Manuscript Title: Resilience of African migrant women: implications for mental health practice

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ABSTRACT

Migrants from areas affected by war, especially refugee migrants, are susceptible to mental health issues. In addition to recognising trauma, health professionals, such as mental health nurses, need to be aware of the strength and resilience of refugees and migrants. The capacity to provide trauma-informed-care that is shaped by the recognition of clients' strength and resilience is required/paramount to meet the current demand of multiculturalism emanating from an increased global migration. To facilitate increased awareness about West African women's resilience prior to migration and support trauma-informed care, we used a qualitative strengths-based storytelling approach with 22 West African women residing in Sydney, Australia. Thematic analysis of the women's stories identified two major themes: *when the world falls apart* and *battered but strong*. Findings revealed that past personal experiences significantly influenced participants' strength and resilience and contributed to their mental health. Mental health professionals such as nurses can play an important role by incorporating knowledge about the resilience of migrants and refugees into providing appropriate trauma-informed-care.

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INTRODUCTION

Globally, transnational migration continues to increase (International Organization for Migration (IOM), 2018). Developed countries like Australia, the United Kingdom (UK), the United States of America (USA) and Canada continue to experience increasing numbers of people migrating from Africa (United Kingdom National Statistics, 2009, Durodola et al., 2017). Australia ranks in the top three countries for permanent settlement of asylum-seekers and refugees along with Canada and the USA (Department of Immigration and Border Protection, 2017). The number of African-born people migrating to Australia has increased by over 50% from 147,876 in 1996 to 380,000 in 2016, (Australian Bureau of Statistics, 2018) and almost half of this increase was in women. In this paper, the term 'migrants' encompasses all classes of migrant newcomers, including asylum-seekers, refugees and voluntary migrants.

There is increasing recognition of the importance of mental wellbeing in migrant health. Consequently, there is a need for a deeper understanding of different dimensions of the migration process and migrant people's experiences (Simich and Andermann, 2014). A strengths-based approach broadening the focus beyond problem-based research to more complete understandings is increasingly recommended. However, there are a lack of findings about African people, especially West African people living in Australia and their resilience (Babatunde-Sowole et al., 2016).

BACKGROUND

Previous studies of migrants have predominantly focused on psycho-pathological issues using biomedical approaches (Bogic, Njoku, and Priebe, 2015, Bustamante et al., 2018). Studies involving refugee migrants remain focused on mental illness, experiences of war and related traumatic experiences (Jaranson et al. 2004). In spite of this, many people who have faced life challenges leverage their negative experiences and go on to thrive rather than being only negatively affected by their encounters (Beltman et al., 2011). Leveraging human capacity and building resilience is an essential focus of contemporary studies (Simich and Andermann, 2014). An exception in the literature is noted through the work of Lenette, Brough, and Cox (2012) among single refugee women with children in Brisbane, Australia. Lenette and colleagues' ethnographic study explored resilience as a social process arising from mundane practices of everyday life within person-environment interactions. Rashid and Gregory's (2014) study of migrant women in Canada described resilience as reflecting internal and external protective factors that help people in resisting risk and enhancing adaptation. Internal

factors include positive temperament and self-esteem while external factors include supportive social environments.

Resilience has received greater interest in the stress and trauma fields in understanding the human condition (Jain, Sprengel, Berry, Ives, and Jonas, 2014; Kalischi et al, 2015). Resilience scholars investigate health, rather than disease; therefore the focus is on approaches to avert illness (Jain et al., 2014; Kalischi et al, 2015). Resilient people possess certain beliefs (Shakespeare-Finch and Wickham, 2010) and the ability to take control of situations and make meaning of their situations (Lenette et al. 2012; West et al. 2012; Hutchinson et al. 2012). Resilience enables people to counterbalance the adverse effects of life events and thrive in situations where some people cannot survive. It is the human capacity to successfully adapt following experiences of potentially traumatic life challenges and human adversity (Bonanno, 2004).

