

**FORMER UNACCOMPANIED REFUGEE MINORS:  
STORIES OF LIFE IN RESETTLEMENT**

by

Carrie A. Hartwell

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Doctoral Committee:

Professor Lorraine M. Gutierrez, Co-Chair  
Associate Professor Andrew C. Grogan-Kaylor, Co-Chair  
Associate Professor Rosario Ceballo  
Associate Professor Robert M. Ortega

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2011

DEDICATION

To My Parents, Gary and Nancy

and

To Unaccompanied Refugee Children around the World

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## **CHAPTER I**

### **Introduction**

Refugees have been a part of human history as long as war, persecution, and natural disasters have existed. For centuries, people who were forced to flee their homes sought informal asylum granted by neighboring communities, rulers, religious institutions, or individuals. Communities of pre-modern times tended to view these newcomers as assets, as they would bolster the strength and production of its population. There was no formal conception of “refugee” until well after the formation of nation/states, and it was only in the very recent past that the international community officially recognized this group and developed formal regulations and practices relating to the rights and protection of refugees (Adelman, 1999; Bixler, 2005; Loescher, 2001; McMaster, 2001; Rutter, 2001; Westin, 1999).

The term “refugee” was first recorded in France in 1573. It was used to describe several groups, including the Calvinist Huguenots and other religious minorities or dissenters, who were fleeing religious persecution in France, Spain, Belgium, and elsewhere in Europe. The ongoing colonization of the New World took refugee populations to the United States for the first time, starting with the Pilgrims who came to Plymouth in 1620 seeking religious freedom (Ashabranner & Ashabranner, 1987). For the next three centuries, refugees from around the world fleeing religious or political

persecution continued to resettle in new nations with their movements largely unrestricted (McMaster, 2001).

In 1920, after the collapse of the Russian Empire and the displacement of more than a million people, the League of Nations (a multinational organization created during World War I to promote international cooperation) appointed the first High Commissioner for Refugees, a position created to oversee and coordinate refugee aid and resettlement efforts. This was the first formal international effort to provide organized assistance and services for refugees. Initially the League of Nations High Commissioner focused exclusively on Russian refugees, but gradually its attention broadened to include additional populations, including Greco-Turkish, Greek, Bulgarian, and Armenian refugees (Loescher, 2001; McMaster, 2001).

By the 1930's, the League of Nations had declined in influence and activity, and was eventually dissolved after failing to prevent the outbreak of World War II. It was replaced with a new international organization in 1945, the United Nations (U.N.), which was established as the charter agency for resolving disputes peacefully and increasing international cooperation in addressing global crises. The U.N. undertook its first major refugee assistance effort in 1946, when it provided services to the millions of European refugees displaced by World War II (Bixler, 2005). Five years later, in 1951, refugee care and protection was given its own branch of the U.N. with the creation of the position and organization called the United Nations High Commissioner for Refugees (UNHCR). The UNHCR was established to be a non-political, international body to help promote stability, address global crises, and coordinate international responses to forced

displacement (Loescher, 2001; Martin, 2004; McMaster, 2001; Rutter, 2001; UNHCR, 2007; UNHCR, 2009; Zetter, 1999).

One of the UNHCR's first vital contributions to the international community was the 1951 Geneva Convention relating to the Status of Refugees, a legal instrument which outlines a declaration of universal human rights, the roles and responsibilities of refugees, member states, and the UNHCR, and for the first time it created one internationally agreed upon definition of the term "refugee" (Ager, 1999; Frelick, 1999; UNHCR, 1951; Zetter, 1999). According to the 1951 Convention, a refugee is a person who:

owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his [sic] nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 1951, p. 3)

In essence, a refugee is a person who has experienced persecution (persistent and/or serious harm or suffering inflicted upon an individual) due to her/his beliefs or characteristics – including race, religion, nationality, political opinion, and/or membership in a particular social group (the final category has since been interpreted to include gender) (Baines, 2004; Callamard, 1999; Edwards, 2003; Martin, 2004; Postero, 1992). Of key importance are the presence of persecution or threat of persecution (which may be physical, mental, and/or imposed by the state or non-governmental entities and must be related to one of the five identified categories), a flight across an international boundary, and the inability to return home due to an ongoing threat. Economic refugees (i.e., individuals fleeing poverty), those facing no threat of persecution, and those who have not left their country of origin or typical residence do not meet the criteria for refugee status as defined by the Convention (Ager, 1999; Aron, 1992; Ashabanner &

Ashabranner, 1987; Bixler, 2005; Frelick, 1996; Martin, 2004, McMaster, 2001; Zetter, 1999).

The UNHCR was originally mandated for three years and was intentionally limited in its sphere of influence by its participating member nations. Initially it focused exclusively on refugees fleeing Communist countries from east to west (Adelman, 1999; Loescher, 2001). The UNHCR had several early opportunities to prove itself to the international community. It took a lead role in mediating between east and west during the West Berlin refugee movement in 1953, and it coordinated resettlement and repatriation during the Hungarian refugee crisis in 1956. Only a few years later, the UNHCR expanded into its first major initiative in the developing world when over 2 million Algerians were forced to flee into Tunisia and Morocco. These responses to major refugee crises, along with efforts of early High Commissioners to secure private funding for the organization outside of its primary support given by member nations, allowed the UNHCR to establish its independence and sustainability, and to secure its position as the leading international refugee agency in the world (Loescher, 2001; Zetter, 1999). With the expansion of the Cold War in subsequent decades, as well as destabilization and civil wars in the developing world and on every inhabited continent on the globe, the UNHCR has managed to maintain this position to the present day (Loescher, 2001; Zetter, 1999). It now has over 140 member states, and representatives from 76 countries comprise its Executive Committee (UNHCR, 2009).

Since its inception, the UNHCR has assisted over 50 million people, including refugees and other populations affected by war (UNHCR, 2009). The annual number of persons of interest to UNHCR has increased significantly since the mid-20<sup>th</sup> century, as

globalization, increased mobility, widespread availability of high-powered weapons, and increased duration and intensity of conflicts around the world have increased (Loescher, 2001), and a greater percentage of civilians are impacted by war (e.g., they now comprise 85 – 95% of war casualties, compared with approximately 5% in World War II (Carter, 2003; Krippner & McIntyre, 2003; Loescher, 2001; Rutter, 2001; Wessells & Monteiro, 2003)). When UNHCR was formed, it was estimated that there were approximately 1.5 million refugees worldwide. By 1980, the number had risen to 8.2 million. Today, estimates of the global refugee population range from 13 – 25 million (Loescher, 2001; Martin, 2004; McMaster, 2001; Rutter, 2001; UNHCR, 2006; U.S. Committee for Refugees and Immigrants, 2006; Wessells & Monteiro, 2003; Westin, 1999), at least half of whom are children (Ahern, Loughry, & Ager, 1999; Baines, 2004; Callamard, 1999; UNHCR, 2006; UNHCR, 2009; Wallin & Ahlström, 2005).

#### Refugee Processing and Resettlement

The first point of contact between the UNHCR (or its contracted affiliates) and refugees is typically in refugee camps established in countries bordering the area of conflict, to which refugees have fled. Refugees seeking assistance must register with the UNHCR, and then wait, often for extended periods, for the opportunity to participate in a rigorous interview and screening process in which their status as a refugee (according to the Convention definition and criteria) is officially granted or denied (Ashabranner & Ashabranner, 1987; Bixler, 2005; U.S. Department of State, 2005; Zetter, 1999). This status is the critical determinant for eligibility to receive ongoing assistance and access to the legal rights and protections afforded to refugees (Potocky-Tripodi, 2002).

For those individuals who are deemed eligible for refugee status, the UNHCR works to repatriate them whenever possible. If return to their home countries is not possible due to ongoing instability or conflict, then the subsequent option explored by the UNHCR is integration into the local community. Whenever possible, this option is deemed preferable to the last resort, which is resettlement in a third country that is typically quite distant, geographically and culturally, from the home country of the refugee. The number of refugees repatriated, integrated into the country of first asylum, or resettled has varied historically as conflicts last for varying periods of time, resources of local communities (which are often in developing nations, like most countries of origin of today's refugees) become strained, and as political and economic climates of resettlement nations wax and wane in their willingness and ability to accept new refugees (Doná & Berry, 1999; Frelick, 1996; Loescher, 2001; Martin, 2004; McMaster, 2001; Summerfield, 1999; Zetter, 1999). In all times since the inception of the UNHCR, however, resettlement to a western country has been deemed the choice of last resort, and only a small number of refugees (less than 1%, or fewer than 50,000, per year) are sent to live in distant, developed nations (Ager, 1999; Ahern et al., 1999; Bixler, 2005; Martin, 2004; McMaster, 2001; Summerfield, 1999; UNHCR, 2009; Westin, 1999; Zetter, 1999).

The primary countries in which refugees are resettled by the UNHCR are the United States, Australia, Canada (which admits the most refugees per capita of any nation), and countries in Northern and Western Europe (Ahearn et al., 1999; Bixler, 2005; Doná & Berry, 1999; Haddal, 2008; McMaster, 2001; UNHCR, 2006). Resettlement countries determine annually the number of refugees they are willing to accept (and from what regions of the world), according to their current political, social,

and economic climates (Bixler, 2005; Martin, 2004). Across most developed nations, refugee policies have become more restrictive in the last few decades, particularly in Europe (McMaster, 2001; Rutter, 2001; Zetter, 1999). Policies and admissions to the U.S. have fluctuated historically, with a recent sharp decrease following the terrorist attacks of September 11, 2001 (Martin, 2004). The groups admitted to the U.S. have also changed across time, with Africans now accounting for over half of all admissions (up from less than 10% until well into the 1990's) (Bixler, 2005). This trend of greater percentages of refugees from developing nations has been seen across many resettlement nations, as UNHCR has focused more attention on crises in these areas, and as Western nations have attempted to overturn some of their more discriminatory policies from the past (e.g., *whites-only* policies, which existed in Australia and Canada, and policies in the U.S. and elsewhere which favored particular ethnic, political, or religious groups and excluded others) (Conway & Stafford, 1996; Frelick, 1996; McMaster, 2001; Woldemikael, 1996; Zetter, 1999).

### Refugees in the United States

The United States was not an original signatory to the 1951 UNHCR Convention (although it had been, and continues to be, one of its primary donors). It was not until concerns regarding Communism grew significantly in the 1960's that the U.S. decided to officially join the Convention by signing the 1967 UNHCR Protocol relating to the Status of Refugees (which expanded the scope of UNHCR's focus to include areas and populations outside of post-World War II Europe) (Adelman, 1999; UNHCR, 2009; Zetter, 1999). Prior to that, the U.S. had established its own refugee agencies (e.g., the International Refugee Organization), instituted its own procedures for refugee



resettlement, and offered funding to international resettlement efforts, including those of the UNHCR, that were consistent with its interest in helping people to flee Communist nations (in fact, the definition of “refugee” in the United States was limited for several decades to only those individuals who were fleeing Communist states) (Baines, 2004; Bixler, 2005; Frelick, 1996; Gordon, 1996; Holman, 1996; Loescher, 2001; Martin, 2004; McMaster, 2001).

The U.S. experienced several refugee flows in the mid-20<sup>th</sup> century. More than 400,000 individuals displaced by World War II were resettled throughout the 1940’s and into the next decade (Loescher, 2001), when they were joined by Hungarian refugees fleeing Russian invasion. The 1960’s saw a large influx of Cubans following Castro’s rise to power, followed by Haitians fleeing the Duvalier regime and other groups who were paroled in during the 1970’s (Soviet Jews, Lebanese, Romanians, and others). Hundreds of thousands of Indochinese refugees from Vietnam, Cambodia, and Laos were admitted beginning in 1975, and their numbers would grow to more than 2 million by the end of the century (Ashabranner & Ashabranner, 1987; Baines, 2004; Conway & Stafford, 1996; Gordon, 1996; Hickey, 2005; Hung & Haines, 1996; Simon, 1996).

In 1980, the U.S. passed the Refugee Act, which officially adopted the broader Convention definition of “refugee” and therefore expanded its resettlement programs to include refugees from non-Communist countries (Ashabranner & Ashabranner, 1987; Balgopal, 2000; Gordon, 1996; McMaster, 2001). Within six months of the Refugee Act, more than 900,000 new refugees had been admitted. Most continued to be from Communist nations in Indochina, the Soviet Union, Cuba, or the Middle East, although for the first time small numbers of refugees from Africa (primarily Ethiopia, Eritrea, and

Somalia) were also admitted (Gordon, 1996; McMaster, 2001; Woldenmikael, 1996). During the 1990's, they were joined by more Cubans, Haitians, former Soviets, and Indochinese, as well as refugees from Bosnia, Iraq, Liberia, and other areas (Bixler, 2005; Coleman, 1996; Gordon, 1996; Holman, 1996). The turn of the 21<sup>st</sup> century was met with new populations arriving in the U.S., including Sierra Leoneans, Iranians, Sudanese, and most recently – refugees from Burma (Geltman, Grant-Knight, Mehta, Lloyd-Travaglini, Lustig, Landgraf, & Wise, 2005; Hickey, 2005; Krippner & McIntyre, 2003; ORR, 2006; ORR, 2011; UNHCR, 2009).

The United States has accepted approximately 3 million refugees in the last 40 years, three-quarters of whom have been from a nation in Indochina or citizens from the former Soviet Union (ORR, 2006, 2009a). The U.S. State Department is responsible for determining the annual ceiling for refugee admissions, which has fluctuated from a high of 231,000 in 1980 to a rate of less than 100,000 every year since 1996 (the current ceiling is 80,000 for FY2011) (Martin, 2005; Migration Policy Institute, 2009; ORR, 2009a; U.S. Department of State, 2005; U.S. Department of State, 2010). The Office of Refugee Resettlement, which was established by the Refugee Act of 1980, is responsible for overseeing and processing actual arrivals (Simon, 1996). Rates of refugee admissions have typically been lower than the number permissible by the State Department's annual ceiling, and have ranged from a high of 207,000 in 1980 to a low of 27,000 in 2002. The number of annual arrivals since 2005 has been between 41,000 and 74,000 (ORR, 2009a; ORR, 2011).

## Unaccompanied Refugee Minors

Approximately half of most refugee populations are children (Ahern et al., 1999; Baines, 2004; Callamard, 1999; UNHCR, 2006; UNHCR, 2009; Wallin & Ahlström, 2005). The majority of refugee children are accompanied by parents or other family members during their escape and flight to neighboring countries, but there is also a substantial group of others who become separated from their families and therefore arrive in countries of asylum on their own. The UNHCR defines an “unaccompanied refugee minor” as a person under the age of 18 “who is separated from both parents and for whose care no person can be found who by law or custom has primary responsibility for doing so” (UNHCR, 2005, p. 3). It is estimated that unaccompanied refugee minors comprise 2 to 5% of most refugee populations (Summerfield, 1999; UNHCR, 2007). The parents or primary caregivers of these minors may have been killed or detained during conflict, died from conditions or dangers during flight, or simply gone missing or become separated in the chaos of escape. In some cases, children are sent away on their own by parents who are desperate to protect them from violence or forced military recruitment (Ashabranner & Ashabranner, 1987; Rutter, 2001). Young males, who may be at particular risk as targets of violence or forced participation in warfare, greatly outnumber females in most unaccompanied refugee minor populations (Baker, 1982; Spinhoven, Bean, & Eurelings-Bontekoe, 2006). Other contributors to this sex difference are that single males are often seen as the most likely to survive a solitary flight or secure a family’s economic future (due to their size, physical strength, or higher level of education), and because single females are more likely to be captured and abducted for the purposes of forced marriage, servitude, or trafficking (Ashabranner & Ashabranner,

1987; Bixler, 2005; Geltman et al., 2005; Rousseau, Said, Gagne, & Bibeau, 1998; UNHCR, 2005; Wallin & Ahlström, 2005; Yau, 1995).

The UNHCR has identified unaccompanied refugee minors as an especially vulnerable group, at highest risk for neglect, physical and sexual violence, forced military recruitment, discrimination, trafficking, and lack of access to education or health care. In addition to the losses and risks to which all refugee children are exposed, this population faces additional challenges associated with loss of primary support and protection from their families (Fazel & Stein, 2002; Haddal, 2008; see McBrien, 2005, for review of studies; UNHCR, 2005). In short, they experience the same dangers, disruption, and displacement as other refugees, but they do so as their bodies, minds, and capacities are still developing, and without the guidance and support of those closest to them. The UNHCR has therefore established guidelines and regulations specifically for the treatment and protection of unaccompanied refugee minors, and specialized programs for their care have been initiated by resettlement countries, including the United States (LIRS, 2009; ORR, 2009b; Rutter, 2001; UNHCR, 1994; UNHCR, 2005; UNHCR, 2009).

#### Unaccompanied Refugee Minors in the United States: The URM Program

Unaccompanied refugee minors (URMs) have been among the many refugee populations who have resettled in the United States throughout the last century, and likely they were also among earlier populations who entered before refugee arrivals were formally processed and tracked. In the mid-20<sup>th</sup> century, several flows of URMs were recorded, beginning with World War II survivors from European and Soviet-allied countries during the first two decades of the Cold War (Haddal, 2008). In the 1960's,

more than 14,000 Cuban URMs were admitted to the United States (in the largest exodus of URMs ever recorded in the Western Hemisphere, more numerous than the cumulative total of URMs admitted from 1980 to the present day) through a program called Operation Pedro Pan, in which parents could voluntarily send their children to the U.S. in order to escape indoctrination or oppression from the Communist government (Ashabranner & Ashabranner, 1987). In the next decade, more than 2,500 Vietnamese URMs came to the United States, including many brought directly from Vietnam in an effort by the U.S. military dubbed “Operation Baby Lift” in the 1970’s (Ashabranner & Ashabranner, 1987; Haddal, 2008).

Prior to 1980, unaccompanied refugee minors were accepted and resettled by the United States on a largely ad hoc basis. There was no formal program for their care, and they therefore received services similar to all other refugees, while their special needs for living arrangements or adult care and supervision were handled in whatever manner deemed most appropriate by local resettlement agencies (Haddal, 2008). In 1980, the same Refugee Act legislation that established the federal Office of Refugee Resettlement (and redefined the scope of refugee resettlement efforts to include populations from beyond the Communist world) also created the first and only national program for unaccompanied refugee minors in the United States.

The Refugee Act of 1980 established special provisions for the designation, resettlement, and care of URMs. It established processes for identifying eligible URM children, providing placements and reimbursement for their care until the age of 18, and determining legal and custodial relationships. It maintained the role of the federal State Department for identifying and screening URMS (in the same manner as other refugees)

abroad, while also assigning the newly established Office of Refugee Resettlement (ORR) the functions of coordinating URM arrivals, placement, and ongoing care in the U.S (LIRS, 2009; Martin, 2005; ORR, 2009b). It also granted ORR the authority to enter into private contracts with public and private agencies to administer and deliver resettlement services (Haddal, 2008).

Since the early 1980's, ORR has contracted with two national voluntary agencies, Lutheran Immigration and Refugee Service (LIRS) and the U.S. Conference of Catholic Bishops (USCCB), to provide all direct services to unaccompanied refugee minors. The national program, called the Unaccompanied Refugee Minor Program (URMP), places all URM's entering the U.S. into the care of one of these two agencies, both of which maintain URMP foster care programs for these minors throughout the country. ORR determines which URM arrivals are sent to LIRS and USCCB, and then the national agencies assign each incoming minor to one of their URMP locations (local Lutheran or Catholic social service agencies). Upon the arrival of each new URM, the local Lutheran or Catholic URMP obtains legal custody and assumes full responsibility for the direct care of the minor until s/he reaches the age of majority. ORR continues to monitor and provide funding (administered by the public agencies of each state in which a local URMP operates) for every URM in the nation (Ashabranner & Ashabranner, 1987; Haddal, 2008; LIRS, 2009; Martin, 2005; ORR, 2009b).

The vast majority, almost 90%, of URM's in the United States are refugees who were identified abroad by the State Department or the United Nations and resettled through standard resettlement procedures directly into a URM program. The federal URMP, however, has expanded since its inception to include a number of other

populations who are not identified as URM<sub>s</sub> until *after* their arrival in the U.S. These minors include asylees, who enter without legal status and become eligible for URM status when they are granted asylum by U.S. immigration courts, and Cuban/Haitian Entrants, who are eligible for many of the same benefits as refugees under legislation in the 1980s which created this unique status for qualifying immigrants from these nations. Refugee minors who enter the United States with family members or others may also become “reclassified” to URM status in the event of family breakdown, abuse, or neglect (i.e., a formerly accompanied refugee minor becomes an *unaccompanied* refugee minor after resettlement). The most recent population to obtain eligibility for URM programs is minor victims of human trafficking. These minors, like reclassified children, asylees, and entrants, become eligible for URMPs after they are individually reviewed and granted official status as such by ORR (Haddal, 2008; LIRS, 2009; ORR, 2009b). All URMP populations share the common characteristics of being migrant minors with some form of legal immigration status who lack access to adequate adult care and protection.

Since the Refugee Act of 1980, through which both ORR and the URMP were established, almost 13,000 URM<sub>s</sub> have been resettled in the United States (Haddal, 2008; ORR, 2009b; U.S. Department of State, 2005). During the 1980’s, the vast majority of URM<sub>s</sub> came from Southeast Asia. The population grew slightly more diverse in the 1990’s, although overall numbers of URM arrivals declined sharply by the end of the century (Bixler, 2005; ORR, 2006; ORR, 2011). The program experienced its largest expansion soon thereafter, when the State Department in 1999 decided to accept more than 3,000 of the estimated 17,000 – 25,000 URM<sub>s</sub> who were displaced by the civil war in Sudan (dubbed the “Lost Boys of Sudan”) (Bixler, 2005; Geltman et al., 2005, ORR,

2006). Since 1999, over 800 URM<sub>s</sub> have been resettled through the federal URMP. The average number of annual arrivals during this time has been 112 URM<sub>s</sub> per year, with a high of 212 in 2001 and a low of 35 in 1999. Most URM<sub>s</sub> since 1999 have been from Sub-Saharan Africa, Central America, the Caribbean, and the Middle East (Haddal, 2008; ORR, 2006). The program is currently experiencing a large influx of Burmese URM<sub>s</sub> who have been exiled in refugee camps in Thailand, Malaysia, and other nearby countries (ORR, 2011; U.S. Department of State, 2005).

All URM<sub>s</sub> in the United States are currently placed in one of nineteen URMPs operated by LIRS or USCCB in sixteen states across the country. Males have accounted for at least two-thirds of all arriving URM populations, with the exception of unaccompanied minor victims of human trafficking, who include a higher proportion of females (Haddal, 2008; ORR, 2006; U.S. Department of State, 2005). The average ages of URM<sub>s</sub> are not precisely known, as age determination remains one of the largely unresolved challenges for both international and domestic refugee programs. Many URM<sub>s</sub> come from cultures in which births are not formally documented, or which utilize markers of time such as natural or historical events rather than dates. Given that birth dates are required for the resettlement process, many refugees adopt or are assigned an estimated date (ORR, for example, reported that 89 of the 90 Sudanese URM<sub>s</sub> resettled in 2000 had birth dates of January 1) (Clay-Thompson, 2001). These estimates may be quite imprecise given that URM<sub>s</sub> who have faced malnourishment may appear younger than they are, and because of the intense pressures refugees face during resettlement interviews which may influence them to underestimate their own ages (Ashabranner & Ashabranner, 1987; Haddal, 2008; Martin, 2004; Rousseau et al., 1998). Since 2001,



ORR has authorized the use of dental exams, wrist x-rays, and bone scans to assist with age determination in contested cases (Clay-Thompson, 2001). One certainty regarding the ages of URM in the U.S. is that the majority of them are in middle childhood or adolescence (old enough, at the very least, to travel independently). Infants, toddlers, and very young children are typically resettled with refugee adults, who may or may not be relatives. All URM in the U.S. remain in the legal custody of the local URMP agency until their 18<sup>th</sup> birthday. Many states also allow URM to remain in care and receive foster care benefits until a higher maximum age (often 21), as long as they remain in a full-time educational program (Clay-Thompson, 2001; LIRS, 2009; ORR, 2006; U.S. Department of State, 2005).

Unaccompanied Refugee Minor Programs provide a range of services to the URM in their care. Local URMP agencies take custody of each minor immediately after his/her arrival, and then place the minor in a foster home, group care, or independent living setting. Foster home placements are typically the preferred choice for most URM placements, as foster parents are trained by the URMP and provide a family environment for the child. Because there are not always enough available foster homes, some placements fail, and some URM require a more structured environment, only approximately half of URM have been placed in foster homes for the last decade (Ashabranner & Ashabranner, 1987; Haddal, 2008; ORR, 2006). A second option, independent living and semi-independent living settings, have also been widely utilized, accounting for almost a quarter of all URM placements. Independent living arrangements, intended for minors who are already quite self-sufficient or who need to prepare themselves for pending emancipation, are designed to teach URM the practical

skills they will need to support themselves as adults. These placements range from organized independent living programs in which many minors share housing and responsibilities while participating in structured training, to completely independent apartment living within the broader community. Group homes, in which URM live with other minors and resident staff, offer a higher level of structure and account for approximately 7% of placements on average. A small percentage of minors are also placed with non-custodial relatives, who may receive foster parent training and assessment by the URMP. Finally, highly restrictive environments such as residential treatment centers and hospitals are utilized only in rare instances in which a URM temporarily requires a much more intensive level of service (Haddal, 2008; LIRS; 2009; ORR, 2006; ORR; 2009b).

In addition to providing housing placements, URMPs also provide monthly stipends (to the family or agency in which a minor lives, or directly to the minor in the case of youth in independent living) for food, clothing, and other basic necessities. They enroll URM in appropriate educational placements, provide training in independent living skills, and often host cultural and recreational events. Programs also help minors in tracing their family members when possible, and assist in obtaining legal aid for those with ongoing immigration cases. A social worker is assigned to each URM, and is responsible for managing all aspects of the minor's care and providing support and guidance through regular visits to the child's placement. The social worker coordinates all medical, dental, and mental health care, which the URM receives through Medicaid until s/he reaches adulthood (LIRS, 2009; ORR, 2006; ORR, 2009b; UNHCR, 2001; UNHCR, 2005).

Although the federal URM program has resettled and provided foster care to approximately 13,000 unaccompanied refugee minors over the last 30 years, there has been very little systematic inquiry into their common resettlement experiences or outcomes, and thus very little is known about what actually becomes of these youth after they arrive in the U.S. The current study was therefore designed to begin exploration into this new area of research by collecting and examining the life stories of these young unaccompanied refugees, using a qualitative, inductive approach in order to capture the richness and depth of their salient experiences, from their own perspectives and in their own words.

## **CHAPTER II**

### **Literature Review**

Refugees have been the subject of a great deal of research over the last fifty years. Prior to World War II, most investigations of the impact of war on individuals focused on combatants. The Holocaust in the mid-20<sup>th</sup> century changed that, and scholars began to study civilian war survivors, including refugees (Krippner & McIntyre, 2003). The experiences of refugee youth were not widely represented in the academic literature until the latter part of the 20<sup>th</sup> century. Initially, most attention in this area was given to the physical and social consequences of war (such as malnourishment and poverty) on children. Only in the last three decades have researchers turned concerted attention to the psychological impacts of war on refugees, including children and young adults (Ingleby, 2005; McIntyre & Ventura, 2003). Unaccompanied refugee minors, specifically, have been the focus of only a small number of studies, and therefore many questions regarding their unique experiences as young survivors of persecution, displacement, and family separation remain unanswered (Bean, Eurelings-Bontekoe, Mooijaart, & Spinhoven, 2007).

## Individual Functioning

### The Refugee Experience and Mental Health

Recent research with refugees of all ages has predominantly focused on the impact of mass violence and displacement on psychological functioning: exploring, for example, the effects of various types of trauma on refugee mental health. It has been well-established that refugees experience multiple forms of stress before, during, and after their flight, and that they are at increased risk for a variety of mental health problems (Ager, 1999; Almquist & Broberg, 1999; Blair, 2000; Chi-Ying Chung & Kagawa-Singer, 1993; Fazel & Stein, 2002; Fong, 2004; Garcia-Peltoniemi, 1987; Geltman et al., 2005; German, 2004; Goodman, 2004; Haines, 1996; Hodes, Jagdev, Chandra, & Cunniff, 2008; Hunt, Morland, Barocas, Huckans, & Caal, 2002; see Lustig et al., 2004, Marvit, 2003; for review; see Miller & Rasco, 2004, for review; Mollica, 2006; Mollica et al., 1997; Nicassio & Pate, 1984; Papadopoulos, 2002; Pernice, 1994; see Peterson, Deinard, & List, 1989, for review; Shen Ryan, 1997; Sack, Clarke, & Seely, 1996; see Santa-Maria, 2007, for review of studies; Silove, 2004; Silove & Ekblad, 2002; Sourander, 1998; Tran, 1993; van der Veer, 1998; Yau, 1995). War stressors include all the direct and indirect difficulties people face as the result of war, including psychological, biological, social, and economic challenges. War trauma has been described as one severe type of stressor resulting from threats to human life (Krippner & McIntyre, 2003). Studies have found that most refugees have experienced multiple war stressors and traumas, with estimates ranging from 6 to 14 traumatic experiences (McFarlane & de Girolamo, 2007; Mollica et al., 1998; Mollica, McInnes, Sarajlic, Lavelle, Sarajlic, & Massagli, 1999; Schweitzer, Melville, Steel, & Lacherez, 2006), and

that refugee children in particular are at high risk for experiencing multiple traumas (Adjukovic & Adjukovic, 1993; Bromley, 1988; Clarke et al., 1993; Derluyn & Broekaert, 2007; Ellis, MacDonald, Lincoln, & Cabral, 2008; Geltman et al., 2005; Hodes et al., 2008; see McBrien, 2005, for review of studies; Mollica et al., 1997; Ressler, Boothby, & Steinbock, 1988; Rutter, 2001; see Sourander, 1998, for review of studies). A study of over 500 refugee children from Mozambique, for example, found that over three-quarters had witnessed murders or mass killings (Boothby, 1994). A study of Sudanese unaccompanied refugee minors found that 85% had witnessed someone starve to death, 92% had been the target of gunfire, and 97% had witnessed murder (Bixler, 2005). Other studies have shown the vast majority of refugee children have experienced forced labor, long periods of insufficient food, water, or shelter (Bromley, 1988; Kinzie, Sack, Angell, Manson, & Rath, 1986; Schweitzer et al., 2006), witnessed the injury, torture, or murder of family members or close friends (Davies, 2008; Geltman et al., 2005), and that 20 – 30% of them have experienced torture first-hand (Geltman et al., 2005; German, 2004; Hodes et al., 2008; Mollica et al., 1999; Schweitzer et al., 2006). These chronic, multiple, unpredictable stressors have been shown to have a greater, more deleterious impact than single traumatic events on the mental health of refugee children (Ahern et al., 1999; Adjukovic & Adjukovic, 1993; see Nader, 2004, for review; see Pipher, 2002, for review; Webb, 2004b).

It has been well-established in many studies that there is a strong dose-effect relationship between number of traumatic experiences and poor mental health outcomes, with those refugees who have experienced a greater number of traumas being at increased risk for mental health problems, including anxiety, post-traumatic stress symptoms,

depression, and somatic symptoms (see Ager, 1999, for review; Ahern et al., 1999; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Berthold, 2000; Blair, 2000; Chi-Ying Chung & Kagawa-Singer, 1993; Ellis et al., 2008; Farwell, 2004; see Fazel & Stein, 2002, for review of studies; Flaskerud & Anh, 1988; Haines, 1996; Herman, 1997; Martin, 2004; see Masser, 1992, for review; McIntyre & Ventura, 2003; Mollica et al., 1997; Mollica, McInnes, Pham, Smith Fawzi, Murphy, & Lin, 1998; Mollica, 2006; Montgomery, 1996; Potocky-Tripodi, 2002; see Santa-Maria, 2007, for review of studies; see Shen Ryan, 1997, for review; Silove & Ekblad, 2002; Tran, 1993). A study of Cambodian refugees, for example, found that the number of traumatic events experienced accounted for 45% and 50% of participants' depression and posttraumatic stress disorder scores, respectively (Mollica et al., 2002). Another study with Vietnamese refugees found that those who were exposed to three or more traumatic events were at least four times more likely to have mental health problems than those who had experienced fewer traumas (Steel, Silove, Phan, & Bauman, 2002). This relationship between traumatic experiences and mental health problems has been found to persist for up to a decade or longer (Chi-Ying Chung & Kagawa-Singer, 1993; Fazel & Stein, 2002; Sack et al., 1996; Silove & Ekblad, 2002; Steel et al., 2002; Yau, 1995). There is evidence that refugee children are at particularly increased risk for experiencing multiple traumas and subsequent mental health problems (Ahern et al., 1999; Adjuvovic & Adjuvovic, 1993; Almquist & Brobert, 1999; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Boothby, 1994; see Derluyn & Broekaert, 2007, for review; Derluyn et al., 2008; see Ellis et al., 2008, for review of studies; Farwell, 2004; Fazel & Stein, 2002; Garbarino & Kostelny, 1996a; Hodes et al., 2008; see Hyman, Vu,

& Beiser, 2000, for review; Jablensky, Marsella, Ekblad, Jansson, Levi, & Bornemann, 1994; Lustig et al., 2004; Malakoff, 1994; Marvit, 2003; see Masser, 1992, for review; McIntyre & Ventura, 2003; Nadeau & Measham, 2006; Nicassio, LaBarbera, Coburn, & Finley, 1986; Ressler et al., 1988; Tousignant, Habimama, Biron, Malo, Sidoli-LeBlanc, & Bendris, 1999). A study of Bosnian refugee children, for example, found that 93% met the diagnostic criteria for posttraumatic stress disorder, and that their symptoms were strongly associated with exposure to violence (Goldstein, Wampler, & Wise, 1997). Similarly, Mollica and colleagues (1997) found high levels of cumulative trauma among Cambodian adolescent refugees, with a strong dose-effect relationship between level of trauma and mental health symptoms. Studies dating as far back as World War II (Freud & Burlingham, 1943) have demonstrated that unaccompanied refugee children are at highest risk for traumatic experiences and mental health problems, given their unique status as young war survivors who lack the care, protection, and emotional support of adult family members (see Ager, 1999, for review; Ahern et al., 1999; Ascher, 1985; Athey & Ahern, 1991; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Bek-Pedersen & Montgomery, 2006; Derluyn, 2005; Derluyn & Broekart, 2007; Derluyn et al., 2008; Diehl, Zea, & Espino, 1993; Eth & Pynoos, 1985b; Fazel & Stein, 2002; Felsman et al., 1990; Fox, Muennich Cowell, & Montgomery, 1994; Garcia Coll & Magnuson, 1997; German, 2004; Goodman, 2004; Harding & Looney, 1977; Hodes et al., 2008; Kinzie et al., 1986; Kinzie et al., 1989; McIntyre & Ventura, 2003; Nicassio et al., 1986; Porte & Torney-Purta, 1987; Ressler et al., 2003; Rutter, 2001; Sack et al., 1996; Sourander, 1998; Suarez-Orozco & Suarez-Orozco, 2001; UNHCR, 1994). A study comparing accompanied and unaccompanied refugee adolescents in the U.K., for



example, found that unaccompanied youth had experienced significantly more traumatic events – including lack of food, water, and medical care, witnessing the murder or injury of loved ones and strangers, direct violence and threats to their own lives, and torture – than youth who were accompanied by family members (Hodes et al., 2008). Several studies of unaccompanied refugee minors in Belgium similarly found that these youth had experienced significantly more traumatic events than their accompanied peers or Belgian adolescents, and that these traumatic events predicted their significantly higher levels of emotional distress (Derluyn, 2005; Derluyn & Broekaert, 2007; Derluyn et al., 2008). Separation from family has been identified as a key risk factor for the development of mental health problems among refugees of all ages, and particularly among children (Adjukovic & Adjukovic, 1988; Ager, 1999; Ahern et al., 1999; Ascher, 1985; Bromley, 1988; Derluyn & Broekaert, 2007; Derluyn et al., 2008; Diehl et al., 1993; Farwell, 2004; Fazel & Stein, 2002; Flaskerud & Anh, 1988; Freud & Burlingham, 1943; Herman, 1997; Huyuck & Fields, 1981; Kinzie et al., 1986; McIntyre & Ventura, 2003; Mollica et al., 2002; Nader, 2004; Nicassio, 1985; Sack et al., 1986; see Santa-Maria, 2007, for review; see Sourander, 1998, for review; Steel et al., 2002; Suarez-Orozco & Suarez-Orozco, 2002; van der Veer, 1998; Webb, 2004a).

Refugees experience a wide range of war stressors prior to their flight and displacement that have been shown relate significantly to heightened levels of psychological distress (Ager, 1999; Chi-Ying Chung & Kagawa-Singer, 1993). Their communities typically experience social upheaval and chaos that disrupt community functioning and institutions such as schools and providers of services and goods for daily living. Lack of access to food, medical care, or traditional means of supporting oneself

may be interrupted, and whole communities may be destroyed. There are typically violence and threats to the safety of one's self and one's family. There may be forced labor or forced participation in violence, persecution, and the threat or reality of exploitation or detention (Ager, 1999; Ben-Porath, 1987; Bromley, 1988; Farias, 1994; German, 2004; see Lustig et al., 2004, for review of studies; Martin, 2004; Mollica, Wyshak, & Lavelle, 1987; Mollica et al., 1997; Mollica et al., 2002; Rutter, 2001; Sourander, 1998; Steel, Silove, Brooks, Momartin, Alzuhairi, & Susljik, 2006; Suarez-Orozco & Suarez-Orozco, 2001; UNHCR & Save The Children-UK, 2002; Westermeyer, Keo, & Wahmenholm, 1988). Refugee children, particularly those who are unaccompanied, may experience separation from their families prior to their flight, or they may witness the injury, detention, or murder of family members. They may experience neglect, abuse, forced military recruitment, poverty, and the threat of trafficking and exploitation for sex or labor (Derluyn & Broekaert, 2007; Friedman, 1992; German, 2004; Graves, 2003; Martin, 2004; see McBrien, 2005, for review; Potocky-Tripodi, 2002; Rutter, 2001; Shen Ryan, 1997; Sourander, 1998; UNHCR & Save The Children-UK, 2002; Wessells & Monteiro, 2003). All refugees also ultimately face the very difficult decision to leave their homelands in search of safety and survival (Ben-Porath, 1987). Unaccompanied refugee minors typically face this decision alone.

The threats of violence, separation from loved ones, exploitation, hunger, disease, and extreme danger continue for refugees during their flights (Ager, 1999; Ashabranner & Ashabranner, 1987; Brough, Gorman, Ramirez, & Westoby, 2003; Friedman, 1992; see Hunt et al., 2002 and Lustig et al., 2004, for reviews; Mollica et al., 1987; Mollica et al., 1997; Mollica et al., 2002; van der Veer, 1998). Uncertainty and insecurity are key

stressors for most refugees during this period, as many flee under frantic, unplanned conditions, with no belongings, and often no preparation or means for finding safety and basic survival needs (Ashabranner & Ashabranner, 1987; Ben-Porath, 1987; Haines, 1996; Lustig et al., 2004; Nicassio, 1985; Potocky-Tripodi, 2002; Sourander, 1998). Unaccompanied refugee children, such as the “Lost Boys of Sudan” who walked more than a thousand miles from southern Sudan to Ethiopia and then Kenya, may travel long distances under dangerous conditions, with no one and nothing to depend on but themselves (Ashabranner & Ashabranner, 1987; Bixler, 2005; Bromley, 1988; Brough et al., 2003; Bul, 2009; Goodman, 2004). Some refugee minors may have the benefit of knowing that they will be leaving their homes in advance, as in the case of those whose parents intentionally send them away to secure their safety, but many experience the displacement and separation from their families with little or no prior warning (Ahern et al., 1999; Ashabranner & Ashabranner, 1987; see McBrien, 2005, for review; Sourander, 1998). Like other phases of the refugee experience, the conditions refugees face during their flight have been shown to be significantly related to mental health outcomes (Ager, 1999; Chi-Ying Chung & Kagawa-Singer, 1993; Haines, 1996; Montgomery, 1996).

Many refugees’ flight ends when they finally reach a refugee camp, a place established by the UNHCR or other international aid agency. Refugee camps are created to provide, at the very least, for the basic survival and protection of displaced individuals. They are typically established in countries that border the area of conflict, which are often developing nations with limited resources. Refugee camps take time and means to develop and resources may fall short of demand, and therefore many refugees experience a long period of insecurity before they are able to access the protection and services of a

camp (Frelick, 1996; Martin, 2004; van der Veer, 1998). There are different kinds of refugee camps, with some being long-standing, well-organized facilities with adequate supplies and services. Others are set up in emergency situations with makeshift housing, insufficient resources, and very few services (Ashabranner & Ashabranner, 1987; Lustig et al., 2004; Martin, 2004). Studies suggest that even in the larger, more established camps, however, conditions tend to be poor, barely meeting survival needs while education, health care, and other basic services are neglected over time or absent (Ager, 1999; Bul, 2009; Geltman et al., 2005; see McBrien, 2005, for review; Miller, 1996; Rutter, 2001; Stepakoff, Hubbard, Katoh, Falk, Mikulu, Nkhoma, & Omagwa, 2006; Stow Bolea, Grant, Burgess, & Plasa, 2003). Even food is often in short supply, and the risk of infectious diseases resulting from overcrowding and unhygienic conditions is high (Bul, 2009; Carter, 2003; Goodman, 2004; see Lustig et al., 2004, for review; Martin, 2004; Mollica et al., 1997; Stepakoff et al., 2006; Stow Bolea et al., 2003). Refugees in camps lack full legal and political rights, and they are typically not allowed to work and are therefore entirely dependent on external sources for their basic needs (Ben-Porath, 1987; Bixler, 2005; Harrell-Bond, 1999; Lustig et al., 2004; Martin, 2004; Stepakoff et al., 2006). Refugee camps can also be dangerous places, with violence between groups within the camps as well as violence from the host community surrounding the camp (Ashabranner & Ashabranner, 1987; Ben-Porath, 1987; Bul, 2009; Friedman, 1992; Goodman, 2004; Martin, 2004; Miller, 1996; Rutter, 2001; Stepakoff et al., 2006; Stow Bolea et al., 2003; UNHCR, 1994). A study of Cuban refugee children who had lived in a refugee camp found that 80% of them had witnessed violence while in the camp, and that more than a third of them had witnessed or experienced attempted or completed

suicide (Rothe, Lewis, Castillo-Matos, Martinez, Busquets, & Martinez, 2002). Refugee camps may house former combatants, who utilize the camps to continue the conflict or to recruit new soldiers, an experience that has been reported by refugee minors in particular (Bixler, 2005; Loescher, 2001). These combined stressors and difficult living conditions may contribute to the observed decline in mental health among many refugees during their time in refugee camps and beyond (Ager, 1999; Carter, 2003; Harrell-Bond, 1999; McKelvey, Mao, & Webb, 1992; Mollica, 2006; see Nicassio, 1985, for review; Rutter, 2001). A large-scale study of more than 2000 Southeast Asian refugees found that pre-migration and refugee camp experiences remained significant predictors of poor mental health outcomes for many years after resettlement (Chi-Ying Chung & Kagawa-Singer, 1993). Another study found that refugee camp experiences accounted for 23% and 18% of refugee's depression and PTSD scores, respectively (Mollica et al., 2002). It has also been demonstrated that unaccompanied children in refugee camps are at particularly high risk, as multiple studies have shown high levels of PTSD, depression, and anxiety among separated minors in camps (see Ager, 1999, for review; Harding & Looney, 1977; see Lustig et al., 2004, for review of studies; see McBrien, 2005, for review; Mollica et al., 1997; Paardekooper et al., 1999; Rothe et al., 2002).

Extended stays in refugee camps may have adverse effects on refugee children's development. Their bodies are impacted by deprivation of food, water, medical care, and poor living conditions, all of which are associated with developmental delays in unaccompanied refugee minors (Ahern et al., 1999). Their cognitive development is impacted by these conditions as well as the loss of their typical opportunities for exploration, skill-development, and learning, which are typically constrained or absent.

Children in camps grow up with limited resources, restrictions on their freedom of movement, and few opportunities to engage in typical activities and roles that would facilitate their learning. They, like adult refugees, are entirely dependent on a strained system of external care and are unable to develop skills for self-sufficiency (Martin, 2004; UNHCR, 1994). Education in most camps, though it has been mandated by UNHCR since the early 1990's, is often extremely limited, voluntary, or in some cases – completely absent (Bixler, 2005; Bul, 2009; Geltman et al., 2004; Martin, 2004; Waters & LeBlanc, 2005). An evaluation of UNHCR's programs published in 2002 found that only 44% of children under 18 in the care of UNHCR were receiving basic educational services, which reflected an improvement from 36% in 1993 and 40% in 2000 (Martin, 2004; UNHCR Evaluation and Policy Analysis Unit, 2002). Studies consistently show that most refugee children, including those in camps, have significant interruptions in their educations (Ahern et al., 1999; McBrien, 2005; Rutter, 2001; van der Veer, 1998; Yau, 1995). Girls, in particular, are likely to have few educational opportunities as they are often assigned a greater number of caretaking and household responsibilities which limit their ability to attend school (Ager, 1999).

Refugee camps are intended to be temporary protective arrangements. In reality, however, many refugees may experience extended stays of many years, and some refugee minors are born in camps and spend their entire childhoods there (Ager, 1999; Ashabranner & Ashabranner, 1987; Bromley, 1988; Bul, 2009; Martin, 2004). Others who never enter formal camps have also been shown to have long, arduous stays in first countries of asylum, making their own way for survival without the protection or services of a camp (Sourander, 1998). Refugees who are unable to repatriate face the lengthy

process of multiple interviews with immigration officials to determine their eligibility for U.N. Convention refugee status. Many refugees, including unaccompanied minors, have described this as a confusing and extremely stressful process that involves a thorough recounting of every painful detail of their experiences, and upon which their futures quite literally depend (Ager, 1999; Bixler, 2005; Brough et al., 2003; Geltman et al., 2005; Harrell-Bond, 1999; Postero, 1992; Silove, 2004, Sourander, 1998; van der Veer, 1998).

