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Life becomes about survival': Resettlement, integration, and social services among refugee parents

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“Life becomes about survival": Understanding social service provision for refugee parents

As a consequence of armed conflict, political violence, and environmental crises, the world is now home to an unprecedented number of displaced people, including approximately 27.1 million refugees – half of whom are children (United Nations High Commission on Refugees, 2021). As many as one in four refugee youth are at risk for poor social and/or behavioral outcomes, including depression, anxiety, post-traumatic stress disorder (PTSD), conduct disorder, educational difficulties, and emotional difficulties as a consequence of war and displacement (Betancourt et al., 2012; Brown, 2015; Hooper et al., 2016). These outcomes arise from stressors encountered during each phase of the refugee experience (pre-flight, flight, and post-flight), illustrating that, if left unresolved, may significantly affect the wellbeing, and adjustment of parents and children alike (Bryant et al., 2018; Frounfelker et al., 2020; Hollifield, Warner, Krakow, & Westermeyer, 2018; Masarik et al., 2022; Weissbecker, Hanna, El Shazly, Gao, & Ventevogel, 2019). The experiences endured by refugee children, youth, and families create unique needs for service provision, a considerable task for organizations in this country, as the United States has accepted more than 1.3 million refugees between 1980 and 2022 (U.S. Department of State, n.d.).

Trauma and the Context of Service Provision

Preflight

In their home countries, refugees typically have endured exposure to multiple types of traumatic stress related to the political violence associated with war and armed conflicts, including ground invasions, targeted shootings, aerial bombardments, terrorism, famine, and individual or mass torture – all of which contributes to the decision to emigrate (Pedersen, 2002; Sidel & Levy, 2008; Pumariega, Rothe, & Pumariega, 2005). Refugees have often suffered

intentional deprivation of basic needs or human rights, politically motivated arrests and incarceration, and deliberate interruptions in access to food and other basic needs such as those for education, sanitation, and healthcare (Abu Suhaiban et al., 2019; Sousa, 2013; Zwi & Ugalde, 1989), often related to tyranny, colonialism, oligarchy, and xenophobia motivated by political violence (George, 2012). For many individuals, the destruction, oppression, and discrimination they flee are best described as moral injury, as these stressors violate assumptions about the basic tenets of justice and humanity (Hoffman, Liddell, Bryant, & Nickerson, 2018).

Flight

In addition to the traumatic stressors experienced in their home countries pre-flight, refugees encounter multiple practical and psychological stressors during the flight from their home country and resettlement in a new host country (Akesson & Sousa, 2020; Im, 2021; Lustig et al., 2004). Stressors experienced pre-flight may be exacerbated by the loss of extended family, including the separation of children from their parents, related to forced migration to the United States or other host countries. These migrations may also be fraught with hazardous river crossings, capsized rafts, and death (Wood & Newbold, 2012; Pumariega, Rothe, & Pumariega, 2005). Risks encountered during migration also include detainment in overcrowded refugee camps with potential crime, inadequate nutrition, and a lack of education and healthcare, as well as limited or no access to familiar sources of support, such as places of worship, schools, and work (Wood & Newbold, 2012; Pumariega, Rothe, & Pumariega, 2005). People are assured of neither their eventual status nor their eventual location, often for extended periods of time. Adults and children alike grapple with fear, anxiety, and grief, along with a variety of physical and mental health consequences from the violence and repression they recently fled (George, 2012; Lustig et al., 2004; Miller & Rasco, 2004; Weine et al., 2004).

Resettlement

Once resettled in the host country, refugees can experience a multitude of challenges such as language and cultural barriers, unemployment, a lack of social support, limited knowledge about local community programs and organizations, discrimination, mistrust, low socioeconomic status, social exclusivity, racism, and xenophobia (Alam & Asef, 2000; Thomas, Chiarelli-Helminiak, Ferraj, & Barrette, 2015; Saechao, Sharrock, Reicherter, Livingston, Aylward, Whisnant, Koopman, & Kohli, 2012; Richards, 2016). Refugee families face stressors related to acculturation, including multi-generational conflicts and problems acclimating to the new environment, as well as struggles over identity, culture, and language (Griswold et al., 2021; Masarik et al., 2022; Weine et al., 2004). These experiences may lead to isolation and a loss of individual and collective identities and contribute to the struggle to establish a sense of place and belonging in American society (Kim, Conway-Turner, Sherif-Trask, and Woolfolk, 2006; Thomas, Chiarelli-Helminiak, Ferraj, & Barrette, 2015). Refugee parents also face significant logistical barriers related to their need to adapt to an unfamiliar lifestyle that often involves coordinating complex and challenging work arrangements with child care responsibilities (Kim, Conway-Turner, Sherif-Trask, & Woolfolk, 2006; Richards, 2016; Saechao, Sharrock, Reicherter, Livingston, Aylward, Whisnant, Koopman, & Kohli, 2012).

Historic and Policy Context of Refugee Service Provision

The scope and success of refugee services rest on the policy terrain. Yearly numbers of refugee admission in the United States fluctuate, largely due to political factors. For instance, while in the early 2000s, the United States admitted more than 50,000 refugees each year, despite the need to admit additional refugees due to crises like those in Syria, under the policies of Trump and his administration, that figure plummeted to 11,840 (in 2020). In particular, Trump's

Executive Order 13780 decreased refugee admissions in half, impacting human rights and the abilities of refugee service organizations to effectively fulfill their missions (Klotzbach & DePasquale, 2018; Pierce, Bolter, & Selee, 2018). The xenophobic rhetoric and restrictive immigration policies of the Trump administration were, of course, further exacerbated by the COVID-19 crisis (Beers, 2000; Grant, 2020). One of the first acts of the Biden administration in January 2021 was to revoke Executive Order 13780and to increase the cap for refugee admissions to the United States. Since assuming office, President Biden has pledged to admit 125,000 refugees each year (Baugh, 2022; Tran & Lara-García, 2020; USA for UNHCR, 2022). Yet, this goal has proven challenging to meet, and in more recent years, increased global violence and climate disasters have led to even more need for effective refugee policies and services, particularly for children, who account for the largest proportion of refugees around the world.

