

5-2016

Resiliency Factors for Karen Refugees

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Recommended Citation

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Resiliency Factors for Karen Refugees

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial Fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

The refugee experience is one of great hardship. Refugees are removed from a distressing life which often includes starvation, physical injury or torture, incarceration, threats, and rape and are placed in a completely new world where they have to relearn how to live in a place where the language, food, work, and interactions are completely different than what they know. This remains true for the Karen population from Burma. Despite these challenges, refugees find sources of resilience in order to persevere through their hardships. The purpose of this research project was to describe the sources of resilience during and after resettlement to the U.S. for Karen refugees in the Saint Paul, MN area. A qualitative research method was used for the project, in which, participants were interviewed twice; the first interview focusing on their personal experience of resettlement and the second interview focusing on their perception of other Karen refugees' experiences. Participants included three Karen women who work as interpreters in social service agencies in the Saint Paul area. The themes that emerged from the study included resettlement issues, supportive services, hope, importance of community, and personal qualities. The findings of this research project suggest that social workers should aim to minimize challenges that refugees face upon resettlement and maximize sources of resilience.

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Introduction

I am Karen, one of the ethnic groups in Burma. Out of sight in the mountains and jungles of eastern Burma, the Burmese dictatorship has been trying to wipe out my people. Millions have been forced to flee their homes. More villages have been destroyed in Burma than in Darfur in Sudan, but the world has seemed content to ignore our suffering (Phan, 2010, p. 10).

Zoya Phan, a Karen refugee from Burma wrote a memoir about her experience in her home country, the refugee camps, and resettlement. The reality of running for one's life is often the first chapter of resettlement for many refugee populations. Refugees face traumatic events such as starvation, physical injury or torture, incarceration, threats, rape, and witnessing killing and torture within their countries of origin (Blair, 2000; Marshall et al., 2005). On top of that, resettlement in itself can be an extremely stressful and traumatic time for refugees new to the United States. Refugees are removed from a distressing life and placed in a completely new world where they have to start from scratch. Often times, refugees have to relearn how to live and survive in a place where the language, food, work, and interactions are completely different than what they know.

Refugees face many logistical stressors upon resettlement, such as economic and language difficulties (Beiser & Hou, 2006), as well as emotional strains. Refugees face discrimination (Beiser & Hou, 2006) in addition to having to choose between committing to one's ethnic identity, abandoning one's heritage, or creating a compromise between the two (Beiser & Hou, 2006). These logistical and emotional stressors pose threats to the emotional and behavioral well-being of refugees of all ages (Betancourt, Abdi, Lilienthal, & Agalab, 2015; Blair, 2000).

Mental health concerns such as PTSD and major depression are significant issues for refugees during and after resettlement (Blair, 2000). These concerns are both serious

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and common for many types of refugee populations. In a study exploring mental illness in Cambodian refugees, 45% qualified for a diagnosis of PTSD and 51% met criteria for major depression (Blair, 2000). Not only is this an issue that refugees face immediately after resettlement, it also continues to be an issue for an extended time (Marshall, Schell, Elliot, Berthold, & Chun, 2005).

Despite facing extreme stressors, many refugees are resilient enough to survive the hardships of resettlement. Resilience is defined as “a process linking a set of adaptive capacities to a positive trajectory of functioning and adaptation after a disturbance” (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008, p. 130). Sources of resiliency can be found at individual, family, and community levels (Weine, 2008) and can give refugees the resources and hope they need in order to survive and, optimally, thrive within their new country. By becoming more aware of these contributors to resilience, social workers and other social service providers can focus on enhancing resilience and ensuring that the necessary supports and resources are in place in order to best aid in a positive resettlement experience for refugees.

The United States continues to have an increase in immigrants resettling to the country. In particular, immigrants and refugees are a rapidly growing population in Minnesota. Between 1990 and 2000 there was a 138% increase in immigration to Minnesota compared to the 57% increase nationally (Fennelly, 2006). Overall, over 90,000 refugees have immigrated to the state since 1979 (Harkins, 2012).

As the population of refugees continues to grow, social work professionals need to understand the factors that enhance resilience within refugee populations in order to best serve these populations. The purpose of this study is to describe the sources of

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resilience during and after resettlement to the United States for Karen refugees in the St. Paul area.

Since many studies have been completed in the past that have looked at the resettlement process of refugees, this study will expand that knowledge and focus on Karen refugees that resettle in Minnesota. Gaining more knowledge about sources of resilience will allow social work professionals to develop interventions that are most effective in creating a successful and strong quality of life for those new to the United States.

In order to describe the sources of resilience for Karen refugees, a literature review focusing on the Karen population, the refugee resettlement process, the challenges of resettlement, the areas of resilience for other refugee populations, and theories related to resettlement will be presented. This will be followed by a chapter detailing specific methods used in this project; followed by a description of the researcher's theoretical, professional, and personal lenses. The findings of the study will then be discussed. The paper will then finish with a discussion chapter.

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Literature Review

In order to better understand the resiliency factors for Karen refugees in the United States, certain areas within existing literature need to be examined. The literature describes who the Karen are and the conflict that they faced while in Burma and Thailand. This is an important starting point in understanding the resiliency of the Karen. This review will discuss the resettlement process that all refugees go through upon relocating to another country, including the triple trauma paradigm that all refugees face. It then describes research that has been done with refugees to identify areas of challenge and resilience during resettlement. Finally, this literature review provides an overview of theoretical frameworks that can aid in defining resilience and how those theories might be used to better understand the refugee resettlement experience.

Who are the Karen?

The country of Burma (also known as Myanmar) gained independence from Britain in 1948 (Kenny & Lockwood-Kenny, 2011). The ruling military regime changed the name of the country from Burma to Myanmar in 1989 at the height of the ethnic killings. The name change is accepted by the United Nations, but not by the United Kingdom or the United States. The name change is not recognized by all because Burma's democracy movement does not accept the legitimacy of the unelected military regime changing the official name of the country (BBC News, 2007).

Burma is a country with many different ethnicities of people, including the Karen. The Karen state lies on the eastern border of Thailand (Mitschke, Mitschke, Slater, & Teboh, 2011). They are the second largest minority group in Burma and now the largest hill tribe group in Thailand (Mitschke et al., 2011). After gaining independence, Burma

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erupted into a civil war. The regime in power, the Burmese State Peace and Development Council (SPDC), was at war with ethnic groups including the Karen who were led by the Karen National Union (Kenny & Lockwood-Kenney, 2011). The offenses committed by the SPDC steadily grew within Burma until it reached a height in the 1990's when the ethnic cleansing was out of control (Kenny & Lockwood-Kenny, 2011). The SPDC was guilty of countless human rights abuses which forced the Karen out of their villages and to run for their lives (Kenny & Lockwood-Kenny, 2011).

Resettlement. Rape, violence, and human trafficking during the conflict forced the Karen people to leave their homes in order to survive. Karen people had one of two options; they could run into the jungle and face the elements and attempt to survive as Internally Displaced Persons (IDP) or they could cross the border into Thailand and live as refugees in the refugee camps along the border (Kenny & Lockwood-Kenny, 2011). Thailand allowed the camps to be formed but resisted recognizing the Karen people as refugees, which limited the rights and freedoms of the Karen while in Thailand (Harkins, 2012). Some Karen attempted to live within Thailand outside of the camps. These individuals were considered illegal immigrants within Thailand and were extremely vulnerable to harassment, violence, and exploitation by the Thai authorities and police (Kenny & Lockwood-Kenny, 2011).

Life in the camps. Many of the displaced Karen chose to relocate to the Thai refugee camps. There are nine major camps along the Thai-Burma border (Harkins, 2012). In order to protect the safety of the refugees, the Thai government consolidated many of the small camps to make more "mega-camps," because smaller camps were at more risk of being attacked by the Burmese military (Kenny & Lockwood-Kenny, 2011).

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The largest camp of the nine is Mae La, which has held over 40,000 Karen individuals (Mitschke et al., 2011). The camps were originally designed to be temporary shelters for the Karen people who were displaced, but because of the longstanding offense from the Burmese army against ethnic groups within Burma, many Karen stayed in the camps for over 20 years. This meant that a whole generation was born and raised in asylum (Harkins, 2012).

Within the camps, refugees were protected from most immediate safety concerns but still faced many other hardships. Malnutrition, along with other health concerns, was common within the camps especially for infants, nursing mothers, and new arrivals (Kenny & Lockwood-Kenny, 2011). Cases of domestic violence, crime, drug and alcohol abuse, and rape were reported at high levels, but not much could be done to address the issues within the camp (Kenny & Lockwood-Kenny, 2011). If the refugees were registered, which many were not, they received food rations, medical care, basic shelter, and clothing (Kenny & Lockwood-Kenny, 2011). Education was provided up till grade 10, but there was no source of education after that; and there were few opportunities for vocational training (Kenny & Lockwood-Kenny, 2011). Many struggled within the camps because they had little to no freedom and were unable to farm or work (Harkins, 2012). This led to an overwhelming feeling of impotence and despair within the Karen people inside the camps (Kenny & Lockwood-Kenny, 2011).

Refugee Resettlement Process

The United Nations High Commission for Refugees (UNHCR) (2010) defines a refugee as a person who,

owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is

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outside the country of his/her nationality and is unable to, or owing to such fear, is unwilling to avail him/herself of the protection of that country.

Another term that is often confused for refugee is an asylee or asylum-seeker. “An asylum-seeker is someone who says he or she is a refugee, but whose claim has not been definitively evaluated” (UNHRC, n.d.) For example, the Karen who fled to Thailand were considered asylum-seekers until the United Nations declared them as refugees.

