



**SURVEY OF DOWNTOWN LATIN AMERICAN
STREET POPULATION**

PREPARED FOR
Canada Employment & Immigration - CJS
City of Vancouver, Social Planning Department
Downtown Eastside Economic Development Society
Downtown Eastside Youth Activity Society
Latin American Services Network
Ray Cam Community Centre

SUBMITTED BY
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EXECUTIVE SUMMARY

The survey of the Latin American Street Population in the Downtown Eastside was completed under contract to Canadian Job Strategies and the City of Vancouver, Social Planning Department.

The identified problems and specific goals for change laid out by the working committee were:

a) To actively intervene at the street level to divert newcomers off the street by providing programming and alternatives to illegal activities.

b) To obtain the data and information required to advocate for needed resources and responses from mainstream agencies, through the development of a research survey, the implementation of such survey, and the development of recommendations from the survey results.

c) To create an awareness within government of the serious problems faced by Latin American refugees and the impact on the community, and to secure a commitment of assistance in finding solutions to the present situation.

Thus the objectives of the research were:

a) To empower the Latin American refugees living in the Downtown Eastside

b) To provide Downtown Eastside agencies with information around the impact of their services on this population.

c) To uncover points of possible intervention by the agencies.

d) To provide information on education, lifestyle, mental health, immigration and migration patterns, language acquisition, alcohol and drug use, and problem solving skills of the Latin American refugees.

The survey approach was based on an action research model. The sequence involved entry into the system, data gathering, collation of data, feedback of data, diagnosis and action planning (in this case development of the survey), implementation, evaluation, reformulation, and implementation of the revised action plan.

Information was sought on nine key themes: biographical data, mental health issues, migration patterns and immigration experiences, present lifestyle, employment, English language skills, alcohol and drug use, problem solving patterns, and use of agency services.

Information on these themes were taken from the survey data, feedback sessions, and literature review, and analyzed for differences and similarities. The patterns which emerged were organized in terms of conclusions and recommendations. In most cases there was strong agreement between survey findings and literature reviewed on the nine themes.

The survey focused on Latin American men living in and frequenting the Downtown Eastside. 148 men were interviewed. The general profile that emerged is as follows:

The typical man is 28 years old, and from a small city in El Salvador. He has some high school education and a trade skill,

but with no formal training.

He left his country because of the war, threats, and beatings he received from the authorities. It is likely that a close family member has "disappeared".

He left his country in 1986 and it took him over 2 years to travel across three countries to get to Canada. He lived in the U.S.A for eight months but left because of the difficulties in living illegally and without status.

He arrived in Canada in 1988 under the old refugee determination process. He is presently in the backlog and he has now been without status for five and a half years. He is not able to participate fully in Canadian life because of the uncertainty of his status and his ineligibility for programs to assist his integration. He relies heavily on his lawyer as he awaits his hearing.

The events leading up to his escape from his country, the migration process, and the waiting, has taken an emotional toll. Though he used to drink socially in his country, he now drinks to suppress his feelings of depression and to help him forget. He also smokes marijuana. He is depressed most of the time, has difficulty sleeping, and often feels anxious. He doesn't like to talk about these problems.

Though he has a work permit, he is unemployed because of his lack of experience and the lack of jobs. He sometimes sells drugs in order to make more money. He can barely survive on hardship assistance from M.S.S.H. and he finds it frustrating and

demoralizing. He believes the time he spent waiting for his work permit has made him lazy and depressed. He identifies the biggest problems in his life to be the lack of gainful employment, lack of immigrant status, and isolation from his family.

He has enough English to get him through a basic job interview. He would definitely take government sponsored English classes if he was eligible. He is certain that English is the key to securing employment and integrating into Canadian society.

He has a room in a hotel, and once or twice a week he lets his refugee friends crash out with him, when they have no place to stay. He usually eats one meal a day, mostly at home, but often at the "44", or a soup kitchen.

He is aware of, and uses, agencies that can assist him with his immigration concerns and with his immediate need for food, shelter, and clothing. He is unaware of, and rarely uses, agencies that can supposedly assist him with his alcohol and drug addictions, depression, loneliness, and unemployment.

When he has problems, his usual approach to solving them is to "do nothing", followed closely by behaviours aimed at escaping or avoiding them. He also escapes and avoids his problems as a way to feel better. When he does choose to talk to someone about his problems, it is most frequently a street worker/counsellor who offers him what he wants most from a helper; information and knowledge. However he is almost as likely to keep his problems to himself.

The following are the recommendations put forward by the committee. For a more comprehensive understanding of each, please refer to the section entitled **RECOMMENDATIONS**.

Recommendation one:

That refugee claimants be given complete access to the same programs and services sponsored by the municipal, provincial, and federal governments that are available to landed immigrants and government sponsored refugees.

Recommendation two:

That C.E.I.C. works in conjunction with Downtown Eastside community based agencies to design and implement special employment training programs for Latin American refugees and immigrants, and that these programs must be tailored to deal with mental health, language, and substance abuse issues.

Recommendation three:

That C.E.I.C. ensures all refugees (claimants and government sponsored) have equal access to English language training, and that basic training allowances be available to them.

Recommendation four:

That C.E.I.C. ensures English language training directed at refugees includes orientation information on substance abuse prevention, post traumatic stress disorder, and information on agencies available to provide assistance.

Recommendation five:

That agencies, particularly those providing substance abuse counselling, employment services, and mental health services,

acknowledge their responsibility to all segments of the population they are mandated to serve, by redirecting and reallocating the necessary resources to assist the Latin American refugees and immigrants in the Downtown Eastside.

Recommendation six:

That these agencies work collaboratively and consultatively with community based programs in the Downtown Eastside, to provide services at a street level.

Recommendation seven:

That these agencies work to improve their visibility in the Downtown Eastside through outreach into the Latin American community residing there.

Recommendation eight:

That all levels of government, which fund these agencies, ensure that the needs of this group are being addressed, and that the funders be prepared to provide both support and, where necessary, pressure to facilitate this process.

Recommendation nine:

That the Latin American Community Council form a sub committee comprised of concerned council members, street workers, and respondents from the survey, and that this sub committee develop community level strategies to assist these men in connecting with the larger Latin American community.

Recommendation ten:

That dialogue between the Latin American Community Council and the Vancouver Police Department be encouraged to address

issues such as racism, the role of the police within the community, cross cultural communication and training, and positive working relationships between Downtown Eastside street workers and the Vancouver Police Department.

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INTRODUCTION

Early in 1990, the Downtown Eastside Youth Activities Society sent a letter to the Mayor of Vancouver asking that he address a problem of growing racial tension and violence in the Downtown Eastside.

The problem described was an estimated 300 Latin American men involved in street activities. Many of these young men were refugee claimants waiting in limbo for their immigration status to be determined. They had to wait from six to eight months during which time they were not allowed to work and were also ineligible for English classes or other training programs. Their options for survival were Hardship Assistance from the Ministry of Social Services and Housing, and criminal activities such as drug dealing. They were also isolated from the rest of the more established Latin American community and found their only support from others on the street. Many were suffering psychologically from the violence and trauma of war and repression in Central America. Members of the community had also identified entrenched criminals as well as ex-military death squad members in this population. However, the general feeling was that most were vulnerable, confused young men who, not allowed to work, had nowhere to go and were therefore easily recruited into illegal activities and drug and alcohol abuse.

The Mayor passed the letter to the Social Planning Department. In response to the City's review of immigrant and ethnic services, which called for a better coordination of

services between ethno-specific and dominant culture services, the Social Planning Department put out a general invitation to representatives of the following organizations to discuss the problem:

Downtown Eastside Latino Street Activity Planning Committee

Ray-Cam Community Centre
Ministry of the Secretary of State (Federal)
Greater Vancouver Mental Health Services
United Way of the Lower Mainland
M.O.S.A.I.c. (Multicultural Orientation Services)
Latin American Services Network
Vancouver Police Department
Ministry of Social Services and Housing (Provincial)
Downtown Eastside Youth Activities Services
Vancouver Foundation
Alcohol and Drug Programs
Carnegie Centre
Equal Employment Opportunity
Downtown Community Health Clinic
Social Planning Department, City of Vancouver
Family Services of Greater Vancouver
Canadian Job Strategies Operations, Canada Employment and Immigration (Federal)
Britannia Community Centre
D.E.R.A. (Downtown Eastside Residents Association)
Simon Fraser University
Vancouver Health Department
Ministry of the Attorney General (Provincial)
Downtown Eastside Economic Development Society

The attendance was overwhelming. From this inter-organizational committee, a special working committee was formed to explore possible solutions. This collaboration consisted of two funders, one ethno-specific and three "street" organizations, specifically:

Ray-Cam Community Centre
Downtown Eastside Youth Activities Society (DEYAS)
Downtown Eastside Economic Development Society (DEEDS)
City of Vancouver Social Planning Department
Latin American Services Network (LASN)
Canada Employment and Immigration Job Strategies (CJS).

