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# A Risk and Resilience Perspective on Unaccompanied Refugee Minors

Bonnie E. Carlson, Joanne Cacciatore, and Barbara Klimek

In the United States, unaccompanied refugee minors (URMs) are a diverse and extremely vulnerable group served by social workers about whom there is little research. URMs enter the United States from many lands without parents or kin, often having experienced war and other traumatic events. Using a risk and resilience framework, we summarize the research on URMs, illustrating the challenges and issues with a case study of a resilient Lost Boy from Sudan who became a social worker. We discuss strengths, coping strategies, and resilience, exploring the ways in which many URMs are able to effectively meet the challenge of adapting to a new country and culture, thriving despite the extreme adversity they have experienced, as well as sources of resilience within URMs that have allowed them to adapt and even thrive in a vastly different cultural environment despite exposure to multiple risks. These sources of resilience include positive outlook, use of healthy coping mechanisms and religiosity, and connectedness to prosocial organizations. We conclude with recommendations for social work research to better understand the nature of risk and resilience among URMs.

KEY WORDS: *immigration; refugees; resilience; trauma; unaccompanied minors*

Unaccompanied child migration has become an increasingly serious global problem as a result of war, political strife and instability, natural disasters, mass population displacement, and extreme poverty. Two major subgroups of unaccompanied minors are undocumented children who arrive in the United States illegally and refugee children (who account for about half of all refugees entering the United States) (United Nations High Commissioner for Refugees, 2002). *Refugees* were defined in 1951 by the Convention Relating to the Status of Refugees as individuals outside their country of origin who fear persecution related to race, religion, nationality, social group membership, or political orientation (United Nations High Commissioner for Refugees, 2002). In 2004, approximately 6,200 unaccompanied children were referred to the Office of Refugee Resettlement (Amnesty International, 2003). According to a Vera Institute of Justice report, the Office of Refugee Resettlement estimates that about 7,000 to 9,000 unaccompanied, mostly undocumented children have been referred from the Department of Homeland Security annually since 2005 from 30 different countries, mostly from Central America (Byrne, 2008). The composition of specific waves of

refugees who enter the United States each year varies in terms of where they are from and why they are seeking refuge from their home countries. In this article, we describe the circumstances and needs of unaccompanied refugee minors (URMs). Using a risk and resilience framework and an in-depth case example, we analyze URMs' situation in relation to risk factors such as extensive losses and traumatic exposure. In addition, we discuss sources of resilience among URMs that have allowed them to adapt and even thrive in a vastly different cultural environment despite exposure to multiple risks. These sources include positive outlook, use of healthy coping mechanisms and religiosity, and connectedness to prosocial organizations. We conclude with recommendations for social work research to better understand the nature of risk and resilience among refugee minors.

URMs in the United States are a diverse and extremely vulnerable group about whom there is little research. These children enter the United States from Asia, Africa, Europe, and the Middle East, many fleeing the trauma of war and others escaping poverty or oppression in their home countries. They find themselves on U.S. soil without parents or kin. Some are orphaned.

Others are separated from their parents temporarily, hoping to precede their parents to a new land. Their circumstances render them alone and vulnerable, often naïve about what they will encounter when they arrive.

In the United States, a bewildering array of federal agencies are involved in the apprehension, care, and disposition of unaccompanied children, including the U.S. Coast Guard, U.S. Border Patrol, U.S. Department of Justice, U.S. Public Health Service, U.S. Customs and Border Protection, the U.S. Department of State, and U.S. Department of Homeland Security—a poorly coordinated system that [Amnesty International \(2003\)](#) described as Kafkaesque. The [2002 Homeland Security Act \(P.L. 107-296\)](#) created the term “unaccompanied alien children” (UAC) to refer to children under the age of 18 who lack lawful U.S. immigration status and who lack a parent or guardian who can care for them. In 2003, responsibility for UAC was transferred from the U.S. Citizenship and Immigration Services (formerly referred to as the U.S. Immigration and Naturalization Service) to the Division of Administration for Children and Family’s Office of Refugee Resettlement (ORR), under the U.S. Department of Health and Human Services (HHS). Although the ORR’s Division of Unaccompanied Children provides care for unaccompanied immigrant children, little is known about the circumstances that led to their arrival in the United States or their current biopsychosocial functioning or needs.