The next phase of the refugee experience, resettlement, also involves a unique set of stressors and adjustment challenges. Those refugees, including unaccompanied minors, who are granted status and selected for resettlement arrive in a new, distant country with little or nothing, and only a brief orientation to the country's laws, customs, and language (Ashabranner & Ashabranner, 1987; Bixler, 2005; Geltman et al., 2005; Marvit, 2003). Refugees then begin the difficult process of adapting to life in a new culture – one that they have not chosen, that is likely to be vastly different from their own, and of which they may have little, false, or idealized information (Fong, 2004; Martin, 2004; see McBrien, 2005, for review; McMaster, 2001; Nicassio, 1985; Shen Ryan, 1997; Woldemikael, 1996). Like most immigrants, they face adjustment to a new physical environment, a new culture with new norms, values, and customs, a new language, new food, new relationships, and new roles (Ager, 1999; Ashabranner & Ashabranner, 1987; Derluyn & Broekaert, 2007; Fong, 2004; Hickey, 2005; see Lustig et al., 2004, for review; Martin, 2004; Masser, 1992; Paulson, 2003; Rutter, 2001; van der Veer, 1998). Along with these changes come a series of multiple losses: one's former country, neighborhood, family and relationships, culture, religious and other traditions, language, and possessions (Ager, 1999; Bemak & Timm, 1994; Derluyn & Broekaert,

2007; German, 2004; Hardi, 2005; see Lustig et al., 2004, for review; Nicassio, 1985; Potocky-Tripodi, 2002; van der Veer, 1998). In addition, resettlement to a distant country typically severs surrogate relationships that unaccompanied minors have developed during extended stays in camps, and may extinguish any remaining hopes of finding or being reunited with family (Bromley, 1988). Many refugees also experience a change in standard of living or social status and may be entering a devalued minority status for the first time (Ben-Porath, 1987; Parvanta, 1992; Rutter, 2001; van der Veer, 1998). Unaccompanied refugee minors additionally must adjust to new caregivers or foster families, and new roles in relation to those caregivers which may include expectations of them adopting more dependent or child-like positions than those to which they have been accustomed in their own culture or during their periods of caring for themselves (Bromley, 1988; Derluyn & Broekaert, 2007; Pipher, 2002; Shen Ryan, 1997; Stow Bolea et al., 2003). They also enter a new school and educational system, in which they may face low social and academic status due to language barriers (Derluyn & Broekaert, 2007; Fong, 2004; German, 2004; Rutter, 2001; van der Veer, 1998). In sum, refugees experience all the same challenges of adapting to a new culture as other immigrants, with additional disadvantages stemming from the persecution and traumatic experiences that preceded their resettlement, the unplanned and often involuntary nature of their migration, as well as the fact that they are likely to have more family losses through death, forced separation, or lack of information regarding the fate of their loved ones (Adjukovic & Adjukovic, 1993; Bemak & Timm, 1994; Dona & Berry, 1999; Haines, 1996, Martin, 2004; Masser, 1992; see McBrien, 2005, for review; Potocky-Tripodi, 2002; Yau, 1995). Several studies have also demonstrated that today's refugees,



who are likely to be from cultures that are less similar to western, industrialized nations than those of their predecessors from the mid-20<sup>th</sup> century, face more challenges in adjusting to life in the U.S. (Geltman et al., 2005; Haines, 1996; see Hunt et al., 2002, for review; Martin, 2004; see McBrien, 2005, for review; Nicassio, 1985). There is also evidence that involuntary migrants face far greater resettlement challenges than do voluntary immigrants (Dona & Berry, 1999; Farias, 1994; Haines, 1996; see Masser, 1992, for review; see McBrien, 2005, for review of studies; Nicassio, 1985; Potocky-Tripodi, 2002; Suarez-Orozco & Suarez-Orozco, 2001).

Some studies have found that post-migration resettlement stressors predict psychological adjustment as well as, or better than, war or pre-migration trauma experiences for many refugees (see Fernando, 2005, for review; Haines, 1996; Hyman et al., 2000; see Kovacev & Shute, 2004, for review; Miller & Rasco, 2004; Potocky-Tripodi, 2002; Schweitzer et al., 2006; Silove, 2006; van der Veer, 1998). At the very least it is evident that the resettlement period includes stressors which may increase or complicate refugees' mental health risks and adaptation to war-related traumas. Several authors have dubbed the post-migration period a time of *secondary* trauma for refugees, and children in particular, given the multiple challenges and losses it may involve (Fazel & Stein, 2002; Pynoos, Steinberg, & Goenjian, 2007; Rutter, 2001). Studies have found that refugees experience a range of emotions during the resettlement process, including grief, survivor guilt, anger, fear, and uncertainty (Ager, 1999; Bixler, 2005; Herman, 1997; Paulson, 2003; see Peterson et al., 1989; Potocky-Tripodi, 2002; Shen Ryan, 1997; Silove, 2005; van der Veer, 1998). Unaccompanied refugee minors are also likely to experience loneliness, anxiety about fitting in with peers and caregivers, shame about

being different or in foster care, worry or guilt about those left behind or lost, and intense pressure to succeed as surviving recipients of opportunities that others did not have, and in order to provide support to remaining family members in place of their parents (Ashabranner & Ashabranner, 1987; Baker, 1992; Bixler, 2005; Bromley, 1988; Brough et al., 2003; Derluyn & Broekaert, 2007; Fox et al., 1994; Rousseau et al., 1998; see van der Veer, 1998, for review; Yau, 1995). Studies of unaccompanied refugee minors resettled in Finland, the U.S., and Australia have found that the most common concern identified by the youth was worry regarding the well-being of family members left behind (Brough et al., 2003; Daly & Carpenter, 1985; Goodman, 2004; Schweitzer et al., 2006; Sourander, 1998; see van der Veer, 1998, for review).

The stressors of resettlement may be mixed with positive emotions, particularly early in the resettlement process, when some refugees experience euphoria, hope, and awe associated with beginning a new phase of their lives in an exciting new environment with vast resources, technology, and opportunities (Ben-Porath, 1987; Holtzman, 2000). Several studies have found, for example, that refugees may experience a *honeymoon* period of several weeks or months in which they are thrilled to reach a safer and more permanent destination, which is likely to be idealized initially, at the end of a long and difficult journey (Adler, 1985; Bromley, 1988; Hunt, 2002; Pipher, 2002). This period typically gives way in time, as frustrations mount in response to disappointments and difficulties in cultural adaptation and language barriers, and as the weight of losses, separations, reminders of traumatic experiences, and the inability to return home set in. For many refugees, this later period may be the time when mental health problems associated with resettlement begin to emerge (Adler, 1985; Ager, 1999; see Ben-Porath,

1987, for review; Bixler, 2005; Bromley, 1988; Derluyn & Broekaert, 2007; Haines, 1996; Hunt, 2002; Pipher, 2002; van der Veer, 1998; Woldemikael, 1996; Yau, 1995). A study of Indochinese refugees in the U.S., for example, found that family separation, painful memories of war, language barriers, and the immigration process were the source of severe distress for refugees (Nicassio & Pate, 1984). There is evidence that some refugees may not experience an early honeymoon period, as in several studies in which refugees reported that the initial months after resettlement were the most challenging, with the highest levels of psychological distress (Ager, 1999; Brough et al., 2003; Nicassio et al., 1986). Eventually, the vast majority of refugees, including unaccompanied refugee minors, do adapt to their new environments, at various times and through various means, in spite of the stressors and mental health challenges they face (see Ben-Porath, 1987; Brough et al., 2003; Marvit, 2003; for review; Mollica, 2006). Longitudinal studies suggest that although refugees' psychological symptoms of distress may persist for years, that there is typically an observed decline in severity over time (Daly & Carpenter, 1985; Fazel & Stein, 2002; Hjern & Jeppsson, 2005; Mollica et al., 2001; Silove & Ekblad, 2002; Steel et al., 2002; Steel, Silove, Chey, Bauman, & Phan, 2005; Yau, 1995).

#### Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) and depression have been the two most studied mental health problems among refugees, and studies suggest that they are by far the most common psychological problems that refugees experience (Clarke et al., 1993; Ingleby, 2005; Silove, 2004). Studies have consistently shown high levels of PTSD among a wide variety of refugee populations, with estimates ranging from 16% to 63%

(Cole, Espin, & Rothblum, 1992; de Jong, Komproe, Van Ommeren, El Masri, Araya, Khaled, van de Put, & Somasundaram, 2001; Ekblad & Goran, 1997; see Fernando, 2005, for review; Lavik, Hauff, Skrondal, & Solberg, 1996; Lipson & Onidian, 1992; McFarlane & de Girolamo, 2007; Modvig, Pagaduan-Lopez, Rodenburg, Salud, Cabigon, & Panelo, 2000; Mollica et al., 1999; Mollica, Donelan, Tor, Lavelle, Elias, Frankel, & Blendon, 1993; Mollica, 2006; Mollica et al., 2007; Momartin, Silove, Manicavasagar, & Steel, 2003; Potocky-Tripodi, 2002; see Santa-Maria, 2007, for review of studies; Silove & Ekblad, 2002; Silove, Sinnerbrink, Field, Manicavasagar, & Steel, 1997). De Girolamo & McFarlane (1996), for example, reviewed twelve studies assessing PTSD among refugees and found that in six of them, 50% or more of participants met the criteria for PTSD. Multiple studies have also consistently found high rates of PTSD among refugee children and youth, with rates ranging from 18% to 90% (Almquist & Brandell-Forsberg, 1997; Almquist & Broberg, 1999; Bates, Baird, Johnson, Lee, Luster, & Rehagen, 2005; Berthold, 2000; Derluyn et al., 2008; see Fazel & Stein, 2002, for review; Garabino & Kostelny, 1996; Geltman et al., 2005; Goldstein et al., 1997; Hymen et al., 2000; Jablensky et al., 1994; Jeppsson & Hjern, 2005; Kinzie et al., 1986; Kinzie et al., 1989; McIntyre & Ventura, 2003; Rumbaut & Ima, 1988; Sack et al., 1996; see Santa-Maria, 2007, for review; Stein, Comer, Gardner, & Kelleher, 1999). A study of Sudanese minors in URM care in the U.S. found that 20% met the full criteria for PTSD, while up to 58% had symptoms (Geltman et al., 2005).

Though researchers have long had interest in emotional reactions to severe forms of stress (as in early studies of *cowboy fatigue* or *hysteria*, for example (see Santa-Maria, 2007, for review)), it was not until the late 1970's and early 1980's that "posttraumatic

stress disorder” entered scholarly and clinical discourse as a term to describe a specific set of symptoms and a new diagnostic category. Research with newly-returned Vietnam War veterans was discovering that many were experiencing high levels of war-related stress symptoms (Ingleby, 2005; Silove, 2006). These studies resulted in the inclusion of a new disorder, Posttraumatic Stress Disorder (PTSD), in the 1980 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Graves, 2003; Ingleby, 2006). The DSM defines PTSD as a combination of chronic symptoms that result from the experiencing or witnessing of a life-threatening event, and which cause significant distress or impairment in functioning. Symptoms fall into three primary categories: intrusive symptoms, avoidance, and heightened arousal. Intrusive symptoms include distressing memories, flashbacks, nightmares, and distress in response to exposure to internal or external reminders of the event. Avoidant symptoms include efforts to avoid thoughts, emotions, activities, people, or places that remind the individual of the traumatic event, emotional numbing, and detachment from others or activities. Arousal symptoms include hypervigilance, heightened physiological responses, irritability, and difficulty concentrating (American Psychiatric Association, 2000). Human beings, as well as many other animal species, experience heightened arousal, hypervigilance, and avoidance of risks in response to a life-threatening event, and these are normative, evolutionarily-based, adaptive responses that serve to protect the individual. They can become problematic and develop into PTSD, however, when these symptoms are atypically chronic or severe, or when they impede one’s ability to function (Herman, 1997; Krippner & McIntyre, 2003; McFarlane & Yehuda, 2007; Miller & Rasco, 2004; Naparstek, 2004; Silove, 2004). PTSD is, in essence, when a person’s normal “fight or

flight” responses (which include heightened physiological arousal and triggering of the body’s “alarm” responses) become chronically activated or overly responsive to even minor, non-threatening events (Naparstek, 2004; van der Kolk & McFarlane, 2007). The chronic alarm state and release of stress hormones has been shown to have deleterious effects on individuals’ immune system, as well as cognitive, physical, and emotional functioning (see McFarlane & Yehuda, 2007, for review; Naparstek, 2004; van der Kolk & McFarlane, 2007; Weinstein, Fucetola, & Mollica, 2001). Symptoms of PTSD may not develop immediately after a traumatic event, and may emerge weeks, months, or years later (McFarlane & Yehuda, 2007; Potocky-Tripodi, 2002; see Santa-Maria, 2007, for review).

As with other types of mental health problems, it has been well-established in the literature that there is a strong dose-effect relationship between exposure to trauma and risk for acute and chronic symptoms of PTSD, and that this relationship holds true for both refugee adults and children (Almquist & Brandell-Forsberg, 1997; Blair, 2000; Cernovsky, 1988; Diehl et al., 1993; Garbarino & Kostelny, 1996b; Goldstein et al., 1996; Halcon, Robertson, Savik, Johnson, Spring, Butcher, Westermeyer, & Jaranson, 2004; Herman, 1997; Hodes et al., 2008; Masser, 1992; see Miller & Rasco, 2004, for review; Mollica et al., 1998; Pynoos, Steinberg, & Goenjian, 2007; Sack et al., 1996; Tran, 1993). The severity of violence and the amount of exposure are directly related to the severity of PTSD symptoms, and the single biggest risk factor for PTSD among adult and minor refugees has consistently been found to be exposure to war-related trauma (Ahern et al., 1999; Berthold, 2000; Clark, Sack, & Goff, 1993; de Jong et al., 2001; Ellis et al., 2008; Espino, 1991; Smith Fawzi, Murphy, Pham, Lin, Poole, & Mollica, 1997;

Hjern, Angel, & Hojer, 1991; see Lustig et al., 2004, for review; McFarlane & de Girolamo, 2007; see Miller & Rasco, 2004, for review; Mollica et al., 1998; Momartin et al., 2003; Pynoos, Steinberg, & Goenjian, 2007; Rothe et al., 2002; Schweitzer et al., 2006; Silove, 1999; see Silove, 2004, for review of studies; Steel, Silove, Bird, McGorry, & Mohan, 1999; Steel et al., 2002). A study of Cambodian refugees found, for example, that traumatic events experienced during the Pol Pot regime contributed to over 81% of participants' PTSD scores (Mollica et al., 2002). A study comparing Angolan and Croatian adolescent refugees found that approximately 90% of Angolan minors met the criteria for PTSD, compared to approximately 40% of Croatian minors. The authors suggest that the higher rate among Angolan children may be due to the much longer period of conflict they experienced, as well as the fact that the threat of war was still present at the time of the study (McIntyre & Ventura, 2003).

Additional risk factors for PTSD include: female gender, past psychiatric history, prior trauma history (particularly in childhood), torture or detention experiences, sustaining direct injuries including head trauma, separation from family or death of family members, lack of social support, lack of participation in meaningful activities, perceived discrimination, and resettlement stressors (Diehl et al., 1993; Ellis et al., 2008; Geltman et al., 2005; Herman, 1997; Hjern & Jeppsson, 2005; Hodes et al., 2008; Hubbard & Pearson, 2004; see Lustig et al., 2004, for review; Masser, 1992; McFarlane & Yehuda, 2007; Miller & Rasco, 2004; Momartin et al., 2003; Mollica et al., 2002; Naparstek, 2004; Sack et al., 1996; see Santa-Maria, 2007, for review of studies; Schweitzer et al., 2006; see Silove, 1999, for review of studies; Silove, 2005; van der Veer, 1998; see Webb, 2004b, for review). There is significant evidence that older age is

a risk factor for adults and unaccompanied minors, while at least one study suggests that accompanied status and age may have a significant interaction effect, with younger age being a risk factor among accompanied minors (Clarke et al., 1993; de Jong et al., 2001; Diehl et al., 1993; Hodes et al., 2008; Mollica et al., 2002). In children, parental functioning is also associated with the development of PTSD, with higher rates among children whose parents who are more stressed, incapacitated, or traumatized themselves (Ahern et al., 1999; Adjuvovic & Adjuvovic, 1993; Freud & Burlingham, 1943; Marvit, 2003; Nader, 2004; Pynoos et al., 2007; see Webb, 2004b, for review). Unaccompanied minors have been shown to be at higher risk for PTSD than accompanied minors, as in one study in the UK which found that 62% and 73% of unaccompanied males and females, respectively, met the criteria for PTSD, compared to less than 40% of their accompanied peers (see Fazel & Stein, 2002, for review; Hodes et al., 2008). Other studies of URM in the Netherlands, Belgium, and the U.S. have found similar results, with unaccompanied minors having significantly higher rates of PTSD than accompanied refugee minors or minors from the host countries (Bean, Derluyn, Eureling-Bontekoe, Broekaert, & Spinhoven, 2007; Derluyn, 2005; Derluyn & Broekaert, 2007; Sack et al., 1986). A study of Sudanese URM resettled in the U.S. found that those living in foster homes where no other Sudanese peers or adults were present had higher rates of PTSD (Geltman et al., 2005), while another study found that URM living in group care with other minors from their home country had lower rates of PTSD than those living in Caucasian foster homes (Eisenbruch, 1991a).

PTSD is risk factor for poor affective, cognitive, and behavioral outcomes (Herman, 1997; McIntyre & Ventura, 2003; Naparstek, 2004). A study of Sudanese



URMs in the U.S., for example, found that those who had PTSD had significantly poorer behavioral and functional health outcomes than those who did not have PTSD. Those with PTSD had higher levels of bodily pain, worse general health and mental health, lower self-esteem, and less participation in positive activities (Geltman et al., 2005). Studies have found high levels of suicidal ideation among refugees, including URMs, with PTSD, including one investigation that found almost half of those diagnosed with PTSD had attempted suicide (Ferrada-Noli & Sundbom, 1996; Hovey, 2000; Sourander, 1998). PTSD is also significantly associated with sleep disruptions, poor memory, distractibility, learning difficulties, interpersonal and communication problems, emotional numbing, sense of hopelessness or powerlessness, poor health outcomes, and depression among refugee populations (Ager, 1999; Bates et al., 2005; Graves, 2004; Herman, 1997; McFarlane & Yehuda, 2007; Naparstek, 2004; Pynoos, Sternberg, & Goenjian, 2007; van der Kolk & McFarlane, 2007). Refugees with PTSD have also been shown to participate in fewer cultural traditions, have fewer connections with their ethnic community, and to be more dependent on public assistance (Abe, Zane, & Chun, 1994). There is also evidence that PTSD makes refugees, including children and adolescents, more vulnerable to subsequent traumatic events and resettlement stressors, and the development of other disorders (see Fazel & Stein, 2002, for review of studies; Kinzie, 1993; McFarlane & Yehuda, 2007; Sack et al., 1996; Silove, 2005; van der Veer, 1998, see Webb, 2004b, for review).

While PTSD has been shown to persist for years among many refugees (Almquist & Bemak & Timm, 1994; Broberg, 1999; see Fazel & Stein, 2002, for review of studies; Sack, Clarke, Him, Dickason, Goff, Lanham, & Kinzie, 1993; Sack et al., 1996; Sack et

al., 1997; see Silove & Ekblad, 2002, for review), there is also some evidence that symptoms tend to decline over time (Cernovsky, 1988; Krippner & McIntyre, 2003; Mollica et al., 2007; see Silove, 2004, for review; Wallin & Ahlstrom, 2005). A longitudinal study of Cambodian adolescent refugees, for example, found that 53% met the criteria for PTSD two years following resettlement, and that this declined to 48%, 38%, and 35% at 3, 6, and 9 years respectively (Kinzie et al., 1986; Kinzie et al., 1989; Sack et al., 1996; Sack et al., 1999). Several other studies have found similar results, with symptoms of PTSD declining in children and adolescent refugees over time following resettlement (Becker, Weine, Vojvoda, & McGlashan, 1999; Derluyn & Broekaert, 2007; Hjern & Jeppsson, 2005). This decline may take many years, however, as other studies with Iranian and Cambodian adolescent refugees have found that posttraumatic stress symptoms tended to be more chronic than symptoms of other disorders such as depression (Almquist & Brandell-Forsberg, 1997; Sack et al., 1993; Spinhoven et al., 2006).

Studies have identified a number of protective factors which can moderate the impact and severity of PTSD among refugees. Studies have shown that refugees living in more stable, supportive environments have improved outcomes on measures of posttraumatic stress symptoms (McFarlane & Yehuda, 2007; Silove, 2004; Silove, 2005). Other protective factors include religiosity/spirituality, sense of commitment to a political cause (see Silove, 1999, for review), positive coping and communication skills, high self-esteem, and access to family members and social support (Herman, 1997; Hubbard & Pearson, 2004; Laor, Wolmer, Mayes, & Golomb, 1996; McFarlane & Yehuda, 2007; Miller, 1996; Potocky-Tripodi, 2002; Schweitzer et al., 2006; see Webb, 2004b, for

review). As several authors have noted, many refugees do *not* develop PTSD and many who do function very well in spite of it, and therefore there is a need for more research on factors associated with resiliency (Bean, Derluyn, Eureling-Bontekoe, Broekaert, & Spinhoven, 2007; Krippner & McIntyre, 2003; Miller & Rasco, 2004; Muecke, 1992; see Rousseau, Drapeau, & Rahimi, 2003, for review; Sack et al., 1997; Silove, 2005; van der Kolk & McFarlane, 2007). There is evidence that the ability to find meaning in the trauma one experienced is key in aiding individuals to recover, and that many refugees are able to realize remarkable strength and resilience from their survival of traumatic experiences (Ager, 1999; Boehnlein, 1987; Janoff-Bulman, 1985; Rousseau, Drapeau, & Platt, 1999; van der Kolk & McFarlane, 2007).

Several authors have questioned the applicability of posttraumatic stress disorder as a diagnostic category, as well as its relevance for refugee populations. Some have noted, for example, that a focus on PTSD is far too narrow to conceptualize the impact of traumatic experiences on individuals and communities, and that responses to traumatic events take place on a continuum that may not be captured by a system which categorizes people according to the presence or absence of an individual diagnosis (Brough et al., 2003; Farwell, 2004; Hjern & Jeppsson, 2005; Miller & Rasco, 2004; Papadopoulous, 2002; Silove, 1999; Silove, 2004). Others have suggested that PTSD is a Western concept which imposes an individualistic, medical model onto normative responses to catastrophic events, and that it fails to address the impact of trauma on relationships, social systems, or communities, and may not be relevant or applicable across cultures (deVries, 2007; German, 2004; Ingleby, 2005; Krippner & McIntyre, 2003; Potocky-Tripodi, 2002; Silove, 2005; Silove, 2006; Summerfield, 1997; Summerfield, 2005).

There is no doubt that the refugee experience includes a wide range of factors before, during, and after displacement, and that a focus on traumatic events alone cannot fully explain the complexity of refugees' experiences or functioning (Farwell, 2004; Ingleby, 2005; Papadopoulous, 2002; Silove, 2005; Silove, 2006). As Silove (2005) has indicated, objections to PTSD's applicability merit consideration and further investigation, although research on PTSD and traumatic stress have nonetheless made important contributions to the field and have elucidated key aspects of common human responses to trauma. These contributions have included furthering understanding of the psychological suffering that often accompanies humanitarian disasters, improving the ability to distinguish and record categories of trauma across cultures (Mollica, 2000), developing instruments to measure responses to trauma (Mollica et al., 1992), and demonstrating that exposure to violence, torture, and catastrophic events increases the risk of psychological distress. Several studies have also investigated the validity of PTSD across cultures, and have found striking similarities with multiple refugee populations (see Krippner & McIntyre, 2003, for review). Smith Fawzi and colleagues (1997) tested the validity of the PTSD diagnosis with Vietnamese refugees in the U.S. using principle component analysis and found that all three primary categories of PTSD – intrusive, arousal, and avoidant symptoms – emerged, in addition to a fourth category of depressive symptoms: withdrawal, decreased interest in activities, and hopelessness regarding the future. These symptoms were significantly predicted by the number and severity of traumatic events experienced. A study of Cambodian refugee children and adults used factor analysis and found similar results, with four factors emerging, including intrusive symptoms, arousal, avoidance, and emotional numbing (Sack, Seeley, & Clarke, 1997). This study also

demonstrated that language proficiency did not invalidate the results. These studies and others with a wide range of geographically-diverse refugee populations have concluded that PTSD is a relevant and valid construct across many cultures (Barrett & Behbehani, 2003; Bolton, 2003; Smith Fawzi et al., 1997; Sack et al., 1997; Silove, 2006).

### Depression

PTSD is only one mental health disorder associated with exposure to traumatic events and the refugee experience. Studies have consistently shown that depression is a common mental health concern among refugees of all ages, with many studies discovering rates of depression that equal or even surpass rates of PTSD (see Bala, 2005, for review; Bolton, 2003; De Lay, P., & Faust, 1987; Hinton, Tiet, Tran, Lu, Miranda, & Faust, 1993; Kinzie et al., 1986; Kinzie et al., 1989; Marvit, 2003; McFarlane & Yehuda, 2007; McSpadden, 1987; Mollica et al., 1993; Mollica et al., 1999; Mollica et al., 2002; Mollica et al., 2007; Nicassio, 1985; Pernice, 1994; see Peterson et al., 1989, for review; see Pipher, 2002, for review; Potocky-Tripodi, 2002; Sack et al., 1993; Sack et al., 1999; see Silove, 2004, for review; Tran, 1993). Several large-scale refugee studies, for example, have found prevalence rates of depression as high as 55 – 75% (Berthold, 2000; Mollica et al., 1993; Mollica et al., 2002). Studies among adolescents and children, including unaccompanied refugee minors, from a wide range of cultures have produced similar results (Ashabranner & Ashabranner, 1987; Baker, 1982; Bean, Derluyn, Eureling-Bontekoe, Broekaert, & Spinhoven, 2007; Bemak & Greenberg, 1994; Berthold, 2000; Derluyn, 2005; Derluyn & Broekaert, 2007; Ellis et al., 2008; see Fazel & Stein, 2002, for review of studies; Felsman, Leong, Johnson, & Felsman, 1990; Hodes et al., 2008; see Hyman, Vu, & Beiser, 2000; Mollica et al., 1997; Nicassio, 1986; Sack et al.,

1996; Schweitzer et al., 2006; Stein, Comer, Gardner, & Kelleher, 1999), and these rates have been found to persist for several years (Beiser, 1988; Kinzie et al., 1989; Mollica, 2006; Nicassio, 1986; Sack et al., 1993; Sack et al., 1999). Like PTSD, depression has been linked with exposure to war trauma and resettlement stressors, and a strong dose-effect has been identified (see Ager, 1999, for review of studies; Bean, Derluyn, Eureling-Bontekoe, Broekaert, & Spinhoven, 2007; Blair, 2000; Derluyn & Broekaert, 2007; Mollica et al., 1998; Tran, 1993). Studies have shown that co-morbidity of depression and PTSD is very high among refugees (see Ben-Porath, 1987; Chi-Ying Chung, & Kagawa, 1993; McFarlane & Girolamo, 2007; Mollica, Wyshak, & Lavelle, 1987; Mollica et al., 2007; see Webb, 2004b, for review), and that the combination of depression and PTSD is more chronic and debilitating than depression or PTSD alone (Davidson & van der Kolk, 2007; Silove, 2004; Silove, 2005; Silove, 2006; Silove & Ekblad, 2002; van der Veer, 1998). There is evidence that PTSD is more associated with traumatic events preceding and during flight, while depression is more associated with more recent post-flight and resettlement stressors (see Bala, 2005, for review; Ben-Porath, 1987; Clarke et al., 1993; see Ellis et al., 2008, for review; Sack et al., 1996; Savin et al., 1996; Silove, 2004). Co-morbidity can create a vicious cycle for refugees, as PTSD can exacerbate depression by interrupting grief and decreasing refugees' ability to cope with resettlement stressors, while depression may deplete one's resources for healing from traumatic events (Carter, 2003; Pynoos et al., 2007).

Individual risk factors for depression among refugee children and adults include female sex and older age (including older age among adolescents) (Bean, Eurelings-Bontekoe, Mooijaart, & Spinhoven, 2007; Derluyn & Broekaert, 2007; Hodes et al.,

2008; Mollica et al., 2002; Mosselson, 2007; Nicassio & Pate, 1984; Schweitzer et al., 2006; Westermeyer, Vang, & Neider, 1983). Family factors including prior family trauma and separation from family are also key predictors for depression, particularly among children (Beiser, 1988; Fazel & Stein, 2002; McIntyre & Ventura, 2003; Mollica et al., 2002; Schweitzer et al., 2006). Aspects related to the environment which are associated with depression include lack of social support (see Bala, 2005, for review; Berthold, 2000), lack of environmental mastery and language proficiency, loss of former social roles, discrimination, and lack of participation in meaningful community activities (Bemak & Greenberg, 1994; Ellis et al., 2008; see Miller & Rasco, 2004, for review; see Silove, 1999, for review). Detachment from one's ethnic community is also significantly associated with depression, as studies of URMs in foster care in the U.S. and Australia have found that those placed with ethnically-similar foster families have significantly lower levels of depression than those living in Caucasian homes or group homes (Eisenbruch, 1991b; Porte & Torney-Purta, 1987), and that they are more likely to share depressed feelings with their foster families (Porte & Torney-Purta, 1987).

Depression has been linked with resettlement stressors as both a predictor and an outcome. As indicated, refugees with greater resettlement stressors have been found to exhibit higher levels of depression, and studies have shown that depression tends to decline with time, as acculturation increases (Sack et al., 1993; see Sack et al., 1996, for findings and review of studies). There is also evidence that depression can contribute to greater resettlement stressors, as refugees experiencing depression are more likely to withdraw and to have fewer opportunities for acculturation. Diminished self-efficacy, which can result from loss of environmental mastery, changes in role status, and the

overwhelming sense of powerlessness many refugees experience during their flights and resettlement, has also been linked to depression and slower integration into the host community (Ager, 1999; Herman, 1997; Nicassio, 1985; Paulson, 2003; Tran, 1993; van der Veer, 1998). Depression is also associated with lower immune system functioning and poor physical health among refugees (Mollica, 2006).

### Somatic Complaints

General health problems and somatic complaints, including headaches, sleep disturbances, chest pains, stomach aches and gastrointestinal problems, and chronic fatigue, are also common problems among refugee adults and children, including URM (Athey & Ahern, 1991; Ben-Porath, 1987; Butcher et al., 1988; Eth & Pynoos, 1985a; see Fazel & Stein, 2002, for review; Felsman et al., 1990; Fong, 2004; Hinton & Otto, 2006; McIntyre & Venture, 2003; Nicassio, 1985; Nicassio, 1986; Potocky-Tripodi, 2002; Shen Ryan, 1997; Sourander, 1998; Webb, 2004b). A study of Sudanese URM in foster care in the United States, for example, found that 76% reported significant somatic symptoms (Geltman et al., 2005), while another study with Cambodian adolescents found that somatic complaints were the most common problem identified by the both minors and their parents (Mollica et al., 1997). An investigation with Sudanese refugees in Australia found that the level of trauma experienced by individuals was a significant predictor of somatic problems, as was separation from family, resettlement challenges, and low employment status. Conversely, social support from one's ethnic community was significantly negatively associated with somatic problems (Schweitzer et al., 2006). Several authors have suggested that refugees may be likely to present with somatic complaints rather than psychological or emotional concerns, because of cultural stigmas



associated with mental health problems or proscriptions prohibiting the disclosure of personal emotional struggles (Ben-Porath, 1987; Mollica et al., 1997; Nicassio, 1985; Shen Ryan, 1997; Wessels & Monteiro, 2003). Mollica and his colleagues (1997) have found that somatization is often the chief complaint among refugees, including adolescents, experiencing serious psychiatric disorders. Another study found that over 25% of Bosnian refugees had significant disabilities in their physical functioning, and that cumulative trauma and psychiatric symptoms were associated with disability (Mollica et al., 2001).

#### Behavioral problems

It has long been established that mental health is strongly associated with behavioral functioning, and that behavioral problems are one common manifestation of psychological distress among children. Behavior problems among refugee minors, however, have been the subject of only a few scientific investigations, and therefore much remains to be discovered regarding the relationship between war trauma and displacement and children's behavior. Several studies have found increased rates of problem behaviors such as aggression, gang involvement, delinquency, and hyperactivity among refugee minors from a wide variety of cultures compared to children from the host population, and have identified a number of risk factors associated with higher rates of behavior problems, including younger age, separation from family or unaccompanied status, having multiple caretakers or placements, detachment from one's ethnic community, and lack of proficiency in English (Derluyn et al., 2008; see Hunt et al., 2002, for review of studies; see McIntyre & Ventura, 2003; Mollica et al., 1997; Rumbaut & Ima, 1987; see Santa-Maria, 2007, for review; Shen Ryan, 1997; Sourander,

1998). Lustig and colleagues (2004) have observed that children's ability to learn to regulate their own behavior and emotions depends in part on the availability of adult modeling and guidance, and therefore unaccompanied children may therefore be at higher risk for behavioral problems. Other studies, however, have found evidence for decreased levels of behavioral problems, including externalizing behaviors and delinquency, among refugee minors when compared to non-refugee children, and further that refugee children whose families had experienced higher levels of trauma were particularly less likely to have externalizing and risk behaviors (Derluyn & Broekaert, 2007; Rousseau, et al., 1999). These authors suggest that those minors whose families have survived extreme hardships may feel increased pressure to be successful and take on more adult roles or behavior (see Hunt et al., 2002, for review; Rousseau et al., 1999).

It is important to accurately assess mental health functioning, including psychiatric symptoms, somatic concerns, and behavioral problems, among unaccompanied refugee minors in order to provide relevant services and support while also avoiding pathologizing or stereotyping this population (Silove, 2004). Studies show that most people affected by war recover without long-term psychological disturbance. However, studies also show a sizeable minority who do experience chronic, debilitating mental health problems (an average of 14% across studies) and who would therefore benefit from culturally-relevant services (Silove, 2005). Studies have consistently shown increased risk for mental health problems among unaccompanied refugee minors, although much remains to be discovered regarding the specific risk and protective factors that impact their functioning, as well as what types of interventions are most effective in preventing or treating mental health problems with this population. Studies have shown,

for example, that many adult refugees are unlikely to seek help through traditional Western “talk therapy” services, due to the stigma associated with mental illness in their cultures, cultural differences in beliefs regarding emotional problems and healing, language barriers, lack of familiarity with available services, and a low prioritizing of mental health concerns compared to other material needs (Barath, 2003; Brough et al., 2003; Butcher, Egli, Shiota, & Ben-Porath, 198; Fish & Popal, 2003; Kramer, 2005; Lipson & Onidian, 1992; see Lustig et al., 2004; Martin, 2004; see Masser, 1992; McBrien, 2005; Miller & Rasco, 2004; see Peterson et al., 1989; Pipher, 2002; Potocky-Tripodi, 2002; Rutter, 2001; Steel et al., 2005; van der Veer, 1998; Westermeyer & Williams, 1986; Wong, Marshall, Schell, Elliott, Hambarsoomians, Chun, & Berthold, 2006). The extent to which URM use Western mental health services, receive benefits from such services, and their beliefs about healing from mental health problems, are still largely unknown. Some early evidence suggests that URM who receive any type of mental health care show improvement in depressive and posttraumatic stress symptoms (Bean, Eurelings-Bontekoe, Mooijaart, & Spinhoven, 2007). There is evidence that URM are predominantly receiving mental health care after symptoms are identified by guardians or teachers, which suggests that many URM needing services may not be identified and referred. Studies have shown that teachers and guardians tend to refer youth for services primarily for externalizing problems and to underreport other kinds of mental health concerns, when compared to minors’ perspectives regarding their own symptoms and need for services (Bean et al., 2006; Bean, Eurelings-Bontekoe, Mooijaart, & Spinhoven, 2007; Sack et al., 1996).

Aside from the use of formal mental health services, a small number of studies have investigated the ways that refugees themselves cope with past trauma and current stressors. While coping strategies have been shown to vary across cultures (see Peterson et al., 1989, for review), several studies have found that emotion-focused strategies such as distraction and suppression are common among diverse groups of URMs prior to and following resettlement. Minors in these studies identified sleeping, staying busy, drinking, listening to music, talking with friends, and participation in sports or community events as coping methods that they used (Brough et al., 2003; Goodman, 2004; Halcon et al., 2004; Wallin & Ahlstrom, 2005). Many also indicated that they tried to avoid memories or talking about the past (Goodman, 2004; Wallin & Ahlstrom, 2005), although some also reported that remembering their survival of past struggles helped them cope with current stressors (Wallin & Ahlstrom, 2005). Finding solace in spiritual beliefs and prayer were also commonly identified strategies among URMs (Goodman, 2004; Halcon et al., 2004; Paardekooper, De Jong, & Hermanns, 1999; Wallin & Ahlstrom, 2005). Several authors have noted that while emotion-focused coping may be useful in unsafe situations in which refugees have little control, that strategies such as withdrawal and avoidance may hinder development and resource utilization if problem-focused strategies are not also used once refugees are in safer resettlement environments (Paardekooper et al., 1999; Webb, 2004b). Studies of coping strategies and depression among refugees have shown that those with present-, rather than past- or future-orientations, and those who attribute negative events to external, specific causes have lower levels of depression (Beiser, 1987; van der Veer, 1998).

## Identity

In addition to impacting mental health, traumatic and displacement experiences can also impact the development of one's identity – one of the key normative developmental tasks taking place in adolescence (Eisenbruch, 1988; Herman, 1997; Kovacev & Shute, 2004; Rutter, 2001; Silove, 1999; van der Veer, 1998). The development of identity involves establishing a sense of self, including one's beliefs, attitudes, and values in various domains. Individuals have, for example, ethnic and cultural identities, political identities, religious identities, gender identities, vocational identities, and interpersonal identities, and one of the primary developmental tasks of adolescence is establishing a relatively stable sense of self in each of these domains (Bromley, 1988; Erikson, 1968). Aspects of identities may change over the lifespan or in response to life experiences, but it has nonetheless been well-established that the initial development of identities typically occurs during adolescent years (Erikson, 1968; Kovacev & Shute, 2004).

Unaccompanied refugee minors, like all youth, face the normative adolescent process of identity formation, but they do so while facing uprooting, separation from family and their culture of origin, and resettlement within a new society with a new language, new values, and new roles (see Ben-Porath, 1987, for review; Bromley, 1988; Fong, 2004; Hardi, 2005; Marvit, 2003; McIntyre & Ventura, 2003; Pipher, 2002). As several authors have noted, URM's may experience significant challenges in establishing positive, stable identities while they are removed from their established socializing forces and rites of passage, and as they find themselves between two cultures – separated from one and not fully integrated into the other (Ahern et al., 1999; Baker, 1982; Ben-Porath,

1987; Bixler, 2005; Bromley, 1988; Derluyn & Broekaert, 2007; Eisenbruch, 1988; see Hunt et al., 2002, for review; Hyman et al., 2000; Kovacev & Shute, 2004; McBrien, 2005; Pipher, 2002; Rutter, 2001; van der Veer, 1998). URM face the difficult questions of whether to make attitudinal or behavioral changes in response to the new culture, and may experience conflicting pressures and desires to retain aspects of their culture of origin and to assimilate and gain acceptance into the new culture (Ager, 1999; Brough et al., 2003; Eisenbruch, 1991b; Kovacev & Shute, 2004). While little research has addressed this area with URMs, there is evidence that maintaining aspects of one's own culture while at minimum behaviorally acculturating to the new culture is associated with more positive outcomes than fully assimilating or staying separated from the new culture, or being alienated from both cultures (Berry, 1980; Berry, Kim, Minde, & Mok, 1987; Bromley, 1988; Cheung, 1995; see Dona & Berry, 1999, for review; Fong, 2004; see Kovacev & Shute, 2004, for review of studies; see McBrien, 2005, for review; Pipher, 2002; Westin, 1999). For some, this process may be complicated by the fact that they find that aspects of their identity place them in minority or undervalued social statuses for the first time (Harrell-Bond, 1999; Marvit, 2003; Pipher, 2002; Rutter, 2001; van der Veer, 1998). There is evidence that refugees' ability to acculturate and establish a positive bicultural identity is positively associated with male gender, younger age, greater similarity of one's culture of origin to the host culture, longer length of time in the host country, greater acceptance of diversity in the host culture, and less severe trauma history (Ager, 1999; Daly & Carpenter, 1985; see Dona & Berry, 1999; Haines, 1996; Kovacev & Shute, 2004; Montgomery, 1996; Nicassio, 1985; Trickett & Birman, 2005). While assimilation has previously been reported as evidence of positive adjustment by

cultures who favored this strategy, it has since been well-established that maintaining aspects of one's culture of origin plays a critical role in the development of a positive identity (Bala, 2005; Brough et al., 2003; Dona & Berry, 1999; Eisenbruch, 1988; see McBrien, 2005, for review; McIntyre & Ventura, 2003; Pipher, 2002; Rutter, 2001).

There is evidence that the refugee experience, including exposure to trauma, can impact individuals' developing or established sense of identity, including perceptions about the self and one's roles, as well as basic beliefs including sense of safety, sense of meaning, and beliefs about the goodness of humankind and justice (Barath, 2003; Bromley, 1988; Brough et al., 2003; DiNicola, 1996; see Ellis et al., 2008, for review; Fazel & Stein, 2002; Herman, 1997; see Masser, 1992, for review; Naparstek, 2004; Pynoos et al., 2007; Pynoos, Steinberg, & Wraith, 1995; Silove, 1999). Reactions to trauma are impacted by the developmental stage of an individual (Athey & Ahern, 1991; Eth & Pynoos, 1985a; Marvit, 2003; see Pynoos et al., 2007, for review), and minors may face particular challenges in developing healthy, positive identities given that they are exposed to war trauma at a time when their coping skills and perceptions of themselves and others are still forming (Adjukovic & Adjukovic, 1993; Ben-Porath, 1987; Jackson, 2006). Studies with refugees have found that their sense of safety and their own vulnerability, their ability to trust others, their hopes for the future and self-efficacy, and their beliefs about religion and spirituality may all be disrupted by war trauma and displacement experiences (Bolton, 2003; McFarlane & van der Kolk, 2007; see Pipher, 2002; Postero, 1992; Silove, 1999; van der Kolk & McFarlane, 2007; van der Veer, 1998; Webb, 2004a). Reestablishing these core aspects of one's sense of self and beliefs – safety, trust, hope, initiative, self-efficacy, and a sense of meaning – may therefore be

critical for positive identity development among URM's (Herman, 1997; Naparstek, 2004; Silove, 1999; van der Veer, 1998).

#### Personal Goals and Life Satisfaction

Very little research has investigated the future goals of URM's or their life satisfaction. One study of URM's in Sweden ten years following their resettlement found that improving language skills and furthering one's education were common goals among former URM's, who indicated that they wanted to gain these skills in order to improve their employment opportunities. Some URM's also hoped to save money in order to be able to visit family members abroad, although most planned to remain in the resettlement country long-term due to changes in their home country, a desire to continue the progress they had made in their lives in the host country, and beliefs that their children would have access to better education and opportunities in the resettlement country. A few URM's indicated that they hoped to be involved in rebuilding their home countries after completing their education and saving money. This study also found that some URM's were struggling to survive in their current situations and had very few goals or plans for the future (Wallin & Ahlstrom, 2005). Another study of refugee minors in Australia, however, found that most were very optimistic regarding their futures and felt confident that they would be able to create a positive future for themselves given the many hardships they had already overcome (Brough et al., 2003).

#### Social Functioning

Research on the individual functioning of refugees, and URM's in particular, has been far more extensive than investigations into aspects of their social functioning. The primary areas related to social adaptation that have been explored include social support,



language skills, peer relationships, family relationships, relationships with one's ethnic community and the host community, and the impact of discrimination on refugee adjustment. Only a few of these studies have specifically focused on URM populations, and even fewer have explored aspects of social functioning which are relevant only to URMs (in contrast to broader refugee populations), such as relationships within foster families. Much therefore remains to be discovered regarding the social functioning of URMs, including how they adapt to the custodial and fostering relationships established for them within URM programs.

The protective role of positive social support on the overall adjustment of refugee children and adolescents is paramount. Studies have consistently found that social support can decrease the impact of trauma and stressful life events on refugee children and adults (deVries, 2007; Hubbard & Pearson, 2004; see Kovacev & Shute, 2004, for review of studies; see Lustig et al., 2004, for review). A meta-analysis of 77 studies found that social support was a better predictor of posttraumatic stress than any characteristic of one's trauma experience (Brewin, Andrews, & Valentine, 2000). Social support has been shown to contribute to positive self-evaluation and self-worth (Kovacev & Shute, 2004) and feelings of belonging (Trickett & Birman, 2005). Studies have shown that refugee minors who have access to social support have more positive outcomes in multiple areas of functioning than those who are socially isolated or experiencing social problems (Almquist & Broberg, 1999; Goodman, 2004; Hubbard & Pearson, 2004; Kovacev & Shute, 2004; McFarlane & van der Kolk, 2007; McFarlane & Yehuda, 2007; Shisana & Celentano, 1987; Tran, 1987). Unfortunately, there is evidence that social isolation and disruptions in social support are common problems among

refugee youth, due to the combined factors of language barriers, cultural differences in social norms and customs, and mental health problems such as depression and anxiety (Ashabranner & Ashabranner, 1987; Ben-Porath, 1987; Fry, 1985; Kramer, 2005; Mollica et al., 1997; Rutter, 2001; Shisana & Celentano, 1987; UNHCR, 1994; van der Veer, 1998).

### Language Skills

The ability of URMs to function socially within the host culture depends in large part on their ability to communicate in the host language. Most URMs in the U.S. today come from non-English-speaking countries, and studies show that developing proficiency in a new language can take many years (estimates suggest that 1 to 3 years are needed to become proficient in conversational English for those with no prior education in English, and 5 to 7 years are required to develop fluency) (see Pipher, 2002, for review; Potocky-Tripodi, 2002). One's acquisition of language skills depends on age, prior education, opportunities for practice, motivation, trauma (which can hinder one's learning), and level of literacy in one's native language – all of which vary widely in URM populations (see McBrien, 2005, for review; Potocky-Tripodi, 2002; Rutter, 2001). Multiple studies with URMs and other refugee populations have found that language barriers and lack of proficiency in English were identified by minors as one of the greatest challenges they faced, even among those who had been in the host country for several years (Daly & Carpenter, 1985; Hickey, 2005; Oikonomidou, 2007; see Peterson & Deinard, 1989, for review). Lack of proficiency in English among refugee youth is associated with academic problems (Oikonomidou, 2007), depression and other mental health problems (Halcon et al., 2004; see McBrien, 2005, for review; Nicassio, Solomon, Guest, &

McCullough, 1986; Sack et al., 1996; Steel et al., 2002), and social isolation (Bemak & Greenberg, 1994; see McBrien, 2005, for review). Language barriers may also increase the likelihood that refugees are misdiagnosed with learning disorders or mental health problems (Pipher, 2002). Several studies have shown that adolescent refugees may face unique language challenges, as their mastery of academic English may still be insufficient for effective communication with U.S. peers, whose speech has been shown to include frequent use of local slang (Bates et al., 2005; see McBrien, 2005, for review of studies). In a study of URMs ten years following their resettlement in Sweden, former URMs reported that their acquisition of greater language skills had been critical in improving their overall quality of life (Wallin & Ahlstrom, 2005). Studies have shown that URMs with better English language skills have more positive adaptation at school, better integration into the host society (Nicassio, 1983; Nicassio & Pate, 1983; Oikonomidou, 2007), fewer experiences of harassment, higher employment and educational status and goals, improved self-esteem, and a greater sense of well-being (see McBrien, 2005, for review; Potocky-Tripodi, 2002; Taylor & Barton, 1994).