UNHCR recognizes three solutions for refugee situations: voluntary repatriation, or return to the home country; local integration in the country of asylum; or resettlement to a third country (Kenny & Lockwood-Kenny, 2011). The goal for many refugees is to return to their home country, because that is what is most familiar and comfortable for them (Kenny & Lockwood-Kenny, 2011). That is not an option for many refugees, however, as it is still dangerous for them to return home. In this case, refugees can be referred for resettlement by UNHRC, the American embassy, an official non-governmental organization, or an immediate family member (Kenny & Lockwood-Kenny, 2011). Refugees, such as the Karen, are also able to resettle if they are a part of a designated group by the United Nations (Kenny & Lockwood-Kenny, 2011). Priority is given to those that are in most need of protection (Kenny & Lockwood-Kenny, 2011). Once an individual has been selected as a potential candidate for resettlement, UNHCR then selects a country for the individual to be placed. Individuals have to pass certain health screenings; then they are offered a brief cultural orientation to the new country that they are being resettled to (Kenny & Lockwood-Kenny, 2011).

The United States is a destination for many refugee populations. Upon resettlement to the United States, refugees receive services from volunteer agencies (VOLAGs) that are federally funded, which provide support and case management

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(Kenny & Lockwood-Kenny, 2011; Mitschke et al., 2011). These services include language classes, applications for public assistance, help finding employment, accessing public transportation, receiving appropriate medical care, enrolling children in school, finding housing, and initial basic furniture and clothing (Mitschke et al., 2011). Often agencies are required to find employment for refugees immediately upon arrival which leaves little time for refugees to deal with trauma and to become acclimated to the new culture (Kenny & Lockwood-Kenny, 2011).

The Twin Cities has received many refugee populations and has a long and successful history supporting refugees. It is home to some of the largest refugee communities including Hmong, Somali, Vietnamese, and former USSR (Harkins, 2012). Since 2003, St. Paul in particular has begun to be a large settling place for the Karen refugee population (Bright, 2008). It is estimated that there are about 4,000-5,000 Karen in the St. Paul area (Harkins, 2012).

Triple Trauma Paradigm

The refugee experience is comprised of three phases of traumatic experiences known as the triple trauma paradigm (The Center for Victims of Torture, 2005). The triple trauma paradigm consists of trauma in pre-flight, flight, and post-flight. Pre-flight trauma can include, but is not limited to, persecution, rape, torture, and murder. The refugees then face trauma while being displaced persons. This includes trauma while running from villages, as well as, while in refugee camps. The psychological state during this period is one of profound uncertainty and fear due to a lack of security and predictability (The Center for Victims of Torture, 2005). Lastly, refugees face the trauma of coming to a completely new country where everything is unfamiliar, including food,

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clothing, weather, language, and way of life. In addition, refugees may face poverty, racism, and anti-immigration prejudice (The Center for Victims of Torture, 2005). After time, psychological symptoms and distress begin to manifest for refugees when they no longer have to struggle to survive, many facing depression and post-traumatic symptoms (The Center for Victims of Torture, 2005).

Resettlement for the Karen

When deciding whether to resettle or remain in the country of asylum, refugees face what are called push and pull factors. Push factors are things that cause the refugees to want to leave where they are and the pull factors are the things that draw a refugee to a different country (Harkins, 2012). The Karen have many push and pull factors that aid them in their decision to leave the Thai refugee camps and come to the United States.

Push factors. The biggest push factor is that the Karen want to avoid spending the rest of their lives in a refugee camp. They do not really want to relocate, but have no choice because they are left without many options (Banki & Lang, 2007). They find themselves frustrated with not being able to live freely within the camps. The camps place limitations on education and work, and there is a general lack of human rights (Harkins, 2012). The Karen are also unable to return to Burma as the SPDC continue to commit extreme human rights violations and violence. The SPDC also refuses to accept responsibility for those that are displaced (Kenny & Lockwood-Kenny, 2011; Mitschke et al., 2011).

Pull factors. The Karen are drawn to the United States because of a hope for better education, better job opportunities, and an overall better future (Harkins, 2012). Another large pull factor is the reunification of families (Harkins, 2012). Often, Karen

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follow their families during the resettlement process. The positive recommendations from friends and families encourage Karen remaining in Thailand to follow in the footsteps of those who have already resettled in the U.S. (Harkins, 2012). Moving to the United States also offers the hope of a regularized citizenship status and greater respect for human rights (Harkins, 2012).

Constraints to resettlement. In addition to reasons why Karen choose to resettle, there are also many reasons why Karen individuals and families do not choose to resettle to a new country. Numerous reasons for staying emphasize a fear of the unknown. Often individuals are apprehensive about their lack of English skills (Harkins, 2012). There are also concerns about the ability to find work, the high cost of living, and depictions of crime and danger within the United States (Harkins, 2012). Some individuals are also reluctant to leave the Karen culture and community behind (Harkins, 2012).

Challenges in Resettling Process

Once refugees make the commitment to resettle, they face numerous challenges upon reaching a new country. Despite leaving countless hardships in their home country or refugee camps, they still confront several barriers in their country of resettlement. One Somali refugee describes resettlement as “fleeing a war in Somalia only to face another war in America” (Betancourt, Abdi, Ito, Lilienthal, Agalab, & Ellis, 2013, p. 117). Extensive research has been done with refugees from across the world including Karen, Cambodian, Sudanese, Somali, ex-Yugoslavic, and other African refugees to investigate the challenges that are confronted upon resettlement. In addition to the cultural clashes that refugees face upon resettlement such as different values and ways of life (Choumanivong, Poole, & Cooper, 2014), refugees also face challenges that include

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language, health care, education, employment, finances, discrimination, family changes, and mental health.

Language. The language barrier is an issue found in almost every aspect of a refugee's new life in the United States. Many refugees state language barriers as the main reason they are unable to thrive in the U.S. (Mitschke et al., 2011; Blair, 2000; Fozdar, 2009). Language barriers often result in feelings of loss, confusion, and frustration (Mitschke et al., 2011). It also limits social supports as refugees are unable to create new social groups because of language barriers which lead to social isolation (Betancourt et al., 2014; Choummanivon et al., 2014).

Language barriers contribute to parenting difficulties. Often in refugee families, the children are the ones that interpret for parents in various situations. Many refugee parents state that they have difficulty disciplining their child. For example, when they are called by the school to inform them of an incident with their child, the child or a sibling is often used to interpret and the child does not interpret correctly or lies to the parents. Therefore, parents are unable to address behavior incidents with their children because they are not fully aware of the issues (Choummanivong et al., 2014).

Health care. Health care is a concern for many refugee families because of differing and confusing health care systems. There is often an overall confusion with the idea of health insurance and how systems work, because medical health is approached very differently in refugees' countries of origin (Fozdar, 2009). Many refugees experience a great deal of confusion around the idea of check-ups and preventative care (Mitschke et al., 2011). Preventative care is a foreign concept to many and it is unsettling to receive medical care when a person is not sick beforehand. Once families receive

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insurance such as medical assistance, there are still several problems in getting appropriate transportation to appointments and communication between the doctor and the individual (Kenny & Lockwood-Kenny, 2011; Mitschke et al., 2011).

Education. The main issue for children within the education system is the language barrier. Certain groups in particular have had more of an issue with this barrier because for a long time there were no Karen, Thai, or Burmese interpreters within schools (Kenny & Lockwood-Kenny, 2011). Beyond the issues with language, many refugee children struggle in general to keep up with the pace of U.S. schools (Betancourt et al., 2014).

Employment. Language barriers lead to various limitations in employment for refugee populations (Mitschke et al., 2011). Refugees struggle with unemployment (Fozdar, 2009) as well as frustration with the type of work (manual labor, manufacturing, etc.) they do if they are successful in finding employment (Mitschke et al., 2011). After resettlement, refugees frequently work below their former employment status because prior training and credentials are not accepted (Betancourt et al., 2014; Fozdar, 2009), which forces refugee individuals to have to re-train in order to reach a level equal to their previous position (Fozdar, 2009). Also, the jobs that refugees end up working are low paying jobs which force both parents to be employed in order to be financially stable (Mitschke et al., 2011; Weine, 2008).

Finances. Due to issues with employment and gaining assistance, many refugees struggle with poverty upon arriving to the United States (Betancourt et al., 2014; Fozdar, 2009). Since refugees struggle financially, they often have to live in lower than market rate housing or public housing which increases their likelihood of living in unsafe

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neighborhoods (Betancourt et al., 2014). Despite receiving financial assistance from the government, such as food stamps and cash assistance, they still do not have enough money to feed their families (Mitschke et al., 2011). For many refugee families a major priority is sending money home to family in their country of origin (Savic, Chur-Hansen, Mahmood, & Moor, 2013; Betancourt et. al, 2014; Choumanivong et al., 2014). When a large portion of the money refugee families do receive is sent home, the family that remains in the U.S. faces even more economic issues (Savic et al., 2013; Betancourt et. al, 2014; Choumanivong et al., 2014). If families are unable to send money home to their family because of economic difficulties, there is a great sense of guilt (Savic et al., 2013).

Discrimination. Refugees from all countries face discrimination, racism, and social exclusion (Beiser & Hou, 2006; Betancourt et al., 2014; Blair, 2000; Fozdar, 2009). Ex-Yugoslavic and horn of Africa refugees report discrimination in the labor force because of language ability, accent, name, appearance, and religious customs (Fozdar, 2009). Somalian refugees in particular have faced anti-Muslim sentiment after the September 11th terrorist attacks (Betancourt et al., 2014). A study done with Southeast Asian refugees in Canada found that refugee groups that maintain a strong commitment to their ethnic identity experience discrimination and distress at a higher rate (Beiser & Hou, 2006).

