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## **Assessing the Needs of Refugee and Asylee Families: A Healthy Marriage Initiative**

By N.B. Busch, R. Fong, L. Hefron, & A. McClendon

Austin, TX

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**Assessing the Needs of Refugee and Asylee Families:  
A Healthy Marriage Initiative  
FINAL REPORT**

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## Executive Summary

This project's purposes were to determine the marital and family challenges experienced by refugees, and outline services available to refugees, in Austin and San Antonio, Texas. Thirty-one families and 21 providers of refugee services participated. Refugees from 12 countries were included: Afghanistan, Bosnia, Colombia, Cuba, Ethiopia, Iran, Liberia, Republic of Congo, Serbia, Somalia, Sudan, and Vietnam. The Texas Health and Human Services Commission funded this project.

Researchers gathered data using a semi-structured questionnaire. Queries about refugee family composition, stressors and strengths of marriages and families, challenges to parenting and mental health, and available and unmet social services needs were included. Interviews were conducted in participant's homes or in social service agencies. Interviews were audio-recorded and transcribed. Data were analyzed using a modification of the grounded theory method, an iterative process that identifies and codes broad themes in interview transcripts in order to reveal thematic relationships.

Eight major themes were identified by refugee participants. These included: 1) family and marital dynamics, 2) parenting and discipline challenges, 3) family and marital strengths, 4) mental health challenges, 5) barriers to self-sufficiency, 6) resettlement and other services, 7) unmet needs, and 8) solutions. Service providers provided feedback on ten broad themes. These included: 1) services provided by agencies, 2) agency strengths, 3) agency limitations, 4) strengths of refugee marriages and families, 5) tensions in refugee marriages and families, 6) tensions refugees experience with U.S. culture, 7) consequences of resettlement, 8) barriers to success, 9) needs of refugee communities, and 10) solutions.



These findings support the research literature and provide data specific to the Austin and San Antonio refugee and asylee populations and service systems. They also reinforce what refugees, service providers and policymakers already know about the challenges faced by refugee families during the resettlement period. That is, that refugee families were committed to self-sufficiency but face barriers with regard to transportation, employment, language, and time limits of the resettlement process and although refugee families place high priority on family unity and cohesion, resettlement brings new challenges, such as the loss of and separation from extended family and shifting roles and responsibilities in families. This empirical research project documents these findings, discusses implications for practice, and makes recommendations for improved service delivery.

## Introduction and Background

In 1996, Congress asserted that marriage is the foundation of a successful society and is an essential institution for promoting the interests of children. While recognizing that a healthy marriage would not in and of itself prevent poverty, research indicated “stable marriages are associated with more stable employment, higher wages and better physical and emotional health” (Administration for Children and Families [ACF], 2004). In an effort to encourage states to strengthen marriages, Temporary Assistance to Needy Families (TANF) policies included a directive to increase two-parent families and decrease out-of-wedlock childbearing (ACF, 2004; Rector & Pardue, 2004).

In 2003, President George W. Bush proposed the Healthy Marriage Initiative as part of the TANF reauthorization. The initiative included funding, to be administered by the U.S. Department of Health and Human Services Administration for Children and Families, to promote healthy marriages and strengthen families. Overall goals for such programs include: increase the number of children raised in healthy, two-parent marriages; increase the number of married couples in healthy marriages; provide premarital couples with the skills and knowledge to form and sustain healthy marriages; and, support research on healthy marriages and healthy marriage education (ACF, 2004). The ACF Office of Refugee Resettlement (ORR) was included in this initiative as related to refugees.

The Immigration and Nationality Act describes refugees as persons who have fled their native countries and who are unable or unwilling to return to their homelands because of persecution or a well-founded fear of persecution based on race, religion, nationality, membership in a particular social group, or political opinion (ACF, 2003). The U.S. has been a leader among developed nations with regard to the number of refugees resettled each year. Between October

1998 and September 2003, the U.S. resettled 465,967 refugees, 1,800 of which were resettled in Travis (Austin) and Bexar (San Antonio) counties in Texas. Refugees settled in these areas represented people from 23 countries with the largest groups immigrating from Afghanistan, Bosnia, Cuba, Iran, Sudan, and Vietnam.

While Austin and San Antonio agencies have a long history of resettling refugees, little research has been conducted with regard to the strengths and challenges that refugee families face during the resettlement period. The Office of Family Services Refugee Program of the Texas Health and Human Services Commission contracted with The University of Texas School of Social Work's Center for Social Work Research (CSWR) to identify these issues, with particular emphasis on the goals of the Healthy Marriage Initiative.

### Literature Review

Consistent with Congress's 1996 findings regarding marriage and poverty, refugee-focused research supports a positive association between marriage and increased economic well-being (Lamba, 2003; Montgomery, 1996). However, when applying the Healthy Marriage Initiative to refugee populations, consideration must be given to the impact that pre-immigration trauma and resettlement stressors have on family stability.

Unlike other immigrant groups, refugee immigration is generally marked by trauma and duress. Pre-immigration experiences may include the sudden loss of home, family members, and friends; rape; torture; witnessing atrocities; and starvation (Balgopal, 2000; Mayadas & Segal, 2000; Potocky-Tripodi, 2002; Sack, Clark & Seeley, 1996). Physical and psychological loss impacts the individual and can negatively impact spousal relations. Separation of family members, especially spouses, during this time may lead spouses to seek other companions

(Balgopal, 2000; Potocky-Tripodi, 2002), and both intimacy and trust may be threatened because of experiences of rape and torture (Fong, 2004; Martin, 2003).

Resettlement in the U.S. brings additional stressors to refugee families. Attempts to adapt to the new environment are made more difficult by language, employment and transportation barriers. In addition, many refugees suffer a loss of status in society when their education, occupational skills and experiences, and roles in their communities do not easily translate into the new culture (Balgopal, 2000; Potocky-Tripodi, 2002). Traditional family power structures and gender-based authority are challenged when women with no outside work experience are forced to work or find employment before their husbands find employment (Mayadas & Segal, 2000; Pipher, 2002; Potocky-Tripodi, 2002). Family roles and responsibilities shift as children, who experience more rapid rates of acculturation and language adaptation, are placed in the role of interpreter or cultural broker for their parents (Pipher, 2002; Puig, 2002). Family stability is also challenged by the host country's norms of behavior regarding parenting, discipline and conflict resolution (Balgopal, 2000; Puig, 2002). Depression and posttraumatic stress disorder (PTSD), brought on by pre-immigration and resettlement stressors, have been shown to be predictors of marital distress (Blair, 2000; Sack, Clarke & Seeley, 1996).

English as a Second Language (ESL) classes, culturally appropriate outreach, and interpreter services were most often cited as needed services by refugees surveyed in California, Virginia and Texas (Center for Multicultural Human Services, 1997; Lipson, Weinstein, Gladstone & Sarnoff, 2003; Taylor & Spalding, 1994).

## Methodology

The purpose of this study was to broaden the knowledge about and understanding of marriage and family difficulties experienced by refugees during the resettlement experience. The study was designed to gather base-line data on refugee families in Austin and San Antonio through exploratory research with refugee individuals and couples. For the purpose of this study, the term *refugee* encompasses all individuals who are eligible for refugee resettlement services in the U.S. Thus, refugee participants included individuals who were granted refugee status prior to entering the U.S.; individuals who were granted asylum after entering the U.S.; Cuban entrants who were paroled into the US; and Vietnamese who were admitted into the U.S. under the Foreign Operations, Export Exchange, and Related Programs Appropriation Act. The study gained a broader picture by including those providing service to refugee families. Thirty refugee individuals and couples and 15 service providers were targeted.

The study addressed the following broad research questions:

1. What strengths are there in marital and family situations of refugee individuals and couples?
2. What challenges are there in marital and family situations of refugee individuals and couples?
3. What strengths are there in parenting situations of refugee individuals and couples?
4. What challenges are there in parenting situations of refugee individuals and couples?
5. What challenges have refugee individuals and couples faced in using social services related to marital and parenting problems?

## Description of Participants

Two groups of experts participated in this study: refugees and employees of agencies providing services to refugees. Study participants were recruited utilizing purposive and snowball methods. All participants were residents of the Austin and San Antonio metropolitan areas.

## Refugee Participant Selection Criteria and Recruitment

Refugee participants were selected based on the following five criteria:

- Married or previously married (separated, divorced, or widowed), with or without children
- Age 18 and older
- Resettled in the U.S. at least three months prior to participation, but no longer than five years
- Residents of Austin or San Antonio, Texas
- Refugee or asylee status

For the most part, Austin and San Antonio refugee service providers contacted refugee participants about their possible participation in the study. The School of Social Work contracted with Caritas of Austin, Catholic Charities of San Antonio, the Political Asylum Project of Austin, and Refugee Services of Texas to recruit refugee participants. In addition, other refugee service providers (Green Leaf Refugee Services Program, Austin/Travis County Refugee Health Screening Clinic, and Austin Area Interreligious Ministries) assisted in identifying potential refugee participants. Agency personnel were asked to recruit voluntary participants from a variety of world regions, family compositions, and lengths of residence in the U.S. by circulating information about the study. After participants initially agreed to participate, researchers contacted them by telephone to schedule in-person interviews. Later in the study, and as an effort to increase the sample size, snowball sampling techniques were used in which participants were asked if they knew others who would be interested in participating.

## Description of Refugee Participant Sample

A total of 33 interviews were conducted with refugees between January and August 2004. Two participant households were later determined to be ineligible for this study. Thirty-one participant families from 12 countries of origin met the research criteria (see Table 1). The majority of Austin refugee households were from Sudan and Cuba. The majority of San Antonio

households were from Somalia. Eighty-seven percent (n=27) of households were refugees, including four Cuban Entrants, and 13% (n=4) were asylees.