In addition to acquiring the language of the host country, it has also been shown that maintaining one's native language is associated with more positive outcomes among refugees. Language is an important aspect of culture, and one way that identities are expressed is through language. For URMs who are separated from their family members, home, and culture, the ability to maintain one's native language is a means of retaining connections to one's cultural heritage, identity, and community (Potocky-Tripodi, 2002). URMS in the United States, because of their unaccompanied status and their typical placement into foster care environments where only English is spoken, may be at

particular risk for having few opportunities to speak their native language and to maintain strong connections to this aspect of their culture and identities. There is also evidence that strong language skills in one's native language facilitate the development of skills in a new language, and therefore URMs with lower levels of education and literacy in their home country may face even greater challenges than other minors in acquiring skills in English (see Rutter, 2001, for review).

### Peer Relationships

It is well-documented that peer relationships become increasingly important in adolescence, and that the quality of peer relationships is associated with adolescent functioning as well as later adjustment in adulthood. Among refugees who resettle as children or adolescents, and particularly unaccompanied minors, their entire peer social networks are typically disrupted and must be entirely rebuilt. Studies have demonstrated that refugee adolescents tend to place a higher degree of importance on peer relationships than accompanied or younger children (Marvit, 2003; Pipher, 2002), although there is also evidence that they are likely to have fewer friendships than those who migrate as young children or adults (Kovacev & Shute, 2004; Myers, 1999).

Peer relationships can have positive or negative influences on refugee minors' adjustment (Bates et al., 2005; Pipher, 2002). Several studies of refugee children, including one with URMs, found that peer relationships were among the best predictors of children's adjustment (Almquist & Broberg, 1999; Goodman, 2004; Kovacev & Shute, 2004). In other studies, Sudanese and Somali URMs have identified relationships with peers from their home country as one of their primary sources of support and contributors to their overall well-being. As the researchers in these studies note, these relationships

may be particularly important for URMs who endured extreme hardship together and who had no family to rely on but one another, as in the case of many Lost Boys of Sudan (Goodman, 2004; Rousseau et al., 1998; Stow Bolea, 2003). Refugee youth, including URMs, have been shown to have peer social networks that consist primarily of minors from their home countries, with smaller numbers of friends from countries other than the host country, and the fewest number of friendships with peers from the host culture (Bates et al., 2005; Trickett & Birman, 2005; Yau, 1995). Studies have found that friendships with peers from the host country tend to increase with years following resettlement (Bates et al., 2005), although one study with former URMs ten years after resettlement found that the vast majority of their peer contacts continued to be with friends from the same ethnic group (Wallin & Ahlstrom, 2005). Studies of negative peer interactions among refugee minors have shown that harassment, teasing, and bullying are associated with low self-worth and negative outcomes (Almquist & Broberg, 1999; Bates et al., 2005), and that contact with negative peer groups is associated with increased problem behaviors and gang activity (see Hunt et al., 2002, for review; Marvit, 2003).

#### Family Relationships

Traumatic experiences can impact refugee children's attachment to parents and caregivers, and can increase separation anxiety, dependency, and withdrawal, and hinder the ability to form new bonds (Estrada, 1988; Herman, 1997; see Masser, 1992, for review; Nader, 2004; Pynoos et al., 2007; Ressler et al., 1988; Santa-Maria, 2007; Silove, 1999; Tazi, 2004; van der Veer, 1998; Webb, 2004a). Most URMs have experienced a series of interrupted attachments, with parents, immediate family, and extended family members (with whom minors from more communal cultures are likely to have close

bonds) being lost during the course of displacement and resettlement. Studies have shown that family support is the single strongest influence in the lives of many refugees, and it is this that most URMs lack, as studies have shown that most URMs have no family members in the resettlement country (Ben-Porath, 1987; Geltman et al., 2005; Sourander, 1998). Families provide resources, emotional and material support, and a sense of meaning and purpose, and they may be heavily relied upon for everyday decision-making, particularly in cultures in which elders are held in high esteem (see Eisenbruch, 1988, for review of studies; Haines, 1996; Hickey, 2005; Pipher, 2002). The loss of family is associated with a wide range of negative academic, cognitive, and psychosocial outcomes among refugee minors (Diehl et al., 1993; Rousseau, Drapeau, & Corin, 1996). Minors whose family members have died may never have the opportunity to grieve or participate in cultural mourning rituals due to ongoing dangers or the physical absence of a loved one's body (Edelman, Kersner, Kordon, & Lagos, 2003), and for minors whose separated parents or family members are living, ongoing worries about their well-being is often a chronic concern (Brough et al., 2003; Daly & Carpenter, 1985; Goodman, 2004; Schweitzer et al., 2006; Sourander, 1998; see van der Veer, 1998, for review). Several studies have shown that current family distress and poor functioning are associated with negative outcomes among refugee minors (see Lustig et al., 2004, for review; UNHCR, 1994), although one series of studies found evidence that *past* family trauma is associated with more positive functioning in refugee youth, possibly resulting from increased pressure to succeed given the hardships that one's family has survived (Rousseau et al., 1999; Rousseau et al., 2003).

Refugee minors who do have family members in the resettlement country may experience increased family conflict due to changes in roles in the new culture and the fact that younger children often adapt faster than older family members (Ben-Porath, 1987; Hickey, 2005; Hyman et al., 2000; Marvit, 2003; see McBrien, 2005, for review; Pipher, 2002; UNHCR, 1994). Older refugee minors may assume responsibility for the care of younger children in the absence of adults (Hickey, 2005) or may be providing financial or other support to family members still in their home countries (Pipher, 2002). A study of URMs ten years following their resettlement found that most URMs had not seen any of their family members since their arrival in the host country, although this and other studies have discovered that most URMs retain the hope of reunification with their surviving family members, and that an eventual return to one's country of origin or relocating one's family to the resettlement country is a common goal among URMs (Ashabranner & Ashabranner, 1987; Baker, 1982; Martin, 2004; Wallin & Ahlstrom, 2005).

#### Foster Family Relationships

URMs are not eligible for adoption in the United States, and the local resettlement agency in which they are placed becomes their legal custodian and is responsible for providing them with housing and care until they reach the age of adulthood (Baker, 1982; Lutheran Immigration and Refugee Services, 2009). Prior to URMs' arrival in the country, agencies face the difficult task of selecting an appropriate foster home for them, typically with minimal information such as the minor's name, sex, age, and country of origin (any or all of which may be incorrect) and within the limitations of currently available foster homes. When URMs arrive in the U.S. for the first time, they are often

met at the airport by a social worker and immediately placed in a foster home. This is typically the first time that they are given any information regarding what their living situation will be, and they usually have no idea what their rights or responsibilities are, or even what an American foster home is (Baker, 1982; Shen Ryan, 1997).

Adjusting to foster homes or other placements presents a number of challenges for URMs. Typically having no prior experience with formal foster care systems, URMs may be unsure of foster parents' motivation for bringing them into their home, and URMs and foster parents may have very different expectations regarding the roles that they will have in relation to one another (Baker, 1982; Shen Ryan, 1997). A study of Sudanese URMs in foster care found, for example, that URMs and foster parents had different expectations regarding the relationship, with foster parents hoping for a more long-term, family relationship from the onset while URMs had a wide range of expectations regarding the relationship, often expressing gratitude for foster parents' assistance but not necessarily considering themselves members of the new family (Bates et al., 2005). URMs have been shown to experience a range of emotions following resettlement, including positive feelings regarding the new environment and opportunities, while also grieving losses and experiencing the many challenges of acculturation. Foster parents may misunderstand or be unaware of the challenges that URMs experience, and may misinterpret signs of sadness or stress as dissatisfaction with the foster home (Adler, 1985; Ashabranner & Ashabranner, 1987).

URMs have been shown to have better adjustment to foster homes when foster parents understand what URMs have experienced, show an interest in URMs' culture of origin and provide opportunities for minors to maintain connections to it, are flexible and



supportive of URMs' own goals and priorities, and when roles and expectations in the home are clearly understood and agreed upon (Ashabranner & Ashabranner, 1987; Bates et al., 2005; Mortland & Egan, 1987). Poorer adjustment to foster homes is more likely when URMs have attachment problems or loyalty conflicts, are unmotivated to develop close relationships with foster families (Baker, 1982; Bates et al., 2005), when foster parents are unable or unwilling to regularly spend time with the URM (Stow Bolea et al., 2003), and when there are cultural differences in URM and foster parents' expectations regarding communication styles and the responsibilities of adults and adolescents in the home (Ashabranner & Ashabranner, 1987; Hickey, 2005; Shen Ryan, 1997). Cultural differences in gender role expectations, the use of eye contact and nonverbal signs of respect, and misunderstandings regarding discipline have been identified as common sources of conflict between foster parents and URMs (Bates et al., 2005; Hickey, 2005). A study of Sudanese URMs found differences in perceptions of the causes of conflicts in homes between URMs and foster parents, as well as between American and Sudanese case workers, with all parties attributing the source of the conflict to the behavior or expectations of the person from the other culture. In spite of this, the study also found that most conflicts in the home were easily resolved with explanations regarding the cultural difference underlying the conflict or misunderstanding (Bates et al., 2005).

Some URMs are placed in independent or semi-independent living arrangements, or in group homes or residential centers, rather than in foster homes. Studies have shown that URMs in group homes tend to have more opportunities for learning skills for independence, although they may have fewer opportunities to develop close relationships with caregivers (Ashabranner & Ashabranner, 1987). Studies have produced mixed

results regarding the outcomes associated with different types of placements, with some studies finding that URMs in foster homes have more positive psychosocial outcomes than those in group homes (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Geltman et al., 2005) and others finding that URMs in foster homes have higher levels of alienation than those living more independently (Benjamin, Van, & Benjamin, 1983). The presence of ethnically-similar others in the home has been shown to have a positive association with URM functioning, as studies have shown that URMs in group care with other minors from their home country or in foster homes with ethnically-similar foster families had more positive outcomes than those in Caucasian homes or group homes in which no other minors from their country were present (Eisenbruch, 1991a; Porte & Torney-Purta, 1987).

Aside from the studies reviewed above, very little is known about the factors that promote or hinder positive relationships within foster families. No studies have assessed the degree to which URMs are comfortable sharing aspects of their culture with foster families, for example, and little is known about the reasons that foster placements of URMs ultimately succeed or fail, or how multiple placements impact URMs' adjustment. Future research in these areas is needed to assist URM programs in providing the best possible care for URMs, as research has shown that a critical mediating variable for minors who lose parents through separation or death is the quality of care they receive following the loss (see Fazel & Stein, 2002, for review).

#### Relationships with Ethnic and Host Communities

URMs do not only lose family members and friends during their displacement and resettlement; they lose their entire communities, which may be particularly challenging

for minors from cultures in which close, supportive relationships are commonly formed well beyond the immediate family (Martin, 2004; UNHCR, 1994). URM's experience the loss of role models, neighbors, teachers, and all supportive adults in their communities, and therefore the relationships that URM's develop within ethnic and host communities in the resettlement country are critical for rebuilding nurturing social networks in which minors can grow (Woldemikael, 1996). The presence of a supportive ethnic community has been linked to a number of positive outcomes among URM's, including the maintenance of a positive cultural identity, higher self-esteem, decreased isolation, and access to cultural practices for healing (Baker, 1982; Bala, 2005; Bromley, 1988; Brough et al., 2003; Eisenbruch, 1988; Eisenbruch, 1991; Hjern & Jeppsson, 2005; Pipher, 2002; Tran, 1987). Studies have shown that being a part of a larger migration group is associated with greater social support, as ethnically-similar others are more likely to be present in the resettlement community, and that those who have few others from their culture in the new environment are more likely to be isolated or report feelings of alienation (Yau, 1995). Studies of Sudanese URM's in the U.S. and Australia have found that over 90% reported having contact with other Sudanese people in their communities and receiving positive support from these relationships (Geltman et al., 2005; Schweitzer et al., 2006).

In addition to supportive relationships with one's ethnic community, URM's also benefit from positive connections to the host culture. Feeling accepted by the host community and having positive relationships within that community are associated with higher educational attainment and aspirations, more rapid adjustment to the new culture, and better mental health outcomes (Ekblad, Belkic, & Eriksson, 1996; Goza, 1990; see

McBrien, 2005, for review; Pipher, 2002; Potocky-Tripodi, 2002; Silove, 2004; Watters, 1998). Unfortunately, several studies have found that refugee minors commonly report having few relationships with members of the host culture and feeling unaccepted or alienated from the host population (Bates et al., 2005; Roysircar, 2004; Trickett & Birman, 2005; Wallin & Ahlstrom, 2005; Yau, 1995), although one study of Vietnamese URMs in foster care found that minors' perceptions of acceptance by Americans increased with length of time in the host country following resettlement (Daly & Carpenter, 1985).

### Discrimination

The social climate of the host environment can exacerbate or ameliorate adjustment challenges for refugees, depending on the level of acceptance and social support it offers. When refugees are well-received into host communities and given access to adequate opportunities and support, they tend to fare quite well and to make positive contributions to their communities. In environments in which they are marginalized and denied access to resources or opportunities, or experience racism, hostility, or discrimination, they tend to function more poorly (Ahern et al., 1999; Ben-Porath, 1987; Hardi, 2005; Pipher, 2002; Potocky-Tripodi, 2002; Rutter, 2001; Silove, 2004; Silove & Ekblad, 2002; van der Veer, 1998). Refugees' functioning and adaptation is impacted by world politics, social and cultural trends, stereotypes, and the current state of public opinion regarding immigration in the host society (Ager, 1999). Refugees have faced different receptions in the U.S. in different historical climates, with periods of heightened negative sentiment toward newcomers in times of economic decline or high unemployment (McMaster, 2001), after a period of increased immigration (Fong, 2004;

Simon, 1996), or after major events such as the terrorist attacks of September 11 (see McBrien, 2005, for review). Refugees from different parts of the world are received differently depending on U.S. relations with their country of origin, with those from countries or groups who have historical or current conflicts with the U.S. experiencing greater levels of discrimination (as in the case of today's refugees from the Middle East and Moslems) and those who are perceived as political allies being more accepted (Bixler, 2005; Marvit, 2003; see McBrien, 2005, for review; McMaster, 2001; Oikonomidou, 2007). There is evidence, for example, that Christians, those from more developed nations, and those fleeing Communist countries have experienced greater levels of acceptance and less discrimination than other groups (Conway & Stafford, 1996; Geltman et al., 2005; see McBrien, 2005, for review; Potocky, 1996; Woldemikael, 1996). Racism also impacts public acceptance of refugees, as studies have shown that those who are darker-skinned or more closely associated with African Americans (e.g., Haitians and many African groups) experience more discrimination and barriers integrating into the host society (Conway & Stafford, 1996; Geltman et al., 2005; McMaster, 2001; Pipher, 2002).

Studies of refugee minors in the U.S. and Canada have found that the vast majority of minors have experienced at least one instance of discrimination, racism, or harassment at school or in their communities (Bates et al., 2005; Davies, 2008; Geltman et al., 2005; Hyman et al., 2000; Phan, 2003; Yau, 1995). Experiences of racism and discrimination among refugee youth have been linked to poor mental health outcomes, decreased self-esteem, motivation, and academic performance, and may negatively impact healthy identity development and connection to one's cultural identity (Ahern et

al., 1999; Ellis et al., 2008; see McBrien, 2005, for review; Pipher, 2002). Refugees who are entering a devalued minority position for the first time upon resettlement may be particularly impacted and unprepared to cope with racism or discrimination (Marvit, 2003; Woldemikael, 1996). There is also evidence that negative stereotypes and discrimination in the host culture may hinder refugees' ability to develop positive relationships in the new culture by causing conflicts and competition between refugees and ethnic minorities in the U.S (Conway & Stafford, 1996).

### Community Functioning

The primary aspects of URMs' functioning within their communities that have been explored in the academic literature have been their educational status and outcomes. Minors' educational status, performance, and goals are key elements of their current participation in their communities as well as critical preparation for the future roles they will assume as community members. Other important components of URMs' community functioning include participation in community activities and employment status and goals, though very little research to date has explored URMs' functioning in these areas.

### Educational Functioning

Research with refugee youth has shown that most refugee children experience disruptions in their education prior to, during, or after their flight (Brough et al., 2003; Davies, 2008; Martin, 2004; van der Veer, 1998). URMs also vary widely in their educational histories prior to displacement, and may have little or no formal education in their home countries (particularly among girls), school experience that is quite different from the U.S. educational system, or they may have significant education but no documentation of their attainment (Baines, 2004; Hickey, 2005; Martin, 2004; McBrien,

2005; Rutter, 2001; Sack et al., 1986; Yau, 1995). URM's from all backgrounds face the challenging process of trying to integrate into U.S. schools immediately upon their arrival, as they, social workers, and schools attempt to translate their past education into U.S. equivalencies and to find an educational placement that best meets their needs (Ashabranner & Ashabranner, 1987; Bates et al., 2005; Yau, 1995). There is evidence that language barriers, stereotypes, and differences in educational systems may contribute to refugee minors being disproportionately placed in non-college-preparatory tracks or vocational programs regardless of their capabilities in academic content areas. This, along with the separation of English as a Second Language (ESL) classes from mainstream classes, may place URM's in educational environments where they are not able to interact with the host population or are not able to take courses aimed at preparing them for their desired futures (see McBrien, 2005, for review; Mosselonn, 2007; Ranard, 1989).

Refugees with higher levels of educational attainment in their home countries have been found to have better adaptation and performance in host country schools (Bosher & Rowekamp, 1998; Lavik, Hauff, Skrondal, & Solberg, 1996; Rutter, 2001). On the other hand, however, there is evidence that those who arrive in the host country at younger ages and therefore have more time to adjust to the new school system and to "catch up" in content areas have better outcomes than those who arrive in later adolescence and may be limited in the amount of public education they can access due to maximum ages in many schools (see Bosher & Rowekamp, 1998, for review; Martin, 2004; Masser, 1992; Pipher, 2002; Rumbaut & Ima, 1987; Yau, 1995). Studies have produced mixed results regarding the impact of length of stay in the host country, with

some finding that longer residence is positively associated with better school performance and GPA, while others have found negative associations between these variables (Bosher & Rowekamp, 1998; Lese & Robbins, 1994; Rousseau & Drapeau, 2000; Trickett & Birman, 2005). Studies of the impact of mental health and pre-migration experiences on school performance have also produced mixed results, with some finding that past trauma and family separation are risk factors for poor academic outcomes (Deihl et al., 1993; Fox et al., 1994; McIntyre & Ventura, 2003; see Santa-Maria, 2007, for review; Yau, 1995) and others finding that past family trauma may be a protective factor, associated with better scholastic performance, for some minors (see Rousseau & Drapeau, 2000).

Supportive educational environments and a return to school can help refugee children and trauma survivors heal. School provides social contacts, routines, and a sense of purpose (Fazel & Stein, 2002; see McBrien, 2005, for review; Pipher, 2002; Rutter, 2001; Webb, 2004a). In a study of adolescent refugees from Sierra Leone in New York, minors identified school as the most significant influence on their adaptation to the U.S., indicating that support from teachers and classmates contributed greatly to their sense of belonging in the new culture (Davies, 2008). There is evidence that teachers may be unaware of the presence of refugee children in their classrooms or their unique histories, as several studies have found that teachers tended to view refugees and immigrant children as the same group and were either unaware of refugee children's individual backgrounds or tended to categorize them generally as a highly traumatized group (Davies, 2008; Yau, 1995). Teachers have been found to offer greater support to refugee minors when they are aware of refugee students' histories (see McBrien, 2005, for



review). Several authors have noted that refugees may use academic success as a way to divert adult attention from areas in which they are not functioning well, such as mental health or resettlement difficulties, and that minors within groups who are performing well overall may be at risk of having their academic challenges go unnoticed (McBrien, 2005; Mosselson, 2007; Ranard, 1989).

Multiple studies have found that education is one of the highest priorities of many URMs, who often view education as an investment that will remain with them regardless of insecurity or changes in their environments, and a means to better employment opportunities and more secure futures. Some minors also strive to attain education and skills in the host country which they hope to eventually use to help rebuild and restore their home communities (Bixler, 2005; Goodman, 2004; Hickey, 2005; Mosselson, 2007; Phan, 2003). In several studies, URMs have reported a range of challenges in adapting to their school environments – including language barriers, differences in school structure and expectations of teachers and students, having to advocate for themselves to avoid placement in remedial tracks, mental health and adjustment problems, and negative attention or social isolation – although many students reported being highly motivated to overcome these challenges and succeed in school (Bates et al., 2005; Fong, 2004; Hickey, 2005; Hyman et al., 2000; see McBrien, 2005, for review; Mosselson, 2007; Rousseau et al., 1996; Yau, 1995). There is evidence that some older students who have responsibilities for the care of younger children or providing support to family in their home country may struggle with motivation to stay in school, as priorities for working and earning money may take precedence (Davies, 2008; Rumbaut & Ima, 1987).

Very little research has been conducted on the academic performance and goals of URMs, and existing studies of refugee youth have produced mixed results (Marvit, 2003; Rumbaut & Ima, 1987; Yau, 1995). One study of URMs in New York found that 50% of minors were in the process of attaining or had completed undergraduate degrees (Shen Ryan, 1997), and several studies with both unaccompanied and accompanied minors have indicated that most had high educational goals and felt confident in their ability to succeed academically in spite of the challenges that they faced (Bates et al., 2005; Davies, 2008). Other studies, however, have found higher drop-out rates and school suspensions among some refugee groups, fewer aspirations to attend college, and fewer plans for their educational or vocational futures (Rumbaut & Ima, 1987; Yau, 1995). Discrimination from teachers and peers, lack of social support, and delinquency are associated with poor educational performance and attainment (McBrien, 2005; Rumbaut & Ima, 1987), while strong cultural values regarding education, acceptance from the host community, high self-esteem and self-efficacy, access to ESL services, and social and teacher support have been found to correlate with higher levels of achievement (Goza, 1990; McBrien, 2005; Mosselson, 2007; Rumbaut & Ima, 1987; Sack et al., 1986).

#### Involvement in Community Activities

While research, reviewed above, has identified the importance of maintaining relationships with one's ethnic and host communities, far less is known about the types of community activities that URMs engage in and how these activities impact their functioning. Studies among refugees and trauma survivors have demonstrated that involvement in altruistic activities can aid in recovery from trauma and is associated with resiliency (Mollica, 2006). Studies of URMs have not explored altruism, specifically,

and have assessed other areas of community participation. One study found, for example, that regular church attendance was reported as a positive community activity by more than 60% of Sudanese URMs. The study also found that Sudanese URM boys in foster care reported positive experiences of participating in organized sports, while URM girls reported more mixed outcomes with extracurricular activities, with some indicating that they received positive recognition and support while others reported experiencing teasing from peers regarding their different skills or body types (Bates et al., 2005). More research is needed to assess URMs' involvement in community activities, including altruism, political or social groups, efforts to support one's home community, and other youth activities, and to investigate the impact of such participation on URMs' functioning.

### Employment

Studies with adult refugees have discovered that access to employment opportunities are a common challenge they face, due to language barriers, lack of awareness of career options, insufficient education or training, discrimination, or because their skills may be inapplicable in the resettlement country's job market (Marvit, 2003; see Miller & Rasco, 2004, for review of studies; van der Veer, 1998). Unemployment, underemployment in low-wage, unskilled jobs, and the related decline in social status have all been shown to relate to an increase in mental health and adjustment problems among refugees, while participation in meaningful, productive work activities has been linked with positive mental health outcomes (Ager, 1999; Ben-Porath, 1987; Martin, 2004; see Miller & Rasco, 2004, for review of studies; Mollica et al., 2002; Schweitzer et al., 2006; Silove & Ekblad, 2002; Steel et al., 2002; van der Veer, 1998; Wallin &

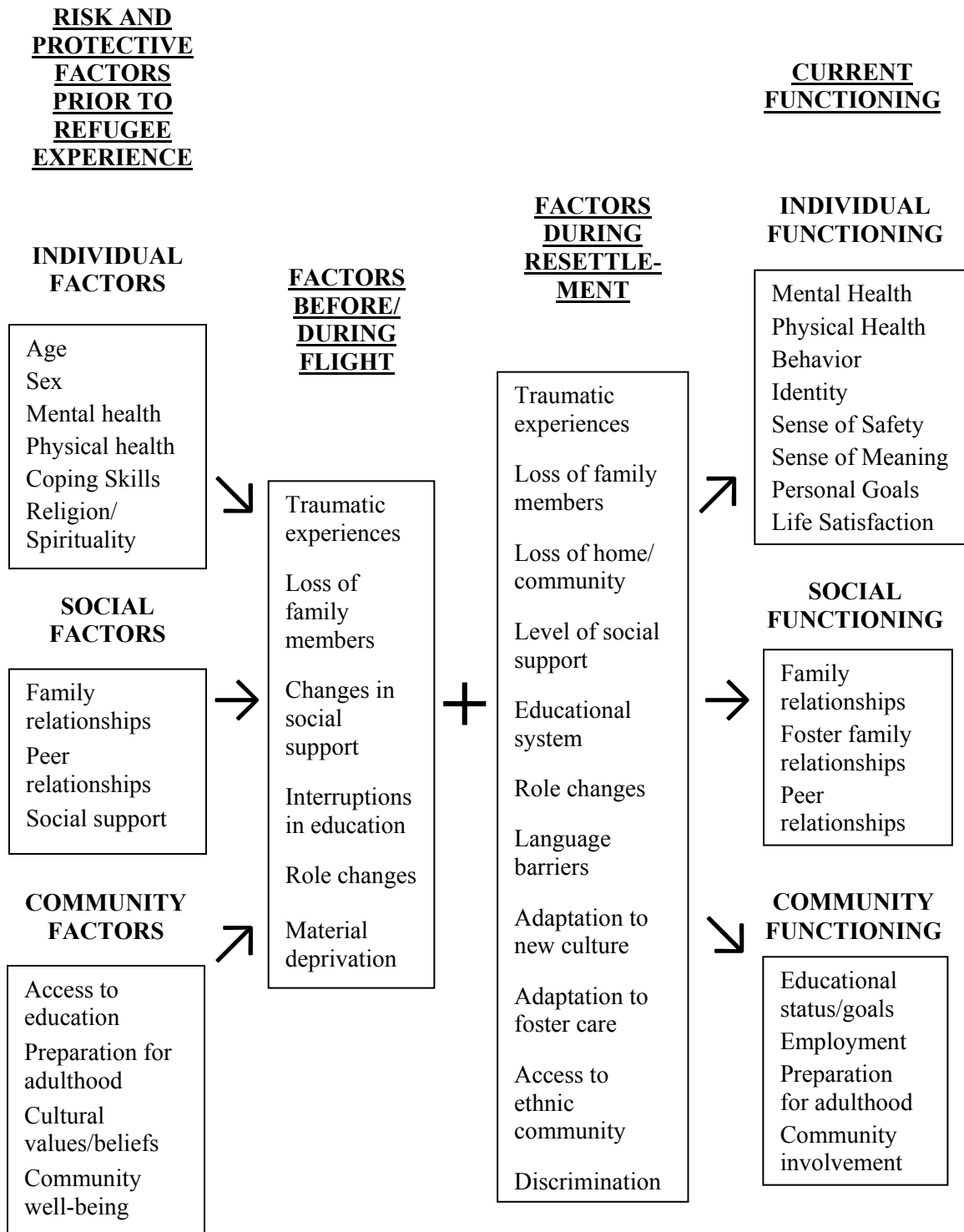
Ahlstrom, 2005; Yakushko, 2008). No studies to date have specifically addressed the employment status of refugee minors, and therefore the degree to which they also experience similar challenges in entering the job market is unknown. One longitudinal study that followed URMs for a decade following resettlement found that employment challenges were negatively related to an overall sense of well-being (Wallin & Ahlstrom, 2005). The employment experiences, challenges, and goals of URMs are areas that still remain to be explored in future research.

#### Summary of Risk and Protective Factors: Conceptual Model

The individual, social, and community functioning of unaccompanied refugee minors are impacted by a wide variety of risk and protective factors. These risk and protective factors include characteristics of the individual, social, and community environments prior to a refugee's war and displacement experiences, factors during persecution and flight, as well as aspects of the resettlement environment. Risk and protective factors help to explain individual differences in functioning in response to traumatic experiences and displacement (van der Veer, 1998). The current study proposed a conceptual model of the relationship between these factors and unaccompanied refugee minors' current functioning in several domains, as shown in Figure 1. The three leftmost columns summarize the findings of prior studies, reviewed above, which identified risk and protective factors at various stages of the refugee experience that may influence refugees' later functioning. The leftmost column includes influential individual, social, and community factors that preceded the refugee experience, while the second column from the left identifies aspects of the pre-flight and flight experiences that are positively or negatively associated with later functioning. The

third column from the left includes risk and protective factors in resettlement, and the rightmost column includes various aspects of refugees' current individual, social, and community functioning that may be influenced by factors in the preceding three columns (pre-war, flight and displacement, and resettlement experiences). Factors in this model are based on previous research with URMs as well as studies of broader populations of refugees. There is a need for more research that explores the applicability of many of these factors to URMs, and one aim of the current study was to discover, through an inductive approach, former URMs' own perspectives on their lives in resettlement, including salient influences, experiences, and outcomes. Specifically, the current study sought to explore the two rightmost columns in the conceptual model, including the risk and protective factors that former URMs deem most influential in resettlement (the third column from the left in the model), as well as developing a more comprehensive understanding of their post-resettlement functioning in multiple life domains (the rightmost column in the model).

Figure II.1 Proposed Conceptual Model



Individual factors which have been found to be associated with higher risk for poor outcomes among refugees include: female gender (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Derluyn & Broekaert, 2007; Derluyn et al., 2008; McIntyre & Ventura, 2003; Spinhoven et al., 2006), older age (among adults and unaccompanied minors on multiple outcome measures, although there is evidence that younger age may be a risk factor for behavior problems) (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Chi-Ying Chung & Bemak, 2002; Derluyn & Broekaert, 2007; Haines, 1996; Hodes et al., 2008; Nicassio, 1985; Nicassio & Pate, 1984; Sourander, 1998; Spinhoven et al., 2006), having a history of trauma or mental health problems (Ager, 1999; Brough et al., 2003; Masser, 1992; McIntyre & Ventura, 2003; Miller & Rasco, 2004; Nicassio, 1985), exposure to severe or chronic traumas (Ahern et al., 1999; Adjukovic & Adjukovic, 1993; Derluyn & Broekaert, 2007; Fazel & Stein, 2002; Rutter, 2001; Schweitzer et al., 2006; Webb, 2004b), and responsibility for the care of family members when one's resources are limited (Mollica et al., 2002).

Key individual protective factors that have been outlined in the literature include religiosity or spirituality (Ager, 1999; Fong, 2004; Goodman, 2004; Haines, 1996; Jeppsson & Hjern, 2005; McFarlane & van der Kolk, 2007; McIntyre & Ventura, 2003; Mollica et al., 2002; Roysircar, 2004; Stow Bolea et al., 2003; Webb, 2004a), ability to find meaning in one's experiences (Goodman, 2004; Marvit, 2003; McFarlane & van der Kolk, 2007; Miller & Rasco, 2004; Silove, 1999; van der Veer, 1998), optimism, self-efficacy, self-esteem, and positive coping skills (Adjukovic & Adjukovic, 1993; Beiser, 1987; Fazel & Stein, 2002; Martin, 2004; Masser, 1992; Miller & Rasco, 2004; Pipher, 2002; Potocky-Tripodi, 2002; van der Veer, 1998), retention of one's cultural values (de

Vries, 2007; Fong, 2004; Haines, 1996; McIntyre & Ventura, 2003; Rousseau et al., 1998; Rutter, 2001), physical health (Mollica et al., 2001; Rutter, 2001), and feeling safe in one's environment (Brough et al., 2003; Goodman, 2004; Herman, 1992; Mollica, 2006; Silove, 1999; UNHCR, 1994). There is also evidence that aspects of refugees' cultures of origin may hinder or facilitate the development of relationships or help-seeking behavior in resettlement, based on differences in customs, values, and beliefs about recovery from trauma (Haines, 1996; Marvit, 2003; Rousseau et al., 1998; Rutter, 2001; van der Veer, 1998; Webb, 2004a), and having a greater level of similarity between one's culture of origin and the host culture is associated with more positive outcomes (Geltman et al., 2005; Haines, 1996; Martin, 2004; McBrien, 2005; Nicassio, 1985). There is also some evidence that minors whose families have survived traumatic events may have increased resilience and higher functioning (Rousseau et al., 1999; Rousseau et al., 2003).

Risk factors in the social environment have been identified as separation from family, the death or detention of family members or ongoing risks to their well-being (Adjukovic & Adjukovic, 1993; Ahern et al., 1999; Almquist & Broberg, 1999; Bek-Peterson & Montgomery, 2006; Ben-Porath, 1987; Diehl et al., 1993; Fazel & Stein, 2002; Felsman et al., 1990; Fox et al., 1994; Freud & Burlington, 1943; Hodes et al., 2008; Jackson, 2006; Kinzie et al., 1986; Kinzie et al., 1989; Lustig et al., 2004; McIntyre & Ventura, 2003; Miller & Rasco, 2004; Mollica et al., 2002; Nader, 2004; Nicassio, 1985; Porte & Torney-Purta, 1987; Pynoos et al., 2007; Sack et al., 1986; Santa-Maria, 2007; Schweitzer et al., 2006; Silove, 1999; Sourander, 1998; Suarez-Orozco, Todorova, & Louie, 2002; Tousignant et al., 1999; UNHCR, 1994; Webb, 2004a), inconsistent



caregiving (Fazel & Stein, 2002; Rutter, 2001), loss of roles or social status (Fong, 2004; Silove, 1999; UNHCR, 1994), bullying, racism, and discrimination (Bates et al., 2005; Ellis et al., 2008; Fong, 2004; Geltman et al., 2005; Phan, 2003; Rutter, 2001), social isolation (Fry, 1985; Kramer, 2005; Rutter, 2001), and language barriers (Daly & Carpenter, 1985; Hickey, 2005; McBrien, 2005; Oikonomidou, 2007; Peterson & Deinard, 1989; Sack et al., 1996; Steel et al., 2002).

Protective factors in the social environment include the availability of at least one caring adult (German, 2004; Rutter, 2001; van der Veer, 1998), social support (Adjukovic & Adjukovic, 1993; Fazel & Stein, 2002; Fox et al., 1994; Herman, 1997; Hodes et al., 2008; Jeppsson & Hjern, 2005; McFarlane & van der Kolk, 2007; McFarlane & Yehuda, 2007; Miller & Rasco, 2004; Rousseau et al., 1998; Rutter, 2001; Shisana & Celentano, 1987; Wallin & Ahlstrom, 2005; Webb, 2004a), connection to one's ethnic community, access to indigenous forms of healing, and being a part of a larger migration group (Bromley, 1988; Brough et al., 2003; de Vries, 2007; Fong, 2004; Marvit, 2003; Masser, 1992; Rutter, 2001; Schweitzer et al., 2006), positive relationships within the host community (Ekblad, Belkic, & Eriksson, 1996; Goza, 1990; Potocky-Tripodi, 2002; Silove, 2004; Watters, 1998), living with ethnically-similar others (Adler, 1985; Eisenbruch, 1991b; Porte & Torney-Purta, 1987), and positive peer support (Almquist & Broberg, 1999; Goodman, 2004; Kovacev & Shute, 2004).

Several community-level risk factors have been identified, including negative public opinion and lack of acceptance in the host culture (Haines, 1996), unstable political or economic environments, (Ager, 1999; Fazel & Stein, 2002; Haines, 1996; Rutter, 2001; Silove, 1999), and having academic problems or interruptions in education

(Nicassio & Pate, 1984; Rutter, 2001). Protective factors in the community have been identified as: policies that promote access to resources and support for newcomers (Hunt et al., 2002), supportive school environments (Jeppsson & Hjern, 2005; van der Veer, 1998), longer residence in the resettlement community (Becker, Weine, Vojvoda, & McGlashan, 1999; Brough et al., 2003; Derluyn & Broekaert, 2007; Fazel & Stein, 2002; Hjern & Jeppsson, 2005; Nicassio & Pate, 1984; Schweitzer et al., 2006), and having the ability to engage in meaningful work, leisure, or community activities (Martin, 2004; Mollica et al., 2002; Rutter, 2001; Schweitzer et al., 2006; Silove & Ekblad, 2002; Steel et al., 2002; van der Veer, 1998; Wallin & Ahlstrom, 2005).

Unaccompanied refugee minors are survivors. Evidence that URM's are exposed to severe hardship and a multitude of challenges to their individual, social, and community functioning at multiple stages of the refugee experience abounds in the literature. Investigating the many challenges and risk factors that they face is critical to developing a deeper understanding of the impact that life-threatening events, separation, displacement, and resettlement have on the lives of children and youth from around the globe and utilizing this knowledge to create supportive environments that facilitate their development. It is also vitally important to focus attention on the strengths and resilience of refugee youth. Research clearly demonstrates that the vast majority of refugee children become capable, healthy, high-functioning contributors to their communities (Ager, 1999; Bala, 2005; Dona & Berry, 1999; Geltman et al., 2005; Hubbard & Pearson, 2004; Jeppsson & Hjern, 2005; Lustig et al., 2004; Pipher, 2002; Ranard, 1989; Rousseau et al., 1998; Sack et al., 1999; van der Veer, 1998). This is not because they are unaffected by the hardships they survive; rather, evidence clearly demonstrates that their

lives are greatly impacted *and yet* they endure and often thrive (McFarlane & van der Kolk, 2007). By investigating aspects of both their suffering and their strengths, research can begin to uncover the ways in which young unaccompanied refugees have been able to transform the trauma and adversity in their lives into remarkable testaments to human resilience and survival.

### The Current Study: Purpose and Rationale

The mental health, flight experiences, and adaptation of refugees have generated significant interest and scientific inquiry over the last several decades, as indicated by the preceding literature review. In spite of this, however, research exploring the unique experiences of unaccompanied refugee youth is still in its infancy. To date, only thirteen studies have been published in the academic literature regarding the lives and adaptation of unaccompanied refugee minors. Of these, six investigated the experiences of URMs resettled in Europe (Bean et al., 2006; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007; Bean, Eurelings-Bontekoe, & Spinhoven, 2007; Derluyn & Broekaert, 2007; Derluyn et al., 2008; Spinhoven et al., 2006), with the remaining seven focused on URMs resettled in the United States through the Unaccompanied Refugee Minor Program (Bates et al., 2005; Bemak & Timm, 1994; Daly & Carpenter, 1985; Geltman et al., 2005; Goodman, 2004; Porte & Torney-Purta, 1987; Stow Bolea et al., 2003). Two additional published papers offered insight and practice recommendations based on the authors' field work or agency experience with URM populations (Adler, 1985; Bromley, 1988). Prior studies of URMs in the United States have focused primarily on mental or behavioral health or experiences in foster care placements, and all studies focused on only one nationality of URMs (such as Sudanese minors or Cambodian minors) (Bates et

al., 2005; Bemak & Timm, 1994; Daly & Carpenter, 1985; Geltman et al., 2005; Goodman, 2004; Porte & Torney-Purta, 1987; Stow Bolea et al., 2003). An overview of these studies are summarized in Table II.1.

Table II.1 Prior Studies with Unaccompanied Refugee Minors in the United States

Study	Participants	Method	Focus of Study
Bates et al. (2005)	38 Sudanese URMs 33 Sudanese URMs 10 Foster parents 5 Caseworkers	Survey <sup>a</sup> Focus groups Focus groups Interviews	Mental health, school and foster care adjustment, placement success
Bemak & Timm (1994)	1 Cambodian URM	Clinical case study	Mental health, cultural practice implications
Daly & Carpenter (1985)	41 Vietnamese URMs	Structured interviews (quantitative rating scales)	Mental health, social adjustment
Geltmann et al. (2005)	304 Sudanese URMs	Survey <sup>a</sup>	Mental and behavioral health
Goodman (2004)	14 Sudanese URMs	Qualitative interviews (narrative analysis)	Coping with trauma
Porte & Torney-Purta (1987)	82 Indochinese URMs	Survey <sup>a</sup>	Depression and academic achievement
Stow Bolea et al. (2003)	4 Sudanese URMs 2 Foster parents 2 Social workers	Qualitative interviews (pilot study)	Trauma, adjustment to U.S.

<sup>a</sup>These survey studies utilized standardized instruments.

Most prior studies of URMs have taken a quantitative approach. One hundred percent of studies abroad, as well as several U.S. studies (Daly & Carpenter, 1985; Geltman, 2005; Porte & Torney-Purta, 1987), have utilized standardized survey instruments or highly structured interviews to explore various aspects of the refugee experience: trauma, common mental health concerns, and adaptation to the resettlement country. Four U.S. studies have additionally contributed to our understanding of salient

issues for URMs by utilizing qualitative approaches, including semi-structured interviews and focus groups with URMs, foster parents, and social workers (Bates et al., 2005; Goodman, 2004; Stow Bolea et al., 2003), as well as one clinical case study (Bemak & Timms, 1994). Much still remains to be uncovered in this new area of investigation, however, as every prior study has focused only on one nationality of URMs, and even qualitative studies have tended to limit their focus to predetermined areas of interest (e.g., areas of known relevance for broader refugee populations, such as trauma and resettlement adjustment). Prior research has not yet discovered whether these are indeed the areas that young refugees deem most relevant or influential in their own lives, or how they would define issues of importance for themselves.

The purpose of the current study was to discover and examine the first-hand perspectives and experiences of former unaccompanied refugee minors through an inductive exploration of their individual life stories. Participants were young adult refugees who had been in the custody of a URM program within the last six years. This population offered a unique perspective as they were in the early stages of transitioning from URM program care into independent adulthood, and therefore they were able to reflect on their entire experience as URMs in the U.S., including their initial arrival as unaccompanied minors, their time in foster care, and their eventual emancipation upon reaching the age of majority. Utilizing principles of grounded theory and case study methods, the study sought to describe the post-resettlement lives of these young people and to identify emergent themes and theoretical principles in order to advance understanding of their experiences and thus inform the care and support with which URMs and young adult refugees are provided. The need for research of this kind with

this population is critical, as the number of refugees, half of whom are children, has continued to grow internationally and they have therefore increasingly become important parts of U.S. communities. The duty to understand the lives, perspectives, and needs of URM's in particular is vital given that their unique unaccompanied minor status requires a greater involvement of supportive adults and social service systems, who are currently providing care based on limited information derived from broader migrant populations and the U.S. foster care system. Our greatest sources of knowledge regarding this important, growing part of our communities – the voices of the young refugees themselves – have not yet been heard.

The primary research questions in the current study of former URM's are:

- 1) What factors are associated with improved or reduced functioning at the individual, social, and community levels?
- 2) Can any theory or general principles be generated from their life experiences that may have relevance for best practices?

## **CHAPTER III**

### **Research Methodology**

The current study sought to collect and explore the life stories of a diverse group of former unaccompanied refugee minors, utilizing their individual perspectives and experiences as the basis from which to build knowledge and theory. The study involved one-on-one interviews with twenty young adult refugees who had recently emancipated from a URM program. In the interviews, which lasted approximately 2 hours each, participants were asked, simply, to “tell me about your life since you came to the U.S.,” thus enabling them to discuss any aspects or domains of their post-resettlement lives. Interviews were recorded, transcribed, and analyzed using an inductive approach and principles of grounded theory to identify salient experiences and themes that emerged from the interviews.

#### Study Population

Since the inception of the U.S. Unaccompanied Refugee Minor Program in 1980, the federal Office of Refugee Resettlement (ORR) has contracted with two voluntary agencies to offer URM programs in various locations around the country. The two voluntary agencies are Lutheran Immigration and Refugee Services (LIRS) and the U.S. Conference of Catholic Bishops (USCCB), and together they have provided foster care services to almost 13,000 URM's since 1980 (ORR, 2009b). LIRS and USCCB each

operate approximately 10 URM programs across the U.S., with variation in the number of active programs over time in response to fluctuations in the numbers of new URM arrivals. As of 2009, there were nineteen URM programs in operation in sixteen states (Haddal, 2008; ORR, 2009b). Participants in the current study were resettled by a URM program in the mid-Atlantic U.S. which is one of the oldest and largest URM programs in the country, having served over 750 minors since its inception in 1982, including 99 of the 782 minors resettled to the U.S. during the period 1999 to 2005 (Haddal, 2008; ORR, 2009b). The program serves refugee minors who arrive in the U.S. with URM status, as well as those who arrive accompanied by family members but who are later separated and reclassified to “unaccompanied” (URM) status. The program also serves asylee and undocumented minors, and minor victims of human trafficking.

The current study conducted one-on-one interviews with 20 young adult refugees who had been resettled by the mid-Atlantic URM program. The study focused exclusively on recently emancipated young adults who had left the custody of the URM program within the last 6 years and were currently living independently in early adulthood. Additionally, only individuals who were granted refugee status prior to their arrival in the U.S were included in the current study. Other groups served by URM programs, such as undocumented minors and trafficking victims (whose flight, resettlement, and immigration processes typically differ from those of refugees), were not included in the current project.

### Participants

The twenty participants in the study included eighteen males and two females between the ages of 21 and 27 (average age 23.35) who were living within 50 miles of



the mid-Atlantic city to which they were resettled by the federal Unaccompanied Refugee Minors Program (URMP) between 2000 and 2006. All study participants had arrived in the U.S. prior to their 18<sup>th</sup> birthday and had been placed in the legal custody of the local URM program, which was one of the nineteen sites in the U.S. contracted by ORR to provide URM foster care services. Participants had remained in the custody of the local URM program until the age of 18, after which they had been able to either emancipate from the program or voluntarily elect to continue receiving foster care services for up to an additional 3 years. Those who had chosen to stay in the program after their 18<sup>th</sup> birthday had been free to leave the program at any time prior to their 21<sup>st</sup> birthday, at which time they became ineligible for URM services.

All study participants had emancipated from the URM program within the last six years (between 2004 and 2010) and were therefore termed former unaccompanied refugee minors or “former URMs.” They were from 5 different countries, including 18 participants (90%) from 4 countries in Africa: Sudan, Somalia, Liberia, and Guinea, and 2 participants (10%) from Afghanistan. They had been in the U.S. an average of 8.1 years (range = 4 to 10.75 years), and had emancipated from the URM program an average of 3.2 years ago (range = 1 month to 6.75 years). The majority of them (80%, or 16 of 20) had elected to stay in the URM program until mandatory emancipation at age 21. Four participants (20%) had left the program prior to their 21<sup>st</sup> birthday (at ages 18 to 20) because of lifestyle changes or choices inconsistent with the requirements of the program.

## Recruitment

During initial sampling, the researcher contacted 12 former URMs who were known to her in a professional context through her involvement in refugee initiatives in the greater metropolitan area where participants lived. The researcher contacted those URMs who met the basic inclusion criteria (described below) and invited them to participate in the study. Given that the entire population of young adult refugees who had emancipated from the local URM program in the last six years was limited to approximately 32 individuals including at least 5 who had moved out of the area, simple snowball sampling techniques were also utilized to assist with recruitment. All potential participants were asked during the researcher's initial phone conversation with them for recommendations of other former URMs who they thought might be interested in participating in the study.

