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**Sudanese “Lost Boys” in the United States:  
Adjustment after Six Months**

by

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## **Sudanese "Lost Boys" in the United States: Adjustment after Six Months**

Julianne Duncan, Ph.D.  
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Washington, DC  
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### **Introduction**

Sudanese children from Kakuma Refugee Camp in Kenya entered the United States in December 2000. Five hundred children were placed in foster care in Refugee Unaccompanied Minors Programs through out the country. A few others have arrived during the first few months of 2001.

The children, often referred to as the "Lost Boys of Sudan," survived incredible horrors during their childhood journey from Sudan to Ethiopia to Kenya. They have been living in Kakuma since 1992; most have been separated from their parents and other family members since 1987. Several thousand have remained unaccompanied in the camp since that time. The United States and the United Nations High Commission for Refugees (UNHCR) are providing a resettlement opportunity for 5,000, most of whom are now young adults. The approximately five hundred children who arrived in December are the youngest members of the "Lost Boys," and the first to reach the United States.

In Kakuma, the children exhibited significant symptoms of psychological distress as a result of their experiences while leaving home during war and living in a refugee camp. As the children have now been in the U.S. for six months, it is useful to review what is known about their adjustment so far so that we may provide the best care for them. The information which follows is based on my findings while working in Kakuma, screening children for possible inclusion in the resettlement initiative, reports from programs and experience with the children since their arrival.

Overall they are an exceptionally strong and resilient population. After a short period of euphoria, however, they are beginning to have nightmares, intrusive thoughts and other symptoms of post-traumatic stress. Anxiety is stronger and guilt, which was not common in camp, is emerging as a major psychological symptom.

The coping strategies which they used well in the refugee camp are standing them in good stead here. Dedication to education as a means of gaining power to do good in the future continues to be an effective way to have meaning in the world. Belief in God and participation in religious activities are strong protective factors against some psychological distress.

Programs are finding support groups helpful in providing social opportunities and adjustment assistance. Therapeutic activities to alleviate emotional distress are being tried in some locales but we have few reports of results yet. There has been virtually no acute or severe mental health problems to date. As depression begins to emerge, we expect some problems to arise.

In general, programs are pleased with the strength and coping skills of the group. We expect the group to continue to do well as they adjust to their new circumstances in the United States.

## **Findings from Kakuma Refugee Camp**

To set the context for looking at mental health issues for the population of Sudanese unaccompanied children now resettled in foster care programs in the United States, I want to review briefly the findings from Kakuma refugee camp from the year 2000.

During 1999 and 2000, four consultants were active in assessing the situations of the unaccompanied children eligible for the resettlement initiative. As the consultant working the longest period of time in Kakuma, I prepared a document for UNHCR on the "Overview of Mental Health Findings for UAM and Separated Children." This paper was written and distributed through UNHCR in January 2000, based on assessments which had been done to date. That document was an effort to identify resiliency factors, as well as symptoms experienced by the children being considered for resettlement. At that time we had information on 174 children, of whom 33 were girls.

### **Results of "Best Interest Assessments"**

We found that the population had considerable strength and resiliency. The major protective factors were belief in God, desire for and success in education, desire to be helpful to society in the future.

We also found that the children experienced significant symptoms of mental health distress. Based on our mental health screening with that group, we found that virtually all were experiencing symptoms of unresolved trauma, with most of those experiencing moderate to severe symptoms. Significant numbers were experiencing anxiety severe enough to interfere with daily life. Relatively little depression and guilt were observed. Girls were more likely to be depressed than boys.

We did not find delinquent behavior, substance use/abuse, learning or memory disorders, or somatization. We found that we could not analyze attachment disorders.

Over the year that the assessments were conducted these findings were largely maintained. We did not have time to do a thorough analysis of the mental health findings for the population, but did use the mental health screening tool for all the approximately 1,125 children who were assessed.

The resilience of the population continued to impress us. We continued to find the major protective factors are based on religious belief, school attachment and success, and belief that they have a role to contribute to their society in the future.

Virtually all had significant symptoms of trauma and many experienced anxiety. We continued to find depression to be rare among boys but more prevalent among girls. We continued to find relatively little guilt.

We did find learning and memory disorders among the population on the level of "inability to concentrate at school," but no significant thought disorders. The "inability to concentrate at school" finding is ambiguous, as it was somewhat related to malnutrition. During the time of the assessments the food ration diminished significantly, so that the children had virtually nothing to

eat during some weeks. During those times they could not "concentrate in school" or in our interviews, either.

We also found some instances of delinquency and substance use, but very few—fewer than five in the entire group.

### **General impressions**

I have a few other impressionistic statements about the coping strategies and resiliency of the children which may be of use as we go forward in our work with this population.

