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Examining traumatic experiences: Violence, loss, isolation, cultural struggle, and their influence on the mental health of unaccompanied Rohingya youth resettled in the U.S.

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Keywords

Trauma, Violence, loss, isolation, cultural struggle, Rohingya, Refugee resettlement, Foster Care

Abstract

The Rohingya, a stateless Muslim minority from Myanmar, are a relatively small, yet extremely vulnerable group of refugees in the United States. Most research on Rohingya focuses on trauma in Myanmar rather than adjustment to the U.S., and almost none looks specifically at adolescents. Therefore, in this paper the data are from qualitative focus groups (n=10) with 23 service providers to help answer the research question: In what ways did service providers discuss the trauma histories and mental health adjustment of Rohingya unaccompanied refugee minors? Results indicate that both pre-migration trauma and aspects of adjustment post-arrival are factors influencing the rocky start to life in U.S. communities. Specifically, a history of normalized violence was noted to lead to acting out behaviors and seeking of harm; and their vast experiences of loss (family, friends, and culture) were discussed in terms of survivors' guilt and prolonged mental health challenges. Themes in terms of post migration isolation in a new environment, and cultural struggles in understanding U.S. culture and the norms of foster care were also discussed. Implications include the need to destigmatize mental health services and seek alternatives, help youth overcome the survivor's guilt, and ensure both foster parents and case management staff have adequate training and tools to work with youth who have experienced extreme institutional discrimination, personal violence, and ethnic cleansing.

Keywords: trauma, violence, loss, isolation, cultural struggle, Rohingya, refugee resettlement, foster care

Introduction

The Rohingya are a stateless Muslim religious minority from the Rakhine State in Myanmar. Since the early 1990s, they have experienced extreme institutionalized discrimination and sustained violence from the Myanmar government that has been described as ethnic cleaning and even genocide (U.S. Department of State, n.d.). Thousands of children have been displaced, and many separated from their family due to death of family members. Some of these children are able to make it to another country and apply for refugee status. Refugees are compelled and/or forced to flee their homes due to hardship. Reasons often include persecution or fear of persecution due to religion, race, nationality, political opinion or membership in a particular social group, war, violence, or conflict and who cannot return home safely (United Nations High Commissioner for Refugee [UNHCR], 2019; United States Citizenship and Immigration Services, 2018).

Refugees undergo an intensive screening process before being approved for refugee status. Unaccompanied and separated children undergo the Best Interest Assessment (BIA) process. The BIA assesses an unaccompanied or separated refugee child to determine the best possible care arrangements for the child upon identification or registration with UNHCR. For some children, they may also be awaiting further assessment for resettlement consideration. Coupled with this, the Best Interest Determination (BID) is an interview process and formal assessment that establishes the most appropriate long term care plan for the refugee child (UNHCR, 2022) such as resettlement to a third country via the unaccompanied refugee minor (URM) program (U.S. Department of State, 2011).

Between October 2013 and January 2019, the U.S. Unaccompanied Refugee Minor (URM) foster care program resettled 152 unaccompanied Rohingya children. When the first

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Rohingya URMs arrived, extra care and attention was needed to ensure their well-being as there were very few Rohingya people in the U.S. as resettlement for this group didn't reach the thousands annually until 2015 (Carse, 2022). This paper aims to understand and explore the emotional well-being, and mental health challenges that Rohingya youth have faced after resettlement to the United States through the URM Foster Care program.

The URM program is a unique blend of child welfare and refugee resettlement services. Refugee youth become part of a state-licensed foster care agency where staff and foster parents are given specialized training around migration, language, and trauma in the context of immigration (USCCB, 2013). Youth can be placed into traditional foster homes, therapeutic foster homes, group homes, or even semi-independent living placements (often an apartment of a few youth 17 or older). URM staff administer cultural orientation to youth as well as culturally appropriate independent living skills training, and intentionally include aspects of culture and religion in service planning (USCCB, 2013).

Pre-Migration Trauma

The Myanmar government has a history of discrimination against the Rohingya that stretches back decades. In 1982, the government passed a citizenship law that formalized the groups in Myanmar that would be recognized as citizens and the Rohingya were left off this list effectively rendering them stateless (Frounfelker et al., 2019). This statelessness opened them up for many different types of discrimination like denial of access to education, healthcare, the right to work, and restricting freedom of movement, both to regions of Myanmar other than the Rakhine State, and inevitably abroad due to lack of recognized citizenship and passports (Riley et al., 2017). Myanmar also does not recognize birth location as a pathway to citizenship, so the children born to Rohingya parents are also not considered citizens and remain stateless for their

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lives (Milton et al., 2017). Many of these restrictions, while not direct acts of violence, can lead to traumatic outcomes. For instance, the inability for Rohingya men to work carries with it cultural stigma, and an increase in stress, that has been found to contribute to intimate partner violence (Welton-Mitchell et al., 2019).