The challenge this committee identified was how to effectively address the situation of the Latin American men living in the Downtown Eastside at a political level, a program and resource level, and at the street level. The identified problems and specific goals for change laid out by the working committee were:

a) To actively intervene at the street level to divert newcomers off the street by providing programming and alternatives to illegal activities.

b) To obtain the data and information required to advocate for needed resources and responses from mainstream agencies, through the development of a research survey, the implementation of such survey, and the development of recommendations from the survey results.

c) To create an awareness within government of the serious problems faced by Latin American refugees and the impact on the community, and to secure a commitment of assistance in finding solutions to the present situation.

Major players in this action research project were five Spanish speaking interviewers. These men were hired by the interorganizational working committee specifically to carry out the survey.

Much of their work was done individually and directly with the Latin American refugees on the street. They were hired for their abilities to speak Spanish and English and their willingness to work with a potentially violent population.

Three of the five men were refugees from Central America, the fourth a journalist from Mexico, and the fifth man a Canadian Anglophone who learned Spanish by living in Central America.

As this was a collaborative effort, decision making on both the content and the structure of the research came from the committee. The research consultant position was funded by, and directly responsible to, the Vancouver City Social Planning Department. The five interviewer positions were funded under a Section 25 Job Strategies Grant from C.J.S. and were to be managed by the Latin American Services Network.

Initially the research was to commence in September of 1990 and end in December of 1990. Due to funding delays, the actual survey implementation commenced in December 1990 and ended in March 1991.

RESEARCH METHODOLOGY

The research methodology chosen in this study was action research. "Action research is the systematic collection and analysis of information for the purpose of informing political action and social change" (Women's Research Centre, 1987, p.4).

"Rather than being strictly a research methodology, action research is a cyclical process that involves formulating a definite plan of action, fact-finding in accordance with that plan, reformulation of the plan on the basis of research results, and implementing the next action to meet the goals of the revised plan" (Cunningham, 1976, p.218).

The strengths of action research centre on the involvement of the group to identify its own concerns, issues, and devise and implement an action plan to deal with these issues.

Typically the sequences involve entry into the system, data gathering, collation of the data, feedback of data, diagnosis and action planning, implementation, and evaluation.

In the case of this project, action research was used for two reasons. Firstly there was a legitimate concern that the population of the Downtown Eastside was "surveyed out". According to the committee members, researchers had frequently gone into the area, done their research, and left without a trace. This had left an atmosphere of mistrust and apathy towards the results of research in that area.

Action research provided an opportunity for interaction and community building. The feedback and verification component

allowed the respondents to hear and verify the data, and to plan actions around issues they identified within the data.

Some committee members also had a concern as to whether a traditional survey was worthwhile. On one hand the committee expressed the need to have hard data with which to lobby for changes. They were also concerned that research would be a waste of time, funds, and energy, if all it provided was a verification of information the committee members already possessed through their own experiences.

The use of action research allowed the committee to a) identify their concerns and issues vis a vis the Latin American target population, b) design for the provision of information relevant to their agencies' delivery of services, and c) make recommendations for change.

Thus the objectives of the research were to a) empower the Latin American refugees living in the Downtown Eastside, b) provide Downtown Eastside agencies with information around the impact of their services on this population, c) uncover points of possible intervention by the agencies, and d) provide information on education, lifestyle, mental health, immigration and migration patterns, language acquisition, alcohol and drug use, and problem solving skills of the Latin American refugees.

There were several steps in the development of the research tool. Firstly the committee members were individually interviewed to generate data on what they saw the problems to be, what they wanted to know, and concerns and issues they had around

the research process. It was at this stage that questions were raised such as whether the study was worth doing (Berdie, Anderson, 1986), what were the goals of the research, what type of research tool would be used, what questions would be asked, and how would they be asked.

Many of these decisions were based on the characteristics of the men being studied.

The committee decided that the interviews should take no more than 40 minutes, that there would be a balance between open and closed questions, and that interviews would occur in the areas which these men were residing and frequenting.

Also taken into consideration were the ethical concerns which included "the possible emotional effect" (Berdie et al, 1986 p.8), and the right to privacy and confidentiality. (Sudman and Bradburn 1982) This was of special concern when dealing with survivors of torture who might not be able to deal with the trauma and memories; seemed to have no access to those who could help them; had no rights or status in Canada; and lastly, could be deported based on information gleaned from the questionnaire.

In the initial planning, the committee had the resources and time to interview the entire estimated population of 300. The methodology chosen was a non probability sampling referred to as quota sampling. Quota sampling deliberately targets respondents by age, gender, ethnic background, or any category in a given area. (Backstrom and Hursh-Cesar, 1981) In this case it was male Hispanics, frequenting the Downtown Eastside. (Though many of

these men did not live in the Downtown Eastside, they spent much of their time there and identified themselves as belonging to this community.)

After the first feedback session, the recommendations of the committee were incorporated into a draft questionnaire. Considerable time was spent on the wording of the questions. Other issues to be addressed centred on the translation into Spanish, the use of colloquial expressions, and respect of cultural communication styles (which tended to be less direct).

A second meeting was called to evaluate and improve the questionnaire. From this meeting, changes were made to produce a new draft. This draft was tested on three refugee respondents, after which more changes were made. Minor changes were again made after the first two days of implementation on the target population.

Interviewers

"Survey research is a process of people (researchers) talking to people (respondents) through other people (interviewers)" (Backstrom and Hursh-Cesar, 1981, p.237).

It was essential to have good interviewers who could convey the desired information both ways. In order to achieve rapport, the selection of the interviewers was based on their likeness to the respondent. (Backstrom and Hursh-Cesar, 1981) Physical characteristics, age, gender, race, ethnicity, and language were taken into account.

After the interviewers were selected, they were trained.

The training was based on (a) information, (b) attitudes and, (c) skills they needed in order to make their interviews as consistent and alike to each as possible. (Backstrom and Hursh-Cesar, 1981)

A 14 step checklist developed by Backstrom and Hursh-Cesar (1981) was used to train interviewers. The checklist covered areas such as problem definition, population and sponsor, understanding surveys and sampling, consistency, interview and respondent biases, selection and interview procedures, supervising and problem solving, and general logistics.

A large part of the training included the examination of the interviewer's own personality and characteristics which could bias questionnaire data.

The interviewers then worked collectively to translate the questionnaire. The questionnaire was implemented over a three month period; the data collected and organized by the consultant and the interviewers.

This information was fed back to the Latin American respondents in two concurrent sessions which were held at Door's Open, a well frequented charitable organization in the Downtown Eastside. Each session attracted between thirty and forty respondents (many attending both sessions), the five interviewers, consultant, Door's Open staff, street workers, and a Latin American Community Program Development Worker from MOSAIC.

The data was presented for verification and evaluation and

from this process an action plan was put forward by the respondents and staff present.

The questionnaire information and feedback session information was then presented to the committee members for their evaluation and recommendations. The recommendations were then set forward in this report.

Limitations to the Research

Limitations of action research and non parametric research are that the information gathered reflects the experience of those interviewed and can not be generalized to the entire population. It does not rely on the rules of sampling, surveys, and control groups. In this instance the sample was self referred.

In acknowledging this reality, the initial intention of the committee was to interview as close to the entire estimated population of 300. Due to the late start of the project, the severe climate (the majority of interviews were done on the street), the transient nature of the population, many of whom had left to other cities, 145 men were interviewed. Considering the barriers, very few men who were asked to participate, refused.

ANALYSIS OF RESEARCH FINDINGS

The questionnaire was organized into 11 sections dealing with 9 themes; biographical data, mental health issues, migration patterns and immigration experiences, present lifestyle, employment, English language skills, alcohol and drug use, problem solving patterns, and use of agency resources.

