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## We Left One War and Came to Another: Resource Loss, Acculturative Stress, and Caregiver-Child Relationships in Somali Refugee Families

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### Abstract

**Background**—Refugee families often encounter a number of acculturative and resettlement stressors as they make lives for themselves in host countries. These difficulties may be compounded by past trauma and violence exposure posing increased risk for mental health problems. Greater knowledge is needed about protective processes contributing to positive development and adjustment in refugee families despite risk (e.g., resilience). The aims of this research were to identify and examine strengths and resources utilized by Somali refugee children and families in the Boston area to overcome resettlement and acculturative stressors.

**Methods**—We used maximum variation sampling to conduct a total of nine focus groups: five focus groups (total participants N=30) among Somali refugee adolescents and youth capturing gender and a range of ages (15-25 years) as well as four focus groups of Somali refugee mothers and fathers in groups (total participants N=32) stratified by gender.

**Results**—Drawing from Conservation of Resources Theory (COR), we identified five forms of resources comprising individual, family and collective/community strengths: religious faith; healthy family communication; support networks and peer support. “*Community talk*” was identified as a community dynamic having both negative and positive implications for family functioning.

**Conclusions**—Protective resources among Somali refugee children and families can help to offset acculturative and resettlement stressors. Many of these locally occurring protective resources have the potential to be leveraged by family and community-based interventions. These

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findings are being used to design preventative interventions that build on local strengths among Somali refugees in the Boston area.

### Keywords

Refugee; Youth; Focus group; Mental health; Family

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More than two decades of conflict in Somalia have led to massive population displacement. As of July 2012, the total Somali refugee population exceeded 1 million (Lewis, 2012; United Nations High Commissioner for Refugees). Over 82,000 Somali refugees were admitted in the U.S. between 1983-2007 (Office of Refugee Resettlement, 2007). During that time, nearly 2,800 Somali refugees resettled in Massachusetts (Office of Refugee Resettlement, 2007).

Many Somali refugees have survived displacement, family loss, and extremely high levels of exposure to political and ethnic persecution and war-related violence (Kinzie, Sack, Angell, Clarke, & Ben, 1989; Locke, Southwick, McCloskey, & Fernandez-Esquer, 1996; Mollica, Poole, Son, Murray, & Tor, 1997). Refugee families often grapple with resettlement stressors such as poverty and poor housing, as well as acculturative stressors, such as limited English proficiency and discrimination; these stressors pose additional threats to emotional and behavioral health in refugee children and adolescents (American Psychological Association, 2010; Derluyn, Mels, & Broekaert, 2009; Howard & Hodes, 2000; Peltonen & Punamaki; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012). Over time, Somali resettlement in the U.S. has been characterized by the arrival of even more vulnerable groups including a recent large resettlement of Somali Bantu refugees, an ethnically and culturally distinct group having experienced a history of discrimination and persecution in Somalia. In the Boston metropolitan area, Somali refugee resettlement has occurred in waves, with earlier waves characterized by greater resources, levels of education, and social connections. Later waves, including the Somali Bantu resettlement, included groups with far fewer resources, education and social connections.

In Massachusetts, the context of refugee resettlement is supported by both formal refugee resettlement packages as well as mutual assistance agencies working at the community level to involve community members in supporting newly resettled families. Most resettlement packages involve assistance with housing, literacy and job skills training/employment assistance. However, Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) are typically available for only 8 months after arrival in the U.S., and Refugee Employment Services are provided for a maximum of 60 months after arrival (Massachusetts Refugee Resettlement Program, 2013). After this initial period of resettlement support, many refugees are then expected to be self-sufficient or will seek additional support via routine social and medical services.

Somali refugees face a number of challenges during resettlement in new countries. Research on Somali refugees arriving in Toronto highlighted difficulties related to social exclusion, unemployment, discrimination, and racism (Danso, 2002). Risks for mental health problems characterizing many refugee groups (Betancourt & Khan, 2008; Betancourt et al., 2012; Gerritsen, Bramsen, Delville, van Willigen, & Hovens, 2006; Lustig et al., 2004; Porter &

Haslam, 2005) are compounded by other stressors. For instance, among Somali adolescent refugees in New England, Ellis et al. (2008) observed that resettlement stressors, acculturative stressors, and perceived discrimination were all associated with higher levels of PTSD symptoms.

Although refugee trauma has received a great deal of attention, few studies examine refugee experiences in resettlement with attention to resilience and the role of parent-child relationships. In this paper, we use qualitative data to explore the experiences of resettled refugee families and the ways in which resource losses and/or gains shape parent-child relationships. We use conservation of resources (COR) theory to ground our examination of resources influencing family and social functioning among resettled Somali refugees (Hobfoll, 1989, 2001; Hobfoll, Dunahoo, & Monnier, 1995).

