

Maria's Story: Surviving Spousal Abuse and Learning to Live in Canada

Background:

Originally from Latin America, Maria is a woman in her mid 40s who took refuge in Canada several years ago. She came to Canada with her two children, who are now teenagers, to escape a chronically abusive, violent husband.

Life Before Involvement with Mental Health Services

Maria described herself and her life in her home country in this way:

"I was an abused woman. Subdued, I couldn't confide in anyone about what was happening to me, not even my mother.... He used to force me to do things that I didn't want to, bear the beatings, abuse. If he saw me with make up he started, "Where are you going? Why the make up?" He used to go out and come back immediately, thinking that I was with another person. He used to call me more than ten times a day, asking what I was doing, with whom I was, very controlling. He took away all the friends I used to have. ...In the end I didn't have any idea of what I was going through."

Maria endured this situation for over a decade. She described how such constant abuse gradually affected her mental health. She says she became indifferent, rejecting everything, crying constantly, feeling startled by the ringing of the telephone and afraid to answer it. She relied heavily on sleeping pills that she could get without a prescription in her home country to numb herself to her situation, especially when her husband was at home from his many travels.

Maria also described how fear and shame had prevented her from speaking about her growing, but still undefined, mental distress. Her husband had driven away her friends, so she had few confidants. She was close to her mother, but ashamed and reluctant to cause her concern.

"For about ten years I didn't realize that I was living in hell. Maybe if I had had a friend...My mother asked me once, why I didn't tell her what I was going through, and I told her I couldn't, that I was ashamed. Besides she was sick and I didn't want her to worry."

Maria had no solution at the time. She says that she could not tell her brother. In thinking back, Maria thinks that her sister noticed the problem and tried to

speak to her about it, but she explains that her sister only confronted her in a *“very indirect way.”* The sister had often commented that she did not like some of the things that Maria’s husband did. But this indirect identification of the problem did not provide a helpful opening for identifying and dealing with the problem. Maria’s fearful response to her sister’s criticism was to defend her husband, because *“otherwise he threatened me with not seeing my family anymore.”* The unhappy consequences of speaking out and seeking support from her family only served to strengthen Maria’s fear and isolation.

Understanding of Sources of Mental Distress in her Home Life

At one point when the situation was *“out of control,”* Maria’s mother found her crying and unable to speak or to get out of bed. She insisted finally that Maria see a doctor. Judging from Maria’s behaviour, the family doctor advised her that she was *“depressed”* and explained that the condition was something that could not be seen, only felt. Maria did not believe that this could be the case, so he sent her to a neurologist who prescribed medication to help her relax. Despite receiving this medical care, Maria was still unable to describe the underlying problem to her doctors. Maria was a patient of the neurologist for about one year, but she said, *“I never had the courage to tell them anything.”* When asked if she found the doctors’ efforts useful, she replied, *“It helped me to feel better, but later, I came back to the same thing.”*

Desperate, Maria waited for an opportunity to escape. When her husband was busy at work, she took her children and left the country. She told her mother that she had been offered a job in the United States. Her husband started calling Maria’s mother to find out where she had gone. Tired of the troubling phone calls, Maria’s mother asked her to speak to him directly. At that point, Maria told her husband that she was not coming back. She and the children eventually crossed into Canada from the United States, because someone told her life would be better for her and the children in Canada.

Help-seeking Pathways through Migration and Resettlement

Putting thousands of miles between her old life and a new life in Canada--fleeing the abusive situation physically--was not enough. As Maria said, *“the problem was still there.”* Hoping for a real change in her life, she arrived at a refugee reception house where she met someone from her home country. Maria asked for legal assistance. The new acquaintance not only arranged for a lawyer’s help, she also encouraged Maria to see someone about her psychological distress. Maria had the following to say about this critical encounter:

"I told her everything. I shared with her very personal things that never had the opportunity to surface before. She gave me so much confidence! If I had known somebody like that before, somebody to take away the blindfold from my eyes I wouldn't have suffered so much.... She supported and paid attention to me, very professional. She helped me to be more positive. She sent me to support groups, where I met [others] who offered me so much confidence and professionalism, so helpful! I knew that anything that I told her... would be absolutely confidential."

Challenges and Appraisal of Mental Health Services

At this point, Maria started seeing a professional mental health service provider in a hospital and began treatment for depression. Maria's first call to the hospital in Canada was successful and helpful, as she was given a phone number that offered an answering service in Spanish, which responded quickly and arranged her first appointment. Maria speaks positively about the supportive health services she received in Canada, with one exception: she tried one relaxation therapy group that she was unable to join fully because of the English language barrier.