Resilience as an outcome (Mancini and Bonanno, 2009), is crucial to basic human existence and survival, and is particularly important for migrants to be able to overcome the cultural shock often experienced upon changes in environment, and for social cohesion and inclusion in their new country (Woldeyes, 2018, Bansel et al., 2016). The understanding of resilience has evolved from investigating simple protective factors to include ecological and community factors (Panter-Brick and Eggerman, 2012; Ungar 2011). Socio-ecological approaches emphasise the vital role of environmental resources like support from family, friends, one's ethnic community (Babatunde-Sowole et al., 2016; Ungar 2011; Schweitzer, Greenslade and Kagee, 2007); and available services rather than individual traits or cognitions alone. Consequently, resilience involves dynamic interactions occurring between an individual and their social and physical environment (Jain et al., 2014; Lenette et al., 2012).

Rashid et al. (2013) referred to the post-migration life of migrant women as only a partially visible portion of their existence. Yet, the literature of resilience mostly focuses on aspects of their lives post-migration to developed countries. Studies suggest that migrant research should be more holistic to give a better understanding of peoples' post-migration resettlement capacities (Sossou et al., 2008). This suggestion supports the idea that resilience does not take place in a vacuum but within a social-ecological context (Bourbeau, 2015). Drawn from a larger doctoral study that explored the resilience and strength of West African women living in Australia, this paper presents insights into migrant women's experiences of adversity and resilience prior to migration to answer the research questions: *what are the experiences of adversity and strength of African women prior to migrating to Australia?* The aim of this paper

was to highlight how the past experiences of resilience and strength of West African migrant women can be vital in informing care provided by mental health practitioners.

METHODS

Study design

A qualitative design underpinned this study. Qualitative inquiry focuses on describing, understanding, and clarifying human experience (Creswell 2012). Qualitative inquiry is particularly appropriate for exploring human experiences in health-related issues and generally focuses on that about which little is known (Silverman 2013; Willig 2013). The paucity of knowledge about the resilience and strength of West African migrant women living in New South Wales (NSW), Australia, warrants the collection of data from those who are the knowers (the women). The appropriateness of utilising qualitative methods in resilience research was to aid the "discovery of the unnamed protective processes relevant to the lived experience of research participants; provide thick description of phenomenon in very specific contexts; elicit and add power to minority 'voices' which account for unique localised definitions of positive outcomes; promote tolerance for these localised constructions by avoiding generalisation but facilitating transferability of results; and, require researchers to account for their biased standpoints" (Ungar 2003:85).

The data collection process used storytelling to suit the population being studied, whose culture and traditions are passed down orally. Additionally, using stories allowed participants to give voice to their own experiences and provided them autonomy to choose what to discuss (East et al., 2010). This study utilised a strengths-based approach to build capacity, skills, knowledge, connections and potential in individuals and communities, rather than focusing on weakness and disease (Babatunde-Sowole et al., 2016; Brun and Rapp, 2001).

We used a strengths-based and a storytelling approach to explore how the pre-migration experiences of West African migrant women reflected their resilience and strength. This approach resonates with the contemporary views of the need to focus on migrant people's strength (Hutchinson et al., 2012) to expedite their healthy re-establishment to a new culture and country. Typically, in a medical model approach, people who experience mental illness often see themselves through a negative lens, someone that is different from others, leading to isolation that invariably impacts on their self-esteem (Xie, 2013). The strengths-based approach focuses not on problems and failures, but rather, on individual, family or collective strengths and capabilities to adapt during challenging times and become strong for future life

(Francis, 2014). This approach ensured that participants recounted their stories emphasising their strengths and periods during which they had to be strong (Zimmerman, 2013).

Recruitment

Twenty-two West African women migrants living in Sydney, Australia, voluntarily participated in this study. The women were either refugees or skilled/family re-unification immigrants. The inclusion of all classes of migrants facilitated voice in this minority group. The mixed group offered depth, broader perspective and variation to the data. The women had been living in Australia for over twelve months, were aged 18 years and over and fluent in English. They were invited to participate in the study via fliers and posters placed at migrant resource centres and African community groups and associations. Snowball sampling was also used wherein West African women who had already participated were asked to share the study information with other women who met the study criteria as they are a hard-to-reach, close-knit community (Babatunde-Sowole et al., 2018; Bernard and Bernard, 2013). Just one woman withdrew prior to the interview citing a busy schedule. Data collection continued until no new information emerged.