## Loss, Conservation of Resources (COR) Theory and the Refugee Experience

While trauma has frequently been identified as a defining feature of the refugee experience, Hobfoll's COR model shifts the framework to how resource *loss* in the refugee experience shapes the context determining the effects of trauma. It states that individuals are driven to retain, protect, or build resources which are critical to navigating life stressors. *Resources* are defined as objects, conditions, personal characteristics, or energies valued by the individual or serving as a means to obtain other resources (Hobfoll, 1989). Hobfoll describes four types of resources contributing to an individual's ability to survive under stress: object resources (concrete things essential for basic survival); condition resources (such as status conferring certain benefits or respect within the community); personal resources (characteristics and coping skills); and energy resources (such as money, knowledge, and time – recognized for their value in helping individuals acquire other resources rather than for their intrinsic value). These resources do not operate independently; rather, they mutually influence each other so that they increase or decrease together in what Hobfoll has termed 'resource caravans' (Hobfoll, 2012). Thus, 'loss spirals' can occur when a loss of one resource affects another, as might be the case in a loss of status when one's prior profession and training as a health professional (condition resource) is not recognized in a new country, leading to an inability to protect or gain money (an energy resource) and, ultimately, loss in one's optimism (personal resource). In settings where entire social groups have been affected by trauma or massive disruption and loss, as in the wake of a disaster or in the context of war, resource losses can also result in longer term loss of social capital across the whole community (Ritchie, 2012).

Empirical research has demonstrated support for COR theory, with greater resource loss in the wake of a trauma relating to worse psychosocial outcomes in samples ranging from college women in the aftermath of a campus shooting (Littleton, Axsom, & Grills-Taquechel, 2009), to El Salvadorians following an earthquake (Sattler et al., 2006), and hurricane survivors (Robertson, Morse, & Baird-Thomas, 2009; Sattler et al., 2002). COR theory differs from other social and human capital theories in that it posits that loss is of greater valence than gain and that for groups affected by loss, loss caravans can be self-perpetuating and are difficult to recover from. COR theory also resonates well with the

multiple losses characterizing the refugee experience, from loss of identity to loss of status, family ties, social supports and culture. In applying this theory to refugee families, the extent to which individuals and families are able to acquire, conserve or enhance resources following the trauma of war and displacement is expected to be closely linked to their ability to adapt and thrive in resettlement.

Overall, for refugee children the experience of resettlement and resource loss is filtered through the experience of their parents. Caregivers often endeavor to provide a 'protective shield' (Bell, Flay, & Paikoff, 2002; Hobfoll, 2001; Pynoos, 1993; Pynoos, Steinberg, & Piacentini, 1999) that stands between children and upheaval. The protective shield can be thought of as an emotional defense against environmental and social factors that elicit perceived or real potential to bring harm to the child (Pynoos, et al., 1999; Spoth, Trudeau, Guyll, & Shin, 2012; Van Scoyk, Gray, & Jones, 1988). When parents are contending with multiple resource losses in resettlement, their ability to provide this protective shield for children is challenged (Beiser et al., 2009; Beiser & Hou, 2001, 2006; Hsu, Davies, & Hansen, 2004).

The present paper seeks to understand dynamics related to resettlement and acculturative stress and to identify factors influencing caregiver-child relationships, family conflict, and mental health in Somali refugee families using COR theory as a framework. This study served as a first step in a longer collaborative process of intervention development within the Somali community. We selected qualitative methods, and focus groups in particular, to learn about the influence of resource losses and gains on child-rearing and parent-child relationships under resettlement. Qualitative methods are useful for building theory that can be tested in later quantitative analysis. In this setting, focus group methods were selected to foster a rich discussion as a group in a manner that was seen as more appealing and engaging than key informant interviews.

Two central research questions guided this study:

1. What resource losses and other stressors, if any, challenge or compromise healthy family functioning among Somali refugee families in the Boston metropolitan area? How does resource loss affect family dynamics and how can it be mitigated?
2. What, if any, individual, family and community resources contribute to healthy family functioning in resettled Somali refugee families and how can these be enhanced?

## Methods

### Sample

A partnership with a local Somali mutual assistance organization made this work possible. Because of dense social networks in the Somali community, it was not possible to sample participants who were unknown to each other. Instead, we recruited adult participants via local mutual assistance organizations with help from a local agency staff member. From these known individuals in the community, participants were then selected using purposive sampling (maximum variation sampling and snowball sampling) to capture a range of age

and gender. Five focus groups totaling 30 participants were conducted among Somali refugee adolescents and youth aged 15-25. Four focus groups totaling 32 participants were conducted among Somali parents. Focus group composition is described in greater detail in Table 1. All groups were conducted separately by gender apart from one group which combined mothers and fathers for logistical reasons. All participants completed informed consent and youth assent/parental consent procedures. Study procedures were approved by the Internal Review Board of the Harvard School of Public Health.

### Data Collection

This study was conducted under the framework of a community-based participatory research approach which comprised a partnership between members of the Somali community and academics from the Harvard School of Public Health and Boston Children's Hospital. Focus groups were pre-assigned by our Somali research coordinator who knows the community well, with input from the leadership of a local mutual assistance organization serving both Somali majority and Somali Bantu refugees. She was careful to suggest a group composition which did not preference one Somali group over another or have imbalance according to level of education and literacy. Focus group interviews were conducted using a semi-structured interview guide created by the research team including close input from Somali staff members (see Appendix I).

Interview guide questions were developed first in English by the principle author in close collaboration with our local research assistants and interpreters, then forward translated to Somali by one of our Somali collaborators. Our Somali focus group facilitator then checked for any errors in translation and made a final review before she used it in group facilitation. Interviews were led in Somali by a trained local facilitator. English speaking study staff participated in the focus group discussion with the aid of a live personal interpreter and could suggest probes or request further information as needed. All sessions were audio-recorded, de-identified, and transcribed in English for data analysis.