Adjusting to home life in a radically different cultural environment is a challenge for URM. Overseen by ORR, resettled URM are housed in one of four types of living arrangement: large-scale institutional shelters, group homes, independent living (for older teenagers), and foster care ([Linowitz & Boothby, 1988](#)). Possible dispositions for these children include family reunification, placement with a sponsor, or return to their country of origin, which can take months or even years. Because a subset of these children will be in this substitute care arrangement for some time—months to years—the type of care arrangement will have a substantial impact on their well-being. Foster care, with ethnically similar families or white, non-ethnic minority families, is the most common type of care for URM. Currently, 17 U.S. cities have foster care programs for URM overseen by two voluntary agencies, Lutheran

Immigration and Refugee Services and the U.S. Conference of Catholic Bishops. Legally, children under ORR’s jurisdiction who are served by the Unaccompanied Refugee Minors Program are eligible for the same range of child welfare services and benefits available to nonrefugee children, including housing, education, and health care ([Child Welfare Services for Refugee Children, 2010](#)). All homes are licensed and monitored by state child welfare systems and staffed by social workers. Foster parents receive special training regarding caring for URM, for example, the importance of culturally congruent recreation activities and fostering a cultural identity as well as acculturation. Education, health care, and mental health services are also provided. [Linowitz and Boothby \(1988\)](#) cited several unpublished studies indicating very high re-placement rates for URM in foster care, in the 40 percent to 50 percent range over three to five years. A variety of factors have been suggested as explaining these high rates, including lack of cultural congruence, incongruent expectations between foster parents and URM, and lack of support services. In particular, researchers have noted that URM often have unrealistic expectations about what life in the United States will be like ([Bates et al., 2005](#); [Mortland & Egan, 1987](#)). However, these statistics pertain largely to Southeast Asian refugees resettled in the 1970s; the current wave of URM in foster care might have very different experiences that have not yet been studied.

Caring for unaccompanied children carries substantial costs for U.S. taxpayers. According to [fedspending.org \(“Assistance for 93.76,” 2012\)](#), the federal government spent more than \$127 million in fiscal years 2007 and 2008—the most recent available data—for ORR’s unaccompanied alien children. Although the benefits of family foster care versus group care for unaccompanied children have been debated for at least a century, empirical research is still lacking regarding which models are most beneficial for which types of youths, based on age, region, or ethnicity ([Linowitz & Boothby, 1988](#)). This issue is important in that at least one European study ([Derluyn & Broekaert, 2007](#)) found differences in URM’s emotional well-being as a function of their postimmigration living situation (large- or small-scale center, foster care, or independent living).

## **SOCIAL WORK AND URM**

The dearth of U.S.-based research on URM presents challenges in developing programming on the basis of evidence of efficacy. Still, ORR provides programming for refugee youths through programs such as Bridging Refugee Youth and Children's Services. Social workers play a prominent role in the delivery of these services and are uniquely qualified to address these children's needs, primarily because of the profession's historic commitment to the most vulnerable, its ecological orientation to understanding complex social problems, and its strong leadership in the delivery of child welfare services. Globally and in the United States, social workers have staffed detention facilities run by the ORR under HHS, which are now shelters also largely staffed by social workers. In addition, foster care programs for URM use social workers to provide case management and mental health services. Thus, social workers can benefit from the development of research on these children to deliver services that are both culturally appropriate and evidence based.

## **LITERATURE REVIEW**

Although the body of research on unaccompanied minors and refugee children is modest, little of that research has been performed in the United States. A recent review of U.S. and international studies concluded that "despite multiple traumas and the challenges of acculturation, child and adolescent refugees are resilient, although studies of resilience ... are few" (Lustig et al., 2004, p. 32). However, questions have arisen as to the relevance of some international research to the situation in the United States, which can differ from that in European countries in terms of such factors as youths' countries of origin and how minors are treated when they arrive in their new host country. In addition, some of the available research is dated and does not reflect current patterns of refugee migration or traumatic experiences. Nonetheless, researchers do have some knowledge regarding URM in the United States.