Data collection

The first author, an African-born Australian woman, elicited the participants' stories in 2015 through face-to-face conversations lasting 60-90 minutes. A semi-structured interview guide aided the face-to-face conversations. To open the conversation, women were asked to tell the story of their migration to Australia. Probing questions were used to elicit detail in their stories. With informed consent, stories were audio-taped. The time and venue were mutually agreed upon for the convenience of each woman.

Analysis

Clarke and Braun's (2017) six steps of thematic analysis was used to guide analysis of the women's stories. The first author transcribed all audio recordings and immersed herself with the textual data by reading and re-reading. This process allowed for identification of meanings and patterns in the data (Clarke and Braun, 2017). This was followed by the extraction of significant phrases from the women's stories which helped with the initial coding and the identification of preliminary themes and sub-themes. All themes were reviewed by co-authors to ensure data extracted corresponded with themes and that themes related to each other; a process that enhanced the rigour of analysis.

Ethical issues

The study was approved by the university human research ethics committee (UTS HREC 2015000029). Informed consent was obtained from all participants. Confidentiality was ensured, and anonymity preserved for the women through the use of pseudonyms.

Rigour

Lincoln and Guba's 'ensuring trustworthiness' (1985) framework was used to facilitate rigour. To establish transferability of research, the research is well described, with all steps and decision points highlighted and discussed. Investigator triangulation was used during analysis to enhance credibility. Direct quotes from women's stories are included to achieve confirmability and illustrate the themes from the study. We report the research processes using the consolidated criteria for reporting qualitative research guidelines (Tong et al., 2007).

FINDINGS

The demographic characteristics of the 22 participants are presented in Table 1.

Table 1: Demographic characteristics of participants (n=22)

Pseudonym	Marital status	No. of children	Status at entry
Alexis	Married	1	Refugee
Beverly	Married	4	Refugee
Christabel	Widowed	4	Refugee
Divine	Single parent	3	Refugee
Esther	Widowed	4	Refugee
Faizah	Married	3	Voluntary
Gina	Married	4	Voluntary
Helena	Married	0	Refugee
Isabella	Single	1	Voluntary
Jemima	Married	3	Refugee
Keiko	Married	2	Voluntary
Lois	Divorced	5	Refugee
Malia	Widowed	4	Voluntary
Nita	Single	0	Refugee
Olivia	Married	3	Voluntary
Peaches	Married	3	Voluntary
Queen	Married	4	Voluntary
Rita	Married	1	Voluntary
Samantha	Single	0	Refugee
Tatiana	Married	4	Voluntary
Ursula	Married	2	Voluntary
Violet	Divorced	1	Refugee

All of the women in this study detailed past personal life histories which pre-dated their migration to Australia.They told their stories chronologically, which allowed them to decide what marked the beginning of their story. This is congruent with components of qualitative narrative inquiry (Creswell 2012). This chronological storytelling is also relevant to the strengths-based approach since resilience does not occur in a vacuum but rather depends on past experiences and or social history (Bourbeau 2015). The women began their stories in a way that revealed a catalyst of change. Through the women's chronological storytelling, readers can identify and contextualise participant's aspirations and reasons for migration, how they were able to keep hope alive and how they continued to move forward. This process was exemplified in Serrano's study (2017) which revealed chronological stages where important decisions to migrate in relation to life aspirations and hope were made throughout participants' stories.

Findings are discussed under two themes 'When the World Falls Apart' including the subthemes: *Enjoying a peaceful home* and *Then horror came knocking* and: 'Battered but Strong' with the subthemes: *Precarious living* and *Resilience from adversity*.

WHEN THE WORLD FALLS APART

This theme explores the women's lives while still in their countries of origin and the various reasons that drove their relocation to Australia. The women reminisced about their peaceful lives prior to disruption by war or socio-political and economic downturn. Women reminiscing about their lives prior to adversity provided context to the women's later experiences and aspirations. The sub-themes are discussed next.

