro, Horsman, Bajwa, Willats, and Bonisteel (2009) stated that "an integrative seminar can be a useful vehicle for developing a learning community, as it allows students to reflect on the learning process and the effect the project is having on them" (p. 89).

### Conclusion

This paper proposes that customization and individualization of education benefit refugee survivors who have experienced traumatic events. Torture is a mechanism that breaks individuals' self-esteem and sense of belonging and community. The betrayal of trust noted extensively in the literature makes it harder for refugee survivors to fit within the already existing educational model at institutions of higher education. In addition, the victims of torture and trauma suffer from reduced memory, displacement, and inability to focus. These students' special needs should be considered carefully when constructing an education model. Through a research project conducted by CCVT, CAMH, and GBC, this paper proposed an educational model that responds to the specific needs of refugees with experiences of torture, war, and political violence.

Individualized supports catered to the specific needs and existing barriers of refugee survivors entering and pursuing higher education are vital for their success, socio-economic mobility, and overall well-being. Institutions of higher education can adopt ways to support incoming and existing refugee survivors by creating centres and workshops, personalizing services, modifying guidelines, and educating administration and staff.

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