

Self-Esteem: Rebuilding Self-Worth and Value in Survivors of Torture and Trauma through Higher Education

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ABSTRACT

This paper explores the role of an innovative trauma-informed, strengths-based education program designed to address barriers to education about the self-esteem and well-being of survivors of torture and/

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or war. Results show a statistically significant change in participants' self-esteem measures. Qualitative data suggest that the participants perceived the program as a safe space that afforded social support and factual information about access to tertiary education. The program also reinforced participants' sense of belonging and helped sustain their feelings of hope and motivation. Trauma-informed, strengths-based educational programming is a promising framework that can support survivor's self-esteem, sense of identity, and successful resettlement.

Keywords: refugees, mental health, self-esteem, higher education, post-secondary education, torture

RÉSUMÉ

Le présent article propose une réflexion sur le rôle joué par un programme d'éducation axé sur le potentiel personnel qui tient compte des traumatismes vécus par les participants et qui est conçu pour surmonter les obstacles en matière d'enseignement de l'estime de soi et de l'apprentissage du bien-être chez les survivants de tortures ou de la guerre. Les résultats démontrent un changement statistiquement significatif en ce qui concerne les mesures d'estime de soi des participants. Les données qualitatives suggèrent que les participants ont perçu le programme comme un espace sûr qui leur a apporté un soutien social et de l'information factuelle sur l'accès à l'enseignement supérieur. Le programme a également renforcé le sentiment d'appartenance des participants et contribué à entretenir leurs espoirs et leurs motivations. Les programmes éducatifs axés sur le potentiel personnel qui tiennent compte des traumatismes vécus par les participants constituent un cadre prometteur susceptible de renforcer l'estime de soi et le sentiment identitaire des survivants et à même de concourir à leur réinstallation.

Mots clés : réfugiés, santé mentale, estime de soi, enseignement supérieur, enseignement postsecondaire, tortures

Following the traumas typically associated with the process of resettlement, refugee survivors (i.e., refugees who endured and survived torture and other forms of trauma) often attempt to resume their interrupted education or pursue higher educational opportunities because they perceive education as reliable, portable capital (e.g., Crea & McFarland, 2015). In fact, they understand education is a viable pathway to integration and recovery. However, a 2016 report by the United Nations High Commissioner for Refugees found that only 1% of refugee youth are able to attend university in comparison to 34% of youth globally (UNHCR, 2016). In Canada, refugees experience challenges accessing and performing well in secondary and post-secondary schools in comparison to other newcomer groups (e.g., Corak, 2011). To date, the needs and variables that determine refugee survivors' access to higher education have received little research attention (DeVoretz, Pivnenko, & Beiser, 2004). This paucity of research about the complex effects of trauma and forced displacement within survivor populations results in a failure to acknowledge that this is a distinct group with unique migration experiences, which challenges their self-esteem, sense of identity, and post-migration educational attainment.

The research project outlined below addressed this gap by documenting the progress made by refugee survivors who attended a pilot program designed to help participants understand the barriers that prevent them from accessing educational opportunities and to help them address and overcome those barriers. One major component of the project was a sustained attempt to (re)build these survivors' self-esteem. This article

documents and traces the change in the survivors' self-esteem over a 14-week cycle. The following is a selective review of research about the definition and components of self-esteem, the effects of trauma on self-esteem, and the relationship between educational access and self-esteem.

Defining Self-Esteem: Related Constructs and Effect on Mental Health

Self-esteem is one of the central constructs in understanding an individual's overall mental health and especially affective disorders (Bleidron et al., 2016; Sinclair et al., 2010). It is multifaceted and complex in its organization: It comprises several related constructs and mediates psychological states and thus plays a crucial role in an individual's overall well-being and mental health. Rosenberg's (1965) seminal work on adolescents' self-esteem defined the concept within the context of the wider principles and societal memberships which nurture personal attitudes as favourable or unfavourable towards the self. Subsequent work helped further describe the concept and its related components. For instance, Branden (1994) defined self-esteem as "the disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness" (p. 27), while Koenig (1997) related self-esteem to the sense of pride individuals experience when they believe they are capable and worthy and trust others to see them as such. Mann et al. (2004) equates self-esteem with self-regard, self-estimation, and self-worth. The growing body of research on self-esteem aims to answer the fundamental question: "how do people move from specific knowledge of their abilities and accomplishments to global evaluations of their self-worth?" (Pelham & Swann, 1989, p. 672).

