A Nationwide Study of the Functional and Behavioral Health of Sudanese Unaccompanied Refugee Minors Resettled in the United States

PROJECT REPORT

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Executive Summary

After experiencing years of deprivation, loss of family, war violence, and life in refugee camps (mainly Kakuma, in Kenya), the Sudanese unaccompanied refugee youth, or the "Lost Boys" as they have been called, came to the U.S. in two groups starting in late 2000. One group arrived in the U.S. prior to their 18th birthdays and was resettled through the Unaccompanied Refugee Minors Program (URMP). Because of the close supervision and on-going services received by the minors through the URMP, it was possible to conduct a program-wide assessment of their functional and behavioral health outcomes. Although findings from the study may be very relevant to the health status of the Sudanese youth from Kakuma refugee camp who resettled in the U.S. as adults, the study did not assess refugees from that group.

This report presents findings from that study. The study was conducted approximately one year after resettlement in the U.S. by independent researchers from Boston University School of Medicine. The study utilized a research model with collaboration of the URMP local affiliated sites' staff. Staff, in effect, became research assistants for the study, and it was largely through their efforts that the study was completed. This model may be replicated in future outcomes studies of refugee resettlement, particularly the URMP.

The study assessed a variety of health outcomes and utilized five questionnaires. Among these were the Harvard Trauma Questionnaire to assess for posttraumatic stress disorder (PTSD), a common psychological problem experienced by refugees, and the Child Health Questionnaire (CHQ). Through the collaboration of the author of the CHQ, the study was able to utilize a developmental short-form version of the CHQ Child Self Report. Both questionnaires have long track records of multicultural use and are considered standards in their respective areas of assessment.

In general, the Sudanese minors are doing quite well. The vast majority of youth rated their health highly and reported that it was improved since arrival in the U.S. They have been satisfied with resettlement services in the U.S. but found the resettlement processing overseas difficult to complete. In addition, while very satisfied with the cultural orientation that they received in Kakuma refugee camp, nearly half indicated more could have been done to prepare them for the U.S.

Findings from the CHQ revealed that the minors had high levels of functioning in areas related to daily activities and schoolwork, as well as self-esteem. In fact, when crudely compared with the average scores of reference populations in the U.S. (such as African American middle school students), the average scores of the Sudanese minors were as high or higher in many areas. However, the minors' scores were lower in areas related to self-perceptions of health status, pain and discomfort ratings, and family functioning. In addition, on the CHQ, the minors reported high rates of seeking medical care for physical symptoms that are often a sign of psychological distress, or "somatization."

The HTQ revealed that 20% of those who completed the questionnaire were experiencing PTSD. Those with PTSD had significantly lower functional health ratings. In addition, the study identified several background and demographic factors that were associated with having PTSD. Minors with PTSD experienced more direct personal victimization during their refugee flight and stay in camps. They were more likely to be out of their villages and separated from family during attacks on the villages. They reported more difficulty with the immigration process and less satisfaction with their overseas cultural orientation. In the U.S., they were more likely to be living alone in foster care with an American family or in a group home; yet they reported feeling more isolated or lonely in the U.S., with less participation in group activities.

The minors with PTSD were also less likely to have reported that their U.S. health care provider had adequately addressed their health concerns. This likely results from the clinician addressing the physical complaints while not elucidating the underlying emotional component. In addition, while in general many of the minors reported seeing health professionals for emotional or behavioral problems, the minors with PTSD were no more likely than those without PTSD to have reported seeing a mental health professional. This suggests that some minors with PTSD or other emotional difficulties may not have been identified by their resettlement staff or families as being in need of more intensive mental health services.