Refugee children are often exposed to various traumatic experiences including mass murder, rape, extreme deprivation, and torture (Aptekar, 2004; Boothby, 1994; Rousseau & Drapeau, 1998) before their resettlement (Athey & Ahearn, 1991; Espino, 1991; Grizenko, 2002; Kinzie & Sack, 1991). In addition, URM have experienced separation from

their parents. It is not surprising that these forms of extreme adversity can lead to a host of mental health problems. Social scientists have described ongoing psychiatric disorders prevalent among refugees currently living in the United States, most notably posttraumatic stress disorder (PTSD), other anxiety disorders, and depression. Long-term emotional distress is common among refugee children, especially URM. Depression, said to be the most common mental health problem in adult refugee populations, has been found to occur among refugee youths as well (Felsman, Leong, Johnson, & Felsman, 1990; Kinzie, Sack, Angell, Manson, & Rath, 1986). A longitudinal study of immigrant youths found that those who had experienced separation from parents, a defining feature of URM, were more likely to be depressed (Gaytan, Carhill, & Suarez-Orozco, 2007). Depression is frequently comorbid with PTSD (Kinzie et al., 1986) and commonly co-occurs with other adjustment problems such as school difficulties, adjustment issues, or behavioral problems (Westermeyer & Wahmanholm, 1996). Kinzie and Sack (1991) studied 46 Cambodian students, many of whom fled or escaped concentration camps. Half of the students met the criteria for PTSD, more than half were identified as having a depressive disorder, and 59 percent experienced panic disorders or generalized anxiety. Even three years after the initial student interviews, nearly half still had PTSD and 24 percent had depression, although the "depressive disorder now tended to be more major" (Kinzie & Sack, 1991, p. 96). In addition, five of those who showed no PTSD during the first interview showed PTSD for the first time at the three-year follow-up interview. Espino (1991) found a relationship between exposure to violence and PTSD among Central American children; children exposed to war violence also experienced severe deficits in academic performance and depressed IQ scores, adjusted for amount of U.S. schooling. The more terror inducing the trauma is and the longer its duration is, particularly when combined with the absence of a parent, the more devastating its effects on children are (Boothby, 1994; Espino, 1991). Trauma exposure can impede personality development, causing disturbances in sense of self, impairment of basic trust, attachment disorders, and sharp deterioration in functioning (van der Kolk, 1996).

Identity formation, a hallmark developmental task of adolescence as a life stage in Western cultures (Ressler, Boothby, & Steinbock, 1988), can be especially challenging for URMs struggling to define their ethnic identity (Barwick, Beiser, & Edwards, 2002). Identity confusion can be a significant issue (Baker, 1982; Westermeyer & Wahmanholm, 1996). Such youths may feel alienated and isolated, a part of the culture of neither their home country nor the United States (Linowitz & Boothby, 1988; Walter, 1979). This alienation and isolation can be exacerbated by failure to learn English, rejection by peers, and discrimination, as well as by placement in a culturally incongruent versus culturally congruent foster home.

### **RISK AND RESILIENCE CONCEPTUAL FRAMEWORK**

Much research, discussed at length in Smith and Carlson (1997), has been performed over the past two decades regarding factors that elevate children's risk for adverse emotional and behavioral outcomes. To summarize that work, although all children experience some degree of risk, some specific and cumulative risks are most problematic. Risk factors known to be especially hazardous for children include out-of-home placement, loss or disappearance of a parent, exposure to traumatic events such as abuse, and damaging social environments (Ehnholt & Yule, 2006). Rutter's (1985) foundational work in England showed that cumulative risks, in particular four or more of the type just cited, dramatically increased the likelihood of psychiatric disorders. Risks most commonly encountered by URMs include loss of a parent; separation from family members; exposure to multiple traumatic events, including war; and postimmigration stressors such as language difficulties, racial discrimination, and frequent moves (Bates et al., 2005; Ehnholt & Yule, 2006). URMs appear to be exposed to even more risks than accompanied refugee children, which perhaps explains why a Belgian study found that they were more likely to experience emotional problems such as depression and anxiety (Derluyn & Broekaert, 2007).