Pelham et al. (1989) argued that two components underpin individuals' self-esteem. First, there are affective factors that are rooted in people's general predisposition to positive or negative affectivity and early (sometimes, preverbal) experiences of acceptance and/or hostility from their immediate environments, which in turn translate into enduring feelings of pride/shame. Second, the authors described cognitive abstractions related to how individuals "frame" self-views; i.e., what value they attach to certain talents, attributes, and qualities they have. In this regard, the authors further distinguish between attribute importance, attribute certainty, and self-ideal discrepancy to describe the framing process. In fact, people attach different levels of importance to different qualities/attributes, and with time and reinforcement from others, they develop a level of confidence or certainty about some of their attributes and conceptualize these attributes as an integral part of who they are.

Sinclair et al. (2010) agree that self-esteem is an affect-laden construct and stress the role of social variables in shaping and defining self-esteem. They explore the nature and dynamics of two affective facts: self-competence (SC), "one's instrumental value" (p. 57) that translates into feelings of confidence and efficacy, and self-liking (SL), "one's intrinsic value" (p. 57) that translates into feelings of social/group adequacy and relatedness. They note, in this regard, that low self-esteem results from SC-SL discordance in individuals who consider that they have limited agency or control over any given life situation, which consequently leads to anxiety and failure to build strong interpersonal relationships (see also Beiser, Sack, Manson, Redshirt, & Dion, 1998).

The selective review highlighted three key findings from self-esteem research that are immediately relevant to this paper. It described the roles and interactions between different components of the self-esteem construct, notably the affective, cognitive, and sociocultural factors that contribute to lowered/heightened

feelings of self-worth. It also reported the normative patterns of self-esteem through the life span. These findings are especially relevant to the survivor population who have experienced extremely hostile environments characterized by betrayals, violence, torture, and systemic discrimination. Political persecution, for instance, targets all the layers of individuals' and groups' self-esteem and proceeds to destroy them in a calculated, systematic way through psychological isolation and devaluation of any kind of capital that supports their sense of identity and belonging. The ensuing destabilization of one's identity reduces predictable functioning and loss of ethnic, religious, and national identities and affiliations (Ertorer, 2014). Psychological effects may include emotional withdrawal, impaired cognitive or executive functions, post-traumatic stress disorder, sexual dysfunction, personality changes, and somatization (McCullough-Zander & Lawson, 2004). This loss is particularly devastating for young people who are in the process of forming academic and professional identities as it coincides with what is supposed to be the optimal trajectory of self-esteem development and damages their perception of what they are able to achieve. Typically, these young professionals/graduates would have invested in, or set, concrete goals in their education and nascent career. To use Pelham and Swann's (1989) terms, these young survivors stake their being on such attributes as success in graduate schools or high-status careers. Furthermore, stringent immigration policies in the host country may cause further precarity and disruption when survivors face the stigmatization often attached to statuses such as "refugee" or "stateless" and the alienation they experience when their social circle is constricted to other socially marginalized groups (Crea & McFarland, 2015).

Rebuilding survivors' self-esteem in this case requires a concerted effort by all possible stakeholders (e.g., mental health professionals, educators, government agencies). It is not simply about making survivors "feel good about themselves." It is rather a principled effort to rebuild the sense of self and restore a sense of agency, efficacy, and executive ability (Abai, 2011).

The Relationship between Education, Self-Esteem, and Well-Being

The benefits of education to self-esteem in the general population are widely researched and acknowledged (e.g., Cockley, 2003). For instance, Soufi et al., (2014) used structural equation modelling to measure the relationship between academic achievement and several measures of students' self-concept. The authors found that students who have positive beliefs about themselves tend to do better in academic tasks, and that these students develop more successful learning strategies. In the case of refugees, research indicates that the reverse relationship is also viable as educational success tends to boost self-esteem. In this regard, Ertorer (2014) reported that refugees attending school experience less identity distress and are able to maintain a more stable sense of self. Participation in the valued practices of higher education institutions re-situate refugee's acquired knowledge and expertise in a new context (Lave, Wenger, & Wenger, 1991). It allows refugees to claim a more recognized identity: that of student (Crea & McFarland, 2015). It also facilitates the development of positive interpersonal relationships with peers, teachers, wider community, and the navigation of the educational system (Naidoo, 2009).