Table 1  
Refugee Households by Current Residency and Country of Origin

Country of Origin	Austin	San Antonio	Total
Afghanistan	1	2	3
Bosnia	2	0	2
Colombia	2	0	2
Congo	1	1	2
Cuba	3	1	4
Ethiopia	2	0	2
Liberia	1	2	3
Iran	1	0	1
Serbia	1	0	1
Somalia	0	5	5
Sudan	3	1	4
Vietnam	2	0	2
Total	19	12	31

Table 2 indicates the marital status and household composition of participants. The average family consisted of a married couple with one or more children living in the household (see Table 2).

Table 2  
Refugee Households by Current Marital Status and Family Composition

	Married	Separated	Divorced	Widowed	Total
Children	21	2	2	3	28
No Children	3	0	0	0	3
Total	24	2	2	3	31

The majority of refugee interviews were conducted in Spanish, English or Maimai (see Table 3); however, participants' native languages included Amharic, Baria, Bosnian, Farsi, French, Gio, Goran, Jur, Krahn, Kuku, Latuka, Maimai, Pashto, Ruttona, Spanish, Swahili, Tirgringa and Vietnamese. Because language interpreters were unavailable for natal languages of Baria, Gio,

Jur, Krahn, Kuku, Latuka, Ruttona, or Swahili, with the permission of the participants these interviews were conducted in English or Arabic.

Table 3  
Refugee Households by Interview Language

Language	Interviews Conducted
Amharic	2
Arabic	3
Bosnian	2
English	5
Farsi	4
French	1
Maimai	5
Serbo-Croatian	1
Spanish	6
Vietnamese	2
Total	31

The 31 refugee households included 46 individual participants. Sixty-one percent (n=28) of these participants were female and 39% (n=18) were male. Most participants were 30 to 45 years of age. The average length of residence in the U.S. was 22 months (see Tables 4 and 5).

Table 4  
Refugee Participants by Age

Age	Male	Female	Total
18-25	0	3	3
26-35	8	6	14
26-45	3	11	14
46-55	5	3	8
56-65	1	4	5
Over 65	1	1	2
Total	18	28	46



Table 5  
 Refugee Participants by Length of U.S. Residency

Months of Residency	Participants
3 to 4	10
6 to 11	4
12 to 23	3
24 to 35	3
36 to 47	9
48 to 60	2
Total	31

### Service Provider Participant Selection and Recruitment

Service providers were selected based on the agencies' experience providing services to refugees. Selected providers represented agencies providing resettlement, legal, educational, or mental health services.

### Description of Service Provider Participant Sample

Service provider participants included 21 individuals from Austin (n=12) and San Antonio (n=9). The majority of individual service provider participants were employed at resettlement agencies (n=18). Three sectors of service were underrepresented: mental health (n=1), legal (n=1), and education (n=1). On average, participants had been working with refugees or asylees for five years (a range of four months to 20 years). Seventy-six percent (n=16) of service provider respondents were women and 24% (n=5) were men.

## Data Collection Procedures

### Data Collection Procedures for Refugee Participants

Data were collected from refugee participants during in-person interviews. The majority of interviews took place in participants' homes. On occasion and when requested by the participant, researchers used university space to conduct interviews.

Interpreters were used for interviews with participants who either did not speak English or requested that the interview be conducted in a language other than English. Researchers recruited and screened interpreters before they were hired. Interpreters signed a confidentiality agreement with the Center for Social Work Research (CSWR) at The University of Texas at Austin.

The majority of refugee interviews were audio taped and subsequently transcribed. Four refugee participants preferred not to have their interviews audio taped, and in these cases, researchers took handwritten notes.

#### Data Collection Procedures for Service Provider Participants

Data were collected from service provider participants either by individual interview or focus group. Five service provider participants were interviewed individually and all others participated in one of three focus groups. Interviews and focus groups were conducted either in the researchers' or service providers' offices, depending on preference and convenience. All focus groups and individual interviews were conducted in English. Each was audio taped and transcribed.

#### Data Analysis Procedures

Data were analyzed using a modification of grounded theory method (Charmaz, 2000; Strauss & Corbin, 1990, 1998). This is an iterative process in which interview transcripts were reviewed to identify emerging themes. Transcripts were coded by these themes. Once coded, data were compared across transcripts in order to corroborate the thematic relationships.

## Instrumentation

Two instruments were designed for this study. A semi-structured questionnaire with nine opened-ended questions was developed for service provider interviews (see Appendix A). Questions addressed family dynamics and roles, services received, unmet needs, and challenges and strengths. The questionnaire for the refugees paralleled the service provider questionnaire and included an additional question about family composition (see Appendix B).

## Protection of Human Subjects

This study was reviewed and approved by The University of Texas at Austin Institutional Review Board. Written informed consent was obtained for all participants. Informed consent was provided in English and Spanish and was verbally translated into participants' primary languages. Participation was completely voluntary. Refugee participants were compensated for their time and expertise with a \$30.00 grocery gift certificate.

## Challenges and Limitations to this Study

The goal of this project was to explore the strengths and challenges to refugee marriages and families. Therefore, findings are limited to these groups and exclude information about never married refugees.

This study utilized a non-probability convenience sample and therefore the findings are not generalizable to other refugee groups. In addition, persecution often instills caution and mistrust. Many potential refugee participants expressed concern about sharing personal

information or declined to be interviewed because of their concerns about how the information would be used.

The scheduling of interviews and availability of participants and interpreters may have posed an additional challenge to recruitment and participation. To accommodate work schedules and other obligations, many interviews were conducted in the evening or on weekends.

Because of the unavailability of interpreters, some participants were not interviewed in their native languages as they would have preferred. Specifically, Liberian and Sudanese participants were interviewed in English or Arabic, the national languages of their home countries, rather than in Krahn or Dinka.

## Findings

### Refugee Participant Findings

Interviews with refugee participants revealed eight broad themes: 1) family and marital dynamics, 2) family and marital strengths, 3) parenting and discipline challenges, 4) mental health challenges, 5) barriers to self-sufficiency, 6) resettlement and other services, 7) unmet needs, and 8) solutions.

#### A. Family and Marital Dynamics

It is important to note that upon arriving in the U.S., refugee families do not leave behind the intricacies of family life that they enjoyed or struggled with before resettlement. These findings suggest that families continue to enjoy the individual and family strengths and continue to

struggle with pre-existing tensions and relationship challenges. Within family and marital dynamics, the following six subcategories were found:

1. Definitions of family include extended family in the U.S. and abroad.
2. Family unity is an important strength.
3. Family roles and responsibilities shift during immigration.
4. Gender roles shift during the resettlement period.
5. Separation from family members in country of origin or another country of asylum is a challenge.
6. Family reunification is a high priority for families.

A (1) Definitions of family. Refugees' definition of family was usually broad so that it often included immediate and extended family members living in the U.S. and family members in countries of origin and other countries in which members were seeking asylum. In many cases extended family members now living together in the U.S. did not necessarily immigrate at the same time. As noted earlier, family members who participated in this research included members from two-parent households, single female-headed households, and single male-headed households.

A (2) Family unity. Family unity was an important priority and identified strength among refugee families. Findings also revealed that there were separations and divorces during immigration or upon arrival to the U.S. Even in the event of marital separations and divorces, family cohesion was a recurring theme. One participant stated,

One of the differences between our culture, our Latin culture, [our country of origin] heritage, in contrast to the Anglo-Saxon culture here in the U.S., is that we remain united as families. And when Anglo-Saxon people, when they become older or elderly, they tend to separate. The families tend to separate. But in our families, we tend to stay together. And reunion is the force, and unity is our strength.

A (3) Family roles and responsibilities. While many participants reported that there was no change in their family roles during the resettlement period, other refugees reported that they had to adapt to new roles and changing family dynamics. Typically, these role changes were connected with the illness of an adult member, separation from extended family in the country of origin, wage-earning capacity, or adjustment to new cultural ideas about gender. For example, because of family separation or the loss of a spouse, one parent may assume the role of mother and father. A single mother reported,

It's hard to be mother without a husband. It was hard there, too, with the war. Because I bring them into the world, this is my job. To be mom and dad. Even though it's hard, I have to.

Similarly, family members who have been separated from parents and siblings suggested that the transition to relying solely on the immediate family (as opposed to a larger, extended family) for decision-making and parenting support was difficult. One couple described their adjustment as follows,

But when we are finding ourselves, only the two of us together, so we have to compromise. And it happens that one of us will compromise to make life easier.

The loss of emotional support from extended family members who remain in the homeland, have passed away, or who cannot be found is particularly painful. One woman commented,

Family is important for me. I miss them. My husband is not here, and I worry. My kids don't have their dad here. I suffer a lot since they are not here with me.

Another participant agreed,

I suffer a lot. If my brother were here, he'd help me. If my mom were here, I'd go to her for advice. If my family were together, that would help.

Participants also suggested that immigrating to the U.S. has meant a difficult transition, resulting in a loss of their roles of authority and the responsibilities that come with those roles. Arriving in the U.S. after having left her children and extended family in her country of origin, one participant stated,

One no longer had a role. It's like starting all over again. One leaves their children, their family, their history, everything behind.

For other participants, roles and responsibilities within the family did not shift during the resettlement period. Family unity and the maintenance of previous roles were identified as strengths. One participant voiced,

We remain as a family. We remain united. So they are still our guide. Our parents are still our guide and even if they are disabled and weaker. And we are still united, and the roles remain.

Other families found a shift in their relationships with their children that added a new challenge to traditional family roles. For example, because of underemployment or unemployment, an adult child refugee may be the only wage-earner in a family that, prior to immigrating, had several adult wage earners.