However, research has shown that even children exposed to multiple risks such as parental loss and abuse do not inevitably develop adverse outcomes. Longitudinal studies in particular have shown that children exposed to cumulative risks

who also have protective factors are buffered from the harmful effects of risk exposure. Such children are said to be resilient, avoiding poor outcomes; indeed, some, including refugee children, actually thrive despite exposure to significant adversity. Interdisciplinary research has identified three broad categories of protective factors, which can vary by developmental stage. Several are relevant to the case of URMs. Individual protective factors include high intelligence, easy temperament, good coping and problem-solving skills, female gender, and faith in a higher power or a religious orientation (Garmezly & Rutter, 1985). Family factors are central to resilience and include attachment to at least one parent, close parental supervision and support, and stability (Derluyn & Broekaert, 2007; Garmezly & Rutter, 1985). In the larger environment beyond the family, close attachments to other adults and prosocial institutions such as school and church have been found to be protective. Finally, a large body of literature has reinforced social support's protective value to children through relationships (Ehnholt & Yule, 2006).

To illustrate the risk and protective factors common to URM, we present the case of one resilient URM, Jany, and contrast it with the case of his half-brother, Simon, who succumbed to multiple risks. Joanne Cacciatore interviewed Jany for 3½ hours, exploring his life by means of open-ended questions designed to elicit facts not only about what happened to him and the psychological effects, but also about coping and the meaning of his experience. The informal, conversational interview relied on the natural flow of conversation and allowed for meaning and themes to emerge (Patton, 2002). The interview was tape recorded, transcribed, and analyzed. Finally, the information was verified with Jany to ensure interpretive accuracy.

### **CASE STUDY**

Jany is a college graduate with a BSW who as a Sudanese refugee arrived alone in the United States in 1995 at about age 16. He was a Lost Boy, placed in a foster home by Catholic Charities after being on the run and living in a series of refugee camps in Africa. He spoke no English when he arrived.

Jany fled his home in 1987. He was about nine years old when soldiers involved in Sudan's civil

war came in the night and burned everything in his village. He escaped the danger by running away with a group of other children, fleeing initially to a United Nations refugee camp in Ethiopia, without the luxury of looking for his family members first: "Everyone had to run for their own life." Jany has not seen his family since then. He remained in the camp for four or five years, until Ethiopia experienced its own civil war, leading to the camp's closure. At about age 11, he escaped from the camp along with other children under extremely dangerous circumstances to return to southern Sudan, near his original village, eventually ending up Dadaab, a Kenyan camp well known for its horrors. Although Jany arrived in the United States with his half-brother Simon, who was a few years older than him, they were separated at the airport. Because Sudan does not keep birth records, while in the refugee camp children are assigned an age on the basis of their physical appearance, such as height. Nearly all Sudanese children, according to Jany, know their birthdates as January 1 of any given year on the basis of this subjective assessment. During the assessment process, Jany was determined to be a minor and processed for resettlement into United States through the Unaccompanied Minors Program. His half-brother, only a few years older than Jany, was determined to be an adult and was processed for resettlement into United States through the regular Refugee Resettlement Program. For those reasons, on arrival in the United States, the brothers were separated: Jany was placed in a foster home, whereas Simon was placed in an apartment with other Sudanese refugees. Jany feels that this process was largely unfair to Simon, who would have benefited more from a supportive home environment such as his own, where he was able to bond with a foster family and his new mom.

After taking English as a second language classes to begin the process of learning English, Jany was enrolled in an age-appropriate high school class despite the fact that he had no previous education in Sudan. Remarkably, he managed to graduate from high school and enrolled in community college, completing his associate's degree before being admitted to the undergraduate social work program at Arizona State University, from which he graduated in 2007. While completing this degree program, he

was employed at AZ Lost Boys Center, first as a volunteer, then as a paid employee, and he currently is employed as a program manager. Jany is married to an American woman, and they reside in Phoenix with their two cats. He met his wife, a nurse and former Peace Corps volunteer from Africa, while working at the center.

