Providing Trauma-Informed Care to Refugee Mothers

A Guide for Community Workers

SCPOR

University of Regina

ACKNOWLEDGEMENTS

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PART 1: INTRODUCTION TO TRAUMA

What is Trauma?

Trauma refers to emotional stress in response to a deeply distressing or disturbing event. This event can be any experience that causes physical, emotional, or psychological harm, leaving the individual feeling unsafe or threatened (Kezelman & Stavropoulos, 2018). These events can be highly individualized—what one person finds traumatic, another might not. However, trauma can extend beyond the personal, and include community and societal trauma. Cultural differences and gendered social roles can also change the perception, and interpretation of a traumatic event (Clervil et al., 2013; Grossman et al., 2021).

Trauma in Refugee Women

Refugee mothers—by virtue of their roles as caregivers, their gender, and their refugee status—face a heightened risk of social and psychological stressors (Freedman, 2016; Hynes & Cardozo, 2004; Taheri et al., 2024; World Health Organization, 2021). Many refugee mothers have faced difficult or even traumatic experiences before, during, and after leaving their home country. These experiences can affect their mental, emotional, and physical health—and how they interact with people and services in their new communities. As a community worker, you are in a unique position to help them feel seen, heard, and supported.

Pre-Migration	Migration	Post-Migration
Sexual violence (e.g., rape, forced impregnation, forced abortion, sexual trafficking, sexual slavery and the intentional spreading of sexually transmitted diseases)	Miscarriage, premature labor, or even death of a child during the journey	Altered role as traditional mothers (due to a more gender-equal society, language barriers, and different norms)
Gender-based violence	Exploitation	Domestic violence
Gender-based oppression	Physical and sexual abuse	Social isolation

THE CONSEQUENCES OF TRAUMA

For refugee mothers, their physical, emotional, and social well-being can be affected by trauma, creating unique challenges for them in the context of motherhood. Research suggests that post-migration challenges are the strongest predictor of traumatization, PTSD, anxiety, and depression, which may lead to dysfunctional behaviours that impair their ability to cope with social and family life (Gleeson et al., 2020).

Refugee mothers may feel overwhelmed by the demands of parenting in a new country, coupled with unresolved trauma. This can lead to increased stress and reduced emotional availability for children.

Mental barriers can also lead to challenges in breastfeeding (e.g., lack of supply, overstimulation, etc), and maternal bonding. For many refugee mothers, their sense of identity and belonging may be rooted in their roles as caregivers and community members, roles that may be difficult to maintain under these conditions (Zivot et al., 2020).

Experiencing trauma can lead to physical health impacts, including in the perinatal period (e.g., high blood pressure; Perera et al., 2023). Refugee mothers, particularly those who have experienced sexual violence, may also face reproductive health complications.

Despite these challenges, refugee mothers often demonstrate remarkable resilience. Cultural and community support, as well as personal strengths, can help mitigate some of the effects of trauma. Trauma-informed care that acknowledges these strengths is crucial for supporting their recovery and empowerment.

THE WINDOW OF TOLERANCE

The "**window of tolerance**" refers to the optimal zone in which individuals can effectively manage and process emotions, respond to stress, and engage with others (Miller et al., 2019).

- For refugee mothers, their window can become narrowed as a consequence of experiencing significant trauma. Ultimately, each patient has their limits. Triggers or stressors (e.g., navigating an unfamiliar healthcare system) can move individuals outside of this zone.
- They may either become hyper-aroused (i.e., experiencing anxiety, anger, or panic) or hypo-aroused (i.e., feeling numb, disconnected, or depressed). During these moments, a patient's behaviour is often out of their control.
- It is important to recognize when refugee mothers are outside of their subjective window and learn how to use a trauma-informed approach to reduce stressors that may shift them outside of it.

CORE PRINCIPLES OF TRAUMA-INFORMED CARE FOR COMMUNITY WORK

Trauma Awareness and Acknowledgement

We will emphasize recognizing and validating the experiences of refugee mothers with trauma. This involves understanding the general impact of trauma rather than delving into every distressing detail, while acknowledging how past experiences influence various aspects of their lives.

Safety and Trustworthiness

Our material will help community workers create a safe space for refugee mothers by focusing on predictability and consistency. It's essential to recognize their need for both physical and emotional safety during interactions.

Choice, Control, and Collaboration

We will advocate for empowering refugee mothers by actively involving them in decisions made about them. This will include providing informed choices, presenting both positive and negative options, and taking the time to build collaborative relationships that promote trust.

Strengths-Based and Skills-Building Care

Our modules will focus on recognizing the strengths of refugee mothers rather than solely their traumas. We will encourage community workers to believe in their resilience and help them to build skills that enhance their ability to cope and thrive.

Cultural, Historical, and Gender Issues

Understanding the diverse identities of refugee mothers is crucial. Our material will incorporate processes that are sensitive to cultural, historical, and gender issues, ensuring that care is tailored to the specific backgrounds and experiences of each individual.

(Purkey et al., 2018)

AREAS OF APPLICATION

Trauma informed frameworks have been adopted across service settings, including...