Policies surrounding refugee resettlement are key to the ways service providers can assist refugees in integrating in the United States. The Refugee Act of 1980, perhaps the most significant refugee legislation, was created under the Refugee Resettlement Program and administered by the Office of Refugee Resettlement. It guarantees refugees access to social support, including transportation, relocation allowances, job training, and public assistance programs (such as Aid to Families With Dependent Children, Supplemental Security Income, and Medicaid) (George, 2012**)**. Yet, this act, like others that support immigrants (e.g., the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193), have been criticized for providing services that are extremely limited in both scope and longevity (Padilla, 1997; Segal & Mayadas, 2005). In the first 30 to 90 days of resettlement, funding to assist refugees focuses primarily on employment and economic self-sufficiency, not necessarily

on services that help refugees acclimate to their new environment (Critelli, 2015). As well, service provision for refugees is fraught with language and cultural barriers, a lack of integration of services, and shifting populations (Dubus & LeBoeuf, 2019; Sheth et al., 2021).

In the absence of meaningful, lasting policies that effectively support the integration of refugees, service providers must identify relevant and multiple types of resources and benefits for their clients, especially for families, who, encounter multiple, uniquely challenging demands within all phases of the refugee experience. At the same time, families also provide a nexus for growth and adaptation – and service providers are uniquely positioned to help mobilize the strengths of refugee families.

Building on the Strengths of Families Through Service Provision

Within the violence, persecution, and uncertainty of political violence and the refugee experience, the family is often the most important, and sometimes the only, source of constancy and support, and is a core protective factor for refugees in general, and for child refugees in particular (American Psychological Association [APA], 2009; Sousa, Haj-Yahia, Feldman, & Lee, 2013; Weine et al., 2004). Unresolved parental stress associated with pre-flight and flight experiences are often compounded by challenges in the resettlement phase that limit the parents' emotional availability to their children, as well as the parental sense of self-efficacy that comes from the satisfaction of being able to provide for children's core needs for security and constancy (Pumariega, Rothe, & Pumariega, 2005; Wood & Newbold, 2012). Yet at the same time, despite the many stressors experienced by refugee families, refugee parents are often able to mobilize incredible strength and creativity to fulfill their roles as parents, protect their children, and promote family well-being (Shimoni, 2003; Weine et al., 2004). This process of continuing to

care effectively for children, even while facing multiple challenges, is referred to as parental resilience (Gavidia-Payne, 2015).

Parental Resilience and Integration

Theorists suggest parental resilience depends not only on the psychological well-being, sense of self-efficacy, and optimistic attitude of parents, but also their social networks, instrumental resources, and sense of connectedness (Belsky, 1984; Gavidia-Payne, 2015; Walsh, 2016). To this end, community service organizations and service providers are uniquely and critically positioned to help refugee families heal from trauma and adapt as they acclimate to, and integrate within, their new environments (American Psychological Association [APA], 2009; Murray, 2010)

Integration has been described as a process wherein refugees and the host community both adapt and grow resulting in an expansion of access to a variety of rights and protective factors, as families acquire linguistic and cultural knowledge, security, and stability in their new setting (Ager & Strang, 2008; Castles, 2002). Successful integration depends on coordinated approaches to service delivery, rooted in principles of empowerment and community-centered models of care, and embedded within a holistic, ecological framework that conceptualizes individual wellbeing within a paradigm of the person-in-environment (Betancourt & Khan, 2008; Miller & Rasco, 2004; Weissbecker et al., 2019) with social connection and social support as key factors for the successful integration of refugees (Ager & Strang, 2008). Direct service providers, such as case managers and social workers, typically facilitate connections between refugee families and the multidisciplinary team of professionals (legal, medical, educational, and judicial) that respond to the needs of refugee families (Critelli, 2015; George, 2012; Hynie, 2018; Strang & Ager, 2010). Yet, few studies have examined family level interventions among refugee

families that support child and family resilience by focusing on service-level integration factors (Slobodin, 2015).

Study Purpose

Except for a few exceptions, there is a paucity of literature that pays attention to the experiences of refugee service providers (Tastsoglou, Abidi, Brigham, & Lange, 2014); thus, one critical factor in the task of understanding and strengthening service provision for refugee families is to explore how service providers understand the strengths, needs, and service utilization of refugee parents. Service providers play a significant role within community-based research partnerships that attempt to create, share, and utilize research on the well-being of refugee children and families (Robinson, 2013). In this time of acute crisis with regards to refugees, combining research with practice knowledge is particularly important to close the gap between scholarship and the practical realities of service delivery, and the unique knowledge and service providers (Cabassa, 2016). The perspectives of social service providers not only give us critical information about the experiences of refugees regarding trauma and recovery pre- and post- resettlement, but also offer valuable insight into the types of interventions and trainings that characterize trauma-informed work with refugee children and families (American Psychological Association [APA], 2009).

The objective of this study, therefore, is to collect and analyze the perspectives of service providers about the ways in which refugee parents continue to support their children's wellbeing, even as the family experiences the stressors of the pre-flight, flight, and resettlement phases of the refugee experience. The research is a collaborative project between a graduate school of social work in [blinded] and the primary refugee service organization in the area.

Methods

Procedures and Setting

Data come from 12 in-depth interviews and two focus groups completed with refugee service providers in 2015 and 2016 in the major metropolitan city of [blinded]. All procedures were approved by the IRB at [anonymous]. At the time of this study, this metropolitan city was home to over 3,700 refugees, primarily from Bhutan, Burma, and Iraq. However, in recent years, providers have seen a new influx of families from Syria, the Democratic Republic of Congo, and Somalia. For interviews and focus groups, participants provided verbal consent after reading a script that specified the purpose of the study, the confidential nature of the data, and procedures (including a statement that interviews would be recorded). Participants were recruited through personal contacts and databases of service providers provided by the agency partner. Snowball sampling was also used as the study progressed. The research staff subsequently followed up with emails and phone calls to schedule the focus groups and interviews. The two focus groups took place in-person in the agency setting. After consideration of the practical challenges in setting up and conducting in-person focus groups, and the limitations we felt with regards to the depth of the data we gathered from that method, we shifted to individual in-depth interviews. Participants had a range of years of experience, and job duties. Table 1 includes the information about the research participants (to the extent that we collected this information; out of concern for confidentiality, given the relatively small community and tight networks of providers, many participants declined to provide specifics, and we did not ask for detailed demographic or professional information. All individual interviews were conducted over the phone and recorded.