## **CASE ANALYSIS: RISK, PROTECTION, AND RESILIENCE AMONG URMS**

### **Risk Factors**

URMs experience all the issues and challenges of immigrant and refugee youths in general, but they do so without the support of their parents, a significant risk factor. They must adjust to a new, dramatically different culture; learn a new language and customs; adjust to a new school system; and come to terms with an often traumatic history that precipitated their emigration from their home countries. Jany arrived unable to speak a word of English and, after a short time in English as a second language classes, with no prior formal education, was placed in an age-appropriate high school class, as is typical for URMs in the United States. Jany told Cacciatore,

I remember some of the Lost Boys, the culture shock was so bad that they were washing their clothes with a block of cheese because they thought it was soap. Many things that Americans grow up doing every day that we did not know. I grew up in the village. It's like coming from the Stone Age to a modern American city.

*In the Shadow of Traumatic Loss.* Perhaps the most devastating loss and risk factor for URMs is the loss of their parents to death, described by [Athey and Ahearn \(1991, p. 7\)](#) as "an overwhelming disaster," as well as the loss of contact with other family members. Thus, URMs are often alone, without the protective support of parents and family members. In fact, loss has been said to be a "defining characteristic of refugee status. In addition, refugee children lose their homes, their possessions, [and] their friends" ([Athey & Ahearn, 1991, p. 7](#)). Separation and loss have been described as "universal themes [for unaccompanied minors, leading to] subsequent grief, despair, and



bereavement” (Ressler et al., 1988, p. 133). After the loss of their parents, URMs who have spent long periods in refugee camps often build emotional attachments to important adults and peers that are severed, often abruptly, when they are resettled, adding to the accumulation of losses. Jany, for example, lost his mother to illness when he was about age four; he also lost several siblings. When he was still a young boy, he also lost his father to death. He was unable to track his many siblings after the initial diaspora of the first group of Sudanese boys. On arriving in the United States with his half-brother Simon, they were immediately separated and had limited contact, another important loss for both Simon and Jany.

**Other Risk Factors.** Often, it is not exposure to a single traumatic event that affects the well-being of refugee children but rather exposure to chronic and extreme events that accumulate over a long period of time (Boothby, 1994; Ehntholt & Yule, 2006). Beyond the loss of family, URMs are exposed to a wide variety of other stressful and traumatic experiences, starting before immigration, including war-related atrocities and witnessing people being killed or tortured (Jeppsson & Hjern, 2005), leading to PTSD for many (Bates et al., 2005). Jany spoke about the walk from southern Sudan to the camp in Kenya:

We met a group eventually. There were like 500 of us. Nothing left there in Sudan, there was no food, so I remember we had to eat tree leaves. Thank God we had a river and we could drink from the river. But in the river, all these dead bodies were floating. So many of them. Just seeing them is trauma. Even now I still have that on my mind a lot. Dead bodies, and the skin is worn off. Even on the road we were walking, I see this guy, his skull took out, his brain just going out like this.... They had, they captured some soldiers and some kids, and ended up killing them while we were watching and hiding, in the distance.... We could have been the victims, so God just came in, and that’s how it worked. As soon as the gunshots went off, we were able to sneak out without saying anything. And then it became a nightmare, every time you hear the gunshots somewhere your body just goes like this... so we just started running away scared.

And the oldest person with us at that time was probably about 11.

Although Jany never mentioned PTSD in his interview, his narrative clearly suggests symptoms of the disorder, including recurrent nightmares and hyperarousal symptoms that occasionally present during disagreements with his wife.

Many URMs have spent significant periods of time in refugee camps, described as total institutions and often housing thousands of desperate people, in which deprivation, violence, and trauma—substantial risk factors—are all too common (Lustig et al., 2004). Jany spent significant time in refugee camps in Ethiopia and Kenya. Jany described Dadaab, now the world’s largest refugee camp, which opened in the early 1990s:

This was the worst camp you could be staying in in Kenya. The worst camp ever. That’s why when people talk so much about Kakuma, I try to correct them, because Dadaab was the worst. They were able to build Kakuma later on and that’s why many of the Lost Boys went there, but Dadaab was the first one. It was the worst. We were facing starvation, killing in the camp, refugees would riot.

He went on to describe child soldiers he encountered there:

Some of these children [in the camp] were in the military camps fighting in the war. I did not serve, but they were child soldiers. Some of our guys here actually served, but I was too young. Some of the older like age 11, age 13, they carried AK-47s, they were fighting. And they were the ones actually leading.