Early Childhood and Parenting Programs

Settlement and Newcomer Services

Needs-based Services

Faith-Based and Cultural Organizations

Housing and Shelter Supports

Health Services

Mental Health and Wellness Services

Recreation and Social Programming

...and other community based services

(Hopper et al., 2010; Hernandez, 2024; Im & Swan, 2021; Liu et al., 2024)

CASE EXAMPLE

Background

Mariam, a 34-year-old Afghan refugee mother, has recently relocated to Canada with her husband and four children. Prior to migration, she endured significant hardship, including war-related trauma, gender-based oppression, and the emotional strain of forced displacement. Since arriving in Canada, Mariam faces new challenges—social isolation, language barriers, and a profound loss of independence. She does not drive and relies heavily on her husband for transportation and communication, which limits her ability to participate in community life or seek support independently. Mariam attends a local family resource center seeking help for parenting support. During her visit, she appears anxious and withdrawn. When approached by a male community worker, she becomes visibly uncomfortable and avoids engaging further. With the help of a Dari-speaking interpreter, Mariam expresses frustration over her inability to access resources on her own and shares concerns about maintaining her cultural and religious values in a new environment.

Consider...

- How might Mariam's past experiences with war, gender-based oppression, and forced displacement influence how she engages with community programs and services?
- In what ways could social isolation, limited language proficiency, and restricted mobility increase Mariam's stress and make her hesitant to seek community support?
- How can community workers respect and accommodate Mariam's cultural and religious beliefs—particularly regarding modesty, family roles, and gender dynamics—while still encouraging her participation?
- What strategies can community workers use to build trust and gradually empower Mariam to access support more independently as her comfort and confidence grow over time?

Adapted from Ray (2024)

Possible Course of Action...

- Noticing Mariam's distress and validating her feelings: “I understand this space might feel unfamiliar or overwhelming. We want to make sure you feel safe and comfortable here. There's no rush—we can go at your pace.”
- Acknowledging the possible impact of past trauma without pressing for personal details:
- Offering options that respect her comfort and preferences. For example: providing access to a female community worker or interpreter, or offering the chance to meet in a women-only setting.
- Allowing her to decide the timing and nature of support (e.g., “You don’t have to decide anything today. If you'd like to think it over or come back another time, that’s completely okay.”)
- Recognizing and affirming her resilience and parenting efforts (e.g., “It takes a lot of strength to care for your children and to come here today”)
- Connecting her with peer-based programs and community networks that aligns with her cultural and religious values. This could include women-led parenting workshops, modesty-respecting environments, and translated resources.

PART 2: SETTING THE STAGE FOR CULTURALLY SENSITIVE TIC

Culture is broadly understood as shared norms, beliefs, and values that are often intertwined with the social, economic, and geographical context.

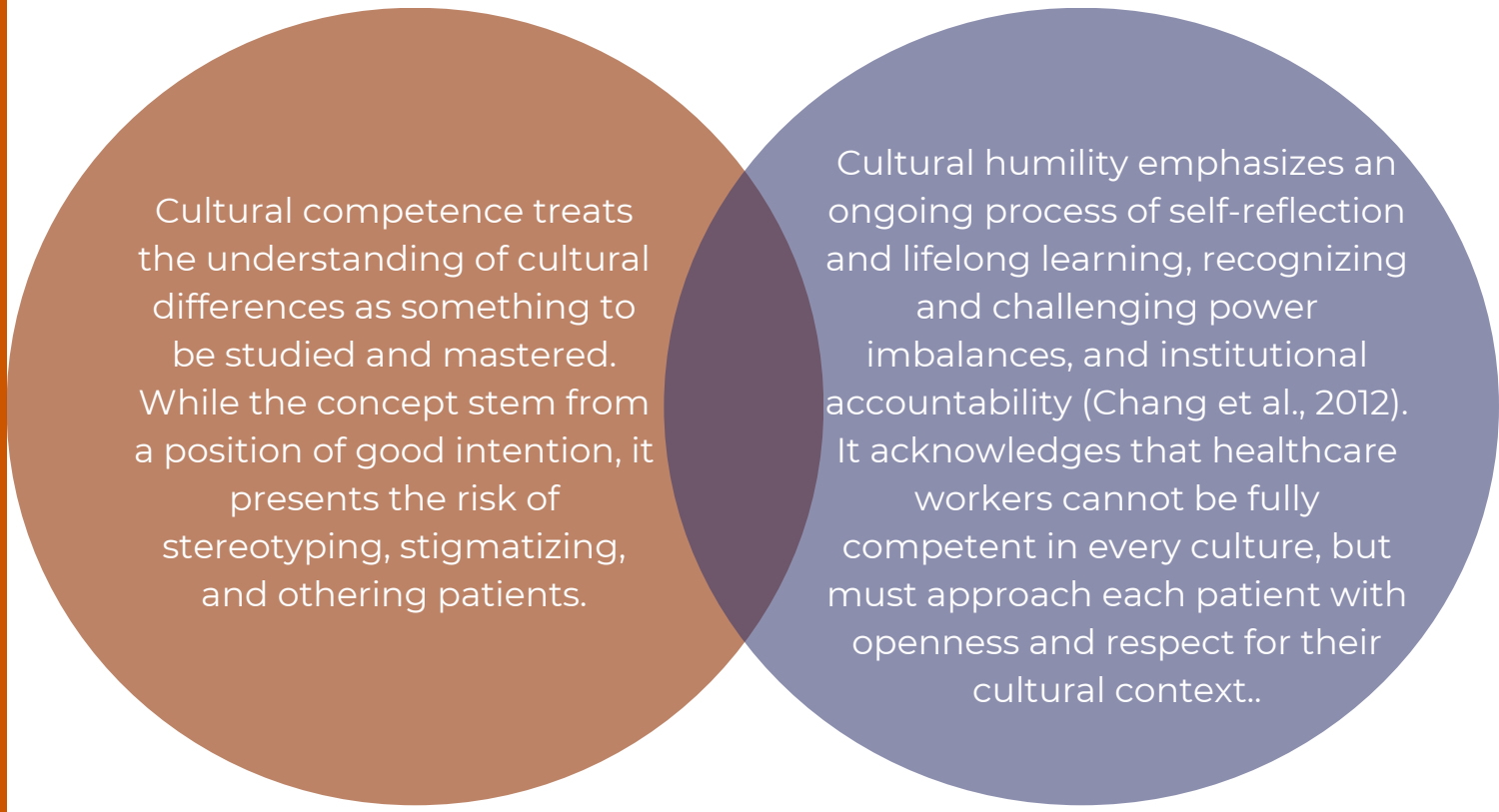
However, cultures and ethnic groups are not necessarily uniform or homogeneous; they consist of individuals with diverse beliefs, behaviours, and experiences. This can result in variations in traditions, values, and worldviews.