A total of 20 participants were sought for the study. All participants were screened during initial phone conversations to ensure that they had emancipated from the URM program within the last 6 years, and that they had at least intermediate conversational English skills as all interviews were conducted entirely in English. Recruitment through the researcher's professional contacts in the refugee community and through snowball sampling continued until 20 participants had been recruited for the study. Overall, a total of 23 former URMs were contacted regarding the study. One individual had emancipated more than 6 years previously and therefore was not asked to participate in the study. One individual tentatively agreed to participate but was not able to schedule an interview time because of her work, school, and parenting responsibilities. Only one individual contacted regarding the study declined to participate, citing a prior

unpleasant interview experience. Twenty of the twenty-three individuals contacted agreed to participate in the study and were interviewed.

### Interviews

The twenty former URMs who agreed to participate in the study were asked to meet with the researcher to complete interviews lasting approximately 2 hours. Participants chose the location of the interviews, which took place either at the researcher's office (14 interviews) or participants' homes (6 interviews). All twenty individuals who agreed by phone to participate in the study were interviewed as scheduled, and no participants elected to end the interviews prior to their completion or to withdraw from the study. All eighteen males attended their interviews alone, and both females had their infant child present with them for all or part of their interviews.

Prior to the beginning of each interview, permission for participation and informed consent were obtained from participants, as they were all ages 18 or older and no longer in the custody of the URM program. All participants were again invited to participate in the study by the researcher, and were informed that their participation was voluntary, and that they were free to decline or cease participation at any time. They were also informed that no personally identifying information would be provided to refugee service providers or immigration agencies at any time, and that their decision to participate and their study responses would in no way impact their ability to access services nor their immigration status. Consent forms, as shown in Appendix A, also explained that all interviews would be recorded and transcribed, and that audio-recording of the interviews was a requirement for participation in the study.

Former URMs who elected to participate were offered \$30 as compensation for their time. All participants who agreed to begin the interview process received this compensation regardless of whether they chose to withdraw from the study prior to the conclusion of the interviews. Each participant received \$30 in cash after the study had been explained and they had agreed to participate, prior to the start of the interview. Participants all created their own pseudonym (some with requested assistance from the interviewer) for use in the study to ensure anonymity and confidentiality, and they were informed that no identifying information regarding their responses would be provided in any reports generated by the study. All individual and place names in the current report are pseudonyms and all identifying information has been omitted or changed.

Interviews began with the researcher explaining the purpose of the study to participants and introducing the life history calendar, which was used during interviews as a visual memory cue to assist participants in describing their lives in the U.S. The life history calendar (Freedman, Thornton, Camburn, Alwin, & Young-DeMarco, 1988) is a method of collecting retrospective data, serving as a visual sequencing cue that aids in the recall of memories by providing contextual and time markers. Life history calendars have been utilized in a wide range of studies across multiple disciplines (including social work and psychology), and have been shown to aid in recall and retrospective data collection with diverse populations including individuals from cultures who use historical time markers or mental “landmarks” other than calendar years and dates (Axinn, Pearce, & Ghimire, 1999). A sample (condensed) life history calendar used in the current study is shown in Appendix B.

Interviews began with the researcher asking participants to “Tell me about your life since you came to the U.S.,” thus allowing participants to guide the flow of topics into the areas or experiences they deemed most relevant. The researcher utilized general open-ended questions or prompts to facilitate further exploration as necessary. A sample of common interview prompts used by the researcher throughout the study is listed in Appendix C, though this list is not exhaustive as the interviews were directed into a wide variety of topics by participants.

#### Ethical considerations

The current study was reviewed by the University of Michigan Institutional Review Board and granted approval on May 17, 2010, prior to the commencement of recruitment or data collection. Phone contact and interviews with all participants took place between June and November 2010.

The primary risk to study participants was the potential for psychological distress during the interviews if they were reminded of difficult experiences from their past. The study was designed with this risk in mind, and several measures were put in place to minimize its likelihood. First, the study focused only on participants’ life stories after their resettlement to the U.S., and therefore they were not asked to recount their war or displacement experiences. Secondly, the study design included the use of intentionally broad, open-ended questions which allowed participants to guide the flow of topics during the interviews and to introduce or avoid any topics of their choosing. The consent document, which explained that participants were free to decline to answer any questions or to avoid any topics which might be upsetting to them, was reviewed with participants prior to beginning the interviews.

The interviewer in the study was a licensed clinical social worker with advanced training in refugee mental health and trauma. Prior to departing from interviews, the interviewer thoroughly debriefed participants and offered them the opportunity to discuss any feelings that had arisen during the interviews. Participants were also given information regarding resources for mental health services in the surrounding area where participants could seek ongoing support if needed or desired. There were no instances of participants becoming visibly distressed during or after the interviews, and no participants elected to end the interviews early or to withdraw from the study. The interviewer also provided her contact information to participants and invited them to contact her if they had any questions or concerns following the interviews.

Noteworthy and relevant observations regarding the process of the interviews have been included in the Analysis and Interpretation chapter of the current report (Chapter V).

#### Data Analysis and Reporting

All interviews were recorded and transcribed. All individually identifying information of participants and names of people and places mentioned within interviews were omitted or replaced with pseudonyms. Participants' countries of origin were only included in descriptions of the entire group of participants (in the methodology and demographic findings sections of the current report) and were not attached to any individual quotes or references. All non-identifying word choices, pauses, and nonverbal communication such as laughter were retained in their original form during transcription and have been included unedited for syntax or grammar in all quotes of study participants in the current report. Data have been encrypted and stored separately from all

individually-identifying information (e.g., consent forms), the latter of which will be destroyed upon completion of the study.

Data were transcribed and analyzed using an inductive approach and principles of grounded theory (Berg, 2007; Charmaz, 2009; Corbin & Strauss, 2008; Strauss, 1987). Grounded theory is an approach to qualitative analysis that involves a set of guidelines and methods aimed at building theory from data. Qualitative methods including grounded theory are particularly appropriate for new areas of inquiry such as the current study, when relevant variables and theories are unknown. Principles of grounded theory include an inductive approach to knowledge generation that begins with intimate interaction with the data, multiple levels of coding that emerge from the data (rather than from pre-determined hypotheses) and include concepts, relationships, and interpretations, and theoretical sampling in which data collection and analysis take place in a circular, interactive process (Charmaz, 2009; Corbin & Strauss, 2008; Strauss, 1987).

In the current study, the process of transcription and analysis began immediately after each interview was conducted. Interviews were first transcribed and reviewed for accuracy, and then the researcher began exploring each interview phrase-by-phrase and sorting material into units of meaning and themes. Consistent with a grounded theory approach, the researcher primarily used open coding for the majority of the initial analysis, in which no predetermined categories or codes were employed, and thus each line, phrase, or paragraph was coded independently with no limitation on the number or variety of codes. After the interviews had been explored and coded in this manner, the researcher organized material according to themes and then returned to the data to further clarify, develop, and verify the more than sixty codes and themes that emerged, exploring

initial themes and concepts in more depth (selective coding) as well as relationships between categories (axial coding) and broader theoretical concepts. For example, a participant's single statement or phrase about an experience with a family member was initially given multiple open codes, such as "family relationships," "sources of social support," and "early experiences in resettlement." During subsequent analysis of this and other interviews, these codes were further expanded and subdivided, to differentiate, for example, qualities of the relationship or family member (e.g., ongoing contact with family members abroad or in the U.S., whether the family member was resettled with the participant, peer versus caregiver relationships), the nature of the interaction (such as attempts to locate family members, family conflicts, etc.), or other criteria of potential interest. The process of exploring data, analyzing and interpreting, and then returning to the data for further investigation continued throughout the analysis, with the researcher returning to a particular statement (or section) multiple times in order to further explore ideas or themes that emerged later in the analysis (e.g., returning to the statement about a family member, for example, to investigate a tentative hypothesis that reclassified former URMs who were separated from family members after resettlement seemed to have different experiences than those participants who arrived unaccompanied). A total of approximately 45 themes and categories, both interrelated and distinct, were included in the final analysis and are presented or referenced within the discussion of findings which follows.

While the current study did not utilize theoretical sampling (a key component of a grounded theory approach) due to the limited size of the entire population of former URMs who had emancipated from URM care within the last six years, an effort was



made to locate former URMs with divergent backgrounds whose experiences could provide clarifying, disconfirming, or elaborating evidence of initial themes that emerged in data analysis. Additional female participants, for example, were sought for the current study but were not available due to the small number of females who had been in the local URM program in recent years, as well as the fact that several females had moved out of the area following their emancipation in order to get married or live closer to extended family members. As several authors have noted, however, the interactive approach between data analysis and interpretation derived from grounded theory methods can be utilized even when data collection is limited or completed prior to analysis (Charmaz, 2009; Corbin & Strauss, 2008; Strauss, 1987). Similarly, while the current study did not produce or test a broad theory, its findings (which included descriptive findings and general principles regarding former URMs' experiences) nonetheless have relevance for a grounded theory approach, which assumes that concepts and findings at various levels of generality are vital to developing a rich understanding of complex social phenomena (Strauss, 1987).

In addition to academic reporting and dissemination, results of the study will be made directly available to interested participants at the completion of the study. Results may also be provided, with individual identities protected, to URM and other refugee programs through trainings or conference presentations. External review of young people in or recently emancipated from URM programs has been extremely rare since the inception of such programs in the U.S., and the potential benefits of such an assessment to existing programs are significant. The results of the study may provide practical, valuable feedback and information that will assist refugee service providers in their

efforts to provide quality services that best support the individual, social, and community functioning of the young refugees they serve.

## **CHAPTER IV**

### **Presentation of Findings**

The purpose of the current study was to investigate the lives of former unaccompanied refugee minors (URMs) through an inductive exploration of their post-resettlement lives in the U.S. Specifically, the study posed these research questions:

- 1) What factors are associated with improved or reduced functioning at the individual, social, and community levels?
- 2) Can any theory or general principles be generated from their life experiences that may have relevance for best practices?

Because research with this population is still in its infancy, and all prior studies in the U.S and abroad have tended to focus on refugee minors from a single country or specific areas of functioning such as mental health, very little is known about what becomes of these youth after they are resettled to a new country and how their lives unfold and evolve as they move through adolescence and into early adulthood. The current study, which seeks to explore the post-resettlement lives of a diverse group of former unaccompanied refugee minors across multiple life domains, must therefore begin with the fundamental questions of, simply, who are the URMs who have been resettled to the U.S. in recent years, and what are their lives like after they get here?

The current chapter will first present demographic information and descriptive findings in order to construct a broad sketch of former URMs' lives from resettlement to early adulthood, given that no prior multifaceted description of their common or typical experiences yet exists. The descriptive findings below regarding various aspects of participants' lives since the time of their arrival in the U.S., through school, foster care, family and community connections, to the present, provide a general context in which to consider the major findings of the study which follow.

#### Arrival and Current Demographics

The twenty former unaccompanied refugee minors in the study, including eighteen males and two females, entered a URM program located in a mid-sized metropolitan area in the mid-Atlantic United States between the years 1999 to 2006. They came from four different African countries and one Middle Eastern country, and all of them had been living in a country other than their home country (often the "country of first asylum" to which they initially fled following their displacement) immediately prior to arriving in the U.S. Twelve participants (60%) were originally from the same home country, with eleven also sharing the same ethnicity and native language. A sole former URM from the same home country had a different ethnicity than his country-mates, and he spoke both his own native language as well as that of his eleven peers. In contrast to the twelve participants who came from the same country, a total of eight former URMs (40%) in the current study came from four other countries and had significantly fewer non-relative peers who shared their nationality, both within the URM program and in the broader community in which they were resettled.

All former URM<sup>s</sup> in the study were resettled to the U.S. as preadolescents or adolescents, ranging in age from 11 to 17, with an average age of 15.3. Consistent with the common practice in refugee camps of unaccompanied 17-year-olds being prioritized for resettlement as URM<sup>s</sup> before they become ineligible at the age of 18, seven (35%) of the former URM<sup>s</sup> in the current study were resettled in the months immediately preceding their 18<sup>th</sup> birthdays, including three (15%) who were resettled only days (and as little as 16 hours) prior to reaching legal adulthood. Nine (45%) of the former URM<sup>s</sup> in the study arrived in the U.S. alone, three (15%) arrived with siblings under the age of 18 who were also entering the URM program, two (10%) arrived with extended family members who were also going into the URM program, and six (30%) arrived accompanied by adult siblings or extended family members and therefore were not placed immediately into the URM program. All six (30%) of the former URM<sup>s</sup> who arrived with adult family members were later reclassified as “unaccompanied” minors by the federal Office of Refugee Resettlement. For 5 of these 6 accompanied refugee minors, the reclassification occurred as the result of family discord, child protective concerns, or the inability of adult family members to provide adequately for the care of the refugee minor. The 6<sup>th</sup> instance of reclassification among the former URM<sup>s</sup> in the study occurred after it was discovered through medical tests that a refugee who had been resettled as an adult was significantly younger than immigration officials initially believed, and he therefore became eligible for URM status. Like all reclassified URM<sup>s</sup>, the six study participants who had undergone this process after their arrival in the U.S. had been placed in the custody of a URM program immediately upon their change in status.

Table IV.1. Participants' Demographics upon Arrival in the U.S.

			<u>N</u>	<u>%</u>
Sex	Male		18	90
	Female		2	10
Region of Origin	Africa		18	90
		Guinea	1	5
		Liberia	2	10
		Somalia	3	15
		Sudan	12	60
	Middle East	Afghanistan	2	10
Age on Arrival	11 – 12 years old		2	10
	13 – 14 years old		6	30
	15 – 16 years old		5	25
	17 years old		7	35
Immigration Status on Arrival	URM	Traveling alone	9	45
	URM	Arrived with URM relative	5	25
	Non-URM <sup>a</sup>	Arrived with adult relative	6	30
Language Skills on Arrival	No English		8	40
	Basic English		9	45
	Proficient <sup>b</sup>		3	15

<sup>a</sup>These participants were reclassified to URM status after their arrival in the U.S.

<sup>b</sup>These participants were proficient in spoken English but lacked fluency in reading and/or writing skills.

### Language and Education

At the time of their arrival in the U.S., 8 of the 20 (40%) former URMs in the study spoke no English or only a few words, 9 (45%) had basic English skills, and 3 (15%) were proficient but not fluent in spoken English and were less skilled in reading or writing in English (one, in fact, was illiterate in English and her native language). Of the 16 participants who mentioned English as a Second Language (ESL) courses in their interviews, they received an average of 1.9 years (range = 0 to 3.5 years) of ESL instruction while attending high school or community college.

The former URMs in the study had completed an average of 6.8 years of schooling prior to their arrival in the U.S., with 1 participant (5%) having no prior education at all, 5 participants (25%) who had reached 3<sup>rd</sup> to 5<sup>th</sup> grade prior to their arrival, 10 participants (50%) who had been in 6<sup>th</sup> to 8<sup>th</sup> grade prior to their arrival, 3 participants (15%) who had attended some high school, and 1 individual (5%) who had completed high school and begun taking college courses prior to his arrival. At least 16 of 20 (80%) participants had experienced one or more interruptions in their education prior to their arrival in the U.S.

Upon their arrival in the U.S., 14 former URMs (70%) in the study were placed in high school, 4 (20%) were placed in middle school, 1 (5%) was placed in elementary school, and 1 (5%) was placed in community college. For 4 former URMs (20%), their educational placement was the same grade they had been in prior to their arrival, while 3 (15%) were placed in a lower grade than they had been in previously, and 13 (65%) were placed in a higher grade than they had attended prior to their arrival. Of the 3 participants who were placed in lower grades upon their arrival, all 3 had already completed some high school and were placed 2 grades below the level they had previously reached prior to resettlement. Of the 13 participants (65%) who were advanced upon their arrival to grade levels higher than they had previously attained, 8 (40%) were placed in grades that were 1 to 3 levels above their prior grade level, while 5 (25%) were advanced 5 to 9 grades higher than the grade level they had completed prior to coming to the U.S. The average increase in grade level placement for these 13 participants was 3.4 grade levels.

Often, when former URMs in the study experienced a placement change such as moving to a new foster home or to an “independent living” arrangement, they

concurrently moved to a different school. Aside from their initial placement and the requisite school changes when moving from middle school to high school, for example, participants experienced an average of 1.1 “additional” school placement changes during their time in the URM program, ranging from zero additional changes (N = 8) to a high of 5 additional school changes in only 3 years for one former URM.

Of the nineteen former URMs who attended high school while in the U.S., eleven (58%) regularly participated in school sports or extracurricular activities such as school-sponsored clubs. Two of the nineteen (11%) participated in high school sports or extracurricular activities briefly, and six of the nineteen (32%) who attended high school in the U.S. did not participate in any sports or school-sponsored extracurricular activities. Seventeen (89%) of the nineteen former URMs who attended high school in the U.S. maintained employment while in school, with the majority working part-time during the school year with increased hours during school breaks and summer months. Former URMs were primarily employed in retail or grocery stores or in fast food restaurants while attending high school. Two participants (11% of the nineteen who attended high school in the U.S.) were not employed while attending high school.

Seventeen of the nineteen former URMs who attended high school in the U.S. graduated with diplomas, and they, along with the one former URM who completed high school prior to his resettlement, comprise the 90% of all study participants who are high school graduates. One former URM completed a non-diploma vocational program instead of high school, and one dropped out of high school at the age of 19. Of the eighteen participants who completed high school, fifteen (75% of all participants) pursued additional education after high school by attending community and/or 4-year



colleges. Nine (45% of all participants) went to community colleges, with three (15%) earning associate's degrees, and two (10%) continuing to 4-year colleges, where they remain currently. An additional six former URMs (30% of all participants) went directly from high school to 4-year colleges or universities, and of those, five (25% of all participants) have completed bachelor's degrees and one (5%) remains in his 5<sup>th</sup> year of undergraduate study with an expected graduation in 2011. Overall, 45% of study participants (N = 9) attended community college at some time, and 40% of all participants (N = 8) attended 4-year colleges or universities. Only two participants (10%) were in both groups, having attended both community and 4-year colleges.

Table IV.2 Participants' Educational Status upon Arrival and Current Educational Status

	Prior Education at Time of Arrival					Total
	None	Grades 3 – 5	Grades 6 – 8	Some High School	Some College	
<u>N</u>	1	5	10	3	1	20
<b>School Placement on Arrival</b>						
Grade 5		1				1
Grade 7-8			4			4
Grade 9	1	4	5	1		11
Grade 10			1	1		2
Grade 11				1		1
Community College					1	1
<b>Current Educational Status</b>						
Dropped out of high school			1			1
Completed vocational program				1		1
Completed high school	1	5	9	2	1 <sup>a</sup>	18
Some community college		2	3	1		6
Completed associate's degree			1	1	1	3
Some 4-year college		1	1	1		3
Completed bachelor's degree	1	2	2			5

<sup>a</sup>This participant completed high school prior to his arrival in the U.S.

Of the nine participants who attended community colleges for all or part of their post-secondary education, none participated in school-sponsored sports or extracurricular activities. All former URMs (9 of 9) who attended community college maintained employment while in school, with six working full-time and three working part-time. Of the eight former URMs who attended 4-year schools for at least part of their higher education, three were involved in college sports throughout their undergraduate years, and one participated in a sport for one semester before dropping out due to time constraints. Only one participant who had been active in his university's African Student Union reported involvement in college activities other than sports. Several former URMs noted specifically that they had not been involved in any extracurricular activities while in college because of their demanding school and work schedules. One hundred percent of former URMs who attended 4-year colleges (8 of 8) were employed while attending school. Seven were employed part-time (with the majority increasing their hours during summer and school breaks) and one worked full-time throughout the academic year. Former URMs in community and four-year colleges were primarily employed in retail, convenience, or grocery stores, fast food restaurants, or on college campuses (e.g., library or security jobs). Two former URMs also worked in health care settings in patient care positions while in college, and one participant worked at a fitness facility.

#### Foster Care Placements

While in the URM program, study participants lived in a range of placements including foster homes, group homes, a temporary youth shelter, and a variety of "independent living" placements in which URMs (rather than a foster or group home) received a monthly stipend and were responsible for their own finances and daily care.

During their time in the URM program (4.7 years on average), study participants had an average of 2.9 different placements, not including the families with whom reclassified minors lived prior to their entry into the URM program (when they were still “accompanied”), nor temporary stays of up to 60 days in a local youth emergency shelter. Independent living placements accounted for 45% of all placement types, and 17 participants (85%) had at least one independent living (IL) placement while in the program. The most common types of independent living arrangements were in apartments with other URMs from the same or different countries (58% of all IL placements), followed by IL placements in college housing or with American peers (19% of all IL placements), and IL placements with U.S. families or adults (12% of IL placements). Two participants had also been placed with non-relative adults from their home country (8% of all IL placements), and one had lived in an established IL residential program (4% of all IL placements).

The second most common living environment in which former URMs had been placed was in foster homes, which accounted for 33% of all placements among study participants. A total of twelve participants (60%) had lived in at least one non-relative foster home while in the URM program, and two (10%) had also been placed with an adult sibling or cousin who had elected to become a foster parent through the URM program. A total of seven participants (35%) had been in one foster home during their time in the URM program, three (15%) had been in two different foster homes, and two (10%) had been in three different foster homes. Seven of the twelve former URMs who had at least one non-relative foster home placement indicated that they had remained in contact with their former foster families to the present.

Group homes were the third most common placement type among former URMs, accounting for 22% of all placements. Twelve participants (60%) had lived in a group home at some time while in the URM program, including eleven who had only one group home placement and one who had been in a group home on two separate occasions.

Table IV.3 Participants' Foster Care Placements while in the URM Program

	Time in URM Program				Total
	1.5 to 3 years	3 to 5 years	5 to 7 years	7 to 9 years	
<u>N</u>	3	9	4	4	20
Number of Foster Care Placements <sup>a</sup>	9	19	18	12	58
Average Foster Care Placements <sup>ab</sup>	3	2.1	4.5	3	2.9
Range of Foster Care Placements <sup>a</sup>	2 to 5	1 to 3	3 to 7	2 to 4	1 to 7
Independent Living (IL) Placements	2	11	9	4	26
With URMs from home country	1	2	3	2	8
With URMs from other countries	1	3	1		5
With URM sibling or cousin		1	1		2
In college housing or with US peers		1	2	2	5
With US families or adults		1	2		3
With adults from home country		2			2
In formal IL program		1			1
No. Participants with ≥ 1 IL Placements	2	8	4	3	17
No. with 2 IL Placements		3		1	4
No. with 3 IL Placements			1		1
No. with 4 IL Placements			1		1
Foster Home (FH) Placements	3	4	7	5	19
With Non-Relative Foster Parents	2	4	7	4	17
With Adult Relative Foster Parent	1			1	2
No. Participants with ≥ 1 FH Placements	1	3	4	4	12
No. with 2 FH Placements		1	1	1	3
No. with 3 FH Placements	1		1		2
Group Home (GH) Placements	4	4	2	3	13
No. Participants with ≥ 1 GH Placements	3	4	2	3	12
No. with 2 GH Placements	1				1

<sup>a</sup>Not including temporary placements (up to 60 days) in a youth shelter.

<sup>b</sup>These are the average number of placements per participant.

In addition to the 58 total foster home, group home, and independent living placements of all twenty participants, twelve former URMs (60%) also had at least one brief placement of up to 60 days at a temporary emergency shelter for youth. Eight of the twelve former URMs who had been there had only one temporary stay there, while four had been temporarily placed at the shelter on two different occasions. The most common reasons for temporary shelter placements were lack of immediate availability of a foster home upon a new URM's arrival in the U.S., or unplanned disruptions of an existing foster home placement.

#### Family of Origin Contact

Fifteen former URMs (75%) had located or had contact with at least one family member living in the U.S. since their arrival in the U.S., seventeen (85%) had located or had contact with at least one family member living abroad, and 3 former URMs (15%) in the study had not located or made contact with any family members in the U.S. or abroad since their resettlement. Thirteen former URMs (65%) reported that they currently had at least monthly phone, written, or face-to-face contact with family members in the U.S., including two participants (10%) who were currently living with family members. Sixteen participants (80%) indicated that they had at least periodic phone or written communication with family members outside the U.S. Four participants (20%) reported having no ongoing contact with family members in the U.S. or abroad.

Six (30%) participants indicated during their interviews that both of their parents were currently living. Four participants (20%) reported that their parents were both deceased, including three (15% of all participants) who had lost both parents prior to their resettlement to the U.S., and one (5% of all participants) who had lost one parent prior to

resettlement and one parent more recently. Six participants (30%) reported having one living parent and one deceased parent, and for five of those participants, the deceased parent had died prior to the former URMs' resettlement. Four former URMs (20%) either indicated that they did not know the current whereabouts or well-being of one or more of their parents, or they did not mention their parents in the interviews. Three participants (15%) had experienced the deaths of two close family members since their arrival in the U.S. One former URM lost a parent and sibling, both of whom were living abroad at the time of their deaths. The other two former URMs who had recently lost two family members both experienced the death of a parent or sibling abroad as well as the death of a family member (cousin or sibling) with whom the former URM had been resettled.

#### Emancipation from the URM Program

At the time of the interviews, participants had been in the U.S. an average of 8.1 years (range = 4 to 10.75 years), and they had spent an average of 4.7 (range = 1.5 to 9) of those years in the URM program. The vast majority of them (80%, or 16 of 20) had elected to stay in the URM program until mandatory emancipation at age 21. Four participants (20%) left the program prior to their 21<sup>st</sup> birthday (at ages 18 to 20) because of lifestyle changes or choices inconsistent with the requirements of the program, including pregnancy and a subsequent desire to live with a romantic partner, leaving school, or a desire to move out of a foster care living environment. All twenty study participants had emancipated from the URM program prior to their interviews, and they had been out of the program for an average of 3.2 years, with a range of 1 month to 6.75 years. Five former URMs (25%) mentioned during their interviews that they continued

to have contact with their former social workers from the URM program currently, five (25%) mentioned that they had been in contact with their former social workers since leaving the program, but not recently, four (20%) stated that they had not had contact with their former social worker since leaving the program, and six (30%) did not, during their interview, mention the topic of having contact with program staff.

### Current Demographics

At the time of the interviews, all twenty former URMs in the study were between the ages of 20 and 27 (average age 23.35), and all currently resided in the same U.S. state in which they initially arrived. Eighteen participants (90%) were living in the greater metropolitan area in which they were resettled by the URM program, one was living less than an hour outside of the metro region, and one was at college in a different city in the same state during the academic year and returning home on school breaks to the city where he was resettled and in which he intends to live after his college graduation. Since leaving the URM program, eight participants (40%) had traveled internationally either to visit their home countries or former countries of asylum (countries to which they fled following displacement but prior to resettlement), to meet family members or friends, or to get married or meet prospective marriage partners in other countries. Within the U.S., four participants (20%) had moved away from the region temporarily in order to attend colleges in other cities or states or for employment, and then returned. Aside from international trips and past employment for brief periods in other states, all twenty participants currently considered the greater metropolitan area in which they were resettled their primary U.S. “home.”

Two former URMs (10%) were currently in heterosexual marriages to partners from their home countries (neither of their partners were in the URM program nor had yet moved to the U.S.), four study participants (20%) were in committed heterosexual relationships with American partners (three of whom were cohabitating with their partners currently), and one participant (5%) was in a committed, cohabitating heterosexual relationship with a partner from a country other than the U.S. or her home country. Of the thirteen study participants (65%) who were currently single, twelve are heterosexual and one is gay. Three former URMs in the study had had a child in the U.S., one was currently expecting a child with his partner, and one became a step-parent upon his marriage. In total, 25% of all study participants (5 of 20) were currently parents, step-parents, or expectant parents.

Six former URMs (30%) were currently living in an apartment with peers from their home country including other former URMs, three (15%) lived in an apartment with other former URMs from countries other than their own, two (10%) were in college housing, and four (20%) were living in apartments with their child (or child on the way, in one instance) and romantic partners with whom they were co-parenting. Three participants (15%) were living in the homes of their former American foster parents (or American families with whom they had lived in “independent living” status while in the URM program), including two who returned to these homes after completing college, and one who never left. One former URM was living with his older siblings, one of whom had become his foster parent while he was in the URM program, and one former URM was living in his own apartment.



Table IV.4 Participants' Current Demographic Information

		<u>N</u>	%
Current Age <sup>a</sup>	20 - 21	6	30
	22 - 23	4	20
	24-25	6	30
	26-27	4	20
Total Time in the U.S. <sup>b</sup>	4 to 6 years	5	25
	6 to 8 years	3	15
	8 to 10 years	11	55
	10 to 11 years	1	5
Total Time in the URM Program <sup>c</sup>	1 to 3 years	3	15
	3 to 5 years	9	45
	5 to 7 years	4	20
	7 to 9 years	4	20
Current Living Arrangements	With former URMs or peers from one's home country	7	35
	With former URMs from other countries	3	15
	With partner and child <sup>d</sup>	4	20
	With former foster parents <sup>e</sup>	3	15
	College housing	2	10
	Own apartment	1	5
Relationship Status	Married	2	10
	Partnered	5	25
	Single	13	65
Parenting Status	Parent of 1 child	3	15
	Step-parent	1	5
	Expectant parent	1	5
Employment Status	Employed full-time	8	40
	Employed part-time	9	45
	Unemployed	3	15

<sup>a</sup>Participants' ranged in age from 20 to 27 years (Average age = 23.35 years old).

<sup>b</sup>Participants had been in the U.S. for 4 to 10.75 years (Average = 8.1 years).

<sup>c</sup>Participants had been in the URM program for 1.5 to 9 years (Average = 4.7 years), and had emancipated from the program 1 month to 6.75 years ago (Average = 3.2 years).

<sup>d</sup>Or pregnant partner, in the case of one participant.

<sup>e</sup>Or a family with whom they had previously lived in "independent living" status.

Eight study participants (40%) were currently working full-time, nine (45%) were working part-time, and three (15%) were unemployed. Half of all participants (N = 10) indicated that they were dissatisfied with their current employment status or position and were seeking other jobs, including all five participants who had completed 4-year degrees, one who had completed some community college, three who had completed high school only, and one who had attended a vocational program instead of high school. The three unemployed former URMs were the only three participants in the study who had earned high school diplomas but had not pursued any additional post-secondary education.

The descriptive findings above do not capture the richness and depth of any one former URM's life experiences, and are intended rather to provide an outline or sketch of some of the common experiences and characteristics of participants' lives, as a broad framework or context in which to place the more detailed findings that emerged from participants' interviews. The major findings of the study are presented below and include illustrative quotations from all participants. The emphasis throughout is to allow participants to explain and describe their perspectives and experiences in their own words, though clarification and contextual information are provided when necessary. Material from the interviews are presented verbatim and unedited for grammar or syntax, in order to capture and reflect the original content, style, and intent of each participant's story to the greatest extent possible.

## Major Study Findings

Research Question 1: What factors are associated with improved or reduced functioning at the individual, social, and community levels?

Finding 1: Former URMs describe the following as the primary factors which have challenged or hindered their post-resettlement functioning in the U.S.:

- Difficulty adjusting to new environment and culture
- Language barriers
- Challenges related to education
- Negative experiences in foster care
- Problems with peers
- Separation and loss of family members
- Multiple responsibilities in early adulthood
- Challenges related to employment

In response to the broad invitation to, “tell me about your life since you came to the U.S.,” or more specific prompts including, “what have been the hardest things to deal with since you arrived,” study participants described a wide variety of challenges they had experienced throughout their lives in the U.S., from the day of their arrival to the present. The factors listed above emerged as themes across multiple interviews and each was mentioned by no fewer than 10 participants (50%) and as many as all twenty participants (100%), as described below. The factors are discussed in approximate order from difficulties or hurdles faced early in the resettlement process to more recent challenges, rather than by frequency, although the number or percentage of participants who spoke about their experiences with each factor is also provided.

## Difficulty Adjusting to New Environment and Culture

All twenty participants (100%) discussed facing challenges in adapting to a new environment and culture upon their arrival. As Michael stated, “It’s shocking. Even though it seems exciting, it was shocking the first time to adjust to the area.” Many former URMs (65%) described their initial reactions to the new physical environment, and aspects of it that were surprising or unpleasant.

Yeah, I know we came in December and the cold, that was like the winter time. It was actually like a snowy day. There was snow on the ground... It was too cold (laughs)! And so when we came out, I did not have a jacket so I thought, oh my God, I thought that was going to be pretty much the way the land would be so then I was kind-of scared... I was like wow, I don’t know how I am going to adapted to this. (Carlos)

Matetek described a similar reaction to the physical environment, in addition to other aspects of his life that significantly changed upon his arrival.

Well, since I got here, life changed actually dramatically. The life being a refugee compared to life coming here to U.S., or the western world, a lot changed. I have seen a lot of things that I have never seen in my life... for example, a lot of stuff, the culture, the food and the weather too. Oh the weather really stunned me when I first came here. I had never seen snow before. (Matetek)

Others described being uncomfortable in a new urban or rural environment:

(The environment was) very strange. Yeah, I don’t know... it was just cold and really strange, different from where I used to be, live in (country name). I don’t really like city life. In my country, I wasn’t in a city. I was in this little town, (town name). But it’s not only that... I just don’t like city life. I feel like you can’t be yourself there... Just, so much wild people... wild people, wild things happening, drugs, bad behaviors, people killing each other. Just too many things. Like, I don’t know... too many violence. (Dianne)

Faby, one of only a few participants who had been living in a large urban area prior to resettlement, said:

Oh my God, that was another, well I think I can say that was the only thing that actually shocked me. When I came here, like I knew they were gonna put me in somewhere. I wasn’t aware of... there are, like, people who live in the countryside, I never expected that. I mean, I knew there are some people who are

kind-of close to that, like indigenous people but not like, who actually live in the country, and like, you know, you can see animals and goats. It was like, I wasn't expecting that... even though I came from (my home country), I had never even been to the country, so it was like a big shock, just this is not happening! It was like when you want to (go somewhere or do) something, you just have to wait until the weekend... It was just like, okay, I need to get out of here, because this place is really not going to let me do what I want to do. (Faby)

For many former URMs, their lack of information or preparation for the resettlement process contributed to some of their early challenges. Nine participants (45%) spoke about having little or no knowledge about where they were going or being misinformed about their final destination, living arrangements in the U.S., or the role of the foster care program in their lives. John noted that it was particularly difficult coming to the U.S. at a young age and not understanding what would happen to him, as he described arriving along with one cousin his age and an adult cousin, and then being separated immediately upon reaching the U.S. He began his interview with:

It was different... it was very difficult. I came with my two cousins. (My adult cousin) is older and she went... to (another state). I came with my cousin who was my age... we were really young, we were definitely the two youngest of all the (URMs from this region) who came through the program when we came. We had (immediately preceding resettlement), I guess, quote-unquote "cultural orientation," they were trying to taught about what America was like, and how things were done here and stuff like that. It's very brief, and I mean, I was really young and I wasn't really paying any mind to it. I just went there because I had to but I wasn't paying attention. (John)

Carlos similarly spoke about being separated unexpectedly from a family member and peers during the process of resettlement, and not having the correct information regarding his final destination.

Well, ah, I remember before we came here there were some other people who came here... but in Africa they tell you like what state to go to. Initially we were told that we were going to Mississippi... because that was a long spelling to say "Mississippi" (laughs)... But when we came to New York, they changed the thing, they said you're going to (state name), and other people are going (to another state)... It was scary because we were... we came from the same place and we used to see each other. But they have to separate you and you don't really

know where you're going. So we were like, okay, how is this going to be... are we ever going to see each other, or... it was a little bit scary. I know (my cousin), that night, she cried because, you know, the next morning we had friends who were going to go to different places, and me and her, we were going to go to different places. (Carlos)

Ku and others described their confusion about the role of the person who met them at the airport (often a social worker with whom they could not communicate extensively if at all), and anxiety or uncertainty regarding who would be their caregivers:

Because at the orientation in Africa, they say you gonna go, because you are underage and stay with a family. So when this girl picked me up at the airport, I thought she was going to stay there with me. So, you see, she say okay, this (group home) is where are you going to stay and I am leaving. And I say "What? What do you mean you leaving?" And I'm just there, looking around and there was some white guys and I don't know nobody, but I sit there and sit, I say, where is my mom? (Ku)

Mathondit, who was 13 when he arrived, described whispering to his brother in the backseat of a car, as they left the airport with a social worker:

I whispered to my brother, and I told (him), I said we cannot live with this lady, we don't understand what she is saying! I could not understand a single word she was saying. I can't communicate with her. So I was just worried. (Mathondit)

Three former URMs (15%) described being suspicious or fearful of foster care program staff, medical providers, or American peers based on stories they had been told prior to their arrival.

She (the URM social worker) took me to (a fast food restaurant) that day and when I see the burger, it is thick meat and the bread. And what I know of this thing, I know the meat. But the salad, no... I say what is this grass thing... what is the leaf doing in the food? I never eat it, never in that form. Like it was thick and... I think it was because I never see the bread. It just because like when you first go to different places in our country, you know, in our culture, you don't just eat because people poison people and you know you have that fear in your mind that maybe these people... is trying to poison me... so why would I eat these things. I don't know who they are and they are buying me these things. They are strangers to me, so I just say no, I am not going to eat these things. (Ku)

Walter described being fearful of many people during his first year in the U.S., including foster care and group home staff, health care providers, and American peers.

Yeah, first when I came to the airport I was, I have some strange feeling, like, I mean, I didn't know where I was going. I didn't know anybody in this country. So you can tell it was very strange really. I was worrying... and also, before I left the place that I came from, (country of first asylum)... people like, used to say, when little kids go up to America, some people might buy them... like pay money. Yeah, or maybe they get your kidneys or heart... And also, when I came to the shelter, I share a room with this guy. A big guy, and he was like listening to this loud music and I was really scared for him, all night, all the night. Yeah, I was, because he was this big guy and he was tall, really... I don't think if I slept for a couple nights... and I didn't know who this people are. I don't know if they're gonna kill me... I have nothing, no idea at all. And even if I am not comfortable, what should I do? I didn't have anything to do. I didn't have any options. I mean, I have to stay here. I don't know anybody. (Walter)

Over half of participants (55%) described misunderstandings due to cultural differences as a common occurrence in their initial adjustment, ranging from humorous misinterpretations to instances that caused significant fear, discomfort, or interpersonal conflict. Matters of etiquette, expectations regarding habits and communication, and lack of familiarity with the environment or technology were frequently cited.

It was not easy when I got here because of the culture. You know, there was a little bit of adjustment that we have to make, all of us. When we were in Africa, you know, you can hold your brother's hand when you are walking. But in this country, it is a different case, you know, it's two different ways. So we had to stop that. (Gutkuric)

Like because in our culture where we came from it's kind-of like, say for example it's the dinner time and somebody say like, hey, Carrie, you want to eat? In my culture, that is considered an insult because you know somebody want to eat. It's just like, even though they are hungry and you ask them, they will take that as an insult and say no. You should not ask me, you just say come and let's eat. If he or she don't want to eat they'll say, I'm good, okay. It's just a matter of how you say it. If you say it the wrong way, you will disappoint them. Second, (another difference is) like how the people dress... especially like during the summer, like unmarried ladies... in my country they are not allowed to wear short dress, they have to wear something long... and how people like, kissing each other in public (laughs)! I had never seen that before... something with your body, it's just... it's still like, I don't want to see it anymore (laughs)! (Matetek)

A more frightening cultural difference mentioned by four participants (20%) was discomfort with family pets, and large indoor dogs, in particular, were noted to be a significant source of fear or anxiety for two former URMs.

It was scary and the thing was like, when we went there, their young son was just bitten by a dog so he had a big old cast, like he was wearing this thing because one of the dogs bit him. So knowing that is why I was just... hated the dogs and I was terrified, I didn't want to touch the dogs. It was like, it growled, their dog, and I don't like the dog. Like, stuff like that, I mean like the dogs would come to our room and like, I would hit them or something and the dogs would go away. And then they were like, don't hit our dogs, they are people just like you. (John)

For over half of participants, the initial shock and anxiety of being in the U.S. began to improve within a few months, while others faced difficult adjustment periods lasting up to several years, which they described as among the most difficult experiences of their lives. Several recounted initial months or years so difficult that they had at some point regretted their decision to come to the U.S. or wished they could leave. Jack began his interview with, "When I came, in the beginning, it was really, really hard, you know, really hard coming from another world into a new world. Really, really hard." He then went on to describe how, within a month of his arrival in the U.S., he walked out of the home where he had been placed, found a telephone, and called the police demanding to be taken out of his new placement. Walter, who arrived alone and had little or no contact with family members or peers from his home country, described his very difficult adjustment during his first year. "When I came here, I had only my clothes. Nothing else." The interviewer responded, "Wow. You started a whole new life with the clothes on your back," and Walter continued:

Yes, that's what it was, really. From zero. It was, really. I mean, I think I lived for at least my first year in America, I was just living in a strange place. The school was very confusing, really, absolutely confusing, everything! I wish if I have an option, I would leave at that time. It was a crazy place for me. I just wished somebody could, I mean, send me back to where I am from. I wished



somebody I knew in the United States would have called me. I would not tell anybody, I would just run away and go. Yes, if somebody called me, somewhere, or knew me, I would talk to them and say, tell me just the place you are, I am going to come. (Walter)

For Josh, who was 12 years old and arriving with multiple siblings who were also going into the URM program, he described the unexpected, abrupt separation of his siblings as one of the most difficult experiences of his life, and one that has impacted his family to the present day.

Well, once we got to the airport, we met (the social worker) and then they start separating us, like me, (names siblings). They were going to... actually me, (and certain siblings), we went to a shelter, and then (other siblings) went to this guy (foster parent), to his house. And then (another sibling) have to live by himself. (Josh)

When asked if he had known that the siblings would be sent to separate places upon their arrival, Josh replied,

Not at all. We were just like... horrible. Like, we didn't know what to do, we didn't know what was going on. We were like, just let us go back. Give us our ticket. That was really tough because in our whole life we never been separated from each other. And all of a sudden without knowing... you know, it was like the first two years or maybe a year and a half, we were like begging just let us go back, let's just go back. We were like telling my (oldest) brother... we don't want this... we don't need this. Like, because we never lived away from each other and it was a disaster. You know, we get to see each other only on the weekends... for like a night, you know. (Josh)

### Language Barriers

In addition to the challenges of adjusting to a new environment and culture, language barriers were another hurdle described by all participants in the study. Seventeen participants (85%) in the study had at most basic skills in English at the time of their arrival, and even the three participants (15%) who spoke English at a level approaching fluency upon their arrival described struggles with reading or writing skills. A common language-related problem described by 50% of participants (N=10) was the

wide variety of everyday situations they encountered that they did not understand or with which they weren't able to request assistance because of the inability to effectively communicate with those around them. Walter, for example, discussed many instances in which he couldn't understand the actions of others and simply withdrew. He described his experience of receiving behavioral consequences in a group home:

Yeah, they tell me something like I cannot watch tv. And this lady one day I was watching tv, and I didn't know I had it (a restriction of privileges), and she turned off the tv and I wondered why she did that. I turn it on again, and she take the remote and everything. I just left and went in my room and I slept. I think she was saying something but, I don't know, she used to talk too fast anyway, so I didn't understand. (Walter)

Difficulty with comprehension was also noted by five participants (25%) who had basic English skills at the time of their arrival. They reported struggling to understand American English, and peers in particular, because of accents and slang which differed from the academic British English to which they had previously been exposed.

But, my English wasn't great but I could talk and carry on conversation, and I could understand people. But when I went to (a county outside the city), it was the countryside and a lot of the people there they speak a different country accent which I wasn't used to, so even the family I could not understand very well, you know. (Ayuen)

In addition to the ways in which language barriers contributed to participants' difficulty understanding aspects of the resettlement process and the new environments and situations in which they found themselves, experiences related to English as a Second Language (ESL) courses were also frequently cited. Sixteen participants (80%) received ESL instruction at some time after arriving in the U.S., with a range of 2 months to more than 5 years (average = 1.9 years). Participants described their English proficiency upon arrival as only one determinant of the amount of ESL instruction they received. Other factors, such as availability of services, number of years of high school attendance, and

school placement changes also affected participants' participation in ESL services, and therefore four participants who arrived with no English skills received less than 1 year of ESL instruction. Five participants (25%) described particularly difficult experiences at schools that had no or limited ESL services.

Yeah, I did... just first year, my 7<sup>th</sup> grade, it was really hard because they didn't had money for languages in that school, so ESL1, ESL2, ESL3... all three of them was in the same class and one teacher. Like a row of ESL1 and then ESL2 and then ESL 3 on this side. So he would just... if you had any questions you could ask him. Of course I never had a question because I didn't know what was going on, you know (laughs). So I was just going to each classes... just going... you know, and then come back home... don't understand anything. It was hard. It was all in English, you know. I had nobody to explain it to me, translate it or anything... I was really good student (in my home country)... I was like the top student. I always had A's, I never had B in my grade, and when I come here I was like... the only thing I had A was math. You know, I had F like the whole subjects, science, everything. (Josh)

Five former URMs (25%) mentioned frustrations regarding ESL policies in local community colleges, which required some students to complete multiple ESL courses prior to beginning courses in the general curriculum. For some, this led to significant increases in the number of courses, time, and expense of college:

Well, I hope they don't put me in ESL before... because I could take more of my classes that are advanced. Because I had a plan for one year when I go there... after 1 year I would have graduated. But then... that didn't happen. They put me in ESL and you cannot take more classes until you finish. So it hurt me in a way that it is not the plan I have. (Joel)

One participant dropped out of college because of the ESL requirements.

They let me down because they say I'm not gonna take credit class or uncredit... and they say you have to go through our system, our approval, you have to learn English, you have to go ESL, all this, you cannot sit with the Americans. And I told them I do speak English fluently, I know. They say you don't know more English, but you have to go more through ESL, like 18 classes or 17 classes. And then I drop out and I left the school, from that day up to now. (Jack)

The impact of language barriers on peer relationships both in and out of school was also frequently mentioned by participants. Thuc, for example, described how

language barriers affected his peer relationships in middle school even more than they had during his first year in the U.S in elementary school:

When I was (in elementary school) all the kids, they were great. They just giggled because I couldn't pronounce the words to save my life. Most of them were kind, I mean, until I reached middle school and that's when, it was like, "Oh, you can't speak this word, you can't hang with us." Part of it felt like it was (because I was) from another place, and part of it felt like it was just the English deficiency. It felt like I wasn't actually presenting my points so they just said "okay, that guy is not important, let's just leave him" or they just laugh and left. Or either they come and just say "oh, do your language, do click click" (laughs). (Thuc)

He also noted his difficulty getting adults to intervene in problems he experienced with peers, because of his limited ability to communicate his needs:

Some point I just brush it off and some point I just get sad and like, I mean, what could I do? I mean, it's not like I could do anything about it. Like sometime I went to the principal and told him like, do you mind if this kid get off my back... But it was like, I couldn't explain it myself, I had to try to explain it in a way that they would understand. I used my hands sometimes to speak. (Thuc)

Six participants (30%) also described experiences of being falsely accused or receiving blame for acts they had not done, either because others were intentionally taking advantage of their limited English skills, or because they were unable to explain or verbally defend themselves. Josh noted, "Like, I wasn't getting along with them (American peers in the group home) very much... just because they used to blame us for stuff that we didn't do, you know. I couldn't speak English so I couldn't (defend myself)."

