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Social Connections and Community Engagement Trends Among Unaccompanied Refugee Minors Exiting Foster Care

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Abstract

The United States has more immigrants than any other country in the world. The Unaccompanied refugee minor program has been serving thousands of youth annually since the 1970s and yet there is still a dearth of research and some apprehension of how to assist these vulnerable children in making friends and supportive relationships in the US. Social ties, social support networks, and engagement in the local/ immigrant community have all been shown to help ease the transition to the United States and improve mental health well being for immigrants. A national refugee resettlement agency sent surveys to all the Unaccompanied Refugee Minors who had existed foster care program three to 15 months prior to assess their social connections and community engagement after the program ended. Thirty youth replied and results show that living arrangements varied among participants, social engagement in the community was present for most of the young adults, relationships were an aspect of social support, and reliance on public benefits was relatively low among respondents. There are implications for caseworkers in terms of case planning to help ensure youth are connected before they leave the program, and future recommendations for more in-depth research are included.

Keywords: Social Connections, Community Engagement, Immigrant, Refugee, Foster Care, Relationships

Introduction

The literature stresses the importance of social support when transitioning from foster care to adulthood [1-3]. Similarly, the literature notes that social support can help immigrant children in terms of their mental health and well-being [4-6]. We argue that social connections are equally important for unaccompanied immigrants and refugees who may not have any family in the United States. This study assessed the presence of social connections among youth that have recently left foster care. The paper will share the results of our findings as well as the implications for social workers and case managers. The research question of interest is: What are the social integration outcomes for minors who have exited the Unaccompanied Refugee Minors program three months to fifteen months ago?

Social Bonding Theory

Professionals have recognized the importance of positive social connections for many years. Social bonding theory suggests that weak and broken links to peers, institutions, and society at-large can lead to delinquent behaviors in the individual [7]. Similarly, loneliness and social isolation stem from a lack of friends, social network, and/or social integration [8]. Symptoms of emotional loneliness are most often anxiety, apprehension, lack of structure and unfocused dissatisfaction [8]. Therefore, it is critical that we actively work to promote social bonding and prevent loneliness for young immigrants and refugees who arrive to the US.

The Importance of Social Connections

Research describes that social support is varied and includes many facets and areas of support to one's life. These include: emotional support [9], instrumental support such as tangible goods and services [10], informational support such as assistance in problem-solving [11], affirmational support [9,2], reliable alliance which is the idea that you have someone to provide assistance or perceived support in times of need [12] and guidance or advice from important people in life [8]. The idea of social networks and patterns of communication is also key to building social capital and being a member of a network increases the opportunity to benefit from the flow of information that circulates [13,14].

The Importance of Social Connections for Immigrants and Refugees

Bankston et al., [14] discusses how the migration experience can be influenced by the immigrant's networks and that someone with a greater network can increase their opportunities to both physically move and to access the community once they arrive. Significant research has established that positive social relationships have been proven to reduce stress caused by trauma and improve overall mental health among newcomers [4,15-18]. Lecompte and colleagues [19] found that social support for mothers with young children improved the mental health for both the mother and the children. Additionally, a sense of belonging was found to have important implications for adjustment to the new country, overall well-being, and future economic and occupational success in the country of resettlement [17].

Social engagement for refugees and immigrants has been defined as:

Any effort that has the aim of enhancing social relationships between migrants and refugees and members of the receiving community for the purpose of improving integration outcomes. This could include efforts that help establish and/or develop human

contacts and connections, promote cooperation, reduce social isolation, and/or build trust.

Refugee youth often arrive to the United States without social networks and therefore struggle to navigate the social systems and understand American social norms [20]. Newcomers often experience social isolation, social insecurity, and dwindling social networks [6,21]. However, research suggests that the most significant protective factors for immigrants and refugees are related to relationships [22,23]. Throughout the literature, it is clear that the URM's relationships are an integral part of his or her success upon exiting the program. Adolescents develop and maintain their identity through relationships, which is a cornerstone of personal development and is pivotal during this particular life stage [24,25]. Therefore, given that immigrants and refugees are likely to experience challenges related to language, culture, and life experiences, the role of social engagement is key.