Beyond the trauma that stems from politically induced discrimination and lack of access to basic services, Rohingya also often have direct experience with traumatic or violent events. In 2012, the time period just before Rohingya URM's began being resettled in the U.S, an outbreak of sectarian violence took place in the Rakhine State in Myanmar (Human Rights Watch, 2013). Arakanese Buddhists living nearby the Rohingya began attacking and burning villages, leading to many deaths, loss of property, sexual violence, and ultimately the displacement of over 124,000 Rohingya (HRW, 2013). Myanmar police forces did little to curb the violence and reportedly would often join in (HRW, 2013).

Those who were displaced often fled to neighboring Bangladesh or made the dangerous sea journey to Malaysia or Thailand (HRW, 2013). Rohingya who made the longer trip overseas were often younger and physically healthier than those who had to flee to Bangladesh, and due to the nature of the journey, the groups who fled by sea were often exposed to higher frequency of trauma over longer periods of time (Khan & Haque, 2021). For example, traumas at sea include lack of food and water, extreme heat and sun exposure, capsizing of boats during monsoon season, getting lost at sea or not allowed to disembark when they arrived in a country of asylum, witnessing the deaths of passengers, and lack of sanitary spaces to use the bathroom (Reed, 2023; Thom, 2016; UNHCR, 2021). Traveling overseas can also put Rohingya at greater risk of trafficking as opposed to those who flee overland to Bangladesh (Khan & Haque, 2021). Rohingya are also at a higher risk of being subjected to forced labor and being held for ransom in

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trafficking camps upon arrival after flight by sea (UNHCR, 2021). Life in a smuggling camp can be a riskier proposition than the refugee camps some may have left behind which can be seen in the mass graves discovered in Thailand, which included 26 bodies, most of whom were Rohingya migrants (Sawitta Lefevre, 2015).

The research clearly highlights some pre-migration trauma faced by Rohingya refugees. This study seeks to advance the knowledge base and to bring depth to the literature around violence and loss faced before arrival to the U.S. as it specifically relates to Rohingya adolescents.

Trauma and Mental Health After Arrival in Resettlement Country

The authors were able to find very little research on Rohingya refugees in the United States. One technical report from an agency (Bristol et al., 2021) and a master's thesis (Asaduzzaman, 2019) were the minimal reports found. The thesis is notable for being one of the few qualitative studies focused on life after being resettled in the U.S. and discusses how adult Rohingya refugees are accessing and seeking healthcare (Asaduzzaman, 2019). The thesis found that language, access to transportation, cost, and access to insurance act as barriers to seeking needed health services for Rohingya and their families which could lead to negative medical outcomes due to the health difficulties they may already have prior to and after resettlement (Asaduzzaman, 2019). The agency's technical report noted that all unaccompanied refugee minors resettled through the program experiences multiple different forms of trauma prior to fleeing home such as poverty, religious persecution, witnessing violence and/or being separated from family (Bristol et al., 2021). During the migration journey, they noted that exposure to trauma continued but was different, including kidnapping by traffickers, witnessing death of fellow travelers by starvation or disease, arrest/imprisonment/physical abuse by foreign

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governments, and extreme fears of being killed or drowning (Bristol et al., 2021). The agency provides recommendations including trauma informed mental health services, both therapy individually and in groups due to their cultural tendencies towards collectivism (Bristol et al., 2021).

In terms of literature on Rohingya refugees resettled to other areas around the globe, the authors found one manuscript that reports how a local grant helped to improve social connections and empowerment in making health decisions of Rohingya in the local community in Sydney Australia (Bestman et al., 2020); and one that discussed gender roles after resettlement in India (Field et al., 2021). Since the Rohingya are still relatively new in the U.S., the authors expect that there will be more literature in the coming years. Therefore, in this study the aim is to highlight the perspective of service providers working with unaccompanied Rohingya adolescents to share information about their adjustment to the U.S. and how mental health and trauma have manifested.

Methodology

Research Design Overview

This study utilized a series of focus groups with service providers who routinely work with Rohingya URM's in order to answer the research question: In what ways did service providers discuss the trauma histories and mental health adjustment of Rohingya unaccompanied refugee minors?