When professionals are perceived as culturally insensitive or lacking competence, patients may view the care as low quality or discriminatory, ultimately leading to a lack of trust in both services and providers (Cuevas et al., 2018).

Integrating cultural relevance into TIC helps individuals stay connected to what is meaningful to them, potentially serving as a protective factor against future mental and physical stress-related illnesses.

(Ranjbar et al., 2020)

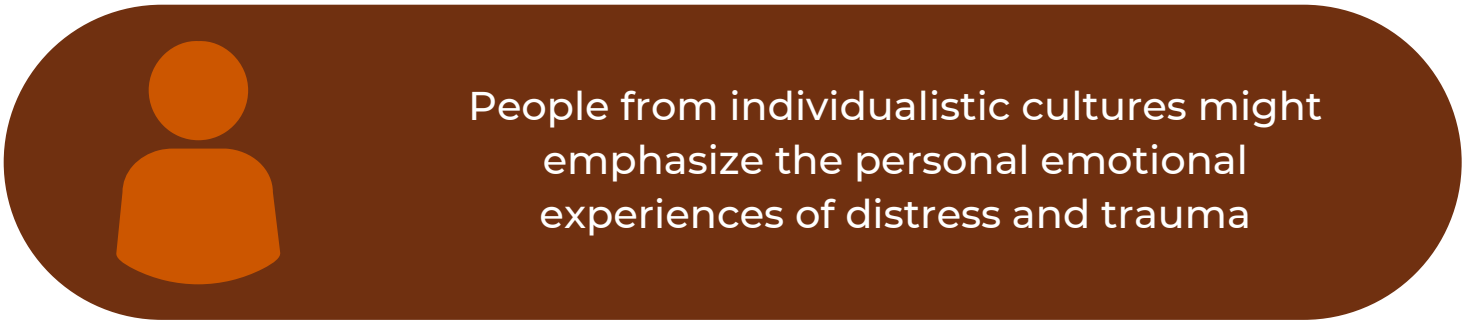
- While cultural considerations are important—particularly as refugee women often struggle with having their cultural beliefs and practices misunderstood—their primary concern is receiving respectful care, clear communication, and support in their new country (MacKenzie & Hatala, 2019).
    - Community workers must balance cultural awareness with a person-centered approach, ensuring that care is guided by respect and responsiveness to the individual, rather than relying solely on cultural generalizations.
- In the context of culturally sensitive care, the distinction between *cultural competence* and *cultural humility* is critical.



- Community workers must avoid making assumptions and instead engage in continuous learning and open, respectful conversations about each mother's unique experiences and beliefs. It is important to recognize the individual as the expert in their own experiences.

TRAUMA AND CULTURE

- When working with refugee mothers, it is essential to understand the potential impact of cultural trauma, such as experiences of genocide. Recognizing whether an individual has been exposed to these events helps guide appropriate care.
- Cultural brokers, who are individuals with authority or deep understanding within the culture, can be invaluable in interpreting cultural norms and serving as trusted supports. They can help ensure that the healthcare provider's approach is culturally sensitive and effective.
- Recognizing cultural differences in the expression and interpretation of symptoms ensures a holistic and compassionate approach to care.



(Schnyder et al. 2024)

- Trauma is experienced and expressed differently across cultures. What may be considered a traumatic event in one culture might be interpreted differently in another.
- Community workers should be mindful of these variations and avoid assuming a uniform reaction to trauma, allowing space for different expressions of distress, from emotional suppression to more overt emotional expressions.
- In some cultures, mental health struggles or trauma may carry significant stigma, leading to suppression or denial of symptoms.
- Refugee mothers from these backgrounds may be reluctant to discuss their trauma, fearing judgment or shame.
- Mental health and trauma may be interpreted through spiritual or supernatural lenses in various cultures (Center for Substance Abuse Treatment, 2014).
    - For example, trauma symptoms may be viewed as a result of curses, possession, or punishment.

Examples of Cultural Concepts of Distress

CASE EXAMPLE

Faduma, a 29-year-old refugee mother from Somalia, is expecting her first child since arriving in Canada. Now in her third trimester, she has not connected with any prenatal or newcomer family services. During a home visit, the family outreach worker engages her in conversation about available community supports for expectant parents. Faduma shares that she feels well and does not see a need for outside help unless something goes wrong. She expresses unease about unfamiliar systems in Canada and is concerned that some services may encourage practices that go against her desire for a natural and culturally grounded birth. Through gentle, respectful dialogue over time, the outreach worker encourages Faduma to consider attending a prenatal workshop at the local family resource center. Faduma eventually agrees but remains withdrawn during the session—avoiding eye contact, staying quiet, and appearing skeptical. When the facilitator discusses topics like birth planning and health screenings, Faduma expresses reluctance, saying she doesn't want any involvement that might cause harm or conflict with her traditional views.