Family changes. Resettlement for refugees often leads to a lot of familial separation. With this comes substantial distress for the refugee. Many studies with a variety of refugee populations show that there is a constant worry among refugees in the United States about the wellbeing of family that remain in their home country (Savic et

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al., 2013; Betancourt et al., 2014; Blair, 2000; Choummanivong et al., 2014). A Sudanese refugee states,

You eat, [and] when you [are] eating, the picture of your family come[s] to your face. What are they eating now? Here I am eating bread and butter. What do they have? Because you know exactly what you have to have, most of the time nothing. So when you eat and you feel that [your] nieces are really screaming for something to eat there, your tummy will just close and you lose appetite. You don't eat (Savic et al., 2013, p. 385).

Along with the worry that comes from leaving family behind, refugees also face changes within their family that resettled with them to the United States. As it was stated earlier, refugees face many financial difficulties which leads to them having to work a lot and not spend as much time with their family as they are used to (Weine, 2008). Because of this, young adolescents and children in the family begin to take on more adult roles and responsibilities prematurely (Savic et al., 2013).

There is also an overall concern by refugee parents that their children will lose their home country's traditions and culture (Savic et al., 2013; Fozdar, 2009). Many refugee parents describe an alienation from their children, especially those who are adolescents because there is a communication gap as youth become more integrated into American culture (Betancourt et al., 2014; Fozdar, 2009; Choummanivong et al., 2014). Parents are also unfamiliar with the type of parental monitoring that is necessary in order to keep teenagers safe, specifically in urban America (Weine, 2009).

Mental health. Mental health is a major concern for refugees because of the severe traumas that they have faced in their lifetime and because of the cultural differences in mental health concepts. Mental health concerns come from both pre-migration factors within home countries, such as loss of home, employment, income, social support, and security, as well as post-migration stressors, such as economic,

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cultural, language, and social barriers (Ovitt, Larrison, & Nackerud, 2003; Savic et al., 2013). Discrimination and resettlement stressors in particular have been shown to be associated with higher levels of PTSD (Ellis, MacDonald, Lincoln, & Cabral, 2008; Blair, 2000). Within these pre and post-migration factors is also an experience of trauma before and during resettlement (Weine, 2008; Blair, 2000; Marshall, Schell, Elliott, Berthold, & Chun, 2005). Trauma for refugees often includes starvation, physical injury or torture, incarceration, being threatened with a weapon, rape, or the witnessing of killings or torture (Blair, 2000; Marshall et al., 2005). These traumas and factors lead to high rates of PTSD, depression, anxiety, somatization disorders, brief reactive psychoses, and adjustment disorders (Ovitt et al., 2003; Blair, 2000; Marshall et al., 2005). Mental health concerns continue to be an issue beyond the initial resettlement time. A study with Cambodian refugees showed that many of the refugees continued to struggle with mental health concerns two decades after being resettled to the United States (Marshall et. al, 2005).

Along with the prevalence of mental health concerns among refugee populations, there is a significant difficulty in accessing services because of cultural differences regarding mental health. Many refugee populations only legitimize somatic symptoms and tend to ignore emotional and mental symptoms (Ovitt et al., 2003). There is an overall lack of language in other cultures for many mental health ideas and those individuals with mental health issues are seen as “mad” or “crazy” (Fozdar, 2009). An ex-Yugoslavic refugee stated that many from his country see treatments like talk therapy as “bizarre” (Fozdar, 2009). There is also an overall difficulty in identifying and accessing mental health services for refugees because of the confusing health care system

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(Ovitt et al., 2003). When refugees do find mental health services, the standards of care are often lower or harder to find because there is a shortage of practitioners with bilingual and bicultural skills (Ovitt et al., 2003).

Resiliency Factors and the Resettlement Experience

While refugees face many challenges during resettlement to a new country, there are also certain resiliency factors that assist in helping to make this transition easier. Approaching unfamiliar things for refugees, such as mental health services, with a focus on resilience rather than emotional symptoms, helps to assist refugees in a way that is comfortable for them (Weine, 2011). Throughout the research there have been certain areas that refugees have named as sources of support that have enhanced their resilience during resettlement. Those areas include family and social supports, cultural norms, and faith and faith community.

Family and social supports. Having family and a supportive community was mentioned the most when discussing reasons for success in refugee individuals (Choummanivong et al., 2014; Betancourt et al., 2014). When the family is focused on by both the refugees and by resettlement services, it leads to a better experience of resettlement (Weine, 2008). It is a source of comfort for refugee families to move into a community and neighborhood that has others that speak the same language (Mitschke et al., 2011) as well as to have those families who have been there longer assist them in navigating the systems present in the United States (Betancourt et al., 2014; Mitschke et al., 2011). Refugees typically come from a culture that is more collectivistic that relies heavily on the community for support in many areas of life. Finding this type of community upon resettlement allows for refugee families to continue relying on the

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community to help them in raising their family and allows them to look out for one another (Betancourt et al., 2014).

Another aspect of family that helps in the resilience of refugees is being able to keep in contact with family that has been separated. The ability to send money home and to keep in touch over technology greatly helps in reducing distress during resettlement (Savic et al., 2013; Weine, 2008).

Cultural norms. Many refugees also discussed how resilience is normative in their culture. A refugee from former Yugoslavia stated that in his culture there is deep value of perseverance and not giving up (Fozdar, 2009). Also ethnic identity, such as family stories, rituals, and routines, has been shown to buffer psychological distress and perceived consequences of not learning the language (Weine, 2008; Beiser & Hou, 2006).

Faith and faith communities. Another support that assists in resettlement for refugees is their faith and spirituality. Faith in a higher being, such as God, gods, or Allah, has been shown to increase resilience and provide support when dealing with past traumas that refugees have faced (Betancourt et al., 2014; Fozdar, 2009). Faith groups often have an aspect of community within them. There are certain gatherings and services that bring people together. With this, faith and religion also provide a community that acts as a resource for refugees (Betancourt et al., 2014). In their faith communities, refugees can receive emotional, financial, and social support.

Theories Related to Refugees and Resiliency

It is clear that resilience is important in a refugee's successful resettlement process. In order to best serve refugees after resettlement, it is important to know the theoretical frameworks that help care providers to understand the experiences of refugees

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during resettlement. Four main theories that have been used to explain the experiences of refugees are: the medical model, the psychosocial stress model, the acculturation framework, and the conservation of resources theory.

Medical model. The medical model has an overall focus on pathological conditions (Ryan, Dooley, & Benson, 2008). It looks to diagnose disorders and, often times, treat those disorders with medication (Ryan et al., 2008). The downside to the medical model when looking at refugees is that there is more of a focus on trauma and perceived deficiencies and not a focus on the basic needs of the current situation (Ryan et al., 2008) or the strengths of the individual.

Psychosocial stress model. This model concentrates on stressors and a person's access to resources to assist in moderating the impact of those stressors (Lazarus & Folkman, 1984). There is an overall emphasis on psychological resources, such as coping strategies, as well as social resources, such as supportive relationships (Lazarus & Folkman, 1984). This model goes beyond that of the medical model and shows that distress is not pathological, but rather a natural response to life changes in the absence of appropriate resources (Lazarus & Folkman, 1984). The psychosocial stress model falls short because it focuses on individual interventions, but provides less insight on the environmental and cultural factors within the individual's situation (Ryan et al., 2008).

Acculturation framework. This framework is similar to the psychosocial stress model, but incorporates environmental factors and cultural sensitivity (Berry, 1997). Acculturation framework identifies stressors and resources within an individual's situation, but focuses specifically on the cultural aspects of those stressors and resources (Berry, 1997). This framework tends to be insufficient because it "overculturizes" the

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refugee situation and only recognizes the cultural issues and not other stressful factors present in resettlement (Ryan et al., 2008).

Conservation of resources theory. The conservation of resources theory (COR) highlights the importance of resources and loss of resources. The primary tenant of COR theory states that “individuals strive to obtain, retain, protect, and foster things that they value” (Hobfoll, 2001). The things that individuals value are thought of as resources. Resources include objects (shelter, food, family), conditions (respect, status within community), personal characteristics (personality), or energies (money, knowledge, time) (Hobfoll, 1989). These resources do not operate individually, but rather produce what Hobfoll (2011) calls, “resource caravans.” These resource caravans are what create resilience within individuals during stressful times.

COR theory states that the key component of stress is resource loss. Resource loss can come in one of three ways: threat of resource loss, resources actually being lost, and investment in resources that fail to return (Hobfoll, 2011). Resource loss of any kind tends to lead to loss spirals, which is when one loss leads to more and more losses in different areas (Hobfoll, 2011). When applying this theory to refugees, there is a clear sense of resource caravans and loss spirals that are present within a refugee’s resettlement. Depending on refugees’ situation, they are either better equipped to handle the stress of resettlement or more likely to become overwhelmed because of a loss of resources. When refugees resettle they face a loss of identity, status, family, social supports, culture, and many object resources that they relied on for support in the past (Betancourt et al., 2014). If refugees are able to rely on the resource caravans that remain

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after resettlement, or to build new resource caravans, they may be able to, not only avoid despair, but thrive in their new environment.

Summary and Research Question

Many studies have been done to investigate the specific challenges that refugees face upon resettlement, and some studies have been done to identify the resiliency factors within certain refugee populations. However, there is a lack of understanding of the resiliency factors within the Karen community. The Karen population is an at-risk refugee population because they are coming to the United States facing many of the challenges that are found within other refugee populations. Since the Karen population continues to grow in the Twin Cities area, it is essential for social workers to be aware of the factors of resiliency in Karen culture that can be utilized in order to assist them in overcoming the challenges within resettlement. This study aims to answer the question, what do Karen refugees in the St. Paul area identify as their sources of resilience during and after their resettlement to the United States?