However, despite the abundant evidence of the value of education to refugees' well-being (Bajwa et al., 2017), access to education continues to be a challenge for most of them, particularly survivors, due to lack of access to reliable and accurate information, lack of knowledge about educational options, lack of English/French fluency, difficulty navigating the internet, and mental health concerns that may affect learning. In

addition, survivors often face systemic issues such as lack of recognition of their previous educational experiences, struggles in accessing their educational documents from their countries of origin, lack of financial resources/poverty, and restrictive policies which do not enable refugee claimants to attain provincial financial aid to attend post-secondary school (e.g., Renner & Senft, 2013).

Margins to Centre through Education Program

This article is based on data that was collected within a larger research project that aimed to facilitate refugee survivors' access to higher education and explore how educational opportunities can potentially boost survivors' self-esteem and support their successful integration in Canada. More specifically, the project aimed to design and implement a trauma-informed, strengths-based education program that supports a group of refugee survivors by addressing the barriers that they identified as hindrances to post-secondary education. Figure 1 presents an overview of the project components and sequence of the data collection and program implementation. It shows that Phases 1 and 2 of the projects consisted of interviewing the refugee participants and consulting with the partners about their understanding of the barriers that complicate survivors' access to higher education, and then supplementing that data set with insights from the literature and expert advice to design a pilot education-support program. The nucleus of the project, in fact, resulted in a 14-week program that comprised informational modules about the education system in Canada (e.g., application and admission processes, bursaries, administrative and academic expectations), workshops on self-care and human-rights advocacy, and legitimizing prior employment and education credentials (Bajwa et al., 2017 for a full account). The informational content of the program was presented in a supportive environment that allowed for one-on-one interaction, a student-centred pedagogy that focused on customized pathways, and individual and community supports to address barriers.

Data about different aspects of the participants' experience in, and appraisal of, the program was collected at the beginning, middle, and end of the program. In this paper we report and analyze the data pertaining to the participants' self-esteem collected through the RSES in Phase 3 of the research at week 1, week 8 and week 14 of the pilot program (Figure 1).

Figure 1
Project Design

Phase 1	Phase 2	Phase 3
Interviewed participants about what they perceive as barriers to higher education in Canada.	Consultation between partners using CBPR framework. Review of the literature on trauma-informed pedagogy. Mobilization resources. Training of staff.	Implementation of a 14-week trauma-informed, strengths-based program that included informational modules, workshops, and interventions by guest speakers.
		Rosenberg Self-Esteem Scale administered as an interview on
		Week 1 Week 8 Week 14

This program was provided through a collaborative partnership with the Canadian Centre for Victims of Torture (CCVT), an agency that provides specialized mental health and settlement services specifically for survivors of torture and/or war. CCVT provided a physical space to run the program which was familiar for participants, and an on-site mental health counsellor to provide responsive and reflexive support.

METHODS

Participants

Forty-one participants completed the 14-week pilot program in two separate cohorts. All of them provided complete data sets. These two cohorts were organized at CCVT from September 2016 to December 2016 and January 2017 to April 2017. The inclusion criteria specified that participants had to be 18 years of age or older, had to have completed high school (or an equivalent) and/or some college or university education, were aspiring to pursue post-secondary education in Canada, and were survivors of torture and/or war. Table 1 presents an overview of the participants' demographic information including age, gender, highest level of education completed, country of origin, time spent in Canada, and immigration status. It shows that the participants were mostly refugee claimants, 18–24 years old, female, originally from Africa, and had spent between one and six years in Canada at the time of the project. During the course of the pilot program one participant received a deportation letter that he intended to challenge and another participant received protected person status. The table also shows slight differences between the two cohorts: Cohort 1 included more participants in the 18–24 years bracket, more females, and fewer university-level students than Cohort 2. Cohort 1 was also more diverse in terms of country of origin, length of residence in Canada, and immigration status than Cohort 2.

Data Collection

The participants completed the Rosenberg Self-Esteem Scale (RSES) three times over the duration of the program: on Week 1 (entry point), week 8 (mid-point) and week 14 (exit point). The RSES was administered as an interview conducted by research assistants familiar with the scale and trained in trauma-informed service delivery so as to ensure they avoided any language and/or behaviour that might trigger stressors in the participants. In recognition that knowledge is generated from multiple realities, and to attain a more comprehensive understanding of participants' experiences, qualitative data was also collected using semi-structured interviews at the pre, mid and exit points of the program (Burke Johnson, & Onwuegbuzie, 2004).