Consider...

- How can I frame information about prenatal and parenting resources in a way that feels relevant and respectful to Faduma's cultural beliefs?
- How can I build trust and rapport so she feels supported rather than judged or pressured?
- What culturally sensitive tools might help her feel safer and more engaged?
- How can I help Faduma understand her choices without stepping outside my role or offering medical advice?
- What partnerships (e.g., with cultural liaisons, peer mentors, or interpreters) might make it easier for Faduma to access support in a way that honors her values?

Adapted from Sacks et al. (2024)

Possible Course of Action...

As a family outreach worker, you can support Faduma by:

- Acknowledging and validating her beliefs (e.g., “I understand that in your culture, it's common to seek help only when something feels wrong. Here, some parents choose to connect with support services earlier, not because something is wrong, but to help make the transition smoother and more comfortable. We want to respect your approach while also sharing what’s available to you.”)
- Sharing information in a culturally respectful way (e.g., stories from other newcomer mothers, translated materials, women-only circles).
- Focusing on how services can support her birth goals: "Some moms find that learning what to expect during birth helps them feel more confident and in control. There are even sessions focused on natural birth options, led by other women from newcomer communities."
- Empowering her through choice and collaboration: “You don’t have to do anything you’re not comfortable with. But if you're ever curious or have questions, we can talk through your options together and find what feels right for you and your baby.”
- Helping her feel more at ease in new spaces. Offer to accompany her to a community center, parenting group, or clinic tour.

PART 3: BUILDING RELATIONSHIPS

For refugee mothers, building trusting relationships is at the heart of feeling safe, respected, and valued. Trust encourages women to open up about their needs, concerns, and experiences, which helps community workers provide better, more appropriate support.

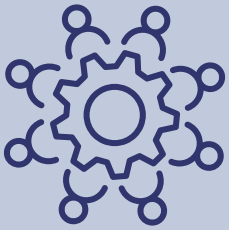
EFFECTIVE COMMUNICATION

Be transparent about what your role is, what you can help with, and how the service works. Explain any forms or steps involved and avoid jargon. Encourage women to ask questions or express concerns, and take the time to listen fully.

COLLABORATION

Support refugee mothers as partners in the process. They know their families and their needs best. Whether it's about housing, childcare, or financial support, involve them in decisions so they feel heard and respected.

CULTURAL-SENSITIVITY



Different cultures may have different ways of doing things (e.g., involving elders in decision-making, observing modesty, or parenting styles). Asking about and respecting these practices shows that you care about who they are, not just what they need.

FLEXIBLE SERVICES

Try to adapt services to fit the woman's situation (e.g., offering flexible appointments, allowing a trusted person to attend meetings, or adjusting communication styles). Trauma or past displacement can affect how comfortable women feel, so patience and adaptability are key.

ADDRESSING LINGUISTIC AND COMMUNICATION BARRIERS

Refugee women often face greater linguistic challenges compared to men due to fewer opportunities to learn the language and more barriers to accessing language classes (Cheung & Phillimore, 2017). Ensuring access to translation services is essential for effective communication. **However, communication barriers extend beyond language skills.**

Cultural differences can impact patterns of communication. For instance, refugee mothers may not actively request help, but wait for information or support to be offered. Community workers should adopt a proactive approach, ensuring essential information is clearly and accessibly communicated, while remaining attentive to the cultural norms.

Cultural differences also influence how different topics are discussed. Some refugee women may describe feeling "heavy-headed" due to stress, without identifying it as a mental health concern due to discomfort with that label. Similarly, when sensitive topics (e.g., alcohol or drug use, suicidal thoughts, or domestic violence) are approached too directly or in a way that feels intrusive or judgmental, it can create a barrier to open and honest communication (Drapeau, 2012).

TIPS FOR COMMUNICATING EFFECTIVELY

1

Using Translation Services

- Speak to the patient, not the interpreter: Address the refugee mother directly to foster a sense of connection and trust.
- Ensure accuracy and satisfaction: When possible, assess their satisfaction with the interpreter and responding appropriately to their feedback (e.g., using a different interpreter, offering a written translator). While an interpreter from the same community can provide comfort through shared language and cultural understanding, it may also heighten fears of stigma or confidentiality breaches, making disclosure more difficult.
- Be mindful of gender preferences: Many refugee mothers may feel more comfortable with a female interpreter.

2

Verbal Communication

- Speak slowly and clearly: Avoid speaking too quickly, use plain language to ensure understanding, and avoid overwhelming the patient with unnecessary details.
- Check for understanding: Pause frequently and encourage questions to confirm that the information is understood.

3

Non-Verbal Communication

- Be mindful of cultural differences: Recognize that non-verbal gestures may not be universal. For example, in Canada, nodding up and down typically means "yes," but in countries such as Bulgaria or Iran, it may mean "no."
- Use open and welcoming body language: Convey empathy and attentiveness through your posture and facial expressions.

4

Listening

- Practice active listening: Focus on the refugee mother's words, repeat key points for clarity, and avoid interrupting.
- Show empathy and genuineness: Validate their feelings and experiences to build trust and demonstrate understanding.
- Maintain positive regard: Approach every interaction with respect and a non-judgmental attitude.