Enjoying a peaceful home

The women's stories generally reflected satisfaction and comfort in their West African countries. Some enjoyed relative wealth and social status and they all enjoyed good health. The women recalled healthy childhoods, strong family bonds and positive social environments:

> To be honest I was really, really enjoying the way I grew up; with my people because my father had a school; so, we never pay school fees. My father built a school, built a mosque; I never pay school fees for my kids… I was happy. [Esther]

Beverly recalled with pride, the benefits she experienced from growing up within a stable family, prior to the war in her country:

> Parenting plays a major role in everyone's life; how you were brought up. My father didn't usually just take decisions by himself at home, at our grown-up ages, he always consult with us the children before taking any final decisions. That has given us, the children; the power to know our rights and to also know what to do in the future. [Beverly]

Queen migrated to gain international nursing experience and reminisced about her life prior to migration. Her story reflected her previous life of affluence. She gave up much to relocate to Australia to achieve her life dreams:

> I worked full time as a Registered Nurse and I also worked in the family pharmaceutical business. When I finished work, I will be in the pharmacy shop taking care of sick people… I have two house-helps at the time……house help are people employed to help with house chores and cares around the family. [Queen]

Christabel took pride in describing her role in the politics of her original country, alongside her day-to-day secretarial job:

> I was a strong member of the political parties in [xxx country] … I was the women's ring leader for the [xxx party] in [xxx country].

Then horror came knocking

Many of the women in our study experienced sudden disruption to their peaceful and comfortable lives. For many, war broke out and that led to chaos, displacement and family fragmentation. Their lives were suddenly and dramatically transformed and their capacity to control their circumstances drastically altered. Lois described how her normal day at work as a law enforcement officer in her country, resulted in personal loss and grief when rebels attempted to take over the police station where she worked.

> … Most of my colleagues were killed in a very fierce battle, we battled from 12am in the night till 1pm in the afternoon of another day. My husband was on duty also, but he was killed by the rebels during the siege. [Lois]

Many women were forced to flee their country to escape the violence that erupted due to war breaking out. They recalled times of hardship such as weeks spent walking through thick dangerous bush while fleeing the violence of war. Adding insight into how her life turned from a normal and happy existence, into a dark and painful one, Nita explained

> … As a child when we were walking from (xxx/country)…I pretty much got help because there are others who can take us on their back; but for food, we were walking

> through the bush, so its whatever you can find in the bush that you eat; just keep walking; the same clothing has to be on you all the time; shower isn't something you would ever think of at that moment… it was days upon days of walk… [Nita]

Family fragmentation was common in the women's stories. Women discussed how the sudden nature of the war in their home lands culminated into displacement and the loss of family members. Helena reflected on the chaotic environment:

> …we lost my younger brother during the war; he was about 6 years old. When the rebels attacked, everybody was trying to run into the bush; you see, my brother was very young and there were gun-shots, everybody tries to run; mother, brother, sister. He was very young and small. So, he fell in front of the door and was caught by the rebels' commando. [Helena]

The women's stories contained stories of physical as well as sexual violence. Esther's story epitomised some of the women's experiences:

> When the rebels entered xxx (country)… and we started running but they catch me, my husband and my kids; they raped me and my two girls and beat my husband to death; in my presence; they tied me that time. That time I had three girls, but they rape two because the last one was still young. And at that time, I got pregnant [because] we were with them for some time [and] I delivered the baby on the way. [Esther]

Esther explained that they were able to escape after staying with them for some time because the rebels themselves were being chased by West African Army rescuers, who were trying to restore peace.

BATTERED BUT STRONG

This theme mostly encompassed the women's experiences of living in refugee camps prior to migration. Despite having little or no access to basic human amenities, the women's resilience was evident. The theme is explored under two sub-themes: [a] Precarious living and [b] Resilience in adversity.