Interviewers asked open-ended and exploratory questions, such as questions about the stressors of the refugee experience during preflight, flight, and resettlement (e.g., “When you think of your work with refugee parents, how do they manage to parent amidst the various phases of the refugee experience - preflight, flight, resettlement?”). Interviewers also asked

providers to reflect on specific instances in their work and provide examples of parents who struggled with challenges, but also parents who appeared to successfully navigate the process ("Please think, for a moment, of one or two parents who you would say struggle the most with parenting amidst the stress of the refugee experience. What kinds of challenges do they encounter? What impacts do the challenges have on their parenting? Please think, for a moment, of one or two parents who you would say effectively navigate the tasks of parenting within the refugee experience. How do they do this? What strategies do they use?"). Interview questions were generated by the study team, which consisted of both scholars and agency leaders, and were refined after the first focus group. Questions were generated based on study aims, the results of previous literature, and the purpose of the study. Interviews were conducted by team members from the college (both faculty and advanced undergraduate or graduate students, who had specific interests in mental health among refugees), who consulted with each other to determine when data did not reflect new findings and saturation was then determined. Interviews were transcribed by team members who did not conduct the interview.

Data Analysis

The research team, including team members from the agency and from the college, collaborated to analyze the data. To begin to derive codes, first, five research team members analyzed separate interviews and coded line-by-line, informed by a grounded theory approach (Charmaz, 2006). Line-by-line coding enabled conscientious data analysis, consistent with a goal to combine inductive and deductive approaches (DeCuir-Gunby et al., 2011). With regards to this process, our analysis was driven by data but informed by and aimed at contributing to the growing body of theoretical work about family functioning, parental resilience, and service delivery for families affected by war and the refugee experience (Bradley, 2007; Cobham &

Newnham, 2018; Geens & Vandenbroeck, 2014; Murphy et al., 2017). Subsequent to individual line-by-line coding, the research team met to compare codes. At this point, the lead author consolidated similar codes and created a refined codebook, which was shared with the team for their review. The lead author facilitated a discussion on the fit and appropriateness of the proposed codes, which the team tested by a process in which each member applied the proposed codes to new data that was not previously coded, and then the team deliberated, comparing codes and arriving at agreement for any disparate codes or any data that appeared to not fit into existing codes (in these cases, new codes were generated by the team, through discussion).

Code development and analysis thus was done through a collaborative, constant comparative process, within a tradition of grounded theory (Glaser, 1965): final themes were thus derived from the data through organizing and grouping smaller codes to arrive at a refined set of themes. These themes were data-driven, aimed at contributing to the refinement of theoretical and practical understandings about the interrelated processes of family processes and adaptation for parents and children who are refugees (Weine, 2008); family resilience (Walsh, 2016); and integration for refugee families, particularly regarding the role of service provision for and with parents (Ager & Strang, 2008). Once the themes and corresponding codes were agreed upon, we imported data and the codebook into our analysis program (Dedoose, 2018), and each interview was coded by a graduate-level research assistant who was a full member of the team (and therefore part of the process of code and theme development); the RAs were supervised by the lead author, who verified the appropriate application of codes (there were no areas of disagreement). The shared responsibility and iterative, dialogic process (which included investigator and theoretical triangulation) helped assure credibility, dependability, and confirmability of findings, as suggested by best practices related to building trust-worthiness and

assuring rigor in qualitative research (Krefting, 1991; Lincoln & Guba, 1985; Stahl & King, 2020).

Findings

In response to questions, providers initially tended to describe their work in broad terms. As the interviews progressed, however, service providers recollected detailed stories and reflections about their work with families, describing the implications of trauma and patterns of family survival at all stages of the refugee experience. They often situated their thoughts about clients within deep understandings of the trauma their clients have endured, though almost the same attention was spent thinking through the effects of daily hassles and problems related to living in the United States (e.g., transportation, employment, housing), and how these hassles amplify the challenges with refugee adjustment and integration. While many providers spoke generally, we did ask about any particulars they have found in working with specific populations, and our data also includes some nuances related to providers' reflection about working with newly growing populations in the area (e.g., families from the DRC) or differences they were supposing between populations they worked with who came from rural areas (e.g., many of their clients from Burma and Bhutan) as compared to the more urban clients they see who fled from cities in Iraq. In our presentation of findings, we describe first providers' reflections about the lasting effects of trauma, moving on to describing how the trauma impacts parenting, and how that interacts with parents' daily survival. We then turn to some specifics of parenting experiences in this context, including the isolation parents endure and the work parents undertake to maintain the parental role. We end with our findings related to how providers described the role of social support in the lives of refugee parents, both informal and then formal support. See Table 2 for a list of themes, codes, and examples.

Table 2 about here

The Lasting Effects of Trauma: "If you ask kids to draw something, they just draw guns"

Providers often reflected during at least one part of their interview about the types of trauma family members experienced in their home countries, during flight, and during resettlement, with one provider noting, "if you ask the kids to draw something, they just draw guns, and soldiers, and something like that." In addition to other forms of violence related to living in and fleeing from active warfare, such as destruction of homes, witnessing violence, and having a pervasive fear of death for oneself and ones family members, providers shared information about refugees who endured sexual violence. One provider explained that a refugee parent had children who were both "from using the weapon of rape during the war." Another provider described how sometimes refugees were coerced into marrying their rapist and that this marriage would become "the base of the family unit."

While describing the trauma encountered during the process of fleeing, providers spoke about families lived in crowded camps, sometimes for decades, where they endured "exposure to extreme violence," dependent on rationed food, and experienced consistent insecurity about housing and education. Providers in this study also described traumatic experiences that refugee parents struggled with during resettlement, as they attempted to adjust to their new lives and process the trauma and stress they endured.