### Data Analysis

Data analysis proceeded along a three-step process derived from Grounded Theory (Strauss, 1987) and Content Analysis (Creswell, 2009; Smith, 1992). First, transcripts were initially analyzed using “open coding” in an approach that inductively abstracts patterns and themes in the data related to the central research questions. Second, categories were established which linked the data back to the central research questions. These categories were then assigned labels (codes) and code definitions, and were populated with transcript data in the form of quotes by two coders. Both deductive and theory-driven codes were used. Third, axial coding was used to examine relationships within and between categories to develop theory about key relationships and to draw conclusions substantiated by the data. Data management and analysis were done using NVivo qualitative analysis software (QSR International, 2010). The research team discussed issues of reflexivity and was trained in Maxwell's model of qualitative research design (Maxwell, 2005), which places great emphasis on what the research team members bring to the table in terms of prior experiences, areas of interest, beliefs, and expectations. The team discussed in training how strongly held opinions must be closely monitored throughout the study experience as they

are a major threat to validity if not considered openly but can also offer opportunities for insight such as personal experiences of discrimination discussed by our Somali collaborators. Other steps taken to address issues of subjectivity, assumptions, and biases among members of the research team included having two independent coders work on transcripts and compare their codes to reach consistency. The two independent coders applied the same coding scheme to 10% of the transcripts. The data analysis team was encouraged to keep detailed notes and memos of their own reactivity to the data and emerging theories that they developed in reading the data. To ensure rigor and validity of the conclusions drawn from the analysis, the analysis team paid particular attention to data that contradicted any of the main claims being made. Somali team members also reviewed and vetted conclusions being drawn as core findings. The qualitative memos served as additional points of analysis and a means of understanding each team member's unique sources of bias but also insights into the study. Each key theme emerging from data collection is supported by qualitative data in the form of multiple quotes. Findings were then analyzed in terms of the implications of resource loss and other stressors for designing interventions to improve caregiver-child relationships, foster resilience and enhance resources in refugee families encountering stressors under resettlement.

## Findings

Participants described multiple ways in which resettlement led to profound resource losses and how these losses, in turn, compromised family functioning. In particular, object loss (e.g., poverty) and condition loss (e.g., encountering discrimination and loss of status) created situations in which parents struggled to maintain influence over their children. However, additional themes emerged, centering on how certain resources and strengths within the community could mitigate loss. A summary of key themes arising across male and female youth and caregiver focus groups is provided in Table 2. Of the themes that were well-saturated in our data, most occurred with similar frequency in both caregiver and youth focus groups, apart from the theme of “changing power dynamics between parents and children” which was mentioned in 20% of youth focus groups and 75% of caregiver focus groups. For this reason, the most saturated and salient themes will be presented here with both caregiver and youth data synthesized.

## Research Question #1: Stressors and Resource Loss

### Overall adjustment: Challenges to youth and families

Although resettlement in the U.S. was often described as motivated by seeking safety and opportunities for children, many participants conveyed that a vast gap existed between those expectations and the realities they experienced. Some described resettlement as fleeing a “war in Somalia”, only to face another “war” in America:

“...I came here for peace but I think I came [to] another war. When I came here me and my family were connected, we love[d] each other, now we are falling apart, I don't have kids, my husband is not here...if I knew it was like this, I would never come in this country.”

(Mother, FG1)



As many Somali parents described it, the choice to resettle as refugees to protect their children led to a cascade of even greater loss, including risk of alienation from the very children they fled to protect. Living in low-income (and thus more affordable) neighborhoods, many refugee families had to contend with negative social influences in their new environment. The safety of neighborhoods and “bad influences” from other American youth were key concerns to many parents:

“...The area we are living [in] is very, very bad. ... So the kids you cannot discipline them... they're going to school, the kids are smoking weed, there are drug-addicted kids...But I don't have a choice because that's where I live and that's where they go to school.”

(Mother, FG4)

“[Our] teens adapt to this culture, the American culture. Like, following the gangs and stuff like that. And then they are influenced by the gangs. They try to rob people, drop out of high school. You have no one else, you can't get a job, what are you going to do? Rob people.”

(Male, age 18, FG6)

“...boys now, [from] Somalia, they drop school, they come [to] like drugs, they stay [on the] street... they're like ‘why we have to go school, who cares about school...we come here to get money we don't come here to get an education’. Because they don't have... people to talk [to], they just end [up] in jail.”

(Female, age 17, FG2)

Negative experiences with the education system were also cited as a frequent stressor as refugee children often struggled to keep pace in U.S. schools:

“They get kept back. That's what causes most of them to drop out of high school. And ... become gangsters and stand in the streets and stuff”

(Male, age 15, FG6)

Focus group participants commented on the link between past trauma exposure and coping with difficulties in the present. Many parents cited struggles with past trauma exposure as an impediment to their attempts to shield their own children from violence. In some cases, the legacy of trauma and loss contributed to significant problems such as child abuse and neglect:

“...this is still a very big issue for us, this issue of the history of the trauma and having lived through the war in Somalia...there are people here now for whom the whole thing is still very new and very real...mothers who are cooking, and the child gets burned, because the mom is not even conscious of the child... there have been mothers who have been seen to hit their kids, and it's because of that. It's not that they are bad mothers, but that they are mothers who are suffering.”