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Method

In order to answer the question, what do Karen refugees in the St. Paul area identify as their sources of resiliency during and after their resettlement to the United States?, this study used a qualitative method of data collection. Padgett (1998) identifies several reasons for collecting qualitative data. When researchers pursue a topic of sensitivity and emotion in depth, qualitative data collection makes the most sense because it allows for a more flexible data collection where participants are able to guide the direction of the interview. When researchers want to capture the “lived experiences” of participants in order to create meaning from it, qualitative data collection also makes sense because it allows for the participant to answer the questions in their own way and not fit their experience into an already existing answer. In this case, qualitative data collection captured the personal voices of Karen individuals about their resilience during resettlement. More specifically, this study used two semi-structured interviews with each participant. Interviews allowed for the material collected to be memorable and valued because the data was directly from the voice of the participants (Padgett, 1998). Since the content of the interviews were potentially sensitive, interviews allowed for more comprehensive and individual answers to questions and protected the privacy of participants (Monette, Sullivan, Dejong, & Hilton, 2014). Interviews also allowed the researcher to have flexibility and follow the participant in their responses to answers (Monette et al., 2014).

In order to fully understand the methodology of this research study it is important to discuss certain issues. These include: sampling procedures, protection of human

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subjects, instrumentation, data collection, data analysis procedures, and strengths and limitations.

Sampling Procedures

Since this study was focused on Karen refugees in the St. Paul area, this study used purposive sampling. This type of sampling was necessary because it was impossible to develop a sampling frame for the Karen population in St. Paul (Monette et al., 2014), and also because census data does not take into consideration refugees who resettled to a different state and then moved to Minnesota. Participants were bilingual interpreters within the Karen community. The participants were recruited by contacting a local organization where the participants currently work or have worked in the past. Potential participants were sent an email asking if they were interested in participating. The participants were able to respond by email or phone to inform the researcher that they were interested or state any questions or concerns about participating. These persons were purposefully recruited for the study because they have experienced the Karen refugee experience, and were also able to articulate that experience in English.

Protection of Human Subjects

In order to mitigate the potential risk of coercion, the researcher recruited participants over whom she had no authority or power. Therefore, there was not a power differential between the researcher and the potential participants in terms of employment. The researcher described the voluntary nature of the study and participants contacted the researcher on their own if they were interested in participating in the study.

Prior to the first interview with each participant, the researcher clearly explained the informed consent process (See Appendix A). This process included explaining that

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participants could withdraw at any point, and asking questions to ensure the participant understood what they were agreeing to do.

To deal with risks associated with confidentiality, no names were used during interviews. Any identifying information was deleted from the transcripts and audio recordings were deleted after completion of transcripts. Documents contained no identifying information. The de-identified transcripts were kept electronically in a password protected folder and all hard copies of the transcripts were kept in a locked drawer.

There was a potential that the interviews might elicit sensitive information. Participants were informed before the interview began that they could refuse to answer any question or stop the interview at anytime. The researcher also looked for signs of distress in the participant, and if distress was shown, stopped the interview to ensure that the participant was okay and willing to continue with the interview.

Instrumentation

The instruments that were utilized in this research included interview schedules: one for the initial interview and one for the second interview with each participant (See Appendices B and C). The interview schedules were developed by the researcher to ensure that pertinent topics such as descriptive and demographic information, challenging aspects of resettling, and factors of resiliency were covered. These schedules guided the researcher during the interviews. Since the interviews were semi-structured, there were lead questions as well as probing questions to get more details about certain topics. The interview schedule also allowed for a place for observational notes to be taken by the

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researcher. The interview questions were reviewed by multiple persons, including the research committee, to ensure face validity and reliability.

Data Collection

Data was collected from participants over a 3 week period. Interviews lasted between 30-45 minutes. Interview data was audio recorded and observational notes were also taken by the researcher. The researcher used the interview schedules to make interviews as consistent as possible across participants, which increased the reliability of the study. After completion of the interviews, the recordings were then transcribed verbatim by the researcher. Once the audio recordings were transcribed, data was stored in a password protected file, and any hard copies of the transcripts and notes were kept in a locked drawer.

Data Analysis

Data was analyzed using open coding rather than having pre-existing categories because they can lead to a less clear picture of the data (Padgett, 1998). By using open-coding, the researcher was able to see the themes that arose from the data rather than forcing themes onto the data. The goal of open coding was to go from raw text to developing themes across all questions in both interviews related to the research concerns (Auerbach & Silverstein, 2003). This was done by first reading all the transcripts multiple times. In order to be optimally responsive to the data, the researcher created a comfortable environment that would allow her to be open to the nuances of the data. She allowed ample time to read the transcripts, and looked at the data in two ways: by interview and by the interview questions. After reading the transcripts, the researcher began marking the transcripts sorted by interview to code for themes and subthemes. A

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master list of all potential themes was then created. The researcher then looked through the transcripts looking for specific themes from the master list. Specific quotes were then chosen and sorted into the different themes to create the final organization of the data. This process ultimately led to themes and subthemes that were related to the research concerns (Auerbach & Silverstein, 2003). The researcher took an active analytical stance after the themes were developed. Looking at the existing list of themes, the researcher then looked for any incongruencies, in particular looking for cultural biases that may have impacted that analysis of data and the creation of themes.

One way that the researcher ensured reliability was by coding transcripts one at a time, and then returning to code them again at a later time (Monette et al., 2014). This allowed the researcher to see if there were any discrepancies between the themes that were coded at separate times. By analyzing the data more than once the researcher was able to use constant comparative analysis, which allowed the researcher to reassess themes that were clearer later in the data analysis process, and then apply them to the data coded earlier (Padgett, 1998).

Strengths and Limitations

Using a qualitative research design with semi-structured interviews had a number of strengths. The main strength was that the personal stories from the participants were told in their own words. Semi-structured interviews allowed for flexibility so that the researcher could follow where the participants were going with their answers. Overall, the qualitative research design allowed for a greater depth in exploring experiences of resilience.

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This research design also had limitations. The sample size was small and not necessarily representative of the population. The sample group consisted of all women in their 30's or 40's, showing that the sample was limited in both gender and age. Therefore, results are not generalizable to the entire Karen population. Also, the second interview with the participants asked them to answer the questions with other Karen individuals in mind and represent their perspectives of other experiences, rather than their first hand experiences.

Research Lenses

Qualitative research requires a lot of personal input from the researcher within the development of interview questions as well as within the analysis of data. Essentially, “the researcher is the instrument of data collection and the center of the analytic process” (Patton, 1990, p. 461). Therefore, it is important for researchers to be transparent about their credibility and bias within the topic of research. I present my credibility as a researcher, as well as my personal biases, by presenting my theoretical, professional, and personal lenses.

Theoretical Lens

I approach my understanding of the immigrant experience with a social constructionist lens. Social constructionism focuses on the effects of social influences on the communal and individual experience (Galbin, 2014). This theory emphasizes that a person’s reality is grounded in the language, customs, and cultural contexts that give each situation meaning (Galbin, 2014). Basically, a person’s experience of reality is highly dependent on social and cultural constructs that provide meaning to a person’s lived experience.

This theoretical lens was relevant in this study because it emphasizes cultural values and customs. A Karen refugee may have a completely different definition of a successful life than I have because we have different cultural and life experiences. Our perceptions of the world are different because we have different social constructs. Everything is relative. Therefore, in order to best gain an understanding of the refugee experience, I knew I needed to approach the research with a sense of not knowing. Instead of placing my preconceived assumptions above participant experiences and their

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understandings of resilience, I had to learn what their constructs were and be open to how their constructs affected their answers to the questions. It was important to me that I be aware of my personal constructs when interviewing, as well as, when analyzing the data. In short, I had to be conscious of the cultural constructs that were at play for each of the participants and myself in order to best interpret the data.

Professional Lens

In addition to a theoretical lens, I also had a professional lens when approaching this research. I have had past experience working in a social services agency in Nongkhai, Thailand. While in this position I worked with individuals who were battling HIV and AIDS. Some of the people that I worked with were refugees from Burma and Laos. This position was the start of my interest in the refugee populations, specifically Southeast Asian refugees. This position inspired me to join the Area of Emphasis with Immigrants and Refugees (AEIR) scholar program once I began the Master's in Social Work program. AEIR has exposed me to many of the issues that immigrants and refugees face within the U.S. The program also led me to have two internships working with immigrants and refugees; one in a case management role and one in a clinical social work role. My current internship as a clinical social worker working with refugees is how I became exposed to the Karen culture. The majority of the clients that I work with at my internship are Karen and it has caused me to have an interest in their experience as refugees.

This internship inspired the focus of my research project. I was not aware of the Karen experience before this internship, and I have found that the Karen are often overlooked as a refugee group. My experience has given me a deep interest in Karen

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experiences based on the stories that I have heard and seen during my internship. These experiences have helped me develop cultural humility. I am now more aware of the experiences that individuals have depending on their culture, and how they grew up. I am also much more aware that there are different ways of living life, and of being successful and fruitful than I once thought. Having this awareness helped me during the analysis of my research by helping me to approach the data without any assumptions and helped me to stay open to the nuances of the participants' responses.