"A parent's brain in survival mode": Effects of Trauma on Parenting

One provider described pre-flight and flight as times when "a parent's brain will go into survival mode where they will do anything and everything they can to protect their children or get their children to safety." In this context, the provider said, "Disciplining children and looking out for social connections for them in pre-flight is not as important as just safety, clean water,

and food." The refugee experience is characterized by a loss of structure and predictability, portrayed simply by one provider who said, "I think they have lived in a state of limbo for so long that it's very hard to get into a routine and a structure and a schedule with their kids here."

Interviewees described the lives of refugees as characterized by incredible uncertainty: "Pre-flight and during flight there are a lot of unknowns. They are given a little bit of a portrait of what it is like here, but it not ideal or correct. So I think there is a lot of fear. And it's a pretty exhausting process. They are coming here with multiple kids, and I think it's challenging for them." One provider simply described refugees as being "torn out of their country," and explained that "it's a huge challenge…leaving your country, leaving your house, your property that you have lived in for 200, 300 years." Refugee service providers also chronicled stories of parents having to vigilantly monitor the safety of loved ones, which contributed to their stress. One provider stated, "When you are constantly, like hanging on if your aunt or mom's sister is dead or not, that trauma carries down and is still present." One provider described an ongoing compulsion to monitor events back home, which culminates in either "holding their kids a bit closer, or getting so wrapped up with what is happening overseas that they check out a little bit."

Providers noted various mental health sequela resulting from these experiences, including substance abuse, suicidal thoughts, post-traumatic stress disorder (PTSD), and difficulties learning and processing information. They also noted a virtual wall of silence within families about the trauma-inducing experiences, as parents "never talk to [the children] about war." One provider highlighted a parent who illustrated how trauma lingers within families, stating, "First of all, she came from a traumatic place, her children came from very traumatic experiences, and that whole background; she didn't really have time to deal with here because she is a single mom

with three kids… I imagine there was a lot of things in the past that she couldn't really deal with that she needed to deal with or find some peace."

"Everything else is secondary": Daily Survival of Parents

As illustrated in the previous quote, processing trauma becomes secondary to daily living during resettlement. Reflecting on providers' needing to adapt to the changing refugee population resulting from an effort to resettle Congolese people, one provider explained, "With the Congolese population, we are just starting to get to know them. They have had very traumatic experiences in the refugee camps and displacement, [but] right now they are just trying to feed their children. So everything else is secondary right now." Indeed, within providers' reflections about the tasks of resettlement, daily survival took priority over all else:

> "[Upon arrival the parents are] just trying to survive, you're just trying to make sure your kids are fed and your kids have clothes and have a place to live and then starting to worry about school and making sure you have a job and paying your travel loans…those are all the very real struggles in the beginning."

Refugees' preoccupation with survival continues during resettlement. The majority of providers described how parents attempted to provide for their families, including feeding, clothing, and housing their children. Providers recounted how refugee parents had to adapt to long and atypical work hours or late night shifts. These odd shifts and night hours isolate parents from their community as "they do not have time to mix with groups." As well, the closeness of the family and the supervision that parents can provide are at risk, as one provider explained:

> "So, there is not that connection with the children. So even when they are at home, there's not that supervision, that emotional connection. Because the parents, the women, are tired, they are tired and stressed out and it is totally understandable. Because if you don't

have the energy or the strength yourself, how can you give that to your child or your children?"

The provider above summed it up by saying: "even when parents are home, they are tired, they are stressed out." Similarly, others noted the stress that arises from daily efforts to adapt and survive. They contended this stress leads to increased anger and a lack of patience towards children. One provider recounted how a parent stated, "Every time I see her it seems like she runs out of energy to help her kids or love her kids." Life becomes "simply about survival," one provider concluded.

Related to survival, many refugee parents come from middle class, professional backgrounds, so the crisis of working entry-level jobs stands in sharp contrast to what they imagined their lives would be like in the United States. Refugees are often not able to practice their professions and maintain the same career roles they once had in their countries of origin. Providers reflected about parents they knew who were going through profound crises as they lost status and standing regarding their careers:

> "There is one family that comes to mind for sure. The mother and father are both very high achieving architects before they came to the US. And you know the daughters are brilliant, they are very, very smart. But you know in coming here they kind of lost all of their status. The mother went from designing resorts in a major city, like these beautiful [places]... [but] she's not licensed anymore and same with her husband so they had to begin the program again. And so they were devastated, from losing their status and their power and control over their career."

As well, one provider noted that even when parents (specifically, mothers, as this provider noted) could buy food for their families via benefits or earn adequate money to buy

food, the food is lower in quality than they would desire and "not as healthy as what they were eating in their home country." This provider contended that "even though they are providing nutrition, it might not always be the best nutrition."

Providers identified the challenges that refugee parents encounter, such as juggling work with family within a context of considerable economic precarity. This responsibility profoundly influences their parenting, as "it affects everything in terms of time spent with kids, in terms of attention, in terms of energy, or love you can give them." One provider emphasized how financial constraints preclude other forms of caregiving, stating the most difficult challenge is trying to maintain a roof over their children's head. Due to rigorous employment schedules they only have time to feed the children and put them to bed. This provider further described how this inhibits time for children and parents to interact, as "tomorrow is another day, [and] the reality is they [the children] go to daycare." As this narrative illustrates, conflicts between caretaking and needing to work – and the need, therefore, for outside childcare, emerged as a major theme. When reflecting about the lack of time that refugee parents have to spend with children because of new employment responsibilities, one provider stated, "Refugees are required to take the first job that they are offered once they arrive in the United States, so it's often challenging for parents who have lived in refugee camps for 20 years to all of a sudden have to go to work for 12 hours a day, and put their child in childcare." Another provider noted conflicts between the obligation to work and provide care for their children. These conflicts intensify when federal and state services provided to refugees expire after three months in [blinded for review]. Parents who previously relied on support getting children to school and after school programs are left without parenting support.

Several providers noted that single mothers experience unique challenges as they attempt to meet the demands of balancing work and family obligations. Specifically, providers spoke about the pressures of being the breadwinner and the financial head of the household, while also providing care: “Really, every time I see her it seems like she runs out of energy to help her kids or love her kids and so she has found couple of jobs and multiple times lost them because they are very far away and as a single mom, you have to get childcare.” Multiple providers described significant challenges attempting to meet the needs of single parents, as “the system here is not built up to support them.”