Consistent with a grounded theory approach, a semi-structured interview guide was developed by the research steering committee, consisting of representatives from GBC, Centre for Addictions and Mental Health, Wellesley Institute and CCVT, and three CCVT clients, and the guide was refined as the data collection proceeded. The interviews were conducted individually in a face-to-face setting by the research assistants at the entry point, mid-point and exit point of the pilot program. All the participants ($N = 41$) in the two cohorts of the pilot program participated in the interviews. The interview guide consisted of questions that were different for entry point, mid-point and exit point. The entry point questions explored the participants' rationale for participating in the program, their goals, and support needs. The mid-point and the exit point questions explored participants' perception of the relevance and value of the program in helping them identify their

Table 1
Demographic Information of Cohorts 1 and 2

Demographic Information	Cohort 1 Number (%)	Cohort 2 Number (%)	Total Number (%)
Age			
18–24	11 (57.9)	7 (29.2)	18 (41.9)
25–34	4 (21)	8 (33.3)	12 (27.9)
35–44	1 (5)	7 (29.2)	8 (18.6)
45+	3 (15.8)	2 (8.3)	5 (11.6)
Sex			
Male	6 (31.6)	13 (54)	19 (44)
Female	13 (68.4)	11 (46)	24 (55.8)
Highest level of prior education completed			
High school	13 (68.4)	9 (37.5)	22 (51.2)
College	1 (5)	5 (20.8)	6 (14)
University	3 (15.8)	10 (41.7)	13 (54.2)
Graduate	2 (10.5)		2 (4.7)
Country of origin			
Africa	6 (31.6)	19 (79.2)	25 (58.1)
Asia	6 (31.6)	1 (4.2)	7 (16.3)
Middle East	6 (31.6)	4 (16.7)	10 (23.3)
Unknown	1 (5)		1 (2.3)
Time in Canada			
Less than 3 months	1 (5)	2 (8.3)	3 (7)
3 to 6 months	3 (15.8)	9 (37.5)	12 (27.9)
6 months to 1 year	6 (31.6)	3 (12.5)	9 (20.9)
1 year to 6 years	6 (31.6)	8 (33.3)	14 (32.6)
More than 6 years	2 (10.5)	1 (4.2)	3 (7)
Unknown	1 (5)	1 (4.2)	2 (4.7)
Immigration Status			
Refugee claimant	6 (31.6)	13 (54.2)	19 (44.2)
Conventional refugee	1 (5)	3 (12.5)	4 (9.3)
Permanent resident	7 (36.8)	4 (16.7)	11 (25.6)
Canadian citizen	2 (10.5)	1 (4.2)	3 (7)
Other	1 (5)	2 (8.3)	3 (7)
Unknown	2 (10.5)	1 (4.2)	3 (7)

strengths, achieve their personal and educational goals, offer them support and inform their next steps, and determine whether they had identified or experienced any changes in themselves as a result of participating in the program. The exit point interviews specifically inquired about participant's future plans pertaining to educational goals once they left the program and the program's ability to guide them to achieve these goals. These interviews were digitally recorded and transcribed verbatim.

Instruments: Rosenberg Self-Esteem Scale (RSES)

Self-esteem was assessed using the Rosenberg Self Esteem Scale (Rosenberg, 1965). This 10-item scale utilizes a four-point Likert scale ranging from strongly disagree (value 1) to strongly agree (value 4). Respondents indicate their level of agreement ranging from 1 (strongly disagree) to 4 (strongly agree). Thus, the total possible score can range from a minimum of 10 to a maximum of 40, with higher scores reflecting more positive evaluations of self. Based on data from 16,998 participants across 53 nations, a score of <26 was considered to represent low self-esteem. The reliability of the scale scores were examined as high in this sample (0.89). As all the quantitative scales utilized within the larger research are written in English, the research facilitator and assistants were available to provide clarity for participants with varying levels of English comprehension.

Data Analysis

To compare changes in self-esteem scores across the three time points, a mixed design ANOVA was conducted with *group* as between-subjects variable and *time* as within-subject variable. Examination of the self-esteem scores indicated that the data met three key assumptions of mixed-design ANOVA: normality of distribution (based on Kolmogorov-Smirnov tests of normality), homogeneity of variance (using Levene's test of equality of error variances), and the sphericity assumption (based on Mauchly's test of sphericity for time).

With regards to qualitative data analysis, when transcriptions were completed, data analysis continued as the research steering committee and research assistants conducted open coding to identify emerging properties and dimensions in the data and create an initial codebook. Codes were added and defined until the codebook was finalized in consultation and discussion with the Research Steering Committee (RSC) and then provided to the research assistants to code all the transcripts. A constant comparative technique and iterative refinement process was used throughout. Axial coding was then conducted, allowing for themes and connections to be made, and to identify specific codes related to the self-esteem of the participants.