Nine participants (45%) also commented on how their lives were made easier by eventual improvement in their language skills, which decreased the barriers they faced in school, work, and relationships. Ku stated that learning English was one of the accomplishments of which he was most proud, and that it (in addition graduating from high school and having his child) had been among the most important positive changes

affecting his life in the U.S. Bruce also reported that his skills in multiple languages had helped him to meet new people, as he had often volunteered to translate for other immigrants who were struggling in English:

Well, actually I did make some friends there which, you know... like they were from different countries like... you know, one was Vietnam and also from Iran... and just other places. But the same because they all, you know... they couldn't understand the English, so I was trying to be helpful. And also... because I speak different languages, you know, that is why... I mean they were just happy to congregate with me because I could speak in their languages.  
(Bruce)

### Challenges Related to Education

All twenty participants (100%) spoke about challenges they experienced in adjusting to American schools. In addition to the impact of language barriers on their school experiences (reviewed above), common challenges they identified included difficulty navigating the environmental and cultural differences in school settings in the U.S., and anxiety or dissatisfaction with school placements in relation to their prior education or educational goals.

I thought it was extremely different because... the way they engineer school in (the country of first asylum) was a little bit different because you just go under the tree and they have this little rock under the tree and you just sit and you just write on the blackboard and you can leave whenever you want to. When I came here to U.S., I found out that you are in this room and there is this big slide show going on or the teacher is speaking and it's like you can't leave until certain point. Because I got up one time in the class and the professor was like "you can't leave unless you're going to the bathroom, but you still have to come back!" (Laughs).  
(Thuc)

The environment, you see everybody on campus, different than (schools in a refugee camp), sometimes I say what am I doing in the class? (Laughs). The schedule? We don't understand our schedule, where to go. So like the first week (my sibling) and I always late to homeroom. It's homeroom, wow, what's that? (Laughs). So one time I got tardy and I went to the lady and the lady say you guys late. We come late and everybody just look at us like, some dummies, where they come from? We always come late! So I went to the lady, I was the one always speak up and I told her that I don't know where to go. This is my brother, we came late every time. So they explain, when we go home to (the

group home) they explain being late is a problem so I came back and I tell her and she say thank you for letting me know that. It took us a long time to know where we are. (Mathondit)

Matetek had a similar experience, and spoke about his struggle to get assistance from staff or peers at his new school.

It's (the school) like separate (in several buildings) all over. So you got to run around like mad. And when the bell is ringing you are still running around... Like basically, you don't know where to go, like which building is the class I'm going to. In America, like their culture, if you are just like running around and you don't ask for help, nobody is going to help you. They're like oh he's probably doing fine, he's doing good! (Laughs). But they don't know that you really need desperate help. You don't know where to go, and (unless) you ask somebody hey excuse me, can you help, but not otherwise. But in our culture, if you see somebody just like going around, then you help. You just can tell the way, like how when they're running around, it means they need help. But here, they were just like oh, he's fine, unless if you ask for help. (Matetek)

Another commonly cited difference in U.S. schools was expectations regarding student-teacher interactions and perceptions of authority and respect. Six participants (30%) described their lack of comfort with aspects of the social climate they observed in schools. Jacob, who identified "the way the students act," as his least favorite part of American schools, as in "when they get mad... go outside and slam the door, walk out of the class, cuss the teacher out." He further described the differences he observed:

Africa is like... how you call it... relationship over there, like what is different between over there and here... Over there we don't say, like the teachers, we don't call them by their names. We call them, "yes, sir" or "yes, ma'am" when we talk to them... And, the environment, what the environment (is) like in our school. You can't be late. If you late, they gonna spank (or) beat you in front of everybody and stuff... The only place they can't beat you is in college because you pay your own money over there. (Jacob)

Dianne described similar experiences and perceptions:

Well, in the way I am different, is that like in my country we don't talk back to teachers. Like if the teacher comes in the class, we raised to say good morning, or good afternoon. Yes, and everything you do is for us, it's your own good. You know, they beat us in school (laughs). It is not only from school, I learned that from my parents... we don't talk back to our parents. We bow down to our

parents. So that's how I am different... because they (American students) talk back to teachers, they do whatever they want to do, they slam door, they walk out... and that was too different for me. (Dianne)

Some participants also shared humorous reactions to unfamiliar aspects of American schools:

I mean, it was different, in the sense that... back in Africa, the teachers were allowed to beat you. They beat you and stuff, like if you mess up, you get beat. So when I came here I went to school and I don't know, I had one incident in school and I was given lunch detention and that was my punishment, and I was like, "What? Is that a punishment?" (Laughs). (John)

Sixteen participants (80%) spoke about entering school systems in the U.S. after having experienced at least one interruption in their prior education due to events in their home countries.

Yes, well... when I was in my country, I couldn't continue school. I would go to school, and after the war comes, I would stop going to school, run away... and come back again and try to start school. Until when I left my country, I went to another country before I started going to school. But things weren't going so well because we were there as refugees... therefore, you don't have, you don't really have a right (to education). (Dianne)

Yes, you know, I had repeated a lot of grades because it was just like, we could go to school for a couple months and then... something happen (to displace us). And then when I get to that (next) place, I have to start at class, at that grade again. So I just kind-of like repeated and repeated. (Raanieth)

Former URMs' initial grade level placements were a source of anxiety for thirteen participants (65%). At the time of their arrival in the U.S., four participants (20%) were placed in the same grade they had been attending prior to their arrival. Three (15%) were placed in a lower grade than they had attended previously, typically because they lacked documentation of their prior education or because of their results on placement tests.

Only one participant, Joel, who was dissatisfied with his placement in a lower grade was able to successfully negotiate moving to a higher grade, which he did by obtaining documentation of his prior schooling from officials in a refugee camp, a feat not

accomplished by any other URMs or even URM program staff. Faby, who had completed high school prior to his arrival in the U.S., and three other former URMs (20% total) described challenges associated with getting prior education accepted by U.S. schools.

As soon as I finish high school, I knew that would at least give me a little, you know, like an upper hand than someone else that never went to school. I didn't even realize how the systems are different. Like the American schools, they don't value, you know, some of the stuff that comes from the other countries. You just have to start all over again or they just evaluate and then put you in someplace so that you don't... They always have to make their high schools better than any other schools (laughs)! (Faby)

Six participants (30%) were initially recommended to and placed in a non-diploma vocational program by the local school system. All but one later successfully advocated for themselves, with the help of program staff in several cases, to be moved to regular high school courses in spite of being older than most American students and lacking fluency in English.

So when I took that class, I felt that that was not what I needed because the teacher was always talking about preparing us for jobs. That was the main concern... because when I heard that there would be no document (diploma)... but you would just be given a certificate. I said that wasn't what I was looking for. Here I just came into this country, and I didn't know much English. My first intention was not to come to America to make money. I need to understand myself and where I was, that was the first thing that was in my mind. So I told my case worker... I told him that I was not happy with the class I was taking and the environment was not for me. I wanted to go to high school so I can get to know young people and maybe they can help me learn the culture of the country. So that's what my heart felt. It took me three months to get that done. (James)

The one participant who remained in a non-diploma vocational program described it as one of the two most detrimental experiences in his life in the U.S., because of the challenges he now faces in finding satisfactory employment without a high school diploma.



The most common school placement challenge mentioned by almost two-thirds of participants (13, or 65%) was being placed in a higher grade than they had attended prior to their arrival in the U.S., with 5 participants (25%) advancing more than 5, and as many as 9, grade levels. Several former URMs described having a steep learning curve upon entering school in the U.S. because they had missed core concepts on which later instruction or material was based. Five participants (25%) stated that they had to work harder than other students in their classes because they had to master current and remedial concepts simultaneously.

I think school itself was hard. It was hard. Yeah. Because you know, the way they build curriculums, or the way they build the stuff that people learn, it goes up, you know, little by little, the stuff that you start from middle school, and then even in college you still remember them even though they become really wider, or become abstract. But with us, we had a limited foundation, like we had to start in 9<sup>th</sup> grade. Like let's say my major was biology, pretty much you start biology maybe from elementary school, you can start basic stuff, the same concept will go and build up on something else. But my starting point was in high school. So everything in biology, some of them will be like, oh this is stuff that we learned this stuff back in elementary school, and I was like, I did not go to elementary school (laughs)! (Carlos)

We don't have that much education back home and have to work more harder than the people that down here because of they start school when they were little age and I start school when I was like ten years old, so I start school very late. (Jacob)

One final common challenge identified by six participants (30%) was lack of familiarity with various forms of technology, such as calculators and computers, utilized or required in U.S. schools.

#### Negative Experiences in Foster Care

Participants in the study were in the custody of the URM program for an average of 4.7 years, with a range of 1.5 to 9 years. During their time in the URM program, participants lived in an average of 2.9 placements, including foster and group homes and

independent living placements. Twelve participants (60%) were in at least one foster home at some time, twelve (60%) were in at least one group home, and twelve (60%) had at least one temporary stay in an emergency youth shelter. There was only one former URM (5%) in the study who had only one “independent living placement” for his entire tenure in URM care, and therefore he was the only participant who never experienced placement in foster or group homes or a shelter. Eleven of the nineteen (58%) participants who lived in family or group placements reported that problems with foster or group homes were among the most difficult of their experiences in the U.S.

Seven of the twelve participants (58%) who had lived in foster homes spoke about problems they encountered in those placements, most of which related to conflicts over household rules, cultural differences, role changes, isolation from family or friends, and serious conflicts resulting in placement disruptions. John, who described three very challenging years in a foster home, began describing the placement as:

It was just very difficult from the get go. Like, things did not really start off well. It's different. It's hard to explain really, you know, if you live with your parents and then you leave your parents and then you come and live with different people that are not your parents... it's... all of that, the rules, habits, the way they talk and stuff like that, it caused lots of problems. Like we just never got along. I was always in an argument or some kind of fight, and always grounded over something. I ended up staying there for three years, I mean three really, really difficult years. We (I and my cousin) were just always like, there was never a moment where we were like really, really, really happy and things were going normal. I wanted to leave like when I came to that house. Not even the house, I just wanted to go back to (my country). Had someone given me a one-way ticket, I would have taken it in a heartbeat, no questions asked, nothing. I would just like, thank you, I'm back home. And just, living with other people, I mean, it was difficult... and after being through that house, then we were like, well, if I leave this house and go to another house or whatever, it probably would be the same circumstances, because we didn't know, we were like maybe that's how all American people are, so maybe it wouldn't be different there, so what's the point. So I just want(ed) to go home, and leave this place and just be done with. (John)

Another participant spoke about the challenges related to cultural and language barriers he experienced while placed in a foster home with some of his siblings:

And most of the time I used to be like grounded and punished. But I wasn't used to that, I was just telling them straight up, "look, this is not in my country so I am not going to agree with you." We don't have grounded there, like you can't watch tv... I just turn on the tv on purpose... you can't go outside, I used to go outside on purpose, you know. And then they started making their house rules a little strict. We (I and my siblings) couldn't speak our own language. We had to speak only English... I was the one that had the biggest problem with that and (the other rules)... Once they kicked me out for two nights... And then we had a big argument for (two other house rules) and then they were like all right, you are out of the house, and I was like, fine, I am getting out. First they were like, all of you are out. I was like, you know what, I just apologized immediately, I was like just leave my family here, they are happy, I'll go out, I don't care, you know. And right away, I was like I am going to go out forever, I don't want to come back. But just, at least leave them, let them because they like you guys... and you get along here very much, you know. And they had some other rules but they didn't much bother us. Not to come home late, not to do this and or do that, you know. (Josh)

Another participant described a conflict with foster parents over his desire to send part of his income from a part-time job to family members in his home country.

I was making like \$5.75 maybe, or \$6.00 an hour. So, I kind-of helped my sister, the one who raised me, and then they say why are you sending money? I say I don't need money. I mean, my sister needs it more than I. Not because she gonna use for the food, just only, but for the medicine treatment. She has been sick for a long time. So they were trying to argue with me. I got really mad because I was like, what kind of people are you? Don't you believe in God? What's in your church, you give a gift, right? I'm trying to give back to my family. Why you say I cannot give this money to my family? I got really mad. (Mathondit)

Karrie, who reported difficulty adjusting to every foster and group home in which she was placed (5 placements plus 2 brief periods in a shelter), described conflicts with foster parents or group home staff, followed by her withdrawal and eventual disruption of the placement.

If she (my foster parent) is at work and she comes home and the house is not clean she would get mad and stuff. Which it was her son that made all the mess and stuff. I would just go to my room and sleep. I didn't argue back with her, I

go to my room and sleep because she would just go back and forth (arguing) so I just ignore her. (Karrie)

Even former URMs who had generally positive experiences in foster homes reported having difficulty adapting to life with families who were not their own. When asked what it was like to live with an American family, Mathondit stated:

It's, to me, the way I am, I don't want to live with somebody that's not my real mother. And that's gonna be different, so when I was going there, I was going, trying to finish my school, and whenever I finish, I move on. They was very nice but, you know, sometimes they say to me that I didn't learn to like it... sometime, they say I spend my own time, I don't spend time with them. Come on now, I mean, be realistic, people are different, you know, I mean that's my personality, when I want to be in a private place, I just want to be quiet, they don't know what's going on in my head, you know. Especially when I miss my family, I just moved in, hey, it's hard. And then when they're just trying to force me to do things, I don't feel really good. But overall, they was nice people. (Mathondit)

When participants were asked about any help they may have received in resolving problems in foster homes, the majority indicated that they sought and obtained assistance through their social workers from the URM program. Three (15%), however, reported that they had difficulty speaking openly with their social workers, because of language barriers, lack of opportunity to speak privately with the social worker, or perceptions regarding the relationship between the social worker and the foster parents. One participant described:

...because like we would have troubles and we would tell her (the social worker), like she would come on a visit, and when a social worker comes on a visit, she is supposed to take you and talk to you one-on-one, but she never did that. It was the whole house, everyone sitting in a circle... so we never really had the opportunity to air out our differences... The social worker was more of the family friend than a social worker to us. (John)

Another former URM, Ayuen, reported similar difficulties:

...but at that time she (the social worker) was like, you know, there is nothing we can do at this time, we don't have any foster families to put you guys in. So all you have to do is just, you know, hang in there and stick with them, and be a good kid. But the thing is, when (the social worker) come... I think she used to come

like once a week or once every two weeks, but the thing is that the way we saw her, and the relationship between her and the family... is that a lot of time when she comes, she didn't give us the time to talk to her about the problems we had... and a lot of the time, we would come to the dinner table and she would ask us the question how is living here... in front of everybody and you know... you can't say much. (Ayuen)

Several participants (5 of 20, 25%) also spoke about the difficulty of adjusting to placement disruptions, regardless of their positive or negative feelings about a particular placement. Dianne, for example, shared the following about leaving the home of foster parents she liked:

Well, I wouldn't say it was my decision to move. I didn't decide I want to leave the house. They... I don't know... I didn't really know how it happened. I was sad, because I was like getting used to them... and then going again to start with a new family and new rules. (Dianne)

Ayuen described not wanting to leave a foster home in spite of being unhappy there for more than two years, starting from the first week he arrived.

Yeah, because at that time I was a junior and I was like, I don't want to leave and have to start new again, you know, a new family, a new environment, which would be tough on me. And also like, I was on the soccer team, I was friends with my teachers, and all this, you know, so there was no reason for me to leave. Because the family, you know, since week one... since I had been there for like the first week, it was all the same family, they haven't changed much. You always argue with them, they don't show much respect for you, and maybe according to them I don't show respect for them. So the family had been the same all along so I was like, you know, if I did this for 2 and a half years, I can do this for one more year... that was my mentality. But on that day, after I had turned 18... (Ayuen)

He went on to describe how the placement ended abruptly after a serious conflict in the home which required police intervention, resulting from a family dispute between Ayuen and his foster mother, who he stated had spit in his face during an argument. A total of five participants (25%) in the study had experienced at least one abrupt removal from a foster home because of a serious conflict with the family, including two former URMs

(10%) who experienced two or more unplanned, crisis-related foster home placement disruptions.

The fifteen participants (75% total) who had been in group home placements (N = 12) and/or temporary stays at an emergency shelter for youth (N = 12) described very consistent problems and sources of discontentment in these environments. Conflicts with American peers in group homes were reported by six former URMs (30%). The structure and “control” imposed in these types of settings, including behavioral “point systems” were mentioned by ten participants (two-thirds, or 67%, of those who had been placed in these settings) as sources of conflict and discomfort. Ku described his difficulty adjusting to a group home:

And, you know, we cannot go outside and we just come from Africa... we want to go outside, just walk around, or we want to go buy a phone card. There is a (store) close to the (group home), they say you cannot go there... you have to ask permission or you lose a point. We want to go to the movie theater, there is a movie theater right there... or we just want to go and see the car... or just stand there, or we want to ride our bikes outside. They say, no you cannot do that, you have to stay inside... like we in jail or something. (Ku)

Six participants (30%) mentioned their displeasure with having to do all activities as a group, because no one could be left alone in the group home. As Joel and others described, “if somebody wants to go outside, everybody has to go... Like you *have* to go. You want it or you don’t want it, you *have* to go. That’s the thing.” Matetek shared this concern, in addition to others:

Well, well, well, it was terrible for me. (The group home), they were forcing a lot of things, like to do. They had what they call a point sheet. That was the craziest thing, you know, you lose a thousand points, you lost a million points. Oh yeah, because you supposed to not be outside, you’re supposed to be coming home by this time... And when anybody goes, everybody’s gotta go in the car. You cannot be there, nobody can be left in the house by themselves. So everybody must leave the house, whether you’re going to buy something, going to see movies, or bowling, it’s mandatory. (Matetek)

Mathondit, too, had a similar experience in a group home:

At first we just thought it was a home. Then after that they had this kind of system, it was called point system. They give you an amount of points, you have to earn them though, and if you behave badly then you would lose points and then there is no privileges. That's what they said (laughs)! Anything you want to do you have to ask permission first. It was just kind-of like very strict basically, parenting, restricting. The point system, we didn't like it because it was symbolic, like to my understanding, it was for the kid that don't really want to listen. It kind-of, it makes me more frustrated because it, say that one of the kids in the home does something bad (and) you don't want to respond, or you respond badly, then you get a consequence and it's not fair the way I look at it. That's not the way we used to be raised, being like a criminal kid being dealt with. So it's just kind of frustrating when you look at it. (Mathondit)

Mathondit also described another reaction or concern regarding group homes, which was identified by a total of nine participants (45%), "It was kind-of an orphan home... or some of the (American) kids maybe have problems with their parents at home." Others shared this perception that the American youth with whom they lived in group homes were from "troubled" families, or had "mental problems."

It was just a combination of different kids with different backgrounds, different practices, it was really just very difficult, you know like, I mean considering the circumstances with the people that come through the shelter, and their backgrounds and what they had been through. And then me with my very difficult background, coming from (my home country), I mean coming from (the country to which I fled because of war). And, it was difficult, you know, I mean they had their stories of what has happened to them in the past, and they do things their own ways. I mean, I had a difficult time... like I was always getting in fights with the kids that came from the shelter. (John)

It was kind-of... people (American youth in the group home or shelter) like, they were having psychotic problems and they seems like they have some issues with their family or they have mental problems, or something like that. (Michael)

Six participants (30%) described perpetual wariness around American peers in group homes because of behaviors or interactions they had observed or experienced. Josh described anxiety around peers after being subjected to harassment and sexually inappropriate touching from a peer, "when they have their moods to be mean, so they

(scare) me... that guy who was touching me was like maniac, he was crazy.” Karrie similarly described her group home experience, “They were all troubled kids in that place and I didn’t like it. Girls fighting, hurting themselves... everybody was crazy in there.”

Related to some of the conflicts participants described regarding rules or “control” imposed within both foster and group homes, another challenge mentioned by nine participants (45%) was the transition from the independence and responsibility they had developed during their war and displacement experiences to more dependent roles in foster care. James summarized these concerns in his reflection on his experience in a behaviorally-based group home:

Because if you are controlling 10 people, maybe 1 or 2 people (don’t need it) out of those people. But you will never know, so you have to control people based on a system. That’s how I was reading it. But to me, being that I grew up independently and doing my own things when I was in the camp, I never wanted to be bad. I wanted to look after my life and make sure I go on the right path. But being that people were not the same, sometimes... there was bad control, you know, when we were controlled for something we didn’t do. Something that I don’t do. Like when I was controlled for something that I did wrong, to me I would admit it and say okay, I did it wrong... you know, where we came from, we never wanted to be wrong all the time, so if you are corrected once and then that would be it. You don’t always want to repeat the problem. So, it was a hard adjustment but to me I needed that freedom... I wanted a real freedom when I came here because I was very tired of the environment that I was in. Being that there was war all the time... and, you know, serious thinking without hope. So that was a big concern, but when I came here and now... there is this loss (of independence)... that is sad. (James)

All six participants who never lived in foster homes and the one who had never lived in foster or group homes (35% of all participants) indicated that they had intentionally avoided placements with families because they did not want to return to more dependent roles. Others who were initially placed in group homes cited these concerns as their reasons for requesting independent living placements as quickly as possible. As Raanpieth stated:



It was kind-of hard because I am... just kind-of like, I have been, and kind-of act like, adult. But then, coming with the family it was kind-of like, you're the kid.

You gotta act like a kid! (Laughs).

These themes, along with participants' broader perspectives about their various roles in the U.S. are described and explored further later in this chapter.

### Problems with Peers

In addition to conflicts with American peers related to language barriers, cultural differences, and disparate life experiences (reviewed above), the two primary peer-related concerns described by participants were isolation or difficulty fitting in with American peers, and American peers' lack of awareness or stereotypes regarding participants' backgrounds and cultures.

(The first few years) I was really, I was lonely. I didn't have any friends. And I didn't know, although I was in school, I was going every morning to school, I did not learn anything, nothing. I just go there, just watch people, sit there by myself. And pretty much what I used to do when I get off school, I went home, eat some food and just watch tv. The other (kids), I didn't have any problems because I did not talk to them. I wasn't talking to any of them and they didn't (talk to me)... that was it only, the communication, "hi." I can't imagine going back there again. (Walter)

I don't really have a lot of friends, quite frankly, because of school and work. Like co-workers, I just don't feel like I want to really, socialize with them per se. They all have really different views and their opinions are different than mine. And not only that, they are all, they feel like, they actually judge people because of who they are. I don't think we're gonna be friends for anytime soon because they have different, I mean, world(views). (Faby)

Three of the five Moslem participants in the study reported that their religion, or peers' perceptions of their religion, impacted their relationships with American peers in some way.

Americans, kind-of like (I) keep separated but, you know, not giving too much attention to them. They didn't give me any attention, me too, kind-of like, you know, far away and all that. I never believe like girlfriend, boyfriend, this or that.

I heard it but then I see them doing all kind of things. But I'm kind of like, I'm a Moslem and I have a religion, you know, separated from that. (Jack)

Eighteen participants (90%) described experiences of being teased or bullied by American peers at some time, and the vast majority of those instances involved teasing related to former URMs' language skills or aspects of their cultural or national backgrounds. Eighty-three percent of all African participants (15 of 18) specifically mentioned teasing that involved stereotypical questions or comments about their home continent.

Some, they ask like, you know what kind of silly question they would ask... did you never see a light before? (Laughs). Yeah, you never see the light before and all these kind of African questions, of course. (Mathondit)

It wasn't easy, because... at school, people make fun of you sometime when you are like an immigrant and they can hear your accent. And coming from Africa too, you know, people have all these stereotypes. It's like, did you guys have clothes, a bathroom, did you run in the jungle and all this, but, I just kind-of play along, you know, just, I mean they were kids, you know... 14, 13 years old, 15 years old, so... (but) I got in a fight with one kid in middle school. This guy was a bully! He was in two of my classes and some of the stuff that he asked me was like, some of these stereotypes like... in a way to make fun of you. (Ayuen)

Ayuen went on to describe other instances in which he encountered stereotypes or ignorance regarding his home country or continent, which eventually inspired him to try to educate others through his involvement in a student group at his university.

So one day (at work) one guy was like, where are you guys from? And then we were like, we are from (his home country). And then he's like, is that some kind of village in Africa? (Laughs). So this kind of thing... We wanted to do more, I wanted to do more like to spread, you know, the knowledge about Africa, and that people do not only live in the jungle, you know, like the people in high school used to ask me, and that people actually wore clothes. So things like this, they kind-of made me want to do something with the (student organization) and put out awareness about Africa. Educate people about Africa. (Ayuen)

While some participants described experiences with stereotypical questions as humorous, the majority noted more serious, negative consequences associated with these experiences.

They used to make fun of us there as well. If you don't say something right, they would make a song about it... or just joke about it. We never minded, you know, so what? We never really took it more seriously but it was hurting us somehow, you know, because that could carry you away if you are shallow-minded. It was hard, because of the cultural differences, you know... American kids, they were always bothering you... trying to ask you silly questions while you were in class... like where are you from? What village? And like, are there tigers? (Laughs). Like where does the plane land when the plane goes to Africa? So, they would interrupt you from doing your work. (James)

The teachers was nice. I ain't gonna lie to you. They was nice to me, but students, sometimes they pick on me, because of the way I talk, the way I dress... They used to ask me... do y'all wear clothes in Africa? Do you have cars? Do you all eat food? Do you all walk naked on the street? So I used to keep to myself all the time. (Jacob)

(I was teased about being) from another country, being African and stuff like that, just making fun of like, African people. I mean, there are so many misconceptions about what Africans and what Africa is, so when you come from Africa, people think you came from a big great old jungle, where people swing through trees and you're like a monkey, and you had to go out in the woods and hunt for your food every day and stuff like that. I mean, which is kind-of, I mean, it's upsetting when you think of it. But then, you know, here, not much is (known). (John)

John went on to describe the harm he experienced from negative stereotypes, after his grades had fallen in college following the deaths of two family members:

It (a program for students on academic probation) was until I brought my GPA over 2 points which I did by the end of my fall semester of my sophomore year, but I was really embarrassed and it was terrible having to go there every day and see people. I mean, I know I... it was just like, I felt like one of those dumb jocks or whatever, and just go and do sports, and I guess that's what people saw me as. Just, oh he is running, he's a runner, he's African so he came to run and that's all he does, and he has no brains behind it... and just, terrible. (John)

Four participants (20%) mentioned overhearing or being the object of peers' racist comments and/or being compared by American peers to negative or racist stereotypes of African Americans.

But really, I mean, there are some people that actually, they just kind-of judge you even before they even met you. And I don't mind about that, I said, you know, I'm different, once you meet me. There are people that said, you know, we never thought you guys were different. We just think you guys are just regular normal black kids, and once they meet us, they said you guys are different. And we said yes, we are different, and you shouldn't be judging people before you meet them no matter who they are. Around (the college campus), it was just like a lot of people, we fit right in and everybody was okay with that. But like, outside (of campus), we would hear all these things, like the people my neighborhood like, you know, hey, you're black, we're gonna shoot you, and stuff like that. (Raapieth)

Only one participant (5%), an East African who had lived in Europe for several years prior to his resettlement and was nearly fluent in English upon his arrival in the U.S., stated that his ethnicity had no impact on peer relationships and that peers tended not to notice that he was from another country.

Honestly, it didn't make any difference. I, quite frankly, I feel like at home here more than my own country where I was born in. I really haven't noticed any difference... Quite frankly, nobody even knows where I came from, because people hard to believe, I mean, even if I tell them, they would never even believe me. It was just like, no, you are just one of those kids who's like just, you know, making up stories, wanting to sound like they are cool because they came from somewhere else. They wouldn't even believe me so I just gave up. I don't even tell them anymore! (Laughs). (Faby)

Finally, regarding problems encountered with peer relationships, two participants (10%) also noted that their immigration status added weight to the potential harm that could result from serious conflicts with peers or others.

Yes, I did (have problems with American peers). One time, you know... something I'll never forget. They used to live with me at (the group home)... both of them... they just (kept) teasing me, you know... and on that day, just, I was in a bad mood, and I told them... please, you know, please, stop joking with me. I am not, you know, feeling good, just stop, and they continue, and just I couldn't... so it start, you know, an argument, which was physically... It (being

teased) happens, you know, but if you be patient... but just on that day I guess I had a bad day so I could not tolerate anymore. I could not just stand it, I had to do something. Actually, that was very serious because, you know, I was 18 at the time. Almost about to deport. I didn't know that, just because I mean... in (other countries in which I have lived), when you fight, nothing happens, you know, just if you go to jail, you just pay, you know, and just like this, you are out. The police talked to me and said at this age you've got to be careful, and I mean, I was told that I was about to deport. (Bruce)

### Separation and Loss of Family Members

Being separated from family members, regardless of whether their location and well-being were known or whether they were living or deceased, was described by three-quarters of participants (N = 15) as being the single most difficult aspect of their lives in America. Eighteen participants (90%) raised the issue of how their lives had been impacted by separation or loss of family members, and these descriptions tended to include more hardship and emotion than other challenges they described. As Jack succinctly stated, "Just, only being far away from my family. That's it. That's the only one thing I have a problem with my heart."

Two participants (10%) who had been with one or both of their parents immediately preceding resettlement shared the difficulty of leaving wholly or partially intact families.

I mean, I was conflicted, to be honest. I mean, like I had my parents and my sisters and brothers with me. I mean, I was happy there, and when I came here I was young and I was sad and I missed them and I didn't want to leave. But I was convinced that, you know, it was best that I come here because then I would have more opportunities for, you know, better education. (John)

My father was not okay with it. Because my mom, she died when I was seven years old. But my stepmom, she was trying to talk my dad into it. She tell him to let him (me) go, probably when he grow up maybe it's going to be a better thing. After that my dad cry and he say just say go son, and come back one day and I am going to be here waiting. So I think he is still waiting for me. (Ku)

Over three-quarters of participants (N=16) were separated from parents due to displacement or death prior to their resettlement, and all but one of them spoke about the ways that their lives in the U.S. were impacted by this separation from parents and/or other family members.

What the hardest stuff is not having parents with you... to like, guide you, or to put you in the right path, or, to tell you if you are doing wrong or right. Or, a parent you can talk to... or something... I used to see him (my father) in my dreams. I didn't know him like, I didn't know him physically, to say I would have remember him if I see him... but, I just used to dream about him, and... I just used to cry, for no reason... yeah, lot of times, I felt, I just... I don't know if that was depressed... sometimes I just sit down and tears like, my heart is like full... and then I am just crying... (because of a) lot of things actually. Number one, I used to wish like, I knew my father. Number two, I used to wish I had my mother with me, and I wanted to be with my family, like, I want to be where I feel celebrated, not where I am tolerated... I have been wishing my mom could come here, and I just want to see her because she is getting old and these stupid thoughts keep coming in my head, like, you know... and I want to see her before anything happens. (Dianne)

Mathondit also shared his experience of losing family members because of both death and displacement, and his ongoing worry about loved ones abroad:

Sometime when I think about family, being away, seriously, it's really rough, I mean it's a tough, difficult thing. You know, when you think about something you don't go to sleep. Your analyze it over and over again, what is the solution, what's it going to be like, what if you do this, you do that and it doesn't work out. My sister, the one I told you, when my mother, when I was born my mother passed away. Maybe I was just a week old. My father died before I was born, so she (my sister) was just like big time, she was my mother, you know. So when I left them, it's really unexplainable, like the way I put it, I know they are over there, they are not eating what I am eating, they are not sleeping the way I am sleeping and they are not drinking clean water like I am doing. All kind of abilities I have, they don't have it. (Mathondit)

Other participants spoke about coping with feelings of worry, fear, or sadness regarding family members from whom they are separated.

They were still in refugee camps then, and as I am doing all this, it was difficult to think about... you know, and you can't do anything because I was in (college) and (college sports). And not having a job to actually help the family, it was difficult... There are times that I was just kind-of thinking I want to quit

everything, to just help them, because hearing where they're at, and just thinking about my experience being there, it was hard. (Raanpieth)

Well, (my family is) not very well. My country is not really safe... it is (still) full of violence, war. It is never going to finish... No, war is not going to be over... ever... (Being separated is) very hard, yes. I don't know, I hardly know my mom. (Dianne)

Three participants (15%) experienced the deaths of close family members after arriving in the U.S. One lost a sibling and parent in his home country, while two lost a family member abroad as well as a sibling or cousin with whom they had been resettled.

John shared his experience of losing loved ones while in college:

It was really terrible. It was so difficult, I couldn't get myself to study. I mean, I was depressed, I was crying, I was sad, I couldn't study, I couldn't do anything. I made terrible grades. It was just bad... with my cousin passing like two months prior, and then this news (of a sibling's death), I was really devastated, I was just... terrible. I mean like, all the time, people came by, like the counselors at school, the chaplain came and wanted to talk to me, but I couldn't get myself to talk. Like even (my social worker) tried to come, like she wanted to talk to me. I mean, I know I care for her, I respect her a lot, but I couldn't, for some reason I just couldn't get myself to talk about it. Even to this day it's difficult talking about it. I came back home (from college) to my cousin's place... I mean, I felt comfortable, I felt at home. It was good, I mean, always his roommates (other former URMs from the same country) were really nice, and they were like big brothers to me so they would just try to comfort me, console me... they would help me out whenever I needed help. So it was a good place... I mean, it was just... like, as you can imagine... I mean, I had that terrible loss and being young and being all out on my own, I mean, it was difficult. I was really sad and depressed, it was a terrible time in my life. (John)

For one participant, the loss of a sibling with whom he had been resettled inspired him to return to his home country to reconnect with family members there. Shortly after his return to the U.S. to begin his studies at a university, he experienced another loss.

When (my sister) died I decided to go to Africa... to go meet my dad the first time because I hadn't met him at all, I never knew who he was... I mean, it felt like I was living the life (my sister) actually gave me, because she was the one that applied... for us (to come) here, so she's the one who brought us here. And it felt like her life was cut short, and she probably always wanted to go back and see how the family are back there... I really enjoyed it. It was a lifetime trip. And

then I came back and (within a few months) I end up hearing that my dad died. (Thuc)

Several of the seven former URMs (35%) who had returned to their home countries or countries of first asylum in recent years noted how the years of separation had impacted them and their relationships with family members.

But at the same time, I kind-of felt sad (when I visited my family in my home country), like I really missed out on the family circle, because I grew up by myself, and now I came there and I didn't know everybody, all of my other siblings, they who were born after me, they were grown, some of them, those who were older than me, I didn't know them. So inside me, I kind-of felt strange, but I (had to) kind-of accept that. (Carlos)

For some former URMs, attempting to locate family members abroad was identified as a difficult, protracted task that they were no longer able or willing to sustain. Two (10%) described their efforts to find family members for several years after arriving in the U.S.:

Now, if you go in my room, I have a lot of, like this box, this big file that's full of Red Cross letters that I had sent from '95, '96, '97, 2001, all through 2008, up to 2009. I sent it to, like to my family. But now I don't... I still have the letters, but I don't send it out, I don't send it nowhere. Well, at that time I was looking for my father, and I didn't know my father was dead in '96. That was only 3 years after I separated from him. I don't even bother now... like, if I find somebody face-to-face, I will talk to them, but I'm not going to be, "oh this one is oh, so close," or "there's this one that lives in..." and all that, and I'm writing, I'm writing... I'm not writing nothing, no more. I'm done with this writing stuff. (Joel)

While all participants in the study had experienced separation, loss, or concerns about family abroad or missing, some also had the additional challenge of a difficult separation from family members in the U.S. Josh, for example, who had lost both parents prior to his resettlement and was then separated from siblings in the U.S., described a sharp decline in his grades and other problems that began approximately a year after his arrival in the U.S.:

I was unhappy. I was getting like... thinking about why couldn't my life gonna be like this... like, honestly I think like, my parents, losing my parents... was a



big part of it, and family that don't care and see each other anymore was the second. Yeah, so I just... I won't say that... because I wanted to see someone who cares and wants to be there like for me and happy to do good and stuff like that. But (my older family member) I guess was too busy by then, you know, and I just lost the control how to manage school and all that... Just since I came here, too, being away from family, you know, right now especially I get mad a lot. I don't know why because maybe like that is not the way I wanted to be, getting mad really quick and all that but then it was just because of family was like... having a hard time with the house and can't talk to anybody about it... having problems in life... which is still the same (now), you know, having all those problems, don't have anybody. (Josh)

For some participants, the separation and worry about loved ones extends beyond the immediate family into a broader concern for the communities they left behind.

James, who is one of only two participants (10%) who have been able to complete the difficult process of getting an immediate family member resettled to the U.S., responded when asked what have been the most challenging aspects of his life in resettlement:

Well, seriously, it's not about me. It's about the world because if we are all people and we know that there is good and the bad... so, why is it so impossible for people to see the bad and get rid of the bad? You know, why is it harder? So, all these ten years, here I have been free... I eat when I want to, drive around freely when I want to, and think, openly. But in other parts, people are not like that. People are having to think... with no hope, and with nothing to accomplish their own life and people are being neglected by others, and people are being denied... for what they want to be. So it's just... it has been, you know, because of all I have gone through, I feel like, you know, all the human beings should be allowed to have that freedom... to be able to do what they can, and to achieve more goals in their lives and have hope... whereby, you know, in other countries, nothing is like that. So to be able to see my ten years, here I came with no English, no knowledge and now I am speaking and I am free to travel around the world... it's just, it hurt me sometime because others are not doing that because they have been controlled like if they were in jail for nothing they have done. (James)

#### Multiple responsibilities in early adulthood

In addition to the emotional burden of being separated from one's family and community at a young age, participants also described the practical challenges of entering early adulthood without the safety net or guidance of caregivers, while facing multiple

adult responsibilities immediately upon emancipation from foster care, or sooner. Nineteen participants (95%) identified challenges related to the everyday demands of supporting themselves, often with low-wage jobs, while also facing additional responsibilities such as simultaneously attending and paying for college, or being the sole source of support for family members or friends back home.

Ah, like to me, juggling life, it's not easy. You have to make your heart, or make yourself strong because nobody is gonna do anything for you, you have to do it for yourself. And you cannot, like let somebody else do it, otherwise you gonna be lagging behind them. But it's not easy being by yourself. (Michael)

Everything is hard, jobs, getting an apartment, trying to get a car. They say, you don't have credit. Everything gonna go on credit... okay, so how can I get a credit? If you want to build your credit, you go to credit company. Okay, so how will you pay it back, if you working for \$8 an hour or something? All these things, you know, you just have to live through it (by) yourself. (Ku)

Carlos summarized the daunting task of facing adulthood and the pursuit of one's goals as a young person on one's own, a challenge identified by many participants.

In my ten years, the hardest thing that I deal with is... responsibility (laughs)! Sole responsibility, in particular. Everything that you try to do, it depends on how you behave yourself. And the present that you get by doing that, it's hard. (Carlos)

He went on to explain that he understands how some URM students never attain their goals, because of how stressful and financially difficult it is to get through school and work at the same time, and that often people give up rather than enduring those struggles for extended periods.

So the hardest thing is to go to school, try to become successful, and at the same time you really have to sustain your life to do that, and it's a different place that you have no idea what works... The hardest part is that there is no safety net for you. Either you do it right, if you do it wrong, you still have to fix it. You have nobody to look up to. Unlike when we were dependents, we just tried to do it right, if we kind-of screw it up, someone will help us correct it. So that was kind-of a little bit scary! (Laughs). (Carlos)

The only participant who did not complete high school or a vocational program discussed how he had been overwhelmed by the prospect of starting four years of high school at the age of 18, after years of working to support himself as an adolescent, prior to his resettlement. He elected to leave school and foster care at the age of 19 in order to work full-time, a decision he now regrets several years later as he has been unable to return to school or earn a GED because of his demanding work schedule. He said,

I tried to continue, but just, I don't know... maybe, you know, just kids, and you listen to them and I saw them having a nice car and everything, you know, and I just say, you know what, why don't I have it as soon as... it's, you know, work... (so) I start working after like maybe 3 months when I got here. (Bruce)

Bruce and other former URMs also identified the challenge of managing multiple responsibilities on their own without the guidance of adults. Several participants described, for example, lack of awareness of community resources or experiences in which individuals or agencies had taken advantage of their lack of familiarity with customs or systems. John, for example, spoke about the debt he accrued by attending a private college, and his wish that there had been a supportive adult in his life to help educate him about selecting a college and sources of financial aid:

I mean, like during that time... that's when you really need like some kind of adult guidance for like telling you this and that, and this is good, and this is bad for you... And now, looking back, financially it would have been a lot better for me had I went to (a local state university), because (it) is a lot cheaper than (the private college I attended)... (tuition) is like (triple the cost)... had I known, with the scholarships that I would have get... I probably would have a lot more money and I would never had to take out any student loans. But I didn't know... I didn't know the financial aspects of it, and there was no one... no one really told me that. (John)

In addition to managing duties associated with school, work, and daily living, an additional responsibility mentioned by eleven participants (55%) was the expectation to financially support family or friends back home. Raanpieth, whose father had died years

previously, described his efforts to move his mother and siblings out of a refugee camp, while also attending college.

I wanted to work because I'm kind-of like a family-oriented person and I'm the head of my family in (my home country). So I took them to (a neighboring country), to a better place... so and I took (student) loans and I just kind-of like helped them every month, you know, just paid them, and pay and let the kids go to school. So, I kind-of felt better, that it seemed like I am doing something for them, that they are not behind. Because even though I am going to school, I am still thinking, I'm thinking a lot about them, why don't I have the power to help them? Why am I just going to focus on me? Because it is kind-of hard to do two things at times, but if I only just focus on my school and they're behind, I mean, how is that gonna look? For me, I had to learn a lot when I got older, rather than learning when I was a kid. So going to school as a kid, it's a better way to go. And this is their chance, for them now. (Raanpieth)

He went on to describe how the multiple responsibilities of school, college athletics, and providing support to his family became increasingly unmanageable, and therefore his family eventually had to return to the camp:

So, I was thinking about quitting, quitting school to just help them, to take a year off. So I went to (another state), they had a meat factory there and I said I'm gonna work there... even though I know it is not a good decision even right now, I don't think it's a good decision for me, but I have to do something. I would rather risk my life for them because it's just kind-of like hearing where they're at, and because they went back to (the refugee camp) because I was not able to manage paying for the school and everything. (Raanpieth)

Of the ten former URMs (50%) who provided at least occasional support to family members or friends abroad, four participants noted that the pressure they felt to support others back home was exacerbated by the fact that people abroad did not understand the reality of their lives in the U.S.

It (the perception and the reality of life in America) is totally different. Just whatever they say, you know, we heard... everything is like, you don't have to work. It just seems like the money will appear for refugees. Sometimes some of my friends, you know, they ask for help and I say, I'm sorry, you know, I have big bills here, I can't. They say, ok, what do you do with those money the government gave you? I said, excuse me, can you send me that address please, so I can apply? (Laughs). Yeah they expect us, like when we wake up in the morning, just like, the money, you know, grows on trees, No, it's not like that, but

that's what they expect us... Like, hey, can you send me something? It's hard.  
(Bruce)

Yeah, I have my mom. My dad passed away a long time ago, but I have a lot of uncles and other extended family and, of course, they expect us to help them out... It is definitely (a lot of) responsibility, you know, helping, supporting the family is always there. You can't get away from it. It is a communal society, so whenever somebody has the means to help out their family, they usually do. I have been helping them minimally since I got out of the (URM) program, and since I came to college, actually, so just help a little bit here and there. And my brother and I, we are putting some of our cousins through school in (two countries). So we just, you know, give them a little bit for the school fees, and something to get some clothes and things like that... I have the cousins, I have my mom, and (in my home country), there's not many opportunities, you know, they just ended the civil war but still my mom, you know, she is getting older and even though she has the land, she cannot farm. So, we have to support her financially and pay for her rent and other things. And when you put all this together, it is a lot, you know, it takes a lot of responsibility, and a lot of the time it is difficult to, you know, and do other things here. Like when I was at school, you know, pay my rent, my utility bills, and cell phone and things like this, so it kind-of takes away a little bit here and there. Yeah, all the time they call you, they want money for this, they want money to go to the hospital and get some pills. But sometimes you just tell them that you don't have anything right now. Because what happens is, people see America with all this stuff and they just think when we come here we will be rich instantly. They really don't know that we have to work, you know, forty hours a week and go to school sometime, and do all this and pay our bills. It's hard for them to understand unless they actually come here and see with their own eyes. (Ayuen)

Joel, who had no contact with any family members abroad or in the U.S., described how his relationships with friends from his home country had changed after his resettlement, and how these changes inspired him to initiate a project to provide the means for his displaced friends to support themselves.

I decided (to start the project) when I was in college. I decided because a lot of people, a lot of people that I know call me and talk to me asking for money and I am struggling also myself. Give me money, can I have fifty dollar, one hundred dollars or something, then like I have to... just give. I live in three (different) camps before), so I know most of the refugees group... and I had a lot of friends who like really know me personally. But now when we talk, the conversation turns to asking for money every time, you know, and that makes me so sad that you know, people, you just want to talk to them real bad and the conversation is not, it can't go anywhere without hey, can I get some money. So I had to do

project that would make them get the money independent, so I won't have no fear talking to some of my friends. (Joel)

Three participants (15%) were engaged in efforts to support their home communities as a whole (in addition to family members or friends), including two who had established their own non-profit organizations for that purpose. One of them shared similar themes about how, during his first visit to his home country, people in the community had perceived his life in the U.S.

Well, they expect that you have everything; when you talk of having a bank, they think that this bank have money in it, but it's just a bank to cash your check and live from check to check. They don't understand that. And if you drive a car, they think it's something simple, you accumulate your money and buy the car. The car is tied to a lot of things, a lot of taxes on it, registration for license plates, and insurance that you have to pay every month. They will never understand why you would make \$10 per hour or \$9 per hour and still have to struggle. They never really understand that, so if you try to explain, that would be difficult and would give you a headache over something they will never get. They will never understand. (James)

In addition to the multiple roles most former URMs face in early adulthood, five participants (25%) in the study discussed one other significant undertaking that they shared: parenting. All five former URMs who had either had children in the U.S. or were currently expecting a child discussed the challenges of having an additional role for which several of them were solely responsible.

I didn't know there would be diapers that you were going to buy. I didn't know there would be a lot of milk you were going to buy. I didn't have no clue... I just said that I am going to work hard, you know... start working... save a little bit, I think. I start workin', workin' and I work, and work... and by the time the baby was born, all the people there, even (my partner's) mom, honestly... those people that were saying that they were going to help me, they were nowhere to be found. It is really, really, really hard. Especially if you don't have education and you don't have a mom, you don't have anywhere that you can go and borrow a dollar. (Ku)

Similarly, Dianne, who withdrew from what would have been her first semester of community college and left the URM program prior to the age of 21 because of her pregnancy, described the difficulty of trying to support herself and her infant.