A (4) Gender roles. Many participants reported that within the marital relationship, decision-making is a joint endeavor. One participant stated, “It’s not somebody who has the authority to say ‘I rule. I say why.’ We discuss things and do things together.” Another refugee described the roles in his marriage: “My spouse is also my self – we are one.” Other participants talked specifically about a shift to U.S. gender roles. Several participants noted differences between their traditional male-headed household and current U.S. culture that gives women greater equality. One woman stated,

Here there is much more freedom in the way you want to dress, the way you want to make yourself up and go out. It was difficult for my husband to accept. So he felt like he was challenged... He was advising me that this was too free. “You cannot go out like that.”

In describing these differences, another participant said,

In [my country of origin] it’s the men. And he’s the head of the house. There’s a saying that when a man moves his eye, the women jump. But not over here.

The adjustment to new gender roles had a positive outcome according to one woman who reported,

It was more when he was in [my country of origin], and it looks like it has affected him somehow that we are now becoming a little bit more equal in decision-making. But he still has the upper hand... My husband and I both decide in decisions. Because of my husband’s background, most major decisions are made by him... I see a lot of improvement in his attitude. I love here (laughter).



Make me more strong.... Only living here make my husband change a lot. I love here.

Participants also discussed women's roles as wage-earners. Some female participants worked outside the home in their countries of origin and, once they immigrated to the U.S., either found employment or continued to look for work opportunities. Other women did not work outside the home before being resettled in the U.S. and made the transition to a new role of wage-earner. This new role was stressful for some families but was a welcome and positive change for others. For one male participant, the wage-earning capacity of women was understood as an opportunity to move the family toward financial self-sufficiency, and he wanted to facilitate this new role for his wife. He commented,

But when I came to America, I feel like women is the highest position in the States. So I wish I could help my wife speak English, so I could get a bit of income.

A (5) Separation from family. The separation from family members who remain in the countries of origin or another country seeking asylum was a common struggle for participants.

Participants expressed concern and anxiety for their children, siblings, and other family members who remain in their countries of origin or have fled to other countries. Refugees recognize that their family members are in danger due to ongoing conflicts or war, hunger, and inadequate medical care. They struggle with their ability to send financial support to family members abroad while maintaining an adequate standard of living in the U.S. Many refugees experience feelings of shame, guilt and hopelessness about being able to achieve both goals.

One participant reported,

The major issue has been the fact that I am the provider for the family. Even in the condition that I have been, I have tried to gather things by begging and tried to send them back [to family members in my country of origin]. Because they were worse off than me. Just begging and going to churches or others, made me embarrassed quite a bit. And I would be stressed and would even have headaches and would have distress. And also it's very embarrassing to beg. Always begging. My children, they are my family. I have left children out there, and I think about them... They don't have anything. They don't have a father. I am ... their source of any help there could be at all.

A (6) Family reunification. Another source of grief and frustration for many refugees was in their efforts to reunify their entire family. Some refugees have been able to sponsor their children and other family members to come to the U.S. while others struggle for months and years to reunify their families. Still others are ultimately unable to reunify their family members. A single mother commented,

The concern is to join my family together. They, the three of them have been left behind there for reasons I can't understand. At least one I can understand because her age was beyond the limit that the law requires. But the other two were legal enough. Their age was not beyond the limit, but they were not allowed to come. And so I am separated from them, and if there is any way I could be helped to resolve this so I can be with them.

## B. Family and Marital Strengths

Refugee participants described a variety of strengths as they address challenges and barriers to self-sufficiency. Seven subcategories of family and marital strengths were identified. These include:

1. Family unity is a priority for refugees.
2. Cohesion of the ethnic or cultural community provides support.
3. Refugees rely on their spiritual faith for support and guidance.
4. Refugees utilize self-advocacy and self-reliance in getting their needs met.
5. Refugees demonstrate flexibility and eagerness to adapt or adjust to the new culture.
6. Refugees have a future orientation that assists in endurance and planning.
7. Refugees rely on perseverance, hope, and patience.

B (1) Family unity. While many refugees struggle with separation from family members who remain in their countries of origin or who seek asylum in other countries, the strength found in immediate and extended families was a common theme among participants. One participant noted that within the family, "Reunion is the force, and unity is our strength." Some families were able to increase financial self-sufficiency by combining resources. In a few cases, resources were pooled to facilitate home ownership. Emotional support, guidance, and familial love were also indicators of family unity. One participant said,

We are happy to love each other. Life is hard, but we are going to pass. Our love gets us through... It's hard, but we're here together to help each other. The feelings between us help us all together.

B (2) Community cohesion. Similar to family strength and unity, participants relied heavily on their ethnic communities for guidance, support, assistance, and problem-solving. Comfort was found in shared immigration experiences, language and culture. In discussing a strongly bonded community, one participant said, "We have trouble everyday in Africa. But here in the U.S., we have freedom, we have social worker, and we share together everything. We believe to each

other.” Another participant discussed the community’s unity in these terms: “to see our brothers and to discuss the difficulties they have and then come up with solutions.” In recalling the difficulties of early resettlement, some participants committed to assisting newly arrived refugees with cultural orientation, donating household goods, providing transportation, and offering emotional support. However, one participant regretted that his community was not strongly united and members did not offer mutual assistance to each other. Given the testimony of other refugees about the importance of a tight and supportive community, it is important for service providers and researchers to further explore the discrepancy in this one community.

B (3) Spiritual faith. Great importance was given to spiritual faith. Prayer, spiritual songs, and having space to worship together provided refugees with important emotional and financial support. Faith communities offer guidance in decision-making, problem-solving and parenting. Refugees find spiritual support particularly with regard to the hardships survived before and during their immigration. One participant said, “Only God knows how I got the strength. Humans cannot know how they manage this.” Another participant stated, “God is our strength. If we only rely on Him, He will never abandon us. This is our key. If He led Moses to cross the Red Sea, He led me to cross the Atlantic Ocean.” Current resettlement stresses are also mitigated by strong spiritual beliefs. Another participant said, “God is there. God is the provider. I just assume God is a provider.”

B (4) Self-advocacy and self-reliance. Self-advocacy skills and self-reliance were other strengths reported by refugees in overcoming resettlement challenges. Many participants described advocating for needed services or assistance. Refugees expressed a strong eagerness to become self-sufficient and often turn to inner strength and determination to achieve this goal. Many refugees take the initiative to learn English, navigate transportation

systems, seek additional job skill training, negotiate public education systems, and arrange for their own child care. In describing this entrepreneurial spirit, one participant said,

I think that from the sweat of my brow I can make it. I can make something of my life. And I don't think that the government should give us everything. I am not one of those that thinks that the government should resolve things for us, but that each person should resolve things for themselves. If I had a way of knowing how things work here, I could get ahead. I know if I went back to [my country of origin], I could get ahead immediately, because I have contacts. I have friends. I know how to move in the society, and I would get connections and work my way up again. Here I need to establish that.

B (5) Flexibility. Refugees demonstrate a great deal of flexibility and eagerness in adapting to their new culture and community. While some participants expressed concerns about the culture shock and arriving to face unexpected challenges, others found strength in pre-immigration preparations. A participant commented,

We were expecting whatever we got here. Whatever we felt, we expected it. We were sure that we were going to a new place. Everything is going to be different. So we didn't really have that much stress.

Another participant demonstrated flexibility in adapting to new ways of planning. He said,

In America, we understand to make decisions. Everyday they change. Maybe you make plan, and then when you make the plan, you find that it's not [up to

date]. Then you change or modify. But in Africa, no. You say it one time and then it goes the way it is.

B (6) Future orientation. Several participants discussed their plans for the future. Vocational training for themselves and securing their children's future education were high priorities. Plans also included short-term goals, such as solving transportation challenges and immigration status problems. One participant reported,

In our future, in what we are expecting, what we are wishing, we have to be like American people. We have to get enough car. We have to get enough house, enough things. We have to dress like American people. We have to know the culture in U.S. We have to get our passport and our green card. We have to become American people. We have to forget the traditional beliefs that we are doing in Africa. All these things we have to do. But now we are still growing up. So this is what we are expecting for our futures.

Another participant commented,

The only thing that we wish for is to provide enough so that our child can go to school, go to college. So that he will have a better life than we are having right now.

B (7) Perseverance, patience, and hope. Finally, refugees are proficient in skills of perseverance, persistence, patience, and hope. These attributes are likely strengthened by having survived the chaos and trauma of war and persecution. Several participants described not taking "no" for an answer when they seek assistance, taking one day at a time, and setting

manageable, specific personal goals. Likewise, participants expressed hopefulness, positive attitude, and confidence that in time things will get better. One participant stated,

It makes me only [wonder] how to come up with solutions? Because I think, when I just think about the future, I realize that we still have time... When it come time, time will tell me what to do.

Another commented,

Given that we are sad and everything, I just know that we just have to go on. We have priorities we have to take care of, and that's how you handle it day to day. You just have to keep going.

### C. Parenting and Discipline Challenges

Not all participants experienced parenting and discipline challenges. Many refugees carefully witnessed the challenges faced by other refugee families and anticipate future tensions as their own children approach adolescence. Within parenting and discipline challenges, eight subcategories were described, including the following:

1. Refugees struggle with the loss of parental authority and increased independence for their children.
2. Refugees adjust to accepted and expected discipline practices.
3. Refugees are concerned about the vulnerability and safety of their children.
4. Parents have a strong commitment to their children's futures.
5. Single parents struggle with dual parenting roles.
6. Parents attempt to maintain traditional values and practices.
7. Arranging child care is a challenge.

C (1) Loss of parental authority. Refugee parents in the U.S. struggle with the loss of parental authority and with their children's increased freedom and independence. Age-related independence (as children turn 18 in the U.S.) is an adjustment for families who are used to

living together and following strict familial hierarchies into adulthood. Many parents also felt that their children were growing up too fast, losing respect for their parental authority, becoming confrontational, and being negatively influenced by friends and peers. One parent stated,

Here there is more freedom for kids than in [my country of origin], and they take advantage of that.