Changes in family roles create dramatic shifts in roles. This shift in roles is evident in the transformation of gender roles regarding who works and who stays home. Often, mothers who are here alone do not have a choice and are coerced into assuming all of the family duties. As well, providers spoke about the role reversal for children and parents. Children take on increased responsibilities within the family, as instructors, interpreters, and caregivers for younger siblings. As the children learn English more quickly than parents and consequently become familiar with the new terrain in ways the parents are not, parents suddenly feel disempowered. This disempowerment and loss of role is particularly acute if children are at an age where they are seeking more independence from parents.

As power and roles are realigned, “the family structure changes very drastically” and parents become dependent on their children. However, it is important to note that this interviewee highlighted this is not a given; rather, this provider emphasized how families maintain close connections particularly around cultural traditions. Relatedly, providers spoke to the fears around losing cultural traditions which are so deeply ingrained that refugees “don't actually necessarily want to raise their children here, [as] there's a concern that their children will

lose their culture.” Another person said that parents do not always fear these shifts; rather, “they both sometimes embrace it and other times are very fearful of it and how it might break down their family.”

Service providers described a fundamental feeling of exhaustion among overwhelmed parents, which affects their relationships with their children, along with supervision and monitoring. As related to monitoring and supervision, one service provider simply stated: “Parents just do not have control of their children or what they are exactly doing.” Further elaborating, one provider said, “Parental supervision is totally absent. Because even when parents are at home, they are tired. They are stressed out. So there is not that connection with the children... even when they are at home, there's not that supervision, that emotional connection.”

“Left on their own”: Isolated Parenting in a New Country

Interviews highlighted the idea that a lot of families migrated from community cultures where they have support and assistance in raising their children, which is now lost: “Within each of the cultures that we work with, that idea that a village raises a child, that a village or a community helped to raise children is very important for most of the cultures that we work with, and then once we come to the United States, they don't have much of that anymore, and they realize that they are on their own.” Challenges parents face in adjusting are compounded by illusions they had about how life would be like in the United States, including around education and childcare, which end up being difficult to access and much worse than they expected. In one interview, a person reflected that essentially, it seems refugees “are brought to a new place and sort of left on their own.”

Providers noted the problem of isolation and its impacts on parenting was a stark contrast from life prior to migration, and even from refugee camps, where “children would not go far

off." One provider said, "I think monitoring and supervision is one that the families are not used to having to do. There are communal societies in which everyone looks out for everyone and they are not used to living in environments where extended family is not looking out for their children." Providers emphasized refugee populations who tended to previously live nested in close knit, smaller, rural communities (e.g., those they resettled who were from Bhutan and Burma), "They would live in a village. The kids would run around [and] they knew the kids would stay safe."

One provider noted that the issues regarding monitoring and supervision might, at least in part, be attributed to changes in expectations and structure:

> "Like most refugee parents, like I told you, kids are allowed to go outside and play on their own, they can go almost a mile from the house. At least children who are five and older. They can go about playing and doing that stuff. But once they get here, they think it could be the same way, they might just leave the house like a seven year-old, as she goes to the shop to buy something thinking that it is fine. But somebody else from the outside community would see that and say that is abandoning the child. It is dangerous to the child. But the refugee parents, he or she may not think that way."

Another provider described a similar story, sharing "Why do I leave my kids at home alone? Because I didn't, I mean, in my home country, that was fine. The nine -year-old took care of the rest of them and I could go and do my thing. So that's what I did."

While problems with monitoring and supervision related to exhaustion, others attributed it to parents' social isolation in their new context, stating that parents "can't really monitor, can't really supervise [because] they don't know where they are going, what their homework is, they don't know what they are looking at on the Internet, they don't know who their friends are."

Providers emphasized the relationship between childcare and isolation for single mothers:

> "I think that child care is always a major issue for these women. And so because of the lack of childcare, and that sort of extended support system that was in their home country, they are sort of left to fend for themselves and it's extremely difficult for them. Because though they might have a lot of children, they were never sort of alone in their home country. There was always somebody around to help, and to lend a hand. And now they are here with these children, they are single. So there's a whole new cultural shock for them. And a lot of them are coping with that."

This narrative illustrates a common theme among providers, which is to protect the parents from potential interactions with Child Protective Services (CPS) that could be avoided with increased knowledge of these differences in cultural norms. Relatedly, providers identified that the transition from a communal parenting structure in a refugee's country of origin to a more individualized parenting structure in the United States resulted in potential problems, including misunderstanding the new host country's cultural norms. In one situation, the provider described a single mother who permitted her children (including an eight-year old) to venture out alone in a mid-size city, not understanding that this deviated from traditional parenting norms in this country. The service provider noted uncertainty if the mother did not understand safety in this new context, or if she was simply overwhelmed and "did not just have control of the kids enough to keep this from happening."

In this case, as with others, this problem was described as corresponding to a newly experienced lack of family support, resulting in feelings of isolation and worry. For instance, this person said:

"Back there the community, it acts like a responsible body of overseeing- it's a communal thing. Your neighbor can see your kid doing something wrong and they can stop them, or they can report them. Or if something is bad, they take them in. And the parents feel safe about that, unlike here, the parents are the sole caretaker of their children. So the emotional side of the parent is overwhelming, and they feel they have too much to do. And they worry a lot about it, like my children could be taken away from me because I may not be doing everything."

Here, the service provider explained the complexity of teaching refugee parents about rules and expectations in the United States, especially related to cultural orientation classes, but still encouraging parents and "not trying to say that the parents have to give up (their values)," as related to the concept of acculturation. This provider noted that they often work with parents around "how they come across to others," continuing to say:

"Sometimes we absolutely do have to teach students in terms of discipline. This is one area where we have to get involved because certainly different expectations about what is acceptable forms of discipline in this country versus some of the other countries people are coming from. Absolutely, there are cases where parents have disciplined kids in ways that would have been considered abusive, and sometimes it would be recognized by teachers as abuse. So we do in our cultural orientation classes, we do explain basically what the law says about what is looked at as abuse to try and help them avoid situations, we try to explain to parents what may be other forms of acceptable discipline, compared to what they may have done in their country."