Overall these are really nice children. As noted in the document prepared for UNHCR, they recognize the kindness of strangers, as well as the hardships they have endured. They all aspire to contribute to society in a positive way and do not seek revenge for their suffering.

Since some literature on children who have been abused or traumatized would lead us to believe that they would be anti-social in some measure, we are interested in possible reasons that these children are so well socialized.

While the children are indeed unaccompanied except by their siblings or cousins who are in camp with them, there is a small but effective group of adult caretakers who have been watching over the children since they streamed into the camps in Ethiopia between 1987 and 1991. The caretakers number about 100 for the approximately 12,000 children, but have organized their care as well as the camp and migration circumstances have allowed. In addition, they have instilled the children with a vision of their self-worth and have given them a way to understand their role as contributors even if the usual social structure (as members of families) is closed to them.

It is also my impression, and that of my colleagues who participated in the assessments, that the children and youth who were "in the community," meaning "foster care," fared less well in a number of ways than those in group care. This finding should be looked at further, since UNHCR, as well as most child care agencies responsible for refugee children, advocate placing unaccompanied children in foster or community care rather than group care.

### **Predictions for resettled children**

Based on our years of work with refugee unaccompanied children, we usually expect about six months of euphoria followed by depression. After nine to twelve months we expect the child to reach a level of stability which will carry him/her through to self-sufficient adulthood in the United States.

For this population we would expect this same pattern to emerge. In addition, we expect adjustment specific to their group:

- As with other refugees, they may experience an increase in guilt, as they have so much better conditions than those they have left behind.
- Since school has been such a major factor in maintaining their hope in life, we would expect anxiety and disillusionment about schooling to contribute to anxiety and depression.

- As with other refugee populations, confusion about conditions in the United States and what they may reasonably expect will lead to their initial euphoria and secondary disillusionment. Since there is not a large, established Sudanese adult population to give guidance for the children, we could expect their confusion to last longer. We can expect that the inevitable comparisons between children, families, schools, and locales to be harder to explain, since the larger Sudanese community is unfamiliar with the foster care programs and benefits and cannot be as helpful to the children.
- We would expect trauma and anxiety symptoms to continue to plague the group.

Resilience factors which should continue to help the children's adjustment

- Religious belief may continue to give them a frame work within which to evaluate their experience. In addition, they will have ways to connect with the wider population through religious participation.
- Educational achievement will give them a sense of self-worth and a means of achieving their long range goals.
- Desire to become contributors in the future gives them a long-range sense of time so that most will be able to defer gratification for future success.

### **Adjustment at three months**

We have an interesting population to work with, since almost five hundred children entered the U.S. at almost the same time in December 2000. Thus, their euphoria and disillusionment and integration will be happening about the same time all over the country.

My information about the adjustment for the first three months is based on my work in the Seattle program, where I had close contact with the children placed there, plus contact with the program staff elsewhere.

Initial reactions were indeed euphoric. Children reported having a feeling of safety for the first time within their memories. Many reported having good dreams of their mothers and few reported any bad dreams or nightmares. Most did connect with supportive religious communities. All enrolled in school.

For the most part, it appears that the period of euphoria was beginning to fray at about three months—a bit early by our predictions. Children placed in cold, dark climates had significant physical adjustment. Inability to communicate with Kakuma was extremely frustrating and some children experienced anxiety attacks about those left behind.

However, on the whole, the snapshot at three months after placement continued to show a rosy picture.

### **Adjustment at six months**

Now that the children have been in placement for six months we have more information about their adjustment. This remains an incomplete picture, and we will continue to gather information from the programs. However, patterns do seem to begin to emerge for the group as a whole which can be interesting and useful as we try to assist them.

Each program and professional working with the children comments on their strengths and resilience. The protective factors of religious belief and desire for education continue. Since the children have a long-term belief in the kindness of strangers, that has helped them adjust to foster families and local systems. In addition, the children continue to have a strong sense of purpose and desire to succeed.

Their strength of character combined with their dramatic story have touched a chord with the American public, which has also brought benefits which assist their adjustment. Overall, we continue to be favorably impressed with their adjustment.

Some of the difficulties which have begun to emerge are predictable but take on specific manifestations for this group. Children are beginning to exhibit symptoms of post-traumatic stress, anxiety, guilt, and depression. Interesting patterns of coping mechanisms, too, are beginning to emerge.

### **Strengths**

Without fail, the first things that staff and others involved with the children remark on are their strength of character and resilience.

- They are devoted to their schooling and show a great desire to succeed; many do well in school.
- They approach interactions with strangers with openness and trust which lead to generally positive interactions overall.
- They are eager and active participants in church activities and appear to find solace in their religious belief.

### **Symptoms**

Nevertheless, as the euphoria of the first few months fades, we are beginning to see symptoms of distress emerge as well.