Another commented,

I think it's because of the same problem or the same system that there isn't permission of chastising or disciplining your children, so they're a little bit more brazen. They take flight very quickly or they're growing up too fast. Not so much that they're growing up too fast or maturing too fast, but that they confront their parents too fast, or too much or too harshly.

Describing the loss of her parental authority, one mother said,

Because the kids are protected over here just like the bears are protected in the national park in [my country of origin]. Police, they believe children more than they believe the parents.

Some parents described a reversal of roles between parent and child. A single mother explained,



In [my country of origin], you would know who's the parent, who's the child. Over here, you just don't know. It's opposite. I am the child over here, and he's the parent.

C (2) Discipline practices. Although discipline practices vary from country to country and from family to family, many refugee parents readily adapted to differences in discipline practices between their country of origin and the U.S. Others parents are challenged by this adjustment and struggle with what are acceptable discipline practices in the U.S. A mother reported,

There is quite a difference in my role. There, you could do quite a few things. Reprimand them strongly, you could slap them, control them strongly. Here you cannot do those kinds of things. Here, I do kind of counseling, advice, encourage them, and try to tell them to pursue self-improvement and not be distracted by other things. There, you could have closer and stronger control.

Many participants perceived that all forms of corporal punishment are illegal in the U.S. and feared the consequences of using such discipline practices. One parent reported,

But here you can't really punish them, because people say that you are mistreating them and they might even call the police. So in that sense, it's different. And children do need to know, to get some guidance and direction and sometimes they need punishment... I think the laws in the U.S. interfere with parents' handling of children, bringing up children.

Another parent commented,

There's nothing I can do. I just leave it. I would keep talking, obviously. In [my country of origin], I would hit them. If I hit anyone here, I will go to jail. Therefore, I don't do it.

Many parents expressed a feeling of helplessness against their children's behavior, given perceptions about accepted forms of discipline. One mother said,

Here, kids like 13, are just drink, smoke, go clubbing. You can't do anything about it. You give them a little spank and you go to prison.

Another adjustment challenge was the matter of who can discipline one another's children. According to one participant,

There's a big difference. In [my country of origin], even the neighbor, the relative, can discipline your child. If somebody sees something wrong, he will ask the child to stop or discipline the child. But here you cannot do that. You cannot talk to another person's child. Occasionally, people spank the children over there, if they didn't behave. But here you cannot. So that's a big difference.

C (3) Children's vulnerability and safety. While the perceived increase in freedoms and independence for children was a recurring theme, some refugee families felt their children had less freedom in the U.S. They expressed concern about their children's safety and exposure to violence in schools and vulnerability to drugs, alcohol, and pregnancy. In the country of origin, children may have roamed freely from one neighbor to another, protected by extended family and a close-knit community. One parent commented,

But here, [in the] U.S., when my kid want to go my uncle's place, I will go with him and when he's coming back, I will come with him.

Another parent stated,

I can't trust them, because they are young. I don't want them involved in drugs or alcohol. If they listen to me, it will be easier... Before, they would listen, so it wasn't really an issue. Here they take advantage of the freedom.

C (4) Children's future. Refugee parents expressed strong commitments to their children's future. Many refugees sacrificed their own dreams for continuing education in order to provide a better life and education for their family. One parent reported,

The kind of thing that make me worry is, I always think about my future, you know? And my sons' future. I say, I wish my son they could go to the college. And then, my situation, save money, you know, this is a time I can save money for my son. Maybe later they can go to college. They can have better life. When I think about that, I say, oh God, do I ... like this, to be single like that? This stress to me.

C (5) Single parenthood. Single parenthood and the dual roles of parents present a common challenge to refugee families. Single mothers, in particular, reported stress related to the dual roles they play in the absence of their children's fathers. One parent said, "...because I bring them into this world, this is my job. To be mom and dad. Even though it's hard, I have to." Another woman said, "I have two, two in one, you know what I mean? I am mom. I am daddy. I have to be mom, and then I have to be daddy." Some refugee women struggle because of the

separation from or the loss of their spouses and other male family members, who traditionally assume important parenting and disciplinary roles with the children. One mother stated, “Family is important for me. I miss them. My husband is not here and I worry. My kids don’t have their dad here. I suffer a lot since they are not here with me.”

C (6) Maintaining traditional values. Maintaining traditional values and practices was another challenge expressed by refugee parents. For some, it is the perceived expectations of U.S. society that present a barrier, while others struggle with the “Americanization” of their children. For example, one participant said, “[I was] not sure what we are going to be able to do here, but I am going to try and raise my child the same way I was raised.” Another parent described her attempts to maintain parenting practices from her country of origin while her children become Americanized. She stated,

They are not in [our country of origin], and they are allowed to be what they consider is right for them to be. For instance, one of them stays up late. He comes Friday and he stays up late. He comes early in the mornings. I try to tell him, “This is not right. You should be in bed,” and he should be minding his improvement, his development, not spending time. And he will tell me he is not in [our country of origin]. And the other one will come from class and put his book. And he will be on the phone or he will go out. And I will tell him, “You have to study.” And he will tell me, “I have already studied.” And they still tell me they are in America. And I have to tell them they are not in America yet. It is only when they have achieved, when they have done what is needed, then they can claim they are in America. I tell them, “The moment you open the door, you are in [our country of origin], and you have to behave, and you have to know the manners. When you step out, though, I can’t say much.”

C (7) Child care. Finally, parents described challenges in arranging appropriate childcare. Often the two parent working households struggle with how to arrange work schedules so that one parent is always home with the children. Given low wages and underemployment single parents are often unable to afford formal childcare. Instead, these parents often arrange for childcare with a neighbor or community member and utilize after-school programs. For those who rely on school and after-school programs, it is difficult to find childcare over the weekend.

#### D. Mental Health Challenges

Evidence that mental health is a culturally-based concept was noted in the manner in which refugees responded to mental health questions. Some participants responded directly to the term *mental health* while others asked for clarification or responded to probes about what things worried them or made them anxious. As one participant stated, “The problem is that’s kind of sickness we do not have at home. That’s why I don’t know about it.” The following six subcategories were identified within the area of mental health challenges:

1. Mental health challenges are created by issues related to health and economic well-being.
2. Mental health challenges are created by the process of acculturation.
3. Mental health challenges are created by struggles with personal identity.
4. Emotional manifestations of mental health challenges vary.
5. Mental health challenges affect behavior in different ways.
6. Refugees employ a variety of coping mechanisms.

D (1) Health care and economic well-being challenges. Several families reported that the reasons for their distress have changed since resettling in the U.S. While they are no longer plagued with issues of day-to-day hunger and immediate safety, as they were in their countries of asylum, their worries and concerns have shifted to challenges regarding access to health care, preparing for their children’s future, and making ends meet. When describing his current worries, one participant said,

Like if you don't work, how can you survive? If you can continue ... it will frustrate you and it will cause you to not sleep many nights. This will lead to mental problems.

D (2) Acculturation challenges. Participants identified issues associated with acculturation as causes for mental distress. Cultural adaptation issues included the stress of navigating new systems and learning a new language and new ways of interacting with people. One participant noted the difference in social interaction in the following statement,

There's another thing that in [my country] there is a little bit more human warmth. And here if you die, there is such a frigidness, a coldness. And this might be as a result of the system. There is a [practice] here that if you touch something and break it, they'll sue you and things like this. I think that that has changed things. I need the warmth of [my country].

Additionally, media seemed to play a role in participants' increased fears of violence in the U.S. In one instance, a mother described not venturing out of her house alone during her first few months in the U.S. and being afraid to look out the window because of having heard about "stray bullets." Other participants described the vulnerability of being unfamiliar with U.S. laws and regulations and their fear of "doing the wrong thing." One participant who had repeatedly received questionable information from others stated,

I wish the services could provide me with the rules and regulations about what's right and wrong, what not to do because, yeah, sometimes people will try to help me out and stuff, but people are not so nice [and] are always saying, "Oh, if you

do this you could get in trouble. If you do this you'll get in trouble." That kind of thing makes me scared, stresses me out and makes me tired.

In addition to adapting to the demands of a new environment, participants described mental health challenges related to the well-being or loss of family members who are not in the U.S. In describing the loss of family and friends, one woman said,

One has all the weight, the emotional and psychological weight, of having left my family behind, my country behind. And being here, all of a sudden, alone. With no one. We had no friends here. We had no contacts here.

As previously described, family roles change with resettlement. Having been separated from her children during resettlement, one participant related,

I weep a lot. I bring up the condition of my children back home. I think of so many issues. Did they eat? Did that terrible disease get to them? Are they well? I don't have anyone there except my daughters, son, someone not very close to me is taking care of them. So I bring them up, I start weeping, and this gives me headache. And then my heart it starts getting weak. And I weep quite a bit.

D (3) Identity challenges. Mental health concerns included challenges to personal identity. Many respondents described difficulties related to adjusting to a lower standard of living, the loss of social status, and the loss of professional identity. One participant, describing the loss of professional identity, stated,

I have a friend who was a doctor ... and came here and had to work in a restaurant. Imagine it. One thing has nothing to do with the other thing, and they had all those years of experience. Everything we studied [there] is worthless, and now we are nobody. Nobody. What we were in [my country], we come here and don't know anything about what we have to do here.

Another participant reported,

Because me, I'm, in [my country] I'm working, I just put my hand in my pocket I can make things easy for me, but now I feel things are difficult because I have no job, no money, without money life is difficult.

A third participant summed up loss of identity by saying,

Here means being isolated, having left behind everything – one's history, one's family, everything. One feels as if you took a handful of sand in your hand and it just drizzles between your fingers, and you have no control. It just, it just goes.