This story serves as an essential reminder of how service provision for refugee children and families must understand, in deep and non-judgmental ways, the kinds of topics that ought to

be included for interventions for refugees, particularly at the very outset of resettlement. Doing so allows service providers to head off potential problems that might threaten the integrity and adjustment of refugee families, particularly given the increased stress and pressure on parents, and the ways they might be, for the first time, parenting without the support of extended family or communities.

"Kids are still treated as kids": Maintaining Parental Role

At the same time as parents encountered many challenges during resettlement, service providers articulated that they witnessed that the resettlement experience motivated parents to pay even more attention to preserving childhood, amplifying care-taking, and tending to family and community strengths and unity. One provider talked about how parents protected a sense of innocence within their children:

> "I still see kids.. they are still treated as kids, they are treated as kids in sort of the softer things, and that's how the parents maintain the normalcy. So they will still make them food, or provide for their kids, or buy them something or give them some money. So they will try to help them in that way, and be in that traditional role."

In one interview, the provider discussed that during pre-flight and flight, parents and children are "extremely connected" but this is lost during resettlement, as the family tries to adjust to their new lives in the midst of unrelenting stress. But in other interviews, providers shared that parents create more closeness upon resettlement, increasing their communication with their children, including asking them "Are they feeling well? What is bothering them?" and "a lot of talking about the transitions they are going through." Some providers spoke about how much parents try to shield their kids from stress and trauma: "it's really easy for the kids to get

drawn into these very sad, complex things and somehow [parents] shield them from that when they are still young."

Service providers suggested that the refugee experience perhaps lends more of an incentive for closeness between parents and children:

> "The parents become more forgiving and lenient towards the children, because I think they find themselves *we* are here, *we* are the ones by ourselves *we* need to be, like take care of each other more. So the parents become more lenient and more caring towards their children."

When asked about an example of parenting resilience, one provider identified a single mother with whom she worked, saying:

> "I know one single mom… she has five kids, I don't know maybe more than 5. But her children are so great, they are all doing really well in school. And she is struggling, but … still is still focused on her kids. In educating. And always walk[ing] with her kids everywhere."

Providers shared that the refugee process fortifies the connections and bonds between parents and children – saying "Before they leave the home countries, the connection could not be as strong as now. Because once they leave their countries, it is them alone. It's just the parents and the children. So the connection gets stronger. They rely more on each other." This person went on to explain that in the camp, there is a strong sense of community, "a bigger community who spoke the same language, believed in the same things" – this is lost when parents leave for resettlement in the host country. Understood thusly, the intensity of the parent-child relationship, while being a strength, is also reflective of the isolation of people from their community.

This set of complicated points helps us return to the strongly emphasized theme often shared by our research participants about the profound consequences of the separation of refugees from the people and places that had previously provided constant support and comfort. We now turn to providers reflections on informal and then formal social support, presenting findings related to community and programmatic factors that seem to comfort and empower refugee families.

“Someone Watching Your Back”: Informal Social Support

Providers noted that each community had a center or venue for gathering for meetings, classes, support groups, or madrasas or language classes for the children. One provider shared that if you attend any community event or meeting (or wedding or funeral), “There's a lot of laughter and so they are very connected to each other, and every family knows every family and there is an enormous sense of connectedness and community.”

The people we interviewed emphasized that various ethnic communities in the area (e.g., Sudanese, Congolese, Bhutanese) “meet regularly”; “talk with each other”; and “help one another navigate social systems.” Providers shared how various activities within communities provide both opportunities for individual and community development, as well as a social-emotional support, as described here: “The social groups come together and do artwork or do gardening or do work on starting a business together or fabric work or it's a place for talking and sorting through.” Social networks also help address financial crises – because “if you have someone watching your back and you, whenever someone has some financial problems, there's a little extra help and so you never reach the crises that cause extreme stress.” Providers noted that social networks are the only support for effectively combating the constraints parents face with time, particularly as they try to make ends meet financially while also balancing child care.

Indeed, providers seemed to regard social connections as crucial for supporting resiliency within parenting, resulting in children with successful academic outcomes and fewer behavioral problems.

Despite these social networks, challenges nevertheless persist in well-established communities. In four interviews, providers highlighted how the same previous divisions, related to tribe, religion, or political affiliation, became replicated in the resettled environments. For example, providers identified clashes in religion and churches, such as conflicts about who belonged to a particular church versus those who did not. Thus, church and religion were regarded as a potential source of support, but also of division.

One provider observed another benefit of social connectedness, stating that "if you create more social connectedness with extended family or neighbors, you're going to get more monitoring and structure in the kid's life." A provider offered the simple example that, even if the grandparents are home, for example, they might not be able to effectively supervise a child's computer use – you need "someone who is more skilled with the subject matter to do that, [so] someone in the neighborhood or someone in the extended family can help". Examples of the need for community networks were also described in terms of a community who is "working together to figure out how to go through community college and you know, make sure the future generations are trained." This provider further elaborated and stated, "In terms of self-sufficiency and economic development, they (family members already settled?) seem further along, although they have been in the country about the same length of time [as the community they are using as a comparison]."

Another service provider captured the centrality of this theme and stated, "The only coping strategy they have is, they are trying to be social and interact with other people, try to get

help from other people. That is the only one I know. Apart from that, I don't think there are any other ways for them to deal with their parenting issues." Here, this person captured the critical nature of parents connecting to social networks – reflected as well in other interviews where people emphasized that newer refugees rely on those who came before them and built a pre-existing community: "They take them, interact with them, and ask them if they need help in certain situations. And by helping one another, they have been able to come up with solutions so their children can get the best care, and the parents for them not losing their job."

One provider noted that longer established refugee communities utilize a strengths-based approach. Drawing on the strengths of a new, but pre-existing community, builds a sort of mutual aid, which this provider noted was very much aligned with the collective culture of the Congolese community upon which she was reflecting: "When we think of Congolese or African cultures, they are really reliant on one another."