Positive relationships, especially in terms of ethnic mentors, have been found to prevent involvement in negative activity [23], significantly increase the sense of well-being [15], and increase the likelihood of educational attainment [26]. Socha and colleagues (2016) found that social connections were formed through education, religion, recreation and the arts. Similarly, researchers found that the college experience can increase an individual's social capital, self-efficacy, sense of belonging, and overall adaptation [17,23]. Carlson, Cacciatore, & Klimek [27] have found connections with "pro-social organizations" increases URM resiliency, adds to a positive life outlook, and aides in the development of positive life perspectives. By having significant relationships, URMs are more likely to experience a sense of belonging, which has been associated with lower rates of depression and higher levels of self-efficacy regardless of past traumas [17], as well as a greater sense of safety and an overall higher probability of success post-program. Research indicates that social supports from parents, teachers, and peers as well as social interactions via social media and extracurricular activities all were facilitators of positive acculturation [28].

The Unaccompanied Refugee Minor Program

The youth who participated in this study had been part of a culturally competent foster care program, called the Unaccompanied Refugee Minor Foster Care (URM) Program. Youth are eligible to enter this program if they are (1) under the age of 18, (2) unaccompanied by a parent or guardian at their time of arrival to the United States (U.S.) and (3) a refugee, a Cuban or Haitian entrant, or are fighting a legal case for a Trafficking Visa, Asylum status, U-status visa, or Special Immigrant Juvenile Status (SIJS) in the U.S. [29].

The program emphasizes the cultural orientation and adjustment of the U.S. Refugee Resettlement Program while also utilizing best practices from the U.S. child welfare system [30]. Staff and foster parents are trained in trauma informed practices and provide culturally relevant services to these newcomers. In collaboration with the Office of Refugee Resettlement (ORR) and the Department of State, the program is overseen by Lutheran Immigration Refugee Service (LIRS) and United States Conference of Catholic Bishops (USCCB) [30]. At the time of the study, there were a total of 1,300 youth served by 20 foster care agencies in 15 different states (ORR, 2016).

Methodology

Participant Selection

This cross-sectional study included a convenience sample of URM minors who had recently emancipated from foster care. LIRS staff searched the Children's Services Case Management (CSCMS) database to determine which youth left the URM foster care program between three and 15 months prior to January 1, 2014, and found 122 youth. Partnering foster care agencies provided the researchers with the most recent contact information for youth so that they could be contacted. Contact information was found for only 72 youth. We called participants, and mailed letters to all 72 youth. For those that did not respond, the last case manager contacted the youth with hopes that they would respond to a familiar person. The researchers successfully reached only 42 youth, telling them about the purpose of the study, methods to take the survey, and confidentiality. Thirty youth chose to take the survey. Participants chose if they wanted to take the survey online, or over the telephone with a researcher. Researchers assigned each of the 30 participants who agreed to participate in the study a de-identified participant number. Those who chose to take the survey online received a direct link via email, and others scheduled a time for the interview with LIRS staff members.

Survey Instrument

Over 2,500 refugee clients responded to the original LIRS Refugee Social Connections Survey in 2013 [31]. Results showed that refugees were both highly involved in their communities and in their religious organizations, yet showed a struggle in attaining social capital and community integration [31]. After the initial research study, the PI met with URM staff at LIRS and discussed ways in which the survey could be adapted or edited for a younger audience, and an audience that was living in a foster care setting, which resulted in the 18 questions included in the appendix of this manuscript. Survey participants were offered a $10 gift card to Wal-Mart, however only 50% (n=15) accepted the card.

Additionally, because the URM youth are in foster care, we wanted to include measures consistent with domestic foster care research in the US. Therefore, permission was sought from the Principal Investigator, Dr. Mark Courtney, with Chapin Hall at the University of Chicago to use a modified version of the Midwest Evaluation of the Adult Functioning of Former Foster Youth to gather data. The survey for the Midwest Evaluation of the Adult Functioning of Former Foster Youth has been validated internally and externally for their interviews with youth from Iowa, Illinois and Wisconsin at ages 17, 19, 21, 23/24, and 26 after leaving foster care [32]. In this manuscript, we present the findings from a small number of questions from this survey related to social connections and community participation.

Participant Demographics

Youth were between age 18 and 22 at the time of the interview, and no longer in the custody of the child welfare system. The majority of participants were male (n=21, 70%) and single (n=24, 80%) but 17% (n=5) were married at the time of interview. Almost all, 90% (n=26) of respondents were legal permanent residents in the US. As noted above, youth qualify for the URM program based upon their legal eligibility, and there are multiple statuses which can make youth eligible. Of the participants, 24 (80%) entered with refugee status, 4 (14%) entered with Special Immigrant Juvenile Status, and one was an asylum seeker.