(Mother, FG9)

Against this backdrop of trauma, strife, and disconnection within families, participants described the ways in which resource loss and associated stressors affected their family functioning and adaptation, for better or worse.

### **Object loss: Unemployment, poverty and dangerous neighborhoods**

One form of family resource loss was particularly dominant: leaving their countries of origin had often meant a substantial shift in financial resources (energy resources), leaving everyone at the lowest level of income at first. As a father explained:

“...all these problems [come] from the financial problem...we have a different life back home. Some families they have money, some families they don't have anything. But when you come here...everybody is at the same step.”

(Father, FG1)

Poverty in America affected the lives of Boston-area Somali refugees on many levels. Resettlement in impoverished neighborhoods (object loss) contributed to parent/child conflict and communication gaps as youth became more integrated into the new culture, often leaving parents behind. These challenges were compounded for some caregivers by worries about family back home. Refugee parents often had to distribute their sparse resources to loved ones in Somalia while also supporting their children in the U.S., an obligation not always understood by children:

“So even if you *were* making a thousand, two thousand, three thousand... the burning need is back home... Whatever you're making is going to go back home. The children... they do not understand that grandmother, aunt, maternal aunt... they're all hungry, they're all in need... and you have to send [money] home... Sometimes ... we have to send everything we have.”

(Father, FG7)

### **Condition loss: Loss of status, discrimination, and loss of traditional roles**

Compounding the problems of poverty and object loss described by families were concerns about loss of status. Many resettled Somali professionals found that their prior training and credentials were not accepted in the U.S. and subsequently faced unemployment or financial difficulties. These adults were often obligated to take lower status jobs, contributing to a loss of status (condition loss):

“...for the education they find out that there are things they are supposed to have that they don't have... for a job it's the same thing. They find out that there are requirements that they don't meet.”

(Father, FG7)

“In Somalia I was a registered nurse. Now I came here, I work as a parking attendant.”

(Mother, FG9)

As refugee adolescents and parents struggled in their occupational and family roles, another form of loss of status (condition loss) which compounded these difficulties was anti-Muslim



sentiment. Somali youth reported facing harassment and discrimination over their nationality based on recent depictions of Somalis in the popular media, particularly in the post 9-11 era. A wave of news had emerged about pirate attacks at the coast of Somalia, where Somali 'Pirates' on the Indian Ocean were hijacking ships:

"One day I was at work and there was a white man came to me, and said '*Where are you from?*' I said Somalia. '*You're from the Pirates!*' [in reference to news stories in print and television] he said, '*I'll never come back here.*'"

(Male, age 20, FG8)

"...other kids pick on you cuz you're different. Because you're Somali and because you are Muslim, you know?"

(Male, age 24, FG8)

Similar themes were triangulated by parents in the sample:

"My daughter was in third grade, so she was wearing a veil (hijab), and there was [an]other girl who was sitting behind her, and she actually pulled the veil, and she always keep doing that every day... and when she get angry they kick her out of the school..."

(Mother, FG1)

"Sometimes...some of the girls that wear...the whole thing [Abaya, a traditional covering in the Muslim religion]...that's when kids kinda...make fun of them."

(Female, age 19, FG3)

In this manner, identity and personal status were often challenged and undermined, particularly by discrimination. Parents struggled to redefine their roles with their children; whereas before they occupied positions of influence with their children, increasingly they described a loss of control which was particularly acute for parents of teens. Participants noted that the many losses with which caregivers contended were enough to overwhelm any parent's efforts to create a protective shield. Whereas in Somalia the parent is the main source of teaching for children and obedience is praised, in resettlement many Somali refugee children learned from forces outside the family:

"...we want to teach them our religion, our culture. But you know what is stronger than what we are teaching them is what they are seeing in school, and then the society, and outside."

(Mother, FG1)

### **Personal resources: language and parent-child communication**

For both children and caregivers, poor English language skills denoted loss of a personal resource that perpetuated social isolation, created barriers in relationship building, and exacerbated both family and acculturative stress. Language barriers affected both parents' and children's ability to adjust and thrive, as well as caregiver-child relationships. Caregivers reported significant difficulties in parenting as a result of language challenges:

“...when the kids even cause trouble in the school, or they skip school...the teacher tell[s] them...‘you have to bring your parents next time’... and they [don’t] tell you. [...]If the school call[s] you at home, and one of your kids is going to interpret for you...he won’t interpret for you what the school was saying. He will mistell you, mislead you, you know?”

(Mother, FG4)

Loss of cultural knowledge was mentioned spontaneously in all of the adult focus groups. Just as parents struggled with identity in the new American context, their children also struggled with identity issues. Parents worried about their children becoming too “Americanized”:

“... for the girls, the fighting is about how you dress. ... Some of the girls refuse to cover up, others may actually be a little nicer, and say, “yes mom” and put on [a hijab], but then later takes it all off.”