The consistency of community assistance was partly dependent on religious ties, another source of strength created within communities. Providers, some of whom are members of the communities about which they speak, shared that helping through the mosque aligns with very important religious principles. For instance, one provider shared that within the Sudanese community: "We really say "Alhumdulillah", we really want to hope, and do according to what the religion says like in Ramadan, you have to give a lot, and in our principles, you have to help each other. One thing that is very good in Sudanese community, like when you come for asylum, you want to apply here, you can stay here with Sudanese community until you get your papers and stuff like that." Indeed, in thinking about the opportunities for mutual help, one of the primary sources of support was the religious network, with many providers noting that attending mosque or church offered both spiritual and logistical support. One provider discussed how one

woman "really takes care of her children" and her mosque provides her with financial assistance to pay rent. Many providers shared that one of the most central sources of support offered by religious networks was simply provision of the setting to come together, providing "structure", "a place where kids meet other kids", where people "find out about resources and opportunities and can support each other." In short, these religious organizations provide what one person described as a "tying bind" where "it's harder to get lost."

"Giving over Responsibilities": Formal Social Support

Formal support often begins for refugees at the camps, where the effects of trauma, upheaval, and isolation are particularly acute for new and young refugee parents: "They became parents in the refugee camps when they were 14 years old…and they are still [only] close to 20 years old." Providers further emphasized other parenting challenges for refugees, such as low-literacy (even in the native language), lack of education, and exposure to extreme violence in the refugee camps. All of these challenges create a situation where "even with a lot of preventive support, they just weren't able to on a daily basis, take care of their children or themselves."

During resettlement, parents are reliant on organizations to support them, and these organizations, in turn, are reliant on policies. One provider spoke of the disempowering nature of resettlement, talking about how refugees have to "comply" and now "be completely trusting in the resettlement agencies to make all their decisions for them." This person emphasized that the parents lose a lot of control, ending up in a position where "they give over responsibilities to the resettlement agencies to decide what's best for them and their children."

Providers also told stories of deep wounds caused by service providers. For example, one provider described how a mother who desperately needed to work finally found childcare, but it was childcare that ultimately traumatized her two year-old child. The provider described that the

child had never eaten with a spoon, but was directed to do so in daycare. The provider described this happened because the provider was unfamiliar with the child's culture. As a result, the child "was traumatized," so much that each time the mother tried to drop him off, he "grabs his mother and cry, cry, and cry:"

> "Nobody knew why he cried like that, but at the end we discovered when he went to the day care and he experienced negativity, they don't know about his culture and force him to eat by a spoon, and he refused. And he all the time he feared and traumatized by a white face. Because that white face forced him and he scared and afraid."

This provider initially described that this experience arose from either insensitivity or ignorance "about the refugee experience and what families have gone through," but then added that it could arise from how people "have political viewpoints about immigration and refugees and that trickles down." This provider ended the reflection by situating this child's experience within a targeting of refugees, noting that "sometimes the children understand that they are being targeted...other times they don't because of the language." Aligned with the same theme, a different provider noted that people "outside of what's being done for refugees for example, a DHS worker" might not understand the trauma and the "nuances" and might just view these families "as a mess," with implications for the ways parents are treated, and for child welfare system involvement.

As acute as these challenges are, providers were optimistic about the protective effects of organizations and networks that functioned well. They described how parent connections to strong, culturally appropriate formal networks and services allowed parents to mobilize spaces of care and connection, as well as concrete training and resources for their families. One provider stated:

> "The most successful and resilient families are the ones that get connected to as many different agencies and support systems they can through their family that is already here, as well as agencies and religious preferences. So the more connected they are, the more resilient we see their families and typically, the better their children are doing in school."

While providers noted that all family members try to get connected, this person reflected that "the women especially come out to all sorts of programming and participate and give things a try." Providers said their attention to nurturing families' social connections was a central part of their work: "Part of our efforts are to help them realize that yes, even know that they are on their own for parenting, they can still make social connections to other parents and families to help raise their children."

Related specifically to monitoring and supervision, one provider noted that the challenges around these tasks posed by the refugee experience are exactly what prompted their programming to include more structure, particularly after school and with regards to homework programs. In terms of networks, providers spoke about the power of their own professional networks in enabling better systems of care for refugee families. They spoke of health care collaboratives, including organizations focused on mental health (e.g., community health centers and community mental health centers), as well as an "influx of very caring organizations that have come into this area to provide that support so that families can find places where there is agencies that understand what they are going through, and how to help them along the way." One provider underscored the strength to refer clients to community resources, which creates a feeling that, "if we don't provide it or we are not experts in the area that they ask for, we have lots of agencies that then come in and can work with families for that."

Discussion

Our analyses brings forward the complex work done by service providers as they support refugee families in their complex process of adjustment and integration. Providers identified several key issues that underlie child and family wellbeing for refugee parents, including the impacts of traumatic experiences, everyday hassles, and long-standing stressors in all phases of the refugee experience. While trauma and stress were certainly key themes, our findings also underscore the importance of a strengths-perspective; as one provider put it, "The vast majority of refugees find ways to deal with it." Accordingly, our analysis reveal several patterns related to both trauma and coping. As well, we approached this analysis with a social-ecological framework, which our findings supported. Thus, in this discussion, we focus on both risk and resilience for refugee families across various levels of influence (individual, family, community, the broader policy landscape).

First, with regards to trauma, our analysis revealed the importance of a holistic and developmental perspective as providers navigate the impacts of the refugee experience for and with families. The providers with whom we spoke identified a host of psychosocial issues related to migration and resettlement, all which significantly affect family functioning. Interviewees shared how the terrors of war compounded with the stress of dislocation and adjustment to affect family bonding, dynamics, and child well-being, as other scholars have also elucidated (Earner, 2007). As well, providers spoke a great length about the ways refugee parents are preoccupied with basic survival and assuring food, shelter, adequate work, and consistent childcare. Our finding related to the relevance of everyday hassles align with other literature on the topic that highlights the ways economic precarity and daily stress is often overlooked in services for refugees (Jordan, 2017; Miller & Rasmussen, 2010). Related to trauma and stress, our findings drew out the ways refugee parents experience a loss of self-efficacy and power related to their

parenting roles, as other work has also demonstrated (El-Khani, Ulph, Peters, & Calam, 2016). Relatedly, as we saw in our data, trauma and stress, combined with cultural differences and language barriers place refugee families at greater risk of child welfare involvement (Critelli, 2015).