It's been hard... it seems like I'm just working, just to work... because after you work you can't save up... you have to pay rent, and utilities, and phone bills... all that. It is not easy... I am doing a little something, I try doing housekeeping for people. I am not working right now... life is hard. (I feel like I'm going) backwards... I can't save up, like, we can't save any money for things, you know. You have a wrecked car and, you know, your rent, and utilities and everything is taking everything up. No better job... (Dianne)

The only expectant parent in the study described having mixed emotions regarding the upcoming birth of his child:

I mean, I am sad and happy because... I am happy because it's going to be my first baby. I am sad because of the job... the job stuff. Because I don't have enough money to support. (Jacob)

#### Employment challenges

One of the most vital tasks for all former URM in adulthood is employment. At the time of the interviews, seventeen study participants (85%) were employed (8 full-time and nine part-time), and three (15%) were unemployed. Half of all participants (50%) were currently dissatisfied with their employment status or position, including all three unemployed participants, as well as five who were working part-time and two who were working full-time. Of the five participants who had completed bachelor's degrees, one was employed full-time at a factory, three were in part-time jobs on the campus of the university they had attended, and one was working part-time in his own non-profit organization. All five had been unable to find jobs in their fields of study upon graduation and were currently looking for additional or better employment. One college graduate described his current night-shift job at a factory and the impact of the job market on his relationships with his siblings, with whom he was originally resettled:

(The job market) is terrible. Some of the guys (other former URM) have been stuck (in the factory) four years, two years, three years. It is a lot tiring but it's, you just have to know, you have no choice. The thing kills me. I mean, I am not a stay-up person... I come back home sometimes 5:00 in the morning. Then you... don't want to go to sleep, you got to eat something, you go to bed maybe 6:30 and you got to get up. It's just circulation like that and it kills me so much, my body, I be tired all the time... You know, moving around generally affects me too, like leaving my brothers and everything. My brother, the one in (another state)... I mean, sometimes he miss me and I'll be missing him. Some time I'm thinking about it but there is nothing I can do about it. So all this is the down (job) market, I would say. If he can find a job in (the city where we were resettled) and I can find a job in (the city where we were resettled) and (my other brother) can find a job in (the city where we were resettled), we could stay in the same apartment. Yes, so being away from family is most difficult thing. (Mathondit)

Of the three participants who had completed associate's degrees, two were employed full-time in nursing or health care aid positions and one was working full-time in a retail store. The two in health care positions were among the four total participants (20%) in the study who were currently working in a setting or position related to their eventual career goals. The difficulty of finding quality jobs was universally noted by all three participants who had completed high school but not pursued any post-secondary education (who were the 3 unemployed participants in the study), and by the one participant who had completed a vocational program instead of high school.

Participants also described a variety of other employment-related challenges they or other refugees had faced, including language barriers, lack of access to professional careers (particularly for family members who had limited English and/or no education in the U.S.), discrimination, and income limitations imposed by Medicaid.

It wasn't hard at that time (when I arrived in the U.S.) because jobs were plenty, but now it's hard. But it's especially hard when you come here and you don't have a means of communication, no language, there is a language barrier. This makes everything hard. (Michael)

Yeah... it's just one language! You don't speak English, you have to! But in (my home country), it doesn't matter, if somebody speak whatever their language, you



just ignore them, it's their language... what can you do? But here, if you don't learn English, you cannot get a job. So those are the things that mostly, I think, irritate all the foreigners because all the factories are moved away from the people here and those are the places where you don't have to learn any English to be able to put something together. So the people with the special skills, the handwork, are not working now, you know, but, they can't communicate so they can't really work in the office or... So, that is a big problem, and they would just remain like that and just live from check to check. If they work at the house, what is it called, housekeeping, they will just do that forever and forever, which is a bad thing sometimes. (James)

Eight participants (40%) described employment challenges faced by family members in the U.S., which in some cases also directly impacted participants' lives. Thus, for example, arrived as an 11-year-old accompanied minor and was reclassified as a URM and placed in foster care after his older sibling was unable to maintain adequate employment to support the family.

It was pretty hard actually, I mean I always want to go back to them (my two young adult siblings with whom I was resettled), and go live with them, but I always had this thing in my mind, saying how are they gonna support three people including me? And they're gonna be required to have a car, to drive me everywhere, they're gonna pay for my school supplies if I go to school and they will have to put in health care for me and everything. So I was like, for what's it's worth, I will just stay with my foster family until I age out and then maybe they will make it better by themselves and I would just keep up with them and see how they guys are doing. (Thuc)

Three participants (15%) also noted that they have reservations about bringing older family members to the U.S. due to fears that their relatives would be trapped in low-wage jobs because of language barriers and/or educational status.

Traditionally, you know, I'm the youngest son, so traditionally, parents would stay with the youngest son. And whenever I talk with my mom, she usually reminds me of that (laughs)! But I definitely would not want to bring my mom here, because I mean, she is older and I've seen the kinds of jobs that old women do who are immigrants, and it's not a thing that I would want to see my mom do. Unless I get a really good job, and if I have a family and kids then, yes, she will come and she's gonna stay at the house and babysit and be there, but she is definitely not working. (John)

While several participants identified access to professional or satisfactory jobs as an ongoing challenge for a variety of reasons, including one's status as an immigrant, only one participant described a specific experience of overt workplace discrimination, which he felt was unrelated to his ethnicity, race, or refugee status.

So what happened... is some people (coworkers), what they did, they wrote kind-of like a type of petition paper... to the administration and they were saying that they feel like they don't want to work with me because of my sexuality, and Jesus. She said that homosexuality is sin and that's just an abomination, she said, that it's a quote from the Bible and it's just they don't feel right working with me... there was 6 of them at least I know of, at least. And not only that, some of them, they approached me at the parking lot and they were like, I am sorry, I would like to take you to a church and show you what gayness does to people when you die... And (my supervisor), I liked her as a person, I thought she was educated but yet she had the same mentality... She took the side of their story and wrote me up for that. She was like, well, when they asked you the question (are you gay?) you should have told them "that is none of your business" and that would keep them off. (Faby)

A final employment-related challenge noted by six participants (30%) was the Medicaid insurance obtained by the URM program for all URMs upon their arrival in the U.S., which limited their earning potential to only a few hundred dollars per month. All six participants indicated that the requirement to keep their earnings at or below Medicaid levels while in the URM program limited their ability to save money in preparation for the complete financial autonomy they would face in early adulthood, including college and living expenses. When asked if there was anything they wished the URM program would have done differently, three participants (15%) stated that the requirement to have Medicaid insurance while in the URM program was their primary complaint.

We were limited because of Medicaid... which was ridiculous as well. Because our Medicaid... if you are really sick, seriously sick, you would never get a real treatment because other doctors would never take it. So, and here you are not allowed to work so it was bad on our behalf. Like, I remember there was a time that I wanted to go for a MRI and I was told that my Medicaid could not do it, so I really was so upset with that, because if this was a serious problem, how could I have deal with it, you know, without going to a doctor? And I didn't have money

to say, okay, I will pay the rest, because I can't make the money because of that (the Medicaid income limit). So the Medicaid was restrictive. At the same time, it wasn't reliable. So that was a problem. (James)

Walter noted that the URM program had reduced his monthly independent living stipend if he worked too many hours in his part-time job, in order to keep his total income under Medicaid limits.

The only thing I did not like the program was because there is rule that you have to have insurance, and they get Medicaid (for URM in URM program custody). Is that Medicaid? So the more hours you work, the less money you will end up getting (in one's independent living stipend from the URM program). (Walter)

One participant (5%) who recently emancipated from the URM program indicated that his social worker had, in response to his concerns, given him the option of seeking out his own, alternative sources of health insurance. Other participants indicated that they were required to have Medicaid insurance and to meet its income guidelines in order to remain in the program.

Finding 2: Former URMs describe the following as the primary factors which have assisted or enhanced their post-resettlement functioning in the U.S.:

- Positive social support
- Positive educational experiences
- Community involvement
- Maintaining connections to culture of origin
- Individual strengths

The majority of participants in the study tended to speak at greater length about the challenges or barriers they encountered in the U.S. (reviewed above in Finding 1), rather than the factors which aided or supported their positive adjustment. In spite of the lesser time devoted to supportive or protective factors, consistent themes emerged when

participants were asked what had helped them the most since their arrival in the U.S. The primary positive or supportive factors they identified are presented below.

### Positive Social Support

By far, the most frequently identified protective or supportive factor mentioned by participants was social support from a range of sources: peers from one's own country or other URMs, family members, foster families, the URM program and social workers, teachers, American friends, tutors, coaches, and others. All twenty participants (100%) mentioned social support of some kind as one of the primary factors that had positively influenced their adjustment and progress in the U.S., and eighteen of twenty participants (90%) identified two or more sources of social support as important positive influences in their post-resettlement lives.

Relationships with peers from one's own country, many of whom were also URMs, were the single most cited source of positive social support for participants. Half of all participants spoke about the ways that access to others from their home countries had been a source of support from their earliest days in the U.S. to the present.

But we saw some other people (in our first group home placement immediately upon our arrival in the U.S.), some of the ones I knew in the camp, and it was good that, you know, there were quite a few of us. We shared our experiences in those few days and weeks so that, the life went a little bit smoother. And then we went to school, and it was good to have somebody who you could talk to. Some of them had no English, some of them knew English, so they kind-of talked to other people and then we asked them what are they saying. (Carlos)

Thirteen participants (65%) had lived with other URMs from their home country at some time since their arrival in the U.S., including seven (35%) who were still doing so currently. Several participants spoke about the benefit of having other peers from their home country in foster homes, particularly early in the placement or in homes in which they were not comfortable or content.

Like, (two URMs from my home country in the foster home in which I was placed), they would introduce me to some American cultural values and how to interact within the family and at school... Just like what to say in public. You know, like, because it depends, sometimes you watch TV and then you think what they say is always okay, but, you know, it was good to like not cuss at the dinner table, or inside the house, you know, those kinds of things. Because usually, I think I used to cuss a lot, you know, when I first came there because I had seen movies and (been around) older kids... So when I came to the house, these guys, they told me that you cannot cuss inside the house and you cannot cuss, you know, you are a kid and this is not good for you. So things like this. And, you know, like etiquette, you know, sitting at the dinner table. People eat differently back home, back in (my home country), and here it is different. (Ayuen)

I mean I guess for me (in a negative foster home environment) it wasn't quite as bad as for him (my cousin, in a different negative foster home environment) because there were two other foster kids (in my foster home). One was from (a country other than mine) and the other guy was (from my country), which he is a good friend of mine up to this day. I talk with him, and we do everything together. So I had these other guys that I hung out and talk, and at least I wasn't quite alone in the whole thing. But my cousin was left out, all alone, not any other contact besides me. (John)

Many URMs, including those who had initially been placed in group or foster homes, eventually moved to independent living arrangements with other URMs from their home countries. These peer groups often pooled their resources and strengths to support one another, and many remained close into adulthood. Mathondit, for example, who had spent the majority of his life in peer and sibling groups and had been living with roommates from his home country for the last several years, explained "my friends, these are my brothers, they are part of my family."

With another two guys (URMs from my country), we went to an apartment, we rent our own place... One of us got a car, we just pooled the money together. Who had the license first, we all contributed money, we bought a car and that car, we just go around with it. (Michael)

To us, it changed pretty much (when we moved to independent living with our peers). We respected ourselves and we looked at ourselves as if we were still in the camp. Now we have to make a journey... of education, and support one another. If somebody didn't know how to do math, we just sit there and do math. If we have to sit up all night doing the math work, or English work, we would sit up and nobody would come and knock on the door and say "leave and go to your

room.” And those were the problems we were facing at the (group) home. When 10:00 comes, even if you were doing your work, you would be interrupted and told to leave. (James)

The only participant in the study who had never lived in a foster or group home had stayed in one placement with slightly older peers from his home country (who had been resettled as adults) throughout his high school and college years. He attributed some of the stability of his placement to living independently among others who shared his language and culture.

Everything was a little lighter for me than those were placed in the foster part of the program, some rules I think that they had to follow. But being with these independent guys from my country, that was make it little easier for me... I always appreciate that, the living that we were in. Living with them was great, it was very nice, wonderful. We went through everything together. It was very nice, we shared cleaning, cooking, all of that together, so that was very good. (Gutkuric)

John, who went through a very difficult time in college when two family members died, spoke about the vital support peers from his home country had provided during that time, as well as currently.

I guess just knowing who I am and what I am in my family, and also just the (my nationality) community around here. I mean, they have been really helpful with me. Everyone has had a piece of, you know, everywhere I go it's like, you are really doing good job, keep up what you are doing, we are really proud of you and stuff like that. I mean, it makes me happy when people, they are like that. They are really happy for me... that I have made it in spite of what has happened. (John)

Relationships with URMs and immigrants from other countries, even for participants who had multiple peers from their own country in the URM program or community, were cited as a source of support for seven participants (35%). Ten participants (50%) had lived with URMs from countries other than their own at some time since their arrival in the U.S., and three (15%) were currently doing so.

(In my foster home, it was helpful to have) just other foster kids, just like (name of URM from a different country). (The other URM) was my roommate, you know, so sometimes we talked about what it was like to live in a foster family... so... it was good to have him. (Ayuen)

In addition to other URMs, relationships with friends from other countries or classmates in ESL courses were also noted as sources of support.

But I end up having one of my best friends that was an athlete and I used to hang with him, but he is from (another country). So that's how we met because we had different cultures (than our American peers) and our cultures kind-of came close together but (they were) a little bit different. (Thuc)

Yeah, at (my high school) it was okay because the other kids too, they did not know English very well, so we both speak broken English. We kind-of understand each other, but when we talk to the teacher or American kids, they have a hard time understanding what (we) really meant. So we kind-of, in our classes we become comfortable because we speak our own English (and can understand one another). (Carlos)

Americans generally, including American peers, were also described as a source of positive social support by eight participants (40%). While problems with Americans were described by many former URMs (reviewed above under Finding 1), a sentiment expressed by several participants was that they had also encountered helpful, supportive Americans throughout their time in the U.S.

I just perceived that they are, there is just this much, people are about this much (gestures small space between thumb and finger) that have their negatives... but we got this wide people (gestures hands wide apart) that wanted to learn about me, wanted learn about my culture, you know, want to be friends with me. So why do I need to turn away from those people and focus on those negative people? (Raanpieth)

There was actually some good kids that really understand we came from. I mean, when you try and tell them, say an example my roommate, he was actually the one who taught me English too. He would read with me and when I heard some words, I asked him, "(Name), what's that mean?" and he would tell me... I just saw that some (Americans), they don't want to listen to where we came from or who you are, but some were really gentle to us... But (my roommate) and I, throughout the year he would talk to me and I would pick up English. We would go to library, get books, like children dictionaries, so he became my buddy. (Mathondit)

Gutkuric noted that he had learned to seek help from American friends in addition to the support he received from the URM program, and that these supportive friendships had continued to the present.

(My American friends provided) the support, the communication, you know. So whenever I need something or need the word quick then I have to call them. (The URM program), they don't work on Saturday and Sunday (laughs)! Even though I am 25, I still communicate with them (my American friends) and talk to them about...education and... what I want to do, because I am friendly to them and they are to me and they are part of my family now. (Gutkuric)

Three participants who had described difficulties relating to American peers in high school reported that they had developed more positive relationships with American peers in college. Carlos and others indicated that they were pleased to find more peers in college who shared their primary focus on education:

Yeah, when I go to college, it was a game-changing experience. I know high school, you try to lean a little on teachers and parents help you do your homework. But when you go to college, I mean, it is all about friends, you have to turn back to your classmates. So if you don't understand anything from the teacher, a classmate of yours may have understood that part, so you ask them if they can really make you understand it... So I kind-of know that it is now a different way of learning, so I had to really get close to friends who I thought might know it, and we kind-of form a study group. Pretty much, college has become an adult environment, not like high school, so everyone has the common goals of doing good in school, and I know that a lot of people pay money, unlike high school, you don't pay any money you don't care about homework and all of that stuff. So yeah, making friends in college was good because everybody was on the same page, you know, you have to do your homework, you have to focus on education stuff, and then all of that social stuff. And when you finish your work, then you become social. So I kind-of see it as it was better than high school. (Carlos)

In spite of the challenges some participants experienced in foster homes, foster parents were identified by nine participants (45%) as one of the most positive influences in their lives.

Because like, for all the things I needed... I call my foster mom. Sometimes I call (my social worker), but mostly, *all* the time I call my foster mom, more than I call (my social worker), because I am used to her more than (my social worker).



I hope so (that I will continue to stay in contact with my foster mother in the future), yes. Because if it wasn't for her, I think I wouldn't be... I don't know if I would be the person I am right now, if it wasn't for her. Because she helped me the most. Even when I was living my sister, she used to help me. She used to buy us food, clothes. She helped us a lot. Like we tell her we used to go through hard times, she used to come over there and talk to us, encourage us, through the bad stuff, it was difficult. (Jacob)

They (my foster parents) helped me a lot! Like, in my education they helped me a lot, with my reading, and everything I needed help on. Even I took some (musical) instruments, and pretty much stuff like that... (In) the beginning, I thought they were doing a bad thing for me, like putting pressure on me to study and no tv, even on the weekends, but later I realized they were doing the right thing for me. Yeah. Because if it wasn't for them, I wouldn't like know how to read or I wouldn't have even graduated from school. To be honest, I didn't know anything at all. Only a little bit. (Dianne)

Carlos, who had positive and negative experiences in foster homes, nonetheless identified foster parents as an important positive influence in his life.

And I think it was good that we lived with a foster family, because the stuff that we learned from them, bills, make sure you pay your bills on time, whatever you have to do in your apartment, all the rules and regulations and laws, and all of that stuff. So pretty much we had that benefit of living with a foster family unlike the other people who came here and started living from themselves. (Carlos)

Faby spoke about the acceptance and openness he enjoys with his foster mother that he never fully experienced with his biological mother due to differences in their religious beliefs:

(My social worker) says all the time, well, a lot of (URM) kids who come here really don't get that parenting thing, you know, it's just something only that American kids get it. I call her (my foster mother) my "mom" really because I think she is. Because not for what she did for me, but I just feel like honestly she really helped me a lot (and accepts me)... And to me that really, really weighs a lot, it's not something I can ever forget in my entire life. (When I have gone to her with personal issues or concerns), it was just like a parent and child talking. I mean, a very open-minded parent and child talking (laughs)! (Faby)

Thuc, who was placed in foster care at a young age after an older sibling was unable to provide for him, stated that his foster parents had been the most influential figures in his life. He went on to describe the many ways his foster parents had positively impacted his

life, including teaching him English, volunteering to take him in when his family placement disrupted, supporting him for more than a decade, caring for his terminally ill family member, and paying for college, among others.

I owe everything to my foster family, because they have been wonderful since I came here to U.S. I mean, I could never thank them enough. They have been the best parents that I never had. There have been there for every single moment and supported me through my life. And sometime I'm like, even if I say thank you, it is not enough for me... not enough words to say what I am feeling. (Thuc)

Participants also indicated that family members in the U.S. and abroad were influential sources of support. Seven former URMs (35%) stated that their family members encouraged them to stay focused on their education and goals, and/or to avoid negative influences in the U.S.

They (my siblings abroad) were okay (safe and healthy). They were fine, but they say you doing great, you know, just move forward, educate yourself, be good, don't be stupid, you know, just be smart and take care of yourself. (Jack)

My older brother, he is in (a country near my home country) now, he's the one that just got marriage. So I used to call and talk to him, tell him about school, that I go to school and I am in the ESL classes, I explain what that mean to him and to me. And he was very supportive, he say go through everything and do the right thing, just don't take that opportunity for granted. Just do something, 'til you start... it starts from *you*, you know, just don't put high expectations on others, like family members, just something that you will do good, it starts from you. So if you want to do good things, just start from yourself, just go to school and try to get your education. (Gutkuric)

Three participants (15%) also noted that having contact with family members abroad and being aware of their safety and well-being allowed them the freedom to pursue their goals.

Well, to me it was a relief, because imagine if I knew that she (my mother) was just in the camp and she could not communicate with me. It could have been different for me. I could have not enrolled in college, because living in the camp was hard, you have to eat one meal a day. So the only way I could have supported her was to find a job, and... send the money. (James)

One additional source of positive influence and support identified by multiple participants was the URM program or staff. Eight participants (40%) cited the financial and practical support of the program as a whole, while six (30%) former URMs identified their individual social workers from the program as a primary source of social support. Six participants (30%) noted that unlike most adult refugees, they were able to focus on pursuing education rather than solely employment because they were supported by the URM program until the age of 21.

I thought it would be nice because coming here as an adult is really tough, you know, just like my brother, he's another (refugee who arrived as a young adult). You know, (if you arrive as an adult) you only get like three months (of assistance from refugee resettlement agencies) to settle here and after that you have to be on your own. And you have to support your family back home too, you know, because they had nothing, they were just in a refugee camp. So when we came here, they expected us to, you know, do something for them. So for me, I wasn't worried about that. I was happy to just come here and go to school and know that, you know, get ready to become an adult, and I don't have to worry about those kind of things that other people had to. And not only that too, you know, I was relieved that I didn't have to work to support myself, and that was important, you know, I could just sit... with a family and get financial support from the program, and all I had to do was go to school and just grow up. (Ayuen)

Having somebody to supported me to learn the language and care for me, (while I went to school and began) college... I feel really I owe, like a big appreciation to (the URM program) for their supportive of us, and especially myself, and I know those are things that other people are waiting to have, those are the opportunities but they never got them, so I think that was a good thing that happen to me that I had somebody to help me during that time. (Carlos)

In addition to financial support and foster care, several participants also noted that the URM program had helped them to learn the practical skills they needed to become independent adults in the U.S.

First, before (my URM roommates and I moved to an apartment), we take independent living classes so we can be independent and we can do our stuff by ourselves, like cooking and all these things, taking care of cars, financially, and (we) learned them through (the URM program). (Michael)

Individual relationships with social workers from the URM program were also identified as sources of positive social support by six participants (30%).

What helped me the most, I think what got me to where I am right now is (my social worker)... I say okay, this woman, she is smart, you know, so if I borrow something from her like this, you know, like her brain, the way that she solved that thing, if I take that and, you know, because when you around a person and you know them for years, there is something you learn from them. (Ku)

Other sources of positive social support identified by two or more participants were teachers (reviewed below), tutors, coaches, church members, and significant others.

#### Positive educational experiences

When asked what factors had helped them the most during their time in the U.S., a total of fifteen participants (75%) described educational experiences which had positively influenced their lives in some way, including six former URM (30%) who identified aspects of their education prior to resettlement, and eleven (55%) who discussed aspects of their education after resettlement.

Of the six participants who identified aspects of their prior education as supportive factors, three (15%) indicated that the schools they had attended prior to resettlement were harder than U.S. schools, which decreased the educational gap for those who were placed in higher grades upon their arrival in the U.S.

But the good thing was, back home school is harder than American school. It's harder. So you think about, if you're in the 4th grade, then come over here, you already know how to do some algebra, big time. Yeah, so the school system kind-of helped me out over there. (Mathondit)

Three participants (15%) also cited their prior study of English as an influential factor which aided their post-resettlement adjustment.

I was in 7<sup>th</sup> grade when I came. I had been in school since I was like 5, so when I came here I spoke English, I mean, I was almost fluent when I came... it was a huge help to me. (John)

Among the eleven participants (55%) who described helpful educational experiences after their resettlement, the majority identified factors which had advanced their English proficiency. Five participants who attended English as a Second Language (ESL) courses reported that they had been a key source of support that benefitted their overall adjustment in the U.S. by improving their abilities to read, write, and/or communicate with others. Three participants who had attended schools both with and without ESL programs highlighted the significant benefits of having teaching methods and curricula designed specifically for ESL students, as well as the social benefits of having access to other immigrant students in ESL courses (reviewed above).

And one thing that helped me too was when we came we went to high school, and (the school) was mostly like, a lot of students had English as a second language, most of them were from Latin America, so they had a good language program over there that we started. And even though we were in higher grades, they still had to teach you differently, there were English classes that were designed for ESL students. And (when we didn't understand) what they did was, they would go and bring some of the other students who knew English and at the same time knew the language of the students, so they would explain something to them and then they would give us an assignment and those students would come and help us. And then it was kind-of making sense a little bit. (Carlos)

Carlos also went on to describe other helpful sources of language support he received in his foster home, from both a tutor and his 6-year-old foster sibling:

We (I and another URM in the foster home) don't understand them, the (foster family), they don't understand us. But the lady was nice, so she was patient to understand what we were saying. They have like a little daughter, she was 6 by the time we came there, 6 years old. And apparently, she understood us, you know, even though we speak broken English, she knew exactly what we meant (laughs)! She helped us out all the time. We watched cartoons with her and she explained everything going on on tv. And basically, two months, we perfectly speak with her... They even got a lady to come and help us learn English who was, she was African and she knows our language, she came there twice a week to help us. And they made us some activities for us... the same as their daughter was doing, you know, we used the same thing to help us learn. (Carlos)

Another positive influence identified by multiple participants which relates to both social support and positive educational experiences were their relationships with teachers. Positive relationships with teachers and/or tutors were mentioned by eleven former URMs (55%), who cited these relationships as some of the most influential aspects of their resettlement experiences. Walter, a participant who experienced significant isolation for an extended period after arriving in the U.S., described positive experiences with a teacher and a tutor that made a difference in his otherwise extremely challenging first years.

And the teacher was very much helpful, than the lady that I had that (previous) year. And he was really, he was a graduate student who just finished college at that time. So, and he was very helpful. He helped me understand what I was doing. He knew that I was new, I didn't know much about the people, so he give me really special attention, so that helped me. And also, the group home, I don't know how they found out, they gave me a tutor too. So I get a tutor too and that guy helped me. Yes, he did. Until this time he is a great friend of mine. I go to his home sometimes. (Walter)

Six other participants (35% total) similarly described teachers and tutors providing extra time or attention because of former URMs' language barriers or gaps in knowledge due to past interruptions in their education.

Several participants spoke about teachers and tutors contributing positively to aspects of their lives beyond the classroom as well. Four participants (20%) developed close relationships with teachers or tutors that eventually led to living in their homes. In three instances, former teachers or tutors elected to become foster parents for the youth, while one was an independent living arrangement, and in all cases the teachers or tutors had gone through the process of becoming an approved placement for these specific youth after learning of problematic circumstances they were facing in their prior placements. Ayuen, who at the time of the interview had recently returned to his foster

home (or independent living placement with a family, officially) after graduating from college, described the critical role his former teacher had played in his life as another foster home placement was failing and he was facing an unwanted change in schools:

I had been taking (the subject she taught) since I entered high school, so I had known her for two and a half years, and I think one day she just asked me, what is wrong with you? What was going on? And then somehow she figured out... maybe I had changed a little bit, so I explained to her the whole scenario and that I would be leaving the high school and moving somewhere into (another county). And then I think she asked me if I wanted to continue my high school at (the school I had been attending). And then I was like, yes, it would be good, you know, to finish here. So, she told me that she would talk with her husband and see if there was a way that they could accommodate me at their house. So, she talked with her husband, and eventually I came to their house. It wasn't formally a foster family. I didn't pay anything, I just lived there and they told me that I don't have to worry about any bills or anything. It was nice, I mean, I really appreciate it. Otherwise my life would have been really different. I mean, she took me in because we liked each other and we had known each other for two and a half years. It wasn't like we got just introduced just like with the other foster family, so it was much easier... I moved back to the foster family (after college), because they were like, since you don't have a place you can always come back home. They actually call me their son. I mean, just like any other son, just like their son, you know, their own kid. I am just one of them now. (Ayuen)

#### Community Involvement

Former URMs described involvement in a limited range of community activities during their time in the U.S., although the few activities they described were cited as important positive influences in their lives. Eleven participants (55%) were engaged in athletics while in high school or college, and nine of those (45%) noted that their involvement in school or college sports had contributed positively to their adjustment in the U.S., by helping them develop relationships with peers and/or by steering them away from negative influences or behaviors. Three participants (15%) also attended college with the support of full or partial athletic scholarships.

I think, if there wasn't soccer at that time, I didn't know if I would stay there. But that little bit encouraged me to stay at the school. That's the only thing positive that I have at the school (laughs)! The communication was the ball, I think... I

understood the game, I knew it, so that was my communication (with American teammates). (Walter)

I mean, I don't think it (making friends at school) was so bad. It wasn't bad, like going to classes, like I played sports. I was on the soccer team, so I knew the kids on the soccer team, and then I ran track and then I knew the kids on the track team. So, I had, I guess a easy group of kids that I knew from sports I played with them. (John)

Two participants (10%) observed that URMs who played sports in school had social advantages in comparison to those who did not, because of the additional social support they received through athletic involvement, as well as having greater exposure to American peers.

Our (URM athletes') lifestyle is different compared to the other guys (non-athlete URMs from my home country), because we got involved in sports and met so many good people, besides athletes. I think it helped us a lot. Well we, besides talking about sports, you know, we are more understandable, you know. We are kind-of like Americanized, you know, we know what to do in and what not to say when we met some people when in public, (or in) a majority of American culture... I can see a significant change from the other guys who (stayed among peers from their home countries) and us being together. (Those who played sports had) great people and good coaches (to help us). They just, they were more than coaches, they are like family to me. Everytime I go there (to visit them now), I don't even think about (sports). (Mathondit)

Five participants (25%) also spoke about the positive role of sports in helping them to avoid negative peer influences.

(My involvement in sports) help a lot actually. It helped me make new friends and it steered me in the right direction. Because when I was living with my brother I was living in this bad neighborhood, it was just a lot of (mixed ethnic peer groups), and they were always getting into conflicts. So doing sports kept me out of trouble and it steered my head in the right direction. It was like, because if I do something bad (I would be in trouble with) the coach so I was like, I am not going to (laughs)! (Thuc)

Aside from participating in sports while attending school or college, three former URMs (15%) had participated in one or more clubs or student organizations. All three had



chosen to be involved in at least one club or group focused on cultural awareness or students from a particular region of the world.

Outside of school and school-sponsored activities, three participants (15%) in the study had undertaken sizeable projects to benefit their communities back home, including two who had established and continued to operate their own non-profit organizations while also attending college and working.

Well, first I travel back to the camp... like two years after I was into college already. I organized, you know, like art supply drives through the schools here, and I took them to the refugee camp where I painted with children and adults who are self-taught, and brought their works here and showed it to the communities here. So everybody that was there loved the art and (sharing their experiences) through art. But another thing they were (saying) is how (my and their home country) was now free and they could go back. But there was the problem of water, clinics, and schools... so they couldn't go to (my/their home country) because of that, people were dying from cholera and lack of hygiene... So when I went for the second time, to do a (film) documentary on that, I became really worried that nobody could do anything... who is there to do it, you know? So I took the responsibility of saying, okay, why can't I (organize) people to support (this)... So after my second trip, I started an organization, basically to build school and clinics and water wells, as a response to what the people needed. I couldn't put the project on other people, you know, I had to take a lead in (administering the project), and that became difficult because I was taking classes at the same time. So ever since then... that has been my work that I have been doing, just doing the speaking (events and arts exhibits) constantly, trying to raise funding for the well and also make sure that the word is out there, raising awareness for what is going on in (my home country). And, (since) college... just trying to find myself a stable job where I can get insurance (laughs) and have a life too, myself! (James)

When asked about their current community involvement, half of all participants (N=10) reported that they were not able to regularly engage in any community activities because of their multiple responsibilities of work, school, and supporting family members (including those abroad and/or their own children). Eight participants (30%) indicated that they currently enjoy participating in sports or fitness activities on a regular basis, including athletic teams organized by other immigrants or refugees in the community.

Three participants (15%) stated that they were regularly involved in a religious community of some kind, including one who volunteered at his mosque and two who attended a Christian church weekly.

#### Maintaining Connections to One's Culture of Origin

Related to many participants' desire to help their home communities in some way, maintaining connections to one's home country or culture of origin was identified by 13 participants (65%) as an important and beneficial aspect of their lives in the U.S. In addition to maintaining relationships with peers and family members from their home country (reviewed above under positive social support) and engaging in projects to support their home communities (reviewed under community involvement), former URMs also identified the following as ways that they sought to maintain connections with their home countries or cultures: retaining aspects of their culture such as traditions and language, participating in religious activities or cultural events, and maintaining or passing on cultural values in current or future family relationships (e.g., their children). Three participants had also elected to officially drop the "Christian" names they had been given by someone other than their parents and had resumed using their given names.

The vast majority of participants who spoke about acculturation strategies described maintaining connections to one's culture of origin while also adapting to or adopting some aspects of the new culture (i.e., becoming bicultural) as the most useful or beneficial approach.

It's a different culture, but to be in different culture, do as they do, but not take the whole thing in your hand, and know your normal society. Don't throw away your culture but learn their culture, receive it, so you can work through it. (Michael)

It (my connection to my home culture) stayed the same. I started liking American music, I started liking a little bit of American culture but not like drinking and smoking, and having fun going out to clubs, and all that. I (stay) connected to

(my culture of origin) with religion and also through the internet, watch from tv and movies and songs from there. Sometimes I used to go out of town and visit (people from my country who live in other states). (Jack)

Some participants noted how aspects of their home cultures had helped them adapt to new environments and roles in the U.S.

And it just kind-of like, I changed, there are things that I want to learn but there are things that I feel like if I keep them, it will make me feel right. I didn't want to change everything, you know, like respect. Just kind-of like, actually, act like they (foster parents) are your family, just treat them the way you would treat your real parents... and for me to think that, it made it a lot easier for me to fit right in. And even though I was an adult, I had respect for elders, you know, and even though they were not really my family, it was just kind-of like I compared them with my family, and say this is how old my family will look, my dad and my mom. (Raanieth)

Other participants, however, described the challenges they faced in trying to find a "middle ground" between their roles and values from home with those they found in their new environment.

And I had to learn how to go along with the peers, making friends, and try to assimilate into them, but when we came there, I was adult, so I couldn't really assimilate to what they (American peers in high school) do. Sometimes, I may filter that type of thing that they do and then try to be by myself, and then that kind-of isolate me out of the group. So, it was kind-of opposing myself, either can I join them, or can I stay by myself, can I be in the middle? (Carlos)

Three participants (15%) who arrived at young ages (11 or 12) noted that they felt more "Americanized" than some of their older peers or siblings, although they also cited aspects of their culture of origin that they continued to value and maintain.

It's a mix of both now. It's kind-of crazy, sometimes like I like to think I'm connected to my culture, but now that I live with some of the older guys, I'll go and I'll do stuff, and they just look at me like just relax, you're not one of us or something (laughs)! You're like too Americanized or whatever. I mean, it's the way I talk, like I guess just, I speak my mind. I guess I am supposed to be afraid and respectful of older people or whatever, and just revere them, but I don't, I talk with them like I was talking to a friend. I mean, just because you are older doesn't necessarily mean I'm gonna have to revere you. I mean, I definitely hope, I mean, I know I will never lose the language. I haven't lost it and at this point I don't think I will. If I were to lose it, back then (when I was in the URM

program), that was the time to lose it, because you know, I was living with foster parents, American people, and I was speaking English every day. (John)

Another participant described his greater “Americanization” than some other former URMs as an asset, and further explained that it had not prevented him from retaining aspects of his culture of origin.

And it’s not like we forgot where we came from. We still do that traditional stuff, they call it. Last week, we were in (another state), every year we have a big (name of home country) festival every September... Almost all the kids in America, we go to (another state), it’s a big traditional dance. They like, you look like you just came in from (my home country) yesterday (laughs)! It’s a good to be multi-cultural. (Mathondit)

Three former URMs (15%) from the same country identified one aspect of their culture of origin that they had intentionally avoided while in college:

And what I wanted, it was to go to school where I could focus on education. But being that I came from an oral tradition where you would sit here and talk for hours, and never really care about time... I felt like, if I rent an apartment, outside the school, that it would be bad, because I would have friends come from, you know, anywhere to visit me and they would never mind to stay up all day, you know, talking about other affairs. Yeah, privacy. Because where I come from, there was no education, so people are used to just doing their home affairs and just have friends over and talk. But to me, I felt like that could not go with the school. So, I isolated myself (in a dorm), and then if I needed to visit them, then I would come home. If I needed them to visit, then I would need to sign them in and then there would be certain hours, too. (James)

Several participants also identified the importance of maintaining connections to one’s culture of origin by describing the detrimental effects they had observed when they or others had lost connections to their culture of origin and/or had become overly affected by negative influences in America. One participant described how he had been swayed by negative influences he encountered in high school and community college.

Yeah, like it depends the type of person. Like you can get to the bad in a heartbeat (snaps fingers) and stuff, it’s hard to stay in the good, like especially if you are a teenager. And you see all these teenagers, you’ll be like, all right, you know. That’s what I think I did, you know, just wasting my time, doing stupid stuff, just taking school and having fun, (smoking pot and) chilling all the time,

you know. Now, honestly, I hate it. I wish I knew this like two years ago. It was just too stupid of me. I was barely home and (my friends and I) were rarely finding ourselves sober. (Josh)

He went on to describe how his family as a whole had been negatively impacted by losing connections to their culture of origin.

It was nice having each other, but then again we got used to like, I guess, American life, you know. It's just... the love wasn't there, as much as you want it to be. You know, just you hardly see half of us, just caring about yourself... and especially (one sibling), like he never listens to the oldest (sibling). I mean, I know what he has been through for all of us, you know, and he just disrespects... I hate it. Here, we have lost ourselves, who we really are and that is really like... we're just like American-style now. I don't know if the rest of us takes it hard but I do... myself. When I see they're doing something wrong, I'm like, okay, they have changed, what can I do? (Josh)

Another participant described feeling that his romantic relationship had been harmed by negative influences that his partner (who was an immigrant from the same continent) had been exposed to through her American peers.

Even though I am Americanized sometime, but I know like, you have to listen to your culture sometimes. I feel very connected to my culture, even though American culture is good, to (an) extent. I have to go back to my relationship, it's American culture... because, even in my country or (her country), she would not leave me... But it boils down to culture, I think. The more you are acquainted to people, or you see things, the way people do things or the people you hang with, it puts an imprint on you. But even though you are a devout person... even though I brought (her) up, she's still ending up being bad. It just hurt me, it hurt me so bad sometime. It's the saying in English, birds of the same flock flow together. (Michael)

Only two participants (10%) indicated that maintaining a connection to their country or culture of origin was not important to them, including one who indicated that he highly valued his relationships with family members abroad and in the U.S., although he felt more comfortable or affiliated with American culture than that of his home country or community. He was also the only participant in the study who had legally changed his name to a more "American" name, which he explained:

That was something I decided because I feel like I am really, I came here and that actually let's me be who I am. That gives me the freedom to really express who I am and my opinions... It is just something I felt like to complete that transformation. (Faby)

Another participant stated that because of multiple hurtful or disappointing experiences in the U.S. with individuals from his home country, he had elected to avoid any further connections with his home country or culture:

Actually, no (I don't have contact with people from my home country). No, because... that is gone. I don't want to connect with them. They just... they hurt me a lot. (Bruce)

When asked if he retained any connection to his home country or cultural background in other ways, he said:

No, no, everything has changed... it's been away, everything has changed. As I say, I am proud to be American. It's ok that I was born there, but now (the U.S.) is my country, you know. This is... I am an American citizen, this is where I die, you know. This is where I live. I don't live in (my country of origin). Forget about it, you know... but I was just born there. That was a mistake, maybe. (Bruce)

In terms of physically "reconnecting" with one's home country, seven participants (35%) had returned to their home countries or countries of first asylum since resettling in the U.S., and eight others (40%) indicated that they hoped to visit their home countries in the future. When asked about their long-term desire to live in the U.S. or elsewhere, only one participant stated emphatically that he was certain he would return to his home country to settle permanently.

Absolutely, 100%, yeah. I think after I finish this school, I will. I will not say (for sure), but I don't think I will be coming back here too often. Yeah, I don't know if it's just me, but since I came here, like since I moved from (a group home) and lived independently, I never thought about, it never comes to my mind that I am going to stay here, I am going to end up staying here forever. I never thought that... always it's in my mind that I will return. (Walter)

Of the eighteen other former URMs who commented on their long-term plans regarding living in the U.S. or abroad, five (25%) indicated that they planned to live exclusively in the U.S., ten (50%) stated that they would most likely live in the U.S. in the future but would also visit their home countries, and three (15%) indicated that they were willing to live anywhere, according to what was best for their careers. Regarding future family relationships, six participants (30%) indicated that they would prefer to marry a person who shared their culture of origin, and three (15%) stated that it was important to them to pass on aspects of their culture to their children.

Well, maybe I could talk about the claiming of identity because it's good to have a universal life... but to me, when you claim your identity, you are claiming to be able to help, you know, the society that you came in. If the child just come here and forget and say, oh I can just be who I want to be, you know, that would mean people back home would think of you as somebody who could contribute to your society and here you are not contributing to American society and you are not contributing to your society, that means you have a lost identity... And that's why it is always important to have childrens that were born by the mother who is from the same country... Whereby it could have been harder because imagine if my girl (spouse) was American girl, I don't think if she would understand why would I send money to my parents in (another country) all the time, and still live under the pressure that I don't have enough here to pay for my car, or for my rent all the time. And that could cause a problem. Whereby, you know, seeing as I am married now to a girl (from my country) who understands we have people back home as well, we have the same concerns, you know, so she will never worry of "why am I poor?" (Laughs). (James)

Finally, five participants (25%) noted that they had already become U.S. citizens (N = 4) or were currently undergoing the application process (N = 1). Only one former URM stated that American citizenship had been one of his primary goals, while the four others described it a means of facilitating international travel and having greater flexibility to return to their home countries for extended periods, or for greater ease in bringing family members to the U.S.

### Individual strengths and roles

While no participants explicitly attributed their positive adjustment in the U.S. to their own strengths, many of them cited specific experiences, skills, and characteristics which helped them adapt positively to life in the U.S. Several former URMIs described lessons or skills they had derived from their war or displacement experiences which were beneficial in some way to their adjustment or functioning in the U.S.

Well I'm happy most of time, I feel like everything that become really dangerous, I already had it. Like before, I feel like there's nothing that's going to bother me (as much as) what already happened. (Joel)

I said what I been through, you know, nothing (in the U.S.) really bothers me. I just said to myself, I've been through more than what I am experiencing, and that's what just kind-of like been carrying me. (Raanieth)

Independence, goal-orientation, and a commitment to education were also described as helpful traits derived from former URMIs' past experiences.

So I was always aware of the fact that I am from somewhere, so I just have to be careful on everything that I do. So whether we go to the football and we hang out at guys and all of this, it just has to be, okay, I don't have time to hang out with you guys, I've got to go home and do my homework, okay we're gonna go to this place but I don't really have time to go there. So I try to make excuse for everything that I don't think I want to do, because my number 1 priority is to do well in school, to learn the language. (Carlos)

Definitely, I was into school. There is no single day that I was absent except if I was sick. Education is very important to me, to the way I took it... because from the time we left (our home country), we always say education is our mothers and fathers, because they were not with us. So we took it very seriously and came and followed the same, trying to achieve my goals. (Gutkuric)

A total of seven participants (35%) noted that their conscious, purposeful selection of friends and influences in the U.S. had benefitted them.

First of all, for any kid that has taken a negative road or have taken a wrong road, it has mostly been people that have been around him or around her. Because you have to put yourself, for you to be able to take the positive road, you have to be able to build yourself, you have to be around people that want to do the same, you know, people that want to be successful, people that want to do better... And,



even though I been around (negative) people like that, it's just like, me, I have been strong in terms of like a friend changing me. I have welcomed everybody no matter who they are to be friends with me, I have so many friends. But, (although) I have accepted who they are, but I am not trying to change myself. (Raanpieth)

So, making friends is really difficult for the refugee kids. And falling into the wrong crowd, too. In the school, you have kids who don't really want to do anything, who have no direction in life, you know, they just want to be there and not to do right in school but to make trouble in the hallway, after school, in the town, in the city. Some of them cannot help their situation, but if you can help your situation, try not to associate with those kinds of people, you know, try to find people who know what they want to do and you want to do the same things just like them. And watching TV too, I mean, you can see all kinds of stuff on TV, and just sitting there and watching TV all day, I don't know, sometimes it can be... it doesn't lead to anything good. I watch TV sometime, but as long as it is gearing you to what you want to do in life. (Ayuen)

Eight participants (40%) described positive coping skills they had developed prior to resettlement, including accepting circumstances beyond one's control and finding ways to share difficult or traumatic experiences from one's past.

Yeah, sometimes you just have to take what you get, I know that the thing that I will get, I'm not going to enjoy the cuddle that you get from your parents when you are young. I mean, I was becoming a teenager and before I know it, I became an adult. I pretty much I kind-of did it by myself. I was kind-of accepting of the life that I met. Instead of okay, my parents, I miss them. I know some of my friends couldn't really understand it, how would you be away from your parents for that long time? I'm like you too, I don't know, I don't know how I did it... (laughs), I just did it. And I said well, you too, you can do it if something that you have no control over happen to you. If it happen to you, you either do it or there is not any other way... You just have to. (Carlos)

And to me too, but people are very different everywhere you go so I just have to accept them based on our differences. I have to accept them even though they say something, "why don't you know English?" and all of this. I don't have to get mad because I want to learn something. So it helps too when you have positive attitude, when people try to be picky, just let the day go, and start another day tomorrow. That's the way I took things, so they will keep that way, you know, nice. But you know, hey, I have to accept them, and I have to just forgive them, you know. (Gutkuric)

Three participants (15%) described how they had used art to cope with or express difficult experiences from their past.

Well, when I was in a refugee camp, even when I was a teenager then, I used to model cows out of clay... and people out of clay. And then in (my home country), when the war came, I started to draw on the walls, and describe what had happened... in what village, and where was I. I started to draw those things onto the wall, you know, using chalk. And when I came to the camp, I did the same thing everyday... I would just draw and write what I can. So when I came to America, I thought of it as the first language I could communicate with people... you know, describing with my eyes so that they could understand better the life of the people of (my home country)... (And) having that I came from an oral tradition place, (where) people need to learn visually, because they don't write... so if you describe something through images, they will (understand) it better. So I think that's where I started to learn that art is the universal language... it opens your mind up to new ideas. Well, in a way, it was a way to relieve that trauma I had, in my mind. Because if there was one situation (or) one scene of my life that I could remember and, if I had to put it in words, it would be okay, but I don't think many people would read it. But if this was drawn, people would read it clearly. So that's how I started to feel that art was a way to relieve myself from all those struggles I had been through. (James)

Four participants (20%) described aspects of their personalities, such as their efforts and desire to socialize with others and/or their openness to new people, as strengths which helped them develop relationships in the U.S.

I mean, just the way I am, and the way I am just kind-of like open to people, it made it a lot easier that I was able to make a lot of friends. That everybody at school knew me and also, you know, me being involved in sports kind-of made it a lot easier. And I was not too uptight person, like just being me... also, that I am proud where I am from, I don't care how you look at me. I am a person and I am gonna try to be good to you, but if you don't, I don't mind, I just move forward. (Raanpieth)

I think the other thing is, people, when they came from some other countries, they tend to keep to themselves and like be really timid about it. They don't get involved and really like socialize with the other kids, you know. (Faby)

Current roles and responsibilities were also described by seven participants (35%) as protective factors which reinforced their strong goal-orientation.