Agency-University Partnership

Using an agency-engaged research model (Teixeira et al., 2019), this study was conducted in partnership with the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS) and Lutheran Immigration and Refugee Service (LIRS) who

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are the two national agencies that operate the URM program in the U.S. in collaboration with a researcher at [removed for peer review] university. The researcher had previously worked with URM programs before her doctorate and therefore was able to gain the trust of the organizational gatekeepers and enter into this research study with their confidence. Representatives from all three agencies worked together to design the semi-structured focus group protocol, to analyze data, and to interpret the meanings behind the data.

Focus Group Protocol and Data Analytic Strategies

Focus groups were facilitated by staff at the national offices of the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS) and Lutheran Immigration and Refugee Service (LIRS). All facilitators attended a training from the research partner on best practices for focus group facilitation and confidentiality. Interviewers also completed CITI Program Research, Ethics, and Compliance Training and were approved as interviewers by the IRB. Questions covered topics such as formal and informal social networks, recreational activities, and motivations for success among Rohingya youth.

Focus groups lasted approximately 45-60 minutes each and were conducted via zoom during 2021. Each focus group was recorded and automatically transcribed by the technology. A team member then listened to the audio and corrected errors in the transcripts. The PI and interviewers met after three focus groups to discuss common themes. Upon completion of all ten focus groups, the PI reviewed all transcripts and notes from this early meeting to create a start list of codes (Miles & Huberman, 1994). All research team members met for a meeting to discuss the start list of codes, and to offer suggestions for improvements in developing the codebook. The PI provided training to all agency staff and student research assistants on deductive coding processes. Then, two research team members coded the first three transcripts using thematic

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analysis (Vaismoradi et al., 2016). The PI reviewed coding and decided that because agreement was substantial and staff time was limited (staff resignation and covid-19 stress on agency priorities) that the team would proceed with one coder per focus group transcript.

Participants and Recruitment Process

The study included a series of focus groups. While there were 22 URM programs in the U.S. at the time, only agencies that had resettled more than five Rohingya during the period of interest (October 2013-January 2019) were considered eligible for the study, resulting in a pool of 15 possible agencies. All 15 agencies were approached, and 10 agreed to recruit appropriate staff members (i.e. those who interacted with the Rohingya youth the most) to join a focus group. In total, 23 service providers participated across the 10 focus groups. The number of staff at URM programs vary based on the number of children in the foster care program but most agencies worked to have as few as possible (i.e. 1-4) case managers/social workers with Rohingya youth on their caseload in order to allow this staff person to gain knowledge and specialize in working with Rohingya youth. Outside of the main caseworker/social worker (these terms are used at different agencies but represent the same job function) for each client, they may interact with various other staff as discussed below. Some service providers have been promoted within the URM program since 2013 (i.e. were a case manager at the time of resettlement of the Rohingya). The breakdown of specific roles for participants at the time of focus groups includes: 2 case aides, 1 ESL cultural specialist, 11 caseworkers/social workers, 3 staff who specialize in independent living services, 1 supervisor, 3 clinical program managers, 1 URM group home director, 3 URM program managers, and 1 director of refugee programs.

Methodological Integrity

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In alignment with recommendations by Creswell and Miller (2000), Viswanathan et al. (2004), and Morse (2015), the qualitative process included a few intentional pieces to ensure integrity of the data and the research process. First, staff from LIRS and USCCB/MRS were involved in the research process throughout including: designing research questions, developing the focus group protocol, recruitment of participants, conducting the interviews, developing the codebook, coding transcripts, and making meaning of the data to inform implications and recommendations. More specifically, their involvement in the codebook and coding represents community engagement in the interpretation process (Viswanathan et al., 2004). Additionally, the external audit process where the researcher and URM program staff collectively discussed findings and implications brings rigor to data interpretation (Morse, 2015).

Results

Participants in the study discussed both pre-migration trauma and aspects of adjustment post-arrival as factors influencing the rocky start to life in U.S. communities. The experiences that youth faced before entering the U.S. in terms of experiences with a broad range of violence was noted to lead to acting out behaviors, diminished trust and ability to engage in the community; and their vast experiences of loss of family, friends, and culture were noted to lead to an immense survivor's guilt and prolonged mental health challenges. Additionally, themes were noted in terms of post migration isolation in a new environment, and cultural struggles in understanding U.S. culture and the norms of foster care.