The objectives, data, and conclusions have been organized by these nine themes. Information on the feedback sessions is included only in those instances where this data was challenged by the respondents during said feedback sessions.

A: Biographical Data

The source of this information comes primarily from Section One of the questionnaire (Appendix B), and Tables 1 and 2 (Appendix A). The objective was to have general information on the respondents as to their age, place of birth, and educational background for future program design.

The basic picture is 79% of the men surveyed were between 21-35 years, 85% from Central America. 78% identified themselves as urban in origin, 38% with high school or university education, 55% with some high school or less, and 7% with no schooling. 67% have no specialized training, with 33% trades or professional training.

B: Migration and Immigration Experiences

The sources for this data are Sections One, Three, and Four of the questionnaire (Appendix B), and Tables 3 and 6 to 12 (Appendix A). The research objectives for this topic involved

creating a picture of these men's migration experience. Of high interest was their reasons for leaving their countries of origin, length of time in transit and without status, and their experiences with the Canadian immigration process.

Findings:

Except for the 8% who were Mexican, the other 92% of the respondents travelled across two to three countries to arrive in Canada. The average transit time or time spent without status prior to arriving in Canada was 25.8 months. 40% said they had spent more than 6 months as illegals in the U.S.A., some as many as ten years.

36% left the U.S.A. because of the difficulties inherent in living illegally or without status, 25% stated it was always their intention to come to Canada, the remainder for reasons varying from perceived better treatment in Canada, better future, dislike of U.S.A., family ties, crossing the border by mistake, and deportation from U.S.A.

The most frequently cited reason for leaving country of origin centred around war/political repression/freedom (85%). Also stated as primary and secondary reasons were search of employment and extreme poverty (18%).

60% left their countries of origin between 1986-90, 25% between 1981-1985, and the remainder between 1970-1980. 63% arrived in Canada between 1984-1989 under the old law, and 31% fall under the new refugee law. Presently 7% are under the age of 20, but when they left their countries of origin, 35% were

under the age of 20. This is an important factor when one considers that certain age groups, at time of migration, are more vulnerable to the stresses of adaptation. As cited by the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees [CTFMHIAIR], (1989) "Adolescents and young adults face developmental demands and maturational identity crisis at the same time that they encounter new situational demands and cultural identity crisis. Studies have linked migration at the time of adolescence with subsequent alcohol abuse, drug addiction, delinquency and depression" (p.6).

Most of the respondents came to Canada by land (73%), 70% to Vancouver, 30% to other parts of Canada. 60% are refugee claimants, 6% have been found convention refugees, 14% are now landed immigrants, and 6% are citizens.

59% described their experiences with Immigration as "treated well". During the feedback session however, "treated well" was defined ranging from polite treatment to not being beaten and interrogated, as was their experience with authorities in their country of origin. The major complaints about immigration centred around the length of time to process the documents, and obstacles to work and study. 7% felt they were mistreated and discriminated against. Common sentiments expressed were "waiting for my case to be resolved has made me feel depressed and like a prisoner in this country" and "not having status keeps me from developing myself like any other Canadian citizen".

In Salvadorean and Guatemalan Youth in Exile: Adapting to

Life in Canada, Smiley (1989) states that the stress involved in the uncertainty of their situation can lead to negative coping methods such as violence, or drug and alcohol abuse. Two studies cited by the CTFMHIAIR (1989) showed that early refugee placement and social adjustment factors (e.g. avocational and social roles) had more of an impact on personal well being than did undesirable life events experienced by the refugees before migrating. Therefore, the treatment received by the refugee claimant in the host country, can have more of an effect on mental health than the pre-migration experiences.

When asked who was helping them with their experiences with immigration, 60% cited their lawyers, 7% family, friends, and church, and the remaining 33% said no one was helping them.

C: Mental Health Issues

The committee was concerned about Post Traumatic Stress Disorder and it's mental and physical health ramifications. Two different questionnaire approaches were used to surface information. Section Two (Appendix B) asked direct questions relating to beatings, imprisonment, and interrogation and disappearances. Section Eight (Appendix B) dealt with the identification of somatic illnesses attributed to Post Traumatic Stress Disorder. These conditions are characterized by intense fear, sleeping disorders, feelings of guilt, loss of memory and concentration, depressive disorders, behavioral disorders such as alcohol abuse, and finally psychosomatic disorders such as chronic arthritis, ulcers, headaches, and respiratory disorders.

(Barudy, 1989. pp. 715-727) Corresponding information can be found in Tables 4 and 5 (Appendix A).

Findings:

Almost half (46%) of these men had family members "disappear". More than two-thirds (65%) had witnessed others being beaten and interrogated, and the same amount had been threatened with imprisonments, beatings, or death. 55% had been beaten or interrogated with 28% actually being imprisoned for political reasons. 6% admitted to beating and interrogating others.

62% of the respondents added comments in relation to these questions, and expressed feelings of loss, fear of war and physical harm, repression, concern about freedom for their people, and anger and humiliation around their experiences. CTFMHIAIR (1989) confers that within refugee populations, victims of torture have a special risk for mental disorder. "In comparison with other refugees, survivors of torture have been found to have experienced a greater number of life changes and to be more troubled by these changes" (CTFMHIAIR, 1989 p. 10).

When these figures were fed back to the respondents, they commented that the low figures were not reflective of reality. Some admitted to not revealing the extent of their experience because of a reluctance to talk about it. "Because torture traumatises the self-image, survivors of torture find it extremely painful and humiliating to talk about their experience" (Survivors of Torture in the Vancouver Lower Mainland, Needs

Assessment, 1990, p.11).

The most frequently mentioned symptom of Post Traumatic Stress Disorder was depression which was experienced by 50% of the men on a regular basis, followed by anxiety (40%) and sleep disturbances (30%). 77% of the men suffered a combination of 3 or less symptoms regularly, while 37% reported 4 or more symptoms regularly (6% identifying 10 to 12 symptoms regularly).

When this information was fed back to the respondents, again these figures were deemed to be lower than in reality. Expressed was a concern about admitting illness and a fear that the government might use this information against the respondents by refusing them refugee status due to mental or physical illnesses.

D: Lifestyle

The lifestyle questions occur in Section Five of the questionnaire (Appendix B), with corresponding information in Tables 13 and 14 (Appendix A). The committee was looking at lifestyle information that would impact these men's ability to absorb English language or job skills training. Also, a concern of several members was that these men were living with native teenage girls and using them to hide and carry their drugs.

Findings:

The results which would impact learning, centred around eating and sleeping habits. 80% of the men had a regular sleeping place while 20% said they slept from two to seven places in the past week. The most common accommodations were hotels and or rooms which sheltered 36% of the men. 31% said they stayed at

apartments, 16% at houses and the remainder at friends, shelters, street, and prison. Of those that stayed with friends, 93% of these friends were males between 20-35, 90% being refugees or immigrants. Only 10% lived with family or spouse and almost half lived alone. The CTFMHIAIR (1989) states that single migrants, or those leaving behind their spouses are at particular risk for mental disorder.

Only 2 respondents claimed to be living with native women, both of these women being 22 or older. One respondent was married to a native women.

When questioned about their eating patterns, 39% of the respondents had not eaten in 6 or more hours, and 21% said it had been at least 12 hours since their last meal. Just under half (49%) said this was typical for them.

E: Employment

The objectives of the committee were to determine impediments to work, work attitudes, employment aspirations, and sources of present income. The source of this information comes from Section Six of the questionnaire (Appendix B) and Tables 15, 16, and 17 (Appendix A).

Findings:

The majority had a work permit and Social Insurance Number (56%). Of those who did not, the majority (54%) stated it was because of their lack of status, they were waiting for it (14%) or they were recent arrivals and did not know how to get one (14%).

The vast majority (81%) with work permits were unemployed. The most commonly stated reasons were lack of experience, layoffs, or no jobs to be had. Some did not have enough English and others stated drug and alcohol problems, disabilities, and racism to be reasons for not working.

95% stated that if they could work, they would. 65% are receiving hardship assistance with 15% having other sources of income ranging from U.I.C., family, drug dealing, and charity.