Personal Lens

Lastly, my personal lens and biases are also relevant in this research. Since I was little I have always had a passion for different cultures. I started traveling to third and second world countries in high school. I have always enjoyed seeing and learning about life in less developed areas. I have spent time in Guatemala, Tanzania, and Thailand, as well as traveling to Kenya, Vietnam, and Laos for short periods. These experiences have made me exceedingly passionate about my research topic. I am genuinely interested in hearing the stories of Karen refugees and I believe that there is much to be learned as a social worker and as a human, from hearing the courageous stories of individuals who have seen extreme evils and have found a way to persevere.

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Findings

The findings of this study will begin with a description of the participants. The observational data from the interviews will then be presented, followed by the themes that emerged from the data: resettlement issues, supportive services, hope, importance of community, and personal qualities.

Description of Participants

The participants of this study included three Karen refugees who are currently working or have previously worked as interpreters in a social services setting. Two of the participants worked as interpreters and case managers at a community organization that serves refugees. The other participant currently volunteers at her church as an interpreter during worship services. She also assists with case management needs of the parishioners. All participants were women in their 30's or 40's. The length of time spent in the refugee camps in Thailand and the time spent in the U.S. varied for each participant. One participant had been in the refugee camps for over 20 years, arriving in the camps when she was about eight years old. She has been in the U.S. for eight years. Another participant had been in the refugee camps for 29 years, arriving when she was about five years old. She has been in the U.S. for four years. The last participant spent 11 years in the refugee camps, arriving when she was 14 years old. She has been in the U.S. for eight years.

Observational Data

As the interviews with each participant proceeded, I noted that the first set of interviews with each participant appeared to last longer – about 45 minutes, while the second set of interviews lasted about 30 minutes. Also, the first interview with each

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participant tended to be more emotional as the participants were talking about their own personal experiences of resettlement.

I observed that in four of the six interviews, the participants used the final question to add even more to their stories, and communicate even more of their ideas about the topics that they had addressed previously.

Lastly, safety was a major theme in one participant's interviews, but was not as much of an issue for the other two participants. This participant discussed how she did not feel safe in Burma, Thailand, or the U.S. Upon arriving in the U.S., she was threatened with a beer bottle and nearly mugged. This underlying theme of safety was apparent in many of her answers although this did not emerge as an overall theme.

The themes that were present within all of the participants' responses included resettlement issues, supportive services, hope, importance of community, and personal qualities.

Resettlement Issues

The participants named numerous resettlement issues that Karen refugees face upon being resettled to the U.S. including starting over, language barriers, cultural changes, and ineffective services.

Starting Over. This subtheme focused on the idea of having to completely start over after being resettled to a new county. All three participants discussed this subtheme and stated that nearly every aspect of life had to be relearned.

For example, one participant discussed the difficulty of resettling:

It's really hard for us. Resettlement [is a] first for us. Your life change [in] everything. You have to restart you life again and also very different experience living in the camp and living in the United States.

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The participants described that the areas of work, lifestyle, and transportation all had to be relearned after being resettled.

Work. The participants discussed how after resettling there are two challenges that arise in relation to work: different types of employment and difficulty finding jobs.

One participant shared about her first job when she arrived in the U.S. working as a housekeeper at a hotel and the difficulties she experienced because she was not used to this type of work.

That [was] really hard for me because one day I have to [do] 60 rooms. So that's really hard because I'd never had experience like [that]. After I [was] done, I come home and I can't do anything because my feet [were] really tired. That [was] too much for me, but I keep doing it until four months. But I got laid off because getting cold [outside] and guest doesn't come to rent at hotel.

Two other participants also discussed how the work that Karen people did in Burma and the refugee camps was very different than the kinds of jobs they are expected to do in the U.S.

The other thing is [Karen] also have different [kind of] job[s]. Back there they will work in their own field. Like in the farm. Here they have to work with the machine and in the company. It [is] different.

[Karen] haven't [gone] to school. They are really hard working people, with their hands, because they grow up different. No library. No school. No nothing. Their minds start [to] go to school here [and] it's hard for them. They don't want it.

In addition to the work in the U.S. being a different type of work than Karen individuals are used to, they also reported difficulty in finding jobs that were convenient for them and their family. One participant shared how her husband's first job was in a town four hours away, which required him to live there and come home to visit only every two weeks, and only then if he could find a ride. She reported that this was very

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difficult on the family because she was attempting to raise three children on her own while her husband was away at work for long periods of time.

Lifestyle changes. The participants shared that many of the Karen that are newly arrived to the U.S. face a very difficult schedule if they want to earn money while learning English. The participants shared their own experiences of how their schedules upon arriving consisted of working during the day and going to school in the evenings. Due to this schedule change, they often had to rely on others to take care of their children. One participant shared that this was difficult for her because she was not happy with the care her family was providing to her son:

When I arrive, my son doesn't go to school yet because his age is really hard to get into school, because [he was] not [in] kindergarten yet. [He was in] Head Start or something like that. So, [it was] really hard to get school for him. ...Every time when I go to school or go to work, he have to stay at home with my nephew, and then my nephew will hit him and then [he] will scratch his face all the time. So [that] made me really sad. That's really hard.

In addition to different kinds of schedules, participants mentioned that Karen refugees have types of responsibilities than they were used to having, such as how to use the heat, electricity, and oven. One participant discussed all of the new daily things that Karen refugees have to deal with when they first arrive:

[Karen] don't know how to use a lot... how [are] you going to turn [on] the heat? How [are] you going to open the electricity? And then someone has to teach them. How are you going to use soap? For the plates, for cooking. Someone has to teach them. And also the phone. They don't know how to use yet. They have to do everything and it is hard for them.

Transportation. Participants discussed transportation as a common theme throughout the interviews. This was a challenge to all of the participants, and the participants also named it as a challenge that many other Karen refugees face. They noted that many refugees do not know how to drive and are also unfamiliar with public

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transportation systems. One participant shared how she and her family used to walk to all of their appointments.

And you don't know how to drive, you don't know anything. How do you get to the store? We came the first [of] our family. We walk all the time. We walk. We got to the [county office] just by walking. We don't know how to take the bus.

Another participant shared that she relied on her family who had arrived to the U.S. before her for transportation. She discussed how it was helpful to have them as a resource, but was difficult because they had limited cars and drivers. She talked about how she would often have to wait a long time after work or school for her father to pick her up.

Language barrier. Language was a barrier that participants consistently discussed throughout all of the resettlement issues that Karen refugees face. Overall, participants discussed how Karen refugees' limited ability to communicate in many areas of life made it more difficult to get their needs met.

The participants stated the language barrier was particularly present while searching for jobs and once in jobs. They discussed how there was a strong feeling of uncertainty about whether they would be qualified for jobs. The participants shared that they were nervous that they would not know the language well enough and their coworkers would not understand. One participant shared how her first job as a housekeeper was very difficult due to a lack of English:

Because I don't know how to speak English very well. So that [was] really hard when the first job for me. The first job for me [was] housekeeping. I don't know all the things, like they call it sheet or hand towel. I don't know that until I learn there.

Many of the participants discussed how people who do not know English are at a disadvantage when being resettled to the U.S. compared to those who know even a little

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English. One participant shared how this can be large barrier when the individual has a problem that needs to be solved and neither she nor the community around her knows how to speak or read English:

Sometime even though they together, they don't know how to deal with the problem. Especially doesn't know how to speak, don't know how to read it, don't know how to write. So, when they get the letter they don't know where they have to go because around them, they don't know how to read either. So, that's really hard.

Cultural differences. There were numerous cultural differences that presented as resettlement issues to the participants upon arriving in the U.S. They also noted cultural things that they have seen clients struggle with, including things such as making eye contact, how to get on and off the bus, the role of police officers, making appointments, and the use of personal questions in benefits paperwork. One participant shared a story about how she believed she was in trouble with her boss because her boss called her by curling her finger.

When I work at Walmart, I saw people call me like this. (Finger curl) It scare[d] me to death. That's to me I did something wrong. It's [how] you call a dog in our culture. Then my department manager call me, she say, "Come over." (Finger curl) Oh my goodness. What did I do wrong?

Also, participants shared that cultural differences had a significant impact on their families. All participants stated that parents tend to lose their authority with their children due to their lack of English and the fact that children acculturated to America faster. One participant emphasized this difficulty and how it is an even greater difficulty for women in Karen culture:

Sometimes a kid in here, they don't want to listen to their mom because they know that their mom doesn't know how to speak English. Because [children] know that they can speak English, so they don't want to show respect to their mom, their parents, those kids. The woman, they get very stressed because their husband will say, "You don't know... you don't know nothing that you have to do."

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Another participant discussed how differences in disciplining children are also difficult for the parents because they are used to being able to spank or hit. She reported that this is how she grew up, and this is how she knows how to raise her children. This participant discussed how this is difficult for Karen parents because they know that hitting is not allowed in the U.S. She also shared a worry that Karen children are losing the Karen culture. In the following quote, she shares about how her son has difficulty showing his Karen culture:

We want to keep our culture, but it's hard for us, for the kid[s] here. Even though I say to my son [who is] 10 years old, "Wear Karen clothes." [He says,] "Ma, you know the Karen clothes you don't have to wear here all the time. Just only on the special day." I say, "No, sometime you go to school you can." [He says,] "No, we don't." So, that is a challenge for us. The kid[s], they don't understand our culture a lot.

Ineffective services. If resettlement agencies and services are not adequate, effective, or empathetic, participants discussed the harm they can cause. One participant shared how she had a very difficult experience when she first arrived to the U.S. She stated that she had to get into a taxi on her own to meet her case manager. She and her husband did not know where they were going. Also, during different events, they were told that wearing Karen traditional clothes was rude in America and that they should not wear those types of clothes. In addition, she reported that the agency's office was very far away from where they resettled their clients and they would have to walk long distances for small tasks such as getting help reading their mail. She found this agency very unhelpful during her resettlement which caused her a lot of harm.