Precarious living

Many of the women described fleeing to neighbouring countries away from rebel atrocities. They were asylum seekers looking for refugee protection. The camp grounds became home for considerable periods of time. According to Jemima:

> … I fled from xxx (country) because of the civil war that was taking place in my country at the time. I first went into the neighbouring country of xxx… and I stayed there for about 4 years. [Jemima]

Camping with people from other African nations, the women reported being isolated from the mainstream population of their refuge country as difficult. They were sometimes seen as trouble-makers. The women felt that their statuses as refugees resulted in becoming:

> …rejected member of the society. So, while we were waiting, we were settled on a little camp land area in [xxx] that was very far away from the rest of the society at large... [Beverly]

Some of the camps lacked basic amenities. The women reported that during life in the refugee camps they mostly lived in tents that were very cold. Women also reported constant feelings of apprehension and uneasiness as many of the camps were located close to the ongoing conflict they had fled.

> It was not a pleasant place, it's just camp; bush! You refugee and you live in tents. Life on the camp was hard; it's like running away from the gun - by the rebels, into the bush, in (camp). So, you don't know what wild animals are there that can come and attack you, maybe at night. So, it was like; you don't know what the future holds... still these rebels attacked the borders; which was even harder for people [the refugees] because we were not sure if the rebels were going to come to our own border area because there were two camps so there is always fear. [Samantha]

The women's experiences were typified by fear, horror, and uncertainty. The women's narratives indicated that fleeing to a different country robbed them of their identity such as language, a potent source of strength during dark times. Women were also not always trusted in their host refugee countries:

> …One or two days you will hear gun shots; the people always fighting themselves. So, it seems as if we were not safe there in (country) also… As soon as they know that you are an (nationality), they believed and referred to you as rebels. So, it came to a time that we were scared to speak our language. [Christabel]

The women and their children were exposed to diseases and ill-health because of living in open fields and proximity to open lavatories. Beverly explained the suffering and difficulties many of the women faced as a refugee in camp sites.

> We did not have access to lots of things – schooling, whatever you think are necessary for human life and also walking far distances, I mean miles, we went without food for days, so many things that human beings should have easy access to, we didn't have such; we didn't even have safe drinking water. [Beverly]

The voluntary migrant women revealed that they too experienced challenges inside their own West African countries, even in the absence of war. Peaches, a skilled migrant and young mother of three children, explained how a lack of employment and safety issues led her and her husband to initially move to another African country in search of better opportunities for their family. However, life after the move was not what she had anticipated:

> We lived in (country) for about 4 years. Though African country but there was the language barrier because English is not their first language. They tend to have these xenophobic attitudes towards people who are not from the same country as them… so if you are not a medical doctor, pharmacist or lecturer, you probably won't get a job, just go and find some business to do; not because the job was not there but their jobs were kept for their citizens, their own people. [Peaches]

As migrants they felt persecuted and harassed by the local authorities and reported being required to pay their way in the form of bribes. Jemima indicated that they were often asked "…for identity cards [ID cards] …and when you don't have their ID, you have to pay them money" [Jemima].

Resilience in adversity

Having left their birth countries, women discussed how they overcame the adversities inherent in living in refugee camps for years and having to move from one camp to the other.

Becoming entrepreneurial to financially support themselves was one of the ways that the women were able to begin to regain some form of control over their lives:

> To get anything at all while we were on the camp, you have to sell something. So we started a little business by trying to fetch water and trying to sell water on the streets. [Nita]

The ability to source income meant a lot to these women because they were able to provide for themselves and their children. However, many of the women reported being discriminated

against by the local people. Identified as being different by their language, they stated that the local people often increased the price of goods.

> When you go to buy something, they increase the prices because you speak English, and not their local language or French. [Jemima]

Some of the women described having to beg for money to survive.