Pre-Migration

Experiences with Violence

Violence was discussed by a number of participants across all the focus groups. They mentioned how Rohingya youth experienced violence in terms of genocide, sexual violence,

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physical violence, witnessing community level violence and destruction, and even how participation in forced labor often led to violent situations. The service providers discussed how it relates to the youth's ability or inability to engage with peers and in the living environment upon arrival to the resettlement country.

The long history of persecution that the Rohingya have faced has resulted in many of the resettled youth having experiences with violence, both as lived and vicarious experiences. Even though the youth are no longer actively having their lives threatened by military violence as they were during the military crackdowns described by participants, they are in a way still living through those experiences again when hearing stories about home or the vicarious trauma of knowing their family members could still be in danger. One participant explained genocide and violence: "Most of them are experiencing genocide due to Burmese military and police over there. And right now, they're experiencing fires burning down a lot of the villages and homes, leaving a lot of them in despair."

Some of the youth have witnessed murder of family members and been forced to watch them "get gunned down by Burmese police or military just right in front of them." Beyond that, they may not have witnessed only the deaths of adult family and community members, but also the death of people their own age. This confrontation with death among their own demographic could be especially traumatic as well:

They have seen killings, with their eyes open, they have seen different ages being killed in front of them. You could see at that point of time, you could see when I saw them in the beginning, you could see the terror and fear in their eyes.

An unfortunate fact of the migration experience for Rohingya youth is the possibility of experiencing acts of sexual violence or abuse. These experiences may have occurred in Myanmar

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such as “she experienced so much sexual abuse before she came and just really, really, really horrific trauma with her biological parents.” Trauma of this type can lead to struggles with forming bonds where the youth develops an aversion to attachment: “she has struggled to attach in general and to bond in general.” Participants discussed how this has had an impact on both the child’s ability to connect with their own experiences, and the level of trust and ability to bond with service providers and therapists for many Rohingya URM.

Additionally, youth who have survived sexual trauma with desire to bond, may face cultural stigma from within the Rohingya community that prevents them from connecting in meaningful ways:

She's kind of rejected from the Rohingya Community, because her trauma response is to be very sexually reactive...then there's a lot of shame in that and she's not really welcome or included at the mosque or other kind of generally Rohingya groups so she's really struggled to bond and to attach in general.

There is also the consideration of what age some of these events may have taken place for the Rohingya youths. Some of the children have “every level of trauma you could have... at a really young age” and may not have had the vocabulary or understanding of how to express what they were feeling:

She was much younger at the time, she's pretty young now, so she was very young on the boat, and things happened on that boat that we suspect that traumatized her, and only just this year, the narrative of some of the things that happened to her in the past are coming out. It's been very slow.

Some of the focus group members discussed how the government would exert control over their daily lives including the restriction of movement by saying “the military has overtaken

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the whole community and it's in control. Even if they have to do anything they have to get the permission of the military.” Poor working conditions, and forced labor were yet another form of violence that these children had to endure prior to resettlement in the U.S. For example, one person said:

They're subjected to forced labor for government and during which anybody wherever they are working they have to take off to whatever the time that the government points and they had to go do the forced labor... some of our youth have worked in the brickyard and they had to do the same amount of work as an adult was expected to do... They were about 10, 11, 12 years of age when they started doing this.

Additionally, the act of leaving itself is not without its risks and some of the youth have lived through violence or loss of life in the process of attempting to reach safety. Participants discussed how some boats “capsized and everyone was shipwrecked, and they were floating in the water for a few days” or “memories on the boat and being hungry and as people drowning” and how some boats “couldn't dock anywhere, no other country would let them in, and that was the traumatizing part, on top of what was happening back home” For example, one person mentioned:

And I know a lot of them had a rough experience, [just] trying to get to places of refuge. I've heard some pretty bad stories about sea travel and people falling into the ocean and sharks and things of that nature.

Acting out behaviors. Developmentally, when a youth experiences traumatic violence it often then leads the adolescent to exhibit behavioral problems or may even result in a continued expectation of violence by the survivor since this is the only way they know how to live (Rogers, 2019). For example, one participant noted that “Sometimes with our Rohingya, they will push

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you to hit them because that's what they know from back home, you know everyone is trying to attack them and everyone is trying to hurt them.” However, when met with a service provider knowledgeable about how to appropriately respond it can shift what may normally be a barrier to building social connection into an opportunity to forger greater connections with the provider:

And so, they will make you resist them, and you know, but you have to stand your ground and love them that's all you know, and once you do that, they want to talk to you all the time, because they've tested you and found out that you are, you know, true to them so.