(Dastjerdi et al., 2012; Toke et al., 2024)

COMMUNICATING TRAUMA

Refugee mothers may carry deep and complex trauma, but they often do not speak about it openly, especially in unfamiliar environments. Generally, as a community worker, your role is not to ask directly about traumatic experiences, but to create a space where a woman feels safe enough to bring it up herself, if and when she chooses.

Have a flexible understanding of trauma. Refugee women may not directly express that they have experienced trauma or other mental health concerns; however, they may describe symptoms (e.g., self-blame, crying, difficulty focusing) or use metaphors and culturally-specific terms.

What looks like withdrawal or avoidance (e.g., not making eye contact, staying silent) might actually be a sign of respect in some cultures, not distress. Similarly, some women may feel it is inappropriate to speak about personal pain outside the family. Be sensitive to these norms and avoid interpreting silence as avoidance.

When trauma has eroded a person's sense of safety, reliability becomes a form of healing. Keep your word, explain what will happen next, and show up when you say you will. This builds trust over time and shows that you can be counted on, without needing her to reveal anything she's not ready to.

(Afkhami & Gorentz, 2019; Cull et al., 2023; Due et al., 2022; Millar et al., 2021; Willey et al., 2020)

RESPONDING TO DISCLOSURE OF TRAUMA

Validate and Provide Emotional Support: Offer a compassionate, empathetic response. Let them know their feelings and experiences are heard and respected.

Allow Room for Silence: Do not feel pressured to have an immediate response. Silence can provide the individual space to process their feelings or continue sharing at their own pace.

Limit the Request for Further Details: Learn what is appropriate to ask, how to phrase questions sensitively, and when to involve cultural mediators or interpreters. Always prioritize dignity and safety over getting details.

Remain Professional: While it is natural to have an emotional response to disclosure, recognize that your feelings are secondary to the individual's needs. Focus on their experiences and emotional well-being.

Avoid Assumptions: Be careful not to make presumptive statements, such as, "You and your family must be so much happier here in Canada."

Acknowledge Courage: Recognize the vulnerability involved in sharing traumatic experiences and express appreciation for their trust.

Elicit Strengths and Develop a Plan: Collaborate to identify coping strategies that have worked in the past, supportive individuals in their lives. Focus on the individual's strengths and resilience.

Provide Resources: Clearly communicate available resources, such as counseling services, or support groups. Ensure they understand how to access these resources and how they can follow up for continued support.

(Kassam et al. 2022; Lanthier et al., 2016)

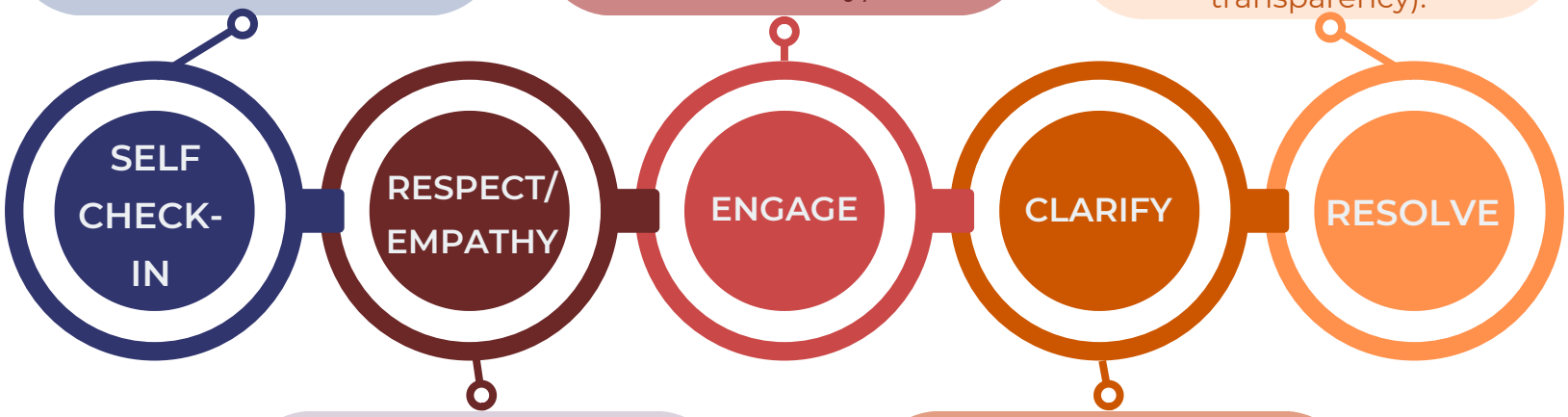
COLLABORATIVE DE-ESCALATION

When refugee mothers begin to show signs of emotional escalation, there are several strategies derived from trauma-informed practice that can be used. Collaborative de-escalation with refugee mothers involves using several skills to address heightened emotions and ensure safety in difficult situations. During this process, providers should recognize and build on the mother's existing resilience and coping skills.

Check-in with yourself to manage your emotional responses to remain calm and professional. Recognizing that the patient's reaction may stem from past trauma or systemic barriers, providers should focus on immediate, actionable steps.

Engaging collaboratively allows providers to meet the patient's immediate needs while preserving her autonomy, creating a sense of control (e.g., inviting her to sit, offering a comforting item like water, or involving additional staff or interpreters if necessary).

Resolving the issue requires working together to find practical solutions, balancing the mother's needs and cultural preferences with what is possible (e.g., offering clear options, compromising where feasible, and explaining decisions with honesty and transparency).