Once core themes and concepts were identified, selective coding further explained participants' experiences in the pilot program. Throughout the data analysis, analytic memos were also used to record ideas and reflections that arose from the transcripts, and these ideas were discussed within the research committee team meetings, enabling members to provide feedback about the connections ensuring investigator triangulation (Birks, Chapman, & Francis, 2008).

RESULTS

Table 2 reports descriptive statistics for self-esteem scores by time and group. ANOVA detected a significant main effect for time ($F [2, 78] = 13.56, p < .01, \eta^2 = .26$), but not significant effects for time by group

interaction: $F [2, 78] = 1.54, p = .22$. Follow-up analyses for time using a Bonferroni correction indicated that the differences between time 1 and time 2 and between time 1 and time 3 were statistically significant at $p < .01$. As Table 2 shows, the participants had significantly lower self-esteem scores ($M = 18.66$) at time 1 than they did at time 2 ($M = 21.68$) and time 3 ($M = 21.90$). The difference between time 2 and time 3 was not significant. Finally, the difference between the two groups was not statistically significant: $F [1, 39] = 1.21, p = .28$. (See tables 3 and 4). These findings indicate that the two groups did not differ significantly in terms of their self-esteem scores (i.e., no significant differences between groups); that both groups experienced similar levels of change in self-esteem scores between time 1 and time 2 (i.e., no significant time by group interaction); that the scores of both groups increased significantly from time 1 to time 2 (i.e.,

Table 2
Descriptive Statistics by Time and Group

Time	Cohort	N	Mean	SD
1	1	18	17.17	3.97
	2	23	19.83	5.12
	Total	41	18.66	4.79
2	1	18	21.61	4.5
	2	23	21.74	4.7
	Total	41	21.68	4.56
3	1	18	21.17	5.03
	2	23	22.48	4.95
	Total	41	21.9	4.97

Table 3
Test of Within-Subject Effects

Source	SS	df	MS	F	Sig.	Partial η^2
Time	285.28	2	142.64	13.55	0	0.26
Time x Group	32.40	2	16.20	1.54	0.22	0.04
Error	820.79	78	10.53			

Table 4
Test of Between-Subject Effects

Source	SS	df	MS	F	Sig.	Partial η^2
Intercept	51743.29	1	51743.29	1105.16	0	0.97
Group	56.55	1	56.55	1.21	0.28	0.03
Error	1825.97	39	46.82			

significant differences between time 1 and time 2 scores); and that the scores of both groups stayed stable at time 3 (i.e., no significant differences between time 2 and time 3 scores).

Qualitative analyses of the interviews revealed the nature of the positive change experienced by the participants and helped identify the aspects of the program that the participants found most useful or beneficial.

The Nature of the Change Experienced by the Participants

At the beginning of the program, many participants described feelings of hopelessness with regard to their future. They shared that they were not achieving their goals and reaching their potential in Canada due to multiple systemic barriers, including delays in the processing of their refugee claim applications. Participants were demotivated and distressed. The following poignant excerpts speak to the anguish and desperation of the participants, but also to their renewed energy following the pilot program.

B. I. is a genetic engineer from Iraq. The contradiction between the level of her academic achievement in Iraq and the modest employment opportunities she has had in Canada highlight the extent of loss (from engineering degree to nil, i.e., “starting over”) she has experienced since her resettlement. Her attempts to “get in a master’s program” speak to the importance she attaches to education and the centrality of this investment to her self-concept. However, the repeated failures to achieve that goal seem to have led to a downward spiral of disappointment, fatigue, despair, and skepticism. The second half of the quotation shows the dramatic change that occurred upon entering the program. Her participation in the program allowed her to remember who she used to be (i.e., to reclaim part of her identity), and to renew her energy and commitment to her goals. What is even more important is that her goals are now more defined/concrete: instead of applying to any MA program, she is now pursuing opportunities in her field of expertise.

Despite completing my degree in genetic engineering from Iraq, I felt that I have to start all over again. Since I came to Canada, I have been doing odd jobs and now I work as a cashier. I have tried getting into a master’s program but had no success. I had almost given up on it. I felt sad, disappointed and exhausted and didn’t have the energy to start over all over again when my counsellor at CCVT informed me of this George Brown College program, I agreed to start it with skepticism. But, by being in this program, I remembered why I pursued my field of study, recognized my strengths and potential. I now feel rejuvenated to pursue my career in genetic engineering. In fact, I have applied for credential assessment and have also started writing an academic paper to publish. [B. I., Cohort 2, Interview 3]

O. H. seems to have resigned herself to a role or a job that she did not really like. The realization that she has potential comes with renewed hope, determination and defined goals.