When this data was fed back to the respondents the majority of men commented on their frustration of being on Hardship Assistance and not working. They expressed that not having permits and work made them lazy and depressed and led to their criminal activity. Comments included "we are looking for work, for help, but not on a platter, we just want a chance", and "when we came here, they put us on welfare without work permits. We can't work, so we look for other ways to get money. They give us enough to survive, that is all". Smiley (1989) states

If they [Latin American refugees] feel blocked and are unable to gain access to the goods and services in our society, crime may be seen as an alternative. Ignoring the needs of these young men could have serious consequences for their mental health as well as for our society. (p. 42)

F: English

The committee was concerned about the English language skills of these men especially in an employment context. Also of interest was their motivation to learn English. The source of this information is Section Seven of the questionnaire (Appendix B) and Table 18 (Appendix A).

Findings:

Half of the men felt that their English was good enough to describe their work history to an employer. 58% said they could read classified ads in English, and 46% said they could fill out a job application form in English. 5% of the respondents said they could not do the two latter tasks in Spanish or English. During the feedback session, the men identified a problem in that they could speak what they referred to as "street English". They felt that this level of English kept them at low paying manual labour jobs.

The majority (61%) are not eligible for government sponsored English as a second language classes, but almost all (98%) said they would take these classes if they were eligible.

All of them stated that learning English was very important to them for reasons including the ability to communicate with others, integration into Canadian society, the ability to study or do training programs, and most commonly stated, to secure employment. This coincides with the CTFMHIAIR (1989) which states that the degree of fluency in the host country's language is positively related to the ability of the immigrant/refugee to adapt to the society.

G: Drug and Alcohol Use

The committee was interested in information on drug and alcohol use particularly around the extent of use, the reasons for use, any correlations between the migration experiences and use, and awareness of AIDS. See Tables 21 to 27 (Appendix A) and

Section Nine of the questionnaire (Appendix B) for more information.

Findings:

There appears to be a correlation between the migration experience and the use of alcohol. In their countries of origin, 14% of the respondents described themselves as heavy drinkers (several times a week or daily). During their migration experiences to other countries, those describing themselves as heavy drinkers rose to 27%. Presently in Canada, 34% rate themselves as heavy drinkers.

Decreasing from 39% to 19% was the number of men who said they had never drunk in their country of origin, to those who presently do not drink. The percentage of respondents rating themselves as moderate or occasional drinkers remained constant throughout the migration experience. In the Alcohol/Drug Education Needs Assessment (Four B.C. Ethnic Communities) (A/DENA) key informants, community members and literature review, describe reasons for excessive drinking. They include stresses experienced by refugees that go beyond the plight of the average immigrant, such as lack of community services, traumatic pre-migration experiences, isolation from family, unemployment, language barriers, and the need to forget. Cited in the literature review is a study of Guatemalan refugees, whose separation from their families created a dynamic for alcohol abuse. This excessive drinking caused "single men to rely on each other for social activities and weakening the propensity to save

money" (1989, p.62).

During the feedback session, the number of heavy drinkers was deemed to be much higher than the questionnaire results indicated. There was laughter around the 19% who said they did not drink at all. Comments included "they are liars" and "when people are talking about drugs and alcohol, many people have problems and don't admit them to themselves."

Another pattern occurs around the reasons for the use of alcohol. Most commonly, in countries of origin, drinking is a social activity with 76% saying they drank for fun, entertainment, parties and with friends. This is supported by all three data sources in A/DENA (1989) which indicates that in the Latin American Community, alcohol is primarily used for social purposes.

In their countries of origin, the respondents rarely drank (11%) for feelings of depression, boredom, pain, or to forget. Through the migration experience drinking patterns change. Only 44% of the men now state they drink for social reasons, and 45% claim their present motives for drinking to be based on depression, boredom, pain, and to forget.

When questioned about drug use, slightly more than half of the respondents (54%) said they never use drugs, while the remaining 46% use drugs ranging from occasionally to every day.

Of the drugs used, marijuana was most commonly used at 45% followed by cocaine at 7%, and a combination of these two at 25%. A/DENA (1989) cites the 1987 National Institute of Drug Abuse

research with Mexican-Americans, Puerto Ricans, and Cuban Americans in the U.S.A., between the ages of 18-34 were clearly more likely to have used marijuana and cocaine. Other drugs used by the respondents were hashish at 6% and injectable drugs and hallucinogens at 3%. Of those who use injectables, 3% said they shared needles.

The majority stated that the reasons for starting drug use came from the influence of others such as friends or hanging around "bad influences". This is supported by A/DENA (1989) in which key informants identified peer pressure and the need to belong as the main catalysts to drug use.

The respondents rated curiosity as the second most common reason to start using drugs (37%).

A small group admitted to dealing drugs (15%) for reasons ranging from need for money, hardship assistance not enough, or to finance their alcohol and drug addictions. This is inconsistent with the findings of the A/DENA (1989) in which informants considered drug use and drug pushing coterminously.

It was also the experience of the researchers interviewing the respondents that the number of men dealing drugs was much higher than the number of men admitting to it. Those who had denied dealing drugs in the interviews were later seen by the researchers, selling drugs. There were several incidents where the respondents answered negatively to the question "do you sell drugs" and proceeded to sell drugs to a buyer during the interview process.

With regards to AIDS, 46% said they had been tested, and 3% of those tested were carrying the HIV virus. When asked if they were at risk, 50% said they were not, 26% thought they were, 18% didn't know. Reasons the men thought they were at risk included the use of prostitutes, not using protection, and sharing needles. Those men who felt they were not at risk commented on the fact that they used condoms, or "took care of themselves", had only one sexual partner, did not use prostitutes, drugs and were not homosexual.

H: Use of Agency Services

The committee was interested in surfacing information on the respondents' knowledge of services supposedly available to them. A total of 29 agencies were covered. The agencies were described by their official names, street names, locations, and service provided, to make certain that the respondents had ample information to identify all the agencies. Section Ten of the questionnaire (Appendix B) was used to provide this information, as well as Tables 28-34 (Appendix A).

Findings:

Of the 29 agencies covered by the questionnaire, nine were known to an average 86% of the respondents, with the remaining 20 agencies known to an average 21% of the respondents.

Only six agencies were used by the majority of men (average of 72%) while the remaining 23 agencies were used by an average of 13% of the respondents.

The most commonly used agencies were Immigration, Ministry

of Social Services and Housing (Hardship Assistance), Salvation Army, MOSAIC, Legal Aid, and DEYAS. The reasons most commonly given for the use of any agencies were assistance with immigration, food, shelter, and money.

The majority of the respondents (average 80%) were not aware of services around mental health, alcohol and drug counselling, or employment programs. These services were used by an average of 8% of the men. According to the CTFMHIAIR (1989),

The prevailing theme regarding migrants and mental health services is that of underutilization... a survey of 1,100 organizations serving refugees found that community mental health centres had seen only four per cent of the clients deemed to be in need of mental health services...[and that] ...the existing literature suggests, but rarely documents, such factors as fear of deportation, anticipation of cultural and linguistic barriers, and simple lack of information [to be reasons of underutilization]. (p.21-22)

This is significant when one is faced with the reality that

- a) 77% of the respondents presented at least 1-3 symptoms of Post Traumatic Stress Disorder,
- b) 50% suffered from frequent depression,
- c) 81% of those with work permits were unemployed,
- d) 45% stating they drank to deal with depression, pain, boredom and wanting to forget, and
- e) 34% admitting to be heavy drinkers.

I: Problem Solving Patterns

The committee was interested in the problem solving patterns of the respondents, in order to ascertain points of intervention, for the purpose of providing more effective assistance.

Youth and Culture: A Seventeen Nation Study of Perceived Problems and Coping Strategies (Gibson et al, 1990) was used to identify problems, problem solving patterns, identification of

personal resources, and preferred helper qualities. The questions are located in Section Eleven of the questionnaire (Appendix B) and Tables 35 & 36 (Appendix A). An abbreviated index of the categories used for organizing the responses can be found on Table 37 (Appendix A).

Findings:

The three dominant problems identified were unemployment (29%), immigration status (19%), and isolation from family (17%). This hierarchy of problems is confirmed by the CTFMHIAIR (1989) which indicates that satisfactory employment correlates more highly to one's emotional well being than either pre-migration stress or separation from family.

Other problems mentioned by the respondents included un-met physical needs, language barriers, marital problems, discrimination, alcohol and drug abuse.

The three most common responses to dealing with this problem stated, were to do nothing (28%), escape/avoid (23%), and plan towards a solution (18%). Other responses included psychological distancing, seeking support of other, hanging out with friends, or doing something comforting.