Approaching the situation with respect and empathy (e.g., provide clear explanations when possible, demonstrate genuineness) helps to de-escalate tensions by acknowledging the patient's feelings and validating her perspective.

Effective de-escalation requires clarifying the core issue by listening actively, asking open-ended questions, and ensuring the mother understands what can or cannot be done.

(Centre for Addiction and Mental Health, 2020)

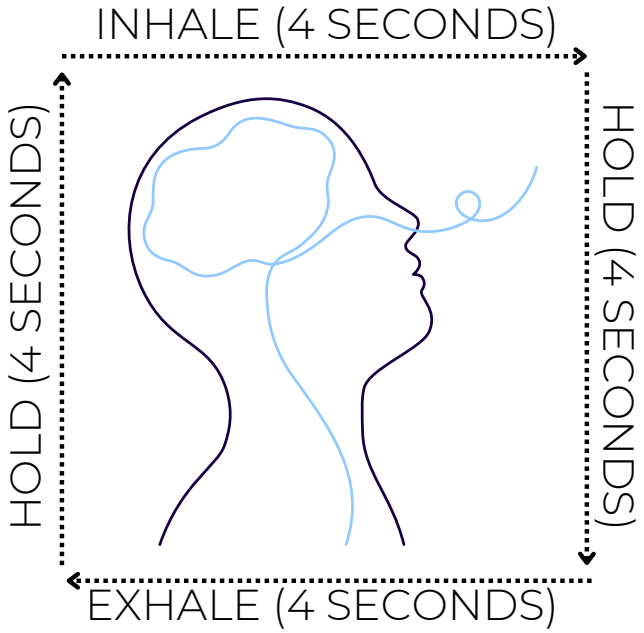
RELAXATION SKILL: BOX BREATHING

Breathing techniques are particularly helpful when patients are dysregulated because they are immediately accessible, require no external tools, and can be easily adapted to different settings. By teaching your patient how to connect with their breath, you can help bring them back inside their Window of Tolerance.

When teaching this skill...

- Explain that box breathing can help regulate emotions and reduce stress.
- Use visual aids, such as drawing a square or using their hands to guide the pacing
- Instruct mothers to inhale deeply through the nose for four counts, hold for four counts, exhale slowly through the mouth for four counts, and pause for another four counts before repeating the cycle.

To enhance engagement, providers can adapt the technique to the mothers' cultural backgrounds by incorporating familiar metaphors, such as imagining filling a balloon or tracing the sides of a window. Encouraging them to practice in a safe and quiet space, and reassuring them that it is normal to struggle at first, can help build trust and confidence in using the technique during moments of distress. This can be repeated as many times as needed.



CASE EXAMPLE

Aisha, a 34-year-old refugee mother from Syria, visits a local community center to enroll in a parenting support program for her 4-year-old son, Omar. During the intake process, the community worker asks about Omar's behaviour at home, and Aisha responds openly. However, when asked about her own background—such as her migration journey, education level, and mental well-being—Aisha becomes quiet and appears uncomfortable. She seems confused by some of the language used, but does not ask for clarification. The worker notices this but moves on, assuming Aisha prefers not to discuss it. Later, when the worker briefly mentions that emotional support services are available for families, Aisha becomes visibly anxious, ends the conversation early, and leaves. When a colleague follows up by phone, Aisha explains that she's unsure why these questions were asked, fearing it might lead to child protection services getting involved.

Consider...

- Are there cultural values, past experiences with institutions, or norms around privacy I should be aware of when working with refugee mothers like Aisha?
- How might her background shape her comfort level in sharing personal information?
- How can I clearly explain why I am asking personal background questions in a way that reduces suspicion or fear?
- What can I do to encourage refugee mothers to express confusion or ask questions, without feeling judged or pressured?
- What culturally sensitive ways can I use to talk about mental health?
- How can I adjust my words or check for understanding without making her feel embarrassed?

Possible Course of Action...

For future appointments, Aisha's family doctor may...

- Reassure her that any personal information she shares is confidential and will not be shared with child protection services unless there is a serious and immediate safety concern.
- Gently ask Aisha about her comfort level when discussing topics like her migration journey, education, or family needs, making it clear that sharing is voluntary.
- Use culturally respectful language, such as referring to "family wellbeing" or "daily stress" instead of terms like "mental health," which may carry stigma.
- Clearly explain why questions are being asked before asking them, for example: "We ask these questions to better understand your situation and connect you with support that fits your needs."
- Pause regularly during conversations to check in by asking, "Does this make sense?" or "Would you like me to explain that another way?"
- Offer the option to include a professional interpreter in future meetings, even if her English seems conversational, to reduce misunderstanding and increase comfort.
- Let Aisha know she is welcome to have a trusted support person with her if that helps her feel more secure during appointments or discussions.
- Provide written or visual information in Arabic that explains services and rights, to support understanding and allow her to review the information privately.

PART 4: CREATING A SAFE AND SUPPORTIVE ENVIRONMENT

The spaces where we interact with refugee mothers matter. The environment (e.g., front desk, or meeting space) can help someone feel safe and welcome, or it can unintentionally cause distress (Center for Substance Abuse Treatment, 2014). Refugee mothers who have experienced trauma may be especially sensitive to certain sights, sounds, or situations. These triggers are not always obvious, but there are simple ways to make spaces feel more supportive and less overwhelming. By working to create safe, inclusive, and calm environments, community workers can play a big role in preventing retraumatization and helping mothers feel respected and understood.