The youth surveyed were very diverse in their countries of origin. Fifty-six percent of the minors (n=17) were from Myanmar (Burma), 13% (n=4) were from Afghanistan, 13% (n=3) were from the Democratic Republic of the Congo (DRC), 10% (n=3) were from Honduras, and 3% (n=1) was from each of the following countries: El Salvador, Ethiopia, and Somalia.

Results

The survey was designed to give an overall snapshot of the youth's social connectedness, community engagement, and general well-being after discharge from the URM program. However, there are some similarities in questions asked and therefore we have grouped responses to questions into the following groups: living situation, social engagement in the community, relationships, as well as struggles and reliance on public benefits.

Living Situation

Understanding one's living situation is helpful context in order to place the results in terms of social engagement, relationships, and reliance on public benefits. Only 23% (n=7) lived alone at the time of the interview, whereas 40% (n=12) lived with friends or roommates. Many, 69% (n=20) did not live near those from their country, and 50% (n=15) had people over to his or her house multiple times a week.

Social Engagement in Community

An important element of social engagement is interaction in community. Fifty-two percent (n=16) reported that they participate in community activities, and 10% (n=3) reported that they wish they could volunteer or participate in community activities, but that they just do not have the time. Less than half, 43% (n=13) felt comfortable speaking in English, yet, almost all (90%; n=26) had visited the home of an American family since leaving care[1]. However, before community involvement can take place, safety and security in the neighborhood is important. Notably, 57% (n=17) felt safe in their neighborhood, 63% (n=19) were satisfied with their neighborhood, and 40% (n=12) knew most people in their neighborhood.

Other elements of engagement in the community can stem from cultural and religious connections, or accessing services in the community. Research shows that religion can be a big support system for immigrants and refugees [20,33] and the survey asked about attendance at religious services. Ten participants had attended services at least once weekly, nine attended once or twice, and eight people had not attended in the past month. Just over half (n=17, 56.7%) of youth interviewed indicated that they still feel connected to the community where they were placed during foster care. Only 12 participants (37%) had health insurance at the time of the survey which could prohibit involvement in some sectors of the community. The majority, 77% (n=23) felt integrated into their local community, 24 (80%) had a driver's license, and 17 (56.7%) were currently enrolled in school at the time of the survey. More than half, (n=17, 56.7%) participants had taken advantage of internship opportunities in the last year of foster care services. Similarly, 17 participants had participated in a mentoring program. Table 1, below, shows the more detailed results from the social engagement and future optimism of clients.

	Strongly Agree/ Agree	Neutral/ Mixed	Disagree/ Strongly Disagree	Declined/ NA/Don't know
Generally speaking, I feel a sense of belonging in my neighborhood	23 (76.7%)	3 (10%)	1 (3.3%)	2 (6.7%)
Generally speaking, I feel a sense of belonging in my workplace	22 (73.3%)	3 (10%)	2 (6.7%)	2 (6.7%)
Generally speaking, I feel integrated into my local community.	23 (76.7%)	5 (16.7%)	0	2 (6.7%)
Generally speaking, I feel satisfied with the work (employment) I do	22 (73.3%)	7 (23.3%)	1 (3.3%)	0
I feel optimistic about my future goals and hopes	29 (96.7%)	0	1 (3.3%)	0

Table 1. Social Engagement in the Community (n=30)

Relationships

Family can be a source of support for URMs even if they are living away from that family (often across continents) while in the foster care program, and in the years after. Therefore, it is important to note that only half 50% (n=15) had a biological mother who was alive, yet 80% (n=12) of those felt close to her. Even more URMs had lost their father. Only 20% (n=6) had a living biological father but most of those (n=5) of those felt close to him.

Most participants have significant relationships in their lives: 83% (n=25) had a best friend[1], 73% (n=22) had siblings they talk to regularly at the time of the interview, 70% (n=21) reported having enough or some people to talk to when they are feeling low, and 63% (n=19) reported having enough or some people in their lives who encourage them to reach their goals. Overall, nearly all agreed that relationships are important with 93% (n=28) agreed that it helps to turn to others in times of need.