(Mother, FG9)

Such experiences contributed to a deeper sense of cultural loss for parents who strongly desired that their children carry forward Somali culture. Focus group discussions with Somali adolescents and youth triangulated themes raised in the parent groups. Refugee youth recognized their parents' need to anchor their families to their culture to conserve family and cultural resources. As several teens explained:

“...they think their kids are not going to be successful because of what's going on outside of their houses”

(Male, age 18, FG6)

“...There's some...kids that come here and ...stick to their culture. But then there's those kids who try to fit in so hard that they do things that they shouldn't have done to begin with. You know...messing up...Drugs, thief...cruelty...bullying and whatnot.”

(Female, age 18, FG2)

Some youth stated that the transition to the U.S. was more difficult for elders in the Somali community. Young people acknowledged that they had been able to assimilate quickly for the most part, as opposed to elders who were “trying to keep the old alive”:

“The elders...it took them a very long time to adapt... Some of the parents [are] not even adapted to the American ways, they're more resistant ...we [the youth] go through it every day...parents, they're more... like, trying to keep the old alive, you know?”

(Male, age 24, FG8)

Thus, loss of personal resources such as language and cultural knowledge posed a challenge for many families. Poor familiarity with the new culture and language further undermined parents' status within the family and their capacity to serve as a protective shield.

## Research Question #2: Resources and Resilience

### Personal resources: faith and spirituality

Both parents and youth frequently cited religion as a resource for healthy community functioning despite resettlement challenges. Religious faith in Somali families is not only a strong component of cultural identity, but also plays an important protective role as families resettle in the U.S.:

“Because we [have] very, very, very, very, very strong... faith...if we did not have faith, we would not be the way we are now.”

(Mother, FG1)

Religion also played a role in the way Somali refugees coped with past trauma. When asked how, in Somali culture, people deal with strong memories and past trauma one mother responded:

“We pray to God... So if you're asking what kind of “therapy” we have, [laughter] in Somali culture we don't go to therapy!”

(Mother, FG9)

### Community networks

In Somalia, the strength of extended family and community networks was essential to helping families raise their children. Participants often described a sense of collective obligation to helping raise children in the community:

“In Somalia, you have a lot of help. You have your mothers, you have your sisters, you have your neighbors – you get the idea...if your kids were outside... everyone was watching and helping you. And you knew who your neighbors were. Here you don't even know who your neighbors are, you are afraid of your neighbors.”

(Mother, FG9)

However, lack of such extended networks in resettlement was a major energy resource loss:

“When I came here, I had 5 kids. .... I experienced money problems. When one of the children had appointments and the other had school, in Somalia, there were people helping you. Here there is nothing – you have to do it all by yourself...”

(Mother, FG9)

Our data revealed instances of how community support networks evolved in important new ways in the U.S. Grounded in the collective tendencies of Somali culture, ‘community talk’ and watchfulness grew to dominate many neighborhoods with dense Somali resettlement. In most cases this was described as a strength of the community. Youth described ‘community talk’ as a powerful way for parents to keep tabs on their children. Resettlement in the U.S. and introduction to cell phones contributed to new and innovative features of this protective shield:

“Anything you do they know. Cause somebody will see you, and that person will do this (mimes dialing a cell phone and talking) ... Then it will end up to your mother.”

(Male, age 24, FG8)

Participants pointed out how coming to the U.S. had helped to overcome some of the tribal divisiveness that was rampant in Somalia.

“When Somalis are like over there it's you know: “Tribe, tribe, tribe!” But when they're over here, it's like they're united.”

(Female, age 18, FG2)

## Implications of Findings for Intervention Development in Somali Refugee Communities

Our findings have several implications for the development of services to support Somali refugee families. Participants described the ways in which refugees who had arrived earlier were well-positioned to help newer arrivals. They referred to Somalis as one “big family”; the community itself became an energy resource for helping less fortunate members get ahead:

“We help each other. If someone dies we go and help each other. If someone is moving we help... If someone [is] getting married we help them cook for them, clean for them, do all the decoration. If someone [is] having [a] baby, we go visit them, and prepare the food for them, and even buy their clothes. So if even the teenager [is] causing problems for the family, we try to gather and talk to the kids and also talk to the parents.”

(Mother, FG1)

Adults also described other ways in which families build up resources over time and better navigate their environment and help others:

“We are also more connected [than more recent arrivals] to schools and the teachers, and to talk to them about our kids... And also the older kids are being successful, and helping the younger kids, for example applying to college and that kind of thing.”

(Mother, FG9)

Overall, parents who had been in the U.S. for some time expressed satisfaction with slowly learning how to make it in America:

“Three things that have helped us overcome the issues that we talked about... One thing is that we have more finances. We're working, so we can buy things. The second thing is we are getting to know our neighbors, we're speaking English, we're not as afraid of our neighbors and our communities, and the third one is our children growing up and giving us assistance.”

(Mother, FG9)

In this manner, ensuring that children and adolescents safely navigated life in the U.S. was critical to encouraging family and community success. The acquisition and maintenance of different kinds of resources is a mutually reinforcing cycle: as individuals acquire resources in one area it becomes possible to acquire resources in other areas. Ultimately this may lead to *gain spirals*, in which the presence of rich resources such as community support and faith allow families to make gains in other areas, such as education and employment.

In considering culturally-relevant intervention models, participants had many ideas which often involved activating resources in the community and raising awareness:

“...one thing that we need to do is explain to the [newly resettled] parents that the parenting knowledge, skills, strategies, whatever it was that we used back home is not going to work here.”