Nonetheless, participants in the focus group discussed how these situations can really vary based on how the service provider handles the situation in the moment. For example, if a service provider reacts poorly to this reenactment behavior, it may result in a breaking of bonds between them.

Loss of Persons, Property, and Cultural Identity

Throughout the focus groups, there was discussion of how the Rohingya youth had experienced loss— loss of family, loss of personal identity, loss of religious freedom and cultural identity, loss of physical possessions, and loss of culture in the transition to the U.S. Each type of loss is unique in how it affects a child, but service providers discussed that all of these were common, and some youth suffered from multiple types of loss. The conversation of loss of family is described in this scenario of family fleeing, and being all over Asia:

They also have siblings who are also displaced. I think one of them is in China, another one is in Malaysia, and I think a few others are in Indonesia and their mother and a few other siblings are still in Burma.

There can be a sense of loss of identity that occurs as well when youth may shed a part of

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their identity like their names or religion:

Her name was changed, and this has been an ongoing battle, unofficially, but in the home, school, etc. everyone refers to her by her new name except [the agency]. She never corrected me. She was like, “I want to make it easier on them,” and this happened a couple of years before I even got the case, so it was one thing I had to let go but I think that took a little bit away from her.

Another participant described how religion and culture were taken from a child who also experienced parental loss, which is a reminder that some Rohingya youth may have experienced multiple incidents of loss and violence, such as those discussed under this research question. A participant said:

The mother died very early. The father died when she was about eight years old and the brother deserted her, so she was put in a shelter, which was a Christian shelter, but she was allowed to follow her Muslim religion. The girl even today is with the hijab, she follows all the Muslim traditions, she goes to mosque, and she fasts she does all that the Muslim religion teaches her to do.

Survivor’s guilt. Many participants discussed the mental health struggles of the Rohingya youth in the URM program. Interestingly, many discussed that some of the struggles seemed to stem from survivor’s guilt and the success and comfort that adolescents in the URM program are given upon arrival to the U.S. This was drastically different than life before, and the life family and friends continue to live which led to an internal unease for many Rohingya. For example, one participant clearly summed it up, “I [would] definitely say that mental health and emotional health is an issue, and that guilt is one of the biggest issues, as well as the trauma and other issues that they’re going through.” But another participant really described the guilt:

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These youth, yes, I've seen that they've had some issues and, I mean, it's survivor's remorse. It's "I've been taken from this horrible situation. I'm here. I have all these wonderful things," and it is the guilt and I've had these conversations with my youth. It is the mental health, and emotional adjustment, of now "I have this opportunity, I should be doing something, I should be trying to help. I have all this guilt on my plate."

Another participant discussed how the experience and daily routine post arrival is just so different than life before resettlement. As noted in the literature review above, life in Myanmar was full of discrimination and violence, the journey to the first country of asylum was dangerous and filled with trauma, and now all the sudden, these teenagers finally have the ability to be teens again. One participant discussed how so many Rohingya URM's couldn't focus beyond their immediate survival until now:

We have to understand that they come from just survival, [it was] all about them surviving from day to day, whether it's doing what they need to do for their survival or their families.

Post-Migration

Isolation

Focus group participants discussed the many ways in which Rohingya youth felt isolated after arrival to the U.S. There was conversation of being in a space where everything was new and different, being away from lifelong friends, and missing family members. There was a conversation of how connections to other Rohingya people might help, but ultimately one provider noted how a "couple made okay connections with the Rohingya community" but that they didn't "know if the youth in foster homes were regularly connected with members of the Rohingya community. Our agency has had troubles connecting with the Rohingya community."

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Additionally, there was conversation around isolation stemming from family separation. One service provider specifically noted:

Things can get rough especially being away from your family members- that is probably the biggest shock for them, or the biggest hurdle. Wanting to be with your family, (if they're still alive, of course) but wanting to get family members here to the United States- that's something we constantly have to come back to try to explain the limitations.

The refugee resettlement process is lengthy and confusing. As noted above, youth do not always understand why their loved ones are spread across the world. It should be noted that in order to qualify for the URM program the BID process has already determined that the child does not have living parents, or that they were unable to be located so living together was not an option (UNHCR, 2022). Additionally, this lengthy process that involves multiple people has determined that resettlement to a third country, and through the foster care program was the best option for the particular child (UNHCR, 2022). Another participant talked about one youth who seemed to not understand the process and how/why she had ended up in foster care in the U.S., leading to a different type of isolation and resistance.