When I started this program, I was not sure what to expect. I thought that the only option I had was to continue as a PSW. But, being in the program, I have realized that I have more potential. And, now I hope to pursue a career in nursing. [O. H., Cohort 2, Interview 2]

These two testimonies reveal the shift in self-concept, from one underpinned by feelings of defeat and hopelessness to one characterized by hope, motivation, and positive affect in general. By the end of the program, eight participants had applied and were accepted to post-secondary programs, 14 were in the process of applying to post-secondary programs, and 19 were able to make connections regarding future post-secondary program applications. The participants attribute this shift to their participation in the program. These participants who have staked their being on academic achievement prior to their traumatic migration experiences seem to have found within the program the tools and supports that revived their academic self-concepts. In fact, project data shows that 98% of the participants persevered and registered in upgrading programs to fulfill the prerequisites, secondary, or post-secondary programs following their participation in the 14-week program.

Aspects of the Program that Supported Positive Change in Self-Esteem

Participants explained that the safety, sense of community, and individualized support they received during the program helped mitigate some of the psychological effects of torture and/or war, and the feelings of loss and low self-esteem they were experiencing before attending the program.

Safety was a major concern for the participants who had previously experienced political persecution, domestic violence, and betrayal by family and friends. S. W., for instance, learned to let his guard down gradually, as he felt safe in the new environment of the program:

Before I arrived into this program, I was constantly scanning the environment around me. Not sure who was there to get me. But, being in the program, I have noticed that I no longer feel that way, I feel safe. [S. W., Cohort 1, Interview 3]

H. K.'s comment below further suggests that this sense of safety is anchored in shared goals. As stated above, the program was designed to promote and facilitate educational goals for survivors who saw educational achievement as essential capital. It is important to understand that for some participants who had felt isolated and forced to live and identify with marginalized groups, the program was probably their only chance of socializing and reconnecting with a group of people who shared their aspirations of social mobility and high-status careers.

To me when I'm here like, I feel like, on a different island? Uh, because I see all the people who are here, we share almost the same goals, we share almost the same objectives. So, I feel they are safe with me and I feel I am safe with them. [H. K., Cohort 1, Interview 3]

The sense of belonging to a new community was another factor in the program's ability to affect change in the participants. Participants stated that attending the program and developing relationships with their peers and the research staff provided them with access to social support. Y. A. described how the social

support offered by the program helped mitigate her isolation, and was one of the motivators that prompted her to attend regularly:

I look forward to coming here on Fridays even when I don't feel like leaving home. I have made friends here. It seems that we are part of this group and we are in this together, where others understand what I have gone through. I don't feel so lonely. [Y. A., Cohort 1, Interview 3]

A. A. talked about the relief she feels as a result of being a member of this new community, while M. P. referred to her peers/tutors as family.

The nice thing about this course is that you see people are similar like you, that they have the same problem. So, then you can chat with them, whatever you feel, they know how it feels and so that it's a common problem so you feel more relief. [A. A., Cohort 1, Interview 3]

Besides, many participants explained that they felt they received individualized and customized support from the facilitators and support staff, and that this made them feel understood and cared for. It is important to emphasize that this is an exceptional circumstance for survivors who grew accustomed to hostile environments and interactions. Many had not had any recent experiences where they were the centre of attention and care. S. A. described how the compassionate support assisted them in accessing information they needed for decision-making:

Since I have come to Canada, I have many bad experiences. There have been times when I felt nobody cares. But, being in the program have made me believe that there are good people that care about me, what happens to me. They have gone out of their way to provide [me] with the information I need. I have been able to make contacts with the university that I had totally given up on. I will be starting into a master's program at University of Toronto next year. I wanted to do it this year but I have [a] little daughter that I need to take care [of] this year. It was all because of being in this program. [S. A., Cohort 2, Interview 3]

The same sentiment was echoed by H. O:

I always checked in with my counsellor at CCVT on Fridays. It was not always because I had something bad happening but because I could and she provided me support. It just made talking about negative stuff easier. I felt that cared for. [H.O., Cohort 1, Interview 3]