D (4) Emotional manifestations. Participants' emotional response to mental health challenges included fear, anxiety, sadness, depression, somatization, hopelessness, withdrawal, and loneliness. Many families described being happy or grateful for the opportunity to resettle in the U.S., but also expressed feelings of nostalgia for their country of origin. As one participant described it,

... it's funny how we were oppressed there, but we have liberty here. We're better here, but we miss that. We're from there and it's better when I take the



medicine, I calm down, but it's a funny thing. ... We didn't have liberty there, we were fighting against oppression, and we have liberty here, but we're nostalgic, we want that.

D (5) Behavioral effects. The behavioral effects of mental distress included sleep loss, changes in appetite, crying, fatigue, loss of motivation, difficulty concentrating, and somatization, including headaches and aggravation of existing health conditions. One woman stated,

I get fatigued. Tired. I can't do anything. I just stay home, maybe don't leave two weeks. I didn't go outside. I didn't go to ... Just stay home. Sometime in the night, I cry, cry a lot. I don't know. What can I do?

D (6) Coping mechanisms. Coping mechanisms participants employed to address mental health challenges were consistent with those found in Western culture, including:

- Medicating through the use of prescription drugs, nicotine, and caffeine
- Leisure activities such as crocheting and reading
- Exercise such as walking or playing soccer
- Faith through prayer, singing religious songs, and attending religious services
- Talking about their problems and staying in touch with family and friends

### E. Barriers to Self-Sufficiency

Refugee participants presented as highly motivated to work and provide for their families, but found many obstacles to achieving these goals. Refugees described four subcategories of barriers to self-sufficiency. These included:

1. Limited English proficiency presents a challenge.
2. Unemployment and under-employment present challenges.
3. Refugees need vocational training and education for job advancement.
4. Transportation presents a challenge.

E (1) Limited English proficiency. Participants placed high importance on learning English. Age, time constraints and availability of ESL classes were mentioned as barriers to gaining English proficiency. The lack of English proficiency was noted as a barrier to employment, including being employed in professions or trades learned in the country or origin. One participant stated,

The other problem that affects me is that I know how to do a lot of things, but for everything you need a permit here. And how do I get that? Everything is in English.

Limited English proficiency also created isolation and vulnerability. One woman who had been a professional in her country of origin said,

It is very difficult to express oneself in another language, when you don't have command of that language. Especially at a certain level of proficiency. And it's very difficult to explain some concepts, more complicated concepts, and one feels like one falls short of it at times. I felt that I had to, like a bit of a recluse. And I stopped searching people. I stopped reaching out to people because I felt impotent that I cannot explain things as they should be.

Another family described their concerns about the impact that limited English proficiency had on accessing medical care by saying,

...getting a doctor, is hard for us. If we don't know English, we don't want to tell the doctor what we think it is, because we might tell him the wrong symptoms and get the wrong diagnosis.

E (2) Employment. Refugee families expressed a strong desire to become part of the U.S. work force and to become self-sufficient. Gainful employment was seen as both a point of pride and a means for providing a better future for loved ones. Participants expressed a preference for work over cash assistance but found a number of barriers to obtaining employment, including English proficiency, transportation, childcare, and literacy. Age and health related issues, such as pregnancy, illness, and injury, also limited work opportunities.

Participants who were able to secure employment reported low-wages and underemployment as barriers to self-sufficiency. In relating her frustration over fair pay, one mother reported,

I am working so hard, and I don't see an equal compensation. For hard work, you would expect a good compensation. You would expect that I would be able to pay the bills and the rent and then relax and be relieved. But that's not the case. There's not an equal compensation.

Another participant observed a connection between low pay and ethnicity:

I see something, I wonder why it exists in the workplace. There is a Latino that might be doing a job, and he might be doing his job for a year, or a few years, and he is being paid \$8 an hour while an American will work side by side at the same job, or do less work at a different job and he'll start at a salary of \$11 and I wonder why this is. This is a discrepancy. I don't know why this is.

Participants found that their hourly wages and/or the number of hours they were allowed to work were too low to adequately cover household expenses. Participants who sought to remedy this issue of underemployment by working two or more jobs found that the absence from the home

created additional hardships within the family. Families in which there was a single wage earner were most affected by issues of underemployment. Additionally, those who were limited to part-time work often experienced a decrease in their social service benefits such that the total household income was not sufficient to support the family.

Refugees did not rely solely on resettlement or other social service agencies to find jobs. Many recognized the importance of networking and sought job search assistance from friends, family, and casual acquaintances. Participants also cited the importance of establishing and maintaining a stable work history to obtain a “better” job.

E (3) Vocational training. Refugee participants identified the lack of vocational training and education as barriers to self-sufficiency. Participants recognized education as an avenue for advancement to higher paying jobs and expressed a desire to participate in training rather than having to find jobs right away. One man introduced the idea of having a loan for vocational education and said,

If you take training and you achieve a little bit something, people would like you to work with them. And at least they should train people before they work ... so they can say oh, you have training and you can pay our money back. That's the most important thing to be self-sufficient.

A woman who had not been able to attend school in her country of origin and who had been steered towards work upon arrival in the U.S. said,

I need it because my father, I didn't go to school. You see? I want to go to school. I want to know how to read and write. So I was praying that the people that would help.

Parents reported a desire for their older teenage children to participate in high school rather than being immediately directed towards a GED.

Education and training were also issues for individuals who resettled in the U.S. with professional degrees or certificates from their country or origin. Participants in this situation found that they were overqualified for most jobs but lacked the resources to translate their professional skills, education, or certifications into U.S. employment. A former teacher stated,

I can't work as a professor here, because I would have to validate my title, my diploma, and it has to be in English.

Another participant expressed similar sentiments regarding her children,

It hurts me because my children could have done much better with their career paths that they already had. And it bothers me that when he could work in a field that he was trained and he practiced and was experienced [as] a dental practitioner, and a certified dentist. Then why because we couldn't afford to send him back to school why they couldn't do that? And he's working in a gas station that doesn't have any future.

E (4) Transportation. Although participants in Austin and San Antonio reported transportation as a barrier to self-sufficiency, respondents in San Antonio appeared to suffer the worst impact due

to inadequate transportation. Austin residents reported difficulties with learning the bus system, but San Antonio residents noted the additional burden of more limited routes and fewer buses that run at night. Private cars and taxis are not financially feasible for low wage earners. One San Antonio participant reported that he spends a large portion of his weekly salary on taxi rides because his swing shift job ends after the buses stop running.

## F. Resettlement and Other Services

Refugees arrive in the U.S. with little in the way of personal possessions and with limited knowledge of U.S. culture and language. Four subcategories emerged in discussions regarding resettlement and other services.

1. Refugees received various services.
2. Refugees received services from different types of providers.
3. Refugees reported both satisfaction and dissatisfaction with services.
4. Refugees' expectations influenced service satisfaction.

F (1) Services received. Refugee families reported receiving a variety of services during the initial resettlement period. Basic services identified by study participants include:

- Housing
- Rental assistance
- Household goods (furniture, TV, clothing)
- Medical insurance (Medicaid)
- Health care
- Medical case management
- Food stamps
- Food assistance
- Cash assistance
- Transportation (rides, taxi, bus passes, car)
- Language interpretation
- Social Security cards
- Employment search
- State identification cards

Although appreciation was generally expressed for the receipt of basic goods, participants expressed the most gratitude and appreciation for being greeted at the airport by agency staff and sponsors.

Participants also described receiving: immigration services including family reunification, locating missing family members, and obtaining asylum; orientation on bill paying and use of household appliances; assistance applying for SSI; spiritual support; holiday gifts; bicycles; and advocacy.

F (2) Providers of services. In addition to refugee resettlement agencies, participants reported receiving assistance from food banks, churches, non-profit agencies, friends and family members. Several families also reported being helped through the kindness of strangers. After not being able to figure out how to use his food stamps, one man said,

I met one African lady from Kenya and she saw us, we say, “We are from Africa.” They say, “How long you have been here?” I said, “less than a week.” I said, “5 days.” She said, “Ahh, what are you doing?” So we just came to walk around. She said, “What’s your problem?” I said, “Our kids they are hungry and we can’t see our case manager.” She put us in our car, she drove us, she took my wife to HEB, she bought some food.

Another participant reported,

I used to go to HEB to buy food and it just happened one day as I was walking by the roadside that some person said, “Why are you walking?” And I said, “I’m a refugee. I’m not from here and I went to the store to buy food like this.” . . . She

took me to the store and bought for me a bike and said you need to use this to go to the store or if you want to go somewhere, use the bike.

F (3) Service satisfaction. A number of participants reported being satisfied and happy with the resettlement services that they had received. Some participants stated that they appreciated the opportunity to be resettled in the U.S. and were satisfied with their decisions to come here. For others, service satisfaction was closely tied to low expectations upon arrival in the U.S. and the resulting gratitude for whatever was received. A few families indicated that they were satisfied with medical insurance, health care, and public schools and that their children seemed safe and happy. Others described the trust and gratitude that they had for their resettlement agency. One family reported,

And from the first moment on, that we met people in [the resettlement agency], they began to help us. From then until now, they have been father, mother, son, husband, and wife. They have been everything to us.

Participants who expressed dissatisfaction in services did so in two broad areas: quality of services and quality of the service provider. Issues related to the quality of services included a delay of benefits and services and a lack of follow-up. Participants described sponsors being absent during times that the family had no telephone or food. One participant said,

That things happened for the first month when they came to like buy us food and show us everything. But, after that, we stayed like fifteen days and nobody even came to say hi to us from that office. We were just by ourselves, no nothing. We'd go to buy food and we don't know the store and we don't have money. We were just stranded in the house.