I know one of them didn't intend to come [to the U.S. URM program] and she believed we made her come, that we were the ones who made her come, she had no other choice, and she believes we are the reason she came, so she resents us for that even though we are not the reason for her coming. She is still in the program with us, she always just has that in the back of her mind that she didn't want to come and she's not enjoying it. That makes it difficult too.

While service providers never want to put the onus on another person or agency for the child being present, the resettlement process is extremely lengthy, formal, and prescribed and so

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in some situations the best that can be done is to educate the child about the process, and work to improve the current situation.

Cultural Struggle

In addition to the isolation felt at arrival to the U.S. (as discussed above) there were other noteworthy cultural adjustment struggles discussed during the focus groups. Cultural adjustment was discussed to include struggles such as making friends, engaging in community activities, acclimating to school, navigating religious practices, and adjusting to life and rules within the foster care program. Many service providers discussed the cultural process of adjusting to life in the U.S., and how the youth seemed to have similar and yet different experiences.

For example, when discussing school as one person said, “they do come lacking a lot, as far as education is concerned,” but others experienced school as a source of positive peer support as seen in the quote below:

I mean they get involved in different things at school, like soccer teams and things like that, and I think that helps to make up for some of the culture shock because I guess part of culture shock is not feeling like you fit in anywhere. So being able to find something to participate in for them becomes very important. When I think of culture shock, because I've experienced being in other places and so I know, sometimes it's associated with depression and things like that.

Another participant discussed how religion is a major piece of the cultural struggle and leads to a lack of social connections for Muslim youth “there's not a huge Muslim population. But we do try to get them in the mosque that's here and I think that helps as far as the adjustment goes just being able to practice their religion.” There was also dialogue in one focus group about the pressure and decision about how to keep your culture and how to adapt to the U.S. culture:

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Participant 1: “I could say with one of the youth we noticed more, he’s kind of gotten more interested in American culture like music and dressing and the others have really pushed back on him for that. The majority of the youth have maintained their culture very strictly- that’s just my impression.”

Participant 2: “That sometimes has even led to little pressures, if sometimes they are being called out for being too Americanized and ... exploring different aspects of this culture and sometimes they don’t feel as welcomed and more comfortable so there are a little more boundaries but yeah, it’s also been very supportive as well.”

Discussion

Violence

The results of the study show that Rohingya URM have been exposed to a wide variety of violence in their lives before fleeing their country of origin. Some have found themselves to be the direct targets of violence (i.e. death, trauma at sea), others have witnessed violence and death of loved ones, or been subjected to forced labor, and many have also experienced a type of environmental violence due to their flight through dangerous conditions and the deprivation that entails in terms of heat, food, and sanitation. Many have experienced all of the above. The witnessing of violence was found to be particularly prevalent among the youth. Many saw the assault and deaths of loved ones or community members or witnessed the burning of homes and buildings in the villages. Some experienced threats of violence or abuse themselves and a few young women were also victim of sexual violence.

Due to the lengthy processing times for refugees many of the Rohingya youth in the URM program experienced violence and trauma as a child, resettled to the U.S. as an adolescent, and will make lives here as an adult. It is well documented that experiencing significant adverse

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childhood experiences and trauma can lead to mental health challenges in youth which may follow an individual into adulthood (Beal et al., 2019). Complex traumatic experiences can be a predictor of depression, anxiety, PTSD, suicidal ideation, as well chronic physical ailments (Jones et al., 2022). For example, one of the Rohingya girls in this study experienced trauma while in flight by sea and has had difficulty expressing parts of her story. Dissociation or repression is not an uncommon feature for those who have experienced violence or sexual trauma at a young age (Jones et al., 2022). One of the ways to potentially bolster the strength and resiliency of those who have experienced these levels of violence is to work toward increasing feelings of having purpose in conjunction with helping them make meaning of their experiences (Hamby et al., 2020). Having a connection to a larger community or something bigger than themselves can alleviate some of the symptoms associated with complex trauma (Hamby et al., 2020) which drives some of the recommendations related to group therapy discussed later.