To feel better about their problems, those who responded said they escaped (37%), did nothing (6%), planned towards a solution (6%), comforted themselves (6%), or sought support from others (3%).

They were most likely to discuss their problems with a counsellor/street worker (29%), or keep it to themselves (16%),

talk to a friend (16%), their lawyers (12%) with the remaining categories including clergy, family, and God (17%).

The most important quality their helpers possessed was knowledge (41%), and what these people did to help them was provide counsel (43%).

Of those who commented, the most common response they did not want to receive from a helper was a perceived "lack of concern".

Other Issues

During the interview process, several of the interviewers were either subjected or witness to police harrassment. They were accused by police of being drug dealers because they happened to be in the park with the respondents. One interviewer was strip searched in the park. The harrassment only occurred with the two interviewers who were visibly "Latino". The Anglo Saxton interviewer, and the white El Salvadorean interviewer, though present at the park during one of the incidents, were not questioned.

In discussing these occurances with other street workers, it was confirmed that many such incidents of harrassment, public strip searches, and rough treatment were occuring to workers and respondents who were visably Latin American.

A meeting with the interviewers, street workers, and representatives of the police and Social Planning Department, took place to discuss these concerns and explore solutions.

PROFILE

If one was to take the data and make a composite drawing of the typical man described by the survey results, he might look like the following:

He is 28 years old, and from a small city in El Salvador. He has some high school education and a trade skill, but with no formal training.

He left his country because of the war, threats, and beatings he received from the authorities. It is likely that a close family member has "disappeared".

He left his country in 1986 and it took him over 2 years to travel across three countries to get to Canada. He lived in the U.S.A for eight months but left because of the difficulties in living illegally and without status.

He arrived in Canada in 1988 under the old refugee determination process. He is presently in the backlog and he has now been without status for five and a half years. He is not able to participate fully in Canadian life because of the uncertainty of his status and his ineligibility for programs to assist his integration. He relies heavily on his lawyer as he awaits his hearing.

The events leading up to his escape from his country, the migration process, and the waiting, has taken an emotional toll. Though he used to drink socially in his country, he now drinks to suppress his feelings of depression and to help him forget. He

also smokes marijuana. He is depressed most of the time, has difficulty sleeping, and often feels anxious. He doesn't like to talk about these problems.

Though he has a work permit, he is unemployed because of his lack of experience and the lack of jobs. He sometimes sells drugs in order to make more money. He can barely survive on hardship assistance from M.S.S.H. and he finds it frustrating and demoralizing. He believes the time he spent waiting for his work permit has made him lazy and depressed. He identifies the biggest problems in his life to be the lack of gainful employment, lack of immigrant status, and isolation from his family.

He has enough English to get him through a basic job interview. He would definitely take government sponsored English classes if he was eligible. He is certain that English is the key to securing employment and integrating into Canadian society.

He has a room in a hotel, and once or twice a week he lets his refugee friends crash out with him, when they have no place to stay. He usually eats one meal a day, mostly at home, but often at the "44", or a soup kitchen.

He is aware of, and uses, agencies that can assist him with his immigration concerns and with his immediate need for food, shelter, and clothing. He is unaware of, and rarely uses, agencies that can supposedly assist him with his alcohol and drug addictions, depression, loneliness, and unemployment.

When he has problems, his usual approach to solving them is

to "do nothing", followed closely by behaviors aimed at escaping or avoiding them. He also escapes and avoids his problems as a way to feel better. When he does choose to talk to someone about his problems, it is most frequently a street worker/counsellor who offers him what he wants most from a helper; information and knowledge. However he is almost as likely to keep his problems to himself.

RECOMMENDATIONS

The original challenge identified by the committee was how to effectively address the situation of Latin American men living in and frequenting the Downtown Eastside.

There are two issues at hand, a) our abilities to deal with the present situation, and b) our abilities in preventing the situation from getting worse. To accomplish either one we must work at a political level, a program and resource level, and at a street level.

The problems faced by and exacerbated by the Latin American men in the Downtown Eastside, can be described as a log jam. Historical, cultural, interpersonal, and systemic factors have contributed to these problems. As in a log jam, one can not point to a specific log and clearly say, "this is the cause". However there are well documented bends in the river which increase the propensity for these problems to occur.

The following recommendations are an attempt to outline ways to reduce the problems in the Downtown Eastside, and to prevent other Latin American refugees and immigrants from being caught in the jam.

Recommendation one:

That refugee claimants be given complete access to the same programs and services sponsored by the municipal, provincial, and federal governments that are available to landed immigrants and government sponsored refugees.

The first step is to admit that the problem includes a majority of refugees claimants. Any attempt to address the Latin American problem in the Downtown Eastside that does not take them into account, will not succeed.

Recommendation two:

That C.E.I.C. works in conjunction with Downtown Eastside community based agencies to design and implement special employment training programs for Latin American refugees and immigrants, and that these programs be tailored to deal with mental health, language, and substance abuse issues.

It is clear that unemployment is seen by the respondents as the number one problem. It is also well supported by the literature on migration experiences, which suggests that employment can overcome a multitude of pre-migration experiences and prevent secondary problems such as substance abuse, depression, and criminal behaviour. In addition, the high levels of unemployment in this group indicate that they are unable to secure employment on their own.

Recommendation three:

That C.E.I.C. ensures all refugees (claimants and government sponsored) have equal access to English language training, and that basic training allowances be available to them.

Recommendation four:

That C.E.I.C. ensures English language training directed at refugees includes orientation information on substance abuse prevention, post traumatic stress disorder, and information on

agencies available to provide assistance.

As the survey indicates, English language training is essential in order to facilitate integration into the community and to secure employment.

Recommendation five:

That agencies, particularly those providing substance abuse counselling, employment services, and mental health services, acknowledge their responsibility to all segments of the population they are mandated to serve, by redirecting and reallocating the necessary resources to assist the Latin American refugees and immigrants in the Downtown Eastside.

Recommendation six:

That these agencies work collaboratively and consultatively with community based programs in the Downtown Eastside, to provide services at a street level.

Recommendation seven:

That these agencies work to improve their visibility in the Downtown Eastside through outreach into the Latin American community residing there.

Recommendation eight:

That all levels of government, which fund these agencies, ensure that the needs of this group are being addressed, and that the funders be prepared to provide both support, and where necessary, pressure to facilitate this process.

In the agency review, it is apparent that the majority of agencies mandated to provide mental health, substance abuse, and

employment services, are not known or used by the vast majority of the respondents. This, coupled with the respondents' propensity to not seek out help, or only to seek it out from street workers, ensures that the situation will not change. A proactive, street level intervention is indicated.

Recommendation nine:

That the Latin American Community Council form a sub committee comprised of concerned council members, street workers, and respondents from the survey, and that this sub committee develop community level strategies to assist these men in connecting with the larger Latin American community.

This is a very isolated population with almost no family or community connections. The tendency is for these men to look to each other for solace, and as indicated in the survey results, this increases the propensity of substance abuse. Encouragement is needed for the larger, more stable and integrated Latin American community to have a stronger presence in the Downtown Eastside.

Recommendation ten:

That dialogue between the Latin American Community Council and the Vancouver Police Department be encouraged to address issues such as racism, the role of the police within the community, cross cultural communication and training, and positive working relationships between Downtown Eastside street workers and the police department.