DIMENSIONS OF THE ENVIRONMENT

PHYSICAL ENVIRONMENT SAFETY

- Make sure areas for breastfeeding, private conversations, or support services are quiet and private. Use curtains, screens, or separate rooms when you can.
- Show signs that the space is safe—like posters about confidentiality and signs in different languages about where to get help.
- Ask for input from refugee mothers when setting up or updating spaces like breastfeeding rooms, so the space meets both their practical and emotional needs.
- When providing services in a mother's home, ask for a quiet, comfortable space to ensure privacy for sensitive conversations or breastfeeding support.

SENSORY CONSIDERATIONS

- Try to reduce noise and avoid overcrowding to help mothers feel more at ease.
- Use soft lighting, calm colors, and comfortable furniture to create a welcoming atmosphere.
- For home visits, be mindful of the sensory environment (i.e., speak gently, avoid overstimulating scents).

NAVIGATION AND MATERIALS

- Clearly label rooms and facilities using signs with symbols and translations to make the space easy to navigate.
- Ensure information about services, events, and supports is shared in plain language and in multiple languages.
- Provide basic items that may help mothers feel comfortable, such as snacks, water, tissues, or quiet toys for children.
- After home visits, leave behind accessible resources for mothers to review at their own pace.

INCLUSIVE AND WELCOMING SPACES

- Design spaces where women can connect with others, such as shared gathering areas or quiet lounges.
- Make sure amenities like washrooms, changing stations, and seating are clean, accessible, and family-friendly.
- Make the space feel warm and inviting through small touches like cushions, plants, or artwork that reflects the cultural backgrounds of the families you serve.
- Provide information about community connections and peer support options to mothers who may feel isolated.

(Bulling & Hickle, 2023; Tucker et al., 2013)

CASE EXAMPLE

Marie, a 30-year-old pregnant woman from Haiti, recently started attending a weekly prenatal drop-in program at a community centre in Saskatoon. The program is held in a large multipurpose room shared with other activities. The room is brightly lit with fluorescent lights, and the heating system makes a loud humming noise. Folding chairs are arranged in a circle, and there is little privacy from the rest of the building. Conversations from a nearby youth program can be heard through the thin walls. Although Marie appreciates the opportunity to connect with other expectant mothers, she often appears distracted and uncomfortable. She fidgets with her hands, avoids participating in group discussions, and sometimes leaves early. A staff member notices that Marie tends to avoids eye contact when the conversation gets personal.

Consider...

- What might it feel like to walk into this space for the first time as someone new to the country, language, or culture?
- In what ways might the physical environment—noise, lighting, layout—impact someone's sense of safety or calm?
- How might the current setup either invite or discourage participation from someone who is anxious or unsure?
- Are there subtle cues in the environment that might make someone feel exposed, judged, or overlooked?
- What small changes could we make to the space to help participants feel more at ease and in control?
- How can we make space for participants to tell us what makes them feel more comfortable?

Possible Course of Action...

The community workers may...

- Take time to build rapport with Marie before the session begins, using friendly body language and a calm tone to help her feel welcomed and respected.
- Reassure her that the space is meant to support her comfort and well-being, and gently ask if there's anything she needs to feel more at ease in the group or environment.
- Offer options for greater privacy or reduced stimulation (e.g., moving to a quieter room, dimming harsh lighting).
- Be mindful of how environmental factors like noise, crowding, or temperature might affect her, and make adjustments when possible (e.g., offering noise-cancelling headphones, rearranging the space, using softer lighting).
- Use gentle, culturally aware communication, speaking slowly and clearly, and checking in regularly with Marie to ensure she understands and feels safe.
- Ask permission before engaging in personal conversations or group activities, especially if the topic may be sensitive or unfamiliar to her.
- Inquire respectfully about any cultural or personal preferences that could influence her comfort in group settings or community spaces.
- Ensure that any program materials or signs are available in accessible formats or languages, and that Marie has someone she trusts available to help interpret if needed.
- Create opportunities for Marie to voice questions, concerns, or feedback privately, either verbally or through a written or visual format.

PART 5: INTERVENTIONS AND RESOURCES

Refugee mothers may arrive in Canada with a range of emotional, social, and practical needs. This tiered model helps community workers understand how to provide or connect them with the right kind of support at the right time. It emphasizes the importance of being both trauma-informed (recognizing the impact of trauma) and culture-informed (respecting and integrating cultural values and practices).

TIER 1: Social Adjustment and Integration (All Refugee Newcomers)	• Helping mothers settle into their new community by connecting them with resettlement programs, ESL classes, job training, and basic services (e.g., food, housing, transportation). • Your role may include helping navigate services and appointments, providing welcoming spaces and clear information, offering interpretation or translated materials when possible.
TIER 2: Family and Community Support Systems (Newcomers Needing Psychosocial Support)	• Community-based programs (e.g., women's groups, wellness workshops) can reduce isolation and promote emotional well-being. • Trauma-informed care is integrated by creating safe, supportive environments and recognizing the impact of trauma. • Your role may include facilitating or connecting mothers to family support programs, and providing culturally appropriate support through liaisons.
TIER 3: Bereavement and Trauma Healing (Newcomers with Mental Health Disorders or Trauma Symptoms)	• Some mothers may have experienced grief, loss, or trauma that requires more focused support, training for peer mentors to build trauma-informed capacity. • Your role may include referring to trauma-focused programs when needed, being sensitive to signs of distress and asking permission before discussing personal experiences, and providing options for privacy and emotional safety.
TIER 4: Specialized Mental Health Treatment (Newcomers Requiring Specialized Psychiatric Care)	• When mothers face more serious mental health challenges (e.g., PTSD, depression), they may need psychiatric or psychological care. • Your role may include identifying signs that more specialized help may be needed, supporting the referral process, reducing stigma around mental health, following up and ensuring continued community connection. The goal is equitable access to comprehensive, respectful mental health care.