Loss and Survivor's Guilt

The results of this study explained the vast array of ways in which Rohingya URMs had experienced loss in their home country, in transit, and upon arrival to the U.S. These included loss of family members due to death or separation throughout the migration journey; physical loss of possessions that could not come with them; loss of personal, religious and cultural identity both in transit and upon arrival to the U.S. Interestingly, these descriptions of loss were underscored by themes of guilt as many URMs felt that life in the U.S. was better than the current situation of many of their loved ones. Secor and colleagues (2022) found that Iraqi refugees experienced loss in terms of social status (i.e. professional qualifications and careers) and familial relations. Where participants in the URM program are younger than many refugees, it is logical that the concern of career was not as present in the current study. Though, the

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struggles associated with expectations upon arrival, managing a realistic level of hope (Secor et al., 2022) as well as an internal dialogue around gratitude with resettlement and guilt for where you are (Fassin, 2012; Nguyen, 2012) are common among resettled refugees in the U.S.

Isolation

Research indicates that isolation is a common phenomenon experienced by new immigrants (Salami et al., 2020; Halcón et al., 2010) and that support networks play a critical role in influencing the success of newcomers (Bankston, 2014). Despite the fact that isolation is common, it does not diminish the need for service providers to actively work to minimize these experiences and provide resources to new refugees. There is also research to support the use of social support networks in decreasing stress and trauma experiences which is directly applicable to these Rohingya refugee youth (Elsayed et al., 2019). Based on the results of this study, these networks can be a combination of connections to family and friends who may be around the globe, as well as establishing formal and informal networks in the new community and foster care program. Service providers discussed how youth in the program often bonded together both Rohingyas amongst themselves, but also with other immigrants and refugees from around the globe.

Cultural Struggle

The current results show that service providers observe the ways in which Rohingya URM's struggle to adjust culturally to the U.S.: from a new living environment, to school, to religious practices, with peers, and more. Throughout the process of integration, immigrants, and especially immigrants who are adolescents work to create a sense of identity in their new community. This process of identity development is shaped by a variety of factors such as family values, existing cultural identity, the reason for immigration and pathway of immigration, and

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the person's individual characteristics such as age, skills, and religion (Green et al., 2017). The results highlighted how some youth were more interested in becoming "Americanized" than others, and that they often faced pressures on both sides. Creating a balance between the two and maintaining some aspects of one's ethnic and national identity and pride through the integration process can be an important factor in sustained well-being and successful adaptation to the receiving community for immigrant and refugee youth (Chang-Muy & Congress, 2016).

Limitations

The results of this paper largely focus on trauma, violence, loss, and the mental health implications of these on Rohingya refugees upon arrival to the U.S. These topics may be seen as more clinical in nature, and therefore a potential limitation to the study is the fact that of the 23 service providers interviewed, none were full time clinicians and only three held clinical roles (clinical program manager), however the researchers did not ask for academic degrees of all participants and some may have counseling degrees or a Masters in Social Work that was a clinical focus. Secondly, the voice of the youth is missing. While this study aimed to include interviews with Rohingya URM over the age of 18 LIRS and USCCB experienced difficulties in getting them to agree, and to schedule interviews so only one was completed, and therefore was not enough to include in this report. Future studies will more strongly emphasize this need.

Implications and Recommendations

In both the literature and our results, there is an evident influence of historical and continuing traumatic experiences on Rohingya youth's mental health. One of the barriers service providers may encounter when attempting to aid Rohingya URM are the negative cultural stigmas and help-seeking behaviors related to how mental health treatment is viewed (Frounfelker et al., 2020; Welton-Mitchell et al., 2019). Similar to other refugee groups, there is

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a barrier in accessing mental health services due to stigma, history of political repression, fear and lack of knowledge about mental health, and shame (Shannon et al., 2015). Welton-Mitchell and colleagues suggest that utilizing group therapy as a treatment method may be an effective way to reduce some of the negative feelings Rohingya youth may have toward help-seeking. The group setting, particularly when conducted alongside other Rohingya or Muslim youth, honors their collectivist cultural origins, and could displace some of the shame associated with having mental health challenges (McLaughlin et al., 2022). In addition to traditional group therapy, service providers should also consider the inclusion of a type of an activity-based approach to the group sessions. For example, some of the Rohingya youth in the cohort expressed satisfaction from the sharing of food, so centering therapy around the cooking and sharing of a meal may be an option, as it builds a skill and acts as a collective activity that may decrease feelings of isolation. Music, art, play based, or athletic activities that incorporate elements of group therapy may also be beneficial. Art therapy has been shown to be an effective method of allowing children and adolescents to process difficult experiences and emotions that they may not otherwise feel comfortable sharing or have the emotional vocabulary to express (Woollett et al., 2020). Essentially, the goal would be to create a therapeutic environment where the pressure and stigma of being in mental health treatment is reduced as much as possible, which can create a comfortable space for healing to occur.