Second, and relatedly, our findings suggest particular cultural considerations for refugee parents with regards to their process of understanding the values of the host country, especially related to child-rearing. Cultural beliefs directly impact refugees' expectations of care as well as their experiences with child welfare systems (Morris et al., 2009). In one study of focus group interviews with 11 immigrant parents, all involved with CPS, Historically, providers have imposed cultural norms of the host society onto refugees, but these approaches may not be appropriate (George, 2012; Segal & Mayadas, 2005). As well, refugee parents are often unfamiliar with acceptable parenting behavior in the new host culture (Scott Smith, 2008) and rely on their own traditional parenting skills (Richards, 2016). As service providers in our study noted, many newcomers have parenting values and cultural norms that may conflict with the laws and policies of the resettled place, consequently resulting in the potential risk of becoming involved with child protection services (CPS) (Lincroft & Resner, 2006; Critelli, 2015; Richards, 2016). As our findings indicate, differing parenting practices and a lack of knowledge about the rules in the host country cases considerable additional stress for refugee parents (Saechao, Sharrock, Reicherter, Livingston, Aylward, Whisnant, Koopman, & Kohli, 2012).

Some research has shown that child welfare workers tend to lack knowledge about immigration status, cultural differences, and language barriers (Earner, 2007). Refugee resilience and service utilization seem to be supported when practitioners value the cultures, values and beliefs of refugees (Pumariega, Rothe, and Pumariega, 2005; Richards, 2016; Segal & Mayadas,

2005). In working with children and families, it's particularly important to value refugee native cultural beliefs and values related to parenting practices (Al-obaidi et al., 2015). Thus, service providers occupy a critical role in educating government entities (e.g., CPS), and providers about the trauma faced by refugees and about differences in cultural beliefs, as providers in our study often emphasized.

Third, related to family functioning, our results highlight not only multiple challenges and tasks within refugee families the advantages of resettlement interventions that use a strengths-based perspective, rather than a myopic focus on problems (George, 2012). The providers we spoke with continually drew our attention to the ways refugee parents promote family well-being, despite multiple daily stressors - – and the ways that providers may be uniquely positioned to help reinstate a sense of power and competence to refugee parents. Indisputably, service provision for refugees is most effective when it focuses on the entire family system, with particular attention to strengthening the capacitates and improving the self-efficacy of parents (Murphy, Rodrigues, Costigan, & Annan, 2017; Sim et al., 2014).

Moving from the family to the community, our findings highlight how social support, both informal and formal, is key to bolstering parental efficacy. Our analysis demonstrated how one important aspect of this support is how it can effectively center culture and specific modes of adjustment and recovery based on the trauma (and resilience) within communities. This finding is reflected in literature. Research has demonstrated how effective programs (1) facilitate a deeper comprehension of migration issues including trauma, (2) offer culturally competent training for providers, (3) encourage relationships between public and private agencies in the resettled community, and (4) facilitate immigrant and refugees' understanding of the new cultural norms (Earner, 2007; Pumariega et al., 2005; Richards, 2016).

This study has several limitations, including our limited sampling frame and challenges around the interviews themselves, including social desirability bias. While the interviewers were not supervisors or close colleagues of the interviewees, it is possible that providers only shared parts of their experiences, guarding their own reputations and that of their agencies. Furthermore, our research captures one moment in time and one location. Refugee policy shifts across time and location. Thus, our results should not be removed from the context within which we completed the work. Finally, it should be noted that our data is from providers, not refugee families themselves; more work that draws forward the narratives of refugees themselves is a vital next step in our line of inquiry.

Limitations notwithstanding, considering our findings, and the growing priority to better prepare interventions to adequately promote the well-being and expertise of refugee parents, our research underscores the need for four key dimensions to be augmented within integration services for families. First, we must honor the family as a central source of strength, gravitating away from an individualized model of provision towards one that builds on family suffering and family resilience (McCleary, 2017). Second, we need stronger considerations of culture in our service provision for refugee families, including but not limited to cultural competency training for providers (Wood and Newbold, 2012). Third, we join with others in illustrating the importance of trauma-informed approaches to help refugee families rebuild unity and competence. And finally, fourth, providers routinely highlighted the relevance of everyday hassles and challenges related to basic human needs. Many refugees are resettled in areas of considerable economic inequality and deprivation. As our data showed, the stress of financial stability (e.g., child-care arrangements, providing for children's basic needs) exacerbates pre-flight trauma (Akesson & Badawi, 2020; Miller & Rasmussen, 2010). We join with other studies

that have shown how economic precarity has implications for not only direct service provision, but also for policy advocacy related to refugee services and even to population-wide initiatives such as the fights for universal child-care, dignified and affordable housing, and fair living wages.

Thus, moving to macro service implications, our results underscore the importance of refugee services building deep relationships with the communities they serve. Our study echoes the importance of interventions that draw on trained bilingual and bicultural staff; peer support and peer led programs; and integration with local resources, such as public libraries, community spaces, and schools (Im & Rosenberg, 2016; Padilla, 1997; Scott Smith, 2008; Thomas, Chiarelli-Helminiak, Ferraj, & Barrette, 2016; Weine, 2008). These types of approaches build connectedness, belonging, and trust (George, 2012; Im & Rosenberg, 2016; Segal & Mayadas, 2005) – vital components for service provision to and with vulnerable communities. These community-centered strategies also build capacity and empowerment among refugee groups – a critical task of helping newcomers integrate (Yun et al., 2016).

We close by emphasizing that our study elucidates how hard service providers work to navigate all their complex duties within substantial funding and policy constraints. While there is certainly a considerable and important shift in the rhetoric and supports for refugees with the change in administration that occurred after this data collection, many challenges remain (International Rescue Committee, 2022). As our findings demonstrate, efforts to support service providers promotion of well-being among parents and children cannot be decoupled from the social and economic contexts of refugees and service providers themselves. The wellbeing, rights, and capabilities of both refugee families and service providers in the United States are deeply entwined with our political landscape. As our study illustrates, this landscape desperately

needs restructuring to allow for more attention to quality of life and safety and longevity of services, all of which would better enable position service providers to work with refugee families to help bolster families' unique strengths, patterns of endurance, and reclamations of hope.

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