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APPENDIX A: TABLES

Table 1: Demographic Profile

<u>Descriptions</u>	
Present Age:	n=145
16-20	.07
21-25	.29
26-30	.31
31-35	.19
36-40	.08
41+	.06
Place of Birth:	
El Salvador	.55
Guatemala	.19
Mexico	.08
Honduras	.06
Nicaragua	.05
Other	.07
Raised in:	
City	.78
Countryside	.22
Language spoken as child	
Spanish	.98
Other	.02

Table 2: Demographic Profile

Education and Training

Years of schooling	n=145
None	.07
1-7 years	.30
8-10 years	.25
11-12 years	.22
College or university	.16
Degrees or special training	
No training	.59
Trades training	.15
Professional training	.12
Degrees	.06
Military training	.02
High school training programs	.06
Occupation in Country of Origin	
Labourer	.37
Trade	.26
Student	.19
Professional	.12
Business	.03
Other	.03

Table 3: Departure from Country of Origin

Reason for departure from country of origin:	n=173
War/political repression	.56
Economic/employment	.17
Family	.03
All of the above reasons	.21
Other	.03
Departure from country of origin:	n=145
1970-1975	.03
1976-1980	.12
1981-1985	.25
1986-1990	.60
Age when departed country of origin:	n=145
6-10	.01
11-15	.04
16-20	.30
21-25	.32
26-30	.21
31-35	.10
36 and older	.02

Table 4: Frequency of Experience of Political Violence

	n=145	
	<u>yes</u>	<u>no</u>
Drafted into military	.25	.75
Drafted into rebel forces	.17	.83
Subject beaten or interrogated	.55	.45
Subject witnessed beatings or interrogations	.65	.35
Subject beat or interrogated others	.06	.94
Subject threatened with imprisonment, beatings, or death	.65	.35
Family threatened	.67	.33
Friends threatened	.75	.25
Subject politically imprisoned	.28	.72
Family "disappeared"	.46	.54
Friends, co-workers, neighbours "disappeared"	.68	.32

Table 5: Comments Related to Experience of Political Violence

Categories:	n=145
War (loss, forced military service, fear, physical harm)	.48
Altruism (concern about society, family)	.15
Emotional comments (anger, humiliation around experiences)	.03
Material desires (make better life, etc.)	.02
No comment	.30

Table 6: Immigration and Migration

Arrival to Canada:	n=145
Before 1982	.03
1982-1983	.03
1984-1985	.11
1986-1987	.21
1988-1989	.31
1990-1991	.31
Place of arrival:	
Vancouver	.70
Toronto	.08
Other	.22
Transportation to Canada:	
Plane	.27
Train	.16
Bus	.23
Auto	.28
Other (walk, bike, boat etc.)	.06
Status:	
Refugee claimant	.60
Landed immigrant	.14
Government sponsored refugee	.08
Convention refugee	.06
Citizen	.06
Illegal	.04
Student	.02
Deported from Canada:	
yes	.01
no	.99
Experience with immigration:	n=92
Obstacles to work or study	.18
no problems, treated well	.59
long waits	.16
Mistreated (discrimination)	.07
Helpers through immigration process:	n=112
Lawyers	.60
No helpers	.33
Friends, family, church	.07

Table 7: Salvadorean Migration Patterns

Route:	n=72
Directly to Canada	.10
To Canada via Guatemala, Mexico and U.S.A.	.65
To Canada via Guatemala & Mexico	.09
Other routes	.16

Table 8: Guatemalan Migration Patterns

Route:	n=26
To Canada via Mexico and U.S.A.	.92
To Canada via Mexico only	.04
Other	.04

Table 9: Mexican Migration Patterns

Route:	n=8
To Canada via U.S.A.	100

Table 10: Honduran Migration Patterns

Route:	n=6
To Canada via Guatemala, Mexico, and U.S.A.	.68
To Canada via Guatemala and U.S.A.	.16
To Canada via Mexico	.16

Table 11: Nicaraguan Migration Patterns

Route:	n=7
To Canada Via Honduras, Guatemala, Mexico, and U.S.A.	.29
To Canada via Guatemala, Mexico, and U.S.A.	.29
To Canada via Mexico and U.S.A.	.14
To Canada via Mexico	.14
Other	.14

Table 12: Experiences in the U.S.A.

Reason for leaving U.S.A.:	n=118
Problems with immigration (no papers, illegal)	.36
Always intended to come to Canada	.26
Didn't like U.S.A.	.09
Better treatment under Canadian refugee laws	.08
Looking for work in Canada	.05
Crossed border by mistake	.04
Deported from U.S.A.	.03
Other	.09

Table 13: Lifestyle

Accommodations:	n=145
Hotel/room	.36
Apartment	.31
House	.16
Friend's	.08
Shelter	.03
Street	.03
Other	.03
Number of accommodations per week:	
1 place	.80
2-4	.15
5-7	.05
Lives:	
Alone	.46
With family/wife	.10
With friend/s	.33
With girlfriend	.11
Status of roommate:	n=47
Refugee	.76
Immigrant	.17
Canadian born	.02
Illegals	.02
Citizens	.03
Sex of roommate:	n=47
Male	.94
Female	.06
Status of girlfriends:	n=17
Canadian born	.64
Aboriginal	.12
Refugees	.18
Immigrants	.06
Status of family/wife roommates	n=15
Immigrant	.47
Canadian born	.27
Refugee	.20
Aboriginal	.06

Table 14: Meals

Hours since last meal:	n=145
Less than 6	.40
More than 6	.39
More than 12	.21

Typical eating pattern:	
yes	.49
no	.51

Location of meal:	n=137
Home	.50
Charity/soup kitchen/the "44"	.28
Restaurants	.11
Other (friends, prison)	.11

*13.8 said they ate regularly (2 to 3 meals daily)

Table 15: Income

Receiving hardship assistance:	n=145
yes	.70
no	.30

Receiving social assistance:	
yes	.19
no	.81

Any other income:	
yes	.15
no	.85

Sources of other income:	n=22
Manpower	.10
U.I.C.	.48
Family	.14
Drug dealing	.19
Charity	.09

Table 16: Employment

Social insurance #:	n=145
yes	.57
no	.42
other	.01
Work permit:	
yes	.56
no	.44
Employed:	n=81
yes	.19
no	.81
Type of employment:	n=17
Skilled or trade	.55
Non-skilled labour	.45
Method of payment:	n=17
Cheque	.88
Cash	.12
Job satisfaction:	n=17
Satisfied	.76
Not satisfied	.24

Table 17: Unemployment

Reasons of unemployment for those with work permits:	n=64
No job/laid off/no experience	.46
Not enough English	.12
Drug & alcohol problems	.11
Students/training	.08
Low paying jobs	.06
Disabled	.06
New to Vancouver	.06
Racism	.05
Why no work permit:	n=63
Refugee status/process	.54
Waiting for it	.14
Lost/stolen/suspended/didn't know	.08
Don't know how to get one/new	.14
Have not tried	.03
No potential employer	.03
Other	.04
If you could work, would you:	n=145
yes	.95
no	.05
Type of preferred employment:	n=145
Labour	.42
Trade/technical	.41
Anything	.08
Professional	.05
Arts	.02
Clerical	.01
More schooling/training	.01

Table 18: English Skills

Performs job interview in English:	n=145
yes	.50
no	.50
Reads English want ads:	
yes	.58
no	.42
Reads Spanish want ads:	
yes	.95
no	.05
Fills out English application form:	
yes	.46
no	.54
Spanish application form:	
yes	.94
no	.06
Eligible for gov't sponsored E.S.L.:	
yes	.39
no	.61
Would take gov't sponsored E.S.L.:	
yes	.98
no	.02

100% commented that learning English was the key to employment and a better life in Canada.

Table 19: Post Traumatic Stress Disorder

Frequency of occurrence:

n=145

Symptoms:	<u>Most of the time</u>	<u>Often</u>	<u>Once in a while</u>	<u>Never</u>
Anxiety	.30	.10	.26	.34
Guilt	.12	.05	.15	.68
Depression	.37	.13	.27	.23
Fear	.12	.06	.16	.66
Wanting to be left alone	.06	.05	.21	.68
Fatigue, no energy	.10	.06	.21	.63
Irritability	.11	.08	.21	.60
Memory and concentration loss	.12	.04	.19	.65
Sleeping difficulties	.26	.06	.23	.45
Nightmares	.12	.10	.30	.48
Headaches	.05	.08	.21	.66
Problems seeing	.10	.01	.08	.81
Dizziness	.01	.03	.10	.86
Gastritis	.06	.01	.13	.80
Pains in joints	.08	.01	.13	.78
Pains related to old injuries	.06	.05	.12	.77

Table 20: Post Traumatic Stress Disorder

% of respondents with multiple symptoms at frequencies of "most of the time" and "often".