(Adapted from Im & Rodriguez, 2021)

SASKATCHEWAN RESOURCES FOR REFUGEES

Regina

- Regina Immigrant Women Centre (RIWC) – https://reginaiwc.ca/
- Newcomer Welcome Centre – http://reginanewcomercentre.ca/
- Regina Open Door Society – http://rods.sk.ca/

Saskatoon

- Global Gathering Place – https://globalgatheringplace.com/
- Saskatoon Open Door Society – http://www.sods.sk.ca/
- International Women of Saskatoon (IWS) – Saskatoon Office – https://iwssaskatoon.org/
- Saskatchewan Intercultural Association – https://www.saskintercultural.org/

Francophone Settlement Services (Province-Wide)

- Assemblée Communautaire Fransaskoise – https://fransaskois.info/

Other

- Estevan – Southeast Newcomer Services – https://www.southeastnewcomer.com/
- Humboldt – Humboldt Regional Newcomer Centre – https://www.humboldt.ca/p/newcomers
- Lloydminster – Lloydminster Regional Newcomer Gateway – https://www.lloydminster.ca/en/living-in-lloydminster/newcomer-services.aspx
- Moose Jaw – Moose Jaw Newcomer Welcome Centre – https://www.mjnwc.ca/
- North Battleford – Battlefords Immigration Resource Center – https://www.battlefordsimmigration.ca/
- Prince Albert – Regional Newcomer Centre – https://www.panow.com/2023/01/25/regional-newcomer-centre-receives-additional-funding/
- Swift Current – Southwest Newcomer Welcome Centre – https://www.swnewcomer.ca/
- Tisdale – Northeast Newcomer Services – https://www.tisdale.ca/p/northeast-newcomer-services
- Yorkton – East Central Newcomer Welcome Centre – https://www.ecnewcomer.com

SASKATCHEWAN RESOURCES FOR PARENTS

Prenatal Support:

- Healthiest Babies Possible Program (Regina)
- Babies Best Start Program (Regina)
- Healthy Mother Healthy Baby Program (Saskatoon)
- Food for Thought Prenatal Support Program (Saskatoon)
- Regina Community Clinic: Prenatal information for newcomers to Canada.
- Regina Open Door Society: Prenatal classes and information for newcomers, immigrants, and refugees.

Breastfeeding Support:

- Breastfeeding Committee of Saskatchewan - https://www.breastfeedingsask.ca/
- Saskatoon Breastfeeding Matters - https://saskatoonbreastfeedingmatters.com/
- More Milk Sooner - https://www.moremilksooner.org/

Perinatal Support and Maternal Mental Health:

- Regina Perinatal Health Network Support Services - https://rphn.ca/
- HealthLine 811 - https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/healthline-8-1-1
- Kids First Regina - https://www.kidsfirstregina.com/

FURTHER TRAINING OPPORTUNITIES

Trauma-Informed Care (TIC) e-Learning Series:
https://www.albertahealthservices.ca/info/page15526.aspx

Trauma- and Violence-Informed Care Workshop
https://equiphealthcare.ca/tvic-foundations

Immigrant and Refugee Mental Health Project Course:
https://www.camh.ca/en/professionals/professionals--projects/immigrant-and-refugee-mental-health-project/courses#irmh

CASE EXAMPLE

Nadiya, a 35-year-old Ukrainian mother of two-month-old twins, visits a community centre in Regina to attend a newcomer parenting group. She arrived in Canada eight months ago and is currently living in temporary housing without nearby family support. During the group session, the community worker notices that Nadiya seems emotionally distant and disengaged. When one of her babies becomes fussy, she does not attempt to soothe him and instead stares blankly at the wall. While she handles the other baby gently, her actions appear mechanical and detached. During a casual one-on-one check-in after the session, the community worker asks how Nadiya is adjusting to life as a new mother. Nadiya responds flatly, “I don’t have time to think about that. I need to keep going.” When the community worker gently inquires about how she’s coping emotionally, Nadiya becomes visibly agitated and says, “Talking doesn’t help. What happened, happened.” She quickly redirects the conversation back to her babies, her voice emotionless and her demeanor withdrawn.

Consider...

- How might her past experiences of war, loss, or displacement be affecting her emotional responses and ability to trust others?
- Is she connected to any local programs or supports that could ease her adjustment and reduce isolation?
- Am I noticing signs that suggest she may need more focused emotional or mental health support, beyond what community programs provide?
- How can I introduce resources in a way that feels respectful, nonjudgmental, and culturally appropriate?
- What can I do to make our interaction feel safer and more empowering for her?

Possible Course of Action...

The community worker may...

- Acknowledge her resilience and normalize emotional challenges:
    - "Caring for twins in a new place, after everything you've been through, is incredibly hard. Many mothers in your situation feel overwhelmed—it's not just you."
- Avoid stigmatizing language, using softer alternatives like "stress management," or "someone to talk to if you want."
- Build trust over time: If she declines support at first, follow up gently in future meetings without judgment. Repeated, consistent offers can make a difference.
- Provide a warm suggestion to see a mental health professional
- Encourage connection with other refugee mothers to reduce isolation and reinforce safety and community through shared experience.

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