The generally positive experiences contrasted with her experiences in her home country, where similar help for psychological problems was unavailable. Although Maria herself had once worked as a visiting nurse back home and had even referred clients with emotional needs to a community psychologist, she explained that there had been no follow up for clients. When asked why she hadn't consulted a psychologist about her own problems back home, she answered that her one help-seeking encounter had left her dissatisfied: when Maria was attending nursing school, her marks were going down and during classes she was daydreaming, one of her instructors recommended she see a psychologist who gave her a battery of tests to complete. At the same time in her presence, the psychologist was holding continual telephone conversations, which affected Maria's ability to concentrate. Uncomfortable with the psychologist, Maria never returned.

Despite better initial experiences with seeking professional help in Canada, Maria's deep mental distress left a long-lasting impression, according to a friend in Canada. The friend recalls that Maria had been "*depressed since they met*" a few years before in an English as a Second Language class, and that it took a full year of friendship for Maria to talk about her personal history and reasons behind her depression. She observed that Maria tended to stay indoors, not to trust people easily and to remain quiet, as though revealing herself was very hard.

The friend understood eventually that Maria's husband had been physically and emotionally abusive and felt angry that such abuse affects Latin American women. Although she said that some people avoided Maria because of her depressed mood, some tried to help her and she gradually felt better as she opened up to a settlement worker.

Maria *"really tried to get help,"* said her friend, but her relapses into depression made progress difficult. Her understanding was that Maria didn't have any problems in getting mental health services; *"on the contrary, she was welcomed into those services."* She said that Maria learned *"how to recognize abuse, to know that her ex-husband put her down, that abuse wasn't her fault. It was helpful."* However, her friend said, *"the language is a problem. When you are new in the country and you don't speak English you don't understand and they are not going to provide you with the services you need; it's a barrier."*

Maria has several health problems and her encounters with her family doctor in Canada were less positive. He rushed her through her appointments, neglected the need for confidentiality and failed to refer her elsewhere for the mental distress that she considered her main problem.

"My family doctor didn't ask me anything, didn't check my blood pressure and asked me not to bring too many problems. Once, I told him that I was depressed, nervous, that I couldn't sleep and that I was desperate. He asked me if I had a fight with my husband, I said I didn't have a husband and he gave me some medication. I found his question a bit funny.... He would always tell me to hurry up because there are many patients waiting. He wanted me to explain my problems very fast. He has two small rooms together and he calls two patients at the same time. I can hear what the other patient is saying. There is no privacy."

Changes Associated with Involvement in Mental Health Services

Maria told us that she has made some progress in coping with her psychological distress after her helpful encounters with service providers. Yet, she is concerned about how the unsettled issues from past abuse can still return to haunt her.

"There was a time that I felt free of that heavy stuff that I had inside me, so heavy... After talking I felt happy, with more energy. I took my children and we went to different places. We went for walks near the lake. I was able to do more things. I was not so focused on the problem, but now...I started again. Some times my son tells me, "Mom, you are thinking about the past,

let it go." But I tell him my past comes with me. The problems that I didn't solve bother me."

Unresolved and recurring mental distress has been only part of Maria's problems. Another is that Maria has not had the sustained social support in Canada that she really needs. In fleeing to Canada she found safety, but there were no friends or family to meet her. At the time that she told her story, she had made some friends and felt that she had met people to laugh with and *"talk about trivial things, but not about my personal stuff."* According to her friend, Maria had indeed gotten better over time and even regained happiness, but a recent trip back to her home country had brought on depression again. In response her friend said, *"I called her and invited her for a walk. I told her to look at the sun, but she refuses. She remains inside her home."*

Professional support has been important to Maria in her new life, but unfortunately, such support has been on and off, and short-term. For example, at the end of treatment for depression, Maria's mental health service provider had told her that she wanted her to *"fly on her own,"* but faced with this reality, Maria says that she had only felt *"cut off."* Maria's friend felt that Maria really needed more ongoing help than she received. Over time, Maria lost, and found, other professional support workers. Some helped her with the many difficulties that go along with being a single mother. Spanish-speaking settlement agencies led to food banks, legal clinics, and summer programs for her children and also helped her socialize for a while within a group of mothers who shared their everyday concerns. One service provider who was especially helpful to Maria was able to address her complex problems in a holistic way. Helping to solve Maria's practical immigration problems helped to cut down the constant anxiety, although Maria knew she needed, and continued to search for, more help with her ongoing depression.

"When I felt desperate, I had problems with my passport, my visa had expired, she told me where to go, she helped me to solve the problem. She prepared me for the [refugee] hearing. I didn't know that there were people who could help you with it. I looked for her, I told her what was happening to me. She told me that the solution was inside myself and that I would find it.... As I was new here, she took me to one place or another, gave me TTC [public transit] tickets. I felt that there was an open door."