DISCUSSION

The Margins to Centre Through Education program was designed to support the educational plans of survivor refugees. The results reported above point to a significant increase in the participants' self-esteem by the eighth week of the program. Qualitative data helped document the participants' experiences as they gained confidence and rebuilt their self-concept. It also helped identify the positive aspects of the program that allowed this shift to take place. These aspects include a sense of safety that mediates the stress of discrimination (Brooker & Eakin, 2001) increased social support that lessens isolation among refugees (Bhui et al., 2006), created conditions that fostered a sense of belonging among trauma survivors (Jaranson et al., 2004), and offered customized supports that seem to have contributed to increased hope and motivation, and increased clarity of educational goals among the participants and facilitated integration (Stewart et al., 2008). One is reminded that these aspects are consistent with trauma-informed service delivery principles (Berger & Quiros, 2014; Saleeby, 2011) that acknowledge the effects of trauma on survivors but do not pathologize or essentialize the experiences of survivors. Research with refugees also reveals that social support

can enhance health (Stewart et al., 2008), generate self-worth through newfound communities (Khanlou, 1999), and promote adaptive coping responses by promoting self-esteem, confidence, and a sense of control (Harrop, Addis, Elliott, & Williams, 2006).

This article focused on the change in the participants' self-esteem and drew on both qualitative and quantitative data to explain it. The results point towards a direct link between the revival of the participants' academic self, triggered by the content and approach of the program, and their overall well-being and their drive towards pursuing concrete career goals.

The findings are consistent with the literature as they illustrate the success of an initiative that was designed to account for the affective, cognitive, and sociocultural dimension of self-esteem. We believe that attention to all three dimensions—combined—sets this initiative apart: the program helped the participants validate their belief in education as a tool for building potential and their confidence in their ability to succeed academically. It also offered them a new social context; one where their beliefs and confidence are reinforced by different people playing various roles (i.e., colleagues, educators, administrators, and social workers). These two factors reinforced the “attribute importance” and “attribute certainty” associated with education. This effort was also realized in a space of safety, respect, and understanding of the extraordinary past circumstances of these survivors.

Despite the significant gains in self-esteem of the participants and the promising practice in working with refugees, the research has some limitations. The findings of this research need to be cautiously interpreted as there was no control group and the participants self-selected themselves into the pilot program. It is possible that these participants were more resourceful and thus were able to access CCVT and the pilot program. However, the circumstances of the participants did not drastically change while in the program with regards to their immigration status (except for one receiving a deportation letter and the other receiving protected person status), and it is difficult to infer from this research what other factors were in play that impacted on their sense of self. Thus, this research offers a good start and provides promising practices and suggestions that need to be further explored in order to provide conclusive evidence.

CONCLUSIONS

This study expands on previous explorations of the effect of education on newcomers' well-being and settlement, and provides an example of promising, innovative programming that can be used to promote self-esteem and identity reconstruction of refugees who are survivors of torture and/or war. This research highlights the need for educational institutions to provide individualized trauma-informed and strengths-based supports, which can foster hope, motivation, a sense of belonging and social support, a sense of safety, and clarity of goals. As examples, educational institutions can ensure that course facilitators receive training about modifying and delivering curriculum in a trauma-informed and strengths-based manner, to ensure that the programming empowers survivors, and does not re-enact harmful power dynamics that re-trigger their lack of control and choice. Institutions can also provide holistic supports, such as on-site mental health counseling, practical settlement assistance, and peer support that promote a sense of community and belonging. This study also highlights the importance of providing transitional programming that supports the personal

and skills development of survivors, enhances their self-worth, personal, and social identity, and enables them to potentially better integrate into a post-secondary environment.