Another participant described the consequences of poor service and reported,

I think it took three weeks, the electricity he never paid for it. They cut off and it was on Friday. There was no cooking. We went to the apartment manager office and she said, "I told your case manager that the apartment is not responsible to pay for your electricity again," so we were out of electricity Friday, Saturday, Sunday. Monday I went downtown, he said, "I told the people to pay for it." I told him, I said, "I'm not responsible. You said you would pay for it and you don't pay for it." He said, "ok."

Some participants reported dissatisfaction regarding the quality of interpreter services. A father, who had been frustrated by the lack of interpreters, said,

It seems like [the resettlement agency] only has one volunteer to work with Vietnamese people. So whenever we were trying to contact the person, if the person was busy, there is no one else we could contact.

Another participant who was surprised to find that there were not Arabic interpreters available reported,

...and the agency sent the guy who is from [another country]. And he was carrying an Arabic-English dictionary. And he was trying to communicate with us, but it didn't work out. We could not communicate with him ... So I would prefer someone who work with the agency who can really communicate with us.

Dissatisfaction with the quality of service also arose over time limits and restrictions on financial assistance, especially during periods of unemployment or during the first two months of employment. Families found that food stamps decreased with any addition to household income, regardless of whether cash income was sufficient to purchase non-food stamp eligible necessities. One mother said of the cash assistance,

I think that the help they have given us is not enough like the pocket money they are giving \$50. Now like if I go to the food store, they are certain things that the food stamps cannot buy like the toilet papers and then like washing soap, and all this. If I go with this \$50 it cannot in a week's time it's not enough to buy this. I need to buy things for my children like ... like school clothes, like they need to have umbrella, in the rainy season, this money is not enough to buy for them.

Many newly employed participants found the sudden loss of assistance to be difficult.

Describing his transition off of assistance, one participant stated,

And then, they were supposed to give you one month or two months to work first so that you can put something down, but the first month you get your paycheck, they will tell you to pay your bill immediately and, again, you don't [have] time to put something down.

Another participant who found her transition further impacted by transportation and childcare issues said,

November they find a job and then I start working. That time, you know what?

They tell me right now you start working, so you have to start paying rent by

yourself. With \$6, and then I don't make more hours, because I have to leave early to go pick up my son from school and come back here. And if I make like 40 hours in a week, and they ask me to pay rent by myself. I was paying like \$400 something, rent. They tell me I have to pay by myself.

Some participants reported dissatisfaction with individuals who worked for the resettlement agencies. These participants reported their direct experiences with employees as well as treatment discrepancies that they learned of through discussions with other refugees. Some reported that the service providers were not doing their jobs or that they were rude or insulting to refugees. Other refugees experienced cultural clashes with caseworkers that were from the participants' country of origin.

Asylees reported fewer issues of service dissatisfaction. The most frequent service-related issue for this group was the lack of availability and awareness of services for asylum seekers. Once asylum was granted and these individuals were eligible for services, many of them were still unaware of refugee resettlement resources.

F (4) Expectations. Information provided overseas also influenced service satisfaction and created false hopes. Some participants were disappointed to find services and opportunities did not live up to their expectations. One couple said,

Overseas, before we came here, we saw a video. And the video showed us a lot of promising things. When we came here, we didn't find it to be true.

Another family reported,

The orientation in Egypt, they said part-time job is not a good job, but here they say it's, they have a condition a written condition and we have to sign on it. You cannot refuse any job offer to you.

Attempting to describe the disappointment of not having one's expectations met, one woman said,

Whoever comes to this country, they come with a big hope that this is a progressive country and I'm going to be progressing. The progressiveness is not like that, that they work like a horse and spend all their time just working without learning anything.

#### G. Unmet Needs

Refugee participants indicated a desire to become self-sufficient and identified additional service and support needs that would help them achieve this goal. Eleven subcategories of unmet service or support needs were identified.

1. Extensive immigration services and information about how to access these services are needed.
2. Refugees need safe and affordable housing.
3. Refugees need better transportation options.
4. Refugees need access to trained interpreters.
5. Refugees need greater access to ESL classes.
6. Refugees need access to mental health treatment.
7. Refugees need affordable health care for those no longer eligible for Medicaid.
8. Refugees need dental insurance/care for adults.
9. Working families need affordable childcare.
10. Refugees need employment services and higher wages.
11. Refugees need financial assistance for vocational training and adult education.

In addition, participants indicated a strong need for better guidance and orientation to their local communities and U.S. service systems and culture. One participant expressed his desire to know the local community by saying,

There is some organization that brought some friends, like some refugees, they took them back to the library and they gave them a card, and they are going there to study, but they don't do anything like that to us. That's why I said I don't know the system, which was to be for us, and which are not supposed to be for us. So we get that idea that they take people to the important area of the city as a newcomer and this is place they do this, and this is the place they do this one. I can say there is no orientation for us in Austin.

A more recent arrival noted,

Although we came as a refugee in the U.S., and we have to adapt to the culture of the U.S. and we want to know the [rules and regulations] in the U.S. Because we are African. We have another culture in Africa and we have to know the culture in the U.S. because we are living now in the U.S. And forever, we don't go back another place until here.

Illustrating a need for culturally sensitive orientation, one participant said,

And when I came here, all they had was English classes, to teach us the language. But that was not all we needed. We needed someone who can understand where we are from, and that the culture there, and will advise [us] same how to do things here. Especially, people come from there, from the village. They haven't been to any big town or big country. So when they come here, they need a lot of advice, to know how to deal with this thing and that thing. And English classes are not enough for those people. They need more than that.

## H. Solutions

Participants also offered creative solutions to the gaps created by unmet needs and services.

The following seven solutions were identified:

1. Recruit more church and family sponsors to help resettlement agencies.
2. Have the resettlement agency apply for childcare at the beginning of resettlement to avoid delays.
3. Teach caseworkers to practice patience and listening skills when working with refugees.
4. Allow for more flexibility to negotiate resettlement benefits, including time limits and vocational training.
5. House new arrivals in close proximity to other refugees and services.
6. Provide aptitude tests regardless of language and previous experience in order to conduct targeted job searches.
7. Evaluate and provide for the unique needs of each person rather than treating everyone the same.

Describing the importance of conducting targeted job searches, one participant said,

A suggestion, I don't know, the government could have a program to test the capacity, the aptitudes or capabilities, of immigrants, of people that come here, any immigrant from any country, to see what they can do. Regardless of their English skills, or having to acquire English skills, they could be tested for their abilities.

Another participant expressed the need for individualized services and noted,

I think it's important to know that the department, the organizations that offer these services, tend to lump everyone in one group. They put everyone in the same bag. And it's not the same situation, coming from different countries. And I think it would be more beneficial to look at the situations that each country has. The people that come from each country do not come in the same situations. It would be better to look at the specifics of this. For example, when one goes to seek help at ... different agencies that offer services, they have a blanket policy

that covers everyone, no matter if they're asylees or refugees, or what status they come in.

### Service Provider Participant Findings

Service providers gave feedback on agency functions and challenges, on experiences with clients, and on solutions toward meeting the needs of refugees. Ten broad themes were identified: 1) overview of services provided by agencies, 2) agency strengths, 3) agency limitations, 4) strengths of refugee marriages and families, 5) tensions in refugee marriages and families, 6) tensions refugees experience with U.S. culture, 7) consequences of resettlement experience, 8) barriers to success, 9) needs of refugee communities, and 10) solutions.

#### A. Overview of Services Provided by Agencies

Agencies offered a variety of mandated basic services as well as peripheral services designed to assist refugee families in acculturation and navigating U.S. systems. Services identified included:

1. Agencies offered or coordinated English as a Second Language classes.
2. Agencies assisted with applications for food stamps, Medicaid, and Social Security.
3. Agencies offered employment assistance.
4. Agencies provided rental assistance and helped refugees secure housing and set up households.
5. Agencies assisted with school registration and helped parents navigate the school system.
6. Agencies provided referrals for and transportation to medical assessment and intervention.
7. Agencies provided transportation to appointments with other service providers.
8. Agencies used church volunteers and other sponsors to extend their ability to provide services.
9. Agencies built partnerships with community agencies in an effort to fill gaps in services.
10. Agencies provided or made referrals to legal services for immigration consultation.

## B. Identified Agency Strengths

Although agencies were not explicitly asked to identify their strengths, two themes emerged from analysis of the service provider data. Agency employees are committed to their work and are sensitive to the challenges faced by refugees. Furthermore, many case managers are former refugees and therefore have first-hand experience with the resettlement process.

## C. Agency Limitations

Despite employee commitment and sensitivity, agencies are limited in their ability to provide the services they know are needed. The biggest limitation described by providers is a lack of resources, including funding and time. Providers also described a desire to have employees with a broader range of skills, beyond case management, to better meet the depth and variety of client needs. One participant described the impact of agency limitations on families' abilities to adapt and stated,

... we get a refugee, they need to be self-sufficient by four months. That's impossible. And I think we create the future mental health problems for them or their family, because we are, I'm discovering, a system that functions by crisis. ... They send waves of people, and we are so caught into the day-to-day emergencies, setting up apartments, taking care of the really basic needs... [We need] more time for orientation, and have a smoother process where people have the time to adjust in a safe environment and not be obliged to go and find a job right away.

## D. Strengths of Refugee Marriages and Families

A number of strengths consistent with those identified with the refugee finding section of the study emerged from interviews with service providers. Among these strengths were:



1. There is a strong sense of unity among refugee families and their community, and refugee communities support each other.
2. Refugees are hard workers.
3. Refugees are survivors.
4. Refugees are motivated to provide better lives for their children.
5. Refugees have long-term vision and goals.
6. Refugees have strong faith and religious beliefs and receive support from their places of worship.