> When I go [went] there I met another man, a (country). He works at the UN office in (country) and every time when I have no transport money, he gives me some money…. I used to do that [solicit financial support] … my 2nd daughter just went to people … she ran and beg for money and tells them she's a refugee. They gave her $50… she then came back to us with plenty of cakes, bread, butter and drinks. [Esther]

Resilience was also revealed through their ingenuity. Despite the experiences of the war and living in the camps for long periods, achieving continuity to their children's education was revealed as being paramount to these women. Christabel reflected on her children's education while on the refugee camp:

> When we were in (country), my children attended home school. We just teach them at home. We did home school; myself and some others and we just teach our kids at home. [Christabel]

Life in the refugee camps was mostly lived in cold tents. Inside the tents, there were no beds to sleep on, except for a tarpaulin that they laid on the floor at night. During the rainy season the women reported crawling animals such as snakes, caterpillars, and millipedes entering their make-shift tarpaulin beds. Yet, they were inventive as they persevered through such challenges by: "putting ashes around to kill worms from where we sleep" [Divine]. The ability to create a safe living environment in deplorable situations demonstrated resilience in the women's stories. Being resilient and strong throughout the refugee camp experiences was important for these women and it was evident how they took steps to ensure their health and remain mentally stable.

Moving away to another African country in hope for a better quality of life was one of the earlier steps taken by the voluntary migrant women to find solutions to the problems they perceived in their countries. Peaches described having to do volunteer jobs to create opportunities for herself in the tight employment market which was solely reserved for the locals.

> I started a different way where I had to make some sacrifices that I had to first do volunteer jobs…I wasn't paid for the job for couple of months… and because I did well,

> then the person was able to refer me for a job that opened up… so I had to make those sacrifices…I also tried different things, it wasn't in my area alone that I looked for job, I was just exposing myself to whatever job was available… there were lots of (nationality) there too, in country. So, we had our own [ethnic] community. [Peaches]

Many of the women reported how their faith allowed them to believe in a better tomorrow despite having a difficult life as refugees. Jemima stated that she went through the challenges of a long stay as a refugee in (country) "…by my faith in God, to see me through; so, God always send me help when I required help. So, I had people who were assisting me" [Jemima].

Esther discussed how her entire family not only prayed but also fasted to get their visa approval for a resettlement to overseas country:

> Every one of us were fasting because we were so happy… pray for success of the visa interview. And we go [went] for the interview and luckily all of us passed – myself, my three children, my two brothers and one of my sisters. So, the next day again we fasted, we prayed… [Esther]

The element of networking and communalism contributed to the women's resilient spirits in the pre-migration period. Achieving a sense of belonging was vital to women like Nita, who as a war orphan, switched faith to ensure she fitted in to the refugee community.

> On the refugee camp, a lot of people were Muslims. Everybody was Muslim! Muslim!! Muslim!!! So, I became a Muslim from there; whereas I grew up in English Christian home. [Nita]

DISCUSSION

This research explored how the pre-migration experiences of West African migrant women reflected their resilience and strength. The women in this study acknowledged their adversities, wherein a repertoire of resilience strategies were revealed. Strategies included their ingenuity, resourcefulness, entrepreneurship, social networking for support, values and religiosity, determination and optimism.

Our findings shared some similarities with Sossou et al.s' (2008) study among Bosnian refugees in the USA, and Rashid et al.s' (2013) Canadian study on women migrants of mixed backgrounds. While our study has some commonalities with other research, details of the resilience strategies are unique, particularly in regards to the women's resourcefulness including using ashes to reconstruct 'a home' and ensuring that their children's education continued through home-schooling while in refugee camps.

Striving for financial security to live with some dignity in life was a resilience and empowerment strategy which motivated small entrepreneurship activities in these women. Being able to achieve self-reliability by refugees should be considered in the context of lengthy duration of their stay in camps. In most cases, support and provision by refuge countries and UNHCR are often insufficient to meet basic human needs in such camps (Brown 2018).

Achieving self-reliance is congruent with resilience demonstrated by Rodin and Stewart's (2012) elderly survivors of child maltreatment. While the context of Rodin and Stewart's (2012) participants was different, they also ensured financial security despite trauma. Rodin and Stewart's (2012) study participants indicated that by having financial security during their life challenges, they were able to focus their energies on areas that give them personal satisfaction such as actively engaging in relationships and in valued activities. Likewise, the women in our study required financial stability and security to care for their children in a refugee environment that they believed supported their life satisfaction and goals.
Our study findings confirmed those of Pinehas, van Wyk and Leech's (2016) study of African refugee women in the Osire camp regarding a lack of human rights and essential amenities and financial incapability due to lack of jobs. However, Pinehas and colleagues did not focus on resilience.