In fact, Jany’s brother Simon was “old enough” to be a soldier. When Jany and Simon were reunited in Dadaab camp, Simon already knew how to carry gun and had memories of trying to function as an adult soldier and of escaping from the army. Thus, while serving as an active participant in the rebel war, Simon was exposed to a category of traumatic events that Jany avoided.

Another risk factor for some refugees is health problems acquired before emigration, during

flight, or in refugee camps, such as malnutrition and dehydration, exposure to infectious diseases, and brain injury. These circumstances were also described by the 14 Lost Boys studied by Goodman (2004). Such problems can have enduring effects that compromise well-being or adjustment during resettlement and undermine coping (Carlin, 1986; Lustig et al., 2004; Westermeyer & Wahmanholm, 1996). According to Jany, virtually all Sudanese who arrived in the United States as refugees had stomachaches going back to their days in the camps, which were eventually diagnosed as parasites and treated with medication:

I had a parasite. So that is not necessarily to do with nutrition or anything, but because I remember I think I was in the camp or whatever when we were running we had to drink water from the river where dead bodies were floating. There was a lot of bacteria and all that, and that was a big effect on many of us as Sudanese.

### Protective Factors

Much of the literature has noted the incredible resilience of refugee youths who, despite exposure to chronic and severe stress and traumatic events, function at a very high level (Bates et al., 2005; Derluyn & Broekaert, 2007; Ehntholt & Yule, 2006; Jeppsson & Hjern, 2005; Kohli & Mather, 2003). They are often described as survivors who have used their own intelligence, skill, and luck (as well as sometimes stealing, lying, and cheating) to get through unbelievably difficult experiences (Carlin, 1986). The literature has offered only a few glimpses into a few protective factors that might explain such resilience. What can Jany's story tell us about protective factors accounting for this tremendous resilience—the ability to thrive or at least survive—despite almost insurmountable odds?

**Individual Protective Factors.** Noted protective factors at the individual level include easy temperament, good coping skills, and belief in a higher power or religiosity. Regarding temperament, Jany attributed his resilience to being an outgoing person naturally inclined to help others; he has a remarkably positive attitude. He noted several times in his interview how lucky he was, for

example, that he was too young to become a child soldier, that he was able to come to the United States, that he went into a foster home whereas his half-brother Simon was not able to do so, and that he was able to acquire higher education. In the end, he has been able to find meaning in his experience, as traumatic as it was: "I survived for a reason, so I can tell my testimony to the world." Other Lost Boys, too, have been able to make meaning out of their experience (Goodman, 2004). Although Jany never received counseling after coming to the United States, he told Cacciatore that he thought it would have helped him and others like him, especially children. With regard to coping, Jany cited exercise—specifically, running—as one of his coping strategies.

Few studies have systematically investigated how URMs have coped with the overwhelming stressors they have experienced. Kinzie et al. (1986) noted that Cambodian and Buddhist values of acceptance and perceiving present events as being influenced by past behaviors have contributed to an avoidant coping style among traumatized Cambodian refugees. Interestingly, two studies have found that some refugee youths, for example Vietnamese and Sudanese youths, prefer not to talk about their experiences, in contrast to Western mental health thinking that emphasizes actively processing and talking about stressful and traumatic events (Goodman, 2004; Kohli, 2006). Suppression of emotion and distraction have been reported as common coping mechanisms among URMs (Goodman, 2004).

Religiosity is another source of comfort and encouragement for Jany. He talked about carrying his Bible in the camp at Dabaab and the value of Christianity for him, in particular as a way of coming to terms with his frequent encounters with death from the time he left his village on the night the soldiers came, during the long walks to the camps, and in the camps themselves. As have other Lost Boys (Goodman, 2004), Jany spoke of God's plan for each of us and accepting when it was your time to die. He talked about the importance of religion for another Lost Boy he knew:

There was one Lost Boy on *60 Minutes*, and I met him because we did some work together back home. I met him and he was carrying the Bible all the way from Ethiopia. He swam



with it, he covered it, and it was on *60 Minutes*. The reporter asked him, “You’re still carrying the Bible from Ethiopia?” And he said, “Yes, this is my faith, who I am as a Christian, my life. I have been called a Lost Boy, but I’m not lost from God.” So it’s very powerful.