(Father, FG7)

Our discussions with refugee families indicated that most learned about raising children in the U.S. through trial and error. This finding points to the value of parenting or family-based interventions that may be included as a part of resettlement services. Participants recommended developing programs focused on increasing positive interactions and building understanding between parents and children. In particular, several participants expressed a desire for “a center...a meeting place where we can *talk* to our kids” (Somali mother, FG1). Parents felt that such a place would provide caregivers with “the freedom to show our kids ...their culture, to teach them what's right and wrong and...also our *language*” (Somali mother, FG4). Such programs may present an opportunity to enhance parents' role in the lives of children and youth, particularly in the case of fathers, and compensate for some of the status loss they face.

In addition to interventions that build on or enhance existing resources, interventions that address problems or challenges that prevent families from accessing these cultural strengths or in other ways detract from healthy adjustment may be indicated. Important resources such as religion and community were evident in our data. Integration of these sources of strength into intervention models may be critical for family engagement and retention in care. In this manner, community cultural brokers may prove to be an important part of treatment teams, and may even be trained to co-lead group or family sessions. In addition, trauma treatment models may be an important way to help parents who are less able to be a ‘protective shield’ for their children due to their own past trauma. In addition, trauma treatment models that explicitly address violence and instability within the social environment, such as Trauma Systems Therapy, may be particularly helpful for refugee youth (Ellis et al., 2012).

## Discussion

Of the many risk factors and resource losses facing Somali refugees in the Boston area, some of the most dominant include: living in poor and violent neighborhoods; unemployment; insufficient finances; and language difficulties, which resonate with studies of refugees in other regions (Danso, 2002). Particularly in post-9/11 America, experiences of prejudice and discrimination reported by Somali youth and parents exemplify loss of status which has been described as threatening identity formation and increasing levels of

acculturative stress (Williams & Berry, 1991). Past trauma and ongoing insecurity of loved ones in Somalia was also described as an ever-present stressor which could sometimes impede healthy coping among Somali refugee families. Such stressors can serve to compromise the ability of Somali refugee parents to create and maintain an adequate “protective shield” for their children. In fact, in our data, the application of COR theory illuminates the presence of ‘loss caravans’ for many refugee families, leaving their countries of origin to enhance the protective shield for children leads to further status loss and loss of energy resources such as land, property and social connections. These loss caravans also bring with them unanticipated additional stressors including exposing children to negative neighborhood influences such as poor and underperforming schools, negative peer influences and unsafe neighborhoods. For many families, such loss caravans and the additional stressors they entail leave them with a sense that they left one war and came to another.

Other forms of loss caravans characterizing Somali refugees upon resettlement in the U.S. relate to the constant external pressures of Somali teens to adapt to their new culture. Such challenges often co-existed with family resettlement stressors such as parental work pressures and language barriers. As a result, a sizeable communication divide emerges between many Somali parents and adolescents. In other studies of Somali refugees in Europe, such family dynamics and struggles to maintain identity have been linked to delinquency and school failure (Alitolppa-Niitamo, 2002, 2004). Our data pointed to similar risks among Somali refugees in the U.S.

Several study limitations must be noted. Because study participants were recruited by our partners at a mutual assistance agency, it is possible that individuals who are isolated from such services did not have their views represented. Also, because participants were already known to one another, we had to engage in detailed discussions about confidentiality. Participants were asked to pledge not to share the discussion beyond the group, potentially leading some individuals to hold back. Also, we did not recruit younger children. In future research, key informant interviews or focus groups with younger children (10-12) would deepen our understanding of family dynamics. Finally, although some gender differences were evident, such as in the conflict between girls and their caregivers around clothing and the loss of status especially in the role of fathers in contrast to new opportunities in empowerment for mothers, additional interviews focused on exploring gender differences in the parent-child relationships would be necessary to flesh out these dynamics fully. A fuller exploration of gender issues as well as tribal differences such as those between the Somali Bantu and the Somali majority were beyond the scope of the present paper, but provide a rich opportunity for future research.

## Conclusions

Despite the many challenges that Somali refugee families face, it is clear that there are many forms of resources, individual, familial, and collective, which may be built upon in interventions. According to conservation of resources theory (COR), as resources are built upon and preserved, such as through mutual family assistance, parents are better able to maintain a protective shield for their children. Furthermore, when management of resources

is enabled by a healthy environment, the likelihood of healthy family functioning and healthy adjustment of its members is enhanced. However, as these resources become depleted or coping efforts encounter multiple barriers, the ability of parents to provide a protective shield for their children is greatly diminished. In such instances, a cascade of resource loss can increase risks for mental health problems, poor parent-child relationships, and risky developmental trajectories in youth.

Our findings indicate that both community support and more formal intervention programs can leverage personal and condition resources in Somali refugee families. Promoting the development of a strong social support network through enhanced social affiliations and community building appears highly relevant in Somali communities. Family-based interventions might help to improve family communication skills, support healthy parenting techniques, and promote mutual understanding. In addition, intervention models that unite recently resettled families with those who have been in the U.S. for many years appear to hold particular promise for building on community capacity, as suggested by several of our participants.