No. of symptoms:	n=145
1-3 symptoms	.36
4-6	.27
7-9	.04
10-12	.06
None	.06
Rarely	.21

Table 21: Alcohol Use in Canada

Frequency:	n=145
Never	.19
Less than once a month	.23
Less than once a week	.24
Several times a week	.27
Daily	.07
Reason for drinking	n=117
Suppress emotions (depression, grief, boredom etc)	.45
Diversion-social enjoyment	.44
Habit, vice	.06
Other	.05

Table 22: Alcohol Use in Country of Origin

Frequency:	n=145
Never	.39
Less than once a month	.29
Less than once a week	.18
Several times a week	.08
Daily	.06
Reason for drinking:	n=88
Suppress emotions (depression, grief, boredom, etc)	.11
Social enjoyment (fun, friends etc.)	.76
Habit, vice	.03
Other	.10

Table 23: Alcohol Use in Transit to Canada

Frequency:	n=145
Never	.32
Less than once a month	.25
Less than once a week	.16
Several times a week	.17
Everyday	.10
Reasons for use:	n=98
Suppress emotions	.32
Social enjoyment	.58
Habit, addiction	.06
Other	.04

Table 24: Drug Use in Canada

Frequency:	n=145
Never	.54
Less than once a month	.17
Less than once a week	.10
Several times a week	.14
Everyday	.05
Type of drugs used:	n=66
Marijuana only	.45
Cocaine only	.07
Marijuana and cocaine	.25
Hashish only	.06
Heroin	.02
LSD & mushrooms	.01
Several types of drugs	.14
Share needles (injectable drugs)	n=145
yes	.08
no	.92

Table 25: Reasons for Drug Use

When drug use began:	n=66
1986-1991	.41
1981-1985	.21
Before 1981	.32
Don't remember	.06
Why drug use began:	
Influence of others	.43
Curiosity	.37
Suppress emotions	.12
Other	.08
Why drug use continues:	
Social (enjoyment)	.30
Relaxation	.22
Addiction	.11
Emotional	.18
Don't know	.08
Other	.11

Table 26: Drug Dealing

# of respondents dealing drugs:	n=145
yes	.15
no	.85
Why respondents deal:	n=21
Money (hardship assistance insufficient to survive)	.86
To support drug habit	.14

Table 27: AIDS

Tested for AIDS:	n=145
yes	.46
no	.54
HIV positive:	n=67
yes	.03
no	.97
At risk for HIV:	n=125
yes	.26
no	.50
don't know	.18
other	.04
Reason for HIV risk:	n=33
Use prostitutes	.55
Don't use condoms	.21
No one immune	.15
Share needles	.09
Reason for no HIV risk:	n=62
Use condoms/take precautions	.58
One sexual partner	.16
Don't use prostitutes	.12
Celibate	.05
No drugs	.05
Don't believe in it	.02
Not homosexual	.02

Table 28: Drug and Alcohol Services (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Needle exchange	.34	.66	.08	.92	7 comments: helpful, excellent service, offers protection
Detox	.28	.72	.09	.91	12 comments: good treatment, helped me to get sober, I didn't like it, got orientation in Spanish
Alcohol and Drug Services (most respondents referred to A.A.)	.24	.76	.07	.93	9 comments: helps a lot, they tell the truth, I don't know where the service is, not interest

Other agencies also mentioned by the respondents for drug and alcohol services include Harbour Light Salvation Army, and the Carnegie Centre

Table 29: Information, Referrals, and Assistance on Immigration and Settlement (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Immigration Canada	.95	.05	.90	.10	88 comments: good service, treated well, bureaucratic and slow, don't help, long wait for status
MOSAIC	.95	.05	.71	.29	100 comments: they provide a good service, wait is too long, don't help, provide orientation and translation, need improvement.
Legal Aid	.78	.22	.58	.72	70 comments: they gave me free lawyer, helpful service, helps new immigrants a lot, my lawyer doesn't help me.
DEYAS Downtown Eastside Youth Activities Society	.64	.36	.50	.50	64 comments: services are good, give advice and help, get medical help there, mail and telephone use, they don't help, too busy
I.S.S. (Immigrant Services Society)	.11	.89	.06	.94	7 comments: good service and help, don't know address, lousy service
Latin American Services Network	.05	.95	.01	.99	2 comments: I don't know where it is, they provide information important to the Hispanic Community

Table 30: Agencies Providing Money, Food, Shelter; Clothing, and Activities for the Physical and Spiritual Well Being (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Ministry of Social Services & Housing	.95	.05	.88	.12	132 comments: not enough to survive, hard to get help, rude, good or passable service, at least they don't let us starve, no Spanish workers, discrimination should give us work not hand-outs
Salvation Army Harbour Light	.61	.39	.38	.62	53 comments: good food, helps, a place to eat and sleep, bad food, gave voucher and clothes
Churches	.58	.42	.42	.58	65 comments: named the church, received food, cash, shelter, clothes, good treatment, helpful, understanding, spiritual guidance, should be more practical & helpful, discrimination
Doors Open	.32	.68	.24	.76	30 comments: good service & program, food, need to improve services
Ray Cam Community Centre	.36	.64	.18	.82	27 comments: mostly enjoyment of soccer. 1 mention of need to improve services, 1 comment on racism
Inland Refuge Society	.29	.71	.16	.84	26 comments: mostly good service, gave me money & food, they do what they can, service is limited, service is quite bad
Housing Registry	.10	.90	.03	.97	4 comments: they give information, no information in Spanish, good treatment, bad service

Table 31: Mental Health Services (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Vancouver Assoc. for Survivors of Torture (VAST)	.05	.95	.03	.97	3 comments: I don't understand them, I don't know the address, they give good counselling service
Family Services of Greater Vancouver	.06	.94	.02	.98	4 comments: they didn't help me, don't know where they are, good service, need to improve service
Greater Vancouver Mental Health	.03	.97	.01	.99	1 comment: it's o.k.

*Churches were mentioned as places which also dealt with mental health concerns and offered counselling

Table 32: Employment Services (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Manpower	.37	.63	.18	.82	24 comments: good services and good E.S.L. training, they are not flexible, poor service
DEEDS: Downtown Eastside Economic Development Society	.05	.95	.03	.97	2 comments: I think they want to help Hispanics, don't know where they are

*Salvation Army and MOSAIC were also mentioned as providing employment training.

Table 33: English as a Second Language Programs (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Carnegie Centre	.60	.40	.35	.65	50 comments: used for library service, Spanish books, and E.S.L. mostly positive comments with 2 mentions of discrimination and unhygienic conditions

*Doors Open, Manpower, and MOSAIC were also mentioned for English classes.

Table 34: Health Services (n=145)

Agency Name	Heard of		Use		# and range of comments in order of frequency
	yes	no	yes	no	
Hospitals: VGH, St. Paul's, Shaugnessy, St. Joseph's, Grace	.46	.54	.37	.63	44 comments: On VGH, most were positive, i.e. helped, 4 comments were negative, slow, you can die waiting, St. Paul's comments all positive, other hospitals, all comments positive
STD Nurses	.31	.69	.19	.81	26 comments: all positive, they help, understand, gave me AIDS test
Downtown Health Clinic	.32	.68	.18	.82	25 comments: majority positive. It's o.k., good, need Spanish worker, you need I.D., long waits, no good
Pine Clinic	.10	.90	.08	.92	8 comments: all positive, helpful, free, there when I needed them
Doctor at DEYAS	.09	.91	.08	.92	10 comments: should improve service, good service
Reach Clinic	.08	.92	.02	.98	2 comments: good service

Table 35: Problem Solving Patterns

Respondent's Identified Problem	n=145
Employment	.29
Immigration/status	.14
Isolation from family	.17
Un-met basic physical needs	.06
Language barrier	.06
Marriage/divorce/separation	.06
Discrimination	.05
War related	.03
Drug & alcohol abuse	.03
No problems	.06
Respondent's Problem Solving Behaviour:	
Do nothing	.28
Escape/avoid	.23
Plan towards a solution	.18
Psychological distancing	.07
Seek support & company	.13
Try harder	.04
Do something comforting	.03
Pray	.02
No response	.02
Respondent's Self Comforting Behaviour	
Escape	.37
Do nothing	.06
Plan towards a solution	.06
Do something comforting	.06
Psychological distancing	.03
Seek support from others	.03
Other	.12
No response	.27

Table 36: Helper Patterns

Respondent's Preferred Helpers:	n=145
Counsellor/street worker	.29
Nobody	.16
Friend	.16
Lawyer	.12
Clergy	.07
Family	.09
God	.02
Other	.02
No answer	.07
Qualities of Helpers:	
Knowledgeable	.41
Appealing personal attributes	.23
Concern for others	.19
Nothing in particular	.04
No response	.03
Behaviour of Helper:	
Counsel	.43
Attend to me	.17
Satisfy need	.07
Solve problem for me	.05
Act on my behalf	.04
Evade the problem	.06
Nothing	.05
Don't know	.01
No response	.12
Undesired Behaviour of Helper:	
Can't think of behaviour	.32
No response	.31
Show lack of concern	.19
Unsolicited involvement	.10
Break trust	.04
Exercise authority	.03
Condescend	.01

APPENDIX B: QUESTIONNAIRE

OPENING

These questions have been put together by a group of agencies who provide services to people living in the Downtown East side. Over the past two years, more and more Spanish speaking migrants and refugees are choosing to live in this area. We realize that the kind of services we have offered over the years may not be the kinds of services you need.