One counsellor who was most helpful to Maria said that the problem Maria initially had brought to her was related to preparing her application for a refugee hearing, which made Maria very nervous and *"stressed out."* The counsellor, who had experience with trauma therapy, helped her role play to practice for the hearing, which was later successful in helping Maria achieve Convention refugee status. She learned in the process that Maria had had *"this nervous problem,"* as

Maria identified it, before coming to Canada. She knew that Maria had been alone as

"a single mother, with two children, running from a violent relationship, trying to survive. She didn't know what to do or where to go. ...She didn't have a sense of community or belonging. She was very nervous and had a lot of panic, was afraid that they will refuse her and that her life and her children's lives would be at risk."

The counsellor realized that Maria had been struggling for a long time with depression or anxiety; *"it didn't start when I met her."* Her impression of Maria was that she was very sensitive and private, didn't share much or talk with other people, and felt very lonely. She attributed this partly to the stigma of being a single mother. At the same time that she felt Maria was very reserved, she saw that *"when she trusts someone, she opens up."* *"She is very persistent in making changes,"* she noted and *"benefits a lot from having other people around."* The counsellor reflected on how Maria's story is similar to that of many other Latin American women refugees who have faced life and death situations and need help to overcome their fears, mistrust and traumatic experiences while learning to navigate the complexities of the legal and health care systems in Canada. In the end, the counsellor recommended alternate approaches to therapy that emphasize building trust and are less individualistic, more holistic, systemic and community-oriented.

Reflections and Lessons Learned

Thinking back on her personal struggles when asked what she felt should have happened differently, Maria recalled the roots of a problem that were more long standing and deeper than the various challenges she had experienced in Canada. She said that what she had really needed in the beginning was someone to help her understand and overcome her justifiable fear and *"to be able to talk."*

"As my mother said, why didn't I tell her? Because I was afraid, because he threatened me that if I said something I will suffer. So I remained silent about my problem. If I would had someone to talk to, who could take away the blindfold from my eyes, to open my mind...But I didn't have anyone."

Maria is still sensitive to the psychological stresses that other immigrants and refugees may face in Canada. Maria not only continues to seek help and to learn to cope with her own problems, she has used her awareness to help others. She talks about how important is that newcomers to Canada have a place to get support, reduce their loneliness, receive orientation, learn to get around and not *"get lost."* She has seen, *"men crying at school, because they feel lonely."* She learned from one man that he was mistreated and robbed of

his food in the place where he rented a room. Maria told him where to go for help, where to get a volunteer job, and how to obtain a public transit pass. When they met again on the bus some time later, he introduced Maria to his wife as *"the person who helped him when he had just arrived in Canada."* During an English course on medical terminology, Maria also met many newcomers who were doctors, chemists and laboratory technicians. Although they liked Canada, she said, *"they cried because they were used to having money and here they couldn't get a job."* These things, Maria states, *"might cause depression."*

Maria is very clear about what this long process has taught her and how personally enabling, though difficult, it can be. She says that she has learned *"to be grounded"* and recalls how she once *"thought that Canada was a big monster who might eat me. These programs have taught me that I can do things, where to go to meet other people, how to develop a network."* From her experience of depression, she states unequivocally that she has learned *"to value life,"* despite health problems.

"Before I wanted to die, I didn't want to live. I didn't pay attention to anything. Now, I don't want to die. Although I have many illnesses, I want to overcome all, for my children. One day I would like to see my grandchildren. I have other ideas about life. But some days I don't feel well, I'm depressed. I went to my country and the problems are still there. I cried. My mother told me to forget about the problems and keep going."

Maria's friend agrees that, despite ongoing problems,

"Maria has learned, she is stronger, she knows the system. She knows that she got help. They showed her what's good and what isn't. That was useful.... She is more determined. She says, 'they taught me this and I have to apply it.'"

Her friend added that Maria now sometimes attends a religious group that has helped her. Maria had contacted other community centres, increasing her network and told her that she has two new friends. Sometimes her friend even asks Maria about resources, because she is now so well informed.

Reflecting on what would help other women in a similar situation, her friend points out the importance of informal social support groups that affirm a person's own experience and sense of self worth. She suggests that it would be helpful to invite a woman *"to participate in programs with other women who had the same problem, to feel that they had something in common,"* and to learn through literature or movies about 'self-esteem'...as well as *"chatting informally over a coffee, talking about different issues not only problems, to hang out, share, socialize with other people to have more friends."* In her community, she

**Taking Culture Seriously in Community Mental Health CURA
Latin American Case Study**

said, this can be done through Latin American newspapers, radio and television, even cooking classes. Most important, she concluded was feeling safe and letting people feel comfortable enough to trust and to talk confidentially-- *"to talk and talk until they feel relief."*