One provider summarized the range of strengths demonstrated by refugees by saying,

I think a strength that refugees bring also is the fact that they've already demonstrated that they're survivors. No matter how hard things get for them, there's that sense that we will make it. That times are difficult, and we have to make sacrifices, but we're going to survive this. So there's that sense of hope.

#### E. Refugee Family and Marriage Tensions

Service providers reported that family and marriage tensions arise from separation from extended family, intergenerational conflicts, changing roles, parenting, cultural adjustment, employment, and financial well-being. Providers described the following tensions:

1. Spouses remarry after long periods of separation from the first spouse because of war, turmoil, and resettlement.
2. Families experience guilt about family members left behind.
3. Single parenthood may be a new experience for families due to divorce, death, or geographic separation.
4. Generational misunderstandings and differences in values exist within the family.
5. Children adapt more quickly to U.S. life and lifestyles and want to deny or rebut aspects of their culture of origin.
6. Women gain independence through earning their own money, driving, and learning the language.
7. Men are underemployed or unemployed and may feel "emasculated" because they have lost authority over their wives and children or cannot provide for their families.
8. Children become emotional support systems for parents who are separated from their spouses.
9. Parents lose their positions of authority or concede their power to children when they have not gained employment or language skills, and/or they experience a reversal of roles when children serve as interpreters.

10. Parenting and discipline of children are defined differently in the U.S. Parenting and punishment practices common in countries of origin may be considered abuse in the U.S.
11. Families experience isolation because of language and cultural barriers.
12. Families experience labels in the U.S., such as disability or family violence, as “family curses.”
13. Negative coping strategies such as infidelity, alcoholism, and violence may be used.
14. Dynamics between husband and wife may become physically violent and involve misunderstanding of laws that address domestic violence and its consequences.
15. Underemployment or unemployment of one of both parents causes stress.
16. Single parent families are emotionally and financially stressed.

One provider commented on the impact of traditional wage-earners’ loss of status and stated,

But even among couples, we see women who didn’t work have to work. Now they have their own money. So what do they do with it? And do they get any of it? And how it makes the man feel who had his role delineated, and suddenly it’s not just his. Suddenly she’s got a piece of it. Or men who had respect in their home country because of their education, their employment or their role. And they come here and sweep the floors, and can’t speak English. And the wife might learn English more quickly. So I think both men and women lose prestige or lose the stability of their foothold on their role.

Discussing the interrelatedness of shifting roles within the family and children’s adaptation to a new culture, one provider said,

The parents feel isolated, or the parents don’t speak a language that other people understand. Even in the community, it’s really, really hard. And they really need their kids and that’s when kids start being rock stars. They start trying to be cool

and American and stuff. And they start gravitating away from their parents. And the parents are trying to [deal] with that. That's hard.

Service providers recognized that adjustment to U.S. laws and customs may create family tensions and require an unlearning of long-held traditions. One provider noted,

Well, violence is one of those, it's, it's the thing that they were taught to do. It's, you know, their mother's ways of handling it. Her grandmother's way of handling it. So, of course, that's how it's going to be.

#### F. Tensions Experienced with U.S. Culture

Acculturation is a challenging process, made more difficult for refugees by language, economic, and educational needs. Service providers identified ten additional areas of tension created by acculturation.

1. Fathers and sons tend to be protective of mothers and daughters, but in the U.S. this practice can be interpreted as possessive.
2. Child rearing practices and what is considered abusive may differ among cultures.
3. Arranged marriages are practiced by some countries and may be considered oppressive in U.S. society.
4. Many refugee communities assume responsibility for child rearing, but in the U.S. it is considered a family responsibility.
5. In some cultures it is inappropriate for women to receive medical care from male physicians.
6. Refugee children may be embarrassed by their parents' lack of assimilation to U.S. culture.
7. Refugees are disillusioned by U.S. poverty, difficult systems, and their inability to provide adequately for their families.
8. Refugees experience a feeling of being overwhelmed by the fast-paced, demanding U.S. lifestyle and culture.
9. Refugees feel a sense of incompetence and being undervalued in the U.S.
10. Mental illness is considered a sign of weakness and is discussed only within the family.

Illustrating the stigma associated with mental health needs in some cultures, one provider reported,

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The, the big problem is that in other countries, uh, especially the countries that refugees come from, any kind of mental health problem is something you're supposed to keep to yourself, because it's not considered as a health problem but rather a weakness. So, uh, I think that is probably the biggest barrier to finding out if they have problems because they're going to try to hide it from us or from anybody because they're ashamed. Uh, if they're under stress and if they're, uh, or if they even feel they're going crazy, which I think is very well, very warranted considering all the change and everything that they go through, uh, they, they think that it's a weakness to admit to having doubts or depression or anything like that. Plus, depression is only considered a disease or a problem in more advanced cultures... So they don't know that this could, this is something that can be addressed as a, uh, that can be treated, that can be changed. They think, "Well, nothing can be done about it."

#### G. Consequences of Experiences in Country of Origin and/or Resettlement

For most refugees, resettlement is a process rather than a single immigration event. The process often includes trauma, flight, and multiple points of sanctuary. Service providers identified the following as consequences of resettlement:

1. Refugees experience a sense of loneliness and isolation with the realization that they may never return to their countries of origin.
2. Refugees experience survivor guilt and guilt about family members left behind.
3. Refugees may struggle with the impact of trauma, such as depression, feeling suicidal, anxiety, helplessness, anger, paranoia, PTSD, physical exhaustion, alcoholism, and other mental health challenges.

Referring to the loss of family members, one provider commented,

We have to remember that even though the, the nuclear family may still be here safe in Austin, there are a lot of people very important to this family who are not,

who may be in danger, who may also be causing anguish and, you know, mental health problems to those here. And that they will not admit to a lot of problems they may be having.

#### H. Barriers to Success

Service providers described barriers to success that were less specific than those described by refugees. These included the following four areas:

1. Gaining language, housing, and employment, and maintaining family stability takes time and resources.
2. Mandated time limits for resettlement support are too short for the amount of work that needs to be done.
3. Assimilation into U.S. culture is a slow process.
4. There is a lack of mental health services to help refugees cope with resettlement.

One service provider described the reality of resettlement expectations and said,

I would say the last day of resettlement, it's a turning point. If, by then, whether it's four months like in our case or just one month in the case of other agencies - if by then the family doesn't have a steady income, they're out on their own. They literally will become homeless within a couple months. They don't believe it when you tell them. They don't think they'd ever be invited to come to some place and then sleep in the street. So that is a huge reality shock, and it's there. To get a job within four months, or a month, when you have no local experience and no language, et cetera, et cetera, it's a very difficult situation. You're talking about some pressure.

#### I. Refugee Needs

Service providers recognize the limitations under which they provide resettlement services. The following eight refugee-specific needs were identified as areas in need of strengthening:

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1. There is little public awareness about refugee communities and their needs.
2. Better employment opportunities that offer living wages and benefits are needed.
3. Refugees need access to additional or alternative modes of transportation.
4. Expanded and extended ESL classes are necessary, so that all languages are included and classes are offered at convenient times and locations.
5. Paperwork required of agencies and clients is burdensome.
6. Health systems need to be culturally competent and responsive to needs of refugees.
7. Refugee communities are alienated from the broader U.S. community.
8. Pre-existing vocational skills of refugees remain unrecognized and underutilized.
9. Interpretation services need to be expanded by language and availability.

One provider explained the need to address transportation challenges faced by refugees,

Even though there's the bus, it can involve three or four buses for some of them. If you have women that are willing to take an evening job, working in a laundry or whatever, but they may have to stand out there at 11 or 12 at night. Maybe there's no bus, maybe there is, but still that's not safe. And if they have children, of course, that's another issue. Getting those children to the day care and then trying to get to work, it's a real issue for them.

Describing the underutilization of refugees' pre-existing skills another provider stated,

[They need] help understanding how to get the skills that they need or the certifications that they need. And not having anyone to pay for that. Because there are people that are just two steps away from the certification that they need, but there's no way to pay for it. And they can't pay for it until they get a crummy job. And then they're wasting their time doing that instead of going to get certified.

## J. Solutions

Service providers offered the following solutions for meeting the needs of refugees:

1. Provide flexible funds to allow for unique and responsive services to refugee families.
2. Reduce paperwork required to process families.
3. Streamline delivery of social services such as Social Security, mental health, food stamps, and Medicaid.
4. Diversify staff skills at resettlement agencies by including social workers, psychologists, and other disciplines.
5. Create mechanisms that provide a sense of community, community space and support.
6. Offer refugees extensive training during pre-resettlement on U.S. culture and what to expect.
7. Expand ESL programs to include multi-level classes at different times and locations.
8. Provide culturally sensitive, affordable and accessible childcare.
9. Provide community training to reduce stereotypes and myths and increase competency in working with refugee groups.
10. Provide extensive US-based training for refugees, covering information on culture, language and technical aspects of U.S. life. For example, financial management, avoiding scams, use of non-verbal communication, laws and legal proceedings, legal immigration assistance, parenting classes, dynamics of power and equality in intimate relationships, impact of stress, mental illness and addictions, and reducing stress.
11. Develop strategies for mutual assistance associations and opportunities for refugees to assist other newcomers.
12. Develop mechanisms for refugee service providers to collaborate with each other.
13. Develop training for service providers on how to approach taboo subjects.

## Discussion

In general, this research study reports that refugees were committed to self-sufficiency and family cohesion but were challenged by numerous stressors, including: the loss of and separation from family members; shifting family power structures, gender roles, family roles and responsibilities; and a loss of status. In addition, successful adjustment was impeded by language, employment, and transportation barriers, and by unmet needs including a lack of English as a Second Language classes and interpretation services. These findings are supported by prior research.