Effective school performance can be another protective factor for refugee youths, many of whom come from cultures that place very high value on education (Goodman, 2004; Kinzie et al., 1986; Kohli & Mather, 2003). However, not all URMs have an easy time in U.S. schools; some experience harassment and discrimination (Bates et al., 2005). Despite coming to formal education for the first time at age 16, Jany was able to succeed academically and socially in high school and go on to community college and university. His innate intelligence, ability to learn English quickly, and strong desire for education facilitated this success and can be considered protective factors. He hopes to complete an MSW program. In contrast, Simon did not attend school because he was older than age 18 and was thus deprived of the opportunity to benefit from education and develop relationships with same-age peers.

**Family Protective Factors.** Immigrants and refugees often arrive in the United States embedded in large, extended family systems that are a major protective factor and source of strength (Shields & Behrman, 2004). Although URMs often do not have such support, even if their parents are living, some youths manage to maintain extended family ties that help them adapt. Refugee youths who had reasonably well-functioning families before emigration, in particular at least one parent, are better able to endure adversity and much less likely to experience long-term emotional problems (for example, Boothby, 1994; Kohli & Mather, 2003; Ressler et al., 1988; Westermeyer & Wahmanholm, 1996). Jany attributed his resilience to the strength of his early family background. He described an idyllic early life in a village in southern Sudan with a large extended family that included many uncles as well as parents and siblings, half siblings, and cousins. He described his life caring for his family’s cattle as “very normal ... everything was good.” Despite the loss of both

parents, he had a supportive stepmother in Sudan. The theme of a stable and loving home life continued after Jany’s immigration to the United States, fostering his resilience when he was placed with a very loving U.S. foster mother who, despite working two jobs and having several foster children, provided his basic needs as well as a sense of safety and moral direction. Not all URMs in foster homes are so successful. Bates et al. (2005) described the clash of expectations that often occurs between refugee youths and foster parents over what the family relationship should look like, with some youths having difficulty forming emotional bonds with their foster parents. Jany attributed much of his success to his positive experience in foster care, with a mother who cared for him and provided for his physical needs, as well as providing him with a sense of what was right and wrong in his new culture. He contrasts his own experience with that of peers:

I know many of the Lost Boys that went to foster homes and were moving around a lot, things were not going well ... and they made the wrong choices because they didn’t have anything stable. They go to the mall and spend all their money, maybe shoplifting, things like that.

In contrast to Jany’s positive family experience, at 18 Simon was considered an adult, according to the rules of the U.S. Refugee Resettlement Program, and on his way to achieving independence in the United States. As with other adult refugees, he was provided with case management services geared toward self-sufficiency through employment as soon as possible after his arrival. Simon, whom Jany described as an intelligent self-learner who spoke four different dialects of his native language as well as English, had good prospects for success and independence. However, tragically, Simon began to develop PTSD symptoms shortly after his arrival. The initial honeymoon period, typical for most of the refugees on reaching their final destination, was supplanted by anger, nightmares, and an inability to adjust appropriately to a dramatically different and demanding new environment. Simon’s physical appearance changed, and he was unable to maintain employment. Despite receiving social support

from the Sudanese community, the Lutheran Church, and Catholic Charities, he was evicted from his home, and his functioning deteriorated. He rejected all attempts to provide mental health assistance. Survivor of Torture Services, one of the most successful and powerful programs for victims of torture and war-traumatized refugees, was not available at this time. On the morning of April 10, 1997, Simon's frustration and anger overcame him. He purchased a rifle at a local gun store and took a city bus to Catholic Charities, a familiar agency that often offered aid to Simon and other refugees and, ironically, housed the Refugee Resettlement Program. Out of desperation, Simon began shooting at the ceiling. Police were called, and although no employees at the agency were physically harmed, Simon was shot by a responding officer after failing to relinquish his gun. He died on his way to a nearby hospital. (Barbara Klimek was employed at Catholic Charities at the time, and this incident was reported in the press as well.)

Simon's downward spiral profoundly affected Jany. As his brother's behavior deteriorated, he lost all contact with him, eventually seeing him seven months later "in a coffin ... laying dead." To date, Jany has not received any counseling since his brother's death, which was another traumatic loss for him. He said,

I almost quit school that year; I didn't run all year. I was kind of numb, I didn't want to do anything. I wanted to go for revenge because that's all we know. I wanted to kill the police officer that killed my brother, because that's all I understand. That's all I know.