The results emphasized the guilt that youth feel for being in a safe place with access to opportunity when so many Rohingya are not. It is important that this dynamic be addressed, and that youth get the assistance they need to process these feelings. The research suggests that foster parents and case management staff are given training around the fact that this guilt exists, and some basic talking points to help address the issue with youth. However, it is important to

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recognize that for some youth these feelings may be deeper and cause more internal distress that further assistance is needed. In these cases, this could be addressed through more formal clinical work (taking into account the guidance above on destigmatizing mental health services) or through religious leaders. For example, Malek (2020) discusses how spirituality-based interventions can be really helpful for some Muslim youth and that they can work through guilt and forgiving oneself from a religious perspective.

As found in the results and discussed earlier, Rohingya youth are likely to have experienced a wide range of extreme violence such as witnessing killings, sexual trauma, or having their own lives threatened prior to resettling in the U.S. (Khan & Haque, 2021). This creates a number of unique challenges for service providers, 1) how to work with youth who have experienced such high levels of violence, and 2) how to help mitigate some of the anxiety and guilt that they are feeling about the family members still in danger back home or displaced to other countries. Therefore, the data suggests that service providers attempt to provide education around trauma-informed care, attachment, as well as education about the history/ culture of Rohingya people and current events in that part of the world. A psycho-educational group for foster parents may be an effective method to approach the training (Moretti et al., 2020). Such a setting could double as an emotional support group for the foster parents as well. Rohingya youth have already experienced significant violent trauma, but as with many children in foster care, they may also experience some level of attachment trauma (Moretti et al., 2020; Rygaard, 2020). This can be seen from some of the results and discussions of survivor's guilt from participants. It shows how feelings of abandonment or feeling like they are abandoning others can be traumatizing for some youth (Rygaard, 2020). Educating foster parents on how the loss of family members through violence or separation can affect children, may help them understand how to

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be sensitive as they support the youth who are struggling in this area without potentially exacerbating their challenges (Miller et al., 2018; Moretti et al., 2020).

Additionally, family members who remain overseas in precarious living situations can also be a source of stress for youth and therefore foster parents should stay abreast of current events. This may help foster parents anticipate and respond proactively when there is a possibility of the youth becoming activated by media stories related to violence in Myanmar or refugee camps. Foster parents would be able to show up as a protective ally by helping the youth engage with the news in a way that doesn't cause the children to reexperience past traumas or to feel excessive guilt for being in a place of safety. There would also be potential for bonding between foster parents and youth by working together in the processing of negative news stories. This may ultimately contribute to a greater sense of stability and could result in a reduction of overall anxiety for Rohingya youth and an increase in feelings of confidence and competency from the foster parents supporting them (Miller et al., 2018).

Trauma can manifest itself at any time, so foster parents can benefit from skills around de-escalation and crisis mitigation so that they can respond in a positive manner when a crisis arises. Foster parents who are well trained in potential trauma responses and how to appropriately meet those moments, can increase the youth's ability to regulate their emotions; this is particularly true when the youth is being met with a consistency of care through foster parents and providers they encounter at agencies (Bartlett & Rushovich, 2018). Most of the URM programs have on-call workers so the foster parents can also be reminded of the resources at the agency and to utilize this as needed.

Conclusion

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The qualitative findings in this study explain the various ways that both pre-migration trauma and cultural adjustment post-arrival are factors influencing the mental health of Rohingya youth resettled through the URM foster care program into U.S. communities. The results indicate that major themes of pre-migration trauma include the varied and frequent experiences of violence and its ability to lead to acting out behaviors; and the extensive feelings of loss including family, friends, material goods, and culture. Participants discussed how these pre-migration traumas often lead adolescents to experience survivors' guilt and prolonged mental health challenges upon resettlement in the U.S. Additionally, the results found themes of importance in terms of post migration isolation in a new environment, and cultural struggles in understanding U.S. culture, not to mention the norms associated with being a teenager and living in foster care. Service providers both directly and indirectly made recommendations for helping Rohingya youth in the U.S. These include the need to destigmatize the use of mental health services and to be mindful of alternatives to individual talk therapy that may be more culturally relevant. Additionally, it is important to help youth overcome the feelings of survivors guilt, helping them to fully engage in community in the U.S. Lastly, there was lots of conversation around cultural orientation and training and ways that more knowledge can help ensure that both foster parents and case management staff have adequate, detailed, and up to date knowledge and resources to work with youth who have experienced violence and trauma before coming to the U.S.

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