REFERENCES

- Abai, M. (2011). The CCVT befriending program. Love, compassion, and forgiveness in the rehabilitation of survivors. *First Light Summer* 2011, 4–5.
- Bajwa, J., Couto, S., Kidd, S., Markoulakis, R., Abai, M. & McKenzie, K. (2017). Refugees, higher education, and informational barriers. *Refuge: Canada's Journal on Refugees*, 33(2), 56–65. <https://doi.org/10.7202/1043063ar>
- Beiser, M., Sack, W., Manson, S. M., Redshirt, R., & Dion, R. (1998). Mental health and the academic performance of First Nations and majority culture children. *American Journal of Orthopsychiatry*, 68, 455–467.
- Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology: An International Journal*, 20(4), 296–301.
- Bhui, K., T. Craig, S. Mohamud, N. Warfa, S. A. Stansfeld, G. Thornicroft, & P. McCrone. (2006). Mental disorders among Somali refugees: Developing culturally appropriate measures and assessing socio-cultural risk factors, *Social Psychiatry and Psychiatric Epidemiology*, 41(5), 400–408.
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research probing data and processes. *Journal of Research in Nursing* 13(1)1, 68–75. Patton, Qualitative Research and Evaluation Methods.
- Bleidorn, W., Arslan, R., Denissen, J., Rentfrow, P., Gebauer, J., Potter, J. & Gosling, S. (2016). Age and gender differences in self-esteem—A cross-cultural window. *Journal of Personality and Social Psychology*, 111(3), 396–410.
- Branden, N. (1994). *The six pillars of self-esteem*. New York, NY, England: Bantam Books, Inc.
- Brooker, A., & S. Eakin. (2001). Gender, class, work-related stress and health: Toward a power-centred approach. *Journal of Community and Applied Social Psychology*, 11, 97–109.
- Burke Johnson, R., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14–26.
- Cockley, K. O. (2003). What do we really know about the academic motivation of African American college students? Challenging the “anti-intellectual” myth. *Harvard Educational Review*, 73, 524–558.
- Corak, M. (2011). Age at immigration and the educational outcomes of children. Ottawa: Minister of Industry, Statistics Canada.
- Crea, T. M., & McFarland, M. (2015). Higher education for refugees: Lessons from a 4-year pilot project. *International Review of Education*, 61(2), 235–245.
- DeVoretz, D., Pivnenko, S., & Beiser, M. (2004). *The economic experiences of refugees in Canada*. Burnaby, BC: Vancouver Centre for Excellence.
- Ertorer, S. E. (2014). Managing identity in the face of resettlement. *Identity*, 14(4), 268–285.
- Harrop, E., Addis, S., Elliott, E., & Williams, G. (2006). *Resilience, coping and salutogenic approaches to maintaining and generating health: A review*. http://www.academia.edu/653524/Resilience_coping_and_salutogenic_approaches_to_maintaining_and_generating_health_a_review
- Jaranson, J. M., Butcher, J., Halcon, L., Johnson, D. R., Robertson, C., Savik, K., Spring, M., & Westermeyer, J. (2004). Somali and Oromo refugees: Correlates to torture and trauma history. *American Journal of Public Health*, 94(4), 591–598.
- Khanlou, N. 1999. Adolescent cultural identity and self-esteem in a multicultural society. Hamilton, Ontario: Clinical Health Sciences (Nursing) Program, McMaster University, PhD thesis.
- Koenig, H. G. (1997). *Is religion good for your health? The effects of religion on physical and mental health*, New York: Haworth Press.
- Lave, J., Wenger, E., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation* (Vol. 521423740). Cambridge: Cambridge University Press.
- Mann, M., Hosman, C. M. H., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357–372.
- McCullough-Zander, K., & Larson, S. (2004). ‘The fear is still in me’: Caring for survivors of torture. *The American Journal of Nursing*, 104(10), 54–65.

- Naidoo, L. (2009). A structuration theory analysis of the Refugee Action Support program in Greater Western Sydney. *Australian Journal of Teacher Education*, 34(4), 40–50.
- Pelham, B. W., & Swann, W. B. (1989). From self-conceptions to self-worth: On the sources and structure of global self-esteem. *Journal of Personality and Social Psychology*, 57(4), 672.
- Renner, W. & Senft, B. (2013). Predictors of unemployment in refugees. *Social Behavior and Personality*, 41(2), 263–270.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, New Jersey: Princeton University Press.
- Saleebey, D. (2011). Some basic ideas about the strengths perspective. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches*, 5th ed. (pp. 477–485). New York, NY: Oxford University Press.
- Sinclair, S. J., Blais, M. A., Gansler, D. A., Sandberg, E., Bistis, K., & LoCicero, A. (2010). Psychometric properties of the Rosenberg Self-Esteem Scale: Overall and across demographic groups living within the United States. *Evaluation & the Health Professions*, 33(1), 56–80.
- Soufi, S., Damirchi, E. S., Sedghi, N., & Sabayan, B. (2014). Development of structural model for prediction of academic achievement by global self-esteem, academic self-concept, self-regulated learning strategies and autonomous academic motivation. *Procedia-Social and Behavioral Sciences*, 114, 26–35.
- Stewart, M., Anderson, J., Beiser, M., Makwarimba, E., Neufeld, A., Simich, L., & Spitzer, D. (2008). Multicultural meanings of social support among immigrants and refugees. *International Migration*, 46(93), 123–159.
- United Nations High Commissioner for Refugees. (2016). *Missing out: Refugee education in crisis*. Geneva, Switzerland: Author.