In table two below, participants were given the prompt "Sometimes a person needs the support of people around them," and then asked a series of questions where they discussed the number of people in their lives that could help them with each type of situation. Each question represents a different type of support.

	Many/some people you can count on	Too few people you can count on	No one you can count on	Declined/ NA/Don't know
When you need someone to listen to your problems when you're feeling low, are there...	26 (86.7%)	3 (10%)	1 (3.3%)	0
When you need help with small favors, are there...	26 (86.7%)	2 (6.7%)	2 (6.7%)	0
When you need someone to loan you money in an emergency, are there...	22 (73.3%)	2 (6.7%)	6 (20%)	0
When it comes to people who encourage you in meeting your goals, are there...	28 (93.3%)	1 (3.3%)	1 (3.3%)	0

Table 2. Breadth of Support Systems (n=30)

In Table 3 below, participants were given more scenarios where support systems might help them. Here they were asked to respond with how often there would be someone in their life available to help in these situations. These questions come from the RAND Corporation's Social Support Survey Instrument [34]. The scale takes into account 1) emotional and information support, 2) tangible support, 3) affectionate support, and 4) positive social interaction The prompt began "How often do you feel that there is someone…" Notably, we borrowed these questions from the Midwest Evaluation of the Adult Functioning of Former Foster Youth and the questions do not entirely match the list of questions on the 2022 RAND website. It is possible that Midwest felt some questions were not relevant to foster youth, or that the scale has changed since the time we administered it.

	All/ most of the time	A little of the time	None of the time	Declined/ NA/ Don't know
Someone to help you if you were confined to bed	18 (60%)	8 (26.7%)	2 (6.7%)	2 (6.7%)
Someone you can count on to listen to you when you need to talk	23 (76.7%)	4 (13.3%)	2 (6.7%)	1 (3.3%)
Someone to take you to the doctor	20 (66.7%)	5 (16.7%)	3 (10%)	2 (6.7%)
Someone who shows you love and affection	20 (66.7%)	2 (6.7%)	7 (23.3%)	1 (3.3%)
Someone to give you information to help you understand a situation	23 (76.7%)	5 (16.7%)	1 (3.3%)	1 (3.3%)
Someone to confide in or talk to about yourself or your problems	24 (80%)	4 (13.3%)	1 (3.3%)	1 (3.3%)
Someone to share your most private worries and fears with	20 (66.7%)	6 (20%)	3 (10%)	1 (3.3%)
Someone to do something enjoyable with	22 (73.3%)	4 (13.3%)	3 (10%)	1 (3.3%)
Someone to love and make you feel wanted	20 (66.7%)	4 (13.3%)	5 (16.7%)	1 (3.3%)

Table 3. Frequency of Support Systems (n=30)

Self-Efficacy and Reliance on Public Benefits

The majority of participants, 23 youth (76.7%) indicated that in general, they are happy or very happy. Beyond happiness, the survey included a few questions to help assess areas in which URM youth may be lacking social connectedness as well as help seeking behaviors to understand who was actively receiving help that could lead to improved community interactions. The table below shows results from the sections of the survey around self-efficacy and worry.

	Strongly Agree/ Agree	Neutral/ Mixed	Disagree/ Strongly Disagree	Declined/ NA/ Don't know
I usually discuss my problems and concerns with others.	16 (53.3%)	4 (13.3%)	8 (26.7%)	2 (6.7%)
I find it difficult to allow myself to depend on others.	18 (60%)	6 (20%)	6 (20%)	0
I worry a lot about my relationships.	14 (46.7%)	6 (20%)	8 (26.7%)	2 (6.7%)
I don't feel comfortable opening up to others.	13 (43.3%)	7 (23.3%)	8 (26.7%)	2 (6.7%)
I often worry about being abandoned.	19 (63.3%)	3 (10%)	7 (23.3%)	1 (3.3%)
I worry that others won't care about me as much as I care about them.	17 (56.7%)	4 (13.3%)	9 (30%)	0
I prefer not to show others how I feel deep down.	15 (50%)	7 (23.3%)	7 (23.3%)	1 (3.3%)
Others make me doubt myself.	5 (16.7%)	5 (16.7%)	17 (56.7%)	3 (10%)
I feel comfortable depending on others.	10 (33.3%)	4 (13.3%)	16 (53.3%)	0
Others really understand my needs.	12 (40%)	8 (26.7%)	8 (26.7%)	2 (6.7%)
It helps to turn to others in times of need.	26 (86.7%)	2 (6.7%)	2 (6.7%)	0

Table 4. Self-Efficacy (n=30)

In terms of help seeking behaviors, reliance on formal benefits is important to consider. Table 5, below, shows the breakdown of responses related to public benefits as well as homelessness habits. Largely URM youth were not accessing public benefits.