Overall, service providers and community-based mutual assistance organizations are well-poised to address many of the resource losses characterizing Somali refugee families. Through thoughtful attention to the dynamics presented here, and through collaboration with the community, such organizations can work to enhance the “protective shield” and support the healthy development and adjustment of Somali refugee children, youth, and families.

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## Appendix I. Focus Group Qualitative Interview Protocol for Somali Refugees

### Welcome/Preamble

Thank you for agreeing to participate in this group discussion. My name is \_\_\_\_\_ and I work for Children's Hospital Boston.

translation

The purpose of this study is to understand the lives of refugee families in this area and to understand how family support programs can be most useful. You were selected to participate today because you are a part of the Somali refugee community and you know about the lives of children and families in the community.

translation



The information gathered in this interview will be used to help us understand what Somali refugees think are the important issues facing families in this community. We also want to understand how programs that get families talking to each other about these issues might help.

translation

In order to remember what we talk about in this group discussion, our meeting will be audio recorded. We will then write a report of what was said in this group. Your identity will be kept confidential meaning that we will not use your name or other identifying information in any of the reports or summaries of our discussion today.

translation

Remember, this is your time and we want to hear from you. There are no right or wrong answers. Please feel comfortable to talk about your thoughts, opinions and experiences openly. We request that people keep what we talk about today private. Because we cannot entirely guarantee this, please do not share information that you are uncomfortable about other people knowing. If you are interested in having someone to talk to outside of this group about anything that is bothering you, we have a counselor working on the project along with the research team who would be happy to meet with you. Please let us know after the group discussion.

translation

At this time, we would like to ask if all participants in our group discussion today can agree to not share what is discussed today with anyone else outside of this group. Please indicate that you agree by raising your hand. Do you all agree to not share our discussion today with anyone else?

translation

Thank you again for helping us with this important project. By sharing your ideas today, we hope improve our understanding of how we can better assist Somali refugee families in Boston. Now, let's get started.

translation

Focus group interview participant names, age, gender, occupation:		

**Facilitator signatures:**

\_\_\_\_\_ Date

\_\_\_\_\_ Date

We will ask questions aimed at understanding family structure and expectations of children and caregivers in the Somali culture, the experience of raising children in during resettlement, and ways in which resettlement stressors and past events may affect these experiences. Examples of these questions include:

**Warm Up**

1. Let's start by telling the group a little about yourselves. We don't have to go in any particular order. We can bounce around the group as you feel ready
  - Let us know your name, where are you from in Somalia and how long you have lived in the Boston area
2. The experience of raising a family here in the United States can be different for everyone. What do you think it's like for the Somali refugee families you know in the Boston area? What sort of specific issues come up?
3. Sometimes, when refugee families raise children in a new place, the ways in which parents/caregivers and their children get along can change or stay the same. How has this gone for Somali refugee families here? What are the day to day interactions like between children and parents?
  - What are these interactions like depending on the age of the child?
  - What are these interactions like depending on the gender of the child?
  - What are these interactions like depending on if children are in school or not?
  - What are these interactions like depending on if parents are working?

- What other things are important for understanding the interactions between children and their parents/caregivers in Somali refugee families in the Boston area?
4. Sometimes, when refugee families are getting used to life in a new place, they can face a number of challenges in adapting to the new language and culture and the new ways in which people interact with one another. How has this process gone for the Somali families here?
    - **Probe:** jobs, language, health system, school system, discrimination/racism, isolation
  5. Sometimes, when refugee families have left a place during times of war, they have seen and experienced difficult things due to violence, loss or other difficult things due to war. These experiences may or may be a source of problems for them in their new lives as refugees. How do things people saw or experienced because of the war in Somalia relate to their lives in the U.S. today, if at all? How do Somali families here deal with the things that happened or are happening because of the war?
    - **Probe:** help seeking, strengths, engagement in services
  6. Sometimes, when refugee families are getting used to life in a new place, they may experience treatment from other people around them that they find confusing or upsetting. How has this process of relating to people from the U.S. gone for the Somali families here?
    - **Probe:** discrimination/racism, isolation
  7. In the face of all the challenges that Somali refugees have faced upon moving to Boston, they have also demonstrated immense strength and resilience. What are some of the strengths that you see in the Somali refugee families living around here? **Probe:** culture, religion, community affiliations, tribal affiliation if they arise and how they relate to families here doing well or not doing well.
  8. What do people in the Somali refugee community do to help others? Are there specific things that families and community members do to help one another when a child or family who is having problems like those we have discussed today?
    - **Probe** community support and other resources and help giving, probe help seeking.

## Closing

9. What do you think is most important to Somali refugee families right now? In general, what do you think is most important to parents and families? What about for young people?
10. If you were designing a program to help Somali refugee families communicate and get along better, what would you do? What things would it be important for such a program to give attention to?

11. Are there any other things important to you about Somali refugee families that I haven't asked you about? Please feel free to tell me about additional thoughts or ideas you have.

THANK YOU FOR TAKING THE TIME TO HELP US WITH THIS PROJECT!