Another participant shared how her sister had a difficult time when she resettled. Her sister was in the first group to resettle from their refugee camp and was resettled in a

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state without many Karen. This participant stated that her sister's case manager was not helpful:

My sister, when she have a case manager... not a good case manager. And then [isn't] helpful and then really hard because [she] didn't have enough food. Doesn't take them over by social security place or something like that. And then yell [at] them [and] their family. So she cry every day.

Despite the many hardships that the participants named as resettlement issues for Karen refugees, they also named several sources of resilience and strength. These include supportive services, a sense of hope, supportive community, and specific personal qualities.

Supportive Services

The participants in the study named numerous resources that helped them and other Karen remain strong. The types of resources that they mentioned included organizations and agencies, sponsors, volunteers, case managers, and Karen-led organizations. These different resources assisted them in finding jobs and an apartment. They taught them how to use a bank account and phone and how to pay the bills, to find food, and also helped them to go through their mail. Help with mail continued to be a large theme as something that was helpful to Karen refugees. One participant even named it as the most helpful thing an agency can do for a refugee.

One participant shared her unique experience with the medical system. She found out that two of her children have hemophilia, a blood disorder where the blood does not clot as fast as it should. She discussed how there was a long span of time when she was terrified that her children would die because an interpreter in Thailand told her it was cancer. She shared how when the doctors and nurses in the U.S. were able to help her to

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understand and teach her how to deal with her children's disease, she became less afraid and more aware of how to handle it:

And so later we know. We learn more about it. Why, because genetics. They say I carry it. My husband, no. Just me. I was adopted. We don't know. Nobody know. Anyway, so those disease they say just only boy, it's not girl. So, they say not cancer, but one of the interpreters say cancer. I thought cancer [means] people die easy. But the doctor said no. Just have to... [stop] bleeding. They have the medicine to stop those things. So our lives getting better.

Each participant in the study could name at least one individual who helped and encouraged them to remain strong and acted as a mentor for them during their resettlement. For one participant it was her job counselor and case manager. As is shown in the following quote, her case manager inspired her to start her own career in social services:

I [am] really proud about my case worker because he [was] really young and then he just arrive in the U.S. two years [earlier]. After two years he can be case manager. So, I really proud about him. I think that one day I can do like he did right now or something like that.

Another participant reported receiving a lot of assistance and guidance from doctors and nurses, and another reported that a man from church helped to keep her and her husband from starving by buying them food until they were able to understand the food stamp system. She also discussed how a supervisor she had gave her confidence and encouraged her:

When I came here, (name of supervisor), she is the one that support me and teach me to, how to empower. Empower me to be strong and how people here live and she taught me a lot.

Hope

Hope was seen as a theme throughout the interviews. The participants discussed numerous things that they hoped for upon coming to the U.S., and how these hopes

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helped them remain strong. The hopes of the participants included a hope for ones' self, for citizenship and freedom, for their children, and also God as a form of hope.

The participants shared how many of them viewed moving to the U.S. as a better chance for opportunity and their future. One participant talked about her expectations of the U.S. and what she hoped for in moving to the U.S.:

And then because I will have more opportunity, like get a job, higher education. And for my kid, they will get an education. And then like... because I think that if I want to do things, I want to learn it and I will have more chance.

Another participant discussed how she already had some hope in herself because she knew she could handle hardships.

When I compare to my life back there, it's not too different. It's hard too. So, I don't know how to say that in English. I've already been in a hard time so when I [go] through very hard and stress and scary, it's kind of, I used to it.

Participants also shared that they had a hope of gaining citizenship. One participant in particular discussed how gaining citizenship was a goal of hers since she was a teenager and it was that hope that helped her to get through many hardships in the U.S. In the following quotes she shared the importance of gaining citizenship and also how it feels like to live "illegally".

I have a hope that I will become a citizen. Yeah, because I never have [been] a citizen in my life, back in Burma or in Thailand. We just be illegal all the time, because the war. So, one thing that [I] hope when I get there, I will become a citizen one day. And then, so I can have... when I want to have my kids, my kids will have citizen[ship]. So we belong to a place and legally do something free. That is my hope.

You're not able... be like animal. Like cat or dog. Because in here you will see, sometimes back in Thailand, I feel like, some rich people they have the animal they feed that very well and carry that. They will take it to [another] country [in the] airplane. I cannot do that. So, for me, to leave, I don't have the free[dom]. I don't have. So, [citizenship] is everything for me.

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It was also expressed that many Karen refugees have a hope for their kids. Parents are hopeful that their kids will get a good education and find a good job. They believe that here in the U.S. there is more opportunity for those things. One participant shared her and her husband's hope for their children in the following quote.

My goal is I want my kids to go to college, have a good job. One day they can go back [to Burma] too. Help people there. My husband, he want his daughter when [she] finish college [to] go there [and] help Karen over there too. He want like this. So, education is first for my children. Health [and] education very important.

In addition to hopes for themselves and their family, the participants also expressed God as a source of hope. This can be seen by phrases that were used by the participants such as, *[it is] God's plan for us, it's not our plan* and, *when you hear God's words and then make your life hopeful too.*

Importance of Community

The participants discussed how community is a source of encouragement for Karen refugees. Participants shared that those who lack a community often face many more difficulties, while those who have various forms of community are able to remain resilient. The types of community that appear to provide the most encouragement and support included the Karen community, family, and church.

Karen community. Participants stated that within the Karen community there is a lot of sharing of resources. Overall, Karen individuals tell each other what resources are helpful and they also help provide resources for one another. The following quote by one of the participants shows how the Karen community attempts to support and provide for one another:

They will say, "Go to that state. More helpful. More Karen people. They will help with food. Just go to that state or just give my.." Like they will contact each other. "Just give my address." And they tell them, "We are friends, so when you come

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here you don't have to worry because I already here so when you have to go to buy something or you need some help." And then they will tell each other about [what is] helpful. So during that time they don't have to worry.

They also discussed how the Karen community acts as a source of encouragement. One participant shared how her husband and she would have a weekly dinner with the only other Karen family in the area which provided a sense of social support.

Family. Similar to the Karen community, having other family members who arrived before them provided assistance with cultural and logistical changes such as getting a job, transportation, and a place to live. Family also acts as a source of support.

One participant described how her son and her family give her strength:

My family, my son... They make me really strong to stand on this day. Because my family they just help me, because they don't know how to tell me how to do or what to do, because they didn't have a lot of experience, but they really help me how to... every time when I go home, they will cook or they will talk to me good, and then they will smile. And then, the other is with my son, because I move here just me and my son and then sometime when I feel like I don't have time for him, I really sad, but I have to. But he make me keep more strong because one day I will get it and then just for us. When I look at him, make me more strong.

Church. One participant talked about the support she finds in her church community. She shared throughout both interviews how her church community has supported her and how she feels at home there. In the following quote she states how she feels about the members of her church.

The people that work in the church, they are very nice people. They help people a lot. They care [about] Karen a lot [at] the church I go [to]. They care a lot. They love Karen.

Personal Qualities

The final theme that emerged from the data has to do with personal qualities. Participants noted that these qualities seem to be important for helping Karen be resilient

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in this country. Those personal qualities include a desire to help others, a passion to learn, independence, and having a strong work ethic.

Desire to help others. This quality was seen across all three participants. Each participant expressed a desire to help others and described how that was often a motivation to remain resilient and strong. The following quote from one of the participants expresses that idea:

My personality is like... because my dream is [I] want to help people. So, that make me want to keep going and then learn new things as much as I can. Because I already learn a lot, so I don't want to give up.

Passion to learn. This personal quality was very present for two of the participants. They expressed how they enjoyed learning and how that has helped them in their transition to the U.S. One participant discussed how her passion for learning allows her to feel more comfortable.

Because I like to learn new things. I think if I learn this one I will know more and then I will have more experience. So in the future if I have a problem, I think I can help myself. Every day I want to learn a new thing, so it will make me more confident and then more comfortable.

Independence. This was a theme that could be seen in a lot of the responses that the participants had. It could be seen specifically in statements such as, *I can stand by myself* and in learning more so that they can rely on themselves rather than other resources. One participant discussed how she likes to learn things once and then do them on her own. The example she gave dealt with her son's hemophilia condition. She stated that she was able to learn on her own how to get him to the emergency room and did not rely on calling an ambulance.

Having a strong work ethic. Having a strong work ethic was a quality that could be seen in all of the participants as they described how they worked hard to maintain

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employment and learn English. In the following quote, one participant discussed how her husband is very hard working and how that helped their family to be successful and resilient:

My husband really smart and he work really hard. He doesn't want to get help. He said he wants to stand by himself. He open grocery store. He did very well. And I think we work really hard. We buy a house already three years [ago].

Summary

The main themes that were presented in the research dealt with both the challenges and the sources of resilience during resettlement. Those themes included resettlement issues, supportive services, hope, importance of community, and personal qualities. Despite the challenges that Karen refugees face upon resettlement, supportive services, hope, community, and specific personal qualities were all named as prominent factors for resilience among Karen refugees during those difficult times.

Discussion

The findings that were presented in this research led to many different understandings regarding resiliency factors for Karen refugees. In order to fully interpret the data, the areas that will be discussed will include findings supported by the literature, unexpected findings, implications for practice, and implications for future research.

Findings Supported by the Research

Many findings in this research project are supported by the literature on refugee resettlement. The areas that are supported include both the challenges refugees face and the sources of resilience they named.