Because of this we need information about your experiences living in Vancouver. We are not the government or the police. We do not need to know your names, and the information you provide is totally confidential.

We only hope to improve services to your community.

Section One

1. Age:
2. Place of Birth:
3. Are you from the countryside or a city?
4. What is the language you spoke as a child?
5. Did you go to school?
yes no
6. How many years of school do you have?
- 7.. List any degrees, certificates, or special training you have received
8. What type of work did you do there?
9. When did you leave your country of origin?
10. How old were you when you left?
11. What caused you to leave your country?

Section Two

Some of the reasons people leave Latin America are listed below. We would like to know if similar things have happened to you.

1. Were you ever drafted into the military?
yes no
2. Were you ever drafted into the rebel forces?
yes no
3. Have you ever been beaten or interrogated?
yes no
4. Did you ever witness others being beaten or interrogated?
yes no
5. Were you ever involved in the beating or interrogation of anyone?
yes no
6. Were you ever threatened with imprisonment, beatings, or death?
yes no
7. Did these kinds of threats ever happen to your family members?
yes no
8. Have threats of imprisonment, beatings or death ever happen to your friends?
yes no
9. Were you ever imprisoned for political reasons?
yes no
10. Have any of your family "disappeared"?
yes no
11. What about your friends, neighbours and co-workers; have any of them "disappeared"?
yes no
12. Can you tell us anything else related to these questions?

Section Three

Please describe the journey you took once you left your country and before your got to Canada. (IF THE SUBJECT WENT DIRECTLY TO CANADA PROCEED TO SECTION FOUR)

List of Countries	Occupation	Type of dwelling	Length of stay	What made you leave
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Section Four

1. When did you arrive in Canada?
2. Where did you first arrive?
3. How did you get there? (type of transportation)
4. What is your status now?
(CIRCLE ONE)
Landed immigrant
Government sponsored refugee
Convention refugee
Claimant
Have never reported to immigration
5. Have you ever been deported from Canada?
yes no
6. Describe your experience with Immigration so far.
7. What do you understand about what's happening? Is there someone helping you through this and who are they?

Section Five

1. Where did you sleep last night?
2. How many different places did you sleep at this week?
3. Please name them. (apartment, hotel, hostel, street etc.)
4. Who do you live with?

(CIRCLE)
alone
friend/friends
family
girlfriend
other

IF ALONE GO TO QUESTION #7

5. Are they a;
(CIRCLE)
refugee
immigrant
Canadian born
Aboriginal Canadian
other
6. What is their age and sex?
7. How many hours since your last meal?
8. Is that typical for you?
yes no
9. Where did you eat?

Section Six

1. Do you have a social insurance number?
yes no

2. Do you have a work permit?
yes no

IF NO GO TO QUESTION #9

3. Do you work?
yes no

IF NO GO TO QUESTION #8

4. What do you do?

5. Are you being paid by cash or by cheque?
yes no

6. Is this the type of work you like doing?
yes no

IF YES GO TO QUESTION #12

7. What would you like to do?

GO TO QUESTION #12

8. If you have a work permit but are not working please explain why

GO TO QUESTION #10

9. If you do not have a work permit why not?

10. If you could work would you?
yes no

11. What type of work would you like to do?

12. Are you receiving hardship assistance?
yes no

13. Are you receiving social assistance?
yes no

14. Do you receive income in any other way?
yes no

IF NO GO TO SECTION SEVEN

15. Please describe how?

Section Seven

1. Do you speak enough English to describe your work history to a potential employer?
yes no

2. Can you read the want ads in an English newspaper?
yes no

3. How about in a Spanish newspaper?
yes no

3. Can you write English well enough to fill out a job application form?
yes no

4. Could you do this in Spanish?
yes no

5. Are you eligible for government sponsored E.S.L. classes?
yes no

6. Would you take them if you were?
yes no

7. How important is it to you to learn English?

Section Eight

Now we would like some information on different health issues you might have. Please answer if you have experienced the following symptoms and if you experience them yearly, monthly, or weekly.

- | | never | once in
a while | often | most of
the time |
|-----------------------------------|-------|--------------------|-------|---------------------|
| 1. anxiety | | | | |
| 2. guilt | | | | |
| 3. depression | | | | |
| 4. fear | | | | |
| 5. wanting to be left alone | | | | |
| 6. fatigue, no energy | | | | |
| 7. irritability | | | | |
| 8. memory and concentration loss | | | | |
| 9. sleeping difficulties | | | | |
| 10. nightmares | | | | |
| 11. headaches | | | | |
| 12. problems seeing | | | | |
| 13. dizziness | | | | |
| 14. gastritis | | | | |
| 15. pains in joints | | | | |
| 16. pains related to old injuries | | | | |

Section Nine

1. How often do you use alcohol?

- (circle one)
- never use it
- once a month
- once a week
- several times a week
- every day

IF NEVER THEN GO TO QUESTION #3

2. If you use it, what do you use it for?

3. How often did you use alcohol in your country of origin?

- (circle one)
- never
- once a month
- once a week
- several times a week
- everyday

IF NEVER THEN GO TO QUESTION #5

4. What did you use it for?

5. How often did you use alcohol in any other countries you lived in?

- (circle one)
- never
- once a month
- once a week
- several times a week
- everyday

IF NEVER THEN GO TO QUESTION #7

6. What did you use it for?

7. How often do you use drugs?

- (circle one)
- never
- once a month
- once a week
- several times a week
- every day

IF NEVER THEN GO TO QUESTION #12

8. Please list the type of drugs you use

9. (if drugs listed are injectable) Do you share needles?
yes no

10. When did you first start using drugs?

11. What happened to make you start?

12. What do you use drugs for now?

13. Do you sell drugs?
yes no

14. If yes then why?

15. Have you ever tested for AIDS?
yes no

16. If yes, are you HIV Positive?
yes no

17. Do you think you are at risk of getting AIDS? Please explain how you came to this conclusion.

Section Ten

Please answer whether you have ever heard of these agencies, if you have ever used them, and any comments you have about them.

HEARD OF THEM	USE THEM	COMMENTS
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MOSAIC

DEYAS

DEEDS

RAYCAM

WELFARE OFFICE
(M.S.S.H.)

LEGAL AID

IMMIGRANT SERVICES
SOCIETY

VAST

CHURCHES

CARNEGIE CENTRE

INLAND
REFUGEE SOCIETY

LATIN AMERICAN
SERVICES NETWORK

GREATER VANCOUVER
MENTAL HEALTH

REACH CLINIC

HEARD OF THEM	USE THEM	COMMENTS
DETOX		
DRUG AND ALCOHOLIC SERVICES		
NEEDLE EXCHANGE		
STD NURSES		
DOWNTOWN HEALTH CLINIC		
DR. VERNA (DEYAS DOCTOR)		
FAMILY SERVICES		
PINE CLINIC		
CANADA MANPOWER		
IMMIGRATION		
HOUSING REGISTRY		
HARBOUR LIGHT (SALVATION ARMY)		
DOORS OPEN		
HOSPITALS		

Section Eleven

1. Name one problem that causes you to worry or to feel pressured.
2. Please describe this problem in more detail.
3. When you have this problem, what do you do about it? What are the things you do in order to deal with this concern, pressure, or difficulty?
4. If you do not do anything to solve this problem, what do you do to make yourself feel better?
5. If you were to discuss this problem with anyone, whom would be that person? Please mention three persons you might like to discuss this problem with?
6. What qualities of these persons allow them to help you?
7. What would these persons say or do to help you?
8. Is there something you would not want them to say or do when you tell them about your problem?

CLOSING

Thank you for your cooperation. Over the next few weeks we will be interviewing as many people as we can. When we are finished we will organize the information. At that point we will hold a meeting for all those who participated, to give you an opportunity to hear the information and comment on it. We will be publicizing the date, time and location of this meeting throughout the neighbourhood. I invite you to attend.