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Table 1

## Composition of Somali Focus Groups

	Focus Group Number	No. of Participants	Gender	Average No. of Children in Family Reported	Average Time in U.S. Reported (Years)
Caregivers (N = 32)	1	10	Female (8) Male (2)	5.1	10.2
	4	8	Female	6.75	8.4
	7	7	Male	3.9	6.62
	9	7	Female	5.3	11.4
Adolescents/Youth ages 15-25 (N = 30)	2	6	Female	-	7.4
	3	8	Female	-	6.8
	5	6	Male	-	3.2
	6	5	Male	-	3.7
	8	5	Male	-	6.0



Table 2

Key Themes Arising from Focus Group Discussions

Theme	% of Youth Focus Groups in which theme was discussed	% of Caregiver Focus Groups in which theme was discussed	Examples/Quotes
Research Question #1: Stressors and Resource Loss			
Identity: Insider/outsider issues	100%	100%	"... being in a Somali household, when you step out the door it's different, then when you step in the door that's different...it's like, the outside world's the outside world, and when you enter the household, it's...Somali..." - Male youth, age 24 "I think the parents still want you to be Somali, they don't want you to act any different, they don't want you to look different. But I think it's harder for the kids cause then they see ... people their own age like looking different, acting different." - Female youth, age 16
Acculturative stress: Language barriers, cultural adjustment	100%	100%	"If you look our kids, they don't have our culture and they don't have our religion. we are mothers and fathers, of course we are worried about that...But this environment is stronger than us. We'd love to take our kids to Somalia ...so they can learn the culture and everything. Because of the war and the financial [situation] we cannot." - Mother of 5 girls
Communication problems between youth and parents	100%	100%	"A mother who comes here with 7, 8 children - she hasn't got time to sit down and talk to them like me. She might be like going round saying "Do this. Don't do this", yelling and telling them things to do, but that's all she has time to do." - Grandmother raising 3 grandchildren "Youth will get peer pressured or like for example they'll start doing stuff in school and then they won't tell their parents but then the parents will find out when the issue is too big...and then they can't do anything but explode. But then parents at the same time they like lack...being understanding to their children." - Female youth, age 18
Changing power dynamics between parents and children; gender dimensions to effects on parents	20%	75%	"The kids now are speaking the language and the parents don't speak the language. So the kids have a confidence; they do...the phone machine, they translate for them. So they think their parents are ignorant. Just because they don't speak the language...So, kids are taking the power instead of the parents being in power." - Male youth, age 18 "When we were kids, we were afraid. We respected because we knew there were consequences...But for our children, there is nothing like that. Our children are told that people cannot touch them, people cannot talk to them, that their parents cannot do anything." - Mother "Traditionally the mother's role was nurturing and caring. And a father's role was discipline. The mother keep her role - it is still nurturing. The father's role has been rejected, because the kids don't want to be disciplined anymore. So that is why there is a tension." - Grandmother "One thing is that men, after coming here, no longer have this thing - the power that they had. Now everything has gone to the mother's side... There are even some fathers who may decide to go back to Somalia, because of that, because of this disempowerment." - Mother of 5 daughters
Parental and familial trauma	60%	75%	"We are talking about parents, who one day woke up and lost everything. They came out of their lives, their homes - everything they had known - with only the clothes on their backs- do we really think they are going to be the same?" - Grandmother of 3 "A lot of the parents do not wanna tell the kids what's happening in the country because they don't want them to feel the pain of it, they don't want them to experience it." - Father of 3
Research Question #2: Resources and Resilience			
Individual sources of resilience	100%	100%	"I also think the religion brings us through hard time. Because when someone is going through the worst of times...Somalis are known to go back to God at that time..." - Female youth, age 15

Theme	% of Youth Focus Groups in which theme was discussed	% of Caregiver Focus Groups in which theme was discussed	Examples/Quotes
Family connectedness/unity/communication	60%	75%	<p>"It's like--when you're thinking negative, negative things happen. But when you think positive, positive things happen. ... Getting lost on ... Getting lost on ... Getting lost on ... Getting lost on ... Getting lost on ..."</p> <p>"It's like--when you're thinking negative, negative things happen. But when you think positive, positive things happen. ... Getting lost on ... Getting lost on ... Getting lost on ... Getting lost on ... Getting lost on ..."</p> <p>"It's like--when you're thinking negative, negative things happen. But when you think positive, positive things happen. ... Getting lost on ... Getting lost on ... Getting lost on ... Getting lost on ... Getting lost on ..."</p> <p>"In Africa or Somalia, the parent strategy was to tell the kids...what to do. That was it... there was no negotiation or working together... Here it is working together... So here it involves with the parent understanding the issues the kids are facing, the problems, the social issues, all of those things that the parents have to understand the child and hear what are the issues for the child." Father</p> <p>"...all Somali families love each other. And that loves brings them through hard times...love is a part of our religion." - Female youth, age 15</p> <p>"Somali people, Somali families, they love their kids, they love their families. ... That's why we are where we are today...the sake of our kids. We came here, we ran away from a gunshot. We came here to their safety... We came here to raise our kids, their safety and their education." - Mother</p>
Community support	100%	100%	<p>"...our Somali community, we like stick together...If something tragic were to happen like a death or something... groups would come together to try to help that family." - Female youth, age 17</p> <p>"As a mother we support each other, we give moral support to each other, if someone cry we try to help them to cry also, we all cry...we don't call when we are going to visit, we just knock the door. We eat together, we laugh together, we cry together." - Mother</p>