**Community Protective Factors.** Factors beyond individual characteristics and the family, such as connectedness to prosocial organizations, can also buffer at-risk individuals from developing adverse outcomes. One study suggested that successful immigrant youths (not necessarily URMs) had mentors, adults from school, church, or community groups who helped them to thrive (Gaytan et al., 2007). Jany was able to develop a strong and protective connection to the AZ Lost Boys Center in Phoenix (now the Lost Boys Center for Leadership Development; see <http://www.lbclcd.org/>), where he and other Sudanese refugees have been able to obtain social support and validation. When Jany arrived, he was placed in a white home in a white neighborhood in which he and a foster brother were the only black children. Over time, however, he was able to forge a new identity based on being a Sudanese Lost Boy, as did other such youths described by Goodman (2004):

I was able to understand that that's become my identity, even though the other Sudanese don't like it. They had a discussion a few weeks ago, you know, "We're men, why?" and I said "Listen, the label has already been out. Let's move on, it's not going to change." And you have to understand it's helping us [to cope] with life. Many of the guys are driving now, and they have police officers who might stop them and say, "Oh you're one of the Lost Boys of Sudan."

Cultural factors are prominent in the literature on refugee youths (for example, Bates et al., 2005) because in most cases resettlement occurs in countries with cultures dramatically different from that of their home country. Culture plays an important role in how traumatic events are experienced, including the meaning attached to them, how people express distress and mental health symptoms, and how healing does or does not occur (Aptekar, 2004; Rousseau & Drapeau, 1998). For example, adolescents from different regions of the world who are traumatized by war do not all manifest classic PTSD symptoms, because perceptions of a traumatic event may mediate responses to it (Aptekar, 2004; Rousseau & Drapeau, 1998). Little research has been conducted on how URMs perceive their experiences. Although "connections to one's culture of origin and ideological commitment may act protectively" (Lustig et al., 2004, p. 28), these connections have not yet been studied. The strong connection to the AZ Lost Boys Center allowed Jany to remain connected to his culture and his people. Today, Jany is able to give back to his community, another dimension of his coping. Jany also gives a good deal of credit to the Catholic Charities foster program he was in, during which a caseworker visited him weekly, providing support. In

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addition, his connection to a religious organization has been helpful.

## RECOMMENDATIONS FOR SOCIAL WORK RESEARCH ON URMS

To conclude, we recommend additional research on URMs using the risk and resilience and ecological systems conceptual frameworks familiar to social work to better understand the nature of the risks URMs face, how they cope with the adversities they experienced, and what factors protect them from developing poor outcomes. The following research questions are proposed:

1. What is the role of culture as a source of both risk and protection or resilience in URMs?
2. How do these youths cope with the experience of being separated from their birth families and local communities as well as other early and postimmigration stressful and traumatic experiences? Because successful coping is often influenced by how potentially stressful or traumatic events are subjectively perceived, what can be learned about how URMs perceive the difficult and life-changing experiences that led to their immigration to the United States?
3. How well have URMs adjusted to life in a new culture and environment? In what ways are they resilient? What are their specific strengths? What factors help to explain why some seem to adapt more effectively than others?
4. How well do foster care services meet the needs of unaccompanied minor children and facilitate their adaptation to life in the United States?
5. Which housing models seem to be the best fit for which kinds of youths?
6. What are URMs' needs as they adjust to the United States—psychological and emotional (identity, bonding and belonging, loss and grief, separation, social support), material (food and shelter), educational, cultural and religious, and legal?

Social workers play a key role in research and practice with URMs, as well as in the pedagogy and curriculum development related to refugees, as a whole, in the United States. URMs in the

United States experience a range of challenges to adjustment as a result of the stressful and often traumatic experiences they have had before their arrival in the United States, including health, mental health, and identity issues. However, in part because of their ability to cope and other protective factors such as culture, they can also demonstrate amazing resilience that is poorly understood. Future social work research should aim to better understand URMs' psychological experiences, coping, and resilience, as well as their experiences in different care arrangements, carefully analyzing outcomes to determine best-practice models for this vulnerable group. **SW**

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