- Children are beginning to have nightmares, intrusive thoughts, and other symptoms of post-traumatic stress. Some of the symptoms are serious enough to interfere with learning.
- Anxiety is heightened for many, and some children are agitated in the face of frustration.
- Some children have anger outbursts in the face of frustration, though we have not seen anything which required intervention by law enforcement or mental health professionals.
- Survivor guilt is rampant and is resulting in emotional outbursts which are quite unsettling to foster parents.
- Sadness and loneliness are common.
- Depression is beginning to emerge. It appears to be especially serious among those few who were depressed before migration.
- Girls face more complex difficulties than boys related to marriage issues from their time in Kakuma.
- Some children are being diagnosed with such learning disabilities as dyslexia or other barriers to academic success.

## **Coping mechanisms**

Programs and schools are reporting coping mechanisms which have similarities across the country.

- In general, the children express appreciation for help that is given and express intention to be of assistance to others.
- Many of the children retain a strong "sense of purpose," which is to become competent to return to help their country.
- While the children are nice and generally respectful of authority, they are also very needy of adult attention and are sometimes unable to wait their turn.
- They are assertive in making their needs known but can become agitated when the remedy they seek is not forthcoming.
- When things are not working to their satisfaction, some children "go on strike." This involves refusing to move, to attend school, or some similar refusal.
- Children (and young adults) exhibit jealousy of what benefits others are receiving (or they think others are receiving). Most have a difficult time understanding any perceived differences; some feel victimized by not having what they believe others have.
- While some are doing well in school, others are finding the teaching style and grade and credit system in the United States frustrating. They are agitated and unhappy with what they see as lack of progress toward their desired university education.
- They are anxious about those they have left behind and are trying to send significant amounts of money, often with little guarantee that the money reaches the intended recipient.
- Some are now identifying "relatives" who they may or may not have claimed during their interview process, as they experience the loneliness of American life.

## **Broad adjustment issues**

In addition to noting the symptoms and coping strategies which are emerging countrywide, we can see some broader issues for this group which may help us think about ways to help them.

### *Regression*

It appears to me that there is a wide-scale regression for most of the children around the country. For those of us who have worked in child welfare this is not surprising, as children typically revert to an earlier stage of behavior when they face entering foster care. So we see young men and women, older children, acting like much younger, needier children than we saw while they were on their home territory in Kakuma. This is striking to those of us who have worked on both sides.

### *Neediness*

In thinking about the group as a whole, we must note that most were separated from their mothers when they were about four to seven years old, and have not had a true parental figure since that time. Thus, much of their neediness, even demandingness, may be the pent-up demand for the mother they have not had. Now that they are safe, they are deeply distressed by the fact that nothing anyone can give them can make up for the mother love that they want. Since they have been so close all their lives and typically been treated as a group, when one person receives some benefit, all others feel entitled to the exact same treatment, thus magnifying the disparities into

much bigger issues than they are most of the time. For those within one location, this is a bit easier to deal with; for those in different sites, it is difficult to resolve.

### *Sense of Safety*

Overall, we know that children who experience traumatic events in the presence of their parents or other trusted adults suffer less from those events than those who experience the same events alone. Thus, while life in the refugee camp was much better than their journey to Kenya, nevertheless, the children did not experience a sense of safety there, because they were without parents and feared that violence would overtake them at any time. We hear reports that some of the children are expressing that they feel a sense of safety for the first time in their lives. It remains to be seen whether or not they maintain that sense of safety as they face difficulties in the United States.

### *Independence and Separation from the Group*

Independence and separation from others in the group are possibly more difficult for these children than for other groups of children we have resettled in the past. None of them have been alone or away from the group within their memories. They appear to feel separation from each other even when they are very near by American standards. Since they are placed throughout the country and separated from the older members of their groups, communication is not satisfactory for them even when they are in regular phone contact. They are desperate to communicate with Kakuma and those still there. Frustration and anxiety are intense. When there were reports of fighting there, the level of anxiety hit a new high for many of the children.

### *Refugee Culture*

The culture of the Dinka, Nuer, and other groups from Southern Sudan has not remained static as the war has displaced and mixed populations. These children have never lived in their tribe's traditional way and have developed coping responses to being in a refugee camp. For Sudanese adults who have not lived in that situation, the culture of the children and young men is noticeably different from the traditional culture they themselves experienced in their childhood and youth. For example, the children have much more awareness of their "rights," and have often made a choice not to participate in tribal rituals of manhood. They do respect their elders, but have also been trained to think for themselves to a greater extent than might have been typical in traditional society. This is likely to be a strength, as they must adjust to new cultural norms, but may be disconcerting to the Sudanese adults who are working with them.

### **What helps?**

Programs around the country are trying various interventions to assist this population. We will have to observe over time what is most helpful.

### *Support groups*

Gathering for social activities, for assistance with life's logistics, and for therapeutic intervention are all being tried in different locales. Overall, this is a useful and successful effort.