Challenges. Participants in this study named many of the challenges that are documented in the literature: lack of English skills, employment challenges, and family changes. Numerous studies have named lack of English skills as a specific challenge to refugees during resettlement (Mitschke et al., 2011; Blair, 2000; Fozdar, 2009), which is consistent with one of the themes in this research. This study showed that language barriers often lead to parenting difficulties, which is also consistent with the findings of Chounmanivong, Poole, and Cooper (2014). Participants in this study also noted that a prominent challenge for Karen refugees is difficulty with finding employment and the types of employment required in the U.S., and this is consistent with literature on other refugee groups (Fozdar, 2009; Mitschke et al., 2011). Other researchers have also noted that refugee parents often fear loss of traditions and culture when raising their children in the U.S. (Savic et al., 2013; Fozdar, 2009), which is consistent with the finding in this study that parents view cultural changes as a challenge to resettlement.

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Sources of resilience. Many of this study's findings regarding sources of resilience are also supported by the literature on refugee resettlement. Having a supportive community of people from the same ethnic group supports resilience for newly arrived individuals because the communities are able to look out for one another and help each other navigate unfamiliar systems (Betancourt et al., 2014; Mitschke et al., 2011); this is consistent with this study's finding that community acts as a source of both emotional and practical support.

In regards to the role of church and faith in resiliency building, the findings of this research echo those of the literature; faith communities provide a sense of hope and community (Betancourt et al., 2014; Fozdar, 2009).

Unexpected Findings

This study also has a couple of unexpected findings. First, the theme of safety for one of the participants was somewhat unexpected. I expected this theme to be present, but believed that the experience of safety changed during the resettlement process. This was not the case for one participant who does not feel safe anywhere in the world anymore. She shared how she was not safe in Burma or Thailand, and is now not safe in the U.S. This is worth noting for social workers because it is a social worker's job to ensure that refugee's needs and safety are being accounted for during the resettlement process. She also had a difficult and scary experience when she first arrived in the U.S. – she was mugged. Clearly this had a large impact on her understanding of the challenges and sources of resilience for Karen refugees. It is unclear whether this was a unique experience to her or if other refugees face similar safety concerns when arriving to the U.S. At the very least it suggests that social workers need to be aware of the lasting

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effects of trauma as it relates to refugees resettling in other countries. With a larger and more diverse sample size, this may present itself as a more common theme to resettlement.

Another unexpected finding was how four of the six interviews ended with participants elaborating on previous answers. One explanation for this could be that the experience of refugee resettlement is a multi-layered topic. It may be that it is very difficult to elaborate on all of the different aspects of the experience, and as I asked more questions, the participants thought of more things related to earlier questions. Another explanation may be that the interview questions did not address all the aspects of resettlement. In addition to that, I am aware that I may have moved too quickly through the questions and not allowed enough silence for participants consider their responses to questions.

Implications for Practice

This research project suggests that social workers need to be aware of the refugee experience in order to minimize challenges and maximize resilience. In order to best do this social workers working with refugee populations have the responsibility to act at a micro, meso, and macro level.

At a micro level, being aware of these challenges and sources of resilience allows social workers to empathize with and respond to the difficulties of refugee resettlement. In the U.S., individuals tend to move more quickly to get to outcomes. It would be beneficial for social workers to slow down to truly understand and empathize with the resettlement experience and to incorporate the resettlement experience into practice approaches. Also, understanding the triple-trauma paradigm that refugees face during

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their refugee experience helps social workers to understand the importance of feeling safe, being understood, and having support systems. Social workers should consider employing trauma-informed care for all refugees. Emphasizing these areas would help refugees to be more resilient during their resettlement.

In addition, social workers need to develop new skills in order to best work with refugees. Some important skills include effectively using language interpreters and cultural brokers, as well as, having a basic understanding of immigration law in order to help their clients navigate the complex immigration system.

This research's findings also show implications for social work agencies when working with refugees at a meso level. It is vital that social work agencies and other agencies working with new arrivals create an environment that is welcoming to refugees. This includes taking into consideration the lighting and artwork that is displayed in the office that would allow for individuals facing complex trauma to feel as comfortable as possible. Also, it would be beneficial for agencies working with new arrivals to set up a program where clients can come to receive assistance with their mail and paperwork.

At a macro level, it is important for social workers to increase awareness of the refugee experience to society as a whole and attempt to break down systematic barriers for refugees as well as promote an accepting and tolerant environment for different cultures within the community. There are many misconceptions about refugees, and a lot of the general population is not familiar with the refugee experience which causes issues such as racism and xenophobia. Social workers should work to educate the public about refugees, so that a welcoming environment for new arrivals can be created. Social workers also have the responsibility of breaking down systematic barriers. This can be

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done by advocating for specific immigration policies that ensure that social service agencies practice cultural humility and are open to adapt their practices in order to meet the needs of many different cultures. Coming to an environment that is accepting and tolerant could greatly improve refugees' experiences of resettlement to the U.S.

Implications for Future Research

In order to continue to broaden the knowledge base related to resiliency factors for refugees, more studies need to be done with larger samples to confirm and elaborate on this study's findings and to identify additional barriers and sources of resilience. Clearly, the social work profession needs to expand research to include refugee groups other than the Karen.

The theme of safety is another area that should be explored more within research regarding refugees. As this study showed, it appears that perception of safety can have a large impact on an individual's experience of resettlement. It would be beneficial for the social work profession to understand more refugees' experiences of safety during resettlement in order to break down the barriers to resilience that lack of safety can cause.

This research also suggests the need for more evaluation research related to the effectiveness of resettlement agencies and other agencies working with new arrivals. The findings of this study show that an ineffective and inadequate resettlement agency can cause harm to the refugee individuals during resettlement; while a supportive and adequate agency is a source of support and resilience. Therefore, looking closer at what makes an agency working with new arrivals adequate and effective could be very beneficial.

Conclusion

The current climate within the U.S. in regards to refugees is very unsympathetic. The misconceptions that refugees come to the U.S. to steal jobs from Americans or to receive assistance from the U.S. government are inaccurate. Refugees, such as the Karen, face extreme hardship and trauma that no one would choose to endure. The refugee experience is riddled with loss and life-threatening encounters. Refugees are simply attempting to survive and to protect their family and this hope often leads them to countries such as the U.S. With this in mind, it is essential that all citizens engage in conversation about the refugee experience and work to spread an accurate portrayal of the journey of a refugee. Let us not continue to ignore the suffering of our global family, but continue to work to break down the walls that divide us.

There are many challenges that one faces in order to not only survive, but thrive in a new country. This research attempted to identify what Karen refugees see as sources of resilience during and after their resettlement to the United States. By interviewing three Karen refugees about their experience with resettlement and their understanding of other Karen individuals' experiences, this research identified a number of resettlement issues: starting over, language barriers, cultural differences, and ineffective services. Despite these challenges, participants also noted a number of sources for their resilience: supportive services, hope, community, and certain personal qualities. These findings suggest that social workers need to be aware of the issues that Karen refugees face upon resettlement and begin to minimize the challenges and build upon the sources of resilience in order to make the experience of resettlement as comfortable as possible for refugees.

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References

- Auerbach, C.F. & Silverstein, L.B. (2003). *Qualitative Data: An Introduction to Coding and Analysis*. New York University Press: New York.
- Banki, S. & Lang, H. (2007). Planning for the Future: The Impact of Resettlement on the Remaining Camp Population. Retrieved from <http://reliefweb.int/report/myanmar/myanmar-planning-future-impact-resettlement-remaining-camp-population>
- BBC News (2007). Should it be Burma or Myanmar? Retrieved from http://news.bbc.co.uk/2/hi/uk_news/magazine/7013943.stm
- Beiser, M.N. & Hou, F. (2006). Ethnic Identity, Resettlement Stress and Depressive Affect Among Southeast Asian Refugees in Canada. *Social Science and Medicine*, 63, 137-150. doi: 10.1016/j.socscimed.2005.12.002
- Berry, J.W. (1997). Immigration, Acculturations, and Adaptation. *Applied Psychology: An International Review*, 46, 5-68. doi: 10.1111/j.1464-0597.1997.tb01087.x.
- Betancourt, T.S., Abdi, S., Ito, B.S., Lilienthal, G.M., & Agalab, N. (2015) We Left One War and Came to Another: Resource Loss, Acculturative Stress, and Caregiver-Child Relationships in Somali Refugee Families. *Cultural Diversity and Ethnic Minority Psychology*, 21(1), 114-125. <http://dx.doi.org/10.1037/a0037538>
- Blair, R.G. (2000). Risk Factors Associated with PTSD and Major Depression Among Cambodian Refugees in Utah. *Health and Social Work*, 25(1), 23-30. doi: 10.1093/hsw/25.1.23

RESILIENCY FACTORS FOR KAREN REFUGEES

Bright, E. (2008). The Karen Community in St. Paul. *Twin Cities Daily Planet*. Retrieved from <http://www.tcdailyplanet.net/article/2008/07/03/karen-community-st-paul.html>

The Center for Victims of Torture. (2005). *Healing the Hurt*. Retrieved from http://www.cvt.org/sites/cvt.org/files/u11/Healing_the_Hurt_Intro.pdf

Choummanivong, C., Poole, G.E., & Cooper, A. (2014). Refugee Family Reunification and Mental Health in Resettlement. *New Zealand Journal of Social Sciences*, 9(2), 89-100. doi: 10.1080/1177083X.2014.944917

Ellis, B.H., MacDonald, H.Z., Lincoln, A.K. & Cabral, H.J. (2008). Mental Health of Somali Adolescent Refugees: The Role of Trauma, Stress, and Perceived Discrimination. *Journal of Consulting and Clinical Psychology*, 76, 184-193. doi: 10.1037/0022-006X.76.2.184

Fennelly, K. (2006). Listening to the Experts: Provider Recommendations on the Health Needs of Immigrants and Refugees. *Journal of Cultural Diversity*, 13(4), 190-201.