It's just kind-of like what my family went through, (the death of) my dad, and I just kind-of felt like I need to do something, that I'm the last person to take the wrong road, in terms of my family. The situation my family is in, that I don't need to take that road. Even though young peoples here have enjoyed, having fun, having great times, there is times that I back up from it and said, you know, it's not everybody has it, you don't have to enjoy it. That, you know, I am a head

of my family and if I take that road, what will happen to my family? That is what I always think... And they always like count on me, that if I messed up, they would lose hope, you know that, okay, who else now? Nobody. My mom has been struggling with those kids for so long, that who is going to give her a break if I messed up? (Raanpieth)

Participants also discussed their strong desire to take advantage of opportunities in the U.S., in order to be able to provide well for their children.

I want my son to play with toys, because I never played with toys when I was young. I want my son to watch cartoons. I never watched cartoons when I was young and I think I'm giving him that chance. I never have a light when I was young, I never drink clean water when I was young and my son is drinking the clean water and he is, you know... he is reading books... And I got all that in America, where you can go to school and support your family, by working... And that's the way I am going to live my life. (Ku)

Finally, aside from positive social support provided by the people in one's religious community (noted by two participants), only two participants (10%) spoke about their faith or religious beliefs as a protective or supportive factor in their lives in the U.S.

(I avoided negative influences) because first of all I have a faith in Allah, and I trust in Allah no matter what happens to me. I know Allah will say if you do this, if you go that far, it's forbidden from you and you are not going to go to paradise, you are going to hell. The second reason, I have fear of him. That is the main thing, the main, main reason for my heart kept me away from bad deeds to the good deeds. (Jack)

Another former URM also cited her faith as an important source of support to her since her arrival in the U.S., although she also indicated that it had changed somewhat in response to changes or challenges in her post-resettlement life.

Absolutely... well, not religion, just faith in God is important to me. But since I came, I wasn't so faithful like I used to be... I don't know, I felt like, God used to answer me when I pray, and I feel like now, I have been praying, and praying, and it is not happening. And, I don't know, just being busy also, it stops me. I used to pray like every night and morning. (Dianne)

Research Question 2: Can any theory or general principles be generated from their life experiences that may have relevance for best practices?

Finding 1: In spite of facing significant challenges in resettlement, most young adult former URMs are functioning independently and progressing substantially toward their goals.

When participants were asked to describe what their lives had been like since they arrived in the U.S., a common theme in their initial responses was that it had been harder than they had expected.

Like first of all, let me say this, when you arrive at the airport, or when you leaving from the country that you lived the other time, you kind of feel like oh well, just happy, you are going somewhere new. So you have some feeling, good feelings. But when you arrived here, you will kind-of have some strange feelings. And everything will be upside down. Bad feeling. Not understanding. No communication. Not knowing anybody. I think that would be different if somebody knew someone else that came before them. But as far as my situation when I came here, I didn't know anybody, so that was frustration. I didn't have anybody to talk to. A totally different place. A different climate. I am sure that everyone that is new, to a new place will feel same way. There is no quick way to get to the next step. (But life) right now, it is perfect. It is the way it was supposed to be. (Walter)

What I thought, if I come here I am going to enjoy. That is what they always say, that American is... heaven. But I would say it is... pretty much good but what I know is that you work hard before you eat. ...No, I didn't expect that at all. I just... all I was expecting was to come here, go to school, get my career done and be able to help my family back home. Well, I was happy, because I thought I was coming to a happy place, that my life would change if I come here but... it did change a little bit, but it's still hard. It's... my life is... so-so. (Dianne)

Like Dianne (above), several URMs mentioned the stories they had heard about the U.S. prior to their resettlement, and how that had influenced their expectations.

When I was in Africa, I thought America was going to be all this and, you know, that's not the way it is, it's not what you see on tv. that's advertisement. Because when they tell you when you're back in Africa or somewhere... when they say America, it seemed like you're going to Jesus's house or something... like you go to heaven or something. But when you come over here, OH! You got bills to pay! (Ku)

I guess in my case, coming to America, it was different and unique, both good and bad at the same time. I was happy and excited that I was coming to America, the land of opportunity, anything is possible. You can go from nobody to somebody, and all that is determined by how hard you work and how hard you try. So, I mean, the America dream, the ideal American dream, I mean it's alive everywhere, like in different places, like in a refugee camp. I mean, there's like lots of people who went from being refugees to like, being big man so and so. So, I mean, it gives people hope that, you know, I mean I am nobody today but tomorrow, if I go to America and work hard, I can be somebody. So, yeah, I mean it lures people to America and... it's hard to attain when you come here. It's very difficult to attain. (John)

Most former URMs who spoke about their reasons for resettling to the U.S.

indicated that the decision had been theirs, and that they had chosen it because they perceived it to be an opportunity to improve their lives in some way.

Yeah, I did want to come. We were in the refugee camp... and life was hard and everything was hard... and, you know, when we find the chance to come to America, and we heard about America, the land of opportunity and you can go to school, you can better your life. So it was kind-of exciting and at the same time, kind-of nervous. (Carlos)

As young adults now looking back on their time in America, participants tended to describe their lives in the U.S. as a mix of both opportunities and challenges.

Life in America, I would say, is hard and you can make it to be wonderful if you want to. (Ku)

My life has been great in parts then in other ways I have been missing home. It's a big significant change compared to where I came from... I have been really blessed to live here. (Mathondit)

It's hard, when you don't have someone looking after you. And it's hard when you don't land in a good family, like I was lucky that I did. And another way to look at it is an opportunity, because you never had that like where you came from, and you are actually getting better out of it, you're going to school. And, I would say it's a good experience, I mean, I'm not gonna say everything is great, but it's better than what you previously had. (Thuc)

Participants' reasons for coming to the U.S. were extremely consistent: safety, education, and the hope of being able to improve their own lives and/or the lives of

people back home. Seeking a safe, stable environment was mentioned as a primary motivation for resettlement by half of all participants (50%).

We (wanted to) come because of the struggle that we went through back home. So I felt good when we come. (Jacob)

I knew that it would be much better than (my home country or country of asylum), it would be much safer. And there would be a lot of opportunities for me to, you know, do things, go to school, and become independent and support my family. But also there was a cultural shock when I came here. (Ayuen)

The environment here, here you got a car, you live in a nice facility house, security is a huge, huge thing. Security, I mean, you go to your bedroom and you sleep and you don't have to worry about who gonna break in your house. I mean, when we were back home we always worry about somebody breaking in your house or... stuff like that. But here, it's a good thing to be in a safe place. (Mathondit)

After years of living in uncertain and dangerous environments, Bruce highlighted the joy of finding himself in a safe, stable environment when he described one of his first memories in the U.S.:

I was happy because, you know, I was just getting out of that situation, which was not a good country to live, not good, safe places to live. I remember my birthday celebration which was just a few days after when I arrived here. That's what just was surprise for me because I didn't know that they are going to celebrate for me. And to be honest, I never celebrate my birthday, because, you know, what was going on in (my home country and the country of asylum), because of wars, you know. And they gave me like present... which it was aftershave (laughs). I remember that because I really liked that, you know, and still I have the empty bottle... (In the group home where I was placed upon my arrival) just everybody said, "okay, well go to your room." And then they celebrate, put everything out, the cake... and they knock at the door, "all right, come on." And suddenly as soon as I enter and, you know, everybody was there and start singing Happy Birthday, and to be honest, you know, I couldn't keep... I just started crying, you know. (Bruce)

Like other participants, Bruce also noted that his life in the U.S. had been harder than he initially expected, "It was just exciting (when I arrived). But now, I see it's totally, you know, like... you have to work hard if you want to be successful. You have to work hard, hard, hard."

As reviewed in the second finding under Research Question 1, education was identified as the primary goal and motivation for coming to the U.S. by three-quarters of participants (75%, N = 15). In addition to seeking education as a valuable end in itself, fourteen participants (70%) also indicated that they had wanted to pursue education as a means of increasing the opportunities available to them and thus improving their capacity to support themselves, their families, and/or their home communities.

I was very excited, coming to the western world, it was something good. Because everybody was dreaming, like some people were like, you know, if I go there, I will go to school, get me a job, make my life a better life, compared to being a refugee. (Matetek)

Several participants described the lack of opportunities or dependence they had faced while in refugee camps or first countries of asylum to which they had fled.

Well, I decided because when I was in a refugee camp, there was not much options on where to go, except to go back to (my home country) was your option. But at the same time, when we were in (another country) at the refugee camp, we were controlled, not to leave the camp. (And) even if you go through the school system (in the refugee camp), you will never get anywhere... you just finish high school, but after that, you don't go anywhere. You cannot afford to leave to go to other part of (the country of asylum) that have schools. Even if you go, then you will never have money to pay for these schools. And nobody would support you. The only option I had was to go back and live in the situation that was taking place, and live in war. Because, if I could have gone back, then I could have farmed and do other things. But if I live (in the country of asylum), I don't have an option to farm or to raise cattle or anything. But when the process came, we knew in America that there would be education and there is freedom. (James)

Oh, yes, I wanted to come because I knew just, well, in Europe, specifically like, (in my country and country of asylum), there are not really a whole lot of opportunities, the opportunities are just really limited. I knew if I want to make something really, for myself, I just have to come here. But yet I was just nervous, how, you know, going to a new country and starting all over again. It was just, you know, there were a lot of unknowns. The reality was, I mean, my expectations of coming here were actually, it's gonna be school, mostly. I was focused on school, because I just always wanted to just become a doctor. (Faby)

Over half of all participants (60%, N = 12) indicated that one of their primary goals was to provide support or assistance to their home communities, including family or friends who remained abroad.

To benefit me and to benefit my people, you know. To help other people, Because somebody helped me to come to America, so what is my payback to them, you know, why am I here? Am I here to eat good food? No. You know, like I say, I have my son, I am happy, but are those people back home, are they happy? My friend back home, is his kid drinking clean water, you know, is his kid eating eggs, like my own son? No. (Ku)

James, for example, had established a non-profit organization to build a well and a school in his home community, in addition to providing other types of support.

And then, on the other hand, I could say even though I have not seen the well being dug, and have not seen the school being built, I feel like this will be a greater thing in the future, but that... I call it something that God has called me to do that will be accomplished one day and... it's part of my happiness, that I'm working to support people back home. (James)

In spite of the expected and unexpected challenges they had encountered in the U.S., many participants noted that they remained focused on their goals, and they expressed confidence in their ability to attain them.

I was thinking, like, if I get a sponsorship (to go to the U.S.), I will go to the best school and finish my education, but when I came here I had to juggle both the job, the school. So, it's not easy, but it's not going to stop me going to do what I was supposed to do, finish my school. It's not going to stop me. Even though I get married, I am still going to school. Even though I get married, having a kid, I will still go to school. I will still accomplish my education goals. (Michael)

Well, I'm just looking forward to my education, to continuing my education, and my career, and finding a better life for my baby and helping the people back home. And I know I am going to do it someday! So that's what changed. (Dianne)

John, a former URM who had experienced multiple hardships in the U.S. including two family deaths and a very difficult foster care placement, nonetheless reiterated his ongoing commitment and confidence in his initial aspirations.



When I came here I had my mind set and that was that I wanted education, I wanted to go to school, and I wanted to get a college degree and I'm gonna make it as an adult. And, I don't think I have deviated from that so far. (John)

Three former URMs who had become parents in the U.S. also noted that having children had not changed their long-term education goals.

There is a lot of things, when I came to America, that I wanted to do, you know, but I am not going to cry and say, you know what, because I have a baby I am going to stop my dreams. I am not going to do that. I am just, I'm going to let him grow up, let him to go to school, and then I'm going to go to school. (Ku)

When asked about their progress thus far, former URMs identified their adaptation to a new language and culture, their educational achievements, their transition to independence in early adulthood, and their efforts to support their families and/or home communities as their primary accomplishments in the U.S.

(Since I arrived in the U.S. in) 2000, you know, I learned a lot of stuff that start with the language, and the culture, and the way to go along with other people, go to school, and pretty much establish myself in the American way of life. (Carlos)

Most URMs expressed satisfaction or pride in their accomplishments in the U.S. thus far, although many also highlighted the challenges they had faced or their ongoing efforts to achieve their goals.

Like getting my school, working, and when I (went) back to my country, I think I did a lot of stuff. So, I haven't reached my goal (of finishing college) yet, but I am working on that goal. Also, to adjust to life (in the U.S.) maybe it takes about ten years or more than that, to accomplish what you have to do. Unless you're living with your family or something like that, that's when you can do stuff in about eight years, something like that... go to high school, finish college, that time frame it can take you when you have somebody backing you up. But when you're a sole person, you have to do it by yourself, and it will take more. (Michael)

Yeah, I did my education... I did overcome that, and I feel like I have done so much. Although it is not easy right now, but I am still hanging in there, finishing my goal of high school and going so far, you know, learning how to read... and do things, you know. I had my first job, learned to drive, I got my first car. And my baby is the first, it's the most... best thing that happen to me. Yes, it's the most happiest thing for me. (Dianne)

Several former URMs specifically noted that their lives in the U.S. had been better than their prior circumstances, or that they had accomplished more overall after resettlement than would have been possible elsewhere.

It just, life in America is okay. It's hard and if you see me where I lived before and where I live now, that's why I say that it is good to me, you know. I was in a refugee camp and I live in an apartment now and I have a car and I have a bank account... I didn't have them before, so it is good... But you know, that's not America that do that things to me. I'm the one who do it, you know, to be what I have. (Ku)

Well, the best thing that, you know, since I came here... I have more opportunity to work, and I save some money, so the woman that I really love, and I was able to marry. That's the good thing happen to me, I guess. (Bruce)

Participants' progress on attaining their goals can be seen in their current functioning, including their educational achievements, employment, self-sufficiency in early adulthood, and support of loved ones or communities abroad, as outlined above in the descriptive findings at the beginning of this chapter. As reviewed previously and analyzed in greater detail in Chapter 5, the vast majority of former URMs had made significant progress on their goals in spite of facing numerous challenges in resettlement (as outlined in Research Question 1, Finding 1). Since arriving in the U.S., participants had become better adjusted to their new environment (which they had sought for safety) and furthered their educations significantly, with 90% of participants (N = 18) completing high school, 75% (N = 15) attending college, and 40% (N = 8) completing college degrees. Participants had also transitioned to greater independence and self-sufficiency in early adulthood and had increased their capacity to provide support to their families and home communities through both their educational achievements and their employment. Seventeen participants (85%) were currently employed, and only 1 participant (5%) was currently receiving government assistance of any kind.

Finding 2: Unaccompanied refugee minors have challenges, strengths, and goals which differ from those of adult refugees, accompanied refugee minors, and American youth in foster care.

Although former URMs were not asked during the interviews to compare their challenges, strengths, and goals to those of refugee adults, accompanied refugee minors, or American youth in foster care, these themes emerged in over half of the interviews. The issues most frequently raised in this regard were differences that the former URMs observed between themselves and their American peers, although they also often noted ways in which their unique positions as unaccompanied minors differentiated them from adult refugees or refugee minors who were accompanied by adult family members.

All resettled refugees, including URMs, adults, and accompanied minors, share certain basic components of the resettlement experience, including the challenges of adjusting to a new culture and environment, and often a new language. URMs are unique, however, in that their resettlement experiences take place during their childhood and in the absence of adult caregivers. As reviewed above (in Research Question 1, Finding 1), separation from parents was mentioned by eighteen participants (90%), and was universally described as one of the most influential and difficult challenges they had faced during their time in the U.S. For many participants, their unaccompanied status was among the first key features of their experience that they discussed.

Well, for those who came with their parents, I would say it's okay for them. From my experience, if you didn't come here with your parents or anyone to support you, I would say it is very hard for them. Yes, because, like our life, it's a little bit different from United States life, you know. It's really hard changing into some other culture that you weren't born in... by yourself, yeah. (Dianne)

As reviewed in Research Question 1, Finding 1, former URMs described a variety of ways in which their unaccompanied status presented them with unique challenges and needs in resettlement. In addition to grief, loss or worry regarding family members from whom they were separate, the associated challenges identified by former URMs included lacking the guidance and support of parents, difficulties associated with being in foster care, and bearing weighty and often multiple adult responsibilities at a young age.

Basically, I just know that I have to be conscious all the time. I don't know if you can call that an adult mind or a teenager's mind but I know that I was always cautious of everything that I do because I know that my life depends on the action that I do. So, I was definitely, because, yeah, like I told you that I couldn't really try to do something that would distract me from school or I really had to think okay, is this the right thing to do? (In some ways) I see myself as an adult more than other kids in terms of knowing what is good and right, in terms of judgment... Yeah, I used to get that response from most of my friends, like they say that I was thinking too much, like you think too much, why are you worrying about all this? That's what they would always tell me, you are thinking too much, why do you always have to worry, just let other things go and you will be okay (laughs)! Well when I say I want to do this (school work or other tasks) first, therefore they think I am worried. But to me, I don't think it is worry, it's responsibility. (Carlos)

Several participants spoke about their unique roles as refugees in the U.S. foster care system. As reviewed under Research Question 1 above, former URMs described both negative and positive aspects of their placement in foster care, an experience not shared by accompanied minor or adult refugees, and also differing from American youth in significant ways, including disparate reasons for entering foster care. When former URMs spoke about what foster care had been like for them generally, a common theme they expressed (as reviewed above) was that they had been more independent and self-reliant prior to their resettlement in the U.S., and therefore the transition to foster care had seemed like a return to a more child-like or dependent role.

I did (want to leave my group home placement), because, I think... I had before I came here, I knew how to live by myself. Since I had a job, and I can pay my

rent. I thought that I could live by myself at the time. The whole time I really wanted to leave but they told me I cannot leave until a certain age. (Walter)

From there, everyday they used to kind-of, people over like controlling me, what time to sleep, and what time to clean, and what time to go to school and all that. Yeah, and I say I need to get out from here. I don't want to live here. People controlling me and I am a grown man. I can do anything I want to. Before I came here I was independent, you know, me and my brother and my other brother and my sister were living in (another country). We had a place to stay and sleep and eat and do everything, you know, we handle everything for transportation, for the school, and for everything. (Jack)

Some participants described their prior independence as skills they had developed out of necessity due to their war experiences and/or separation from family.

Being in a hardship situation, it changes you, it makes you be strong... courage... it makes you mature mentally, yeah. Being with nobody sometimes makes you take the responsibility. (Michael)

I felt like there was some parts of my life that I have traveled that I shouldn't be in again, even if I was still young. I felt like all this independent work, I have gone through it already... because when we were in the refugee camp, it was a different situation. When you cook, you cook using firewood and charcoal. I remember we used to make our own houses, which was built of like mud walls and the straw on top... Yes, as teenagers we participated in building a shelter for yourself, and at least look after one another... so, to us, we felt, you know, we could substitute whatever we were learning and what we knew when we were in the camp with what we were learning here in America. (James)

Others also attributed some of their independence or maturity to cultural differences in which greater responsibility or self-sufficiency is expected of adolescents in their home countries than in the U.S.

In this country, parents are the ones to make the decisions for those who are in high school. It is very different, even though you are 14 or 15 in Africa, you make your own decisions... So when I came here, I was ready to learn, go through whatever happens. I was ready to go through it even though I was young, then I was not young at heart. I was young in the body, but my heart was willing to do anything that would come my way. (Gutkuric)

A related, common theme noted repeatedly in the interviews and reviewed above (under Research Question 1, Finding 1) was participants' perception that their needs and

strengths differed significantly from the American youth they encountered in foster care. As described in earlier findings, for example, several former URMs noted that the circumstances which brought them to group homes were different from those of American youth with whom they were placed. As John stated, “Yeah, it was very difficult circumstances, the stories behind mine and theirs were different.”

Like, I mean because, like we didn't understand what (the group home) was for what. That was the question we had but we didn't know. But technically, (it) was for people that, or kids that are foreign that just comes mentally really just fine, (mixed) with people that really, their parents just tried, but cannot really control them, and really they try but then the government take care of them. But we were not like that, we are not mentally disabled people, we were not having behavior problem, so it's like, mixing up people together, crazy people with people that doesn't know what's going on, mixing them together, that's gonna cause interactions, yeah, that's going to cause problems. But they didn't look at that, they thought oh they're gonna live together. And when they look afterwards they say oh, probably they made a mistake. It's not for us over there at (the group home). But back then, I mean, we were capable of taking care of ourselves not when we become 17, we took care of ourselves when we were like 12 even, we know how to cook, we didn't have behavior problems. (Matetek)

Others (reviewed above in Research Question 1, Findings 1 and 2) elaborated on differences they perceived between themselves and their American peers, and their negative reaction to being treated in the same way as American youth in foster care whose behaviors and needs differed from their own.

But... we were different, I was different. Sometimes, like when we going (somewhere)... everybody had to go together, even though you had something to do, you had to go and I didn't like that. Even if I had to do my homework they say, no... because they think if you stay by yourself you might destroy the house, or something like that, or mess up stuff in the house. It wasn't (fair), they just want to generalize and treat everybody the same. Yes, because we were having good behaviors and we were not giving people problems. So, we're just like normal, they give us a point system or whatever... if you get mad they say go to your room and you don't have to watch TV and all that stuff, and it's like a kiddie thing. (Michael)

In addition to feeling as though they were being monitored or restricted for behavioral problems they did not have, several participants described experiences in

which their needs or intentions were not understood by American foster care or group home staff, who incorrectly assumed that their motivations were similar to those of some American youth, as in the example of their desire for greater independence being interpreted as an attempt to engage in negative behaviors.

Yeah, because, okay, after we moved to the apartment, we have like freedom. I mean, but if you say freedom here in America that could mean different things, like you're free to party (laughs) but not like that. Our freedom really was because we were trying to get away from the stressful American kids and how they approach us, the point sheet thing too, because it was terrible because like okay 9:00, you have to be in bed. Your light have to be off by 9:00. After 9:00, in your bed, switch off the light. If you have homework, whatever, it doesn't matter. You have to go to bed, sleep. (Matetek)

Yeah, (the problems were) with the American kids. And then, being that we felt like we were controlled much, we were not thinking of studying well. So, we managed to set a couple meetings with house parents and people who worked there to see if there is a way to at least get us an apartment somewhere. But it took them awhile to understand why... they didn't even trust us that we wanted to go to the apartment so that we could get on to something we wanted. They say maybe we just wanted the freedom. Which we didn't even know what freedom we needed. All the freedom we needed was to get education and how to be self independent. So we managed to get out (of the group home) before, you know, before we could turn 18... we managed to get out of it. (James)

In spite of feeling as though their needs and skills were different than those of American youth in foster care, participants nonetheless reiterated that they had been in need of adult guidance and support as unaccompanied youth. Making the transition to adulthood in a new culture without guidance from parents or trusted adults was described as a high-stakes challenge faced uniquely by former URMs, who were still minors (unlike adult refugees) and lacking adult family members to guide them in positive directions (unlike accompanied refugee youth). As reviewed above under Research Question 1 and the first finding of Research Question 2, a common theme identified by participants was the vulnerability of URMs to negative peer or cultural influences due to lack of adult guidance and/or lack of familiarity with the culture. As Josh described, "Without

guidance of adult family members, it's a lot of freedoms and really easy to lose yourself, you know.”

It's too scary! No matter what you think... because you would think they come from a poorer place and they will receive this country better, but that's not... you know, sure. Trust me, because everything is new to them. And when you come young, you would either take a right or take a wrong. So, for them to be able to take a right or a wrong, they would need a lot of help. So they're kind-of scared of it, it's like if they do a wrong, then their life is gone. If they do it right, then it is good. But they need to know how to do it right, so they are scared, too. So, it's like, you don't know what side to take... so it's very scary. (James)

As reviewed above in the discussion of URMs' priorities and strengths (under Research Question 1 and Finding 1 under Research Question 2), participants' goals were also unique in comparison to other refugee populations or American youth in foster care. Participants identified their primary reasons for coming to the U.S. as safety (mentioned by 50% of participants), education (75% of participants), and improving their own lives and/or the lives of families, friends, or communities back home (60% of participants). In discussing these goals and priorities, many former URMs observed the influence of their unique positions as unaccompanied young war survivors bearing significant adult responsibilities.

Being there, you know, the Lost Boys, where we were, came from a country that was destroyed by the war. We had different vision than American kids. So we will do whatever it takes to have a good life, but for other kids they didn't really care much in the house. So that was chaos for us to be in the house and have to go to school and have to struggle with American kids... Well, to us, you know, we were young and we were opposed to anything that is dangerous to our lives, especially I mean smoking and drinking. But to me, I was serious about education because, in my country we were not allowed to go to school. I could say... only ten percent of the country have got their education. But most, the majority of the people have no education at all. So, only like 10%, yeah, in my country. Even in my family, none of my sisters went to school. Nobody in my family that I would say except me now. (James)

Several other participants also noted that their prior experience of living through war, displacement, and/or lack of opportunities for education or employment had made them



acutely aware of the opportunities available to them in the U.S., and highly motivated to take advantage of them.

I learn all these things here in America, and in America you can do a lot of things here in America. One thing you can do, you can go to school if you want to go to school. You can get a job, and work hard. And, you know, you can make your life. It's not like that, you cannot get a job where you come from or go to school, and I would say that, especially me, if I was back home I am never going to have a job. You have to have a lot of school, you know, and there is no factory jobs that anybody can hire you, you know, there is nothing like that. And here in America, you can do that. You can support your family, by working and doing anything, something that is good for the community, you know, not something illegal or whatever, and something you know you can count on, that you know you're gonna go there that day and get a pay check. (Ku)

Others described how their heightened focus on education separated them from their American peers at times.

...we (students) may be sitting at the back room over there and doing some other business instead of listening to the teacher. But in that situation, that's what I meant when I said I isolate myself, I would probably move away from them, come and sit in the front of the room. They (my American classmates) won't really understand that I really, I went there for a goal and I have to really focus on the school, but to them it's all about, let's have fun, whatever we're talking about or whatever we're doing back there is more important than what the teacher is saying... And, well like when we go play soccer, maybe we go play another school and we win, and then they would have like parties, and stuff like that, but I just see those opportunities as a waste of time sometimes. I really don't go there... like no, if we won, we won, we'll celebrate in school. I don't think I'm going to your house, I'm going home and do my English. (Carlos)

As reviewed above under Research Question 1, another area in which participants' goals or responsibilities as resettled refugees distinguished them from their American peers was in former URMs' provision of support to family members or home communities abroad.

...because of I got a better life than them, and they kind-of look at me and say you're living the best life that you can and we have to be stuck here, and sometimes make me feel guilty about it, so I just look at it as if, if I finish my school and be successful, one day maybe I could support my nieces and nephews for my brothers and my sisters that are not still alive, or maybe I could take care

of the family still there. And that's why I am pursuing school and taking school seriously. (Thuc)

I really do think I will live most of my life in America. Just traveling though. So, I'll be staying here and then keep going back and forth, to go and help. If I have an organization that pair up with me, then I really do need to help them, because you don't know the needs but they are in need of everything. So I will try to do everything I can in my power one day to help them. (Gutkuric)

Related to their unique goals or priorities as URMs, eight participants (40%) noted that their specific career aspirations were related to their experiences as war survivors or refugees interested in helping their home communities. These eight participants had chosen to pursue careers in fields such as health care, business, international affairs, education, or engineering with the intention of eventually using their skills to benefit people or systems in their home countries. Two participants also noted that their experiences as war survivors influenced the types of work they were unwilling to do. One engineering student, for example, described declining a prestigious offer he received from a branch of the armed services:

...and they said you would qualify and you could become an officer and you could work (in a high position) and you could be shipped overseas... And, I was like, I don't want to design a weapon since I came from a war zone, and doing something that would support war. I was like, I know y'all are doing a good job trying to prevent war and everything, but you're trying to expand your arms, your harmfulness... I was like, I would love to join (the armed services and have this kind of opportunity) but I will have to refuse because somehow that's not in my nature to do that. So, I mean, I love what (the armed services) does and everything, but that wasn't like... I didn't see myself doing that. (Thuc)

Regarding their future goals, several participants noted that their unique status as URMs had facilitated their focus and achievement in the U.S. Four participants (20%) observed that in spite of the challenges they had faced in foster care, that their URM status and associated placement in foster care had nonetheless been beneficial, as it had

allowed them to devote themselves to pursuing their goals while their basic needs were being met by the URM program, a support unavailable to other refugee groups.

When I came, as a minor, you know, I had to stay in somebody's care, I can't work, I don't have a car, I can't drive, I mean, there was no need for me to work because (the URM program) was providing all my needs, pretty much the my basic needs. And the (foster) family was supportive of me and all they needed from me to do well in school. (Carlos)

Two participants also noted that their placement in foster care had aided their adaptation to the U.S. by exposing them to more Americans and aspects of American culture than other refugees (including adults and accompanied minors) encountered while living with their families or in ethnic communities.

I mean, it's tough for refugees when they come. If they are not in a good, under care, you know, I mean for us we didn't have a problem because (the URM program) was all the time with us. We knew we would get to the doctor, they would take us to doctor's appointment, anything we needed, the social worker would be there all the time. But the (adult) refugees, to get into American system or culture, it's really tough, you know. It would take somebody a year of years to get adjusted. I would say if, say a refugee is coming and you want that refugee to get a better life, I think it is not a good idea like to keep everybody together, especially if they don't speak a single American language, you know. Kind-of separate them a little bit, I mean, to get to know, make new friends. (Mathondi)

Finding 3: Sub-populations of unaccompanied refugee minors have unique challenges, strengths, and goals.

Just as former URMs in the study described ways in which their experiences differed from adult refugees, accompanied minors, and American youth (including American youth in foster care), participants also noted ways in which they differed from one another. In the findings reviewed above in which former URMs described their key challenges and supports (under Research Question 1, Findings 1 and 2), as well as their current functioning and goals (in the descriptive findings and Finding 1 of Research Question 2), they observed aspects of their experiences which were distinct from those of

other URMS. Some of the areas in which they noted differences were in their backgrounds and histories, ages, skills, social support, roles, and experiences in the U.S. Challenges faced by certain subgroups, for example, included those with significant language barriers upon their arrival, those who had less prior education, and those who had experienced significant losses in resettlement such as the deaths of family members. Subgroups of participants having distinct protective or supportive factors were also described in earlier findings and included, for example, former URMs who had positive, stable foster care placements, those engaged in sports, and those who had access to positive educational experiences such as ESL classes. Additional characteristics or factors which were associated with differences between subgroups of former URMs included aspects of their migration experiences, their parenting status, and sex.

While all participants had arrived in the U.S. as refugees, one key difference that separated six former URMs (30%) from the others was their accompanied status upon arrival. These six former URMs began their lives in the U.S. with adult relatives and were subsequently removed from those homes, reclassified to URM status, and placed in foster care. By contrast, the fourteen other participants (70%) arrived unaccompanied and went directly into foster care. One difference observed between the two groups was the overall number of placements they experienced while in the URM program. The averages for all participants were 2.9 placements in 4.7 years (not including short-term shelter placements). The average number of placements while in the URM program was 2.7 for the fourteen participants who arrived as URMs, and 3.3 for the six reclassified participants. The average length of time in the URM program was between 4.5 and 5 years for both groups. Including their initial living arrangements with adult relatives, the

average total number of “homes” or places that reclassified former URMs had lived since their arrival in the U.S. was 4.33.

Another factor which differentiated subgroups of participants was the number of other refugees from their home countries who had been resettled to the URM program and/or surrounding community. As outlined in the descriptive findings at the beginning of this chapter, twelve participants in the study were from one country and had been part of a sizeable wave of adult and minor refugees from that region who were being resettled to the U.S. over a period of several years. Because of this, former URMs from this country had greater access to peers and others who shared their culture and language than participants who had fewer or no culturally similar peers in the URM program or broader community. As reviewed in the findings above, participants who had access to peers and others from their home country described these relationships as significant sources of support both during and after their time in the URM program. Participants who lacked these connections also noted that it significantly impacted their adjustment in the U.S.

When I came to the United States, the United States was not the first foreign country that I lived. It was my third. It was. But the other one, I will say, because there was a lot of people that were from my country and I was in the middle of those people, and I never felt that I was in a foreign country. Here it is a different story. And I am sure if when I came here, if I lived in a place with many people from my country, I would be very much comfortable. (Walter)

Half of all participants (N = 10) lived with peers from their home country at some time while in the URM program, and 38% of all independent living placements were with peers or adults from participants’ home countries. At the time of the interviews in the current study, 35% of all participants continued to live with former URMs or other peers from their country of origin.

In addition to the multiple roles all former URMs were facing in early adulthood (described above in Research Question 1, Finding 1), an additional role for five participants (25%) was that of parent or expectant parent. While this status and its associated implicit responsibilities differentiated these five participants from their peers, they were also shown to differ from other former URMs in other significant ways. The four participants who were already parents (as opposed to the fifth, an expectant parent) were among the five total former URMs who had not attended community or 4-year colleges at any time. Three parenting participants had completed high school and one was the only participant to drop out of high school. The fifth parent had attended part of a certificate program at a local community college which he did not complete.

The only four participants in the study who left the URM program prior to the age of 21 were the four participants whose children had already been born (the expectant parent had aged out at 21 prior to the birth of his child). Three participants were living with their biological children, while one was still awaiting the birth of his child, and one was a step-parent of a child living abroad. The three participants living with their children cited the pregnancy or birth of their child, or their desire to live with their partner, as the reasons why they had either elected to leave the URM program or had been asked to leave prior to the age of 21. These three actively parenting participants were also the only three unemployed participants in the study.

Finally, while there were only two females in the study sample (10%), tentative findings suggest that female URMs may have experiences, challenges, or priorities which differ from those of males. Both females in the study were parents living with their biological child and partner, and both had left the URM program prior to the age of 21.

They had also both completed high school and begun the process of enrolling in community college, and had then changed their educational plans upon learning of their pregnancy. Neither female had pursued any post-secondary education since the birth of their children. The two females in the study were also among the three total participants who were currently unemployed.

In summary, five major findings emerged from participants' interviews in response to the two primary research questions of the current study. These findings, which have been presented and detailed in the current chapter, are outlined below.

#### Summary of Study Findings

Research Question 1: What factors are associated with improved or reduced functioning at the individual, social, and community levels?

Finding 1: Former URMs describe the following as the primary factors which have challenged or hindered their post-resettlement functioning in the U.S.:

- Difficulty adjusting to new environment and culture
- Language barriers
- Challenges related to education
- Negative experiences in foster care
- Problems with peers
- Separation and loss of family members
- Multiple responsibilities in early adulthood
- Challenges related to employment

Finding 2: Former URMs describe the following as the primary factors which have assisted or enhanced their post-resettlement functioning in the U.S.:

- Positive social support
- Positive educational experiences
- Community involvement
- Maintaining connections to culture of origin
- Individual strengths

Research Question 2: Can any theory or general principles be generated from their life experiences that may have relevance for best practices?

Finding 1: In spite of facing significant challenges in resettlement, most young adult former URM are functioning independently and progressing substantially toward their goals.

Finding 2: Unaccompanied refugee minors have challenges, strengths, and goals which differ from those of adult refugees, accompanied refugee minors, and American youth in foster care.

Finding 3: Sub-populations of unaccompanied refugee minors have unique challenges, strengths, and goals.



## CHAPTER V

### Analysis and Interpretation of Findings

The current study sought to investigate the lives of former unaccompanied refugee minors, a population whose common experiences and outcomes in resettlement have remained largely undiscovered and unexplained. Using an inductive approach to explore the depth and diversity of former URMs' experiences and perspectives, the current study revealed a broad, multifaceted sketch of common components and characteristics of former URMs' lives, as well as rich, detailed descriptions of their individual experiences. The current chapter will analyze the major findings of the study presented in the preceding chapter and will interpret and examine the current results in relation to relevant prior research with refugee and foster care populations. First, noteworthy observations are explored regarding the process and manner in which participants elected to share their stories.

#### Life Stories: Context and Validity

The context and process through which participants' life stories were shared help to further clarify and explain the content and meaning of their stories. Several observations regarding the manner in which former URMs approached their participation in the study, the range and depth of their stories, and feedback obtained following the

interviews all provide a context in which to interpret their stories as well as valuable insight regarding the validity of findings.

The first noteworthy indicator of the manner in which former URMs approached their participation in the study was reflected in the response rate during recruitment. Of the total population of approximately 32 URMs who had emancipated from the local URM program in the last several years, including at least 5 who had moved to other cities or states, 23 former URMs in the surrounding area were approached regarding participation in the study. One participant was deemed ineligible due to the length of time since his emancipation from the program, and of the 22 remaining former URMs who were contacted and invited to participate in the study, 21 agreed. Only one individual declined to participate (citing a prior unpleasant interview experience) and one participant, a working mother, agreed to be in the study but was eventually unable to participate due to scheduling difficulties. The participation of 20 of the 22 former URMs contacted (over 90%) as well as the overwhelming majority of participants who readily recommended their friends or acquaintances through the process of snowball sampling both suggest that participants generally approached the study in an open, positive manner.

The majority of participants expressed interest regarding the study's purpose and relevance for helping others to understand URMs' lives in resettlement. The majority seemed to approach the study and the contribution of their stories to it with sincerity and a manner of import. Five participants (25%), in fact, wanted to use their real names in the study, stating for example that they were not opposed to people knowing the reality of their resettlement experiences, or that they wanted people to know that theirs were true, "real" stories, as in one participant who stated that he thought the stories would be more

“powerful” if they included the real names of participants. The researcher assured all participants who raised these concerns that their stories would be part of a university study that had been subject to significant review, and that their stories would be taken seriously as real testaments to their lives. The researcher also explained that all universities require researchers to protect the identities of participants, and therefore readers of this study would be aware that identities had been protected because of standard university policies. All participants eventually agreed to select pseudonyms, and 100% of former URMs in the study participated in creating their own pseudonym. Many used words or names that had some meaning to them, which they explained to the researcher. Almost half of all participants (45%) also attempted to refuse the \$30 compensation they were offered for their time, indicating that they were happy to help with the study. All but one participant eventually agreed to accept it, although several required significant coaxing and/or only agreed to take it after the researcher suggested they could donate it to a person or cause of their choice. The only participant who refused to accept the compensation literally avoided taking it by sliding it back into the researcher’s paperwork at the conclusion of the interview.

During the interviews, the vast majority of participants were engaged and talkative, sharing a wide range of experiences and perspectives on their lives in resettlement. Although the life history calendar (see Appendix B) was available to participants, the vast majority of former URMs told their stories with little, if any, reference to it, even when the researcher wrote in major events or time markers on the calendar. It is possible that this visual cue was less relevant or useful to participants who came from cultures where oral traditions are common, or that other factors beyond the

scope of this study may have influenced participants' recall of recent or particularly salient resettlement experiences. In spite of minimal referencing of the life history calendar, most participants tended to tell their stories following a general pattern from the time of their arrival in the U.S. to the present, as well as their hopes and goals for the future. Many participants shared moments of pride in what they had accomplished, humorous stories they conveyed with laughter, frank observations regarding their strengths and struggles, as well as details of some of their most serious and painful experiences. As demonstrated in the findings in the previous chapter, the majority of participants ventured into very personal stories of their challenges, their achievements, decisions of which they were proud or felt regret, and experiences of significant hardship and loss. The depth, breadth, and tone of the stories shared by participants are indicators of the sincerity and openness conveyed within the study's findings.

Interactions following the interviews also suggested that participation in the study was perceived as a positive, validating, or important experience to many participants. Immediately following their interviews, 90% of participants offered the names of other former URMs for possible recruitment to the study, often recommending them enthusiastically, as in "Oh you've got to get (name)!" Over half of participants also told the researcher prior to leaving the interviews that she could contact them if she had any other questions or needed additional clarity on any topics after reviewing their interviews. The researcher also received six emails and two text messages from participants following the interviews in which they expressed that they had enjoyed the process. As one participant stated, "it was fun going back through all those memories with you," and another noted that the process of telling his story had made him realize how much he had

progressed over the last several years. Perhaps the best example of these sentiments was expressed in an encounter approximately two weeks after one participant's interview. This participant saw the researcher's mother in a store and recognized her from a past refugee event that she had attended with the researcher. He approached the researcher's mother and stated, "Hi, you're Carrie's mom, right? She's writing a big paper that's like a book and I'm helping her." Indeed, these stories are theirs.

### Research Question 1: Risk and Protective Factors

The study's first research question, "What factors are associated with improved or reduced functioning at the individual, social, and community levels?" was aimed at exploring the major risk and protective factors in former URMs' lives in resettlement. In comparison to prior studies which have investigated aspects of risk or functioning among refugee populations including URMs, the current study offered a unique perspective and approach. As reviewed in Chapter II, prior studies with refugee populations have focused significantly more attention on risk factors than protective factors, and the vast majority have explored risks or functioning within one, or at most a few, life domains such as mental health or education. Most prior studies have utilized quantitative or deductive methods, and none have explored risk and protective factors or functioning among diverse groups of URMs. The current study offered an original perspective by exploring multiple areas of functioning among former URMs from several different countries, who were also unique in their vantage points as recently emancipated young adults who were able to reflect on their entire experiences as URMs in foster care as well as their subsequent transition to independence. Perhaps the most significant distinguishing feature of the current study was its inductive, qualitative method, in which participants

were free to discuss any aspects of their lives in the U.S. and were unrestricted by specific questions or hypotheses. All findings, including participants' demographics and descriptive information, identified risk and protective factors, and salient aspects of participants' lives, were therefore not the result of specific questions to these ends and rather emerged from analysis of the life stories participants elected to share.

Two major findings emerged in response to the study's first research question regarding the factors that are associated with improved or reduced functioning in various life domains. The first finding was the factors that had challenged or hindered former URMs' post-resettlement functioning in the U.S., and the second finding was the factors that had assisted or enhanced their functioning in the U.S. The factors associated with the first finding, challenges experienced in resettlement, were discussed at greater length by most participants than the latter finding, although all participants explored a breadth of challenges and supportive factors in their lives in the U.S. during the course of their interviews.

### Risk Factors

As described in Chapter IV, the eight primary challenges or risk factors described by at least half of all participations were: difficulty adjusting to a new environment and culture, language barriers, challenges related to education, negative experiences in foster care, problems with peers, separation and loss of family members, multiple responsibilities in early adulthood, and challenges related to employment. As reviewed in Chapter II, prior research with broader refugee populations has identified all of these challenges (Ager, 1999; Derluyn & Broekaert, 2007; Fong, 2004; see Lustig et al., 2004, for review; Paulson, 2003; Potocky, 1996; see van der Veer, 1998, for review) and prior

studies of URMs in the U.S. have identified or alluded to all of these (Ashabranner & Ashabranner, 1987; Bemak, 1994; Daly & Carpenter, 1985; Geltman et al., 2005; Porte & Torney-Purta, 1987) with the exceptions of multiple responsibilities in early adulthood and employment challenges. These two additional risk factors, identified in the current study, had not previously been explored or discovered in prior URM studies.

As reviewed in Chapter II, many prior studies and authors have identified the process of adjusting to a new environment and culture as a significant resettlement stressor among refugees, including URMs (Ager, 1999; Ashabranner & Ashabranner, 1987; Derluyn & Broekaert, 2007; Fong, 2004; see Lustig et al., 2004, for review; Martin, 2004; Marvit, 2003; Rutter, 2001; van der Veer, 1998). In the current study, all participants described adjustment challenges including adaptation to the new environment, cultural differences, and lack of understanding of the resettlement process. In addition to these factors shared by most refugees, participants also described aspects of their adjustment that were unique to refugee youth and/or unaccompanied youth entering foster care. Lack of information regarding caregivers or the foster care process, anxiety and lack of comfort associated with living with American youth or adults, and unexpected separation from family members were noted as significant challenges faced during participants' initial adjustment. Participants also described a mix of emotions early in their resettlement experiences, as well as overall periods of adjustment that varied from several months to several years. These findings, while not previously explored with URMs specifically, are consistent with prior studies which have noted a range of emotions among refugees during their initial adjustment to a new culture and

adjustment periods which may last several years (Ager, 1999; Ben-Porath, 1987; Bixler, 2005; Haines, 1996; Holtzman, 2000; Mollica et al., 2001; Silove & Ekblad, 2002).

Consistent with multiple studies of refugee populations including URM's in the U.S. and abroad (Bemak & Greenberg, 1994; Daly & Carpenter, 1985; see McBrien, 2004, for review; Oikonomidou, 2007; Potocky-Tripodi, 2002; Rutter, 2001), 100% of former URM's in the current study, regardless of proficiency or prior study of English, described language barriers as a challenge that had impacted their functioning in the U.S. Participants echoed the findings of prior studies, reviewed in Chapter II, which indicated that language proficiency facilitates adjustment and is associated with a range of outcomes including mental health and social support (Bemak & Greenberg, 1994; Halcon et al., 2004; see McBrien, 2005, for review; Nicassio, Solomon, Guest, & McCullough, 1986). Language barriers were particularly debilitating for participants who had no peers or family members with whom they could communicate (circumstances which are particularly likely for URM's compared to other refugees), leaving them completely isolated from support or assistance. Former URM's in the current study also noted the influence of language barriers on their relationships with peers in particular. They described, for example, problems such as teasing, receiving blame or consequences unjustly, and difficulty forming relationships with peers. The majority of participants had participated in ESL classes at some time and typically described these experiences as helpful, consistent with findings among other refugee populations. Unfortunately, the current study found that participation in ESL services was often influenced by external factors such as availability of services rather than language proficiency, resulting in some participants who were most in need of these services lacking access to them.



In addition to challenges associated with language or general adaptation to the new environment, participants in the current study noted several significant challenges related to education. Consistent with earlier studies with refugee populations including URMs (Ashabranner & Ashabranner, 1987; Bates et al., 2005; Brough et al., 2003; Davies, 2008; Martin, 2004; van der Veer, 1998), participants described difficulties associated with the educational interruptions most of them had experienced prior to their resettlement and concerns regarding their educational placements in the U.S. Upon their arrival in the U.S., almost two-thirds of participants were placed in a higher grade than they had previously attained, including a quarter (25%) who advanced 5 to 9 grade levels. Among these participants as well as the three who were placed in lower grades than they had previously attained, school placement was noted as a significant source of stress.