- Social activities: The children and youth have been each other's major support throughout their lives and need frequent contact.
- Logistical issues: It appears that dealing with basic logistical issues in a group setting is helpful, since there is otherwise a serious amount of misinformation going from one child



to another. This strategy has a downside, in that it reinforces the tendency to believe that each person is entitled to exactly the same goods and services as each other person.

- Therapeutic intervention: I do not have much information on this, as most of the groups I am aware of have been dealing with basics of life and social activities.
- It appears that even when the stated intention of the group is therapeutic, it is not clear to me yet how the "therapy" part is working. This will evolve over time, I believe.

### *Individual therapy*

Where this is being tried, there appears to be mixed success. In some cases, the child is in need of intervention, but the child is reluctant to confide in one more stranger. In other cases, especially where the child is very needy and verbal, having some extra attention is helpful.

On the whole, it is unlikely that most of the children will be familiar with American-style therapy, and therefore it may be of limited use to individual children. However, the foster parents can often benefit from the advice and suggestions of the therapists to gain insight and to get practical advice on what to do. A number of sites have reported that therapy is helpful in that way.

Overall, since this is a traumatized and needy population, efforts to involve therapists probably should continue. We will be interested to see what style of intervention is helpful over time. In areas where there are services set up specifically for refugee populations, do the services work with a new cultural population whose values and norms differ from other refugee groups? Is therapy in a religious context helpful for this population whose belief in God is so strong?

### *Medication*

It does not appear that the issues troubling the children are severe enough for this intervention to have been tried with many children. A few children were using antidepressants and anti-anxiety medications. Over time, if trauma symptoms become severe, we can see what may be useful.

### *Learning Disabilities*

There are a few children who appear to have learning disabilities which are more than adjustment issues. This is to be expected in a group of this size. The few I am aware of are still being tested, so we cannot say what pattern may emerge. It is not clear whether or not some of the delay may be a result of psychological trauma; some appear to be dyslexic, or have other diagnoses.

Since competence in education is such a high value to the group, I would guess that many have learned to compensate by memorizing or using other strategies to disguise their lack of learning. If so, those children will experience greater distress at the change of school systems and may exhibit more intense anxiety symptoms.

### *Religious Participation*

Most of the children have a strong belief in God, and many have overcome severe depression through participation in religion. As far as I can see at this time, most of the children are finding their way to churches which are providing both social support and solace.

## **Summary**

Strength and resilience are the overwhelming characteristics of this group of children. All providers continue to stress their positive character and adaptability. Thus far, there are no major causes for worry with this population, although they do experience psychological distress.

The children who entered our foster care programs in December 2000 have been here about six months now. The group has experienced horrors and difficulties which put them at great risk for psychological trauma symptoms. Findings in Kakuma refugee camp confirm that most did indeed experience moderate to severe symptoms of psychological distress.

Based on knowledge of this population and other groups of children resettled in the United States, we expect the children to have a period of euphoria followed by reemergence of trauma symptoms. In addition, guilt and anxiety may increase as the reality of their situation hits home to them.

At three months, a snap shot of the group did show that widespread euphoria continued; at six months, guilt, anxiety, and trauma symptoms are appearing. Programs are reporting that the children are diligent and studious in school, although some express frustration at the differences from their expectations based on Kenyan schools. Survivor guilt is emerging, and many are trying to send money to those left behind. Some are now claiming relatives who may or may not have been identified during processing. Children are again experiencing nightmares and other trauma symptoms; some of these are severe enough to affect learning. Girls' issues are difficult, and complicated by issues related to marriage. A few children are identified as having learning disorders.

The coping strategies of emphasis on school and religious participation are useful in their new contexts in spite of the frustration that some feel at slow progress.

Therapeutic interventions by programs seem to be helpful. Support groups are widespread and provide social support and basic adjustment information. It is not yet clear whether the groups are helpful for traumatic stress and other mental health symptoms.

Individual therapy is sometimes helpful; it appears to be most useful when the therapist can suggest strategies to foster parents. Symptoms have not yet been so severe that greater intervention is needed. Some depression is emerging which may be severe; one hospitalization for depression has occurred.

A general portrait of the children shows a strong and resilient population. They appear to be exhibiting the behaviors related to regression in life stages, a regression common to any children entering foster care and making a cultural change. They are emotionally needy and sometimes demanding—a finding which is not surprising for children who lost their mothers at such a young age. As a group, many are expressing a feeling of safety for the first time ever, but are also experiencing for the first time a sense of loneliness at separation from the group. As children raised in refugee camps, their culture differs from that of the older Sudanese previously resettled in the United States.

We will continue to follow their adjustment and hope that their strength and resilience assist in their survival during the inevitable difficulties in the months and years ahead.