Fozdar, F. (2009). 'The Golden Country': Ex-Yugoslav and African Refugee Experiences of Settlement and 'Depression'. *Journal of Ethnic and Migration Studies*, 35(8), 1335-1352. doi: 10.1080/13691830903123120

Galbin, A. 2014. An Introduction to Social Constructionism. *Social Research Reports*, 26, 82-92.

Harkins, B. (2012). Beyond "Temporary Shelter": A Case Study of Karen Refugee Resettlement in St. Paul, Minnesota. *Journal of Immigrant and Refugee Studies*, 10, 184-203. doi: 10.1080/15562948.2012.674326

RESILIENCY FACTORS FOR KAREN REFUGEES

- Hobfoll, S.E. (1989). Conservation of Resources: A New Attempt at Conceptualizing Stress. *American Psychologist*, *44*, 513-524. doi: 10.1037/0003-066X.44.3.513
- Hobfoll, S.E. (2001). The Influence of Culture, Community, and the Nested-Self in the Stress Process: Advancing Conservation of Resources Theory. *Applied Psychology: An International Review*, *50*(3), 337-421. doi: 10.1111/1464-0597.00062
- Kenny, P. & Lockwood-Kenny, K. (2011). A Mixed Blessing: Karen Resettlement to the United States. *Journal of Refugee Studies*, *24*(2), 217-238. doi: 10.1093/jrs/fer009
- Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
- Marshall, G.N., Schell, T.L., Elliott, M.N., Berthold, S.M., & Chun, C.A. (2005). Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States. *Journal of the American Medical Association*, *294*(5), 571-579. doi: 10.1001/jama.294.5.571.
- Mitschke, D.B., Mitschke, A.E., Slater, H.M., & Teboh, C. (2011). Uncovering Health and Wellness Needs of Recently Resettled Karen Refugees from Burma. *Journal of Human Behavior in the Social Environment*, *21*, 490-501. doi: 10.1080/10911359.2011.566466
- Monette, D.R., Sullivan, T.J., Dejong, C.R., & Hilton, T.P. (2014). *Applied Social Research: A Tool for the Human Services 4th Edition*. California: Brooks/Cole.
- Norris, F.H., Stevens, S.P., Pfefferbaum, B., Wyche, K.F., & Pfefferbaum, R.L. (2008). Community Resilience as a Metaphor, Theory, Set of Capacities, and Strategy for Disaster Readiness. *American Journal of Community Psychology*, *41*, 127-150. doi: 10.1007/s10464-007-9156-6

RESILIENCY FACTORS FOR KAREN REFUGEES

- Ovitt, N., Larrison, C.R., & Nackerud, L. (2003). Refugees' Responses to Mental Health Screening: A Resettlement Initiative. *International Social Work, 46*(2), 235-250. doi: 10.1177/0020872803046002008
- Padgett, D.K. (1998). *Qualitative Methods in Social Work Research: Challenges and Rewards*. California: Sage.
- Phan, Z. (2010). *Undaunted: My Struggle for Freedom and Survival in Burma*. New York: Free Press.
- Ryan, D., Dooley, B, & Benson, C. (2008). Theoretical Perspectives on Post-Migration Adaptation and Psychological Well-Being among Refugees: Towards a Resource-Based Model. *Journal of Refugee Studies, 21*(1), 1-18. doi:10.1093/jrs/fem047
- Savic, M., Chur-Hansen, A., Mahmood, M.A., & Moore, V. (2013). Separation from Family and its Impact on the Mental Health of Sudanese Refugees in Australia: A Qualitative Study. *Australian and New Zealand Journal of Public Health, 37*, 383-383. doi: 10.1111/1753-6405.12088
- United Nations High Commissioners Report. (n.d.). Asylum Seekers. Retrieved from <http://www.unhcr.org/pages/49c3646c137.html>
- United Nations High Commissioners Report. (2010). Flowing Across Borders. Retrieved from <http://www.unhcr.org/pages/49c3646c125.html>
- Weine, S.M. (2011). Developing Preventive Mental Health Interventions for Refugee Families in Resettlement. *Family Process, 50*(3), 410-430. doi: 10.1111/j.1545-5300.2011.01366.x

RESILIENCY FACTORS FOR KAREN REFUGEES

Weine, S.M (2008). Family Roles in Refugee Youth Resettlement from a Preventative Perspective. *Child and Adolescent Psychiatric Clinics of North America*, 17, 515-532. doi: 10.1016/j.chc.2008.02.006

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Appendix A



UNIVERSITY of ST. THOMAS
MINNESOTA

Consent Form

Resiliency Factors for Karen Refugees

821744-1

You are invited to participate in a research study about the resiliency factors for Karen refugees. I invite you to participate in this research. You were selected as a possible participant because you are a Karen refugee in the St. Paul area. You are eligible to participate in this study because you are able to speak English. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Abby Voigt, Masters in Social Work student, who is being advised by Mari Ann Graham, University of St. Thomas – School of Social Work. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to describe the sources of resiliency during and after resettlement to the United States for Karen refugees in the St. Paul area. This study aims to answer the question: what do Karen refugees in the St. Paul area identify as their sources of resiliency during and after their resettlement to the United States? This question will be answered by conducting semi-structured interviews with Karen refugees in the St. Paul area, as well as a focus group with all participants. Gaining more knowledge in sources of resiliency for refugees will allow social work professionals to develop interventions that are most effective in creating a successful and strong quality of life for those new to the United States.

Procedures

If you agree to participate in this study, I will ask you to participate in two interviews lasting approximately 60-90 minutes each and a focus group lasting approximately two hours. There will be approximately 3-4 participants in the study. I ask that you give your consent for the interviews and focus group to be audio taped. After the interviews and focus group are completed the audio recordings will be stored on a password protected file on my computer and will be deleted once they are transcribed. No identifying information will be written on the transcript. All identifying information will be erased so that the transcripts cannot be linked to you personally.

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Risks and Benefits of Being in the Study

The study has risks. There is a potential for emotional distress, recalling of traumatic or distressing events, and probing for sensitive information within the interview. If I see that you are getting emotionally distressed I will stop the interview immediately and ensure that you would like to continue. You are welcome to not answer any question that I present. Also, you are welcome to stop your participation in the interview completely at any time.

Since this research involves a focus group, I will not be able to guarantee privacy or confidentiality related to what other group members may say or do after the group. Since all participants will be trained interpreters and well aware of the importance of confidentiality, I am trusting in participants commitment to maintaining this confidentiality.

There are no direct benefits for participating in this study.

Compensation

At the end of your participation in the focus group, you will be given a small gift for your participation in the study.

Privacy

Due to the nature of the study procedures, privacy cannot be guaranteed while you participate in this study. Risk of violation of privacy will be minimized by having you, as the participant, control the location and timing of the two interviews. Also, you are welcome to not answer any question that is asked of you.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include audio recordings, transcripts, and written notes. The audio recordings will be kept on a password protected file on my computer and will be deleted once the transcripts are completed. The only people who will have access to the audio recordings will be myself. The transcripts and written notes will be kept in a locked drawer in my desk and will be destroyed after completion of the study. While traveling, all documents will be kept on my person or locked in the trunk of my car. All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with [REDACTED] or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to

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withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used in the study. You can withdraw by contacting me by email at [REDACTED] or calling me at [REDACTED]. You are also free to skip any questions I may ask.

Contacts and Questions

My name is Abby Voigt. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at [REDACTED] or [REDACTED]. You may also contact my advisor, Mari Ann Graham, at [REDACTED]. You may also contact the University of St. Thomas Institutional Review Board at [REDACTED] or [REDACTED] with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

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Appendix B

First Interview Schedule

1. How long have you been in the U.S.?
2. How long were you in the refugee camps in Thailand?
3. When you were in Thailand, getting ready to come to the U.S., what did you think life would be like in the U.S.?
 - a. Is life in the U.S. what you expected?
4. What were some of the challenges you experienced during resettlement?
 - a. Now I'd like to ask you to comment and elaborate on specific challenges in a number of areas.
 - i. Let's start with family challenges
 - ii. Employment challenges
 - iii. How about any cultural challenges
 - iv. Did you face any financial difficulties
 - v. Any challenges with language barriers
 - vi. And lastly, did past trauma present any specific challenges for you
 - b. Which of these challenges was most difficult for you? Why do you think this was the most difficult?

Now I'd like to shift gears and talk about how you handled these challenges and what helped you.

5. How would you describe your process of adjustment?
6. How long would you say it took you to feel resettled?

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7. I'd like to hear a story or two about what helped you during your resettlement.
8. What helped you to remain strong during resettlement and the adjustment process?
9. What are some specific aspects of the Karen culture that has helped during your resettlement?
 - a. Is there a word in you culture for a person who overcomes obstacles and challenges?
10. Is there anything I missed or anything you would like to add?

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Appendix C

Second Interview Questions

Now I want you to think about your family members, friends, and other Karen community members who have also resettled and tell me what you can about *their* experiences.

1. What have been some of the common challenges that they have faced during their resettlement to the U.S.?
2. What do you think has helped Karen individuals during their resettlement to the U.S.?
3. What things help them to remain strong?
4. Specifically, what are some aspects of the Karen culture that you see as helpful during resettlement?
5. In your experience observing others, what do *you* think helps Karen people *most* in terms of adjusting to life here?
6. Is there anything I missed or anything you would like to add?