	Yes	No	Declined/NA/ Don't know
Are you currently receiving ongoing welfare (TANF) payments to support your basic needs?	1 (3.3%)	28 (93%)	1 (3.3%)
Are you currently receiving public food assistance (SNAP or community program)?	4 (13%)	24 (80%)	2 (6.7%)
Are you currently receiving any sort of public housing assistance?	2 (6.7%)	26 (87%)	2 (6.7%)
Are you currently on Medicaid?	2 (6.7%)	26 (87%)	2 (6.7%)
Have you ever been homeless while living in the United States?	0	29 (97%)	1 (3.3%)

Table 5. Reliance on Public Benefits (n=30)

Discussion

In general, this study provides encouraging findings given that isolation and a lack of positive social support are experienced by many refugees. Unaccompanied youth are a unique group of refugees in that they have additional supports available to them through the URM program [28], but also that the need for social connection, community engagement, and support can be deeper as an emerging adult [34].

When referencing social engagement, relationships are cornerstones. Relationships are also protective factors for immigrants and refugees [4,14]. The current study showed that the majority of participants have strong relationships, are in contact with siblings or family, and have the emotional support of others when they need encouragement to reach their goals. Positive social relationships are important to help overcome life's difficult moments and help when feeling low.

The questions about relationships with biological parents may not be as relevant to this study population as they are for US-born youth who exit foster care. Due to the conditions in country of origin, and journey to the United States, refugee and immigrant youth are much more likely to have parents that are deceased, or missing [35]. This study found that only half 50% (n=15) of participants had a living biological mother and only 20% (n=6) had a biological father alive. This has an underlying impact on mental health status and familial support for the youth.

The RAND Corporation's Social Support Survey Instrument has a few questions on affectionate support. Given the high number of people that said these supports were not available, we believe there could have been a cultural misunderstanding around the terms "love", "affection", and "feel wanted" that limited participant responses to these questions to romantic partners and not close relationships or parental figured that might offer affection and love in other ways. Therefore, we do not feel that these questions are a reliable interpretation of the support available to URMs.

The majority of participants were not reliant on public benefits at the time of the interview. This is positive to show that the URM program was equipping youth with the skills they need to be self-sufficient as adults. However, research shows that many immigrants and refugees remain in low wage jobs for years [36] due to issues such as institutional discrimination and trouble accessing higher education and so it makes sense that some participants in this study are accessing SNAP benefits to assist with food security.

Limitations

The limitations to this study included lack of response and representativeness of the sample. The first obstacle was in obtaining accurate contact information for the youth, which led to a very low response rate. Nonetheless, there is such little research available on URMs that we feel these preliminary findings are interesting and worth disseminating. Secondly, because many SIJ youth did not respond the sample was not representative of the entire URM foster care program as the program consisted of 26% SIJ youth at the time and only 14% of the respondents. The political climate around immigrants began to change in 2014 when the data was being collected as the numbers of unaccompanied youth was greatly increasing in the U.S. Based on these two facts, the generalizability data was collected in 2014 and the political climate around immigrants and refugees has changed of the study to current URM youth is unknown. The survey was conducted in English for youth who are English Language Learners and so there may have been confusion around the meaning of certain questions. Additionally, our analyses are limited based upon the way in which the survey was created. While there were 18 questions as part of the LIRS Refugee Social Connections Survey, some are yes/no while others are on a 5 point Likert scale and therefore we were unable to calculate scale scores and assess the level of social connectedness for URMs in the study.

Recommendations

More research should be done to better understand the role and depth of social connections for youth exiting the URM foster care program. This paper does not specifically account for the presence of social connections that are maintained through the internet and social media. Because these youths have often spent multiple years in transit, and large parts of their lives away from family this is a critical aspect that needs to be better understood. Additionally, the LIRS Refugee Social Connections Survey should be adapted so that response options are offered in a way that scale scores can be calculated to help provide a deeper understanding of social connectedness and community engagement.