However, contrary to other research findings, our study did not directly support the hypothesis of a positive relationship between marriage and economic well-being. While single parents reported their needs and desires for the emotional support of a spouse, the greatest influence on economic well-being was the number of family members employed, as opposed to family composition or marital status. In brief, families experienced more stability when more individuals were contributing financially.

In general, refugee service providers' focus when responding to interview questions was different from that of refugee respondents. Refugee service providers evaluated the needs and strengths of refugees using a systems approach. For example, providers focused their discussions on the limitations created by funding structures and other mandates. Refugees, on the other hand, took a more practical approach to discussing the barriers that they face and focused on their immediate and basic unmet needs. In addition, service providers consistently addressed refugees' family and marital relationships and strengths, but in discussing their personal lives, refugee participants were less likely to reveal marital challenges. Compounded by cultural values about privacy and participants' perceptions about the study's purpose, we speculate that refugees do not view their personal challenges, such as marital problems, as relevant to the resettlement process.

Asylees differed from refugees somewhat in their responses to interview questions. While asylees represented a small portion of refugees interviewed for this study, it is important to note that they differ, as a group, from those individuals who gained refugee status abroad. The differences are apparent during arrival and the initial period in the U.S. for asylees and in how they access support services once they become eligible to receive them. Some of the differences are that refugees arrive without fear of deportation and with the knowledge that they have the immediate right to work and to receive benefits in the U.S. These safety nets create a



greater sense of security about their decision to immigrate to the U.S. Asylees, on the other hand, are barred from legal employment and have a well-founded fear of deportation. Because they do not enjoy the immediate right to work and immigration status granted to refugees, asylees also struggle with accessing legal and refugee resettlement services, and rely mostly on non-refugee-specific social supports. Thus, while refugee participants were more likely to criticize specific services, asylees' dissatisfaction centered on access to and awareness of services.

Our direct practice with refugees and the knowledge gained during this research suggest certain challenges and strengths that are unique to specific ethnic communities of refugees. Specific differences were noted in the following five areas:

1. Challenges Specific to Spanish-Speaking Refugees. Though many Americans react positively to refugees and with a giving spirit, Cubans are often marginalized from other refugees. Texas has a large Spanish-speaking population that includes U.S.-born individuals as well as documented and undocumented immigrants. It is often assumed that Cubans are undocumented immigrants and therefore they experience negative stereotypes. Further impacting their roles as refugees, the Central Texas community often expects that Cubans will assimilate with the primarily Mexican and Mexican-American communities. However, Cubans do not always feel welcomed by or share interests and political concerns with these communities.
2. Benefits of Group Resettlement. Somali Bantu refugees seem to possess a heightened sense of empowerment and ownership of their resettlement experience and expressed feelings of permanence about the U.S. as their new home. This group differs from other refugee groups in Central Texas because they were resettled as an intact community

that consisted of immediate and extended family members as well as the community leaders. In addition, this group received specialized pre-immigration education and orientation. Prior community cohesion and realistic expectations created by pre-immigration orientation may have laid the groundwork for this group's eagerness to adapt to American culture.

3. Challenges Related to Guardianship of Minors. The family composition of resettled Liberian refugees differs from other groups of refugees. For Liberians, it was much more common for single men and single women to immigrate with blood-related minors than for other refugee groups. This dynamic created problems for adults caring for minors who were not their own children with U.S. social service systems that are inflexible in their definitions of family and guardianship.
4. Strengths of an Established Ethnic Community. Recently resettled Vietnamese refugees benefit from the longevity and economic stability of the Vietnamese immigrant community. The existing community includes non-refugee immigrants and second generation Vietnamese who are homeowners, business owners, and community leaders. Newly arriving refugees may face fewer barriers to success, because their community is better prepared to offer financial resources, assistance and opportunities for employment.
5. Misinterpretation of Self-Advocacy Behaviors. Sudanese refugees have keen assertiveness skills and are persistent and self-confident in asking for what they need. However, this self-advocacy may be misconstrued as aggressive and unyielding. Similarly, resettled refugee women from Afghanistan have also experienced misinterpretation because of traditional inclusion of the larger community in problem

solving and perhaps due to limited literacy, Afghani refugee women tend to seek assistance by creating a wide network of individuals and agencies. This has often meant that more than one service provider is helping with the same problem. This may be misinterpreted by social service providers as manipulative and needy.

## Recommendations

### Refugee- and Service Provider-Defined Solutions and Recommendations

Research participants offered the following suggestions:

1. Evaluate psycho-educational programs and mental health interventions for cultural competency and general effectiveness for refugee groups.
2. Expand the availability of interpretation services through recruitment, training, and increased funding support.
3. Expand and modify childcare options for working refugee families. Options may include cooperative programs, evening and weekend programs, and offering childcare during English as a Second Language (ESL) courses.
4. Expand ESL program access and availability for refugees.
5. Sensitize relevant communities (social service providers, law enforcement, criminal justice system, faith community, public school system, health and mental health providers, child protective services, employers, providers of family violence intervention, and others) through training on refugee-specific needs and challenges.
6. Investigate mechanisms to improve pre-resettlement orientation for refugees to clarify expectations of U.S. services.
7. Expand orientation training for refugees to increase understandings of available resettlement and community services.
8. Provide training for refugees and service providers focused on parent/child dynamics and intergenerational tensions encountered by refugees.
9. Provide self-advocacy training for refugees to improve dialogue between their communities and the systems they encounter.
10. Increase educational and vocational training opportunities for refugees with the goal of transferring and increasing employable skills (including professional certifications and licenses).

### Next Steps for Research and Program Development

While this study confirms previous research on challenges to resettlement and adds to the practice knowledge of service providers and policymakers, it also raises further research questions. Five broad areas are examined:

1. Overall Challenges
  - a) How do the arrival date and/or asylum-seeking period affect overall challenges faced by families?
  - b) How does the pre-immigration experience (trauma, length and conditions of first asylum) affect resettlement and barriers to self-sufficiency?
  - c) What issues need to be addressed in educating receiving communities about refugees?
2. Models of Service Delivery
  - a) How does the model of service delivery affect families' self-sufficiency?
  - b) What are best practices regarding use of volunteers and church and family sponsors?
  - c) In what ways can the service delivery system be improved to lessen stress during the transition?
3. Parenting and Discipline Challenges
  - a) How are parenting and discipline challenges influenced by region of origin and/or family composition?
  - b) Does perceived zero tolerance of corporal punishment contribute to future intergenerational problems such as parental abdication?
4. English Language Proficiency
  - a) How does language proficiency affect challenges faced upon arrival?
5. Mental Health
  - a) How is mental health defined by refugee families? What services need to be developed to respond to the needs?
  - b) What positive coping strategies are refugee families using?
  - c) Do family composition, arrival cohort, language proficiency, and/or country of origin affect mental health needs of families?

## Conclusion

While Austin and San Antonio agencies have a long history of resettling refugees and immeasurable practice knowledge and expertise, little research has been conducted with regard to the strengths and challenges that refugee families face during the resettlement period. This project's goal was to document these strengths and challenges.

In-depth interviews with refugee families and with the service providers who work closely with families produced important information concerning family, marital and parenting challenges; family strengths; barriers to success; and service delivery needs. The study revealed that

refugee families were committed to self-sufficiency, but faced barriers with regard to transportation, employment, language, and benefit time limitations. The findings also indicated that refugee families place a high priority on family unity and cohesion, but that resettlement brings new challenges, such as the loss of and separation from extended family and shifting family roles and responsibilities of those roles. Finally, the findings illustrate the strengths of the current system of service provision, including committed employees, and the limitations, such as a lack of funding and other resources.

It is critical that refugee families are viewed as experts on the challenges and barriers that they experience during the resettlement period and on the solutions to address those challenges. Parenting, mental health, employment, and other needs, as defined by families themselves, must continue to influence and direct future research, policymaking, and program development. This research reinforces and adds to what families, service providers and policymakers already understand about the struggles faced during the resettlement period and is the foundation for developing next steps. Continued research will be important as arrival populations, and consequently needs and strengths, shift.

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## APPENDIX A

### Refugee Interview Instrument

1. Tell me about your family. Who are the members of your family here? Who are the members of your family in your home country? What kinds of activities do the different family members do that relate to the family? For example, who makes the decisions? Has this changed since your resettlement in Austin/San Antonio?
2. What type of services did you receive when you were resettled in Austin or San Antonio?
3. What services would you have liked to receive, but weren't available to you?
4. What were the biggest stressors that your family experienced during the resettlement period?
5. What family strengths did you draw on during this resettlement period?
6. Can you think of particular challenges in your family/marital relationship during this period? How did you address those challenges?
7. Can you think of particular challenges in your parenting during this period? How did you address those challenges?
8. Can you think of specific challenges with discipline during this period? For example, in adjusting to disciplining practices here in the US? How did you address those challenges?
9. Can you think of specific challenges related to mental health? For example, what kinds of things make you worry or feel anxious or stressed? What happens when you worry or feel stressed? Probes: Do you feel sad, anxious, angry, have trouble sleeping?
10. What else would be helpful for us to know about challenges that refugees experience in their resettlement process as it relates to families?

## APPENDIX B

### Service Provider Interview Instrument

1. What types of services are available to refugees when they are resettled in Austin or San Antonio?
2. What services aren't available but you think should be available?
3. What are the biggest stressors that families experience during the resettlement period?
4. What family strengths do refugees draw on during the resettlement period?
5. Can you think of marital challenges that refugee families experience during this period? How do they address those challenges?
6. Can you identify challenges in parenting that refugees experience during this period? How do they address those challenges?
7. Can you identify specific challenges with discipline, including challenges adjusting to disciplining practices here in the US?
8. Can you identify specific challenges related to mental health, for example stress or anxiety that interfered with adjustment?
9. What else would be helpful for us to know about the challenges that refugees experience in their resettlement process, especially as it relates to families?