Previous studies have produced mixed results with regard to the relationship between educational attainment prior to resettlement and educational performance or outcomes in resettlement. Multiple studies with non-URM refugee youth in the U.S. and abroad have indicated that more education prior to resettlement is associated with better educational outcomes in resettlement (Bosher & Rowekamp, 1998; Lavik et al., 1996; Rutter, 2001), though the results of the current study do not support a similar finding among URMs. Surprisingly, participants who arrived with *less* education had higher overall educational attainment in the U.S. The five participants who had graduated with bachelor's degrees, for example, included one who had arrived with no prior education, two who arrived with 3<sup>rd</sup> to 5<sup>th</sup> grade educations, and two who arrived having completed 6<sup>th</sup> to 8<sup>th</sup> grade. On the other hand, among the three participants who had completed some high school prior to resettlement, one did not graduate with a diploma, one had

completed an associate's degree, and one had attended college briefly but had withdrawn prior to earning a degree. There were no differences in the average length of time in the U.S. or the URM program between the participants who arrived with more or less education. These findings are significant given the consistent inverse pattern that emerged between educational attainment prior to resettlement and educational outcomes in resettlement, which does not support the findings of multiple prior studies of non-URM refugee youth. Further research is needed to explore these factors specifically among URMs in the U.S., given the important implications for educational placements and services for arriving URMs. Additional pre-migration factors (not included in the current study of resettlement) may be influential in the relationship between prior education and educational outcomes. For example, prior studies have explored the relationship between family separation and pre-migration trauma to educational outcomes in resettlement, producing mixed results. Some studies found that increased pre-migration trauma and loss were associated with poorer educational outcomes in resettlement (Diehl et al., 1993; Fox et al., 1994; McIntyre & Ventura, 2003; see Santa-Maria, 2007, for review; Yau, 1995), while others found that increased *past* family trauma and loss may be a protective factor for some minors, as it was associated with better academic outcomes in resettlement (see Rousseau & Drapeau, 2000).

Consistent with the conclusions of one prior qualitative study with URMs, foster parents, and social workers (Bates et al., 2005), the current study found that multiple URMs were initially placed or encouraged to enroll in a vocational program instead of a traditional high school program. Almost one-third of participants in the current study were initially placed by the local school system in a bilingual vocational program in

which they would not have earned high school diplomas, and all six participants indicated that they had not fully understood the purpose or implications of the program at the time of their enrollment. Five of the six participants who were enrolled in this program eventually discovered that the program was focused on job training and did not award diplomas, thus limiting their options for college and future employment, and they therefore elected to leave the program and to attend high school instead. Unfortunately, the one former URM who remained in the vocational program described significant regret regarding this decision and noted the associated challenges he continued to face including dissatisfaction with his employment options and extremely limited opportunities to pursue higher education. Adding to his regret was the fact that he had been in his first semester of 12<sup>th</sup> grade prior to his resettlement.

Prior studies of URMs in the U.S. and abroad have identified several challenges experienced by URMs in foster care settings, including cultural misunderstandings and differing expectations regarding foster care arrangements and relationships (Baker, 1982; Bates et al., 2005; Shen Ryan, 1997). The current study supported these earlier findings, and it also explored the number, type, and unique challenges of different foster care placements in greater depth, as most participants described the full range of placements they experienced from the time of their arrival in the URM program through their emancipation, including challenges experienced in foster homes, group homes, and independent living placements.

Although independent living placements accounted for 45% of all placements in the current study and 85% of former URMs had experienced an IL placement at some time, participants cited the fewest challenges associated with these placements, noting

only financial concerns, conflicts with roommates, and disagreements over rules or expectations in IL settings in which participants lived with non-URM adults or families. While foster homes and group homes each accounted for fewer placements overall (33% and 22% of all placements, respectively), all but one participant in the study (95%) had been in at least one foster home or group home at some time, and among them, 58% (11 of 19) described negative experiences in these settings as among the most difficult experiences they had encountered in the U.S. The majority of negative experiences in foster and group homes included conflicts with American peers or adults in the home, unplanned placement disruptions, cultural differences and misunderstandings, and isolation from peers or others from one's home country. Consistent with several prior studies of URMs in the U.S. and abroad (Baker, 1982; Bates et al., 2005; Shen Ryan, 1997), the challenges associated with role changes, including a return to a more dependent or "childlike" role and differences between foster parents' and URMs' expectations for the fostering relationship were also commonly noted. Some participants, for example, described their perception that foster parents had expected a more permanent, "family" bond, while they had viewed foster families as temporary arrangements that were appreciated and hopefully pleasant, but not surrogate family relationships. Regarding group homes, the challenges almost universally identified by participants who had been in these settings were concerns regarding the negative behavior of American peers and the lack of fit between their needs and behaviors with the goals and structure of group homes, which were designed to meet the needs of American youth removed from family settings.

Problems with peers, including those in homes, schools, and other settings were the fifth major challenge identified by participants in the study, a finding consistent with prior research of refugee youth (Almquist & Broberg, 1999; Bates et al., 2005; Kovacev & Shute, 2004; Myers, 1999; Wallin & Ahlstrom, 2005). In addition to negative behaviors of American peers in group homes and school settings, participants also described difficulty relating to peers in the U.S. due to disparate life experiences and responsibilities. Teasing, ignorance, or stereotypes regarding participants' cultural or religious backgrounds were noted by the vast majority of participants. African participants frequently encountered teasing or stereotypes regarding the developing world or their home continent, while Middle Eastern participants were more frequently subjected to stereotypes or harassment related to peers' perceptions of their religion. Consistent with prior studies of refugee youth including URM's (Bates et al., 2005; Trickett & Birman, 2005; Wallin & Ahlstrom, 2005; Yau, 1995), isolation from American peers was a common theme identified by participants, resulting from a wide variety of factors including language and cultural barriers, differences in behavior and priorities, and lack of awareness or acceptance.

Consistent with the results of numerous related studies, reviewed in Chapter II, with diverse refugee populations including URM's (Ben-Porath, 1987; Diehl et al., 1993; Geltman et al., 2005; see Lustig et al., 2004, for review; Sourander, 1998), participants in the current study overwhelmingly described separation and loss of family members as the single most difficult challenge they experienced in resettlement. These results echoed findings from prior studies regarding the challenges and hardship of separation from family members, as reviewed in Chapter II, particularly for URM's whose entire

resettlement experiences were faced without the support, protection, or guidance of parents. The current study further highlighted the relevance and influence of this challenge on the lives of former URMs by exploring participants' ongoing contact with family members in the U.S. and abroad throughout their time in the U.S. In addition to the hardships associated with separation and loss of family members prior to resettlement, participants in the current study also identified the additional challenges of separation from family upon or following resettlement either by choice (as in those who left intact families behind) or due to separations imposed by resettlement agencies which sent family members at different times to different locations or which split family groups upon their arrival in local programs. The vital influence of family relationships on former URMs' lives in resettlement was also highlighted by participants' descriptions of their extensive searches for family members, their ongoing worry and sense of responsibility for those from whom they were separated, and the devastating impact of the deaths of family members in the U.S. and abroad.

Related to separation and loss of family members, participants identified significant challenges associated with assuming multiple responsibilities in early adulthood, an aspect of former URMs' lives in resettlement previously unexplored in the literature. Due to their unique resettlement status as unaccompanied youth, participants faced sole responsibility for their lives immediately upon emancipation from foster care, thus presenting them with multiple adult roles without the safety net or guidance of parents or adult family members. Participants described the challenges of simultaneously balancing responsibilities which included employment, college, financial support of themselves and often family members abroad, and additional roles associated with

relationships or community activities. One quarter of participants also faced the additional significant responsibilities of parenting.

The final challenge identified by a majority of participants in the current study included difficulties related to employment, an area previously unexplored in studies with URMs in the U.S. Although 85% of former URMs were currently employed, half of all participants were dissatisfied with their current positions or employment status and were seeking new jobs. Employment concerns were significant for participants in all educational categories, including all participants with completed bachelor's degrees (who had all been unable to find work in their fields of study), all participants who had completed high school only (all of whom were unemployed), and the only participant who had completed a vocational program instead of high school. Interestingly, the participants who expressed the greatest satisfaction with their current employment were those who had completed associate's degrees, in addition to the one participant who had dropped out of high school. Participants expressing the least concern about their current employment status were those still actively enrolled in college programs. An additional employment-related challenge described by multiple participants was the limitation imposed on their income by Medicaid and URM program policies, which had hindered their ability to work and accumulate savings while in URM program care in preparation for their eventual emancipation. Finally, overt workplace discrimination was only identified by one participant in the study, whose experience he described as relating to his sexual orientation rather than his race, ethnicity, or immigration status.

### Protective Factors

Although participants tended to speak at greater length regarding risks than supportive factors and they identified fewer broad categories of protective factors overall, the primary sources of assistance or support in participants' lives were nonetheless a topic which was thoroughly explored by former URM in the current study. While some previous research with refugee populations including URM has addressed factors associated with positive outcomes or resilience (Ager, 1999; Bala, 2005; Geltman et al., 2005; Lustig et al., 2004; Rousseau et al., 1998; Sack et al., 1999), protective factors have been the subject of far less investigation than risk factors, as reviewed in Chapter II. Participants in the current study identified the following as factors which had assisted or enhanced their post-resettlement lives in the U.S.: positive social support, positive educational experiences, community involvement, maintaining connections to one's culture of origin, and individual strengths.

Consistent with prior research with a variety of refugee populations including URM (Adjukovic & Adjukovic, 1993; Fazel & Stein, 2002; Fox et al., 1994; Hodes et al., 2008; McFarlane & van der Kolk, 2007; Wallin & Ahlstrom, 2005; Webb, 2004a), social support was the most frequently cited protective factor noted by participants in the current study. Participants described the critical influence of peers from their own or other countries, family members, foster families, social workers, teachers, and others. Several participants described their relationships with supportive adults in the U.S. as the factor to which they attributed most of their success in the U.S. Social support from peers from one's home country was particularly salient for former URM who arrived in a larger migration group, who often formed groups of surrogate family relationships.



Relationships with URMs or adult immigrants from other countries were also important sources of support for the majority of participants, including those who did not have access to family members or peers from their home countries. In spite of the many challenges identified with foster care, almost half of all participants noted that they had derived significant support from foster families, including some who had formed long-term, supportive bonds in which participants felt fully integrated as family members and anticipated retaining these relationships for the remainder of their lives. Relationships with families of origin were also cited as a significant source of support by almost all participants who had ongoing contact with family members in the U.S. or abroad.

Participants in the current study identified a number of educational supports which had been observed in prior studies with accompanied and unaccompanied refugee youth (Fazel & Stein, 2002; Jeppsson & Hjern, 2005; see McBrien, 2005, for review; Rutter, 2001; see van der Veer, 1998, for review), including access to ESL services or other sources of language assistance and the benefits they derived from positive relationships with teachers or tutors. Several participants also noted a significant protective factor regarding their prior educations that had not previously been identified in the literature. These participants cited the benefit they had derived from attending schools in refugee camps or countries of first asylum which had been more challenging than the schools they attended in the U.S. Similarly, although some prior studies (Bates et al., 2005; Fong, 2004; see McBrien, 2005, for review) and participants in the current study described lack of familiarity with technology as a hindrance for many refugee youth, a few former URMs also noted that the lack of technology such as calculators or

computers in their prior educations had required them to master some skills for which U.S. students were entirely dependent on technological assistance.

Involvement in community activities, though less frequently discussed than other protective factors in the current study, was also a significant source of support mentioned by over half of participants. The single most common activity participants were engaged in was athletics, with approximately half of all former URM students reporting participation in high school or college sports. Regarding these experiences, participants almost universally described social benefits they had derived from their involvement, a finding consistent with one prior study of URM students which found positive outcomes associated with participation in sports for male URM students (Geltman et al., 2005). In particular, participants in the current study noted that sports had assisted them in forming friendships with American peers, and that their participation in sports had played a significant role in steering them away from negative behaviors and influences. Involvement in community activities tended to decline for most participants in college, due to the multiple demands of employment and school, although several participants had engaged in projects aimed at supporting their home communities. Participants described these experiences as demanding but extremely meaningful, consistent with a prior study of adult refugees which found benefits associated with involvement in altruistic endeavors (Mollica, 2006).

One type of community involvement noted by multiple prior studies as a significant protective factor, religion, was notably absent in the current study. In contrast to prior studies with diverse refugee populations including URM students (Goodman, 2004; Halcon et al., 2004; Wallin & Alhstrom, 2005), very few participants in the current study identified participation in religious activities or communities as a significant supportive

factor in their lives in resettlement. Less than half of participants identified themselves as affiliated with a particular religion, and only two identified their religious or spiritual beliefs as a significant source of support or influence in their lives. Two additional participants mentioned the social support they received from individuals in their churches. While the current study did not explore the role of religion or spirituality in sufficient detail to draw meaningful conclusions regarding the lack of attention devoted to this factor by participants, one possible hypothesis relates to the results of prior research which has shown that the ability to find meaning in one's circumstances or challenges is associated with positive outcomes among refugees including URM (Goodman, 2004; McFarlane & van der Kolk, 2007; Miller & Rasco, 2004; Silove, 1999; see van der Veer, 1998, for review). It may be that religion or spirituality is one means through which some former URM find meaning in their post-resettlement lives, and that others may find meaning through alternative means such as altruistic efforts to support their home communities or aspects of their individual, family, or group identities. Other hypotheses are that participants may not have elected to discuss religion or spirituality in the interview setting because it may be perceived as a sensitive or private matter, or it may be that their religion or spirituality was something they perceived as relevant across their lifespans, rather than an aspect of their lives in resettlement (i.e., their religion or spiritual beliefs may have been a supportive or salient component of their lives that preceded resettlement, and thus they may not have included it in a discussion of supportive factors "in resettlement").

The importance of participants' ethnic identities was evident in a supportive factor identified by almost two-thirds of former URM in the current study – their

connections to their culture of origin. Multiple prior studies, including most prior studies of URMs in the U.S. and abroad, have found that maintenance of connections to individuals and traditions from one's home culture are associated with a variety of positive outcomes (Baker, 1982; Bala, 2005; Eisenbruch, 1991; Hjern & Jeppsson, 2005; Woldemikael, 1996), and that detachment from one's ethnic community is a significant risk factor for a range of negative outcomes (Martin, 2004; UNHCR, 1994; Yau, 1995). The results of the current study strongly supported these findings. Participants described multiple ways in which their lives were positively influenced and supported by the presence of ethnically similar others, and they spoke at length about the value they placed on retaining aspects of their culture of origin. Multiple participants also echoed the importance of this supportive factor by citing the risks they observed or experienced when connections to one's ethnic community were not available or maintained. Participants described a range of acculturation strategies in the current study, and most advocated the development of a bicultural identity in which they retained aspects of their culture of origin and also adapted, at least behaviorally, to aspects of U.S. culture. Consistent with the results of prior studies of URMs and broader refugee populations (Bromley, 1988; Brough et al., 2003; Fong, 2004; Marvit, 2003; see Rutter, 2001, for review; Schweitzer et al., 2006), some of the primary ways in which participants maintained ties to their home cultures were through the retention of language and traditions, relationships with ethnically similar others living in the U.S. or abroad, and involvement in supportive activities or other participation in their home communities.

A final protective factor identified by participants in the current study was the individual strengths they possessed, which included aspects of their personalities, skills

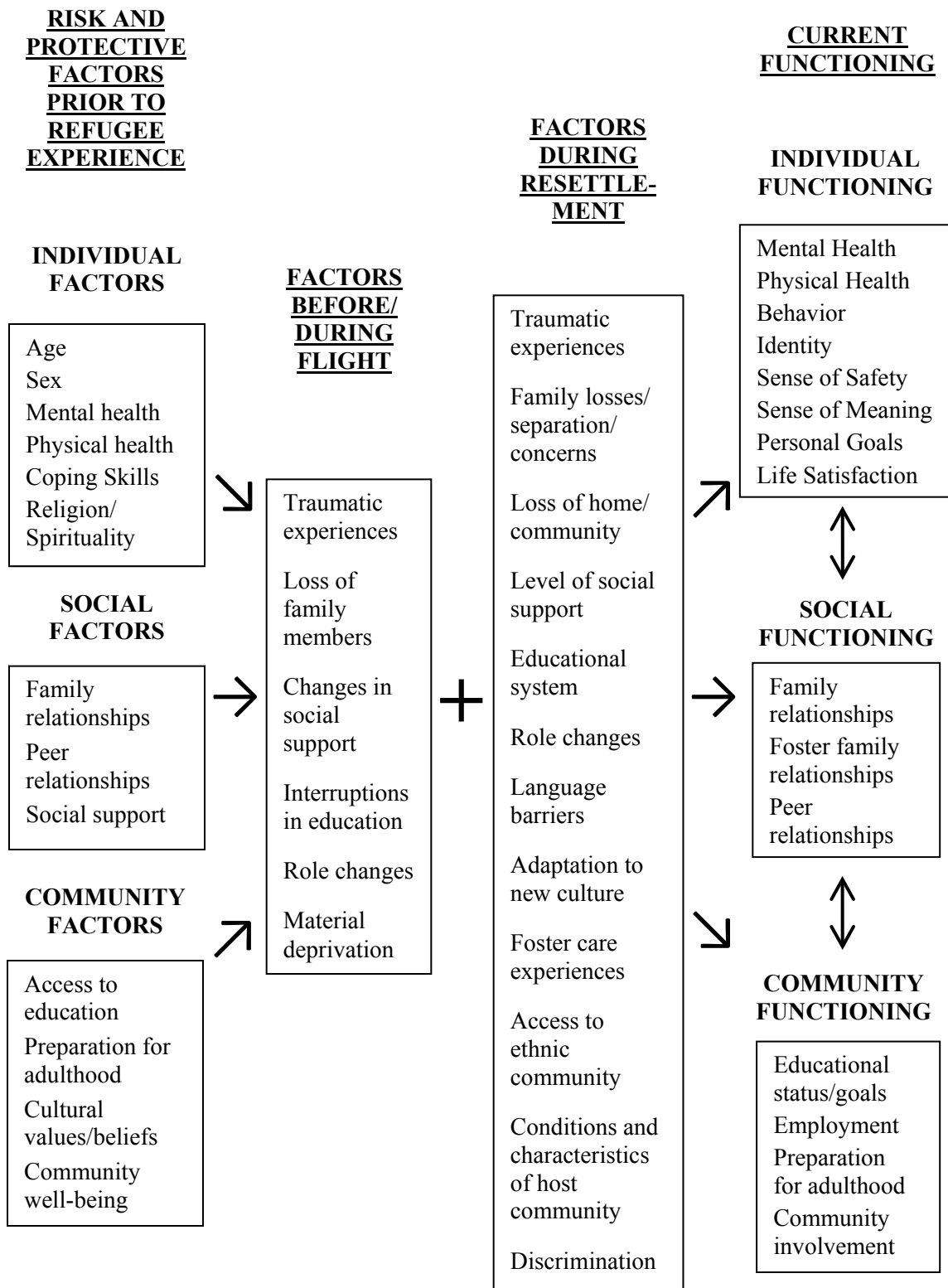
derived from their past experiences, and other characteristics which were influenced by their experiences as former URM. Consistent with prior studies among URM and other refugee populations (Adjukovic & Adjukovic, 1993; Fazel & Stein, 2002; Goodman, 2004; Martin, 2004; Potocky-Tripodi, 2002), participants described coping skills and adaptability as strengths which assisted them in resettlement. Participants' stories in the current study also highlighted protective factors not previously explored in other literature, including the maturity, independence, and strong goal-orientation they had developed in their unique experiences as former URM. Several participants also described how some of their current roles, such as parent or sole supporter of other family members, contributed to other strengths including their focus and conscious, purposeful decision-making.

In sum, the risk and protective factors in resettlement identified by former URM offer significant support for the conceptual model proposed by the current study. This finding is particularly striking given that participants were unrestricted in the topics they could discuss and therefore they identified these factors independently. The three leftmost columns in the model were proposed based on prior literature, and the current study was specifically aimed at exploring the two rightmost columns, which included the risk and protective factors in resettlement (the second column from the right) and various aspects of participants' individual, social, and community functioning that may be influenced by the risk and protective factors at various stages of the refugee experience (as shown in the three leftmost columns of the model). Most of the risk and protective factors in resettlement which were included in the proposed conceptual model (second column from the right, based on prior research with multiple refugee populations) were

supported without revision by the findings of the current study and included: traumatic experiences, loss of home and community, level of social support, aspects of the educational system, role changes, language barriers, adaptation to the new culture, access to one's ethnic community, and discrimination. Two factors in the proposed model were generally supported but further clarified by the results of the current study. Loss of family members was revised to include losses, separation, and concerns regarding family given the findings which demonstrated that multiple aspects of relationships with family members were influential in participants' lives, including ongoing contact, support, or concern regarding family members in the U.S. and elsewhere, in addition to family losses. Another factor in the proposed conceptual model which was slightly revised in light of the findings of the current study was adaptation to foster care, which was edited to include foster care experiences generally. This minor revision was made to the conceptual model in order to incorporate the variety of risk and protective factors participants described in their foster care experiences. These factors included not only their adaptation to foster care placements, but also the multiple forms of both stress and positive support participants derived from these environments and relationships. Finally, one factor not included in the proposed conceptual model which was added based on findings from the current study was conditions and characteristics of the host community. Participants described a variety of ways that they had been impacted by social, political, historical, and economic factors in the community and country to which they were resettled. These included perspectives and policies regarding immigration, particularly in the social and political climate following September 11<sup>th</sup> and wars in the Middle East, the economic downturn in the U.S. and its impact on the current job market, and a wide

variety of socioeconomic, demographic, and political characteristics of participants' host communities. The revised conceptual model which incorporates these results from the current study and other findings which follow is shown in Figure V.1.

Figure V.1 Revised Conceptual Model





Another significant finding related to the proposed conceptual model was the areas or domains of interest to participants in the current study, in comparison to the primary areas explored in prior research. There was a striking difference in the areas of functioning discussed by participants and prior literature, with participants far more frequently discussing aspects of their social or community functioning and prior studies more frequently addressing aspects of refugees' individual functioning. Education, relationships, and multiple roles in adulthood, for example, were among the most frequently discussed domains in the current study, while prior research with refugee populations has overwhelmingly focused on trauma and mental health (as reviewed extensively in Chapter II). A variety of factors may contribute to this difference, such as reluctance on the part of participants to discuss mental health concerns, the focus of the current study on experiences in resettlement rather than war experiences, the possibility that mental health concerns had diminished over time and were therefore less relevant for participants in the current study, or the difference in vantage points between participants and prior research (which may "notice" aspects of individual functioning to a greater extent than participants, as in the classic "actor/observer effect"). As pointed out by prior authors (Ingleby, 2005; Krippner & McIntyre, 2003; Potocky-Tripodi, 2002; Silove, 2005; Summerfield, 1997), the life domains deemed most significant by many studies may also reflect the bias or perspective of researchers from Western, individualistic cultures, in contrast to the perspectives of refugees from more communal, collectivist societies. Participants in the current study did identify traumatic experiences in resettlement which greatly influenced their functioning, such as the deaths of family members in the U.S. and abroad. Mental health concerns including depression and

anxiety were also noted by some participants, and in all cases they were identified as outcomes of painful losses, isolation, or other significant challenges. The final revision to the conceptual model based on the results of the current study was the finding that functioning in any one domain can significantly impact functioning in other domains, as indicated by the addition of vertical arrows in the rightmost column. Participants, for example, described the powerful influence of aspects of their employment, education, family relationships, or ethnic identity on their functioning in multiple domains. Their greater focus on aspects of their social and community functioning (in contrast to the greater focus on the individual in prior research) is also a potent reminder of the crucial relevance of an ecological or “person-in-environment” model for developing a comprehensive, rich understanding of the lives of this population (Miller & Rasco, 2004; Potocky-Tripodi, 2002; Summerfield, 1999).

### Research Question 2: Theoretical Findings

The second major question explored by the current study was “Can any theory or general principles be generated from their life experiences that may have relevance for best practices?” This broad question sought to inductively discover and explore common themes that emerged from participants’ life stories. Because no prior studies have offered a comprehensive description of the typical experiences or outcomes of URMs in the U.S., the first aim of the study was to identify and describe the common, salient aspects of former URMs’ lives in resettlement. Secondly, the study also sought to identify any theoretical or general principles that emerged from participants’ life stories, given that no prior comprehensive theories regarding this population have been offered or tested in prior literature. Results of the current study included the finding that most former URMs

are functioning independently and progressing substantially toward their goals in spite of facing significant challenges in resettlement, and that URMs have unique challenges, strengths, and goals which differ from those of other refugee populations and American youth in foster care. Additionally, findings tentatively suggest that sub-populations of URMs may have unique challenges, strengths, and goals.

One of the most significant contributions to the literature provided by the current study is the finding that most former URMs are functioning well in early adulthood, in spite of facing significant challenges. This finding is the first multifaceted description or analysis of the life experiences or status of former URMs in the U.S., and therefore it provides valuable information and evidence regarding the well-being and typical outcomes of this unique population which has been systematically resettled and served by the nation's URM program for over 30 years, but whose outcomes remain largely uncharted.

When asked very broadly about their lives in the U.S., former URMs frequently described their experiences as a combination of challenges and opportunities. Participants often expressed gratitude for the ways in which their resettlement to the U.S. had significantly increased their opportunities, but they also very commonly noted that their experiences in the U.S. had been much harder than they had expected. Former URMs' primary reasons for coming to the U.S. were remarkably consistent and included safety, education, and opportunities which would enable them to improve their lives or the lives of their families or communities. When discussing their progress toward their goals, participants identified their successful adaptation to the new culture, educational

achievements, self-sufficiency in early adulthood, and support of family members and home communities as their most significant achievements in resettlement.

Participants' achievements were also reflected in the multiple descriptive findings that emerged from the study. Among the study's most remarkable discoveries were the findings that 90% of former URMs had graduated from high school and 75% had attended college, including 25% who had completed bachelor's degrees, 15% who completed associate's degrees, and 30% who were still actively pursuing degrees. These academic achievements are particularly impressive not only because of the wide range of educational levels among participants when they arrived in the U.S., but also given that 90% of former URMs maintained jobs while in high school and 100% of participants worked while attending college. All participants were functioning independently in early adulthood and the vast majority (85%) were employed. Participants had also made significant progress on their goal of providing support to family members and communities. Many had worked to locate family members from whom they had been separated, 85% had been in contact with family members in the U.S. or abroad since their resettlement, and 40% had traveled abroad to visit and provide support to family members, loved ones, or home communities. Half of all participants were providing ongoing support to family members abroad, including several who were solely responsible for entire families. Three participants had also undertaken major projects, including two who had established their own non-profit organizations, in order to benefit their home communities. Several participants had also assumed new family roles as spouses or partners (35%) or parents (25%). Remarkably, all of these roles and

achievements had been realized in less than a decade, by unaccompanied young war survivors functioning in an unfamiliar culture and language.

The second significant general principle that emerged from the current study was the ways in which URMs' challenges, strengths, and goals differ from those of other refugee populations or American youth in foster care. Themes identified in participants' interviews provided confirmation and clarity for many of the unique challenges faced by URMs that had been identified in prior refugee literature, such as those associated with separation from family members and foster care experiences (Adjukovic & Adjukovic, 1993; Ahern et al., 1999; Almquist & Broberg, 1999; Baker, 1982; Bates et al., 2005; Ben-Porath, 1987; Diehl et al., 1993; Miller & Rasco, 2004; Santa-Maria, 2007; Shen Ryan, 1997). URMs, by definition, differ from adult and accompanied refugees, and the current findings strongly support these distinctions as meaningful and influential factors in the lives of former URMs. Former URMs spoke in their interviews about their unique position as unaccompanied refugee minors, identifying key aspects of their experiences that they perceived as different from those of adult refugees, accompanied refugee minors, and American youth in foster care.

The results of the current investigation, which described participants' foster care experiences and outcomes in greater detail than any prior studies, allowed tentative comparisons to be considered between former URMs and American youth. Particularly noteworthy were major differences in outcomes between these two groups, a finding significant but unsurprising given the vastly different life experiences and challenges which led to their placement in foster care. In addition to the differences in behavior, skills, and priorities former URMs observed between themselves and their American

peers, prior research with American youth in foster care has consistently shown outcomes which differ dramatically from those observed among former URMs in the current study. A national longitudinal study of more than 750 American youth who had been in foster care in three Midwestern U.S. states, for example, reported outcomes in early adulthood which were significantly different from those of former URMs in all domains studied (Courtney, Dworsky, Lee & Raap, 2010). By the age of 24, approximately one quarter (24%) of American young adults who had aged out of foster care had not completed high school or obtained a GED, one third (33%) had completed high school only, and less than 6% had completed an associate's or bachelor's degree. Just over half (52%) of American former foster youth were unemployed at the age of 24, and 16% had not worked at all since aging out of foster care. Two-thirds (67%) of American females and 44% of American males had at least one child by the age of 24, and among them just over half of females and slightly more than a third of males had two or more children. In light of these findings and other differences noted by former URMs, the current study provides strong evidence that the challenges, strengths, priorities, and outcomes of URMs differ markedly from those of American youth in foster care, although focused comparative research is needed to elucidate differences beyond the scope of this exploratory study.

The final finding that emerged from the present study was tentative evidence that certain sub-populations of URMs have unique challenges, strengths, and goals. Former URMs in the study identified a wide variety of characteristics and experiences that influenced their lives in resettlement in some way (as highlighted by the conceptual model put forth in the current study), such as their ages, countries and cultures of origin, language skills, access to family members, unique histories, and individual traits. While

the number of participants in the study limits extensive comparisons of distinguishing factors between certain groups of former URMs, patterns emerged which suggest that there may be key differences in the experiences of certain subgroups of URMs. In particular, differences were noted between the following groups: participants who arrived as URMs versus those who were reclassified to URM status, those in larger or smaller migration groups, former URMs who had or had not become parents, and males and females. Additionally, noteworthy unique experiences were observed for the one gay former URM in the study.

There was evidence that participants who had been reclassified to URM status after arriving in the U.S. accompanied by family members may have had experiences which differed from those of participants who arrived in the U.S. as URMs and were therefore placed immediately in URM foster care. The most concrete difference discovered between these groups was that reclassified URMs had experienced slightly more placement disruptions in comparison to other URMs, giving them a greater total number of placements while in the U.S. in spite of having similar average lengths of time in the U.S. and the URM program. Also, while reclassified former URMs all had access to family members in the same state, they also shared more stories regarding conflicts with family members. In particular, the three reclassified URMs who had been removed from their original family homes in the U.S. due to family conflict expressed less placement stability and more problems in foster homes than the three who had been reclassified for reasons other than conflict (such as the financial inability of a family member to adequately support them). It may be that URMs who are placed in foster care due to family breakdown or conflict have needs and experiences which differ in

important ways from those who are in foster care because of family separation related to war, displacement, or poverty.

Prior research with American youth in foster care has identified distinct classes or subgroups of youth aging out of care. A large-scale longitudinal project found different experiences and outcomes among youth identified as “accelerated adults” who had adapted more successfully to adult responsibilities at early ages and had comparatively better educational and work outcomes, compared to those “emerging adults” who were dependent at later ages and progressing more slowly in some areas, those who were “struggling parents,” and those with the worst outcomes in most areas, the “troubled and troubling” (Cook, Hook, & Lee, 2010). Similar to these distinctions identified between subgroups of American former foster youth, early evidence suggests that URM in foster care are distinct from American youth in foster care in important ways, and in fact that there may also be key differences between subgroups of URM.

As noted throughout the findings in the current study, there is significant evidence that access to peers from one’s home country is a supportive factor associated with a variety of positive outcomes, and the multiple ways in which former URM continue to rely on these relationships in early adulthood further support this finding. The size of URM’s overall migration group may therefore be a key factor which distinguishes the resettlement experiences of different subgroups of URM. In the current study, 12 of 20 participants were from a large migration group, and 8 were from countries with significantly smaller groups, offering them less access to peers and others from their home country in the surrounding community. Some observations from the current study lend support to the hypothesis that this difference was meaningful, such as the fact that all



five of the individuals who had graduated with bachelor's degrees were from the same large migration group, in spite of being among those who arrived in the U.S. with the least education. In contrast, among the eight former URMs from small migration groups (several of whom had no non-relative peers from their home countries in the URM program), only one had completed a degree of any kind. There is also tentative evidence that URMs from larger or smaller migration groups may have different experiences or preferences in foster care, as those who were in the large migration group in the study were more likely to seek placements with peers than U.S. foster homes, particularly among those who arrived when they were older.

A factor that was demonstrated to be highly influential in shaping the experiences of some former URMs was their parenting status. The four participants in the study who had already become parents were among the five total who had never attended college at any time, and the one expectant parent in the study was the only participant in the study who had attended college briefly and then dropped out. The four parents in the study were also the only four who left the URM program prior to their 21<sup>st</sup> birthday, and three of them were the only unemployed participants in the study. The only two female former URMs in the study were both among these parenting participants; both had left the program early, both had completed high school and then decided not to pursue college upon learning of their pregnancies, and both were unemployed. While there were no non-parenting female participants in the study to allow comparisons, evidence strongly suggests that parenting former URMs have experiences that differ markedly from those of their non-parenting peers, and that sex may also be a critical distinguishing factor between subgroups of URMs.

The results of the current study also offer tentative evidence that former URMs who are sexual minorities may have key differences in their experiences than their heterosexual peers. Only one participant in the study identified himself as gay, and he gave multiple examples in his interview of ways in which his sexual orientation was more salient or influential in his life than other aspects of his identity, including his ethnic identity. For example, he described challenges that the URM program had faced in finding foster care placements for him because of his sexual orientation, he had very little peer social support of any kind during or after his time in foster care, and he was the only participant to describe a particularly egregious experience of workplace discrimination. On the other hand, this individual also identified significant supports and benefits he had experienced in resettlement including a highly influential and positive relationship with his foster parent and the general greater acceptance of homosexuality in the U.S. than in his home country, and he was functioning extremely well in most life domains. This and other differences observed between subgroups of former URMs, reviewed above, are based on the current exploratory study, and are therefore tentative hypotheses that require additional investigation.

In summary, this chapter has examined the major findings of the current study, including the risk and protective factors that are influential in the lives of former URMs in resettlement as well as theoretical principles that inductively emerged from their life stories. The results of the study were also analyzed in relation to prior literature with refugee and foster care populations. The implications of these results for refugee programs and areas for future research are presented in the following chapter.

## **CHAPTER VI**

### **Conclusions and Recommendations**

The current study has investigated the lives of former URMs through an inductive exploration of their post-resettlement life stories. The major findings of the study include the identification and description of common experiences among former URMs from the time of their arrival in the U.S. through early adulthood, as well as the factors they deem most influential in shaping their lives. The study also identified key aspects of former URMs' experiences and outcomes that distinguish them as a unique group with challenges, strengths, and goals unlike other refugee or foster care populations. In addition, the study identified specific factors in the lives of some former URMs which may further differentiate their resettlement experiences.

The current study offered a number of unique contributions to the existing literature on this population. It was the first comprehensive study to explore the functioning and outcomes of diverse former URMs in multiple life domains, and it was additionally unique in its inductive approach which allowed former URMs to define the salient components and influences in their lives. To date, there has been no standard for assessing the functioning or outcomes of this population, and therefore a thorough description of their lives and the domains they deem most relevant offers significant groundwork to these ends.

The current study was also unique in its proposal of a conceptual model which included risk and protective factors in the pre-flight, displacement, and resettlement phases of URMs' lives and their influence on URMs' current functioning in multiple domains. Factors preceding resettlement included in the model were based on prior research, as the current study focused exclusively on resettlement experiences and functioning. The inductive method of the current study, in which no prior categories or topics were imposed, found that former URMs independently identified the risk and protective factors influencing their lives in resettlement, and that these factors were consistent with those proposed in the conceptual model. The study's exploration of the risk and protective factors in former URMs' lives in resettlement confirmed the relevance of risk and protective factors previously identified among other refugee populations or URMs from a single country, as well as identifying additional risk and protective factors not previously studied. Specifically, former URMs in the study confirmed risk factors from prior refugee and URM studies including cultural and language barriers, separation from family members, challenges related to education, problems with peers, and negative experiences in foster care. The study also discovered two additional risk factors or challenges not previously identified with this population: the multiple responsibilities URMs experience in early adulthood, and challenges related to employment. The study also explored, for the first time in depth, the ongoing importance of family relationships in resettlement, while prior studies with URMs tended to highlight past family relationships or URMs' separation from family in resettlement. Participants in the study also confirmed the importance of several protective factors in their post-resettlement lives, including social support from their home and host communities, positive

educational experiences, maintaining connections to one's culture of origin, and community involvement. The study also discovered individual strengths that had been helpful to URMs in resettlement, including a variety of skills and lessons derived from their life and refugee experiences – a protective factor not previously identified in the literature on URMs.

Another significant outcome of interest in the current study was that findings did not support previous literature which has identified more negative outcomes among refugee youth who arrive in the U.S. with less prior education (Bosher & Rowekamp, 1998; see Rutter, 2001, for review). As outlined above, former URMs in the current study did not follow this pattern, and in fact those who arrived with the least education were among those who had achieved the highest levels of education in resettlement. More research is needed to further explain the relationship between prior education and academic achievement in resettlement, although one possible hypothesis may be derived from prior studies which have found that some types of past individual or family hardships are associated with greater *positive* functioning among refugee youth (Diehl et al., 1993; see Santa-Maria, 2007, for review; Yau, 1995). It may be, for example, that URMs who arrive with less prior education benefit from a greater sense of purpose or responsibility regarding their educational goals.

Finally, the current study also contributed novel findings to the literature by exploring and describing former URMs' functioning throughout their time in the URM program and into early adulthood, offering for the first time a comprehensive view of diverse URMs' lives in resettlement across multiple life domains. The study also produced key findings that concur with previous studies which noted significant hardship

and risks facing this vulnerable population, while also discovering that in spite of this, former URMs in early adulthood are functioning independently and nonetheless showing significant progress toward their goals. The study also identified key differences in URMs' experiences in comparison to other refugee groups or American youth in foster care, as well as noting tentative differences that may exist between certain subgroups of URMs.

### Recommendations for Future Research and Limitations of the Study

By definition, inductive methods are hypothesis-generating, and the results of the current study raise a number of important and interesting questions for future research. Some of the issues identified by the current study which require additional exploration and clarity include:

- Further investigation into the factors influencing URMs' educational achievement in the U.S., including the types of support which are most influential and beneficial to URMs who arrive with greater or lesser prior education;
- Further exploration into the types of foster care placements that are most relevant for URMs, including subpopulations of URMs having unique needs or characteristics;
- Further exploration regarding differences in the needs and experiences of subpopulations of URMs, including those who are parenting, females, reclassified minors, and gay youth;
- Study of other groups of youth served by URM programs, including undocumented minors, Cuban/Haitian entrants, asylees, and minor victims of human trafficking;

- Greater investigation into the protective factors in the lives of URMs, as well as greater focus on their social and community functioning.

In addition to the limits of the scope of the current study, additional limitations in the study should be noted. These include aspects of the study design, as well as factors associated with the participants and the researcher. Given the study's sole focus on former URMs' lives since their arrival in the U.S., it is almost certain that there were significant differences in their prior life experiences that influenced their functioning in the U.S. but were not captured by the current study. There may have also been key aspects of participants' experiences which they elected not to discuss during the interviews due to social, cultural, or individual factors, and therefore the results of the current study are inherently limited to the topics that participants were willing to discuss in this setting. The ethnicity, sex, and/or race of the interviewer may have also impacted topics they were willing to discuss, in addition to their awareness of the interviewer's past involvement in refugee programs in the area. Finally, given that qualitative analysis ultimately relies on the assessment and judgments of the researcher, there is the possibility of unintended researcher bias in spite of efforts to minimize it throughout the interviews and their analyses.

### Recommendations for URM Providers and Programs

The ultimate intended benefit of this investigation was to develop a more comprehensive understanding of the needs, strengths, and functioning of URMs in order to inform and enhance the programs and providers that serve them. The potential value of this study, which offers the unique perspectives of young adults who were able to reflect on their entire experience in a URM program as well as their transition to

adulthood, is significant for programs given that no comprehensive model, standards, or outcomes regarding this population have existed. The most significant overarching finding for programs is that URMs have needs and experiences that differ from those of adult refugees, accompanied refugee minors, and American youth in foster care. For the last 30 years, URM programs have provided services to this unique population through programs modeled on or combined with American foster care programs, often with additional cultural training for foster parents or staff offered by programs on an ad hoc basis. The results of the current study strongly suggest that URMs' needs and outcomes are often dramatically different from those of American youth in foster care, and thus there is a need for services and programs which are designed specifically for this population. In addition to developing services that incorporate the unique characteristics and circumstances of URMs, findings from the current study also suggest several specific recommendations for URM programs and providers, including:

- Seek opportunities for URMs to maintain connections to their cultures of origin, including relationships with family members and others from their home countries;
- Provide access to language support whenever possible, including interpreters and school placements in which ESL services are available;
- Encourage and seek opportunities for URMs to participate in community and extracurricular activities;
- When possible, seek to ensure that school placements are consistent with URMs' goals and/or that URMs understand the options available to them;



- Educate foster parents about aspects of URMs' experiences which differ from those of other foster care populations and seek foster care placements which are best suited to URMs' unique needs;
- Allow URMs to explore alternative health insurance options and to obtain coverage which is most compatible with their needs and goals;
- Provide access to information and services regarding family planning;
- Seek additional sources of support for subgroups of URMs that may have unique needs and experiences, such as gay youth, females, and parenting URMs.

In summary, the current study has offered an in-depth glimpse into the life stories of former URMs, remarkable youth who in spite of war, displacement, and resettlement to a new country and culture have emerged as capable, independent young adults. The study has identified some of the experiences and influences common to their lives in resettlement and has contributed to the development of a better understanding of this resilient population through an exploration of their own perspectives and voices. The study offers strong support for prior research that has identified URMs as a vulnerable population subject to multiple forms of risk and hardship, and it conclusively confirms that in spite of this, they are functioning remarkably well.

## APPENDICES

## APPENDIX A

### Informed Consent Form

#### **Consent to Participate in a Research Study**

Former Unaccompanied Refugee Minors: Life in Early Adulthood

**Principal Investigator:** Carrie Hartwell, MSW, MA, LCSW,  
Ph.D. Candidate in Social Work and Psychology, University of Michigan

**Faculty Advisor:**  
Andrew Grogan-Kaylor, Ph.D., Associate Professor of Social Work,  
University of Michigan

#### **Invitation to participate in a research study**

You're invited to participate in a research study about the lives of young adult refugees after they come to the United States. I am doing this study as part of my graduate study in social work and psychology at the University of Michigan.

#### **Description of subject involvement**

If you agree to participate in the study, you and I will meet for an interview, which will last about two hours. All interviews will be audio-recorded and later typed into a computer so that I can study them. During the interview, we will fill out a written chart of things you've experienced since you've been in the U.S. You will also be asked for basic information about yourself such as what country you are from, your birth date, and where you have lived since you came to the U.S. The interview can be done at your house, my office, or another quiet, private place that you choose.

#### **Benefits**

The possible benefit of participating in this study is the opportunity to share your life experiences since you came to the United States. Other people may also benefit from learning about your experiences, and the information you share might help programs provide better services to other refugees in the U.S.

## **Risks and discomforts**

I have tried to make sure that there are very few risks to everyone who participates in this study. There is always the chance that negative things could happen if you participate, even though I've been careful to avoid them. The main risk is that things we discuss in the interview might be upsetting to some participants. Please remember that it's completely up to you to choose the topics you want to talk about and that you can change the subject, skip any questions you don't want to discuss, or end the interview at any time. I am a social worker who has worked with many refugees, and you can tell me if you want to stop the interview at any time. I will also give you information about where you can get help if you feel upset after the interview, and I will call you within 2 days of the interview to check in with you and remind you about things you can do if you feel upset.

## **Compensation**

You will receive \$30 for your time if you decide to participate in this study. You will receive this payment in cash before the interview starts, and it is yours to keep even if you decide later that you want to end the interview early or that you want to drop out of the study.

## **Confidentiality**

To keep your information safe, I will keep all documents from the study in a locked drawer in my office, and your name will be kept in a different place from the information you share in your interview. Only I and my faculty advisor at the University of Michigan will be able to access the study materials. All the names and places you describe in the interviews will be changed, and I am the only person who will see your name or identifying information. During the interview, you will get to choose a false name (called a pseudonym) you would like to be called in any written reports of the research, in order to help keep your identity private. If you can't think of a fake name for yourself or don't want to pick one, I'll pick one for you so that your real name won't be in any written reports of this study.

The results of this study will be published as a graduate paper and may also be published in a professional journal or presented at professional meetings. No information that identifies you will be given in any of these reports or presentations.

## **Storage and future use of data**

The recording of your interview and all information you provide will be stored in a locked drawer in my office and will only be used for my own research purposes. After I use the information for this study and any future studies I do, the information will be deleted and destroyed, including all identifying information about you. The interviews will not be given to other researchers for other studies but might be used in my future studies.

**Voluntary nature of the study**

Participating in this study is completely voluntary (i.e., it’s not required, and you are free to decide whether you want to participate or not.) Even if you decide to participate now, you can change your mind and stop at any time. If you want to stop the interview or drop out of the study at any time, just tell me and we’ll end the interview immediately. If you just want to end early but still participate in the study, then I’ll use the information you’ve already given in the study. If you want to drop out completely, then I’ll delete all the information you’ve already given me (including the tape of the interview) and I won’t use any of it in the study. There is no penalty to you at all for stopping the interview early or dropping out of the study.

**Contact information**

If you have questions about this research, please contact me by telephone at 804-503-1074, or by email at hartwell\_carrie@yahoo.com.

My faculty advisor for the project, Dr. Andrew Grogan-Kaylor, can also be contacted at 734-763-5768, or by email at agrogan@umich.edu.

If you have questions about your rights as a research participant, please contact the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences by mail at 540 E. Liberty, Suite 202, Ann Arbor, MI 48104-2210, or telephone at 734-936-0933 (or toll free at 866-936-0933), or by email at irbhsbs@umich.edu.

**Consent of Participant**

By signing this document, you are agreeing to be in the study. You are also agreeing to let me record our interview (sound only – not video,) which is a requirement of the study. You will receive a copy of this document and one copy will be kept with the study records. Be sure that questions you have about the study have been answered and that you understand what you are being asked to do. You may contact the researcher if you think of a question later.

*I agree to participate in the study.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

APPENDIX B

Sample Life History Calendar

Year/Months (Begin: U.S. arrival)	2005 Jan-Apr	2005 May-Aug	2005 Sep-Dec	2006 Jan-Apr	2006 May-Aug	2006 Sept-Dec
Age						
Major Events						
Other Time Markers						
Living Arrangements						
Family Relationships						
Foster Family Relationships						
Relationships w/ friends						
Relationships w/ Caseworker/Others						
School Placement						
School Relationships						
Work						
Hobbies/Interests						
Religion/Spirituality						
Health						
Successes						
Challenges						
Goals						

## APPENDIX C

### Sample Interview Questions and Prompts

What was it like when you first came to the U.S.?

What are some of the major things you've experienced since you've been here?

What are the important things going on in your life right now?

Tell me about where you have lived since you've been in the U.S.

What was it like being in foster care?

Do you have any contact with any family members in the United States or elsewhere?

How has it been making friends since you've been in the U.S.?

Tell me about your school experiences since you've been in the U.S.

How do/did you get along with people at school?

What activities do you like to do in your free time?

Have you had any jobs since you've been here?

Are you a religious or spiritual person?

What parts of your culture are most important to you?

What are the best things that have happened to you or that you've accomplished?

What have been the hardest things to deal with since you arrived?

What has helped you the most in your life since you've been in the U.S.?

What do you expect your future to be like?

What advice would you give a refugee who was arriving in the U.S. today?

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