Given the importance of social connections for refugee and immigrant youth, social workers, case managers and other professionals should ensure that they are giving youth the skills they need to succeed. In terms of practice, the specific results of many questions can help case workers in case planning for URM youth. For example, more than half of the participants did not feel comfortable depending on others in times of need, yet, we all need help from time to time. Therefore,

the results suggest that this could be discussed and practiced as part of the independent living skills program in order to improve the youth's ability to self-advocate and ask for help after the program. Independent living skills often include topics such as relationships and communication, professional dress and language, self-advocacy, healthy relationships, and [37,38].

Regardless of the strength of relationships in a youth's life, professionals can demonstrate and reinforce positive skills while encouraging youth to be thoughtful of how they interact within their social relationships. The goal of social supports is that they will be strong, but also that they will be life-long. Mentoring is a common practice and is widely known to make a difference for young people by helping them to have someone to turn to when they need advice navigating life's daily challenges, but it also leads to opportunities socially and in the job market. Social workers should advocate for all youth to have mentors in their lives. Mentors can be from formal mentoring programs, religious groups, neighbors, community members, or peer mentors. As youth get older and prepare to leave the foster care program there is also a benefit to allowing youth to serve as the mentor for someone younger. While the social worker is often a natural mentor for foster youth, other supportive adults are needed as the relationship with the social worker will come to an end.

Professionals working with immigrants and refugees in foster care should ensure that case plans include both self-sufficiency goals and the creation of supportive social relationships in the community [2]. Social workers can help youth by mapping their connections and exploring relationships to understand which are healthy and supportive and can be drawn upon to ask for help in the future.

Conclusion

The results of this study show that overall, URM clients were socially connected and engaged in community after discharge from foster care. However, the results also leave many questions to be answered. The response rate was very low for this study and so future research could provide valuable information for service providers and the research community alike. Nonetheless, this cross-sectional study provides some valuable insights into the situation of URM young adults which is not available elsewhere in the literature.

Conflicts of interest : The authors declare no conflict of interest.

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Appendix: LIRS Refugee Social Connections Survey LIRS Refugee Social Connections Survey

1. **Have you eaten a meal in the home of an American since you left foster care?** *Yes/No/Don't know/Refused*

2. **Are most of the people who live close to you from the same country as you?** *Yes/No/Don't know/Refused*

3. **How often do you have friends, neighbors, co-workers, or people in your community over to your home?** *Many times a week, once a week, once or twice a month, a few times a year, never, don't know, refused*

4. **Generally speaking, I feel a sense of belonging in my workplace.** *Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree, don't know, refused*

5. **Generally speaking, I feel a sense of belonging in my neighborhood.** *Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree, don't know, refused*

6. **In the past three months, about how many times have you participated in community-related meetings or event (e.g. work on community project; attend public/political meetings; club/organization meeting; volunteered; etc)?** *None, one or two times, about monthly, a few times a month, weekly, more than weekly, don't know, refused*

7. **Generally speaking, how happy would you say that you are?** *Very happy, happy, not happy or unhappy, unhappy, very unhappy, don't know, refused*

8. **How much control do you feel you have in making the decisions that affect your life?** *No control, control over some decisions, control over most decisions, control over all decisions, unsure, don't know, refused*

9. **How comfortable do you feel communicating in English?** *Very comfortable, comfortable, OK, a little comfortable, not comfortable, don't know, refused*

10. **Do you still feel connected to the people of the community where you had your foster care home?** *Yes/No/Don't Know/Refused*

11. **Overall, do you feel like you learned skills in the URM program that helped you in your life after the program?** *I learned a lot, I learned some, I learned a few, I learned little, I learned none, don't know, refused*

12. **If you have siblings, do you still talk with them?** *Yes/No/Don't Know/Refused*

13. **Have you had any legal issues regarding your immigration status?** *Yes/No/Don't know/ Refused If yes, please describe.*

14. **Do you volunteer in your community?** *Yes/No/Don't know/Refused*

15. **Do you have a best friend?** *Yes/No/Don't know/Refused*

16. **In the past month, how safe have you felt?** *Very safe, pretty safe, safe, a little safe, not safe, don't know, refused*

17. **How integrated do you feel in the United States?** *Very integrated, pretty integrated, integrated, a little integrated, not integrated, don't know, refused*

18. **How often in the last month have you attended a religious service?** *(open ended)*