Women's stories revealed that they were strengthened through their spirituality and faith in overcoming challenges. This is consistent with other literature about migrant people. In a literature review conducted by Kiteki (2016), the author highlighted that African migrants' resilience is heavily entrenched in their faith and in the ability to rely on their spiritual involvements during difficulties. For the women in this study, access to other people supported them to overcome the challenges of loneliness from being outcasts from the local community in the camps. The significance of communalism and social support is a common experience that has been narrated in studies involving African people (Sherwood and Liebling-Kalifani, 2013).

People who have experienced war trauma or adversity may be more likely to access mental health services despite their resilience. It could be beneficial for mental health nurses to consider people's strengths and resilience in the delivery of care. While active involvement of consumers in the process of their care is increasing, mental health practitioners such as nurses can lead multidisciplinary teams in this initiative (Cleary and Hungerford, 2015).

Recognition of people's trauma is vital to the process of recovery (Bateman, Henderson and Kezelman, 2013), but mental health practitioners can build practice by becoming aware of the

resilience and strength of migrants and refugees. Trauma-informed care is a strengths-based framework, designed to respond to the effect of trauma and build consumers' sense of safety, ability to self-regulate and sense of empowerment (Cleary and Hungerford, 2015, Hopper et al., 2010). The current focus of trauma-informed care in the mental health literature harmonises with the resilience of women in this study, many of whom have experienced significant trauma of war and refugee living experiences. As mental health practice continues to move away from the care system which can re-traumatise trauma survivors (Cleary and Hungerford, 2015, Sweeney et al., 2016), the principles and practice of trauma-informed care will be beneficial to migrant people, especially those from war-backgrounds.

CONCLUSION

Migration continues to open the borders of the world, and the African population is increasing in Australia. This study has advanced a rich descriptive account on how the pre-migration experiences of the West African-Australian women build resilience and strength. A holistic approach that recognises a comprehensive understanding of the lives of migrants is likely to facilitate the resettlement process of migrants and be useful knowledge for mental health nurses to improve migrants' healthcare. The holistic approach might include gaining understanding of African values to guide the kind of support needed in their new countries. The African value of both community-living and the capability to individually contribute to one's lifestyle will be paramount in appropriate use of trauma-informed care of African migrants and indeed migrant women. In other words, practitioners' situating care within identified individual or communal strength is pivotal to achieving excellent health outcomes (West et al., 2012). Acceptance and reassurance could reduce levels of fear and anxiety previously experienced by this population, prior to migration and might instil a sense of safety that was lost in pre-migration life challenges. Authors recognise trauma-informed care as an approach in mental health services, for people presenting for mental health problems at their facilities. It is vital to note that while some migrants who have experienced trauma may present at mental health services with mental health problems, many will not. We have, therefore highlighted how both migrant [women's] past trauma experiences and strength raises critical issues for mental health practitioners when utilising trauma-informed approaches with refugee and immigrant populations who may seek care.

RELEVANCE FOR CLINICAL PRACTICE

Mental health nurses are well placed to lead the multidisciplinary environment in ensuring that appropriate and sensitive care is provided for African migrants. In addition to recognising

trauma, mental heal practitioners need to recognise the strength and resilience of refugees and migrants. Such recognition could inform the care being provided and become the basis to implement care such as trauma-informed-care. Women's resilience can also be supported by mental health nurses by connecting them to appropriate networks. Communal living and networking were sources of resilience for women's sense of belonging in their pre-migration challenges. Mental health nurses can encourage women to share their concerns, especially with health providers who can provide appropriate support. Women's faith and spirituality can be valuable assets for mental health nurses to support women in believing in themselves for a better tomorrow and in the uptake of care provided. Becoming sensitive to West African women's past experiences is vital in being able to provide supportive healthcare which can strengthen their health and achieve positive outcomes for resettlement. Health practitioners must be cognisant of resilience strategies that individuals or communities might utilise to overcome adversity and challenges. Understanding these resilience strategies could improve the provision of trauma-informed care, as practitioners support people to be joint-producers and not passive consumers of care.

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